

NATIONAL  
HEALTH CARE  
*for the*  
HOMELESS  
COUNCIL

Testimony Submitted to:  
House Ways and Means Subcommittee on Human Resources

Submitted by:  
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**Re: Hearing on Supplemental Security Income Benefits for Children (October 27, 2011)**

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Thank you for the opportunity to submit written testimony regarding the October 27, 2011 Subcommittee on Human Resources hearing on Supplemental Security Income (SSI) for low-income children with severe mental and/or physical disabilities.

The National Health Care for the Homeless Council is a membership organization comprised of providers and consumers from organizations providing health care services to people experiencing homelessness. We are the primary voice for Federally Qualified Health Centers (FQHCs) receiving Health Care for the Homeless (HCH) grants through the Health Services and Resource Administration (HRSA). Last year, FQHCs served nearly one million people experiencing homelessness.

The SSI Task Force of the National Health Care for the Homeless Council is comprised of representatives of numerous organizations who assist individuals experiencing homelessness with SSI/SSDI applications. Our group attempts to eliminate systemic barriers to accessing benefits for people who have a disability and are concurrently experiencing homelessness.

The recent three-part series by the Boston Globe highlighted examples of youth who face challenges to transitioning out of the SSI program. Unfortunately, the series did not paint a full picture of the obstacles that SSI beneficiaries face when attempting to become more self-sufficient. We hope that our written testimony will provide a fuller picture of the social and systemic challenges to self-sufficiency for individuals who are disabled and living in economic hardship.

## **Past efforts to improve self-sufficiency for child SSI recipients transitioning into adulthood**

Studies looking at the transition to adulthood among child SSI recipients find great challenges to long-term self-sufficiency. In addition to health factors that limit substantial gainful activity, non-health factors, particularly education, employment, and social indicators play an important role in the probability of a child SSI recipient being on adult SSI after age 18.<sup>1</sup> This is not new knowledge. Indeed, the Social Security Administration has implemented a number of major demonstration programs over the last two decades to address these challenges. The Transitional Employment Training Demonstration ran from 1985-1987 and attempted to provide time-limited job placement services and on-the-job training to SSI recipients ages 18 to 40 with intellectual disability. Project Network ran from 1992-1994 and tested various approaches to providing case management to SSI and SSDI beneficiaries and SSI applicants, with extra outreach to youth ages 18 to 24. The State Partnership Initiative, which ran from 1999-2004, provided employment and benefit counseling to SSI recipients. Unfortunately, these demonstrations did not realize the results that SSA had hoped to achieve.

In addition to demonstration programs to reduce the number of child SSI recipients transitioning into adult SSI recipients, new regulations implemented as part of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 mandated that child SSI recipients have their eligibility for SSI redetermined under the adult eligibility criteria once they reach age 18. As a result of this law, approximately one-third of child SSI recipients lose eligibility when they turn 18. Youth with mental impairments other than intellectual disability are particularly impacted by this law and are more likely than youth with other disabilities to lose their benefits when they enter adulthood.<sup>2</sup>

## **The need for a more pro-active approach to addressing barriers to self-sufficiency**

One explanation for the limited success of SSA demonstration programs is that they fail to proactively address the need to build the human capital necessary for succeeding in education and employment. Studies looking at experiences of child SSI beneficiaries transitioning into adulthood find that the family environment and tenuous access to supportive services complicate education and employment.<sup>3</sup>

In a survey of child SSI recipients who have mental impairments, 45% of the subjects had dropped out of school, 52% reported being expelled or suspended from school and 28% reported a prior arrest. Youth with systems and sensory diseases had a much lower prevalence of reported problems in these categories.<sup>4</sup> Human capital activities that can mitigate these problems include having a parent who models successful adult labor market participation, quality parental time spent with the child beneficiary, and supports to assist in school participation and success.<sup>5</sup>

## **Impact on child SSI recipients who are unstably housed or experiencing homelessness**

Children experiencing homelessness are more likely to have emotional and behavioral problems and academic delays yet less likely to access the resources needed to address these issues and gain greater self-sufficiency.<sup>6,7,8</sup> Indeed, a study of families living in 18 emergency homeless family shelters in Los Angeles found that almost half (45%) of the children met criteria for special education evaluation, yet less than one quarter (22%) had ever received special education testing or placement.

One study of families living in supportive housing found higher psychological distress among mothers, a factor contributing to less than optimal parenting practices.<sup>9</sup> Furthermore, the transitional nature of being unstably housed or homeless cause many children living under these circumstances to miss days in school. In addition to poor parenting and tenuous school attendance, youth experiencing homelessness are exposed to precarious living conditions including violence and high-risk behaviors. As such, youth experiencing homelessness are at high risk of school problems, dropping out of school, and arrests. These negative social experiences impact future employment and participation in SSI programs.<sup>10</sup>

People with disabilities are disproportionately represented among the homeless adult population. According to the 2010 Annual Homeless Assessment Report to Congress, 37% of people using homeless emergency shelters reported having a disabling condition compared to 24.6% of the poverty population and 15.3% of the total U.S. population.<sup>11</sup> Such data makes clear that people who have disabilities face difficulties in accessing income and supports made available through the SSI program. Further restrictions on the SSI program would only perpetuate homelessness among individuals who have a disability and suffers from economic hardship.

## **Recommendations**

The transition of children out of SSI program has been a point of discussion since the adoption of the SSI program in 1972. The issue is not one that can be easily addressed by narrowing eligibility criteria or by adding additional administrative layers. Indeed, such efforts will only add to the growing number of families living in poverty and increase costs to other public systems, including the criminal justice system.

The SSI program provides the income and supports needed by families caring for a disabled child and keeps them from falling into homelessness. Once homeless, the probability of the child becoming dependent on SSI as an adult increases as they are less likely to build the human capital necessary to become successful in education and employment. We believe that the following recommendations will improve self-sufficiency for SSI recipients and prevent homelessness among those transitioning out of the SSI program:

### **1. Encourage more proactive approaches to help child SSI recipients build human capital.**

- Federal agencies through the U.S. Interagency Council on Homelessness can be working together to develop strategies to improve school attendance and facilitate academic growth. This includes addressing transportation issues (the most cited barrier to school attendance), access to after school activities and tutoring, addressing hunger, and ensuring access to housing.<sup>12</sup>
- In order for our Administration to effectively implement programs that address the issues described above, Congress should support increased funding to fully implement the HEARTH Act which reauthorized HUD's McKinney-Vento Homeless Assistance Programs.

- Federal agencies should also work together to determine how best to support parents who are caring for a child who has disabilities. This includes improved access to housing, caregiving supports, employment and academic opportunities for parents, and opportunities to build parental skill sets.

## **2. Support efforts to streamline eligibility in order to assure immediate access to needed supports.**

- Current criteria for SSI eligibility are extremely stringent with more than half of applications for children with mental impairments resulting in denials. Provider documentation of impairment and other evidence of severe functional limitation are reviewed every three years. Further, caregivers of beneficiaries are required to submit annual reports on child impairment, family income, and use of SSI income. Efforts to add even more rigidity to the SSI program would lead to additional costs and administrative burden and compromise efforts that SSA has taken to reduce the disability claims backlog and processing time for appeals.
- Preference should be given to the medical opinion of providers who have established a medical history with an applicant. Physicians and psychiatrists who prescribe medication follow ethical codes that drive their practice. To institute a system that assumes program abuse would no doubt create a trend of inconsistent rulings, many of which will be reversed at the appeals process, and all at the detriment of the families who need immediate assistance.

## **3. Coordinate efforts among various federal agencies.**

- Once adulthood is reached, many services end abruptly even though the need for these services continues. Additionally, many services for children and youth are offered in the school setting and are more easily accessible. As an adult, transitioning to new services can be difficult as services are often fragmented and underfunded. Federal agencies should work collaboratively to ease the transition to adult services.
- Supports available to adults are often poorly funded and have long waiting lists. Congress should ensure adequate funding for services that would improve education and employment for adults.

## **4. Support programs that prevent homelessness among people transitioning out of the SSI program.**

- Youth with mental impairments other than intellectual disability have higher employment rates than individuals who have other disabilities. However, they tend to be in jobs that pay less, have fewer hours, and shorter durations.<sup>13</sup> The average renter wage is \$14.44; even at this wage, a person must work 51 hours per week to afford a two-bedroom apartment at fair market rent.<sup>14</sup> The U.S. Department of Housing and Urban Development, in its 2009 Worst Case Housing Needs Report to Congress, found that 38% of very low-income households including nonelderly people with disabilities had worst case needs.<sup>15</sup> Congress should support housing programs for people who are transitioning out of the SSI program in order to prevent homelessness.

## **Case Study**

Mr. and Mrs. D., a married couple, and their children moved into a local shelter after losing their home. Though Mr. D. is employed, his income of \$9/hour is not enough to maintain housing while meeting the other basic needs of his family. Unable to afford day-care services for their children, Mrs. D. spends her days caregiving and making sure her children's health care needs are met. Four of Mr. and Mrs. D's children have disabilities. Their oldest child, age 7, is diagnosed with speech and developmental delay and has a history of aggression. Their four-year-old child was diagnosed with autism and their 3-year-old and 2-year-old children present with developmental delay.

Mr. and Mrs. D receive Supplemental Security Income of \$674 for their 4-year-old only. The 4-year old receives special education services at a school for children with autism. He is also receiving mental health care at an outpatient clinic specializing in children with autism. The income is a much needed resource that allows them to secure basic necessities for their child in order to maximize services being provided to him. Mr. and Mrs. D.'s other children are able to access some services including speech and language services and mental health care through the state Medicaid program. Though their children are able to access these services, their family lacks the supports needed to address the "whole-person", this includes supports to ensure that the social and living environment is such that it promotes healthy development.

The social environment and current living circumstance of Mr. and Mrs. D's children is likely to impact future success in education and employment. Living in a shelter with other individuals and families experiencing homelessness, they are surrounded by people who live in dire and high stress circumstances. Further, they are exposed to violence and often encounter individuals engaging in high-risk or unhealthy activities. The developmental delays and mental health problems of their children, particularly their children who are not able to access specialized services, will no doubt limit their education and future employment prospects. As such, they are at risk of life long instability and dependency on public programs, like SSI.

The child SSI program ensures adequate access to services and basic necessities, such as housing, for families who might otherwise fall into deeper poverty and even homelessness. In the case of Mr. and Mrs. D. and their children, insufficient access to the program has led to inadequate access to supports and housing instability. These children, with insufficient support to build human capital, are more likely to enter the SSI program later in life and stay on the rolls. However, if we can address their needs (including housing) now, they stand a chance at developing into productive adults.

## **Conclusion**

While we understand the concerns that were raised from the Boston series and agree that self-sufficiency is optimal, we hope that the Subcommittee will consider the full array of challenges that SSI recipients struggle with in order to become self-sufficient. The ability to succeed in education and employment is correlated with support that children receive early in their development. We strongly encourage the Subcommittee to consider a more proactive approach to assisting youth in transitioning out of the child SSI program. Rather than creating policies that make the program harder to access, we

urge you to create policies that will reduce *the need* for the program by ensuring that child SSI recipients have the supports they need to succeed as adults.

## References

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<sup>2</sup> Ibid

<sup>3</sup> Davies, P.S., Rupp, K., & Wittenburg, D. (2009). A life-cycle perspective on the transition to adulthood among children receiving Supplemental Security Income payments. *Journal of Vocational Rehabilitation*, 30, 133-151.

<sup>4</sup> Ibid 1.

<sup>5</sup> Ibid 3.

<sup>6</sup> Ibid 3.

<sup>7</sup> Zima, B.T., Wells, K.B., Benjamin, B., & Duan, N. (1996). Mental health problems among homeless mothers: relationship to service use and child mental health problems. *Archives in General Psychiatry*, 53(4), 332-338.

<sup>8</sup> Vostanis, P., Gratten, E., & Cumella, S. (1998). Mental health problems of homeless children and families: Longitudinal study. *British Medical Journal*, 316(7135), 899-902.

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<sup>10</sup> Ibid 1.

<sup>11</sup> U.S. Department of Housing and Urban Development. (2011). *2010 Annual Homeless Assessment Report to Congress*. Available at: [www.hudhre.info/documents/2010HomelessAssessmentReport.pdf](http://www.hudhre.info/documents/2010HomelessAssessmentReport.pdf)

<sup>12</sup> National Center for Homeless Education. (2011). *Education for Homeless Children and Youths Program: Analysis of 2009-2010 Federal Data Collection and Three-Year Comparison*. Available at: [http://center.serve.org/nche/downloads/data\\_comp\\_0708-0910.pdf](http://center.serve.org/nche/downloads/data_comp_0708-0910.pdf)

<sup>13</sup> Ibid 1.

<sup>14</sup> The National Low Income Housing Coalition. (2010). *Out of Reach*. Available at: [www.nlihc.org/oor/oor2010](http://www.nlihc.org/oor/oor2010)

<sup>15</sup> U.S. Department of Housing and Urban Development. (2011). *Worst case housing needs 2009: Report to Congress*. Available at: [www.huduser.org/portal/publications/affhsg/wc\\_HsgNeeds09.html](http://www.huduser.org/portal/publications/affhsg/wc_HsgNeeds09.html)