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BARRIERS FACED BY PEOPLE EXPERIENCING HOMELESSNESS IN LOS ANGELES WHEN
FILING SOCIAL SECURITY DISABILITY APPEALS: A QUALITATIVE AND COMMUNITY-
ENGAGED STUDY

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Barriers Faced by People Experiencing Homelessness in Los Angeles when Filing Social Security Disability Appeals: A Qualitative and Community-Engaged Study
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ABSTRACT

People experiencing homelessness (PEH) face many barriers to accessing public benefits. Over 75,500 people are unhoused in Los Angeles County and many live with severe disabilities. In this article, we examine barriers faced by PEH in Los Angeles County when filing a Social Security Administration (SSA) disability program appeal after receiving an initial denial, familiarity with and perceptions of the appeals process among PEH, and support resources available to PEH filing appeals. This qualitative and community-engaged study includes interviews with service providers (n=8) and appellants who are currently or formerly unhoused or at imminent risk of losing their housing (n=13). Snowball sampling was used to reach service-connected appellants, and field interviews were conducted in Skid Row to reach non-service-connected interviewees. The study was conducted in partnership with a Community Advisory Board (CAB) of community experts who deliver supportive services to PEH filing SSA disability program appeals in Los Angeles. Findings suggest that PEH face heightened barriers remaining in contact with SSA and service providers, receive lower quality healthcare (both exacerbating their chronic health conditions and leading to worse documentation of these conditions for disability determination), and experience significant confusion and frustration when navigating the appeals process. Delays in receiving benefits have a negative effect on the health and well-being of PEH and, in some cases, lead to significant declines in health.

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Introduction

Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) provide benefits to some of the most vulnerable Americans with long-term disabilities, including those experiencing homelessness. Without these benefits, many disabled individuals go without essential resources like food, housing, and health services. However, applying for SSI/SSDI, the disability determination process, and appealing denials is complex, and people experiencing homelessness¹ (PEH) face substantial barriers to navigating these processes. For example, they often have limited access to transportation, communication technologies, and legal representation. Many of the challenges to securing benefits are exacerbated by an individual's experience being unhoused (Mittal & Czerwinski, 2000). Additionally, unhoused residents may lack access to the information necessary to understand application and appeals processes (Rosen, McMahon, & Rosenheck, 2007), and may become discouraged. While about 35% of applications are approved in the general population (Smalligan & Boyens, 2019), one study found that approval rates for homeless applicants was between 10% and 15% (P. Y. Dennis, 2009). These disparities exist despite the fact homeless individuals disproportionately experience disabilities.² At the same time, disabled individuals are also more likely to experience homelessness than their able-bodied counterparts (Beer, 2020; HUD, 2022).

According to the 2023 homeless count, on any given night, more than 75,500 people experience homelessness in Los Angeles County (Los Angeles Homeless Services Authority, 2023). Just over 55,000 of these individuals experience unsheltered homelessness, living in tents, cars, RVs, makeshift shelters, or with no shelter at all (Los Angeles Homeless Services Authority, 2023). In 2022, roughly 41% of the county homeless population had experienced homelessness for an extended period *and* had a long-term disabling condition (Los Angeles Homeless Services Authority, 2022).

Los Angeles County has a large and diverse homeless population. In Los Angeles, people of color are disproportionately likely to experience homelessness. In 2023, Black people comprised 7.6% of the overall County population but 32% of those experiencing homelessness (Los Angeles Homeless Services Authority, 2023). Homelessness closely intersects with other marginalized identities. The barriers to submitting SSI/SSDI appeals faced by appellants³ experiencing homelessness may represent common barriers faced by other marginalized communities. Working to understand the barriers to filing SSI/SSDI appeals faced by people experiencing homelessness (PEH) in Los Angeles can help inform strategies to reduce barriers for other marginalized communities across the nation.

Los Angeles County also presents an opportunity to learn from the existing efforts to aid PEH in the SSI/SSDI application process; namely, the County has a robust network of service providers who support individuals in securing public benefits. The Countywide Benefits Entitlement Services Team

¹ This study defines homelessness according to the U.S. Department of Housing and Urban Development's (HUD) definition, which identifies four types of homelessness experienced by individuals and families: (1) literal homelessness which includes living in shelters, places not intended for human habitation, or exiting an institutional setting if you experienced literal homelessness before institutionalization, (2) imminent homelessness experienced by those who will lose their housing within 14 days, (3) unaccompanied youth under 25 or families with children who have not had stable housing or have experienced 2 or more moves within the last 60 days, and whose housing status is not expected to change, and (4) those fleeing domestic violence or other life-threatening situations who do not have resources to obtain permanent housing (U.S. Department of Housing and Urban Development, 2012).

² Nearly one-quarter of PEH in the U.S. report having a disabling chronic health condition (United States Interagency Council on Homelessness, 2018), compared to the 13% rate of reported disabilities among noninstitutionalized civilians (U.S. Census Bureau, 2021).

³ The term appellant is used to describe individuals who have filed an SSI or SSDI appeal, while claimant is used to describe those who has filed an initial application or claim, including those who have filed an appeal.

(CBEST) provides case management services to SSI/SSDI applicants through the initial application and reconsideration processes, as well as referrals to legal aid should appeals reach an administrative hearing. Additionally, a network of formal supportive service providers like case management agencies, and pro bono and non-profit legal aid assist PEH with applications, document procurement, transportation, and other services.

Within this context, this paper represents a qualitative, community-engaged approach to exploring the primary barriers experienced throughout the SSI/SSDI appeals process faced by unhoused individuals in Los Angeles County (LA hereafter). Community-engaged research is centered around the belief that people who have on-the-ground experience navigating policy challenges have a direct understanding of these processes. As such, these community partners are policy experts and should play an active role in defining and addressing policy challenges (Stronger & Aragon, 2021). The study was conducted by RAND researchers and overseen by a Community Advisory Board (CAB) comprising four community experts on the SSI/SSDI appeals process in LA. CAB members guided the research design, implementation, and interpretation phases of the project given their extensive knowledge of the SSI/SSDI appeals process, the barriers faced by unhoused and housing insecure Angelenos, and strategies to increase SSI/SSDI allowances among eligible residents. Our study team conducted semi-structured interviews with service providers assisting clients through initial applications and appeals of SSI/SSDI decisions, and claimants to address the following research goals:

1. Explore initially denied unhoused residents' familiarity with the appeals process.
2. Identify common perceptions of the SSI/SSDI appeals process, and how these beliefs impact a claimant's decision to appeal.
3. Identify barriers that may inhibit access to the SSI/SSDI appeals process.
4. Examine strategies used by service providers and claimants to mitigate barriers to filing SSI/SSDI appeals.

Past research has examined the impact of government programs designed to help currently or formerly unhoused individuals access public assistance (D. Dennis et al., 2011; Kauff et al., 2016; Kennedy & King, 2014; McCoy et al., 2007). These studies have documented increased allowance rates for people experiencing homelessness with formal support through the application and appeals processes, as well as identified important programmatic components, such as document sharing between local health service providers and benefits advocates, the ability to appoint representatives, and technical assistance and training (Booras, 2019; D. Dennis et al., 2011; Donaldson et al., 2020; Kauff et al., 2016; Kennedy & King, 2014; McCoy et al., 2007). However, little research has been conducted on barriers faced by unhoused residents specifically when appealing a decision by the Social Security Administration. This topic is particularly relevant in a metro like Los Angeles where rates of homelessness are significant, and a network of supportive service programs exist to assist people experiencing homelessness to secure SSI/SSDI benefits through the appeals process.

Our study finds that PEH in Los Angeles face significant barriers navigating the SSI/SSDI appeals process. Most PEH file an appeal after receiving an initial medical denial based on insufficient evidence of the severity of their condition. PEH face barriers gathering documentation that reflects the extent of their disability due in part to limited access to high quality healthcare and health insurance. PEH see medical providers less frequently for routine visits, are less likely to consistently see the same provider, and are more likely to visit clinics experiencing capacity constraints. Some medical facilities charge for copies of medical records which PEH may not be able to afford. Unhoused appellants also face

barriers sharing documentation and remaining in contact with SSA and service providers because they are less likely to have reliable access to a phone or computer, transportation, and a permanent address where they can receive mail and store documents. Reduced access to high quality medical records and means of remaining in contact with SSA and service providers make it substantially more difficult for PEH to file an appeal.

Based on interviews, we found that formalized service providers including case managers, advocates, and legal aid providers play an important role in helping PEH navigate the appeals process because of the substantial barriers they face when engaging in administrative processes. These support networks help unhoused appellants remain engaged in the appeals process. They may assist PEH by arranging transportation and ensuring claimants are service engaged. Service providers help claimants understand the appeals process and notices, which can be complex and difficult for PEH living with disabilities to understand. Importantly, providers also offer moral support to claimants who reported experiencing stress, discouragement, and frustration associated with the appeals process, delays receiving benefits, and concerns about unfair treatment when interacting with SSA representatives. Delays receiving benefits associated with the appeals process may lead to more rapid declines in health among PEH and other negative externalities. Service providers help mitigate some of the barriers experienced by PEH by offering assistance and support throughout the appeals process.

Background

SSI and SSDI Benefit Process

Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) are federal programs that provide income to individuals with disabilities. While differences exist between program eligibility and benefits, both programs define a disability “as any medically determined physical or mental impairment(s) that is expected to result in the inability to do any substantial work for at least a year or that is expected to result in death” (Lang, 2020, p. 20). Both applications are completed by applying to the Social Security Administration (SSA). However, SSI is a means tested program for individuals with limited incomes and a disabling condition, whereas SSDI is reserved for disabled individuals with recent work histories who qualify through earning quarters of coverage via taxed earnings. Both programs include an initial application, and if approved claimants receive benefits and participate in continuing disability reviews used to assess changes in a claimant's disability status. If applicants are denied at the initial determination phase, there is an appeals stage before benefit receipt.

The application process for SSI and SSDI begins when applications and supporting documentation are submitted to SSA Field offices which screen applications for eligibility. Once claimants are determined to be eligible, files are transferred to Disability Determination Services (DDS) agents that assess the medical merits of a case based on submitted medical records or a consultative examination with a DDS contracted physician. Consultative examinations are medical appointments that claimants are referred to by DDS when the claimant's medical records have gaps or do not contain sufficient documentation (Social Security Administration, n.d.). Disability determination is made through the sequential evaluation process in which disability severity, and ability to work are assessed. Notably, individuals may be denied if they are unable to perform some types of work, but could perform others, even if such jobs are not available in their geographic area (Lang, 2020).

Individuals who receive SSI/SSDI denials can appeal within 60 days. There are three levels of administrative appeals: reconsiderations, hearings with an administrative law judge (ALJ), and review by the Appeals Council. Reconsideration appeals are handled by a DDS agent who has not participated in

previous decisions related to a case. They review existing evidence and any additional evidence submitted in the application for reconsideration. Individuals who receive a denial at the reconsideration stage can request a hearing before an ALJ. Most individuals presenting cases before ALJs have representation, though they are not always represented by an attorney (Lang, 2020). Claimants can appeal ALJ decisions by requesting review by the Appeals Council or a federal court up to the U.S. Supreme Court. However, reviews by an Appeals Court and a federal court are infrequent and have low rates of success (Lang, 2020). After claimants receive SSI/SSDI benefits, they periodically undergo Continuing Disability Reviews to assess the status of their disabling condition. More than 9 in 10 reviews result in continued receipt of benefits (Lang, 2020).

Barriers to Benefits Access for People Experiencing Homelessness

Unhoused residents face unique barriers to accessing public benefits. Mittal and Czerwinski (2000) argue that the circumstances of homelessness exacerbate systemic issues that claimants face in accessing mainstream programs. For example, the transient nature of homelessness and high paperwork requirements coupled with a lack of population-specific training and siloed service systems present significant challenges (Mittal & Czerwinski, 2000). Bowen and Irish (2018) find that poor experiences with government employment programs and difficulty in application and recertification processes to receive Supplemental Nutrition Assistance Program (SNAP) benefits frustrated participants (Bowen & Irish, 2018). Many felt stigmatized when accessing food assistance from institutional settings (Bowen & Irish, 2018).

Several researchers have documented barriers faced by PEH in accessing SSI and SSDI specifically. SSI/SSDI approval rates for unhoused individuals are roughly half the approval rate for the general population (MacGregor, 2014). Lack of access to documentation required to verify identity and immigration status, difficulty completing the application, communication barriers related to telephone and mail access, lack of representation for claimants who may be unable to successfully manage their applications, drug and alcohol use which may be perceived as disqualifying factors, and the lengthy determination process are potential barriers faces by unhoused residents (Rosen et al., 2000). Individuals with incomplete medical documentation are often referred to complete consultative examinations. Many unhoused residents miss these exams because they do not receive communication via mail or telephone, and doctors administering exams tend to have minimal experience working with unhoused residents (Rosen et al., 2000). Several barriers exist even after benefits are approved (Rosen et al., 2000). Mittal and Czerwinski (2000) also note that high rates of mental illness which are difficult to document, requirements to regularly communicate with SSA staff, and lack of a single service provider with a complete medical history create barriers to accessing SSI/SSDI benefits for PEH. Further, low-income residents tend to have greater difficulty securing legal representation in complicated cases (Lang, 2020). High rates of incarceration among homeless individuals mean that many individuals have poor medical histories due to incarceration-caused disruptions in care, or jail records with few medical details (Lowder et al., 2020). The lack of collaboration between carceral institutions and medical personnel makes gathering documentation from jails more difficult (Lowder et al., 2020).

Programs Targeting People Experiencing Homelessness

Given these barriers, SSA has developed programs to increase the application approval rates for people experiencing homelessness. SSA established the Homeless Outreach Projects and Evaluation (HOPE) initiative in 2003 to increase outreach to people experiencing chronic homelessness (McCoy et al., 2007). This program aimed at overcoming traditional barriers to accessing services experienced by eligible unhoused residents—including weaker resource networks, unemployment, lower educational

attainment, and physical and mental health concerns—while simultaneously reducing the burden of application review by providing technical assistance, information, and networked learning opportunities for participating organizations (McCoy et al., 2007). Building on the HOPE model, SSA developed the SSI/SSDI Outreach, Access, and Recovery (SOAR) Technical Assistance (TA) program in 2005, funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). SOAR was designed to increase SSI/SSDI access for homeless or housing insecure adults with disabilities (Dennis et al., 2011). SOAR TA provided free technical assistance and training to states and communities to assist with ongoing stakeholder engagement, strategic planning, and case manager training to increase the completion rate of applications. SOAR aimed at improving SSI/SSDI approval rates by providing free assistance to claimants, and by ensuring that case managers or service providers have access to complete medical documentation earlier in the application process (Dennis et al., 2011; Lang, 2020).

Research has shown that both programs have had some degree of success in meeting their stated goals. An evaluation produced for SSA by WESTAT found that average SSA determination times were statistically significantly shorter for individuals in HOPE sponsored agencies, though there was no effect on approval rates (McCoy et al., 2007). A pre-post analysis showed improvements in homelessness and housing insecurity status among HOPE participants despite the lack of increase in SSI/SSDI approval rates (McCoy et al., 2007). The same evaluation noted several barriers to increasing access including maintaining contact, lack of applicant personal history data, long processing times, and general issues of funding, capacity, and learning (McCoy et al., 2007). The SOAR program has achieved far more success than its predecessor, HOPE. Researchers have identified cost savings for administering agencies, and increased approval rates among SOAR program participants were nearly double the general rate for unhoused applicants (Dennis et al., 2011; Kauff et al., 2016). Notably, approval rates were higher in states where applicants exercised their ability to appoint a representative to carry out the applicant process at greater rates (Dennis et al., 2011). These findings dovetail with past research from local programs that shows that increased coordination and application assistance improves approval rates of disability claims (Rosenheck et al., 1999).

In addition to federally sponsored programs, various local agencies have developed programs to increase application approvals. The Boston Health Care for the Homeless Program doubled the acceptance rate for PEH between 2013 and 2018, though the length of determination was longer (Booras, 2019). A program evaluation found that being younger and diagnosed with mental illness was associated with decreased approval rates, while medical advocacy letters increased associated approval rates (Booras, 2019). The author cites several common reasons for application denial, including difficulty contacting applicants, missing medical exams, and lack of documentation. Additional barriers include mental illness, chronic conditions that are more difficult to document over long periods, and substance use (Booras, 2019). Taken together, these findings suggest that many of the barriers faced by PEH are persistent, albeit to a lesser degree, even when participants are enrolled in application assistance programs.

Most relevant to our analysis, LA established the Benefits Entitlement Services Team (BEST) demonstration project in 2009 to assist applicants to complete SSI/SSDI applications and increase approval rates for people experiencing homelessness. The team included medical and case management staff, took referrals from healthcare organizations, served people experiencing homelessness on the street, in shelters, and in permanent housing, and submitted all application materials including medical documentation on behalf of program participants. BEST carried applications through the initial application and reconsideration phases and referred cases to legal aid for appeals hearings. Allowance rates among BEST participants were much higher than allowance rates for the general population during

the same period, and application processing times were roughly half the national average (Kennedy & King, 2014). Kennedy and King (2014) attribute much of these improved outcomes to three practices: (1) flags for special handling by SSA and DDS staff, (2) extensive use of authorized representatives, and (3) inclusion of medical documentation in the initial application. Many of the individuals in this analysis had previously applied for SSI/SSDI and been denied, though the authors also note that BEST participants were screened to ensure that those with the strongest cases were assisted (Kennedy & King, 2014). The BEST program ended in 2013 but was proceeded by the Countywide Benefits Entitlement Services Team (CBEST) which was established in 2017 when funding became available to support the program. Like BEST, CBEST provides support in the form of case management services, advocacy, and connections to legal aid providers for unhoused claimants trying to access public benefits (Inner City Law Center, 2020).

Given the in-depth SSI/SSDI application process and the complexity of many unhoused residents' medical histories, some services have begun to staff benefit enrollment assistant programs with legal professionals or to incorporate legal training for case managers. MacGregor (2014) examines one such program. She finds that lack of medical providers within shelter settings, lack of medical histories, helping in stressful and chaotic shelter settings, and the cost of specific medical tests presented barriers to success in some cases. However, internal coordination, respect for clients, and proximity to clients tended to improve outcomes.

Methods

The accounts above describe barriers faced by PEH when trying to access public assistance, and approaches used like programs targeting PEH that can be used to overcome barriers. Most prior research on SSI/SSDI application and appeal approval rates among PEH has taken a quantitative approach to examining these issues. In this study, we use a qualitative approach to gather detailed and granular information about the complex and intersecting barriers PEH face when filing an SSI/SSDI appeal. We investigate the knowledge of and familiarity with the appeals process among PEH, and consider approaches PEH and service providers use to reduce barriers.

This qualitative and community-engaged study was conducted in partnership with a Community Advisory Board (CAB) of four community experts who oversee the delivery of client services to PEH in LA who are filing SSI/SSDI appeals. The CAB co-designed and oversaw the execution of this study, which involved interviews with service providers assisting PEH in filing appeals (n=8), and appellants who filed appeals who were unhoused, were previously unhoused, or were facing an imminent risk of losing their housing at the time they were interviewed (n=13). The CAB met five times between April and September of 2023. Outside of meetings, CAB members offered feedback on the study and guidance to project team members via email and phone. CAB members received an honorarium for their consultation.

This project uses the Look-Think-Act framework to collect data, analyze data, and identify actionable interventions. This framework is derived from participatory action research, an approach that involves partnering with community leaders to conduct research and implement policy change. The Look-Think-Act framework helps researchers collaborate with community experts. During the "Look" phase community partners and researchers work together to design a study and gather data, during the "Think" phase data is analyzed in partnership with community leaders, and during the "Act" phase collaborators consider approaches to address policy issues that emerged during the prior phases (Giri, 2020).

During the "Look" phase our project team worked with the CAB to ensure research questions reflected the community's research needs. The CAB reviewed both the claimant interview protocol and the service provider interview protocol, and shared additional context to help inform the terminology used

during interviews. Questions were added and removed from the interview protocol based on CAB feedback. The CAB advised the project team on service providers and clients who may be interested in participating in the study, and suggested modifications to the appellant recruitment strategy to help reach non-service-connected claimants. During the “Think” phase, collaborators discussed and reflected on themes that emerged during the interviews. During this phase project team members discussed emergent themes with CAB members and asked clarifying questions about nuances of the SSI/SSDI appeals process. CAB members worked collaboratively to interpret the data collected. In the final stage of the framework, community experts worked with researchers to identify steps or “Acts” that could be taken by agencies involved in the appeals process including SSA, government-funded benefit maximization programs, and service providers. CAB members offered insight into potential policy tools and options to address barriers highlighted during qualitative interviews, and approaches to disseminating research findings to ensure they are accessible to both an academic audience and practitioners.

Outreach & Recruitment

Interviewees were initially recruited using a snowball and convenience sample. CAB members shared contacts who were interested in participating in the study. Service providers who were interviewed were asked to connect the research team with additional service providers and claimants who qualified for and were interested in participating in the study. The research team also leveraged existing connections in the LA homelessness services sector to recruit study participants.

Based on CAB feedback, the study modified its initial appellant outreach strategy to include field outreach at SSA field offices and in Skid Row in downtown Los Angeles, an area with many unhoused residents. The modified outreach strategy allowed project team members to reach appellant interviewees who were not referred to our study through service providers, some of whom were not connected to formal supportive services like case management, legal aid, or benefits advocates. Project team members conducted outreach in English and Spanish using outreach flyers at 4 different SSA field offices across Los Angeles. Field offices were selected for outreach based on CAB recommendations of field offices with high volumes of in-person claimants. Additionally, field interviews were conducted in Skid Row. The study team arranged to conduct interviews at the same time and location that a community-based organization was distributing supplies in Skid Row to unhoused and housing insecure residents. The research team conducted outreach in English and Spanish and held 6 field interviews with unhoused appellants.

Interviews were conducted using two one-hour interview protocols: one for claimants and one for service providers. A total of 20 interviews with 21 interviewees, including 8 service providers and 13 claimants were completed. One of the service provider interviews was conducted with two interviewees at once who worked for the same agency. Of the 13 appellants interviewed, 6 were recruited in the field and 7 were referred by CAB members or service providers who were interviewed. Appellants interviewed for the study ranged in age from 30 to 69. When asked about their gender identity, 9 interviewees identified as male, and 4 identified as female. Eight of the appellants described themselves as Black, 4 identified as white, and 1 interviewee declined to state their race or ethnicity. All the interviewed appellants said English was their primary language. We spoke with appellants at both the reconsideration and administrative hearing phases. Across the service provider interviews, interviews were conducted with employees from legal aid organizations, a government-led benefit maximization program, and case management agencies. All interviewees were compensated \$50 for participating in the study.

Interviews were conducted using a semi-structured interview protocol that allowed for flexibility and comparability. Interview protocols used open-ended questions, which creates opportunities for

interviewees to share the information and details that they feel are important that may not otherwise be excluded through more pointed, narrowly defined questions (Stringer and Aragon, 2021). The interviews were recorded and transcribed. After transcription, the project team identified themes including barriers to submitting appeals, perceptions of the appeals process, and types of support that assist unhoused appellants in filing appeals. The interview codebook was calibrated by two coders after double coding a subset of several service provider and appellant interviews to increase intercoder reliability (O’Conner & Joffe, 2020).

The consistency of themes that emerged across service provider and appellant interviews suggests that our study achieved or closely approached saturation. The study team used an inductive approach to identify the emergent themes across interviews with service providers and appellants (Sanders et al., 2018); once we appeared to reach the point at which no new themes were emerging, we continued conducting interviews to ensure saturation was reached and that our study team spoke with a diverse range of providers and appellants. Themes were discussed with community experts from the CAB who further confirmed the legitimacy and significance of identified themes based on their experience as practitioners and community leaders.

Findings

We examined a range of themes to assess knowledge and perceptions of the appeals process by claimants experiencing homelessness, barriers faced by PEH filing appeals, and types of support available to PEH that may help mitigate barriers. The results section discusses findings on why SSI/SSDI appeals are filed by PEH, barriers faced by PEH filing appeals, and the length of time PEH wait for a final decision or benefits when filing an appeal. This section also discusses findings related to the experiences of unhoused appellants when interacting with SSA and the experiences of advocates including case management agencies, legal aid, and informal support networks. The discussion of support available to PEH highlights support resources that help PEH navigate appeals processes, as well as the limitations associated with formal and informal support resources.

Why Claimants File Appeals

We find that the most common type of appeal filed are reconsideration of initial denials. Interviewees said that initial denials were usually issued due to medical ineligibility. Some claimants said they received an initial denial because they did not submit sufficient documentation or were deemed medically ineligible because they missed follow-up appointments. We also find that some interviewees did not understand why their initial application was denied. A smaller number of unhoused claimants we interviewed filed reconsiderations and appeals due to overpayment.

Providers said that the severity of the health conditions faced by many PEH and their experience being unhoused led to their initial application denial because their circumstances made filing a complete initial application untenable. One provider said, “at least 50%, I would venture to say, of my clients that are medically disabled are denied because of mental health issues,” explaining that the severity of their client’s mental health condition made filing a complete application extremely difficult. A claimant described the reason for their initial denial, saying “I wasn’t in a position to have my paperwork ... I didn’t have no paperwork, or I was homeless and I wasn’t able to organize my... What do you call it? Your claim,” explaining that they could not gather paperwork and maintain records while unhoused. A provider expanded on this, saying “oftentimes it seems like [unhoused claimants are] denied because [their application] just doesn’t look nice and it doesn’t look nice because of their situation.”

Providers and claimants raised concerns that initial applications were wrongly denied and that SSA was overly strict when reviewing initial applications. When asked why initial applications were typically denied, one provider said “it just seems like they're going to say no before they say yes, unless it's just the disability is so overtly present in the medical evidence starting from the beginning. I think they look at maybe the age of a person. And if they're under 50 or 55, they're not going to consider them disabled.” Another explained, “70% of people are denied upfront. Pretty much if you're not dying, you're going to get denied,” and continued to say that “a lot of people that are disabled. The problem is having the evidence.” Claimants echoed these sentiments, with many interviewees saying they were very surprised that their claim was not approved. Many claimants explained that they were suffering from severe medical issues and felt their application was denied even though they qualified for SSI and/or SSDI. Providers reported that unhoused claimants are more likely to receive denials due to the barriers they face when submitting an initial application. Based on the interviews conducted, it is unclear what portion of PEH who receive initial denials in LA file an appeal. Providers suggested that PEH who receive initial denials may be less likely to file an appeal if they are not connected with a service provider. One claimant echoes these sentiments, explaining that they did not realize filing an appeal was an option until someone helped read and explain the denial notice they received.

Barriers Faced by Appellants Experiencing Homelessness

Interviewees highlighted that many barriers uniquely or disproportionately affect PEH who file SSI/SSDI appeals. Providers and appellants said it can be difficult for appellants to remain in communication with SSA and service providers, issues that make navigating the complexities of the appeals process challenging for unhoused appellants. Providers emphasized that limited access to high-quality healthcare and insurance among PEH shapes the quality of their medical documentation. Providers spoke to the intersectional nature of homelessness in LA: unhoused individuals in LA are more likely to be people of color, suffer from severe health conditions including mental health conditions, and face food insecurity. Providers said that some of the clients they work with struggle to read or may be functionally illiterate, and some appellants interviewed explained that they struggled with reading comprehension. Providers and CAB members shared that PEH who do not speak English face additional barriers when navigating administrative processes.

Limited access to technology, transportation, and stable mailing addresses complicates communicating with service providers and SSA. In most interviews conducted with service providers, interviewees said that having access to a phone was important for claimants filing an SSI/SSDI appeal. Providers said they are often unable to reliably contact appellants when they do not have phones or because phone numbers frequently change. While free cell phones are available to many PEH through the LA Department of Public Social Services, to qualify PEH need identification and a Social Security card which some may not have. Providers said that unhoused claimants with phones often use prepaid phones that run out of data and minutes. In addition to lack of access to phones, unhoused claimants rarely have access to other forms of technology that may be useful for filing their appeal including a computer, internet access, a scanner, or printer. Some providers said appellants were able to take pictures of notices and text them to their advocates, who could then review the notice. However, providers also shared that claimants experiencing street homelessness who did have phones often lost access to their phone if it was stolen or if they ran out of minutes.

Both appellants and providers said that appellants who do not have access to a phone may need to go into SSA field offices or meet with their service providers in person. However, both groups of interviewees explained that many PEH do not have reliable access to personal transportation. Providers added that high needs or extremely disabled applicants may not be able to safely navigate public

transportation in Los Angeles. One provider explained that while free bus passes are available to PEH in Los Angeles “[s]ometimes they have mental health issues that they just can't get themselves up to public transportation and that's been a problem.” Claimants who do not have access to a phone and cannot visit SSA offices or their service providers in person are likely to fall out of contact with SSA and their advocates, making them much more likely to miss deadlines and be denied. Because they have more limited access to technology and transportation, PEH may have trouble notifying providers when there is a significant change in their health or situation, for example, if they are hospitalized, incarcerated, or if they start treatment at a residential treatment facility. Providers said that communicating these changes is important because they impact medical documentation or, in the case of incarceration, benefit eligibility.

Many unhoused appellants do not have a stable address they can use to receive mail from SSA. Some claimants navigate this issue by using the address of a service provider’s agency, a family member’s address, or the address of their temporary housing if they are staying in a shelter or interim housing. Many PEH have frequent address changes. One provider said that most of their clients have at least three address changes throughout their appeal. Additionally, providers and appellants said SSA frequently fails to update changes of address for claimants which means that many unhoused appellants who have had changes of mailing address do not receive notices from SSA after moving. When unhoused appellants do receive notices from SSA, keeping them can be challenging for individuals without permanent housing or who may be street homeless. Clients shared that they have challenges keeping important documentation because materials are often stolen from their tents, they may move frequently, and it can be difficult to keep documents while living on the street. When asked how he keeps track of notices, one claimant described using his uncle’s mailing address but struggling to keep track of mail while unhoused, saying “I have to wait for my uncle to call me. And then when he calls me, then I tell him where I'm at and he brings me my paperwork. And then I lose it somewhere in my car.” Not having a stable mailing address, frequent address changes, and issues keeping track of mail while unhoused all make it more difficult for PEH to file appeals.

The quality and consistency of access to healthcare and insurance available to PEH poses barriers to accessing benefits. Providers said PEH are more likely to see medical professionals inconsistently, to see new providers each time instead of seeing one doctor regularly, and to see doctors at free or low-cost facilities who are in high demand and have less time to devote to their visit. Providers also said their unhoused clients may face biases or stereotypes when seeking medical care. One provider explained the differences in healthcare access between housed and unhoused appellants:

“For unhoused clients, they don't have the objective support, because you have a delayed response in the escalation of healthcare. I can go complain about my back and they're sending me to imaging all kinds of places, or you can ask for these things. But some clients, I mean, even some unhoused clients have problems getting pain medications because sometimes providers are more skeptical of them, even though they're just as much pain as somebody that's housed. And so, like I said, delayed healthcare and delay in specialty care.”

Another provider described barriers faced by PEH seeking medical help saying that “A lot of my clients, they're going into clinics, and they may see a different doctor every single time, and they're telling the same story over and over again” and “a lot of them are probably accessing a system or a clinic that's probably overwhelmed with people.” Several providers said PEH were more likely to experience rapid health declines while waiting for their appeal decision when compared with claimants who were housed. One provider explained that this is due in part to the limited access PEH have to high-quality healthcare, saying “care is so delayed that the condition has escalated to a point where it's irreversible.

Limited access among PEH to high-quality healthcare with providers they see consistently impacts the quality of medical records. To approve an appeal, SSA needs to review detailed records. Yet many appellants experiencing homelessness see medical providers who are overburdened or inattentive to the needs of PEH. One service provider interviewed for the study described the quality of medical records associated with their clients' cases, saying that "medical records are not always good... It's not always as detailed as I think medical records should be." Barriers are even greater for PEH who are non-English speakers. One service provider described this issue, saying "I have often seen in records that the medical providers are not consistently asking for interpreters in the room or using children or family members as interpreters, which just can be really inappropriate. So, a lot of the quality of the medical records is not always what you would want it to be because there's not a proper translation." Another said that "in L.A., the Department of Mental Health, the people who are there, they are seeing a mountain of clients every day and they all are in very extreme crisis. So, it's very quick meetings with people, very sparse notes." The cost of requesting medical records or out-of-pocket medical expenses is often too high for PEH who tend to be very low-income and may have more limited health insurance coverage. A provider explained that HMOs will deny requests for diagnostic tests even if the client has a referral because the request may be deemed unnecessary or too soon after the test was last conducted, even if the claimant's condition has changed since the test was last administered. A provider said, "I think money and insurance, especially if they have Medicaid, that becomes a barrier." Another spoke to the barriers clients face getting copies of their medical records when facilities charge, saying "I think prices, when they charge, that's hard for clients to get their records." Another explained that when claimants "can't get their medical records, they just don't. And that's not a full comprehensive evaluation for Social Security to do. So that just prolongs the process for them." PEH often do not have access to high quality health insurance that covers the costs of medical records and necessary diagnostic testing, and healthcare providers that see a client repeatedly, take detailed notes, approach working with PEH with cultural humility, and spend sufficient time with unhoused patients. This limited access to quality healthcare significantly impacts unhoused appellants' ability to provide detailed medical records to SSA.

The complexities of the appeals process make understanding the process and remaining hopeful challenging for PEH. Many claimants struggle to understand the appeals process. Additionally, the steps associated with filing an appeal can feel overwhelming and demoralizing, especially for appellants with serious health conditions including mental health issues. One provider addressed how the stress and trauma of experiencing homelessness make it difficult for PEH with serious mental health conditions to file an appeal, saying that "the mental health problems they face, it leads them to want to avoid to some of the paperwork too, or the process, because it can seem very challenging to overcome all of the barriers," continuing to say that "depression and going out into the world can be very daunting for some of the claimants and just, it's like, I think it can get overwhelming in general." Additionally, many claimants experiencing homelessness do not understand the appeals process. Several factors including health conditions, the complexity of the appeals process, the language used in notices, and the stress associated with filing an appeal can make understanding the process overwhelming if not impossible. One provider explained that some of their clients had developmental disabilities and were not able to understand the process. During interviews, claimants expressed their confusion with the appeals process, saying "It was hard for me to understand.... It wasn't really clear until I had my sister to go through the paperwork with me."

Wait Times

Providers and claimants reported lengthy wait times for final decisions regards SSI/SSDI appeals. Interviewees said on average it took 2 to 3 years from the point of application to the resolution of an

appeal. Some complex cases took longer. Additionally, several providers shared that wait times decreased during the COVID-19 pandemic due to the increase in remote hearings. Some providers said long delays made it more difficult to assist clients with cases because they were more likely to go missing or fall out of contact with providers when cases take years to resolve. Once approved, some street homeless claimants experience delays getting benefits because their benefits cards are lost in the mail or stolen which prolongs the length of time they are unhoused.

While housed and unhoused applicants face long wait times after filing an appeal, delays receiving benefits more adversely impact unhoused claimants. Unhoused claimants who experience delays receiving benefits are more likely to experience extreme stress and depression, struggle affording food, and remain unhoused. Delays receiving benefits contribute to declines in claimant health, one provider said “I think it can contribute to their mental health symptoms getting worse.... They're so stressed about how they're going to pay for things. I think they think the amount that they get for GR is just like a joke, \$221 and food stamps.” One provider explained some claimants try to work because they cannot afford to subsist without benefits but end up losing their job because they are unable to work and disqualify themselves from receiving SSI/SSDI: “I've also seen people who, out of desperation try to work, which I don't think is a bad thing. I really support working. But a lot of times, they just end up falling through the cracks too because they can't sustain a job, and they end up homeless, or on drugs, or in gangs, just trying to find support.” Another provider described the impact of delays receiving benefits for unhoused claimants, explaining “the wait kills people.”

Appellants spoke about the impact of delays receiving benefits. PEH are more likely to become or remain unhoused due to these delays, some could not consistently afford food, and others said they were more likely to engage in criminal activity to make ends meet. One claimant said the delay has “put me at risk now. If I don't have this decision by July 8th, I lose the home that I've lived in for 11 years. [I'll be] evicted.” Another appellant said “I'm living on the street. GR doesn't do anything. If you miss a paper, then they cut your food stamps off, they cut your cash off.... it's not even enough to even survive on.” Once claimant expressed his frustration about the financial hardship associated with long delays receiving benefits, saying he felt like he should be compensated for the pain, stress, and irreversible health consequences he suffered as a result of the delay which included depression, PTSD, and psychosis triggered by stress. To help mitigate the financial pressure he experienced he “start[ed] doing criminal stuff, trying to just maintain, trying to eat.” Several claimants shared similar experiences and providers said it was common for the stress associated with delays receiving benefits to trigger a decline in mental health.

Experiences of PEH Working with SSA

The barriers PEH face when filing an appeal are compounded with typical barriers faced by all appellants including an inconsistent quality of support provided by SSA representatives and administrative barriers. Interviewees shared that their experience working with SSA representatives was mixed. While some representatives were kind and knowledgeable, others were rude and ill-equipped to work with diverse claimants including people of color, PEH, and in some cases claimants with disabilities. Some claimants expressed that they felt some of the SSA representatives and judges at administrative hearings were biased against PEH and people of color, saying that they felt these biases affected the quality of service, the support they received, and their hearing case outcome. A provider explained their experience assisting clients and described SSA representatives as lacking empathy, saying representatives were “consistently very disrespectful to unhoused clients, having no patience for people, having no patience for people who are hearing impaired, who have other mental health issues that makes it harder for them to answer questions.” Providers and claimants encounter administrative barriers when

filing appeals, including paperwork that is lost and displaced by SSA, long wait times when seeking support from representatives, and materials from SSA that are confusing or difficult to understand. Consultative exams were also highlighted by providers and claimants as a burdensome part of the appeals process that was not effective at achieving its goal of collecting quality medical evidence. Overall, the experiences of providers and claimants working with SSA during the appeals process may contribute to distrust in the agency and discourage marginalized communities from engaging with SSA.

In addition to facing barriers related to the attitudes and cultural humility of representatives, claimants, and providers often interact with SSA representatives who do not accurately understand SSA procedures and who regularly share conflicting information about the appeals process. One provider said “my staff can call on one person's case and get six different answers because they'll call and get told this. This happens frequently. And then one person will be adamant about this regulation. And they're wrong, they're quoting the law wrong. And this happens a lot,” continuing to describe how they often “had to print out regulations, fax it to the rep and say, ‘Please process this application.’” Claimants shared similar experiences, saying “I get different answers every time I call,” and “I've had reps that have hung up on me because they refused to answer my questions because they didn't know the answer.” Multiple providers shared that across the cases they assist with, SSA representatives regularly do not understand the laws and processes that govern the SSI/SSDI appeals process which has led to the spread of misinformation, contributed to confusing and discouraging claimants, and at times representatives have encouraged claimants to pursue actions like filing a new SSI/SSDI application which would further delay the claimant's receipt of benefits and remove the possibility of receiving backpay. Given the additional barriers to gathering information for PEH, these inconsistencies present a disproportionate impact on this vulnerable population.

Interviewees reported that SSA regularly loses documentation related to appeals cases. Providers and claimants both said that appeals and supporting documents were often misplaced, with one provider saying that “somewhere to 30% to 50% of documents [submitted to SSA] get lost.” Another provider described the issues with misplaced documents, saying “we often send in information that we know we sent them, they lose paperwork, they lose faxes, they lose mails. There's been a number of offices who, I don't know if they've lost online appeals. If you file online, they can't find them,” while an attorney who was interviewed said, “[a]s an attorney, I would be sending things via certified mail and they'd still insist that they never received it, even though I had proof that someone signed for it.” One claimant described going in person to file paperwork because he was afraid his papers would get lost in the mail, or that he would make a mistake mailing the paperwork because he struggles with serious mental health issues; he explained “they sent me papers to file and I didn't trust the mail. I'm mental health, I don't know if I [would] send it right, so I decided to take a bus and drop it off... when I asked them about it later, they never got the papers.” Issues managing documentation extended beyond tracking materials submitted by claimants. Interviewees said that notices mailed by SSA are sometimes delivered with pages missing, making it difficult for claimants and support providers to understand notices. Given the difficulties many PEH have with consistent recordkeeping discussed above, paperwork errors exacerbate the challenges of navigating the appeals process.

When providers and appellants contact SSA with questions or to inquire about the status of their case, they often face long wait times or difficulty reaching a representative. Wait times varied across months and field offices. Some interviewees said they regularly waited from 15 to 20 minutes before they were able to reach a representative, while others said they often waited on the phone for 2 hours or more. One claimant said that at “my local office here in Hollywood, it's also impossible to get anyone on the phone to get a call back. If you are able to get through to a caseworker is approximately a six-week wait

for them to call you back with any question at all.” When paired with the limitations in access to phones discussed above, these wait times present an additional burden on PEH.

Additionally, the written materials related to the appeals process produced by SSA are often unclear and confusing. A provider described notices sent by SSA, saying “[l]etters would be completely unclear to even people who are native English speakers. You could not understand what the letter was asking you for.” One of the providers described the lack of clarity of written notices from SSA, saying “if you apply and then you receive a denial, the wording of those letters is very... It's confusing even for an attorney. Sometimes I've read some letters that I'm like, 'What is this really saying?' It's not necessarily clear. I would not expect a client to understand what it means to do a reconsideration.” The language used in written notices makes it difficult to understand the current stage and progression of a case for both appellants and providers.

Many providers and appellants discussed consultative exams when asked about their experience interacting with SSA during the SSI/SSDI appeals process. Providers said their unhoused clients were more likely to be referred to consultative examinations because they often have incomplete medical documentation. An attorney described the process, saying, “these evaluators are really not examining or helping these people. I will say more times than not these exams were used to deny benefits, and that's how they're used. You have something in theory that's supposed to help, but in actual practice, and I really believe other attorneys will tell you this, judges use it to deny people.” Claimants described waiting for an hour to see a doctor to conduct a consultative exam, only to see the doctor for 5 minutes. One claimant said a doctor asked them to remember a series of words as a test of their memory and said they would return shortly to quiz the claimant but never returned. Providers shared that examinations were sometimes held in makeshift spaces like the doctor's home. PEH were more likely to be referred to consultative exams, but many claimants interviewed said they missed their consultative exam.

While the experiences above may be faced by many appellants, they may also weigh more heavily on PEH. Appellants who are unhoused face many overlapping barriers that are not faced by housed appellants, meaning that PEH may not have the patience, stamina, or resources to navigate negative interactions with SSA representatives and administrative barriers. A service provider described how barriers navigating SSA compound with other barriers faced by PEH, saying “it is a form of trauma to be unhoused in this country. It is a very stressful situation to be in. I don't expect someone who's dealing with living in poverty to have endless patience and endless time and internet access to be researching things and trying to figure out, ‘How do I work through this process?’” Another added, “[i]f you're disabled, especially if you have chronic conditions or severe mental illness, these folks simply do not have the capacity to fight that hard and claw that hard for their benefits.” Another provider spoke to the long-term effects of being made to navigate inaccessible systems to receive public benefits, saying that the volume of barriers PEH face when interfacing with SSA “really erodes trust and belief in these organizations.”

Support for Appellants Experiencing Homelessness

Service providers assisting appellants experiencing homelessness provide a range of supportive services to help overcome or mitigate barriers faced by these appellants. Formal support includes assistance from legal aid providers, government benefit maximization programs like CBEST, and case management agencies. Appellants may also receive support from informal or nontraditional support resources, such as support filing an appeal from friends or family members. However, PEH are much less likely to have these informal support networks. This section describes the types of support provided by

formal and informal support networks and the limitations PEH face when receiving assistance from each type of support provider.

Formal support for appellants experiencing homelessness includes lawyers like private attorneys and pro-bono or legal aid professionals, case managers, and advocates including those working for benefits maximization programs like CBEST. There are several ways in which PEH filing an appeal can get connected to formal support networks to assist them in filing an appeal. SSA offers information about legal aid providers experienced in assisting with SSI/SSDI appeals. PEH who are connected to the Los Angeles Continuum of Care, the network of care resources for PEH in LA, can be connected with benefits case management agencies that can assist with appeals and benefit maximization programs like CBEST. Providers explained that clients that are connected to the Los Angeles Continuum of Care are typically assisted first by a case manager or advocate, then their case is referred to legal aid once they reach the hearing stage or if the case is especially complex. One attorney described the division of work between different formal service providers explaining that "The solution for a certain subset of the case really is legal help.... it's been good to have [case managers and advocates] involved because they actually need to be part of that ecosystem of help to get these folks through that process."

Formal support networks provide a broad range of support for PEH filing SSI/SSDI appeals including technical assistance, support with logistics related to filing an appeal, and emotional and moral support. Service providers assist claimants in gathering documentation and compiling an appeal that has a clear narrative. Providers assist clients with technical aspects of their appeals like following up with SSA to track the status of their appeal and to ensure that documentation was received. Following up with SSA can involve calling weekly or monthly for case status updates. For some advocates, it involves working with SSA representatives unfamiliar with the nuances of the appeals process to interpret SSA guidelines. Providers also help ensure that claimants understand the appeals process. One attorney described the steps they took to conduct field visits with clients, saying "having in-person [meetings] with some of the claimants that I work with is really important because a lot of times, some of the claimants may have mental health [conditions], but also intellectual disabilities. So, it's not always clear that they understood or comprehended what they just heard. They'll just nod to me and I'm like, "No, no, no, they didn't understand." Conducting in-person meetings with high-acuity claimants can help ensure the claimant understands the process. A legal aid provider spoke to the importance of the support offered by providers, noting that those unfamiliar with SSA may not understand the complexities and nuances of the appeals process, saying "Social Security paperwork can be very confusing. I'm relatively intelligent and I can read a document, and sometimes I don't understand what they're saying with their language and this and that. That can be intimidating to a lot of our clients." Interviewees also shared that case managers, advocates working for benefits maximization programs like CBEST, legal aid providers, and medical professionals can all play a role supporting clients in gathering documentation, understanding the appeal process, and filing an appeal.

Formalized support providers assist claimants with logistical support, including collaborating with other members of the client's support team, and working to reach clients who may be missing or difficult to reach. Providers like case managers, legal aid workers, and medical professionals may coordinate across their different roles to gather documentation and share case updates. Providers keep track of their claimants' cases, adding regular case updates, tracking when materials were submitted, and updates from SSA. Additionally, some providers shared that the databases they use to track cases allow them to flag clients as unhoused so that they and members of their team can provide tailored support that is responsive to the claimant's experience being unhoused. Knowing if a claimant is unhoused helps providers "be prepared to contact the next of kin, contact possibly one of their case workers. It just lets

me know that what I need to do in order to make sure I access that individual,” additionally it can help ensure staff are approaching these claimants with appropriate level of sensitivity, knowing a claimant is unhoused can be “a reminder of staff, you know, you call and say, 'Oh, are you at home right now?' Well, this person's homeless. Sometimes people, we forget and say things like that. And so, I think even just situations like that, it's helpful to know.” In addition to tracking cases, providers may go to extra lengths to reach clients and ensure they can attend appointments. Providers sometimes go into the field to look for unhoused clients, which can involve searching for claimants at encampments or parks they have stayed at, or asking other PEH in these areas if they know where to find the client. However, searching for clients in the field presents some challenges because providers want to ensure that they are not sharing why they do not share private health information with others, and because clients may have moved or been institutionalized without service provider knowledge.

Service providers sometimes ensure that clients are service-connected and arrange transportation support for clients. Providers described these roles as often essential to a claimant's success, but that it was unlikely that all service providers go to such great lengths to assist PEH. The extent to which service providers can tailor services to particular clients is limited by funding and high caseloads. One provider described the steps they took to support their client, noting that not every service provider would have done the same, saying “even something as small as sending [your client] prepaid postage envelopes to get information back to you. I have requested Uber rides to get my clients to hearings, and I have taken a client to the hearing. I mean, these are things not every representative is going to do.” Some providers work to ensure their clients are connected to the types of benefits and supportive services they need, like mental health treatment or SNAP, noting that service connection impacts a client's ability to remain engaged and successfully file an SSI/SSDI appeal. One provider stated that if a client is “connected to services, that's the biggest benefit in their favor for the claim to not be denied, for the claim to be approved. So, making sure that they have access to those services, that would be ideal.” Ensuring a client has access to food and healthcare services can make “sure that their health doesn't deteriorate by being homeless.... A lot of them, without being on medication or being off medication for long periods of time, kind of lose grasp of the application process altogether.” In addition to connecting claimants with supportive services and transportation, providers offer emotional support for claimants, which is especially important for PEH who experience intersecting and overlapping trauma and are less likely to have strong familial support networks.

Service providers also provide less formal social support to their clients. One provider described providing emotional support to one of her clients, saying “we were one of the only people in her corner for that portion of their life, I think she just needed somebody to talk to about and complain or not complain, just vent.... sometimes it becomes so stressful that they don't even want to deal with it sometimes because of all the papers and just... If they didn't have somebody helping them.” She went on to say that many clients are so overwhelmed and discouraged by the appeals process that they consider giving up and that the emotional support providers give clients can help keep them engaged in the process. However, claimants without strong support network may be more likely to give up because of the many difficulties associated with filing an SSI/SSDI appeal. An interviewee discussed the frustration and desperation appellants feel while trying to access benefits, saying “[a] lot of these people get to a certain stage and it's, oh my God, I can especially see waiting on their SSDI, where they just give up, bra. And whether they give up and do a hard drug, so they just melt out and don't have to feel it no more.” The stress and frustration associated with filing an appeal have the potential to trigger severe negative impacts on a claimant's health and well-being. The claimants interviewed who were service-connected credited the advocates they worked with for their ability to file an appeal, remain system engaged, and receive benefits, saying “[i]t's hard. Without [my advocate], I wouldn't have got this far,” and another said of their

experience working with their attorney “to be honest with you, I was very worried. But during the hearing, [my attorney] was so prepared.... Soon enough we got a hundred percent approval. I have to say I felt that was almost miraculous at that point.”

In addition to formalized support resources, claimants also receive support filing appeals from informal sources like friends and family. Claimants said that friends and family sometimes helped with the appeals process by allowing the claimant to use their mailing address and notifying the claimant when they receive mail. Friends and family also assist claimants with reading and understanding notices from SSA, provide transportation to appointments related to the claimant’s appeals case, and emotional support. One interviewee stated she had repeatedly filed new applications upon receiving denials until a family member explained that she could appeal the denial. Service providers emphasized that the emotional support friend and family provides can reduce stress, improve morale, and keep a claimant engaged in the appeals process. However, there may be downsides associated with informal support. One interviewee said that his family had provided financial assistance to help him pay his rent, but that this support complicated and delayed his case after he reported the assistance to an SSA representative. Service providers said that friends and family who try to support claimants in navigating the appeals process can unintentionally mislead the claimant because informal support providers may misunderstand the complexities of the appeals process.

Discussion and Policy Implications

Our study examines barriers faced by PEH in Los Angeles in filing SSI/SSDI appeals, the experiences of these appellants throughout the appeals process, and identifying effective strategies used by providers and claimants to mitigate barriers to filing. We discuss our major findings below, as well as the policy implications resulting from these findings, including policy changes or resources that may be useful in addressing the themes discussed throughout this paper. Policy implications outlined in this section are informed by study interviews conducted with claimants and service providers, and by discussions and guidance offered by community experts who staffed the study CAB.

Theme 1: Incomplete Initial Applications and Medical Denials

Our interviewees reported that most PEH in Los Angeles filing appeals did so after receiving an initial denial based on medical ineligibility. In many cases, the initial denial is due to insufficient medical documentation, which may be caused by missing records or low-quality records produced by medical professionals. PEH are more likely to submit missing initial applications and appeals with missing documentation for many reasons including the inability to pay fees to receive copies of their medical records, a tendency to visit the doctor less frequently and to see different providers each time, biases by medical providers who may be less likely to believe a PEH’s reported symptoms, and low-quality records produced by doctors who are overburdened by a high number of patients at clinics serving low-income populations.

Policy Implication 1: Revisit Consultative Exams and Medical Standards for PEH

SSA could revisit procedures and standards associated with consultative exams. PEH with poor-quality medical records were more likely to be referred to consultative exams, but these exams are very short appointments and typically result in a claimant’s denial. To ensure consultative exams do not result in screening out PEH who qualify for benefits, the length of time claimants spend with a doctor could be extended to ensure doctors can work to gather full, detailed medical histories from claimants, and the quality of work conducted by doctors administering consultative exams could be more frequently reviewed. Further research may be needed to understand why consultative exams often so brief, and what

types of support or resources are needed to make more comprehensive. Alternatively, SSA could also consider examining the efficacy of the consultative exam component of the appeal process and investigate alternative approaches to ensuring claimants with insufficient medical documentation fill gaps in their application.

Investing in training resources for doctors and medical practitioners to help providers understand the quality and level of detail required by SSA to approve a claim may also help increase equitable access to benefits. SSA could invest in more robust training and quality assurance for doctors conducting consultative exams. Training materials could also be made available to medical providers who regularly work with PEH and claimants filling SSA applications or appeals to teach these providers to produce detailed medical documents. These trainings could be provided by medical institutions like hospitals and clinics, or available as Continuing Medical Education credits that can be applied to meet licensing requirements.

SSA could also consider holding unhoused claimants to a lower burden of proof when reviewing applications. Because of the many barriers PEH face when filing an appeal, they are less likely to have extensive and detailed medical records. If a subset of applicants who are members of marginalized communities do not have the means to meet the burden of proof required by SSA then it would be equitable to adjust the approval standards to ensure SSA policies and procedures do not inhibit the agency's mission to provide efficient and effective services to qualified disabled individuals.

Theme 2: Complexity of the Application and Appeals Process

Interviewees shared concerns that initial applications were wrongly denied and then approved upon appeal even if the claimant's health condition had not changed. Delaying approvals if cases warrant approval at the start generates more staff burden and delays the receipt of needed support, and the added stress and difficulty covering food, housing, and healthcare costs may contribute to a decline in the claimant's health, especially among PEH.

Navigating the appeals process is complex and overwhelming for many PEH. Many claimants interviewed expressed confusion about the appeals process, and some were unable to describe basic aspects of their case like what type of appeal they were filing. Providers said many appellants do not understand the appeals process. It was especially difficult for individuals with serious mental health conditions, developmental disabilities, and difficulty reading to understand the aspects of their case. Several interviewees said they had difficulty reading mail received from SSA and relied on service providers, friends, or family to help them read their mail. The length and complexity of the appeals process can be overwhelming and demoralizing for many PEH. Many unhoused appellants are so discouraged that they consider no longer pursuing their claim even though they believe they qualify for SSI/SSDI. Appellants also shared that the stress associated with their cases spurred serious health conditions and/or declines in their health.

Policy Implication 2: Increase the Accessibility and Invest in Digital Infrastructure

SSA works with disabled and vulnerable communities, but its current processes may be difficult for claimants to understand. During interviews, service providers shared concerns that both they and the claimants they work with have difficulty understanding SSA processes and notices. If providers including attorneys are confused by notices from SSA, claimants, especially those with limited literacy, individuals with intellectual or developmental disabilities, and people who are not fluent in English are likely to experience difficulties understanding the nature of SSA notices. Reducing the complexity of the appeals process, creating clear resources to guide appellants through the process, and simplifying the language

used by SSA may make filing an appeal more accessible and less overwhelming. Additionally, offering printed and online material in a range of languages can increase accessibility for non-English speaking claimants. To support people living with disabilities SSA could consider including ample and comfortable furniture in field offices and offering assistance for claimants who struggle with reading and those who are hearing impaired.

Investing in digital infrastructure could include allowing appellants and service providers to track the status of appeals online, review digital copies of the documentation that have been submitted, upload documentation digitally, and view real-time data on average wait application and appeal wait times to help them anticipate processing times. An online portal could also include access to mailings sent by SSA. The ability to access and upload information digitally may increase access for some unhoused claimants. The ability to view notices online that may be lost or sent to an old address can increase access for PEH. Additionally, the ability to upload documents digitally can eliminate the cost associated with mailing records which is a burden for very low-income claimants, and helps claimants know with certainty that their records have been received. Additionally, digitizing aspects of the appeals process may reduce the administrative burden by reducing calls related to case updates and document submission.

Theme 3: Barriers Facing PEH

PEH face a range of barriers when filing appeals including limited access to technology, frequent address changes, and limited access to high-quality healthcare. PEH are less likely to have access to a reliable phone, a computer, the internet, or a scanner all of which can be helpful when filing an appeal. Providers said it is especially important for claimants to have a cell phone. While some unhoused claimants may qualify for a free cell phone, individuals who are street homeless regularly have these phones stolen or run out of minutes for their pre-paid phones. Those who do have access to a phone or computer may be unable to charge their devices or may not have consistent internet access. Limited access to a phone or computer makes it difficult for providers to stay in contact with unhoused claimants. Consistent communication with claimants allows providers to assist claimants in understanding notices, to communicate about relevant case updates, or to remind them of upcoming appointments thereby forestalling denials. Frequent address changes or not having a mailing address makes receiving notices and updates from SSA challenging for PEH. Additionally, limited access to high quality healthcare means that PEH may have less complete records and may be more likely to experience severe declines in their health while waiting for their appeal to be processed.

Policy Implication 3: Programs Targeting Vulnerable Populations

To increase benefit accessibility among marginalized communities, SSA could consider expanding programs targeting vulnerable populations. Possible extensions of existing support resources for vulnerable claimants could include the ability to flag an application or appeal as high risk and expedite the review and approval of those applications. A claimant who is unhoused, has limited access to transportation, or limited support networks could be considered higher risk. Expediting the application of high-risk claimants may minimize unintended and severe consequences associated with the delayed receipt of benefits.

SSA can also support vulnerable applicants by investing in formalized support resources like case management and legal aid that can assist PEH and members of other vulnerable communities in navigating the appeals process. Investing in advocates could include strengthening collaboration with existing advocate programs or offering case management resources through SSA to assist high-risk claimants with components of the appeals process like gathering documentation, attending appointments and ensuring claimants have access to transportation. SSA may also be able to assist with costs faced by

very low-income claimants filing appeals, including transportation costs, the cost of postage, and fees associated with requesting medical records. Currently, SSA can reimburse claimants for transportation expenses, but providers and claimants shared that this does not address the needs of claimants who cannot afford the up-front cost of transportation. As SSA considers offering financial assistance to PEH and very low-income appellants, it should consider ways to cover costs upfront as opposed to offering reimbursements.

Theme 4: Difficulties Receiving Assistance from SSA

When PEH seek assistance from SSA they often encounter additional barriers and long wait times. Claimants struggle to reach representatives, receive conflicting information from representatives, and sometimes interact with representatives who are biased or rude. Some interviewees said they experience racial biases or prejudice related to being unhoused from SSA employees, while providers shared that aspects of SSA offices and resources were not well equipped to serve diverse communities. For example, it can be difficult to hear SSA representatives at field offices, especially for claimants who are hearing impaired, there is limited comfortable seating in field offices which is important for mobility-impaired applicants, and the language used in notices can be complex and confusing, making it difficult for claimants with limited reading comprehension to navigate the process. Additionally, printed materials are not always available in a wide range of languages. When claimants tried to reach SSA for support or an update they often waited for up to two hours to speak with someone. It is not uncommon for claimants or their advocates to receive conflicting information from SSA, to speak with representatives who misunderstood SSA guidelines, or to interact with representatives who were rude. Claimants and their advocates reported contacting SSA regularly for case updates throughout the appeal, which can last 2 to 3 years from the time of initial application filing to the appeal resolution. Interviewees shared concerns that difficulty accessing support for SSA, long wait times, and negative experiences interacting with SSA representatives may erode trust in SSA. When marginalized communities start to distrust government resources like those offered by SSA they may be less likely to seek help and support when needed.

Policy Implication 4: Hiring and Training SSA Staff

Addressing some of the barriers discussed in this study may require adjusting staffing levels and staff training of SSA representatives. Many interviewees suggested that hiring more staff could reduce wait times when calling or visiting an SSA field office, and the overall time it takes to process an appeal. Investing in robust staff training can help reduce inconsistent understanding or enforcement of SSA procedures. Additionally, as SSA hires more employees it can consider staff diversity. Staff training could be modified to teach staff to approach working with diverse communities with cultural humility to ensure that staff can approach working with PEH, communities of color, and disabled individuals with compassion.

Theme 5: Important of Formal Support Providers

Claimants leverage formal and informal support resources to help mitigate some of these barriers. Case managers, advocates, and legal aid providers offer a broad range of support for PEH filing SSI/SSDI appeals which includes helping the appeals process and notices, providing support gathering documentation for their claim, and following up with SSA about case updates. Providers may assist claimants in attending appointments related to their case like medical appointments or consultative exams by organizing transportation for their client or driving them to the appointment. When a claimant cannot be reached some providers search local encampments where the claimant may reside. Providers like case managers may offer their office mailing address as a location for the claimant to receive mail if the claimant does not have a mailing address. Additionally, providers help connect claimants to other support

services including public benefits like SNAP, housing resources, and mental health services because systems-engaged clients are more likely to remain engaged in the appeals process. While formal service providers *can* offer a broad range of support, the types of support offered vary across providers, leading to inconsistent provision. Informal support provided by friends and family can include transportation, use of a friend or family member's mailing address, and assistance navigating the appeals process, but friends or family themselves may have limited understanding of the appeals process, and any direct financial support may jeopardize benefit eligibility or lead to overpayments. For these reasons, formal support providers play a crucial role in the complex demands of PEH navigating the appeals process. However, high caseloads, understaffing, and funding constraints make it difficult for formal support networks to meet the demand for their support.

Policy Implication 5: Improved Collaboration with Advocates

Strengthening coordination across services systems can help increase accessibility of the appeals process. Appellants experiencing homelessness may interact with a range of service systems including SSA field offices and representatives, health insurance providers, case management agencies, and the carceral system. Providers interviewed for our study said that coordinating with SSA was a significant barrier they faced, which made receiving case updates and addressing issues related to cases difficult. Additionally, many providers reported that the quality of medical records submitted for PEH did not include the level of detail necessary and that healthcare providers created additional barriers to the appeals process including charging for medical records and denying requests to cover the cost of diagnostic testing. Creating venues for service system coordination between SSA and the agencies that interact with appellants can help improve coordination by creating space to triage cases as needed and address overarching policy issues. This could include monthly meetings between SSA regional offices and service providers like legal aid organizations and government-led benefit maximization programs like CBEST. This venue could also be used to address regional policy issues, triage specific client cases, and for training purposes when SSA implements new training on policy or process changes.

Coordination across service systems could also be facilitated by aligning the geographic division of SSA services with county or city lines. Providers shared that while working across LA they often need to coordinate with regional SSA leadership from different regions who may offer differing guidance. Ensuring SSA's geographic regions align with local county lines can simplify coordination across service systems.

Increasing service coordination could also include connecting claimants to support resources. SSA currently offers information about legal aid resources to claimants. However, SSA claimants especially PEH are likely to qualify for a range of other supportive services including other public benefits like SNAP, housing assistance and case management available through the Los Angeles Continuum of Care, and benefits maximization programs like CBEST. Offering referrals to programs claimants may qualify for and offering informational pamphlets and contact information at field offices may help increase claimant connection to other support resources, which providers say makes appellants more likely to remain engaged in the appeals process.

Policy Implication 6: Limitations and Directions for Future Research

As SSA explores approaches to increasing equity and access to benefits, especially for PEH, it could invest in further research. This study focused on the experiences of unhoused appellants in Los Angeles. Based on the consistency with which the above themes arose across service provider and appellant interviews our study reached saturation. This qualitative and community-engaged study fills a gap in the literature on barriers faced by PEH filing for SSI/SSDI. However, there were also limitations

associated with this study. The study team did not interview non-English speakers or appellants who had emigrated to the U.S. While we conducted outreach using Spanish language materials and were prepared to conduct interviews in Spanish, we were not able to successfully recruit unhoused appellants whose first language was Spanish. Our study does not explore the experiences of members of the LGBT+ community experiencing homelessness, including nonbinary and transgender communities who may face additional barriers navigating medical systems. We did not speak with individuals under the age of 18 years old. Further research can explore the barriers faced by members of these communities who are unhoused, and how barriers associated with being a non-English speaker, immigrant, minor, and/or member of the LGBT+ community intersect with barriers faced by unhoused individuals. Additionally, this study focuses on the experience of PEH in LA. While we believe appellants in other parts of the US likely experience similar barriers, further research examining the experience, further research examining the experience of unhoused appellants outside of LA may identify barriers not faced by PEH in LA. Conducting further qualitative and community-engaged research may be an especially effective approach to examining the experiences of these marginalized communities.

As SSA pilots or implements policy changes, it could continue to invest in research and program evaluation to examine the impact changes have on access to benefits among PEH. Evaluating the impact of policy or administrative changes can help ensure they achieve their desired outcome and is useful in identifying unintended consequences associated with policy change. Community-engaged research is particularly effective at examining the impact of policy and procedural changes because it creates opportunities for practitioners and claimants experiencing changes firsthand to provide detailed feedback. Additionally, continuing to invest in program research and evaluation creates opportunities to examine equitable access to SSA's programs.

Conclusion

Our study findings suggest that PEH face barriers remaining in contact with SSA and service providers, receive lower quality healthcare, and experience significant confusion and frustration when navigating the appeals process, as well as substantial delays in receiving benefits even if these benefits are eventually awarded.

Delays receiving benefits may generate significant costs for claimants and society at large. Interviewees reported that in most cases, claimants wait 2 to 3 years, or even longer, for their appeals case to be resolved. The impact of delays receiving benefits for claimants is severe: the longer the wait the more likely PEH are to experience serious declines in their health, remain unhoused, experience food insecurity, or attempt to work out of financial hardship despite being unable to keep a job due to their disability. Claimants experience high levels of stress and depression due to delays receiving benefits and some reported that they may be more likely to use drugs due to the stress associated with delays receiving benefits. Of the 13 claimants interviewed, 2 shared that they have engaged in illegal activity to earn money for essential expenses while waiting for their appeal decision. Additionally, PEH are less likely to have access to medical care during this time because of their limited phone and transportation access. Our study findings suggest that administrative delays may generate negative externalities including increases in crime, increases in drug use among PEH, and more rapid declines among PEH with health issues, and serious health impacts including death.

The administrative burden of the application and appeals process reduces SSA's ability to achieve its mission in administering its disability programs, namely, providing monthly incoming to people with severe disabilities and, in the case of SSI, with little or no other resources. Prior research has demonstrated that, on average, individuals face important informational constraints in applying for SSDI

(Armour 2018) and SSI benefits (Hemmeter et al. 2020); that a lack of SSI receipt increases criminal activity, specifically crimes related to income generation (Deshpande and Mueller-Smith 2022); and that a lengthier SSI/SSDI application process itself reduces subsequent earnings of applicants (Autor et al. 2017). Given the additional burdens facing PEH, we expect, and our interviews confirm, that these externalities and burdens are exacerbated among the disabled PEH population, indicating the importance of policies specifically tailored to the overlapping barriers facing this group of people with severe disabilities and, definitionally, very low resources.

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