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**Re: Compassionate Allowances for Schizophrenia; Office of the Commissioner, Hearing, 20 CFR Parts 404, 405, and 416 [Docket No. SSA–2007–0053]**

Dear Ms. Schoenberg:

Thank you for the opportunity to submit testimony on behalf of the SSI Task Force of the National Health Care for the Homeless Council (NHCHC). NHCHC is a membership organization comprised of over 100 organizational members and over 1000 individual members who work to improve the health of homeless people. The SSI Task Force of NHCHC works on disability policy issues.

NHCHC has long recognized the importance of prompt receipt of disability benefits for people who are homeless. We support the creation of a compassionate allowance process for expedited approval of claims based on a diagnosis of schizophrenia. We also urge this policy be extended to all adults with schizophrenia, rather than a more narrow population of young adults. A compassionate allowance for people with schizophrenia would decrease homelessness among people with schizophrenia, would provide housing and health stability for thousands of homeless people, would reduce public expenditures in maintaining homelessness, and would save SSA resources. Homeless individuals with disabilities who receive comprehensive health services, intensive case management, and the means to meet their subsistence needs are much more likely to achieve stabilization, end their homelessness, and eventually participate in gainful employment.

**Recommendation 1: A diagnosis of schizophrenia should be sufficient for compassionate allowance.**

A schizophrenic disorder is, "characterized by the onset of psychotic features with deterioration from a previous level of functioning," with markedly decreased abilities to work, to engage in inter-personal relations, or to care for themselves.[i] As a result of the severity of this disorder, people with schizophrenia have great difficulties documenting their disability and pursuing the application and appeals processes often required of an SSI/SSDI applicant.

For our purposes, expedited receipt of SSI will reduce homelessness among people with schizophrenia. As the Social Security Administration has recognized, receipt of SSI gets people off of streets and into housing. People with a steady income are more likely to access housing, and remain housed over longer periods than people without a reliable source of income. Indeed, persons who qualify for SSI/SSDI are more likely to meet minimum income requirements for some low-cost housing and even receive priority for certain housing programs based on their disability.

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**Recommendation 2: Obtaining accurate diagnoses is more effective if done in partnership with community health providers who treat people with schizophrenia rather than consultative examiners.**

People who are homeless are dependent on community services to meet their basic needs. Many community based organizations have developed models of outreach and client centered care that have proven successful in caring for patients who harbor mistrust for institutions or who may not recognize that they have an illness. As such, homeless service providers often spend a long time building relationships with their clients in an effort to gain trust and compliance. Providers who have established relationships with their clients can provide richer evaluative information of their clients' health status than providers who meet briefly with a client for a consultative exam.

In today's economic climate, many clinical services may be provided by nurse practitioners, physician assistants, and licensed clinical social workers rather than by higher salaried physicians and psychiatrists. SSA should reduce barriers to SSI/SSDI enrollment by expanding the list of "acceptable medical sources" that can provide medical evidence of impairment to include the clinical providers that clients are more likely to see in the programs that serve them.

**Link between Schizophrenia and Homelessness**

Homelessness is an indicator of the extent of functional impairment among people with schizophrenia. In general, people with serious mental illness are more vulnerable to becoming homeless. A survey conducted by the U.S. Conference of Mayors in 2008 found that 26 percent of homeless individuals had a serious mental illness, compared to 6 percent of the U.S. population. However, people with schizophrenia are particularly vulnerable. Whereas the national incidence of homelessness is less than one percent, 20 percent of people with schizophrenia are homeless.[ii]

Without adequate supports, people who suffer from schizophrenia have compromised ability to maintain employment, negotiate systems, provide self-care, and socialize. Dr. Barry Zevin, a physician specialist with the Tom Waddell Health Center/Homeless Programs/San Francisco Department of Public Health, wrote in his comments to the Social Security Administration, "(w)hile academics may argue the fine points of diagnosis, it is an easy call for those of us working in this population…As a primary care physician who has treated homeless patients for over 20 years I have developed a strong sense of the impact of disease on my patients."

Because people with a diagnosis of schizophrenia so often experience severe impairment in their ability to maintain housing and health stability, the population is likely to meet the criteria contained in Section 12.03 of the Listing of Impairments.[iii] Providing compassionate allowance will not only result in reduced hardship for this population, but will save SSA resources in processing cases likely to result in allowance.

**Outcomes of Homelessness**

People with mental illness are far more likely to experience chronic, or long term, homelessness than people without mental illness.[iv] People who are chronically homeless are at much greater risk of high use of our hospital emergency rooms, hospitals, jails/prisons, and detox facilities, at significant public costs.[v]. People without homes are mercilessly exposed to the elements, to violence, and to communicable diseases and parasitic infestations. Circulatory, dermatological, and musculoskeletal problems are common results of excessive walking, standing, and sleeping sitting up. Homelessness and malnutrition go hand-in-hand increasing vulnerability to acute and chronic illnesses. Homeless people experience illnesses at three to six times the rates experienced by housed people.[vi]

Formerly homeless people with serious mental illness who receive housing are able to decrease their use of costly public systems and stabilize their lives. Expedited receipt of SSI would also result in expedited receipt of health insurance, Medicaid, and access to treatment. People with schizophrenia who receive regular ongoing treatment are less likely to be hospitalized, less likely to abuse substances, and less likely to be arrested, sparing unnecessary public expenditures, as well as traumatic life events for this vulnerable population.[vii] Chronically homeless people with serious mental illness decrease their incarceration rates by 57 percent, their visits to the emergency room by 56 percent, and their hospitalizations by 45 percent when living in permanent housing and receiving appropriate health and social services. Many are able to obtain employment as well.[viii] For these reasons, any national strategy to end and prevent homelessness must include adequate financial supports to enable persons who have disabilities to secure housing and meet other basic needs.

Disability benefits can help to mitigate health risks, facilitate recovery, and improve quality of life. Adding schizophrenia to the list of compassionate allowances for all adults and allowing community primary health and mental health professionals to diagnose clients can give people living with schizophrenia access to income and health insurance which will prevent and end homelessness and improve their health status.

Respectfully submitted,

The SSI Task Force
National Health Care for the Homeless Council

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[i] DSM-TR, 2000, p. 312

[ii] Folsom, D.P, Hawthorne, W., et. al. "Prevalence and Risk Factors for Homelessness and Utilization of Mental Health Services Among 10,340 Patients with Serious Mental Illness in a Large Public Mental Health System." *Am J. Psychiatry.* 2005.

[iii] 20 CFR § 404, Part P, Appendix 1.

[iv] Folsom, D.P, Hawthorne, W., et. al. "Prevalence and Risk Factors for Homelessness and Utilization of Mental Health Services Among 10,340 Patients with Serious Mental Illness in a Large Public Mental Health System." *Am J. Psychiatry.* 2005.

[v] Caton, C., Wilkins, C., Anderson, J. "Characteristics and Interventions for People Who Experience Long-Term Homelessness." *National Symposium on Homelessness Research.* Feb. 2007.

[vi] Wright JD. Poor People, Poor Health: The health status of the homeless. In: Brickner PW, Scharer LK, Conanan BA, Savarese M, Scanlan BC. *Under the Safety Net: The Health and Social Welfare of the Homeless in the United States*. New York: WW Norton & Co., 1990: 15–31.

[vii] National Institute of Mental Health, www. Nimh.nih.gov/health/publications/schizophrenia.

[viii] Martinez, T., Burt, M. "Impact of Permanent Supportive Housing on the Use of Acute Care Health Services by Homeless Adults." Psychiatric Services. Vol. 57, No. 7. Jul. 2006.