

PUBLIC BENEFITS FOR THOSE EXPERIENCING HOMELESSNESS

Public Benefits Overview Training
August 2017

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HOMELESSNESS IN HAWAII (ANNUAL POINT IN TIME COUNT)

Total Persons	Number	Percent of Total
Sheltered	3420	47.4%
Unsheltered	3800	52.6%
Total	7220	100.0%

OAHU	Number	Percent of Total
Sheltered	2635	53.1%
Unsheltered	2324	46.9%
Total	4959	100.0%

Families	Number	Percent of Total
Sheltered	2168	92.0%
Unsheltered	188	8.0%
Total	2356	100.0%



HOMELESSNESS IN HAWAII (ANNUAL POINT IN TIME COUNT)

Statewide	Sheltered	Unsheltered	State Total
Singles	1258	3277	4535
Persons in Families	2162	523	2685
All Persons	3420	3800	7220
Households	539	127	666

OAHU	Sheltered	Unsheltered	State Total
Singles	1013	2099	3112
Persons in Families	1622	225	1847
All Persons	2635	2324	4959
Households	399	59	458



HOMELESSNESS IN HAWAII

- 2017 Point-In-Time Count revealed a 9 percent overall decrease in statewide homelessness from 7,921 persons in 2016 to 7,220 persons in 2017.
- Statewide 2,685 individuals in families living in 666 households represents a 19 percent decrease compared to 2016. Within those families, a total of 299 children were found living unsheltered.
- Homeless veterans decreased 8 percent to 615 veterans compared to the 670 in 2016 statewide.
- 1800 Chronic Homeless household - 1,588 individuals and 212 persons in families, statewide; 8 percent decrease from the 1,659 in 2016.
- 319 unaccompanied youth with 263 (82%) living unsheltered Statewide. 24 persons under the age of 18 were found living unsheltered without any accompanying adults.



TYPES OF BENEFITS

- **Entitlement:** No cap on the number of people who can receive the benefit if they are eligible
 - Foodstamps, Medicaid, Medicare, SSI/SSDI, General Assistance, Veteran's Disability and Pension Benefits
- **Other Benefits:** May not have enough resources to provide for all who are eligible
 - TANF, Health Care, Mental Health Services (other than Medicaid), Substance Use Treatment (other than Medicaid), Federal rent subsidies (section 8), Public Housing, State rent subsidies, Employment and training – Vocational Rehab, Veteran's health and behavioral health services



BARRIERS TO BENEFITS

- **Logistics**

Person is eligible for benefits and benefits are available but some obstacle other than capacity or eligibility keeps them from obtaining the benefits

- **Capacity**

The inadequacy of available resources to meet the needs of all people who are eligible.

- **Eligibility**

Specific program rules that establish the criteria for who receives the benefit and who does not.



LOGISTICAL BARRIERS

- Physical location of program or office / multiple locations
- Hours of operation
- Identification requirements
- Documentation – citizenship, SS card, birth certificate
- Mailing address requirements
- Reports to maintain eligibility
- Multiple agency involvement required
- Agency staff preconceptions and attitudes
- Transportation
- Storage of belongings
- Language
- No child care



LOGISTICAL SOLUTIONS

- Easier to change – can be done within own agency
- Drop-in sites – providers on site, eligibility worker
- Computer access, telephone, messages and mail
- Temporary storage
- Child care
- Translation services
- Assistance with completing simple forms
- Assistance with scheduling of appointments & reminders
- Transportation programs – vans, bus vouchers, taxi service
- Outreach programs – take services to the consumer
- Work collaboratively with other agencies



CAPACITY BARRIERS

- Funding is limited or capped
- People get benefits only as long as the money lasts
- Waiting lists are extensive / applications closed

CAPACITY SOLUTIONS

- Most difficult to change – dependent upon Congress to adequately fund programs or must find new resources
- Collaborate with other agencies – reduce duplication of services
- Use current funding more efficiently
- Educate legislators and community
- Get involved with advocacy groups



ELIGIBILITY BARRIERS

- Income level must be below a specified level – % of FPL
- Family size and composition
- Age – 65 years or older
- Disability – severity, duration and documentation
- Criminal history
- Lack of documentation – ID, SS card, birth certificate, status
- Residency
- Application processing time
- Verification of homelessness
- Insurance requirements
- Program participation requirements



ELIGIBILITY SOLUTIONS

- Difficult to change – requires federal, state or city rule changes
- Could implement city and state program preferences
- Create homeless court, use bench warrant recall process, convert fines to community service
- Keep copies of ID, SS card, birth certificate, permanent resident card, passport, visa in client file



SPECIFIC BARRIERS TO ENTITLEMENTS

- Foodstamps
 - Eligibility set by federal rules, documentation, termination during institutional stays
- Medicaid
 - Eligibility set by federal rules, documentation, not enough coverage, reporting for mental health treatment
- Medicare
 - Depends on SSDI eligibility; need enough work history
- SSI/SSDI
 - Eligibility set by federal rules, documentation, length of time for application processing
- General Assistance
 - Documentation of health conditions, small benefit amount
- Veteran's Disability / Pension Benefits
 - Need honorable or general discharge, documentation



SPECIFIC BARRIERS TO OTHER BENEFITS

- TANF
 - Eligibility requirements, cap on length to receive, sanctions, language
- Health Care
 - Expansion based on state funding
- Mental Health Services/Substance Use Treatment (other than Medicaid)
 - Need greater than funding, not enough case management
- Federal rent subsidies (section 8)
 - Need greater than funding, waiting list, no homeless priority, felony rules
- Public Housing
 - Need greater than number of units, units out of service, criminal history
- State rent subsidies
 - Need greater than funding, subsidy amount
- Employment and Training – Vocational Rehab
 - Lack of services for those with disabilities & criminal histories, need to be work ready
- Veteran's health and behavioral health services
 - Need honorable or general discharge, documentation



ENTITLEMENT SOLUTIONS

- Foodstamps
 - Simplified application, waiver of in person interview, expedited processing, benefits suspension instead of termination
- Medicaid
 - Consolidated application, prioritized enrollment, benefits suspension instead of termination, report request direct to provider
- Medicare
 - SOAR process
- SSI/SSDI
 - SOAR process, dedicated staff for application assistance
- General Assistance
 - Increase monthly amounts, additional benefits if homeless
- Veteran's Disability / Pension Benefits
 - Expedite requests for changes to discharge status



OTHER BENEFITS SOLUTIONS

- TANF
 - Consolidate application, increased language services, expedited application
- Health Care
 - Mobile units, respite programs, medically fragile shelters
- Mental Health Services / Substance Use Treatment (other than Medicaid)
 - Increase case management, provider coordination, more programs
- Federal rent subsidies (section 8)
 - Priority for homeless, change felony rules
- Public Housing
 - Change criminal history rules, lifetime ban
- State rent subsidies
 - More support for housing first programs
- Employment and training – Vocational Rehab
 - Develop more programs for disabled and those with criminal history
- Veteran's health and behavioral health services
 - Expedite request for changes in discharge status



RECENT HAPPENINGS

○ Built for Zero

- A national change effort working to help a core group of committed communities end veteran and chronic homelessness.
- Goal is to develop real time data on homelessness, optimize local housing resources, track progress against monthly goals, and accelerate the spread of proven strategies to get to functional zero
- Honolulu is one of 49 communities working towards a quality by name list for veterans
- Honolulu is one of 52 communities working towards a quality by name list for the chronically homeless
- Honolulu is one of 58 communities working towards a Coordinated Entry System to sustain functional zero once it is reached for veterans
- Honolulu is one of 53 communities working towards a Coordinated Entry System to sustain functional zero once it is reached for the chronically homeless



RECENT HAPPENINGS

○ **Coordinated Entry System (CES)**

- Established by the US Department of Housing and Urban Development through their funding requirements
- Coordinated Entry is a collaborative process to coordinate intake and referrals for housing assistance that is easily accessible by those seeking the assistance
- 4 major components: Access Points, Assessment Tools, Prioritization, and Housing Navigation
- Should be low barrier, housing first based, person centered, fair and equal access, doesn't delay access to shelter, uniform assessment tool, include all sub populations, result in referrals to programs, have uniform referral protocol, linked to outreach programs, ongoing and informed planning, use HMIS and be implemented through the Continuum of Care (CoC)



CES: ACCESS

- Direct service provider sites, through outreach
 - Not a one time event to gather as much info as possible
 - Initial Assessment upon entry
 - Periodic assessments and in depth assessments as needed
 - Gathers necessary information, allows for refusal to answer questions, allow for client choice, culturally competent, user friendly, ensures privacy, results in meaningful recommendations and be sensitive to lived experiences like DV



CES: ASSESSMENT

- Vulnerability Index – Service Prioritization Decision Assessment Tool (VI-SPDAT)
- Helps communities prioritize housing and assistance based on a person's vulnerability and severity of needs
- Versions for individuals, families and youth
- Information gathered:
 - History of housing and homelessness
 - Life Risks – risky behaviors, ER visits, police encounters, crime victim, likelihood of manipulation, use of crisis intervention, other legal issues
 - Socialization and Daily Functioning
 - Wellness – health, substance use
 - Additional regional questions



CES: PRIORITIZATION

- Initial Prioritization from VI-SPDAT score
 - 1-3: Referrals for assistance: shelters, prevention, and outreach
 - 4-7: Rapid Re-housing Programs (permanent housing)
 - 8+: Permanent Supportive Housing Programs (permanent housing)
- Additional Prioritization Factors
 - Chronic Homelessness
 - Tri-morbidity: physical health, mental health, substance use
 - Other disabling conditions
 - Tie Breakers



CES: HOUSING NAVIGATION

- Case Conferencing
 - Coordination of housing, health, legal concerns; document readiness, ensures priority
- Ongoing engagement with client; case management; facilitates linkage to best suited, stable housing and resources; allows for client choice, continuing short term supportive services based on client need; coordination and collaboration with other service providers.



COMMON CIVIL LEGAL ISSUES

- Birth Certificates for replacement identification and housing
- SSI / SSDI: applications, overpayments, terminations
- General Assistance, Food Stamp or Medicaid: applications, terminations
- Family: divorce, visitation, child support, paternity, TRO
- Consumer Debt: non-payments, credit reports, credit scores
- Housing: housing education, eviction from shelter, fair housing violations, security deposit
- Immigration: replacement documents



MAHALO!

My contact information:

Janet Kelly, Esq.
Legal Aid Society of Hawaii
924 Bethel St.
Honolulu, HI 96813

Direct: 808-265-5793

Email: janet.kelly@legalaidhawaii.org

