



Policy Brief

Improving Effectiveness of SSI/SSDI Advocacy Programs for Jail-Incarcerated Populations

August 2019

Executive Summary

This policy brief assesses current efforts to provide federal disability benefits Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) to eligible jail inmates reentering the community. The brief describes the benefits that jail based disability advocacy programs may confer to the state, counties, sheriff's departments, and individual recipients of SSI/SSDI. Jails offer an effective location for disability advocacy because a significant share of inmates may qualify for SSI or SSDI when released. An estimated 16,000 justice-involved individuals, who are incarcerated for two-weeks or longer, could be prioritized for jail-based disability advocacy and application assistance each year.

Based on our research, we find that the most successful programs that help jail-incarcerated individuals receive disability benefits have the following common characteristics:

- **Engagement with the Sheriff and County Partnerships:**
 - The Sheriff's Department's support is key to getting timely access to inmates.
 - Social Security Administration (SSA) pre-release agreements allow applications to be submitted before release.
 - Access to medical providers who can document applicants' disability is crucial.
- **Dedicated Program Staff:**
 - Housing intake staff within the jails they serve is ideal.
 - Effective programs successfully use non-legal staff for the application process, as well as attorneys and/or paralegals.
 - Medical staff who qualify as an SSA acceptable medical source and have time dedicated to program participants helps ensure proper documentation.
- **Coordination with Other Services:**
 - Connecting applicants to CalFresh (i.e., Food Stamps), housing, Medicaid, general assistance, and medical care helps build stability in the applicant's life.

As part of California Governor Gavin Newsom's plan for tackling homelessness in the state, the 2019-2020 State Budget Act provides \$25 million to allow on-going funding for efforts that secure federal disability benefits for homeless individuals. These funds are administered through the Housing and Disability Advocacy Program (HDAP) and could be used to support targeted efforts to reach potentially eligible jail inmates and assist in their reentry.

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I. Background

A) What is SSI & SSDI?

Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) are two programs run by the federal Social Security Administration (SSA) to provide income to individuals who are unable to work due to a physical or mental health disability. Medical eligibility criteria for both programs are the same, and both confer eligibility for federal health insurance (Medicaid for SSI, Medicare for SSDI). In the vast majority of cases, both programs confer lifetime benefits once granted. However, payment amounts, eligibility, and funding differ between the programs.

SSI is a need-based program available to individuals with very limited income and resources and is funded by general funds of the U.S. Treasury. On the other hand, SSDI is an insurance program, funded by payroll taxes, with eligibility confined to individuals who have paid into the program for long enough and recently enough to qualify. Payment amounts also differ. In 2019, the maximum monthly SSI benefit for an individual is \$771 while the maximum SSDI benefit depends on a variety of factors including amount of time worked and money paid into Social Security, but maximum benefit amount can be over three times that of SSI.¹

B) How do you get disability benefits?

While the non-medical eligibility criteria (described above) are fairly straightforward, medical eligibility (the actual determination of whether an individual is disabled according to the Social Security Administration's standards) is much more complicated. Applicants must have medical documentation of a physical or mental impairment that prevents them from working full time for at least a year. A few conditions, such as total blindness, total deafness, or amputation of limbs, meet SSA's criteria for disability and are relatively straightforward to prove. However, obtaining medical evidence that meets SSA's standards for many conditions, and particularly mental health conditions, can be quite difficult for many individuals. Mental health conditions are often strongly stigmatized and mental health care is difficult to access even when individuals seek it out. Stigma and symptoms associated with mental impairments (lack of insight, paranoia) can prevent people from seeking care, interfere with access to care, and reduce treatment adherence.

The application process is long, complicated, and can last upwards of two years. For this reason, most individuals who apply for benefits while in jail must continue the process once released. Following their release, applicants have to keep track of appointments, requests for information, forms, and due dates. Many people fail to obtain SSI and SSDI due to not understanding SSA's medical eligibility rules, not submitting application materials correctly filled out or on time, missing appointments, or because SSA is unable to contact them.

Disability advocacy programs use medical, legal, and social service staff to assemble applications for SSI and/or SSDI. While nationally, less than 30% of initial applications are

¹ Note: Other income that an individual receives offsets the amount of the SSI benefit so that total income remains at \$771 per month.

approved, disability advocacy programs can have approval rates of over 80%², despite often working on more difficult applications. Disability advocacy programs help people obtain SSI and SSDI by:

- Lowering barriers to obtaining medical documentation;
- Using their expertise in SSA's rules to determine what further documentation is needed to win a case;
- Summarizing that documentation in a way that makes it easy for SSA to see why the individual is disabled based on their standards;
- Being an easy contact point for SSA when they need to reach the applicant;
- Helping clients understand the complicated notices SSA sends applicants and ensuring application materials are complete and received by SSA on time.

C) Why target jails?

Jails can be an effective location to perform outreach for disability advocacy. Jails hold a high concentration of individuals who are homeless, without income, and/or have significant mental and/or physical health problems: all populations that are more likely to both qualify for and benefit from disability benefits than the general population.

Providing disability advocacy services in jails ensures that individuals get the correct documentation from the jail and that reinstatement happens in as timely a manner as possible. In a jail setting, these services can be offered to incarcerated clients in an accessible and relatively stable setting. This is particularly true for individuals who are likely to be experiencing homelessness upon release from jail. Jail medical services also can provide documentation of applicants' disabilities that can be vital to their cases.

Disability advocacy services are also needed to help inmates whose SSDI benefits are suspended as a result of their incarceration. SSI beneficiaries also have their benefits suspended, but unlike SSDI beneficiaries, SSI benefits may be terminated completely if the recipient is incarcerated for 12 months or longer. But even reinstatement is not always a simple matter. Beneficiaries must notify the Social Security Administration and provide official release documents along with their request for reinstatement.

Most jail inmates are incarcerated for brief periods. According to a PPIC study, nearly 30 percent of people booked into California jails are admitted and released on the same day, while another 45 percent spent less than two weeks in custody.³ These short stays present a challenge for disability enrollment advocacy. SSI/SSDI applications often take much longer than the length of an applicant's incarceration, and release dates may change without notice. While an advocacy group may begin assisting someone with an application while incarcerated, when the inmate is

² Ford, Andrea, Hermann Gayle, Engstrom John. *SSI Advocacy Contracted Services* (PowerPoint slides). Joint Health Care and Social Services Committee. February 26, 2018.

2018 Soar Outcomes. SSI Outreach, Access, and Recovery (SOAR) and Substance Abuse and Mental Health Services Administration (SAMHSA). November 2018. [\[Report\]](#)

³ McConville, Shannon and Mia Bird. "Expanding Health Coverage in California: County Jails as Enrollment Sites." Public Policy Institute of California. May 2016. [\[Report\]](#)

released it can be difficult to locate applicants to finish the application process, or even inform clients of a successful case. Inmates who are incarcerated for longer periods can be more readily engaged.

Outreach to jails could also help decrease homelessness, future incarceration, and mental health crises. In 2017, 70% of California’s unsheltered homeless individuals reported having ever been incarcerated, and 46% of those also reported mental health issues.⁴ It is unclear how many of these justice-involved individuals would be eligible for disability benefits, but it is likely that many would. Studies show that increased benefit payments are associated with greater rates of becoming housed⁵. In addition, recipients of SSI and SSDI are better able to access health care services and treatment for mental health and substance use disorders (SUDs).

Individuals who receive disability benefits have decreased recidivism rates, improved health outcomes, and are less likely to be homeless than individuals who do not receive benefits. “Pre and post” outcomes have been reported by the Alameda County SSI Advocacy Trust (which funds two programs serving Santa Rita Jail). As of March 2018, the Trust had served approximately 5,500 applicants and secured about 2,800 SSI approvals for their clients. The Trust has served approximately 530 individuals through their Santa Rita jail advocacy efforts and secured 95 SSI approvals for those 530 reentry clients.

The Trust compared the experience of all beneficiaries for twelve months after receiving SSI benefits to twelve months before their benefits began. Their analysis found:⁶

- 70.9% of clients experienced fewer incarcerations;
- 79.2% of clients experienced fewer psychiatric emergencies (5150s);
- 80.2% of clients experienced fewer hospitalizations.

Other programs across the nation have also found reductions in recidivism:⁷

- The 11th Circuit Criminal Mental Health Project (Miami-Dade County) reports a 70% reduction in arrests two years after receipt of housing and disability benefits for individuals in their program.
- The Oklahoma Department of Corrections found that for those approved for SSI/SSDI, returns to prison within three years are 41% lower than for a comparison group. Although studied for the prison population, similar effects are likely for jails.

⁴ Franco, Konrad and David Panush. *Criminal Justice System Involvement and Mental Illness among Unsheltered Homeless in California*. November 2018. [\[Report\]](#)

⁵ Rosenheck RA, Frisman LK, Gallup PG: *Effectiveness and cost of specific treatment elements in a program for homeless mentally ill veterans*. *Psychiatric Services* 46:1131-1139, 1995. [\[Article\]](#)

⁶ Kitson K, Biblin J, Joern R. *Alameda County SSI Advocacy*. Community Corrections Partnership Program & Services. March 22, 2018. [\[PowerPoint Presentation\]](#)

⁷ Dennis D, Ware D, Steadman H. *Best practices for increasing access to SSI and SSDI on exit from criminal justice settings*. *Psychiatry Serv.* 2014;65(9):1081–1083. [\[Article\]](#)

- In a Michigan Department of Corrections program, 17% of persons whose SSI/SSDI applications were denied were incarcerated in the year after release, compared with only 2% of those with approved applications.

How many jail incarcerated individuals need SSI/SSDI advocacy? There is no reliable statewide estimate for the number of individuals incarcerated in jail who are eligible for disability benefits but receiving them. However, we can roughly approximate the number of people incarcerated across all of California’s jails who may be (1) easy to serve with advocacy services (i.e., in custody for at least two weeks) and who (2) may be eligible.

In considering how to prioritize jail-based disability advocacy services, we suggest that inmates who are serving more than two weeks in jail may be a good start. Based on an extrapolation of data from several sources, we estimate that about 16,000 individuals who are detained in jail for at least two weeks each year could benefit from disability application assistance that begins while they are incarcerated.

Our estimate assumes that about 25% of the approximately 559,000 unique individuals who were incarcerated in a California jail during 2018, about 140,000 unique jail-involved people spent more than two weeks in custody.⁸ The California Department of Corrections and Rehabilitation reports that 11.3% of all California inmates released from California prisons have an SSI/SSDI application submitted.⁹ Therefore, if we assume that the jail population is similar to the jail population in terms of baseline disability benefits eligibility, around 16,000 Californians each year could benefit from jail-based application assistance. We do not have data to suggest how many are currently receiving assistance.

The Alameda County SSI Advocacy Trust has tried to study the unmet need for disability advocacy services among their reentry population. Using data from the behavioral health, social services, and jail databases, the Trust estimate that roughly 6,600 people incarcerated in Santa Rita jail during 2016 and 2017 were disabled but would *not* be receiving disability benefits upon release.¹⁰ Approximately one-third of those individuals (2,800) who were incarcerated in Santa Rita jail sometime between 2016 and 2017 previously received SSI. Out of those 2,800 individuals who previously received SSI approximately eighty percent must re-do the entire SSI application because more than 12 months have elapsed since their discontinuance. Approximately twenty percent of the 2,800 individuals incarcerated at Santa Rita jail during either 2016 or 2017 who previously received SSI are eligible for simple reinstatement.¹¹ This estimate from Alameda for the number of people who have been recently incarcerated and eligible for either SSI or SSDI but do not currently receive any disability benefits is the best approximation for the number of people who could be helped by jail-based disability advocacy.

⁸ The PPIC produced a report (McConville and Bird, 2016) in which they estimate the number of individuals incarcerated in California jails each year. Granted that the average daily population (ADP) in California jails was 67,550 people as of December 2018, it is likely that approximately 559,000 Californians spent time in county jail systems over the course of the year. PPIC also estimates that around 75% of individuals spend less than two weeks in custody, leaving around 140,000 individuals who spend more than two weeks in California jails each year.

⁹ California Rehabilitation Oversight Board. “September 14, 2018 C-ROB Report.” [\[Report\]](#)

¹⁰ Kitson K, Biblin J, Joern R. *Alameda County SSI Advocacy*. Community Corrections Partnership Program & Services. March 22, 2018. [\[PowerPoint Presentation\]](#)

¹¹ Ibid.

D) What is the Housing and Disability Assistance Program (HDAP)?

HDAP was established by Assembly Bill 1603 in 2016 to assist disabled individuals who are experiencing homelessness apply for disability benefit programs while also providing housing assistance. HDAP has four core requirements: outreach, case management, disability advocacy, and housing assistance. Following the passage of AB 1603, the 2017-18 California State Budget Act appropriated \$45 million in state funds on a one-time basis for the program. The 2018-2019 California State Budget Act appropriated \$25 million dollars ongoing for HDAP, to assist homeless, disabled individuals in applying for disability benefit programs. Thirty-nine counties are participating in HDAP and each county program is tailored to its community.

This HDAP funding allows counties to develop programs that meet the unique needs of their residents but must target disabled individuals experiencing homelessness. The program requires a dollar-for-dollar match from the county, and programs must include housing assistance, disability advocacy, case management, and outreach in order to qualify. The authorizing legislation for HDAP stipulates that programs do the following:

- Identify how they “will collaborate locally among, at a minimum, the county departments that are responsible for health, including behavioral health, and human or social services in [providing their services]” including information sharing;
- Provide outreach and case management services that, at a minimum, include:
 - Receiving referrals;
 - Conducting outreach, training, and technical assistance;
 - Providing assessment and screening;
 - Coordinating record retrieval and other necessary means of documenting disability.
- Coordinate the provision of health care, including behavioral health care, for clients, as appropriate.
- Provide housing assistance, including interim housing, recuperative care, rental subsidies, or, only when necessary, shelters, for clients receiving services during the clients’ application periods for disability benefits programs
- Coordinate with federal and state offices regarding pending benefit applications, appeals, reconsiderations, reinstatements, and recertifications and advocating on behalf of the client.

The HDAP legislation reflects best practices, and the allowable target populations include a wide variety of homeless individuals, not just those that are incarcerated in jail. At issue is the extent to which the current program now reaches the inmates who are reentering the community from jails, and whether there is a missed opportunity if they are not.

The Senate Budget and Fiscal Review Health and Human Services Subcommittee #3 in March of 2019 reported that between January and November 2018, HDAP funded the submission of 385

disability benefit applications, and 110 SSI/SSDI applications were approved.¹² These numbers reflect all of the applications submitted and approved through HDAP-funding, not specifically applications for jail-incarcerated individuals. The programs funded through HDAP are only in their first year of operation, and the organizational and logistical challenges of developing a program like this are high. Improved outcomes can be expected as programs scale up and work through implementation challenges.

Further research is required to determine the extent to which assistance is currently reaching the jail-incarcerated population and remaining unmet need for these advocacy services. These questions can help inform HDAP resource allocation and deployment decisions.

¹² California Senate Committee on Budget and Fiscal Review, Senate Budget Subcommittee No. 3. *Agenda for Thursday, March 14, 2019*. [\[Agenda\]](#)

II. Methodology

The best practices identified for this policy brief are derived from the following four organizations that have deep experience and expertise in providing application assistance to inmates who are incarcerated in jails:

- **Bay Area Legal Aid**

Bay Area Legal Aid is a legal nonprofit located in the San Francisco Bay Area that has been providing assistance to inmates at Santa Rita Jail since 2016 but has been doing SSI advocacy work for over two decades. It is one of two programs funded by the Alameda County SSI Advocacy Trust, which in turn is funded by the Federal County Service Block Grant, Alameda County General Fund, Mental Health Services Act, and AB 109.¹³

- **Los Angeles County – CBEST**

Los Angeles County's County-wide Benefits Entitlement Services Team (CBEST) is a collaboration between the County Sheriff's Department, the Department of Health Services, and the Department of Mental Health. This robust program draws on many of the lessons learned from the Alameda County SSI Advocacy Trust and began in 2016.

- **The Eleventh Judicial Circuit Criminal Mental Health Project (CMHP)**

For over a decade, the Eleventh Judicial Circuit Criminal Mental Health Project has served Miami-Dade County, diverting nonviolent misdemeanor defendants with serious mental illnesses (SMI) or co-occurring SMI and substance use disorders from the criminal justice system into community-based treatment and support services, including disability advocacy.

- **The Davidson County Sheriff's Office**

In 2014, the Davidson County Sheriff's Office (which serves the Nashville, Tennessee area) began a program to assist inmates who are homeless and/or have a serious mental health illness apply for SSI/SSDI benefits. As of 2016 they were the only Sheriff's department to be operating their own disability advocacy program.

The U.S. Substance Abuse and Mental Health Services Administration's SSI/SSDI Outreach, Access, and Recovery (SOAR) program and other experts were also consulted along with the review of relevant scholarly literature related to best practices.

¹³ Kitson K, Biblin J, Joern R. *Alameda County SSI Advocacy*. Community Corrections Partnership Program & Services. March 22, 2018. [[PowerPoint Presentation](#)]

III. Best Practices

A) Engagement with Sheriff and County Partnerships

i. Sheriff's Department / County Partnerships

Any SSI/SSDI advocacy program that plans to engage jail inmates should seek to cultivate an effective, constructive relationship with the county sheriff and jail staff. Sheriff departments that understand the importance of disability benefits are likely to make it easier to meet with incarcerated clients and provide timely and helpful information about clients to program staff. The Davidson County Sheriff's Office in Nashville, Tennessee runs its own disability advocacy program with staff employed by and housed within their jails. Given that the program is run by the Sheriff's Office itself, it represents one model for achieving buy-in by the sheriff's department to the process of assisting inmates to get disability benefits.

Programs that lack a positive relationship with their sheriff's department note that even when they make and double-check appointments with a jail in order to see their clients, when staff show up to the facility, they are often told that there are not enough corrections staff available for the appointment to be held. Other times, a confidential space is not available to meet in, and appointments have to be completed in a common room with little privacy.

ii. Social Security Administration Partnerships

When advocacy groups develop a formal relationship with the local Social Security Administration office(s), it can make a big difference in application outcomes. Programs can get expedited application processing times, receive extra and expedited information regarding previous disability claims, and have better access to updates as the application is processed. Most importantly, while regulations stipulate that applications for incarcerated individuals can only be submitted 30 days before release, an agreement can be made allowing for applications to be submitted 90 days or more before release.^{14,15}

iii. Medical Partnerships

SSI advocacy for jail-incarcerated individuals can begin in jail. However, the application process can take more than two years, and many applicants are released before an application or appeal is submitted. Programs that have close relationships with medical service providers in the area can more easily access medical records that are needed for documenting a physical or mental health disability. Without medical documentation of an applicant's disability, winning SSI/SSDI cases is extremely difficult, so easy access to these records is vital to the success of a disability advocacy program. Collaboration with jail- and community-based clinical staff can result in an enormous reduction in the work required to collect records and obtain medical appointments and

¹⁴ *Program Operations Manual System: SI 00520.910 Prerelease Agreements with Institutions*. United States Social Security Administration. [\[Document\]](#)

¹⁵ Bay Area Legal Aid and LA County's CBEST program both have agreements that allow for application submission more than 30 days before release from jail, but it is unclear whether those agreements are specific to those agencies, to the jails they serve, or if they are statewide.

documentation. In particular, mental health providers may be key partners, as many cases rest on documentation of mental health conditions, and services for these diagnoses can be difficult to obtain.

Ideal arrangements for medical partnerships vary. The Alameda County SSI Advocacy Trust provides funding for disability advocacy programs through both Bay Area Legal Aid and the Homeless Action Center. As part of the SSI Advocacy Trust, these organizations can refer their clients, upon release from jail, to the LifeLong Medical Care Trust Health Center, an outpatient clinic set up specifically to provide integrated behavioral and primary care to homeless individuals. Los Angeles County's CBEST team has dedicated Department of Health Services and Department of Mental Health medical staff who provide medical treatment and assessments for the SSI/SSDI application process. Regardless of the arrangement, it is vital that medical providers have specialized training in disability advocacy, as the medical documentation required for applications is very specific. Knowing the rules and the type of documentation that SSA requires is essential.

B) Program Staff

i. Eligibility Staff

Every disability assistance advocacy program needs to have staff dedicated to identifying individuals who may qualify for disability benefits and getting those individuals connected to the application assistance services. Ideally these staff would be housed within jails themselves, as is the case with the Davidson County Sheriff's Office, but they could also be general outreach workers whose duties include the jail-incarcerated population. The CBEST team in Los Angeles utilizes medical case workers and clinical staff that work in the jail, but it is important that qualifying individuals be referred to advocates quickly, as the application process is time-sensitive, and every day is crucial. In Alameda County, Behavioral Health Care Services (BHCS) have a data sharing agreement with both the County jail and Social Services Agency. Designated BHCS staff cross check the jail booking logs with records from their own database and a database maintained by the Social Services Agency. From this process BHCS staff can identify individuals who are known to be likely disabled or eligible but not currently receiving SSI/SSDI. These individuals are the ones that are the target population for SSI advocacy services. Individuals who the BHCS staff suspect will be in custody for longer than roughly 72 hours are referred to the lawyers at Bay Area Legal Aid or Homeless Action Center.

ii. Disability Advocates: Attorneys, Paralegals, and Non-Legally Trained staff

Once individuals are identified as likely to qualify for SSI/SSDI, they need to be connected with an advocate. There are advantages and disadvantages to using attorneys, paralegals, and non-legally trained staff for this process. The U.S. Substance Abuse and Mental Health Services Administration funds the SSI/SSDI Outreach, Access, and Recovery (SOAR) program¹⁶, which is designed to increase access to SSI and SSDI programs for specific populations. The SOAR Technical Assistance Center helps organizations start their own disability advocacy programs, including training for disability advocates. The SOAR national best practice is designed for both

¹⁶ For more information see [\[Website\]](#)

legal and non-legal staff, and many programs do not use legal staff, particularly for initial and reconsideration-level applications. Los Angeles County’s CBEST, Miami-Dade’s CMHP, and the Davidson County Sheriff’s programs all use the SOAR model as the foundation for their disability advocacy work.

The goal for any program should be for a majority of applications to be approved on the initial application. However, 64.6% of cases are denied at the initial level¹⁷, and as an application goes from reconsideration to a hearing-level appeal, advocates often require greater legal and procedural expertise, making employing legal staff increasingly attractive.

There are differing models for using lawyers in the application process. The CBEST program uses non-legal staff to assemble their applications; attorneys, made available through a partnership with a legal nonprofit, assist with a quality review of applications before they are submitted. CBEST staff represent clients for initial and reconsideration applications but refer cases to an outside vendor for appeals beyond reconsideration. In their early years, the Alameda County SSI Advocacy Trust used a similar model, employing non-legal staff for initial and reconsideration applications, and utilizing attorneys for advanced appeals. However, they found that many applicants were being “lost” in the referral process, with the attorneys to whom the applicants were being referred being unable to initiate or maintain contact with the applicants after the referral. With an ever-increasing percentage of cases being denied at both the initial application and reconsideration appeal level in California, the SSI Advocacy Fund decided to utilize attorneys from the start of the process to minimize the disruption of the referral process.

iii. Acceptable Medical Source (AMS) - Availability of Medical Professionals

SSA guidelines require that written medical documentation of a disability be provided by an “acceptable medical source” (AMS). These medical professionals who qualify under SSA’s guidelines include MDs (medical doctors), DOs (doctors of osteopathy), APRNs (advance practice registered nurses), PAs (physicians’ assistants), or psychologists. If the SSI/SSDI application process takes longer than an applicant’s period of incarceration, as it often does, advocacy programs must initiate the application while the participant is incarcerated but final submission or appeal may not occur until after the individual is released. Completion of an application or an appeal requires access to these professionals both inside the jail and in the community.

While incarcerated, applicants have to rely on jail systems for medical care. However, upon release, it is important to connect applicants with medical staff who understand the unique medical and documentation needs of disability applicants, in order to ensure the highest-quality application is submitted. While a medical professional that is not an acceptable medical source (for example nurse practitioners) may be able to provide high-quality medical care, if they are an AMS, the documentation they provide will have a greater impact on the applicant’s case, per SSA guidelines.¹⁸

¹⁷ Social Security Administration - Office of Retirement and Disability Policy - Office of Research, Evaluation, and Statistics. *Annual Statistical Report on the Social Security Disability Insurance Program, 2017*. October 2018. [\[Report\]](#)

¹⁸ SSA POMS: DI 22505.003 Evidence from an Acceptable Medical Source (AMS) [\[Document\]](#)

The CBEST program in Los Angeles County provides medical care for their clients via a clinical team composed of medical professionals from the county's Departments of Health Services and Mental Health. The Georgia Department of Behavioral Health and Developmental Disabilities actually begins providing care and accumulating documentation for cases before an applicant's release from jail. As part of a SOAR pilot project in 2009 at the Fulton County Jail, behavioral health staff were given access to inmates who were potential applicants. That program's positive results prompted the Georgia Department of Corrections to scale the program up, providing SOAR training to 33 correctional officers to work on SSI/ SSDI applications in Georgia's prisons.

C) Coordination with Other Services

When inmates are released from jail, their ability to access community services and benefits requires coordination with county eligibility workers and other community-based programs. Establishing eligibility for Medi-Cal is a critical first step. As part of their reentry to the community, prompt access to health care providers can be essential to the successful completion of a disability application. Bay Area Legal Aid staff note that program participants exiting jail without having their Medi-Cal benefits reinstated properly is consistently a barrier to quick application approval.

After eligibility for health insurance is established, the next step is finding a primary care provider that can meet the unique needs of the justice-involved population. Bay Legal accomplishes this through their relationship with the LifeLong Medical Care Trust Health Center. This partnership provides health benefits for the participant and a source of longitudinal medical documentation of the individual's disability that could be useful for the immediate application, a future application if the immediate one is denied, and any continuing disability reviews after the application is approved.

Access to housing is another major hurdle for many individuals with a disability who are released from jail. For homeless individuals, accessing health care and completing their disability applications often become low priorities given the other immediate challenges they must confront. While in some areas connecting individuals to housing is difficult, the results can be extraordinary. As noted earlier, for example, the Eleventh Judicial Circuit Criminal Mental Health Project (CMHP) reports a 70% reduction in arrests two years after receipt of housing and disability benefits. Similar results are documented by the Alameda County SSI Advocacy Trust, which provides some clients with a "housing subsidy" during the application process before they have been approved for SSI/SSDI.

Alameda County's Housing Subsidy is a revolving loan fund that leverages the GA program for distribution and collection, while leveraging the SSI for reimbursement. The subsidy was started with start-up funds from the Behavioral Health Care Services (BHCS) and Health Care Services Agency (HCSA). These investments served as "seed money" for the revolving loan fund. In order to receive the Housing Subsidy a client must sign-up with a County-funded SSI advocate. Then, the client must apply for the SSI benefits. The County at that point receives a lien on the client's retroactive benefits. The client draws \$318 each month from the Housing Subsidy

revolving loan fund. After the client is approved for SSI then they repay their loan and then those repayment installments are deposited into the revolving loan fund, in order to finance the subsidy for the next client. The client does not owe for the subsidy if their SSI application is denied. The amount of the Housing Subsidy was calculated by simply subtracting GA payments and food stamps payments from the amount that SSI pays (Housing Subsidy = SSI – GA – Food Stamps). The flow chart in Appendix 5 demonstrates this process.

Most importantly, since its establishment, the Alameda County SSI Advocacy Trust Housing Subsidy has led to a 61% reduction in cases closed without securing disability benefits. Clients who did not get the housing subsidy lose their SSI/SSDI cases 83.6% more often than those who did get the housing subsidy. Alameda County reports that 83.1% of clients who received the subsidy had increased security as a result of receiving the funds. Additionally, those who received the subsidy were more than twice as likely as those who did not receive the subsidy to move to a better housing situation and transition out of homelessness. Furthermore, the housing subsidy helps stabilize mental health. Nearly 70 to 80% of the clients who received the subsidy experienced fewer psychiatric emergency events, fewer hospitalizations, and fewer spells of incarceration.¹⁹

D) Other Best Practices

i. Hands-on staff assistance

Providing staff who can accompany and/or provide transportation for applicants to appointments can greatly increase compliance for all aspects of the application. To ensure applicants are able to navigate the complex social services systems, the CBEST team in Los Angeles has a team of benefits advocates who help former inmates navigate the health care system and access other community services after release from jail. These advocates provide care coordination, accompany applicants to medical appointments, link applicants to homeless systems of care, and other services.

ii. Staying in touch with participants post-release

Disability program advocacy staff need to stay in contact with applicants after they are released from jail. Prior to release, advocacy staff can help an inmate access a primary care provider in the community, assist in the selection of a health plan, make necessary appointments, and transfer medical records. Advocacy staff also need to know contact information or how to reach a former inmate in the following release from jail. However, this can prove difficult because jail release dates can change from day to day, and individuals are sometimes released without advance notice. This is another reason why a close relationship with the jail is the best way to increase the likelihood that disability advocacy staff can connect with an inmate before he or she is released.

¹⁹ Alameda County SSI Advocacy Trust. *SSI Advocacy GA Housing Subsidy: Revolving Loan Fund PowerPoint*. October 30, 2018.

The Los Angeles County Sheriff's Department is an integral partner to the CBEST program, and therefore their program is able to utilize this model. However, not all programs will have the same level of integration and information-sharing with their Sheriff's Department as Los Angeles does. So, while some jails provide discharge planning that includes a process to link inmates with health and community services when the inmate is released, many do not, and the burden of discharge planning falls to disability advocates or their partners. Ideally this planning would be done before release, but the reality is that programs will often have to re-engage applicants who are discharged without advanced warning to disability advocacy program staff.

Despite best efforts to engage former inmates, sometimes programs are unable to get back in touch with participants after they have been released from jail. The program run by the Davidson County Sheriff's Department is housed within a jail system, affording it the advantage that allows staff to be immediately notified if an applicant is re-incarcerated at a facility within their system. Bay Area Legal Aid, which is not affiliated with the Sheriff's Department utilizes incarceration databases maintained by the county, the state, and privately. Some databases even allow for "tracking" an individual, so that if they end up re-incarcerated, program staff can automatically be notified. If a program participant signs up for other public benefits programs, such as Medicaid, general assistance, or CalFresh, Bay Legal is able to request updated address or phone contact information from Alameda County Behavioral Health Care Services for clients they have been unable to reach.

iii. Providing trainings

Many disability advocacy programs provide trainings to jail staff, particularly in-house medical staff. Educating jail medical professionals about the specific documentation requirements of SSI and SSDI can result in program participants getting medical records that are much more useful for their cases. Trainings for jail staff, including intake staff, benefits specialists, and custody assistants, can help programs identify individuals who may be eligible for disability benefits, or help provide non-medical documentation of participants' symptoms. Bay Legal and CBEST both provide trainings to jail staff, while CMHP provides training to law enforcement intended to divert individuals with mental illnesses from ending up in jails in the first place. They have worked to help police better understand the needs of people experiencing mental health crises and give them the knowledge they need to provide referrals and assistance rather than incarceration to these individuals.

IV. Need for Further Research

The California Department of Social Services' Housing and Disability Advocacy Program (HDAP) provides funding to counties to establish disability advocacy programs that serve a wide variety of individuals who are homeless and disabled, not just the jail-incarcerated population. The established criteria for the program generally reflect the best practices described in this report. Many of these programs were only established in 2018, so data with regard to their activities and success is very limited. However, additional research is needed to determine the effectiveness of HDAP programs, particularly in serving the justice involved, jail-based population.

Questions for further study include:

- What is the unmet need for disability advocacy in jails? Most evidence for need points to the high proportion of individuals in jail with serious mental illness and/or with self-reported disabilities. By extrapolating from PPIC data, we estimate that about 16,000 Californians each year could benefit from application assistance targeted to jails. But how well do these statistics translate to the percentage of the jail-incarcerated population that could actually qualify for SSI/SSDI?
- How much HDAP funding is going to outreach in jails? Is it enough to meet the need?
- If there is further need for funding for the jail-incarcerated population, should this come from HDAP, or should another program provide funding?
- Are HDAP funding requirements doing a good job of ensuring counties provide quality application assistance and other supports to the individuals they serve? Despite seeming like it fulfills most of the best practices described here, the legal language the assembly bill is written in may allow programs to technically fulfill the funding requirements, but not provide important services. Further research is required to determine if HDAP programs are effective.

Appendix 1: Los Angeles County

Los Angeles County's County-wide Benefits Entitlement Services Team (CBEST) disability advocacy program is a collaboration between the County Sheriff's Department, the Department of Health Services, and the Department of Mental Health. Their work is informed by the SOAR national best practice, but also takes into account more physical health aspects of clients' conditions, and the potential for applicants to "grid out" based on age, education, work history, and residual functional capacity. Their program begins with benefits eligibility specialists who are in the jails the program serves. These staff determine potential eligibility for a wide variety of programs, including SSI/SSDI. When an inmate is determined to be likely eligible for disability benefits, the program's clinical team is notified.

The CBEST clinical team is composed of medical professionals from the Department of Health Services and Department of Mental Health who can provide assessments and medical care to program participants. They also have staff within the jails they serve who retrieve medical records for applicants, review those records, and determine if enough evidence exists to warrant an application and complete a medical summary. If additional evidence is needed, and it seems like the inmate will not be able to be connected to care, CBEST has a team of clinical psychologists who can do a comprehensive evaluation, providing an adjunct to existing records.

Medical records from their jail stays are particularly important for applicants who experience mental health symptoms and substance use disorders because SSA considers incarceration a period of sobriety. This allows documentation of an applicant's symptoms that, if recorded outside of jail, would otherwise be written off as potentially due to substance use and not a mental health disorder. Because of this, part of the clinical team is assigned purely to providing treatment and documentation to individuals while they are incarcerated. CBEST clinicians also provide trainings to jail doctors, so that the quality of documentation improves even when non-CBEST clinicians are providing care.

The program also has a team of 200 benefits advocates around the county who help with care coordination, accompanying applicants to medical appointments, and linking applicants to homeless systems of care once they are released from jail. The clinical team works with the benefits advocates to assemble an application, and a nonprofit legal team assists with quality review of applications before they are submitted. The program has an agreement with SSA, allowing applications to be submitted 90 days before release rather than the usual 30. The CBEST team works on initial and reconsideration applications, but for hearing-level appeals and beyond refers cases to an outside vendor.

Key to this program's success is the Los Angeles County Sheriff's departments' buy-in to the process. The Sheriff's custody assistants are trained to identify potential applicants when eligibility specialists are not available and make referrals to the CBEST team. The department also understands the advantage the program has to them and works to make meeting with clients as easy as possible.

Appendix 2: Eleventh Judicial Circuit Criminal Mental Health Project

The Eleventh Judicial Circuit Criminal Mental Health Project (CMHP) in Miami-Dade County, Florida runs a jail diversion program for people with serious mental health conditions, one aspect of which is SSI/SSDI advocacy. Florida is not a Medicaid expansion state, so access to SSI and SSDI provides beneficiaries with both much-needed income and the Medicaid/Medicare eligibility that comes with disability benefits. Because this program is run as part of a diversion program, participation is limited to individuals charged with low-level nonviolent felonies and misdemeanors. CMHP originally had a much broader client base, not just serving individuals who were eligible for their diversion program. However, they found that without great discharge planning done in conjunction with the correctional facilities, applicants were released without CMHP's knowledge, and CMHP lost contact with a high percentage of applicants. Given the time-intensive nature of disability advocacy work, these "walk-outs" cost the program too much money, and so they narrowed their focus to individuals in their diversion program, whose incentive (remaining out of jail) for ongoing participation in the application process is very high.

CMHP has made the most of 10 years of work, developing deep relationships with their local SSA office, the Miami-Dade County Mental Health Authority, and local medical providers, including hospitals and community-based treatment organizations. Because the Mental Health Authority and other medical providers see both the health and financial benefit ensuring that individuals with mental health conditions receive the health insurance that comes with disability benefits, they are allies in assisting CMHP.

The program's 90% approval rate within 40 days of an initial application being filed provides a fantastic marketing tool to encourage health providers' cooperation. Individuals served by this program are highly likely to receive health services they cannot pay for, and getting them insured means these providers will get paid for their services (as well as keep the recipients healthier and reduce costly emergency services). Despite the fact that clients they serve may have addresses that would assign them to several different SSA offices, because CMHP has an established relationship with their specific office, they run all their applications through that office regardless of where the applicant resides. That relationship also allows CMHP to quickly obtain important background information about applicants such as application and work histories.

CMHP also provides training to Miami-area law enforcement, with the intention of preventing individuals with mental illnesses from ending up in jails in the first place. Since 2003 they have worked to help over 7,000 officers better understand the needs of people experiencing mental health crises and give them the knowledge they need to provide referrals and assistance rather than incarceration to these individuals.

Appendix 3: Bay Area Legal Aid

Bay Area Legal Aid (Bay Legal) is a legal nonprofit located in the San Francisco Bay Area that, among many other things, provides SSI/SSDI advocacy for clients at Alameda County's Santa Rita Jail. Bay Legal's program, in addition to a similar program through the Homeless Action Center, is funded through the Alameda County SSI Advocacy Trust, which in turn is funded by the Federal County Service Block Grant, Alameda County General Fund, Mental Health Services Act, and AB 109.²⁰ The Trust also funds case management, medical care, and a General Assistance housing subsidy to program participants. Bay Legal uses legal staff to provide high-quality legal representation from initial applications through all stages of appeals. Referrals for their program come from jail medical providers as well as Alameda County Behavioral Health Care Services.

The SSI Advocacy Trust supports ongoing contact with their program participants post-release from jail by connecting individuals to an attorney representative before release, connecting some to case management pre-release, and providing eligibility for a general assistance housing subsidy to help stabilize housing placement post-release. Having identified transportation as a major barrier to maintaining contact post-release, Bay Legal uses some of their funding to provide bus and local train tickets to help their clients get to appointments. They have also advocated with county partners to improve access to transportation post-release, including to get participants from the jail to their community upon discharge, and to improve understanding of Medi-Cal non-medical transportation to get to appointments.

Bay Legal staff advocate to ensure their clients get appropriate medical care while incarcerated. Often, however, applicants are unable to get sufficient medical documentation for their disability during their time in jail. Fortunately, Bay Legal's program is able to utilize the LifeLong Medical Care Trust Health Center, an outpatient clinic that provides integrated behavioral and primary care to homeless individuals, to connect clients to medical care as soon as they are released from jail. Through the Alameda County SSI Advocacy Trust, the clinic is set up to receive referrals from County-funded legal services providers like Bay Legal and the Homeless Action Center and is conveniently located just blocks from Bay Legal's offices, so they can walk clients directly to the clinic from appointments with their legal team.

To ensure they are easy to reach, Bay Legal accepts collect calls from their clients while they are incarcerated, and clients can drop into their offices without an appointment upon release. Their program has also developed several creative methods of getting back in contact with clients who fall out of touch with them. They use both County and State-maintained online inmate locators, as well as the VINE notification system privately run by Appriss Inc, to send them notifications if any clients they work with end up re-incarcerated, giving them an opportunity to re-establish contact with clients. With a release signed by the client, Bay Legal is also able to receive information from their county funder if their clients sign up for or change contact information for CalFresh, general assistance, or Medicaid benefits, again helping them maintain contact with this population that is frequently on the move.

²⁰ Kitson K, Biblin J, Joern R. *Alameda County SSI Advocacy*. Community Corrections Partnership Program & Services. March 22, 2018. [\[PowerPoint Presentation\]](#)

Appendix 4: Davidson County Sheriff's Office, Nashville Tennessee

The Davidson County Sheriff's Office, which serves Nashville, Tennessee, has its own SOAR program for disability advocacy. The program employs two SOAR counselors for its five facilities and receives referrals through inmates' case managers or the courts themselves. In order to qualify for this program, inmates must have a mental illness and be expected to experience homelessness upon their release (this can include individuals living with family or friends).

After getting ROIs signed by program participants, SOAR counselors in the Davidson County Sheriff's program collect existing mental and physical health records for the applicant, and write a medical summary signed by a psychiatrist that is contracted with the mental health services provider for the corrections facilities.

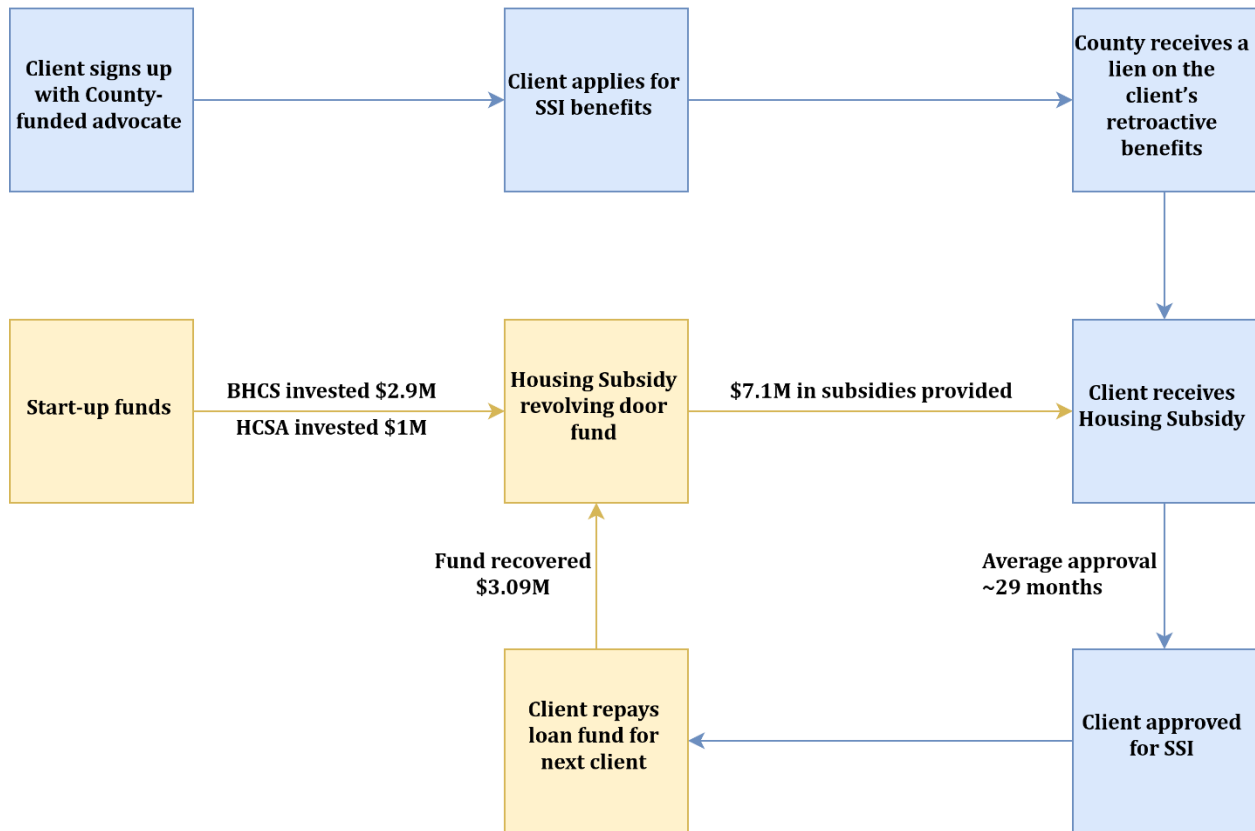
Because the program is integrated directly into the Sheriff's Office, access to inmates is not an issue, and counselors are able to work directly with jail medical staff to ensure clients get the medical care and documentation they need for their applications.

Appendix 5: Alameda County Housing Subsidy

The Housing Subsidy is a revolving loan fund that leverages the GA program for distribution and collection.

The fund provides clients an additional \$318 dollars a month. The fund has been shown to help:

1. stabilize mental health,
2. increase the likelihood of obtaining SSI, and
3. improve housing outcomes.



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About the Reentry Health Policy Project

- This brief is part of the Reentry Health Policy Project, which seeks to identify state and county level policies and practices that impede the delivery of effective health and behavioral health care services for formerly incarcerated individuals who are medically fragile (MF) and living with serious mental illness (SMI), as they return to the community. The report also offers specific recommendations and best practices for addressing these barriers. The Reentry Health Policy Project was managed by California Health Policy Strategies LLC with support provided by the California Health Care Foundation.

About California Health Policy Strategies (CalHPS), LLC.

- CalHPS is a mission-driven health policy consulting group based in Sacramento. For more information, visit www.calhps.com.