Oregon
John A. Kitzhaber, MD, Governor

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February 5, 2015

The Honorable Senator Devlin
The Honorable Representative Buckley
900 Court Street NE
H-178 State Capitol
Salem, OR 97301-4048

Re: General Assistance Study

Dear Legislators:

Nature of the Report

The purpose of this letter is to transmit the Department's response to the budget note attached to the Special Purpose Appropriation for Seniors. The language stated the following:

> *An allocation of $112,000 General Fund (Item #13) will allow the Department of Human Services, with stakeholder participation, to conduct a one-time study on and make recommendations for a program designed to provide temporary cash assistance to low-income, childless adults with disabilities (at a minimum). The Department will report the study results and program recommendations to the appropriate House and Senate policy committees and the Joint Committee on Ways and Means during the 2015 Legislative Session. The report should include, but not be limited to, data on special populations, such as homeless persons, veterans, and individuals nearing or on post-prison supervision, eligibility requirements, services offered; desired outcomes, cost avoidance, potential pilot projects, and a menu of program/funding options.*

Agency Action

The Department executed a contract with Portland State University's (PSU) Regional Research Institute on Human Services to complete the required study.

The study commenced in June of 2014 and included wide stakeholder participation including representatives from the following state agencies, local government entities and advocate groups:

- A.S.S.I.S.T. Assertive SSI Service Team
- Disability Benefits Training & Consulting, LLC
- Independent Living Resources
- Multnomah County Aging and Disability Services
- Northwest Pilot Project
- O4AD
- Oregon Department of Corrections
- Oregon Department of Human Services
- Oregon Department of Veterans' Affairs
- Oregon Food Bank
- Oregon Health Authority
- Oregon Housing and Community Services
- Oregon Law Center
- Oregon Opportunity Network (ON)
- Partners for a Hunger-Free Oregon
- State Independent Living Council
- Multnomah County Aging and Disability Services

In addition to stakeholder participation, PSU staff conducted in-person and phone interviews with consumers and subject matter experts throughout the state and nation. PSU also conducted in-depth document reviews, including reviews of historical data and previous General Assistance studies.

PSU designed their study around three key research questions:

1) What services for childless adults with disabilities exist within Oregon and other states?
2) What is the current need?
3) What potential program structures and funding options might address the needs of the target population?

Both consumer and non-consumer informants indicated that the greatest need for childless adults with disabilities is housing. Suggested pilot ideas build on

existing DHS and OHA services to childless adults with disabilities. They add recoverable housing assistance, personal incidental funds and professional level assistance with the Social Security application and appeals process. Potential partners vary based on populations served and the geographical area or areas selected.

The full report is attached and may also be accessed at:

https://www.rri.pdx.edu/Project/851

Action Requested

The Department of Human Services requests that the Joint Committee on Ways and Means acknowledge receipt of this report.

Legislation Affected

None

If you have questions or concerns, please call Erika Miller at (503) 373-0756 or email at erika.e.miller@dhsoha.state.or.us.

Sincerely,

Eric L. Moore
DHS Chief Financial Officer

Enclosure: General Assistance Study Report

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2014 Oregon General Assistance Study

Research conducted by the Regional Research Institute for Human Services

Portland State
UNIVERSITY

This report was prepared for

Oregon Department of Human Services
Offices of Aging and People with Disabilities (APD)
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Originally submitted December 24, 2014. Update submitted January 13, 2015
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Thanks also to the staff of the Oregon Department of Human Services Aging and People with Disabilities Program offices in Salem and around the state who provided input and guidance for this study.

Numerous staff members from a variety of state, local, and community-based social service agencies supported this project by helping with consumer-participant recruitment, arranging consumer interviews, and providing office space in which the Portland State University research team could conduct private, in-person qualitative interviews with consumers. These agencies included: The Oregon DHS Aging and People with Disabilities Program, the Oregon DHS Seniors and People with Disabilities Division, the Centers for Independent Living, Northwest Pilot Project, Transition Projects, Inc., and the A.S.S.I.S.T. Assertive SSI Service Team.

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Executive Summary

In early 2014, the Oregon legislature and the state Department of Human Services (DHS) commissioned a study to gather input from consumer and non-consumer stakeholders regarding how to most effectively meet the needs of childless adults with disabilities. This study was designed to answer the following questions: (1) What services for childless adults with disabilities exist within Oregon and in other states? (2) What is the need today? and (3) What potential program structures and funding options might address the needs or the target population while also addressing any barriers experienced with the previous program? The following synopsis describes the study findings. This project was completed by the PSU Regional Research Institute for Human Services between June and December of 2014.

Living with a disability in Oregon

"We will all be disabled eventually."
—Emily Toth

The onset of a disability can create a domino effect of crises that includes eroding employment, housing loss and homelessness, and severed personal connections. These losses result in an increase in stress and chronic pain as well as poor physical and emotional health. Individuals are in need of multiple supports, especially in the areas of financial assistance, housing, and applying for federal benefits. People with immediate housing needs, those experiencing mental illness, veterans, and people returning to the community from jails and prisons face additional challenges related to those circumstances.

Federal benefits assistance is available, but it is hard to get

Childless adults with disabilities are eligible for different types of federal and state assistance. Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), and disability compensation for military veterans are the primary modes of assisting this specific population. Other available federal benefits include health insurance through Medicare and Medicaid, food assistance through the Supplemental Nutrition Assistance Program (SNAP), and housing supports.

Needs exceed availability

The study found strong agreement among stakeholders that the current level of assistance is not enough to meet the pressing and diverse needs of this population. Programs have long waitlists, especially in the area of

housing. When awarded, the assistance falls short of the needs of people with disabilities who have little or no resources of their own. Reinstatement of temporary cash assistance for childless adults with disabilities in Oregon would go a long way toward filling that gap.

States can supplement federal disability benefits

States can recover GA funds once federal benefits are awarded.

Thirty states currently provide temporary cash assistance, also known as General Assistance (GA), to people waiting to qualify for federal disability benefits. Because federal disability benefits are awarded retroactively to the date of the initial application, states can recover GA funds they have paid out once federal benefits are awarded. GA programs in Washington, Minnesota, Vermont and Utah, among others, include elements such as permanent supportive housing, assistance with applying for federal benefits, and case management services.

Oregon stopped funding General Assistance in 2005

The GA program in Oregon was reduced in 2003 and defunded in 2005. In 2002, it served about 2,500 low-income childless adults with disabilities statewide. Individuals received $314 per month in cash assistance, compared to the federal SSI monthly payment of $545. Since then, there has been no state temporary cash assistance available to childless adults with disabilities in Oregon. A revitalized GA program in Oregon is expected to serve about 2,900 people at any one time, similar to levels experienced between 1997 and 2003.

Suggested award amount

$695 cash assistance per month would cover housing, utilities and incidentals.

There was general consensus that going back to a cash grant of $314 per month would not be enough to cover housing, a key protective factor. The cash amount recommended by our stakeholder advisory group for a pilot program would be a *maximum* of $695 (up to $545 housing + $90 for utilities + $60 for incidentals not covered by SNAP). The award amount could be reduced if housing costs were lower than $545. Administrative costs estimated at $69 per person bring the total estimated pilot program cost to $764 per person per month.

Pilot program options

Informants presented a number of potential pilot structures and populations. Possible configurations include focusing on a specific population, type of service provider, or a combination thereof. The type(s) of providers included in the pilot would determine the geographic

spread of the services. Study participants in all fields agreed that any pilot program should include comprehensive assistance in applying for federal benefits. The national success rate for obtaining SSI benefits for first time applicants is 30%, but current programs in Oregon utilizing staff trained in obtaining SSI benefits have reported rates as high as 70%.

The national success rate for obtaining SSI benefits for first time applicants is 30%, but programs in Oregon have reported rates as high as 70%.

Potential pilot cost

A 24 month pilot program enrolling 200 clients and an evaluation component would cost approximately $1,608,616. This estimate is based on the following information: 85% of SSI applicants are expected to eventually qualify for federal benefits. The state will be reimbursed for 82% of the costs incurred by those qualified applicants. However, cost recoveries to the state won't occur until the clients receive SSI, which takes an average of 19 months.

Reducing administrative costs

Coordinating applications for multiple programs, reducing the documentation burden, utilizing community partners, and providing trained case managers dedicated for GA fund recipients were suggested as ways to increase the success rate for first time applicants and reduce administrative costs.

Case vignettes based on the people we spoke with during this study are located throughout the report. Their names have been changed to protect their identities.

GA Funds could provide cost savings in other service areas

The study found that General Assistance funding can impact consumers in ways that offset costs in other areas of the social service system. These areas include criminal justice and law enforcement, housing and shelter services, healthcare and emergency response, and additional federal dollars flowing into the state economy.

Case vignette: Susan is a divorced woman in her 50s who lives in southern Oregon. She experiences ongoing, uncontrolled, severe seizures that are not sufficiently regulated with medication. She had a difficult experience applying for disability benefits, which exacerbated the difficulties with her ongoing depression and anxiety. She was denied on her initial application but she was eventually found eligible for disability benefits on appeal, and experienced a long wait for benefits. She now receives SSI benefits of $721 each month. She reports that her quality of life has improved greatly since receiving SSI benefits.

Introduction

Who funded this study and why

Prior to 2005, Oregon had a General Assistance (GA) program which provided temporary cash benefits for poor Oregonians who did not have dependent minor children and were unable to work due to a disability. Adults who qualified typically had less than $50 in cash, $1,500 in other assets and little or no income. These GA benefits were a lifeline for people who were applying for federal Social Security disability benefits. The wait time for a final decision on a federal Social Security application based on a disability can take over 2 years. These temporary GA funds can be used to pay for housing and other incidentals not covered by SNAP (Supplemental Nutrition Assistance Program) or health insurance, preventing homelessness and further deterioration in health conditions. Oregon DHS can be reimbursed by the Social Security Administration from the back award for GA recipients that are successful in proving disability. Since October 2005, these disabled adults, sometimes referred to as the "poorest of the poor," have lost this safety net during a very difficult time in the Oregon economy.

Fast forward to today: At the request of the Oregon legislature and DHS, this study was designed to provide comprehensive information about the needs of those who would be eligible to receive temporary cash assistance and possible program configurations if the GA program were reinstated. The study design incorporated mixed quantitative and qualitative methods and a broad approach to gathering information from contracted service providers, other community providers and partners who serve those who would be eligible for GA Fund dollars, consumers in the service system, and other key informants inside and outside of Oregon who may provide additional information about ways and costs related to administering a GA Fund program.

"An allocation … will allow the Department of Human Services, with stakeholder participation, to conduct a one-time study on and make recommendations for a program designed to provide temporary cash assistance to low-income, childless adults with disabilities (at a minimum). The Department will report the study results and program recommendations to the appropriate House and Senate policy

committees and the Joint Committee on Ways and Means during the 2015 Legislative Session. The report should include, but not be limited to, data on special populations, such as homeless persons, veterans, and individuals nearing or on post-prison supervision, eligibility requirements, services offered, desired outcomes, cost avoidance, potential pilot projects, and a menu of program/funding options."

—2014 Oregon Legislative Session Budget Report and Summary

Research questions

This study was designed to answer the following questions related to a General Assistance Program:

1. What already exists within Oregon and in other states?
2. What is the need today?
3. What potential program structures and funding options might address the needs or the target population while also addressing any barriers experienced with the previous program?

Each questions contained a set of sub-questions, which are included in the Appendix: Crosswalk of Research Questions, Data Sources, and Instruments.

Background

Who are childless adults with disabilities?

In 2013, about 8.4 million people received federal Supplemental Security Income (SSI) based on a disability that kept them from working. Slightly more than half were women, 59% were age 18-64, and 58% had no income other than their SSI payment.[1] In Oregon, 83,264 individuals received SSI benefits totaling $46,770,000.[2]

Disability rates are higher in states with an older workforce, lower levels of education, and more industry-based jobs.

Disability benefits are based first and foremost on a disability. Then and only then are poverty and inability to work factored into the eligibility determination. Award rates by state bear this out. Disability rates are higher in states with an older workforce, lower levels of education, and more industry-based jobs. Because older adults are more likely to incur disabilities, those who are older have a higher chance of receiving disability benefits. Disability rates are increasing nationwide due to the aging of the large baby-boomer demographic, and states with an older population have higher rates than younger states. People who have completed high school are less likely to need disability benefits as a result of their ability to adjust to different types of work. Workers in industries, such as forestry, mining, or manufacturing, are more likely to receive disability benefits than those with service-based jobs; these jobs are more physically demanding and their necessary skills do not transfer as well to other types of jobs.[3]

Housing is extremely important, especially for people with disabilities, but it is often in short supply. According to Northwest Pilot Project, there were 35,115 renter households with extremely low incomes (less than $1,217 for a single person) in Multnomah County from 2007-2011. During that same period, there were only 11,870 rental units considered to be "affordable." Affordable is defined as housing which consumes no more than 30% of household income. This represents a shortage of 23,245 affordable apartments for extremely low income renter households in Multnomah County. Therefore, almost 68% of these households were forced to spend over half of their income on housing, leaving little income remaining to meet other essential needs. Much smaller

affordable housing shortages existed for people in higher low income brackets. Affordable housing is in short supply for the lowest income group throughout the state.

More detailed information on the characteristics and needs of childless adults with disabilities is included in the Study Findings section of this report.

Federal Disability Benefits

Social Security Disability Insurance (SSDI)

"A physical or mental medical condition that prevents an individual from engaging in substantial gainful activity and is expected to last, or has lasted, twelve consecutive months or is expected to result in death." —SSA definition of disability

The Social Security Act was signed in 1935 to counteract the large population of needy children and adults created during the Depression of the 1920s and 1930s. Specific disability benefits, known as Social Security Disability Insurance (SSDI), were added in the 1950s. Eligibility for SSDI is based on whether a worker has worked long enough to earn sufficient Social Security credits and whether they meet Social Security's definition of disability. The federal SSA definition of disability is "A physical or mental medical condition that prevents an individual from engaging in substantial gainful activity (SGA) and is expected to last, or has lasted, twelve consecutive months or is expected to result in death."[4] In 2013, the average SSDI benefit per individual was $1,146 per month.[5] Currently, SSDI does not give money to people with partial or short-term disability. Once a person applies for SSDI benefits, it can take three to five months for the initial decision to be made. Appeals and reapplications can take much longer.

Supplemental Security Income (SSI)

The monthly maximum federal SSI payment amount for 2015 is $733 for an eligible individual.

The SSI program was created in 1972 and, like SSDI, is administered by the Social Security Administration. Unlike SSDI, the program is not related to past employment and provides a financial support, incentives to work, and access to medical care to people who are elderly or have a disability. There are additional eligibility requirements related to immigration status, income, and personal resources.[6] The establishment of SSI has been attributed to the decrease in people housed in public mental hospitals, down from 500,000 in 1955 to about 60,000 in 2003.[7] The monthly maximum federal SSI payment amount for 2015 is $733 for an eligible individual.

Disability compensation for military veterans

In 2013, the average annual veterans' disability payment was $12,900.

Veterans' benefits have existed since before the Revolutionary War. Currently, veterans with a military service-related disability may qualify for benefits under the federal VA Disability Compensation program. This program is administered by the U.S. Department of Veterans Affairs (VA). Benefits depend on the level of disability and include a variable monthly cash allowance, as well as additional allowances for clothing, transportation, medical aides, and housing.[8] In 2013, the average annual veterans' disability payment was $12,900.[9] Individuals may apply for Veteran's Disability Benefits while also applying for SSDI.

Disability benefits are suspended for people in jail or prison

Most individuals housed in a jail, correctional facility, or post-prison residential facility at public expense, for more than 30 days, are ineligible to receive SSI. They regain their eligibility upon release. [10] However, if they were incarcerated for more than 12 months, they often have to go through the application process again before benefits are reinstated.

Other federal assistance programs

Access to healthcare and food assistance are readily available through federal programs such as Medicaid and the Supplemental Nutrition Assistance Program (SNAP). Housing assistance is also available through Section 8 housing vouchers, but the need for housing is widespread and greatly exceeds availability. In addition, multiple states have GA programs to provide support while people are waiting to qualify for federal disability benefits. The information in this report section is drawn from interviews with program administrators and authors of previous GA Studies, as well as documents and reports describing the state programs. Sources other than direct interview responses are cited throughout the document.

Food stamps / SNAP

In 2015, the maximum SNAP benefit for an individual is $194 per month.

The Pilot Food Stamp Program was put into place in 1961 as a way to assist under-nourished people in accessing food and increasing the consumption of perishable food items. The Food Stamp Act of 1964 created a permanent Food Stamp Program that was managed by Congress. Over the past 50 years, several legislative changes were made to the Food Stamp Program, including an establishment of national

eligibility requirements and disaster-related temporary eligibility criteria, simplification of the application process, and the creation of Electronic Benefit Transfer (EBT) that uses a debit-like card and PIN to issue benefits.[11] The federal government now offers the Supplemental Nutrition Assistance Program (SNAP) to low- and no-income people who need assistance purchasing healthy food from grocery and convenience stores, as well as select farmers markets and food co-op programs.[12] In 2015, the maximum benefit amount for an individual is $194 per month.[13] Current eligibility requirements stipulate that recipients' household income must not exceed 185% of the federal poverty threshold unless everyone in the household is receiving Temporary Assistance for Needy Families (TANF), SSI, or General Assistance (in some places).[14]

The Affordable Care Act (ACA)

The Affordable Care Act (ACA) was signed by President Obama in 2010. The main purpose of the ACA was to make health insurance available to and affordable for all Americans. It accomplished this by decreasing premium costs through the use of tax credits, mandating a limit for out-of-pocket costs, and requiring full coverage for preventive care with no out-of-pocket costs. Furthermore, the ACA made it illegal to deny coverage based on pre-existing conditions and created a competitive market from which to purchase insurance plans.[15] With the ACA, Americans under 65 who are living below 138% of the poverty line now qualify for Medicaid coverage.

Housing / Section 8

Although housing assistance exists in the form of Section 8 housing vouchers, the need for housing is widespread and greatly exceeds availability.

The Housing Choice Voucher Program, commonly referred to as Section 8, is a federal government program that subsidizes housing payments for those in need. The program was approved by Congress in 1974. Its purpose was to subsidize rent for eligible individuals and families.[16] Local public housing agencies (PHAs), who receive funding from the US Department of Housing and Urban Development (HUD), are responsible for providing housing vouchers to participants. Participants must then find their own housing. Any residence, including an applicant's housing as of their application date, qualifies for Section 8 so long as it meets health and safety criteria and the owner agrees to accept the vouchers. The PHA pays the landlord directly and the family is responsible for the remaining amount[17], not to exceed 28.5% of their income per month.[18] However, non-consumer informants in our study commented consistently on the

distinct lack of this type of housing throughout the state. The need greatly exceeds the availability. Additionally, the cost of housing has risen such that subsidies and rental assistance are inadequate in addressing the current housing need.

State General Assistance Funds

As of January 2011, there were 30 states in which some form of state or county run GA program existed.

While individuals wait for their SSI and/or SSDI applications to be reviewed by the federal government, states may provide temporary cash assistance, also known as General Assistance, or GA. These programs originated during the 1920s and 1930s as "relief" programs during the Depression. Today, GA programs provide temporary cash assistance to people who are unable to work due to a disability and are not yet receiving federal disability benefits.

As of January 2011, there were 30 states in which some form of state or county run GA program existed. Of these 30 states, some served only those who were not eligible for SSI, while others provided aid to those who were waiting for SSI benefits to be awarded. There is no federal regulation requiring states to provide GA, and the growing trend has been to reduce and even eliminate benefits. Unfortunately, the money granted to GA recipients is rarely enough to cover the cost of basic necessities, including housing.[19] Because there is no federal government oversight of GA programs, they vary widely in their benefit amounts, time limits for receiving aid, and eligibility.

According to a national respondent, strong GA programs are administered through the state, provide cash assistance, are not time limited, require a 30 or 60 day minimum time off work due to a disability, and do not adhere solely to the SSA definition of disability. This allows states to provide assistance to individuals who are unable to work due to short-term disabilities. Successful programs look at what constitutes sufficient benefits in order to meet both housing and personal use needs. Additionally, building in a case management component and SSI application assistance was considered by most respondents to be critical.

Though there has been a general tightening of budgets and cuts to all social programs, some states have been able to maintain strong GA programs. A few programs are discussed in detail in the next section.

General Assistance in Oregon

DHS Office of Aging and People with Disabilities (APD) provides disability determinations for Medicaid and assists clients with the Social Security application and appeals process.

In Oregon, DHS provides services for people with disabilities mainly through the following program areas: Aging and People with Disabilities (APD), Developmental Disability Services (DD), Vocational Rehabilitation Services (VR), and the Area Agencies on Aging. The Oregon Health Authority provides services related to physical and behavioral healthcare, including addictions treatment.

Most APD and DD services are provided through local DHS offices in collaboration with county agencies, community mental health programs, community developmental disability programs, and area agencies on aging. Case management services include determination of eligibility for services, development of long-term plans, service enrollment, and assistance with access to benefits such as Medicaid and food stamps. The APD Disability Determination Services (DDS) and the Collaborative Disability Determination Unit (CDDU) provide disability determination services. The federally funded DDS program determines medical eligibility for disability benefits for Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI). Among other things, the CDDU Presumptive Medicaid Disability Determination Team (PMDDT) provides disability determinations for Medicaid, assists clients with the Social Security application, and assists in the appeals process.

In 2002, the monthly maximum Oregon GA payment amount was $314, compared to the federal SSI payment of $545.

GA was limited to people with a permanent disability who met specific eligibility criteria and agreed to apply for federal SSI and/or SSDI. Only people with less than $50 in cash and $1,500 in other assets, little to no income, and a disability that kept them out of work at least one year were eligible. GA Fund eligibility also required the recipient to engage in OHP and Voc Rehab for medical coverage and employment services.[20] The 2002 program served about 2,500 people statewide. Individuals received $314 per month in cash assistance, compared to the federal SSI monthly payment of $545.[21] They also received Oregon Health Plan (OHP) Plus eligibility and case management assistance to help them qualify for federal disability assistance (SSI/SSDI).

In January 2003, Oregon's GA funding was eliminated from the state budget.

From November 2003 through September 2005, a smaller version of the program was available to people assessed as likely to qualify for SSI, but

not to someone with a work history that might qualify for SSDI. While funds are available to adults who have disabilities *and* are caring for minor children under another program, there has been no state temporary cash assistance available to childless adults with disabilities in Oregon since 2005.[22]

Case vignette: A 60 year-old Caucasian widow living in the Portland metropolitan area experiences severe rheumatoid arthritis, mobility disabilities, and major depression. She experiences extreme financial hardship, earning less than $1,000 in 2013. She is homeless at times and at other time lives with her daughter, though this co-habitation is a burden for both. She received legal assistance in the form of advocacy to complete a very difficult and confusing application packet, but over one year later, is still waiting for her disability benefits to be approved.

Case vignette: Darlene is a 53-year-old woman with osteoarthritis, fibromyalgia, and schizophrenia. When she had to stop working in her 40's due to her disability, she had to move in with her abusive father so that she would not become homeless.

General Assistance in other states

Study participants recommended that we look at four specific states in detail as examples of models that may have elements that can be replicated in Oregon: GA Programs in Washington, Minnesota, Vermont, and Utah. After a summary of each state's programs, Table 3 shows a comparison of these programs.

Washington

Washington State's General Assistance Program has gone through multiple iterations in the past four years, eventually being renamed the Disability Lifeline Program. Until March 2010, their General Assistance program was separated into the five distinct components in Table 1, below. Recipients in each category received a maximum of $339 per month plus medical assistance through Medicaid or state-funded Medical Care Services (MCS).

Table 1:	Washington State General Assistance Program (through March 2010) Maximum monthly benefit: $339 + medical care
GA component	**Eligibility criteria**
Unemployable (GA-U)	Unable to work for 90+ days due to a mental or physical incapacity; Not eligible under other GA Component
Expedited (GA-X)	Likely to meet SSI disability criteria by a contracted doctor
Aged (GA-A)	Age 65+; Ineligible for SSI.
Blind (GA-B)	SSI standard for being blind
Disabled (GA-D)	Ineligible for federal Medicaid due to immigration status. Prior approval for disability-related Categorically Needed Medicaid

The Legislature terminated the Disability Lifeline program effective November 1, 2011 and created three new programs, shown in Table 2, which are currently in place in Washington State. In addition, Washington State has been looking into a housing first model that would provide larger grants while ensuring that the majority of funds go toward providing stable housing.[23,24]

Table 2: ABD, HEN & PWA: Three separate programs providing temporary cash assistance to GA populations in Washington State as of November 2011

Program	Previous population	Eligibility criteria	Benefits
Aged, Blind, or Disabled (ABD) cash assistance	GA-X, GA-A, GA-B, GA-D	Federal SSI disability criteria	(1) $197 monthly cash grant (2) MCS or CN Medicaid (3) assistance applying for SSI
Housing and Essential Needs (HEN) Referral	GA-U	Homeless or at risk of homelessness	(1) MCS medical assistance, access to essentials (bus tickets, etc.) (2) Housing assistance distributed to landlords via a local network of housing providers. No monthly cap; about $400.
Pregnant Women Assistance (PWA)	New	Pregnant women who have exceeded 5 year TANF lifetime limit.	$197 monthly cash grant.

Minnesota

Minnesota's General Assistance Program is administered through the state Department of Human Services and helps people without children pay for basic needs. Individuals who have a disability and apply for GA must also apply for SSI/SSDI. GA funds are not time limited and are

provided while an individual goes through the application process and waits for the determination from SSA. People who receive GA are also eligible for help with medical and food costs through Medical Assistance and SNAP. Under this program, childless adults with disabilities receive $203 per month. In some cases, the GA benefit goes directly to other people. For example, the money might go directly to a landlord for rent. The money could also go to a protective payee who will manage it for the individual. Individuals must be unable to work at least 45 days due to any temporary or permanent disability which prevents them from working; or are needed at home to care for someone whose disability or age requires care; or are in a mental, physical, or drug rehabilitation facility, or a domestic violence shelter for women; or are over 55 and can't work. [25,26]

Additionally, the program contracts with non-profits to provide SSI application facilitation using SAMHSA's SSI/SSDI Outreach, Access, and Recovery Technical Assistance (SOAR TA) model.[27]

According to an informal report put together by one respondent's office, as of 2012, they were looking into a housing first model that would provide larger grants while ensuring that the majority of funds go toward providing stable housing. The goal is to provide increased stability and reduce cost of providing medical assistance.

Vermont

Vermont's General Assistance Program is administered through the Vermont Department for Children and Families / Agency of Human Services and provides cash assistance to help individuals and families with their emergency basic needs such as housing (e.g., mortgage, rent, room rent, temporary housing), fuel & utilities, personal need items, and medical needs. The program is not time limited (for most disabilities), varies by county, and does not have an overall maximum benefit level. It includes cash assistance for housing ($232 in the highest county; $198 in all others) as well as cash assistance for personal needs ($28 for 14 days).

Individuals must be unable to work for at least 30 days due to age, physical or mental health disability, or providing care for someone who has a physical or mental health disability. [28,29]

Vermont also has a General Assistance Housing Program administered through the Vermont Department for Children and Families / Agency of Human Services which specifically serves the homeless population.[30]

Utah

In Utah, the annual cost of ED visits and jail stays for an individual experiencing homelessness was about $16,670 per person, compared to $11,000 to provide an apartment and a social worker.

Utah's General Assistance Program is administered through the Department of Workforce Services. Their state-funded program allots a maximum of $261 per month to childless adults who are unable to work in any capacity for at least 60 days due to a physical or mental impairment. The program is time limited to 12 months in a 60 month period. Individuals must meet SSI disability criteria to qualify and are required to pursue SSI/SSDI in order to be eligible. [31,32]

Utah's Housing First program has been so successful that other states are hoping to achieve similar results with programs following their model.

Utah also has a Housing First program[33], which is administered separately from the GA program through the Housing and Community Development Division / Homeless Coordinating Committee. In 2005, the state initiated Utah's 10 Year Plan to End Chronic Homelessness. Each participant in Utah's Housing First program also gets a caseworker to help them become self-sufficient, but they keep the apartment even if they fail. The program has been so successful that other states are hoping to achieve similar results with programs following their model. Participants receive housing, case management, and other public assistance.

Chronically homeless persons are defined in Utah as individuals currently living in shelters, or places not meant for habitation, who have been homeless for long periods of time (over one year continuously or 4 episodes in 3 years) and have a disabling condition, such as diagnosable mental illness, substance abuse problem, or physical disability.

Table 3: Selected state assistance programs at a glance			
State	**Eligibility criteria**	**Benefits** (time unlimited unless noted)	**Upcoming changes**
Minnesota	(1) Unable to work at least 45 days due to any temporary or permanent disability which prevents them from working, (2) Caring for someone whose disability or age requires care (3) In a mental, physical, drug rehabilitation facility; (4) In a domestic violence shelter for women; (5) Over 55 and can't work	(1) $203 monthly cash grant that can go to the individual or their housing provider (2) assistance applying for SSI provided by a non-profit agency	Potential change to housing first model with larger grant going primarily towards stable housing (as of 2012)
Vermont	(1) Unable to work for at least 30 days due to age, physical or mental health disability (2) Caring for someone who has a physical or mental health disability	No maximum benefit. (1) $198-232 monthly for housing (varies by county) (2) $28 cash personal needs every 14 days	Unknown
Utah General Assistance	Unable to work in any capacity for at least 60 days due to a physical or mental impairment. Must meet SSI disability criteria and pursue SSI/SSDI	*Limited to 12 months in a 60 month period.* $261 monthly maximum	
Utah Housing First (administered separately)	Chronic homelessness (either (a) currently living in shelter/place not meant for habitation, or (b) homeless for over one year continuously or 4 episodes in 3 years) and (1) a disabling condition (mental illness, addiction, or physical disability)	(1) Housing (estimated at $11,000 per year compared to $16,670 annual cost of ED visits and jail stays) (2) Case management to obtain self-sufficiency	Related to state 10 year Plan to End Homelessness initiated in 2005.
Washington (ABD, HEN, PWL)	ABD: Meet SSI criteria for Disability, HEN: Homeless or at risk of homelessness. PWL: Pregnant and having exceeded 5 year TANF lifetime limit	ABD: $197 cash grant, medical assistance, & assistance applying for SSI HEN: Medical assistance, access to essentials, referral to housing assistance PWL: $197 cash grant	Replaced previous program in November 2011

Cost offsets experienced in other states

During our research into state General Assistance, we were told that these programs seem to (or potentially could) offset costs in other areas such as temporary housing (shelters), law enforcement, jails, and Emergency Department visits. In 2005, Utah estimated the annual cost of Emergency Department visits and jail stays for an individual experiencing homelessness at about $16,670 per person, compared to $11,000 to provide an apartment and a social worker.[34] Later studies conducted in Washington[35] and New York[36] also documented reductions in shelter use, hospitalizations, length of stay per hospitalization, and time incarcerated by placing people with disabilities in supportive housing.

Case vignette: Marianna is in her 50s and has painful rheumatoid arthritis, especially in her hands. She is sleeping on her friend's couch, and often has to use a cane, even at work. She works at McDonald's.

Case vignette: James is Native American and on a very strict and special diet due to his diseases. The cost for the food he needs is so high that it is not covered by food stamps. He either does without other things every month to accommodate his diet or is unable to eat how he should.

Qualitative Research Methodology

This study is the result of collection and analysis of a wide variety of data and information over a seven-month period (June through December 2014). Data for this report came from a number of different groups and individuals familiar with the needs of childless adults with disabilities that prevent them from working. This section provides a brief overview of the methodology employed, the approach taken to analyze the various forms of data, and characteristics of the respondents. This overview provides the context within which the information in these pages can be considered.

The information in this report comes from multiple sources:

- In-person interviews with 50 adults whose disabilities kept them from working (referred to in this report as Consumers).
- Telephone interviews with 35 program providers and administrators (referred to as Non-Consumers).
- Group discussions with 22 other program providers and administrators (also referred to as Non-Consumers). These discussions were held in two groups: (1) administrators of the local DHS Aging and People With Disabilities Services (APD) offices and Area Agencies on Aging (AAA) around Oregon and (2) innovator agents across the state working with Coordinated Care Organizations and OHP healthcare providers.
- Monthly conversations with our stakeholder advisory group.
- Background documents regarding state and federal assistance programs for adults with disabilities.

Our 50 consumer respondents were interviewed in nine Oregon counties (Benton, Crook, Deschutes, Jackson, Josephine, Lane, Marion, Multnomah, and Polk). They ranged in age from 34 to 72. Five identified as African American, three as Native American, 41 as Caucasian, and one consumer did not specify. Some respondents had experienced disability since birth, while others acquired a disability due to an illness, accident, or injury. The disability may have developed suddenly, such as a car accident, or over a period of time due to an extended illness or repeated sexual or physical abuse. Their physical and/or mental difficulties included one or more of the following:

- Anxiety/Panic disorder
- Attention Deficit/Hyperactivity Disorder (ADHD)
- Bipolar disorder
- Brain tumor
- Chronic medical conditions such as heart disease, hypertension, Hepatitis C, irritable bowel syndrome, and kidney stones
- Chronic pain
- Depression
- Emphysema
- Epilepsy
- Foot problems
- Knee issues/replacements
- Learning disabilities
- Muscular dystrophy
- Pancreatitis
- Post-Traumatic Stress Syndrome (PTSD)
- Rheumatoid and osteoarthritis, osteoporosis or bursitis
- Schizophrenia/Schizoaffective disorder
- Spinal cord injury and degenerative spine, disc, and neck issues, including scoliosis
- Strokes and seizures
- Traumatic brain injury

Our 47 non-consumer respondents represented 11 Oregon counties (Clackamas, Columbia, Coos, Deschutes, Douglas, Klamath, Lane, Linn, Marion, Multnomah, and Washington). Many of them had statewide experience or represented other states with General Assistance programs. Their knowledge areas included:

- Corrections and Re-entry
- Food security and access
- General Assistance and/or SSI
- Homeless services
- Housing
- Seniors
- Services for people with disabilities

- Veterans
- Young adults

Data collection instruments were developed in collaboration with DHS and our GA Study Stakeholder Advisory Committee. They were designed specifically to answer the research questions for the study. Data related to each study question were reviewed for general themes and shared with our advisory group. Through this information and subsequent conversations with our advisory group, elements of potential pilot programs for a variety of population groups emerged. This report includes details on three feasible pilots, as well as additional information that might be considered.

Study limitations

This report provides a brief introduction to a very complex topic. The qualitative methods used in this study (focus groups, conversations, and exploratory interviews) allowed for an in-depth review of the complex issues related to government assistance programs for people with disabilities and the people who need them. However, because the respondent pool for this study was small and not randomly selected, study findings are not statistically generalized to a broader population of respondents. They are reflective of the general experiences of this population and thoughts of the people who work with this population on a daily basis. More in-depth research is needed to explore the experiences of people with disabilities, especially how those experiences differ across race and ethnicity.

Interview responses could not be fact checked, but, where possible, they were supplemented with information gleaned from explanatory materials and previous studies on this topic. The limited interview sample prioritized type of disability and geographic area. The sources of this supplemental information are cited throughout the report.

Case vignette: A single man in his late 50s developed severe asthma, physical complications, and arthritis due to 45 years of hard manual labor and workplace environmental pollution toxicity. He has had no earnings since 2013, and has experienced periodic homelessness. He is currently in stable, subsidized housing.

Study Findings

Current need

Highlights of what we heard

The experience of navigating a disability in our society is a difficult one. Consumers and non-consumers alike described a domino effect that includes eroding employment, loss of housing, and fractured personal connections. These losses in turn result in increases in stress and chronic pain as well as poor physical and emotional health. Consumers are impoverished and current support systems are insufficient. Individuals are often alone and in need of multiple supports, especially in the areas of financial assistance, housing and applying for assistance. People experiencing homelessness and/or mental illness, veterans, and people returning to the community from jails and prisons face additional challenges related to those circumstances. The temporary cash assistance provided by the previous GA program in Oregon made a drastic difference in the lives of many. However, program goals were reported as unclear and the cash assistance was insufficient to cover the cost of housing, a key protective factor.

General needs

Study respondents from all backgrounds and perspectives provided a picture of the needs of childless adults with disabilities in Oregon. The experience of navigating a disability in our society, especially in our current fragile economy, is a difficult one that could fall upon anyone at any moment. Their needs are complex and many, especially for those who expend their personal resources at the onset of a disability or never had personal resources to begin with.

Consumers are primarily in need of financial assistance and safe and affordable housing.

Consumer perspective

The consumers we spoke with described complex, multi-faceted needs that often got worse over time. A single issue could cause a domino effect of crises, including loss of employment, loss housing and eventual homelessness, and fractured personal connections. These losses in turn result in increased stress, chronic pain, and poor physical and emotional health. Consumers are impoverished and in need of multiple supports. The needs they shared with us revolved primarily around financial

assistance and safe, affordable, accessible, and/or permanent housing. Additional needs included:

- Daily necessities such as food, toiletries, and utilities
- Access to physical and mental health care services and supports, including:
  - Medical care for the disability itself and for secondary-conditions causes as a result of the disability
  - Support for the emotional stress due to incurring or coping with disabilities, loss of professional identity and ability to work, grief, shame and loss of meaning in life
  - Occupational Therapy
  - Support to deal with physical symptoms such as chronic pain.
  - Transportation for attending medical and social service appointments as well as traveling between the multiple far flung offices needed to apply for disability benefits and other supports.
- Resources needed to support service animals, which are not covered by SNAP benefits (e.g. pet food, vet costs, etc.)
- Opportunities for social engagement to decrease isolation and stigma
- A strong advocate to facilitate wrap-around services and supports and help apply for benefits.
- Multiple respondents told us about experiencing chronic, on-going, debilitating pain that exacerbates all other physical and emotional disabilities. Chronic pain instills chronic stress; and chronic stress can manifest itself as pain. Some consumers hesitate to take pain medications since the side-effects may cause dizziness, forgetfulness, and disorientation.

Consumers with service animals need assistance paying for vet bills and pet food, which is not covered by SNAP.

Some consumers feel isolated, alone, and scared because they are – or are very close to – living on the streets. Upon receiving housing, one consumer said, “I am grateful that I found a program that can help. After four years of getting denied for services and living in car, I am relieved to now have a place.”

Some ties with family, friends, and support people have been broken because consumers’ needs are too many and too complex; family and

friends cannot fully support consumers. Consumers feel they are a burden to family and friends and rely on community supports to stay alive, secure housing, obtain physical and emotional healthcare. One consumer expressed being frustrated that she cannot work because of her disability and "feels like a burden to my partner; if I had some financial support, my depression, anger, agitation wouldn't be as bad." Coming to terms with a new or ongoing life-affecting disability is difficult and causes increased shame, depression, anxiety, and isolation. In response to whether or not a reinstatement of a temporary cash-assistance program would help, one participant said it would help a lot, because housing and food stamps don't cover everything. "It would be nice to have money for clothes, underwear and toiletries." Additionally, some consumers who utilized service animals as accommodations for their disability had no way to pay for maintaining them as vet bills are expensive and SNAP benefits do not cover pet food.

Non-Consumer perspective

Most non-consumer respondents identified lack of housing and homelessness as dire issues that have gotten worse over the last decade. Some respondents connected this trend in part to the termination of the state General Assistance Fund in 2005. The general cost of living has gone up across the state and services such as SNAP and housing assistance have not been able to accommodate the increased need. In addition, the lack of social support systems for people with disabilities and the accompanying lack of a strong public safety net were identified as major issues creating barriers for consumer upward mobility.

There are fewer resources out there than there were 10 or 12 years ago.

Due to healthcare reform, many of the uninsured now have insurance, which is extremely helpful in meeting service gaps. However, consumers still have problems accessing care because of homelessness, mental health issues, and lack of services in rural locations as well as other circumstances. Respondents told us that these other systemic issues need to be addressed in order to adequately improve overall health and well-being.

There was a general recognition among non-consumer respondents that there are fewer resources out there than there were 10 or 12 years ago. Factors contributing to a large gap in services for childless adults with disabilities include:

- Reduced services by local social security field offices
- Staffing reductions
- Initiation of an online Social Security application process
- Large increases in the number of disability applications due to aging baby boomers
- The prioritization of adults with children

Needs of specific populations

We were asked to look at the needs of specific populations of people most likely to need the supports of temporary cash assistance due to a disability. These populations include:

- People experiencing homelessness
- Veterans
- People released from the State Hospital and now under the supervision of the Psychiatric Security Review Board (PSRB)
- Individuals nearing or on post-prison supervision
- People with serious mental illness
- People who can't document need due to lack of medical records

Individuals may fall into multiple categories described below, highlighting the complex and multifaceted needs of childless adults with disabilities. We spoke with individuals with disabilities who were experiencing these circumstances as well as the people tasked with assisting them. Each population type is explored below.

Lack of a safe, permanent environment can exacerbate symptoms, reduce the ability to heal, and make following up on disability claims very difficult.

People experiencing homelessness or an immediate housing need

Consumers and non-consumers alike told us how people have lost their housing once they were unable to work because of the onset of a disability. They then spoke about the strain that being homeless places on a person's ability to improve their circumstances: Lack of a safe, permanent environment can exacerbate symptoms related to the disability, reduce the ability to heal from medical issues, and make following up on disability claims very difficult.

Consumer perspective

Consumers described the following needs associated with being homeless:

- Housing: need for safe, temporary shelter when not in more long-term or permanent housing; housing instability. Many consumers mentioned the stress of being homeless, as summed up by this consumer: "Hard to maintain on the streets, especially with such severe mental health issues. It is really brutal when you are counting on SSI to be approved and then it isn't over and over again."
- Supports that allow them to maintain housing or transition to other housing, if needed.
- Ongoing healthcare: chronic pain management, chronic disease management, and post-surgery care to prevent them from having to return to the hospital
- Ongoing mental healthcare and emotional supports. The most common areas needing support were mental illness, panic attacks and severe and persistent clinical depression, which may have existed before the disability or as a result of it.
- Acceptance and respect, despite the stigma of having physical and emotional/psychiatric disabilities and living in poverty without access to housing

Non-Consumer perspective

- Individuals who are jobless and waiting for their SSI/SSDI determination tend to experience more homelessness.
- Disinvestment in the HUD federal housing budget over the last decade has created a gap in the availability of affordable housing and long wait lists.
- Wait times for shelters has also grown, being as long as 4-6 months in some counties.
- Applicants for benefits are required to have an address, so most people use a PO Box or a friend's address on their forms, thus undercounting the proportion of people identified as homeless.
- Housing stability reduces symptoms of physical and behavioral health issues.
- Individuals who have already experienced housing instability were also identified as having a difficult time applying for, appealing, and obtaining Social Security Benefits. They don't have the stability needed to go through the application process and are hard to reach for follow up. These individuals do not have a stable

resource base in terms of treatment, documentation, housing, medication, and forms of communication. Thus, they are difficult to access, track, and get documentation to establish evidence of medical need.

Case vignette: Agnes, a widow, had to stop working in 2005 at age 52 due to severe emphysema. She applied for SSDI multiple times and did not receive it until 2010. As a result, she lost her home and had to move in with her sister.

Veterans

There was a consensus among the consumers and non-consumers alike that veterans experienced multiple challenges, including hidden disabilities, difficulty documenting that the disability resulted from military service, and long waitlists.

Consumer perspective

- Disabilities make it difficult for veterans to obtain and maintain employment.
- Lack of affordable housing; waitlists on possible housing options are years long. Veterans may receive too much income to qualify for subsidized housing; at the same time, veterans may not earn enough money to secure accessible, decent housing. Hence, they may fall through the cracks (may also not be old enough to qualify for senior housing, either).
- Difficulty, because of disabling conditions and pain, obtaining proper support to complete and attend to activities of daily living (ADLs): showering, baths, purchasing and preparing food, etc. Family and friends provide some support, but they cannot be there all of the time and get burned out.
- Along with support needed for ADLs, support with transportation is always a concern and a need.

Non-Consumer perspective

- Veterans can apply for disability benefits under SSI and the Veteran's Administration simultaneously, but many do not know they can do this. Many veterans are not connected to the VA. Many do not even know that they are eligible for benefits.

- Lack of coordination between VA and state/county programs. Need more outreach programs in order to help veterans obtain veterans benefits.
- SSI and VA Disability documentation must be completed by different agencies, thus making the process somewhat redundant. They need assistance securing benefits and navigating both sides of the process.
- Many are separated from family and friends and become isolated.
- PTSD is a big issue among veterans. It creates barriers in accessing services and can be difficult to establish medical evidence based on such a diagnosis.
- VA Disability benefits can take longer to obtain because of the difficulty in documenting that the disability is a result of military service.
- Homelessness among veterans is a growing concern. The VA is promoting projects to end homelessness among veterans but high demand and complex administrative procedures make it difficult to meet the need. .
- Some veterans face more barriers and are more underserved than others: older veterans, people of color, women.

Individuals under the supervision of the Psychiatric Security Review Board (PSRB)

Individuals who have committed a felony and been found Guilty Except for Insanity (GEI) are placed under the supervision of the supervision of the state Psychiatric Security Review Board (PSRB) for the same amount of time as the maximum sentence for the crime. They may be committed to the State Hospital in Salem or released to the community in less restrictive care. During this time, they receive housing and other supports from the PSRB, but still face challenges related to their mental illness, criminal justice history, and isolation.

Consumer perspective

Consumers under the supervision of the PSRB described needs similar to other individuals with disabilities:

- Support for mental health disabilities, such as schizophrenia, paranoia, major depression, and severe anxiety

- Support for physical disabilities, such as severe and chronic pain, mobility difficulties, and the physical side effects of psychiatric medications
- Substance use treatment to address addiction and self-medication for physical pain and emotional pain
- Financial support beyond that provided by the PSRB

Non-Consumer perspective

- The state is responsible for these individuals in terms of housing, treatment, and other supports.
- Their status ensures them a minimal level of care that others without this status do not receive. This care allows them to stay in the community and can cost less than being housed in the State Hospital.
- Despite this level of care, community based mental health services for all have dramatically declined in the last ten years, especially in rural areas.

Individuals nearing or on post-prison supervision

Individuals on post-prison supervision have a number of barriers to re-entering society, which can be compounded by a disability. These barriers include limited housing and/or employment options due to their criminal record, the need to re-establish disability benefits suspended while in prison, outdated or insufficient skills, and social isolation.

Consumer perspective

- Difficulty obtaining employment and housing with criminal activity noted on one's record.
- The county Department of Criminal Justice and DHS provide some pre-release assessments to sort out needs, but these assessments do not always get done due to insufficient numbers of staff.
- The need to be in less than optimal living situations in order to make ends meet: Sometimes living with family works, other times it is stressful. Consumers sometimes perceive they are a burden to their friends and family, whom they ask for support.

- Losing SSI, among other benefits, when incarcerated. Prisoners need to re-apply upon release, which can take time. In addition, they may ultimately be rejected.

Case vignette: Carter had spent time in and out of jail. In reflecting about the time since his most recent release, he commented, "I realized that my life had totally changed. I had two choices, and I chose the right path. I had to do things totally different."

Non-Consumer perspective

- Reentering the community following prison has many challenges. Added stressors increase the risk of recidivism.
- Older prisoners are more likely to have disabilities and their numbers challenge the capacity of pre-release and post-release programs, services and supports.
- The number of older prisoners among the releasing population is increasing due in part to the release of prisoners sentenced to mandatory minimum sentences starting in 1995 with the passage of Measure 11.
- Housing is difficult. There is often no 'family' with which to live, or the person is not allowed to live with family while on post-prison supervision.
- Incarcerated individuals with disabilities are not eligible for disability benefits while incarcerated.
- They can apply for SSI/SSDI 30-90 days before they are released but there is not enough support for all of them in this process or to fully inform them of it.
- Individuals with a history of drug use or criminal activity have that working against them as an added barrier in the Social Security application process.
- The last ten years have seen little progress in regards to helping this population.

People with serious mental illness

Individuals with mental health disabilities have the most difficult time applying for and obtaining disability benefits. Their disability can be exacerbated by homelessness, physical ailments, stigma, and difficulty documenting their illness.

Consumer perspective

- Emotional and psychological disabilities are not recognized or visible to the naked eye.
- Some consumers feel that mental health disability labels are used against them, making them targets for oppression. This oppression can further damage an already fragile person.
- Consumers from historically marginalized communities discussed feeling distrustful of dominant services and that they were not culturally responsive to their needs.
- The proper medication makes all the difference, but it needs to be available and affordable.
- Some consumers are hesitant to use prescribed medications due to negative side effects.
- Some consumers self-medicate with street drugs and alcohol to manage pain and emotional disorders, anxiety and depression.

Case vignette: Doug experiences severe and on-going depression and anxiety. He talked about the need for increased advocacy and a decrease in the ways society stigmatizes people with disabilities and those in need. "I was a very proud person and it was difficult for me to ask for help. People need an injection of compassion when supporting others and sometimes I feel that those in power look down on those in need."

Non-Consumer perspective

- Non-consumer respondents recognized the expanded use of the criminal justice system to address the lack of services for mental health clients. They noted that services for mental health have dissipated over the last ten years. In their place has come an increase in the criminalization of mental health issues.
- People with mental health issues were identified as having the most difficult time applying for, appealing, and obtaining Social Security Benefits.
- Mental health symptoms make it difficult to manage the extremely lengthy and complicated SSI application process, causing them to miss some of the required steps. Failure to complete all the required steps often results in having to start over from the beginning.

- Many people with mental health disabilities are also homeless, which can exacerbate symptoms and make the SSA application process even more difficult.
- Informants in the African American community noted that African Americans are not accessing services at the rates in which they could be. This is attributed both to the historical alienation they feel from social services, in general, and also to the lack of culturally appropriate services available to them.
- Mental health diagnoses are not always validated by SSA.
- Individuals with unidentified mental health disorders may have never been hospitalized, so they lack the medical documentation that serves as evidence of an illness, and do not know how to make a case for themselves without assistance.
- The need for comprehensive application assistance for this population cannot be overstated.

People who can't document need

Lack of medical records is a common barrier to establishing eligibility for disability benefits. This can be due to the nature of the disability or simply because historical records don't exist or can't be found.

Consumer perspective

- Mental health disabilities, such as depression, anxiety, schizophrenia, increased social isolation, and PTSD due to abuse in childhood and domestic violence in adulthood, are difficult to document.
- Physical disabilities can also be difficult to document, such as seizures, chronic pain, medication for pain management.
- Lack of documentation means that the supports needed due their disabilities are not available to them: Permanent or accessible housing, access to public transportation, financial support, emotional support.
- With new OHP and health insurance coverage, some doctors don't want to take on "OHP patients," thus, it is difficult to get seen by a doctor and subsequently, difficult to obtain proper paperwork that can validate disabling condition.

- Need an advocate who can assist with filing SSI / SSDI paperwork, gathering proper medical files, keeping track of feedback and need for appeal if request for SSI/SSDI is rejected.

Case Vignette: Theresa had to apply twice for federal disability benefits. She had so many problems getting the proper documentation that she had to give up. Already having a difficult time accepting her newly acquired disability, she was emotionally drained by the stress inducing application process. In the process of convincing the government that she had a disability, she was bounced back and forth, feeling like a "ping pong ball."

Non-Consumer perspective

- The instability individuals with disabilities have faced has created barriers to accessing medical care, resulting in lack of documentation of their disability
- Lack of documentation is a pressing issue for many individuals, particularly those who are homeless, experiencing mental illness or returning to the community from prison.
- The use of Emergency Departments rather than primary care contributes to this lack of documentation.

Case vignette: Julie Anne had to stop working in her late 30s to take care of her husband who was disabled and denied SSDI. He died and she has been out of the workforce for so long it is difficult to get employment. At age 58, she now suffers from her own health issues.

Benefits and limitations of the previous GA Program in Oregon

Looking at the needs experienced by Oregonians today, respondents addressed how the previous GA program met those needs as well as barriers to implementation and obtaining desired outcomes.

Consumer perspective

Of the 50 consumers interviewed, five had received GA Fund support prior to its termination in 2005. Applying to the GA Program was not difficult; however, applying for federal disability benefits was difficult and involved long wait times, multiple rejections, and reapplications. One consumer stated that because of a five year delay in obtaining federal disability benefits, she lost her home and had to move in with family members. The amount of GA Fund support did not cover her mortgage

payments. Two consumers stated they sought support from legal aid while also receiving GA funds, and both types of support were necessary in the disability benefits application process. Other than one consumer mentioning an insufficient amount of GA Fund support for maintaining home payments, other consumers did not mention limitations to the previous GA Fund program. They appreciated utilizing it while waiting for disability benefits to arrive.

Non-Consumer perspective

Respondents noted that for many consumers, the temporary cash assistance provided by the previous program made a drastic difference in their lives. For some, such as those coming out of prison, it meant the difference between succeeding and failing. The cash provided through the GA program could be used for basic necessities as well as contributing to rent for a shared living situation.

Respondents resoundingly noted that although cash assistance was necessary and helpful, the amount provided was not enough to meet the multiple, long-term needs of consumers. For instance, the amount that was provided in 2004 would not meet the current housing needs of consumers. Oregon has some short term housing options for people transitioning back into the community but given how long the application process is for SSDI, short-term housing is not enough. Thus, there is often a gap in housing stability while people wait for their disability determination.

Non-consumers recognized barriers to the program as well. Many respondents emphasized the importance of the case management/SSI liaison component of the program in helping clients receive SSDI benefits. A previous administrator of the GA program noted that roughly 80% of GA beneficiaries had mental health disabilities that impacted their ability to navigate the system and successfully apply for benefits. Long waits, lack of adequate staffing to provide needed level of support, and poorly trained staff were all noted as contributing factors that created barriers to program implementation. Additionally, it was recognized that the program goals or desired outcomes were not very clear and thus difficult to track. Staffing was not centrally managed at this time, which may have contributed to this impression.

Case vignette: Esther is an African American woman in her 50s, living alone in the mid-Willamette Valley. She experiences severe PTSD, depression, and anxiety due to 11 years of sexual victimization as a child. The disability application process caused her to relive that trauma. She was humiliated and felt like she "had to beg" to get any support. She was initially denied, but received legal support and advice during appeal process. During that time, she was either homeless or living in transitional housing.

Ways to reduce administrative costs

Highlights of what we heard

Administrative costs for a GA program are not reimbursed once funds are from SSI/SSDI are awarded. Study participants provided a number of suggestions for reducing costs related to the previous GA program. These suggestions included: coordinating applications for multiple programs, reducing the documentation burden, centralizing services, utilizing community partners, and providing trained case managers dedicated for GA fund recipients.

Ideas for minimizing costs

We asked informants how they thought administrative costs could be minimized in order to reduce the overall long-term costs to the state. Input from informants identified the following themes regarding flaws of the previous GA program in Oregon as well as innovative ways to reduce costs:

Streamline the application process

Respondents suggested streamlining the GA and SSI applications themselves. Invest more in making the initial applications successful by making them simple and straightforward. Do not make people apply again and again because of the incomplete complicated application processes.

Coordinate GA processing with other types of assistance

Applications for multiples types of assistance require the same or similar health and financial documentation. This includes applications for SNAP, housing, and federal disability benefits. Coordinating the application

processes can reduce redundancies for program staff as well as consumers.

Reduce the documentation burden

Both consumers and non-consumers spoke of the onerous nature of documentation requirements. This often prolongs the process and creates the need for multiple visits. Reducing documentation demands and allowing for proxy verbal confirmation from medical providers could streamline the process.

Avoid using SSA disability standards

It was suggested by some non-consumers to not use the SSA standards for disability. Many individuals will need assistance applying for and obtaining medical evidence, which they could get through a GA program. The medical records available do not always describe impairments or how they manifest in people's lives very well. Face to face interviews could help disability examiners see how serious a lot of these conditions really are. The amount of time doctors have to spend with patients does not always provide enough needed evidence of impairment, yet it is what disability reviewers typically rely on to make decisions regarding eligibility. However, the cost of the GA program would be much higher if the state was not required to use SSA disability criteria as an eligibility factor. This increase would be due to the higher percentage of clients not qualifying for SSI. State funds for those not qualifying would not be reimbursed.

Disconnect eligibility requirements from mandated treatment or health checks

Physical health checks and documentation of substance abuse or mental health treatment is burdensome and time consuming for both state agencies and consumers.

Centralize services

Informants thought that connecting GA benefits to systems and benefits already in place, such as SNAP, could reduce costs related to redundancy. Since many individuals who would be eligible for GA should also be on SNAP, sharing administrative costs could streamline processes and save money. Additionally, administering benefits payments using the system

already in place for the Electronic Benefits Transfer Oregon Trail Card was seen as a user-friendly and cost-effective option.

Utilize community partners

Partnering with existing agencies and utilizing their services that are already in place was seen as a different way to reduce costs. The more work that can be done by community rather than state agencies the cheaper the administration costs are going to be. Community agencies have more flexibility when working with consumer to meet their needs. Additionally, the state could adopt best-practice interventions used by non-profits, which have sped up the application process and specifically work with those non-profits that have a good track record of securing benefits in a short amount of time.

Provide trained case managers dedicated for GA program

Case managers trained in applying for SSI and SSDI benefits can walk through the entire process with individuals and do outreach if necessary to ensure follow through. Programs such as A.S.S.I.S.T. in Oregon, among others, have documented success rates in getting people approved for SSI/SSDI and in less time than when individuals apply without assistance. Thus, this type of assistance could ensure that the state is reimbursed when SSI is granted and could potentially reduce the amount of time consumers need to receive GA benefits. Consumers and non-consumers alike told us that having a single case manager who supports consumers throughout the process of applying for benefits speeds up approval of federal disability benefits.

Possible cost avoidance

Highlights of what we heard

General Assistance funding can impact consumers in ways that offset costs in other areas of the social service system. These areas include Criminal Justice and Law Enforcement, Housing and shelter services, Healthcare and emergency response, and additional federal dollars flowing into the state economy. These cost returns and offsets can take time, but will eventually provide long-term benefits to the state.

Offsetting costs in other areas of the social service system

Study participants told us that General Assistance funding can impact consumers in ways that offset costs in other areas of the social service system.

Criminal justice and law enforcement

Many informants, both in Oregon and other states, addressed the reality of using the criminal justice system as the default care system for some of the most marginalized consumers. Individuals with mental health and cognitive impairments often unintentionally offend as a result of their impairments. People also incur minor offenses in order to escape the cold or other harsh environmental or social conditions. Law enforcement is strikingly more expensive than other forms of public assistance.

Housing

Administrators in other states noted that having a component which focuses on permanent housing is crucial to the overall health and well-being of consumers as well as cheaper than temporary services or institutionalization. Stable housing has immediate known outcomes for health and well-being. With housing, people with physical and mental health issues tend to stabilize, thus relieving pressure on other social service systems. Study respondents in the Corrections field explicitly linked housing instability with an increased risk of reoffending.

Healthcare and emergency response

As documented in other states, our respondents told us that people suffering the stressors of disabilities and extreme poverty as well as those living on the street or in substandard housing situations could experience in positive health outcomes as a result of GA funds. Their improved health and well-being would lower costs in medical care due to fewer ambulance calls, Emergency Department visits, and a reduced need for medical care in general. Also, in some cases, SSDI recipients are later able to switch to a healthcare plan that costs the state less than their old plan.

Increased engagement in lower cost supports

The provision of monthly cash payments connects consumers to a case worker and offers increased engagement in a system that has a record of speeding up SSI and SSDI approval as well as providing connections to

affordable housing, employment and job training support. These supports could reduce the overall cost of the consumer to the system.

Additional federal dollars flowing into the state economy

Study participants told us that the increased success rate and speed of SSI/SSDI approval will increase the overall flow of federal dollars into the state economy earlier and for the entire life of each person who obtains this benefit.

Cost avoidance and cost return will take time

There is an initial cost outlay that the state must incur before a return on those costs begins to be experienced. Health and criminal justice benefits may occur fairly quickly, but the main cost return from the federal government can take up to 19 months to be realized. However, once obtained, this benefit continues for the entire life of each person obtaining that benefit. This is a cost return to the state that may not be obtained at all if this type of General Assistance program is not there to help with access.

The Numbers

Count of clients served at the time of previous GA program closures

The GA caseload in Oregon remained fairly steady at 2,900 between 1997 and 2003. A reduced version of it was funded in 2005 with a substantially reduced caseload.[37] The monthly cash grant is eventually reimbursed by the federal government for SSI applicants once they are approved for federal assistance. This repayment includes SSI applicants who are eventually approved for SSDI as well.[38] Table 4 shows the history of Oregon's GA Fund costs.

Table 4: Previous GA Fund costs and return on investment

Year	Annual caseload	Approximate monthly cash grant per individual (to cover room, board & incidentals)	Legislative adopted budget
1997-1999	2,900	Approximately $320	$21,845,445
2001-2003	2,500	$314	$21,518,535
2004-2005	1,150	$314	$12,000,000

Source: Detailed Analysis of the 2001-2003 Legislatively Adopted Budget, Oregon Legislative Fiscal Office

The per person cost of a reconfigured program may be lower than this estimate for a number of reasons: (1) The current 70% success rate for first time SSI applicants receiving help with the process is much higher than rates in previous years; (2) coordinating the process with other programs could result in lower administrative costs; and (3) the reduced service needs from ambulances, law enforcement, Emergency Departments and jails would result in cost returns in those areas.

Count of potential clients in Oregon today

The current Presumptive Medicaid recipients in Oregon closely mirror the population receiving General Assistance benefits under the old Oregon program, providing a window on potential demand, needs and costs. According to DHS, the current caseload of DHS clients currently meeting the SSI disability eligibility criteria, but not yet receiving SSI, is about 3,200 clients. Of those, approximately 5%-6% (n=171) were identified as

experiencing homelessness. They were clustered in 20 counties around the state, clustered mainly in Multnomah (n=50), Jackson (n=20) and Marion county (n=12). The actual count of clients experiencing homelessness is likely higher, because people are required to have an address in order to receive benefits and clients without homes often designate a PO Box or someone else's address where they can pick up mail. A recent examination 200 of the 3,200 current Presumptive Medicaid recipients, selected at random, revealed approximately half to be homeless or living with family or friends for free.

Potential cost per client

The caseload of General Assistance applicants is likely to be similar to past levels, depending on the eligibility criteria. According to the DHS Offices of Aging and People with Disabilities (APD), the typical length of time between submitting a disability application and the final determination is 19 months. The lengthy determination time is in part due to the people who have already applied once and been declined. It is not uncommon to appeal two or three times before being accepted, and appeals take longer than the initial application. Of those who apply, 85% are eventually awarded federal SSI disability benefits. The remaining 15% either move or die before they are accepted, or receive the award from a previous application submitted in another state. Also, a judge may determine a later disability onset date, which results in a lower recovery rate.

According to Oregon Housing and Community Services, the average housing cost for one person in two typical housing locations (Aloha and outer NE Portland) is $541 + $90 for utilities. Thus, the pilot scenario developed for this report assumes that consumers would need $545 per month to cover the cost of a one room housing unit plus $90 for utilities and $60 for personal incidentals. The agencies services and supplies cost per client is assumed to be approximately $69 per month for a total monthly cost of $764 per person per month. Tables 5 and 6 summarize these cost estimates.

Table 5:	GA Housing Pilot: Potential Cost for One Recipient
Period	One month
Housing grant*†	$545
Utility grant†	$90
Personal Incidental Fund (PIF)	$60
Total cash grant	$695
S&S costs	$69
Total cost per client	**$764**

*Based on the average housing cost for one person in Aloha and outer NE Portland, $541, rounded up
†Source: Oregon Housing and Community Services

Table 6:	GA Housing Pilot: Potential Cost for Typical 19-Month Case Period	
	One Client Awarded SSI	**One Client Denied SSI**
Period	19 months	19 months
Total Cash Assistance Costs	$ 13,205	$ 13,205
S&S Costs	$ 1,305	$ 1,305
Total Cost per client	$ 14,510	$14,510
Recovery Amount*	($10, 828)	$ 0
Net Cost to State	**$ 3,682**	**$14, 510**

*Based on the estimated recovery of 82% of cash assistance from the 85% of pilot participants expected to qualify for SSI..

Case vignette: Jackson is a 64-year-old male with MS. He spent his career employed as a social worker for the Veterans Administration. The symptoms of his disability are primarily cognitive. He continued working until his cognitive problems interfered with his ability to do his tasks. He was asked to retire early due to his symptoms. He was initially denied SSDI because the questions on the disability form did not tease out the problems that he was having. He and his wife had to put their retirement funds into remodeling the house to prepare for the eventual physical accommodations he would need as his disease progresses. The stress of losing his job and no longer having the future they prepared for all of their lives leaves him depressed and exacerbates his disease symptoms.

Potential Pilot Programs

Highlights of what we heard

A number of potential populations were presented to us by our interview respondents as well as our stakeholder advisory committee. There was general consensus that going back to a cash grant of $314 per month would not be enough to cover housing, a program component key to increasing general well-being and obtaining the potential cost offsets described in this study. In all potential pilot options discussed below, the proposed monthly benefit would be provided by DHS and would continue until the consumer was accepted for SSI or SSDI payments. The amount provided to participants in the pilot would be the $695 calculated in the sample cost scenario (up to $545 housing + $90 for utilities + $60 for incidentals not covered by SNAP). The cash for housing would be less if an individual's housing costs were below that amount. Finally, respondents from multiple fields spoke of the need for comprehensive application assistance to be part of a strong GA program. A pilot including 200 or more individuals would provide more detail on how to serve a variety of populations around the state.

Beyond the standard configuration described above, there were slight variations in the options presented. They are listed here in alphabetical order. These pilot concepts have some overlap as far as populations, geography, and potential services are concerned. It is possible that a hybrid model might be constructed as an efficient and cost effective pilot.

Pilot Options

Adults with immediate housing needs

People in this category are currently experiencing homelessness or in an unstable housing situation with a risk of becoming homeless. A program for people in these situations was the number one choice by our study respondents across all service and knowledge areas. The homeless population in Oregon includes all of the other high need populations combined: people experiencing mental illness, veterans, people age 55 and over, and people rotating in and out of jail or prison. A pilot program of this kind could involve DHS alone or as a partner with a local homeless

services organization for coordinated SSI/SSDI/ACA application support as well as support in obtaining housing.

Examples of potential types of program partners:

- Association of Oregon Centers for Independent Living (AOCIL): The seven Oregon Centers for Independent Living across the state serve people with multiple types of disabilities by providing information and referral, peer counseling, skills training and individual and systems advocacy. AOCIL serves diverse geographic areas and already has existing systems serving people with disabilities and expertise in SSI, SSDI application supports, as well as peer supports and the WIN program.
- A.S.S.I.S.T. (Assertive SSI Service Team): A.S.S.I.S.T. is a non-profit service provider in downtown Portland, that primarily serves Portland, but can provide services anywhere in the state. A.S.S.I.S.T. is one of the programs reporting a 70% success rate for obtaining SSI benefits for first time applicants, compared to the national average of 30%. A.S.S.I.S.T. can provide this direct service as well as training others around the state in their proactive methodology.
- Portland Alternative Dwellings (PAD): PAD is a potential partner in providing housing. PAD creates tiny houses that can sleep one or two people and have a kitchen, bathroom and eating area. The cost of these houses ranges from $10,000-$16,000 each. They can be placed anywhere and have been used to set up mini-housing villages that are sanitary, secure and permanent.[39]

Age 55+

Individuals age 55 to 64 is a growing population due to the aging of the baby boomer workforce. People in this age group are not yet old enough for Social Security Benefits and Medicare. Services for this population would reach people who may have incurred their disability as a result of a career involving hard physical labor.

Examples of potential types of program partners:

- Northwest Pilot Project: Northwest Pilot Project is an example of an agency that provides housing placement and retention

services. They have the capacity to service 30 people at their Portland Metro office.

- The Aging and Disability Resource Connection (ADRC) of Oregon has offices around the state with trained professional staff who can help individuals locate services to address aging or disability needs.
- Other partners could be chosen for at least two additional sites around the state.

The CCO option

In this scenario, a Coordinated Care Organization (CCO) care team would work with DHS to coordinate wrap around services, including housing assistance. This option could serve one or more counties. Yamhill County, for example, has the smallest CCO in the state and could allow for an assessment of the outcomes and cost offsets within a finite geographic area. Partnering with a CCO has the added advantage of co-location with medical services, facilitating the move to integrated care and medical documentation of the disability for SSI or SSDI applications. This option would also lend itself well to a pilot serving one or more of the population categories also put forward for consideration here.

Jail

People with disabilities and no source of financial support may be offending as a result of their impairment and also to escape social and environmental conditions. The provision of temporary cash assistance for people with disabilities who rotate in and out of jail has a number of potential benefits, especially in the area of jail costs, crime prevention and resources available for more serious crimes. Recipients can be identified before release by the county Department of Criminal Justice, which can then coordinate with local DHS and VA case managers to apply for SSI/SSDI benefits and other services. Informants in our study have reported that this collaboration is already occurring in Multnomah County, which has reported a fair amount of success.

Post-prison

A pilot involving people about to be released from a state correctional facility would reach the aging prison population and has the potential to reduce recidivism. Applications and assessments could be completed before release in multiple geographic areas. This is already being

completed in a limited capacity, although the demand for this service exceeds capacity. Even if the pilot were conducted in only one prison, inmates would be released to any Oregon location, allowing for geographic diversity.

Presumptive Medicaid

DHS is currently assisting Presumptive Medicaid recipients with the SSA application and appeals process. This pilot would continue that service while adding housing assistance and a personal incidental fund component. DHS would have the ability to recover those funds once clients are awarded SSI. DHS has offices and trained staff around the state that can ensure uniform service provision. Start-up costs would be low and administrative changes would be minimal.

Veterans

Veterans in Oregon have a high degree of need related to disabilities received as a result of their military service. The federal government does not currently compensate states for temporary cash assistance paid out to veterans in advance of Veterans' Disability benefits. Also, the longer determination period and increased likelihood of denial may result in higher state costs overall. However, it's possible that the Veterans Administration could absorb some of those administrative costs by providing the assistance with the VA Disability Benefits application process and other wrap around services. Utilizing the VA Offices around the state would ensure that Veterans living in all areas of the state could more readily obtain this assistance and be better connected to local resources. This option may require a state waiver of federal regulations. One study respondent told us that it might be more realistic to include veterans as a target population for GA for SSI/SSDI if they were not eligible for VA disability benefits. Exploration of potential GA for those waiting specifically for federal VA assistance would require more in depth discussion.

Budget scenario for a General Assistance pilot project

A 24 month pilot program enrolling 200 clients would cost approximately $1,340,514. In order to evaluate the implementation and outcomes of this program, evaluation costs of 20% were added for an overall cost of

$1,608,616. This estimate is based on a number of factors: (1) The state will be reimbursed for 82% of the costs incurred by an estimated 85% of pilot participants who eventually qualify for federal benefits. (2) The staffing cost assumes DHS is supplementing existing staff to assist with this new pilot workload. If partner organizations are administering the program, staffing costs may be higher. (3) Cost recoveries to the state won't occur until the clients receive SSI, which takes an average of 19 months. (4) Training costs or costs related to systems changes have not been included in this estimate. Table 7 provides the cost breakdown for this pilot scenario.

Table 7: Example Pricing for 200 GA Housing Pilot Clients	
170 SSI recipients x $3,682	$625,940
30 non-SSI recipients x $14,510	$435,300
Total Cost for 200 GA Housing Pilot clients for 19 months of GA	$1,061,240
Total Cost for 24 months of GA Housing Pilot Program with 200 clients	$1,340,514
Evaluation of program outcomes (approximately 20% of program costs)	$268,103
Total Cost of Pilot	**$1,608,616**

Measuring success

In order to determine whether the pilot program or a version thereof should be expanded to the entire state, an evaluation of the program is essential. Success of any pilot project will need to be measured based on the population the pilot is designed to serve. Some populations with the greatest need are also the hardest to serve due to the compounding of multiple problems. However, high need individuals can also incur the greatest costs to the system, and targeting them for services can result in the greatest cost savings per person.

A basic analysis of existing data related to cost outputs by the state, cost recovery from the federal government, housing, ambulance calls, Emergency Department visits, and crime rates would provide information about cost offsets of such a program. A cost analysis of this nature could be done in house by the state or contracted out to an independent evaluator. The benefit of independent data collection and analysis is the

greater potential for impartial results. A more in-depth look would provide information on all aspects of the program, including observed effects on the operation of peripheral government and other social services, property damage, neighborhood livability, and impact on the people receiving this assistance. Again, key informants of this type of information are more likely to be open with an external investigator, than with someone they depend on financially or by whom they are otherwise regulated. Evaluation findings could be used to modify the program before it expands or when it expands in order to provide an optimal intervention which maximizes benefits and financial return while also reducing administrative costs. If the pilot involves a large population, it would still be possible to examine a subpopulation or single geographic area to obtain a subset of in-depth information. The cost of any evaluation depends on the scope of the intervention, the length of the evaluation period, and the type of information the evaluation is expected to produce. The typical cost for an evaluation of a pilot project is sometimes estimated at 20% of the total program costs. The evaluation costs could be more or less depending on the scope of that evaluation.

Case vignette: A 54 year old woman with pancreatitis suffers from complications from surgery which make it difficult and painful to do many daily activities. She needs in-home assistance that her insurance will not cover. Her disability is hidden because it is not obvious to casual observers. She doesn't drink alcohol, but she experiences a lot of stigma around her disease because some of her symptoms mirror those of alcohol abuse. She has applied for SSI, but is worried that it may not be approved due to the lack of visible symptoms and the stigma around the ones that mirror alcohol abuse.

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Appendix: Crosswalk of Research Questions, Instruments, and Data Sources

Background Questions for Understanding Responses/Context	
Administrator Interview	**Consumer Interview**
First, I would like to ask you some background questions which will help us to understand your interview responses: 1. What agency and department do you work in? 2. What is your role there? 3. Does your agency work with low-income individuals who have disabilities that keep them from working? 4. How is your agency connected to SSI, SSDI or other cash payment programs related to disability status? 5. Are staff members trained to work with low-income individuals? 6. Are staff members trained to work with people who have disabilities that keep them from working? *[If yes]* Describe the type of training staff receive. 7. Does your agency provide services or assistance to people who may be eligible for cash assistance programs based on disability? *[If yes]* What service or assistance do you provide? 8. Does your agency assist clients in applying for benefit programs related to disability? *[If yes]* What programs and how? 9. In total, how many clients did your agency serve during the last fiscal year? 10. Of all the clients your agency screened during the last year, what percent do you estimate were unable to work due to a disability? 11. What percentage of your clients was waiting for the Social Security Administration to make a decision on their disability application? Of all the clients your agency helped to apply for Social Security benefits during the last fiscal year, what percent were actually granted eligibility?	First, I'd like to know a little about you. You may choose not to answer if you find the questions too personal, but the information will help us to better understand your experiences with Temporary Cash Assistance. 1. What is your age? 2. What is your gender? 3. What is your race/ethnicity? 4. Are you married or single? 5. Do you support children who are under 18? Do have children under age 18 who live with you? 6. What is the worst health or mental health problem that keeps you from working? 7. How much money did you make in 2013? 8. Have you ever applied for or received SSI and/or SSDI? *[*If y*es]* a. When did you apply? b. Did you find it easy or hard? c. How did you pay your bills while you were waiting for your SSI and/or SSDI? 9. Did you receive General Assistance [state] program dollars before 2005? *[If yes]* Did you find it easy or hard to get?

What Already Exists Within Oregon and in Other States? (respondents from all states)		
Research Questions	**Administrator Interview**	**Consumer Interview**
What types of assistance programs exist for low-income, childless adults with disabilities? How are they structured? What are their eligibility requirements, funding sources, populations served, benefits and services provided, and reported outcomes? What cost avoidance is accomplished by the existence of these programs? (May include GA in WA and VT, Affordable Care Act/CCOs, universal housing in Utah)	12. What types of assistance programs exist for low-income, childless adults with disabilities that you know of in your state? 13. Are there any in other states that you have heard particularly good things about? (May include GA in WA and VT, Affordable Care Act/CCOs, universal housing in Utah) 14. How are they structured? 15. What are their eligibility requirements, funding sources, populations served, benefits and services provided, and reported outcomes? 16. How did these programs impact other state or federal programs or funds? a. What was their impact on the overall cost of these programs to the government? 17. Did you have a period of not having this program and then reinstate it? *[If yes]* How did that process work?	10. What types of cash assistance have you received from a government agency? 11. What program was it and what did you get? How did it change your life? 12. After getting this help, did you use other types of supports, provided either by the government or local agencies or service providers? If so, what were they? 13. Did these programs change the amount of money that you had to spend?

What Already Exists Within Oregon and in Other States? (respondents from all states) (Continued)		
Research Questions	**Administrator Interview**	**Consumer Interview**
How do these programs meet the needs of special populations, such as homeless persons, veterans, people under the supervision of the Psychiatric Security Review Board (PSRB), and individuals nearing or on post-prison supervision?	18. I am now going to read you a list of specific populations of potential support recipients. Please tell me whether you have an idea of how these programs meet the needs of these populations and how: a. People experiencing homelessness, b. Veterans, c. People released from the State Hospital and now under the supervision of the PSRB, d. Individuals nearing or on post-prison supervision. e. Are there any other populations you are familiar with that are affected by these programs in a way that is different from the general population? How?	14. Please tell me whether any of these categories describe you: a. Someone who is or has been homeless, b. A veteran, c. Someone who has stayed at the State Hospital? If you stayed at the State Hospital, did you have a Civil Commitment? d. If you stayed at the State Hospital, are you or were you under the supervision of the PSRB? e. Were you in prison or jail? Are you on a post-prison supervision probation or parole? f. Other. 15. How did any of the programs we have already talked about affect you because you were homeless, a veteran, etc.? 16. What types of assistance programs have you participated in that support [category above] in Oregon or elsewhere? a. What program was it and what benefits or services were provided? How did they change your life? b. Did these programs change the way you use other types of supports, provided either by the government or local entities or service providers? c. How did these programs change your finances?
Are there ways that veterans could be better supported while they are awaiting services from the VA?	19. The news has recently contained reports of long wait times for veterans to receive medical appointments from the VA. Are there ways that veterans could be better supported while they are awaiting services from the VA?	*[Question added later:]* The TV and newspapers have had stories about how long it takes veterans to get medical care from the VA. Are there ways that you could have been better taken care of while you were awaiting services from the VA?

What Is the Need Today? (respondents from Oregon only)		
Research Questions	**Administrator Interview**	**Consumer Interview**
What are the needs experienced by childless adults with disabilities in Oregon, including those who are homeless persons, veterans, and individuals nearing or on post-prison supervision?	20. Now, I'd like to get a sense of the current needs experienced by childless adults with disabilities in Oregon today. That includes the general population as well as any of the subpopulations we have already discussed. What sorts of trends have you observed in the past 10 years or so?	17. What kinds of problems did you have in your life when you stopped working because of your health? 18. What kinds of life problems do you have now? 19. How do you take care of those problems?
What are the characteristics of past recipients? How has that recipient pool changed in the past two years? What populations have the hardest time qualifying for federal disability assistance and why?	21. What are the characteristics of past recipients? 22. How has that recipient pool changed in the past two years? 23. In your experience, what populations have the hardest time qualifying for federal disability assistance and why? a. Do you have a sense of how young adults with substance abuse and mental health issues experience the transition to adult systems of care? b. What barriers do they face, if any?	20. If you applied for SSI and/or SSDI, did SSA turn you down? If so, do you know why you did not receive support? Were you able to apply and appeal for SSA without help? 21. Did anyone in your home get help from the state or federal government when you were growing up? a. If so, did you find it easy or hard to get that help once you turned 18? b. How long ago was that? c. What problems did you have getting that help, if so?
What additional populations could be included in the GA program in order to reduce overall costs of that population to the state?	24. As you may know, General Assistance Funds were available in the past to childless adults with disabilities who were awaiting their federal SSDI determination. Disabled adults with children continue to receive funds under a separate program. Do you know of any populations in Oregon that would incur reduced costs to the state if they were included in a General Assistance Fund today?	
How did the previous program structure in Oregon meet those needs? What were the barriers to implementing that program or obtaining desired program outcomes, if any? What are the bottlenecks that have contributed to a backlog of applicants in the past?	25. Were you familiar with the structure of the General Assistance Fund program in Oregon that ended about 10 years ago? How? 26. Looking at the needs experienced by Oregonians today, how did the previous program structure meet those needs? 27. What were the barriers to implementing that program or obtaining desired program outcomes, if any? 28. Cash provided through this type of program can be recouped from the federal government once federal assistance is awarded. However, administrative costs are not reimbursed. Do you have any suggestions for minimizing the administrative costs and streamlining processes for such a program?	22. Did you receive funds under the General Assistance program in Oregon that ended about 10 years ago? *[If yes]* a. Was the amount of money you received enough for you? b. What problems did you have getting help from GA? c. How long did you have to wait to qualify for the program and receive funds? d. What do you think would have made it take less time?

Potential Pilot Programs for Oregon (respondents from all states)		
Research Questions	**Administrator Interview**	**Consumer Interview**
What potential program structures and funding options might address the needs of the target population while also addressing any barriers experienced with the previous program?	29. As you know, this study was commissioned to explore potential program structures and funding options that might address the needs of the target population while also addressing any barriers experienced with the previous program. This structure might consider eligibility criteria, participation requirements, or prioritization of services among other things. Do you have any suggestions related to potential program structure or funding options for a revitalized General Assistance Fund Program?	23. The purpose of this study is to explore possible programs to help childless adults with challenging health problems that keep them from working. Do you have any ideas how a program like this should work for you?
Would a Housing First model have similar outcomes?	30. Are you familiar with Housing First models? 31. In your opinion, would that model have similar outcomes?	
What is the recommended scope? (a few counties, a special population, a specific CCO?) How close are these population compared with potential recipients in the rest of the state?	32. One option being considered is to try out a model in a pilot project. Do you have any thoughts on an effective scope for this pilot project? That could be launching it in a few counties, among a special population, or with a specific CCO. 33. How would these populations compare with potential recipients in the rest of the state?	
What are the costs associated with those potential program structures?	[Provided by DHS APD]	
What are the potential benefits of each program option (including cost avoidance)?	34. What benefits for the system or for consumers might be obtained from any of these program options you are familiar with (or have suggested)?	
How will success be measured? How can the impact on state and federal funds and programs be measured?	[Out-of-state administrators only] 35. How do you measure success for your program? 36. In your experience, is there a way that the impact on state and federal funds and programs can be measured?	

Wrap-Up	
Administrator Interview	**Consumer Interview**
37. Is there anything else you would like to share about the needs and possible supports for childless adults with disabilities or any other potential population that could be served by a temporary cash assistance program in Oregon?	24. Is there anything else we haven't talked about that you want me to know?