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March 29, 2022

TO: Supervisor Holly J. Mitchell, Chair  
Supervisor Hilda L. Solis  
Supervisor Sheila Kuehl  
Supervisor Janice Hahn  
Supervisor Kathryn Barger

FROM: Christina R. Ghaly, M.D.   
Director

SUBJECT: **HOUSING FOR HEALTH BIENNIAL REPORT (Item  
#16 AGENDA OF JANUARY 14, 2014)**

This is the first biennial report (July - December 2021) to the Board on the entirety of Housing for Health (HFH) programs, including outreach services, interim and permanent housing, benefits advocacy, clinical services, and special initiatives. The Board approved this new reporting scope and frequency starting with the July 1 through December 31, 2021, reporting period. Previous reporting was quarterly and only focused on permanent supportive housing.

## BACKGROUND

In November 2012, the Department of Health Services (DHS) established the HFH division to expand access to supportive housing for DHS patients who are homeless, have complex health conditions, and/or are high utilizers of DHS services. With investments from other Los Angeles County departments and the passage of Measure H, HFH's target population has expanded to people experiencing homelessness with complex health and/or behavioral health needs and other vulnerable populations. HFH offers a full continuum of services to address the range of housing and service needs of its clients, which was built using a flexible service delivery model that strives to adjust to individual needs as they change overtime.

## BIENNIAL REPORT

Please find attached the first biennial report in the updated format. The new format reports to the Board on HFH program outcomes during the reporting period and provides a narrative of the program including client success stories.

If you have any questions, please contact me or your staff may contact Sarah Mahin, Director of HFH, at (323) 274-3217.

CRG:ch:sm

Attachment

c: Chief Executive Office  
County Counsel  
Executive Office, Board of Supervisors

# HOUSING FOR HEALTH

JULY 1 - DECEMBER 31, 2021

## Biannual Report





From the Director of Housing for Health:

I'm proud to introduce Housing for Health's new Biannual Report to the LA County Board of Supervisors.

Housing for Health is a cohesive team of clinicians, community health workers, program administrators, contract managers, and other professionals who collaborate with multiple County departments, community-based service providers, cities, and other partners to provide housing and critical services to tens of thousands of homeless and formerly homeless people in LA County. Within the County's homeless services continuum, Housing for Health programs work to meet the needs of people with complex health and behavioral health conditions. This inaugural edition of our Biannual Report details some of the unique ways that Housing for Health approaches bringing our most vulnerable unhoused neighbors inside and offering wraparound supports to improve health and wellbeing.

Using evidenced-based practices and pioneering new innovations, Housing for Health's infrastructure maximizes local, state, and federal funds to deliver an integrated system of care that connects housing, health services, intensive case management, and income supports. Our innovative **Flexible Housing Subsidy Pool** enables Housing for Health to braid funds from multiple sources to deliver housing assistance where it's needed the most – quickly and efficiently.

A new example of Housing for Health's innovative approach to services launched this reporting period – the **Homelessness Prevention Unit (HPU)**. A unique collaborative effort with the Department of Mental Health and the California Policy Lab at UCLA, the HPU uses predictive analytics to determine users of County services who are at the greatest risk of becoming homeless – then connects them to homelessness prevention and stabilization services.

Housing for Health's "whatever it takes" approach is embodied within our efforts to reduce COVID-19 exposure to people experiencing homelessness in partnership with the Department of Public Health. Since the start of the pandemic, we've created specialized mobile teams to offer testing, vaccines, and wellness checks to people living in sheltered and unsheltered locations. We've opened quarantine and isolation shelters to reduce the spread of the virus and provide medical oversight to people with COVID who are at high-risk for complications. We also created an infrastructure to deliver meals 7 days a week to people living on the street with limited access to food.

On behalf of our compassionate and dedicated staff and partners, we present this brief overview of our activities for the last half of 2021.



Sarah Mahin, *Director*  
HOUSING FOR HEALTH

HOUSING  
FOR  
HEALTH

## Inside

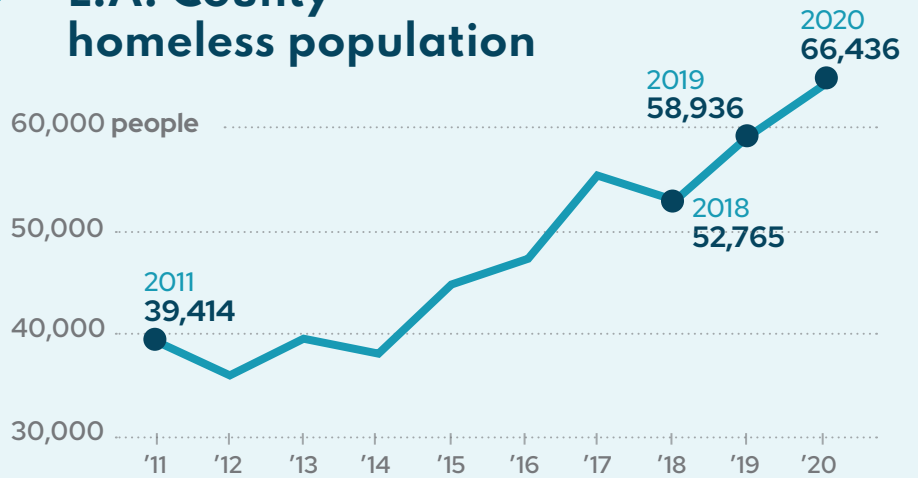
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# Addressing Homelessness in Los Angeles County...

## A Major Social Problem and Massive Funding Gap

Fractured and poorly resourced social safety net systems, stagnant wages, lack of affordable housing, and structural racism have created the homelessness crisis facing L.A. and the nation. People experiencing homelessness must navigate systems and resources that are often not set up to meet their unique and complex needs. While the drivers of homelessness press down, solutions can be lifted up like better coordinating services, targeting earlier interventions, and scaling housing solutions. We must shift the paradigm to ensure that fewer people bear the trauma of homelessness in the first place.

### L.A. County homeless population



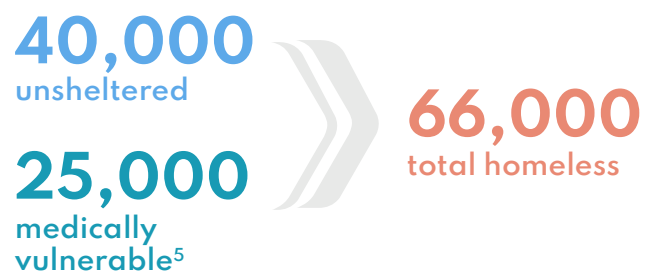
Source: Los Angeles Homeless Services Authority

## Current Factors Affecting L.A. County Homelessness:

- About 500,000 families do not have access to an affordable home in L.A. County.<sup>1</sup>
- Homelessness in a region begins to rise when rent is 22% higher than income and sharply increases when that ratio raises to 32%.<sup>2</sup> In L.A., the ratio is 46%.<sup>3</sup>
- To afford the average market-rate rent of \$1,988, renters need to earn at least \$38.23 per hour. Meanwhile, the minimum wage in L.A. City is just \$15 per hour.<sup>1</sup>

## A \$2.5 Billion Funding Gap<sup>4</sup>

- There is a lack of dedicated or flexible funding (other than Measure H).
- L.A. County needs an additional 18,000 permanent supportive housing units to fully meet the existing need for homeless individuals.<sup>4</sup>
- The basic operating systems are in place – they are simply sized too small to handle the volume.
- In addition to a need for more housing, a financial gap exists to adequately fund homeless prevention, street outreach, supportive services and employment, and shelter.



<sup>1</sup> Los Angeles County Housing Need Report 2021 - California Housing Partnership (chpc.net)

<sup>2</sup> Inflection Points in Community-level Homeless Rates (zillowstatic.com)

<sup>3</sup> Homelessness Rises Faster Where Rent Exceeds a Third of Income (zillow.com)

<sup>4</sup> 2020 Report on Homeless Housing Gaps in the County of Los Angeles (LAHSA.org)

<sup>5</sup> 2020 Greater Los Angeles Homeless Count Results (LAHSA.org)

# A New Way Forward...

## Our Origin Story

Housing for Health was founded in 2012 as a division within the Department of Health Services to provide housing and services to patients who frequented County public hospitals and were homeless. Access to a housing subsidy and intensive case management services stabilized the health of these individuals, reducing the number of avoidable inpatient, outpatient, and emergency department visits.<sup>6</sup>

The County used Housing for Health's infrastructure to expand housing and services to thousands of more homeless individuals and families when Measure H, the Countywide sales tax to fund homeless services, passed in 2017. In addition, other County departments also began investing in housing and services for their prioritized populations through Housing for Health's infrastructure.

## Our Approach

Housing for Health provides housing and services to people experiencing homelessness with physical and/or behavioral health conditions, high utilizers of public services, and other vulnerable populations.

### PRINCIPLES:

#### Housing First

Connect individuals to permanent housing without preconditions or barriers to entry

#### Harm Reduction

Help reduce unhealthy behaviors with respect, dignity, and compassion

#### "Whatever It Takes" Mentality

Flexible approach to service delivery and an adaptable portfolio of interventions

### PARTNERING WITH COMMUNITY-BASED ORGANIZATIONS AND EXPERTS:

Braided funding creates simplicity and sustainability

Master Services Agreement enables quick scaling and flexibility

Ensures collaboration, integrity, and frequent, hands-on technical assistance



Throughout this period of rapid growth, Housing for Health has maintained its core ethos and founding principles of improving the health and quality of life of the most vulnerable homeless individuals in L.A. County. The program now provides a full continuum of services to our clients, from street outreach to interim housing to permanent housing, with case management, benefits advocacy, and clinical services layered across all service categories.

## Why This Work Is So Important...

The average life expectancy for homeless individuals is **27.3 years less than a housed person. For those between the ages of 25 and 44, the mortality risk is 8.9 times higher than the general population.**<sup>7</sup> Health issues can drive someone to homelessness, but being without a stable home, sleeping outside, and the other trials of living unsheltered greatly increase health risk. People experiencing homelessness have a high burden of chronic and disabling illness. Once sick, they are less likely to receive appropriate care. Addressing client health is a core component of Housing for Health.

### Top Diagnoses of Housing for Health Clients

Most clients have multiple chronic health conditions.

- Diabetes
- Hypertension
- Heart failure
- Liver disease
- HIV/AIDS
- Serious and persistent mental illness (including major depression and schizophrenia)
- Dysfunctional substance use disorder
- Traumatic brain injury

<sup>6</sup> Evaluation of Housing for Health Permanent Supportive Housing Program | RAND, 2017

<sup>7</sup> Mortality Among Homeless Adults in Boston: Shifts in Causes of Death Over a 15-year Period, 2013. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3713619/pdf/nihms-493296.pdf>

# Flexible Housing Subsidy Pool (FHSP)

The FHSP is a fiscal and contractual tool that provides the flexibility for Housing for Health and other County departments to scale housing options.

Administered by Housing for Health's nonprofit partner, Brilliant Corners, the FHSP engages with landlords, facilitates supportive housing development, and much more on behalf of the County. The FHSP allows Housing for Health and other County entities to braid funding sources to create local rental subsidies and long-term housing solutions out of time-limited funding opportunities.

The unique features of the FHSP allow Housing for Health and the wider L.A. County homeless services system to adapt quickly to an ever-changing, dynamic services environment.



## 4,227

Number of individuals/families currently housed through FHSP

## 286

Number of individuals/families housed during reporting period

JULY - DECEMBER 2021



# Housing for Health Program Overview

Housing for Health is an end-to-end continuum that strives to meet individual client needs as they arise. This design allows clients to move from one service area to another seamlessly based on need and as funding allows. Housing for Health targets its services to homeless individuals in L.A. County who have the most complex medical and behavioral health conditions.

## Street-Based Engagement

Teams provide assessment, linkage to services, and connection to housing resources to individuals living on the street.

### Outreach

Benefits Advocacy

Clinical Services

## Interim Housing

Short-term housing that offers a safe space to recuperate and stabilize, connect to services, and work on permanent housing.

**Stabilization Beds**  
**Recuperative Care**

## Permanent Housing

Housing assistance and individualized supportive services that focus on housing retention and improving health outcomes.

**Homelessness Prevention Unit**

**Permanent Supportive Housing**

**Enriched Residential Care**

## Street-Based Engagement

Specialized street teams connect unhoused individuals to housing and supportive services by repeatedly engaging clients to develop trusting relationships over time. The most vulnerable people will not come to us; we need to go to them.

Multi-Disciplinary Teams include a health specialist, mental health specialist, substance use specialist, peer with lived experience, and a generalist.

Housing for Health's teams are one pillar of the County's coordinated system of outreach that also includes LAHSA, Department of Mental Health, and other partners across the county.

**8,294**  
individuals served  
through outreach

JULY - DECEMBER 2021

**68 Teams**  
throughout  
L.A. County



## Interim Housing

Interim housing provides people experiencing homelessness with a safe indoor environment to sleep, receive services and assessments, and be matched to permanent housing resources. Housing for Health specializes in providing interim housing for homeless individuals with complex medical and behavioral health conditions who need a higher level of support services than is available in most shelter settings through:

### Recuperative Care

Short-term housing for individuals recovering from an acute illness or injury, or who have conditions that would be exacerbated if they are not in stable housing with medical care.

### Stabilization Housing

Immediate housing solution for individuals who are medically vulnerable if not placed into a stable living environment.

**153**  
beds added 

**2,416**  
individuals served  
during reporting period

JULY - DECEMBER 2021



# Permanent Housing

## Permanent Supportive Housing

Permanent Supportive Housing is an evidence-based practice that is critical in ending the cycle of homelessness for vulnerable people who have multiple complexities in securing and maintaining long-term housing.

People experiencing homelessness are matched to permanent housing based on need and availability throughout L.A. County. Housing may be specifically designed for this use in a “project-based” model or procured in the private rental market where a person may utilize a “tenant-based” rental subsidy they can use in the community. Each person is provided Intensive Case Management Services (ICMS) that ensure housing stability often starting with crisis intervention and referrals to mental and physical healthcare services. Equally important are services to ensuring housing retention, which start with building community and purpose by being present in people’s lives for as long as they need the services. Services include eviction prevention, connection to disability benefits, retaining rental subsidies, assistance with life skills, job skills, and volunteer, educational and vocational opportunities.



**801**  
new move-ins

**2,696**  
new clients  
enrolled in  
ICMS services

**16,578**  
total PSH  
clients served

TYPE OF HOUSING  
SUBSIDY:<sup>8</sup>

**12,681**  
Federal

**3,697**  
FHSP<sup>9</sup>

JULY - DECEMBER 2021

## Enriched Residential Care or “Board and Care”

Enriched Residential Care facilities are a housing option for people who need daily, ongoing care and assistance with activities of daily living, such as those discharged from an inpatient hospital setting or who are living in other housing or unsheltered settings and need a higher level of care. Residents are placed in licensed residential care facilities and receive case management geared toward developing life skills and referrals to a primary care home, mental health and substance use disorder services. This is an evidence-based practice that is critical to ending the cycle of homelessness for vulnerable people who have multiple complexities in securing and maintaining long-term housing.

NUMBER OF  
NEW PLACEMENTS

**212**  
placements

JULY - DECEMBER 2021

TOTAL NUMBER  
SERVED

**813**  
individuals



<sup>8</sup> A small number of ICMS slots do not have a rental subsidy and are for family mentorships, shared housing, and individuals who have their rent paid through other means.

<sup>9</sup> This number only includes Housing for Health Permanent Supportive Housing subsidies.

# Permanent Housing

## Homelessness Prevention Unit

The Homelessness Prevention Unit (HPU) is a proactive, data-driven prevention program launched in January 2021 to identify County residents who are at high risk of becoming homeless and support them in stabilizing in their housing and improving their overall health. HPU staff work with clients for 4-6 months, providing them with flexible financial assistance, including rental assistance, utility assistance, vehicle repair and debt resolution, as well as linkages to County services such as health and mental health services, substance use treatment, employment/education support, benefits advocacy, and legal services.

**73 HPU**  
participants  
served

JULY - DECEMBER 2021

**96%**  
of participants  
retained housing



## Countywide Benefits Entitlements Services Team (CBEST)

CBEST assists individuals experiencing homelessness, at-risk of homelessness, veterans, and those formerly incarcerated to apply for Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), Cash Assistance Program for Immigrants (CAPI), and veteran's benefits. Teams consist of dedicated intensive case managers, benefit advocates, clinicians, and legal partners.

**7,568**  
newly  
served

**83%**  
benefit  
approval  
rate

**TOTAL AMOUNT OF FUNDS SECURED FOR CLIENTS:**

**\$897/client per month**

JULY - DECEMBER 2021

**Back-payments awarded:  
\$2,735,506**

## Capital Improvement Intermediary Program (CIIP)

- CIIP manages the construction of facilities that expand housing and services for people experiencing homelessness.
- Housing for Health works closely with its nonprofit partner, Brilliant Corners, and with project sponsors to design, build, convert, and renovate spaces that offer a supportive and dignified experience for clients.



**2 sites completed**  
JULY - DECEMBER 2021

**58**  
beds/units created  
JULY - DECEMBER 2021

**1,100**  
units created  
to date

**700**  
units in pipeline

# Clinical Services

## Two Approaches

**Direct:** Teams of Housing for Health nurses, providers, social workers, and substance-use counselors provide wrap-around care for individuals struggling with physical and behavioral health comorbidities and provide complex care management services in non-traditional settings (riverbeds, shelters, and apartments) to improve the client's health outcomes, enhance meaningful connections to health care, and optimize the client's function and quality of life.



**Contracted Partners:** Housing for Health clinical and non-clinical staff provide robust training and technical assistance to subcontracted outreach workers and case managers, so that they can accompany individuals to medical appointments, improve adherence to medications and treatment recommendations, and build client health literacy and disease self-management skills.

**Housing for Health Clinical Support members are influenced in their daily work by the following paradigms:** walking with individuals as a non-judgmental agent and supporter of change; trauma-informed care; harm reduction; and pragmatic solidarity to enhance the client's dignity and purpose.

## In-Home Care Giving

- The In-Home Care Giving program was established to provide caregiving and home health services so clients may remain independent in their housing settings for as long as possible.
- The program works with home health agencies to provide caregivers to eligible clients in various settings such as Project Roomkey and our permanent supportive housing program.
- It is primarily intended to serve people who are awaiting approval for the state funded In-Home Supportive Services (IHSS) program and stays with the client until a home health provider is secured through IHSS.

## Star Clinic

Located in the heart of Skid Row in downtown L.A., the Star Clinic:

- Acts as the hub of our clinical services and specializes in serving patients with complex physical and/or behavioral health issues who suffer high rates of morbidity.
- Also provides easy access to medical care for Housing for Health clients residing in nearby interim and permanent housing projects.

 **2,472**  
patient care visits  
JULY - DECEMBER 2021

 **122**  
people served  
JULY - DECEMBER 2021



# Special Initiatives

## COVID-19 Response

In partnership with the L.A. County Department of Public Health, Department of Mental Health, the Los Angeles Homeless Services Authority, and Chief Executive Office, Housing for Health developed the Countywide COVID-19 response for people experiencing homelessness, including:

- COVID Response Teams (CRTs) deliver infection control education, technical assistance, supplies, and testing to the sheltered and unsheltered homeless population
- Medical shelters provide care to unhoused individuals who either tested positive for COVID or displayed symptoms and could not safely isolate or quarantine
- Administration of COVID vaccines to the County's homeless population



**14,326**  
COVID vaccines  
administered

**1,515**  
clients served  
in medical  
shelter

JULY - DECEMBER 2021



**64,969**  
COVID tests  
administered to  
**21,427**  
individuals

JULY - DECEMBER 2021



**579,396**  
meals distributed  
to unsheltered  
individuals

JULY - DECEMBER 2021

# Special Initiatives

## CalAIM

Replacing Whole Person Care (WPC), CalAIM is California's new Medi-Cal waiver that enables Medi-Cal funding to be used to fund some housing related services to people experiencing homelessness. Housing for Health spent much of 2021 planning and coordinating for the launch of CalAIM and ensuring a smooth transition from WPC for our clients and service providers.



## Hospice Pilot

- The Hospice program is a pilot project, funded by the Conrad N. Hilton Foundation and administered through Brilliant Corners to provide care for unhoused individuals who need care in a supportive environment at the end of life
- Four recuperative care centers (RCCs) each have two designated hospice beds and partner with three hospice agencies to help individuals experiencing homelessness transition to death with comfort and dignity
- End of life services are linked to people experiencing homelessness in Project Homekey, Permanent Supportive Housing (PSH), and hospital settings.



## Skid Row Activities

A Skid Row coordinator continually oversees all County activities in the area and is responsible for developing a Skid Row Action Plan and coordinating with Skid Row stakeholders including community-based organizations, residents, advocates, the L.A. City Mayor's office, local City Council District, and LAHSA. In addition, four street-based engagement teams continue to conduct outreach to the community. Another two teams are being added to focus solely on women in Skid Row.

There has been a sharp increase in drug overdoses in Skid Row in the past few years. To address substance use and prevent overdoses from occurring, Housing for Health administered medications for addiction treatment (MAT for opioids, cocaine, alcohol, and meth), conducted naloxone distribution and training, and distributed harm reduction supplies.

**120**  
interim beds  
at Lotus

**40**  
recuperative care  
beds for women at  
Oasis San Julian

New **drop-in center** at San Julian



# Success Stories

Housing for Health teams work tirelessly to transition Los Angeles County's most vulnerable residents from being unhoused – or at risk of becoming homeless – to stable living environments. Here are a few of those success stories.

## Street-Based Engagement - Dolores

Living in her own apartment in Los Angeles – a unit of Permanent Supportive Housing (PSH) – is a dramatic contrast from the conditions in which Dolores lived on Skid Row.

At age 83, Dolores now receives support from a case manager affiliated with her permanent supportive housing, who helps her get to various appointments and manage follow-up care as prescribed by her doctors.

Nearly one-quarter of all homeless individuals in L.A. County are 55 years or older. Dolores herself says there is no comparison to how she is now and how she was before moving to her apartment and off the streets of Skid Row.

"It felt like I was living in a dump," she said in Spanish, as translated by Alejandra Gonzalez, the case manager who encountered her on Skid Row shortly before Christmas in 2019. "It felt like the land of the

forgotten. I saw traumatizing violence on the street, I felt hopeless, like no one cared, and I had thoughts of suicide."

Gonzalez continued to visit Dolores each day for months, until Dolores started to think that maybe someone did care. It was the kind of trust that Housing for Health personnel carefully cultivate in their clients, taking time to build relationships.

A homeless outreach case manager for The People Concern, which contracts with Housing for Health to provide services, Gonzalez has worked with unhoused individuals for almost two years.

Dolores now says she feels liberated from life on the street. "I feel safe and protected with a roof over my head – that is what I like best about my apartment," she said.

Recently Dolores reconnected with family in the Los Angeles area – a cousin and her cousin's children.



Her own adult children and siblings live in Ecuador, where she was born. Dolores came to Los Angeles in 1985.

Dolores says she is appreciative of all the ongoing help and support she receives from health personnel and from her current PSH case manager, while also keeping in touch with Gonzalez.

With passion, she says she wants to be an advocate for the community of persons experiencing homelessness by telling her story to the public.



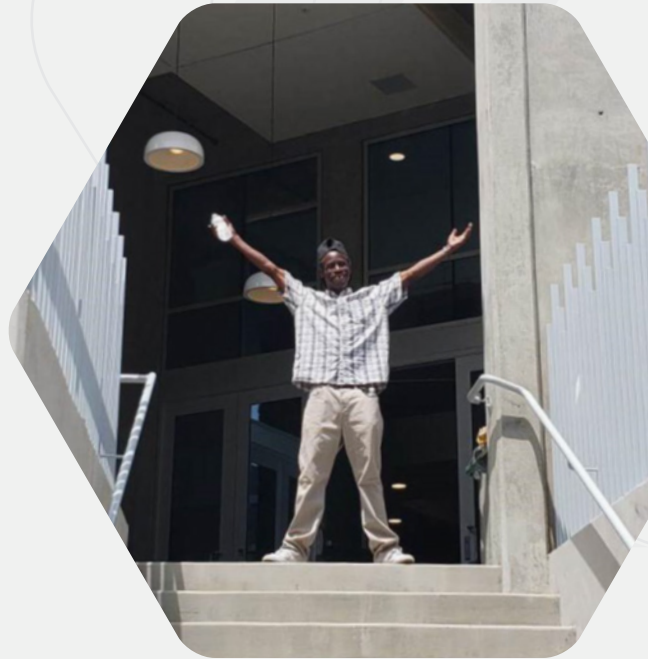
## Permanent Supportive Housing - **Elmer B.**

Elmer now enjoys a stable living arrangement at Mosaic Gardens - Westlake, a project-based permanent supportive housing building developed by Linc Housing and ICMS provided by The People Concern. He is planning on starting his own non-profit organization. He says, "It will be for battered and abused foster children with PTSD, to give them psychological, spiritual, and mental health." For him, the mission is personal. "Because I'm one of them. I was beaten every day for eleven years."

It was this trauma that sent Elmer's life in a downward spiral, leading to 25 years living on the streets. "It was like you're living in your own

hell and you don't know how to get out of it," he said.

Elmer recalls the first day moving into his apartment and finding that it was already furnished with household items through Linc's Welcome Home program. Linc Housing, a nonprofit developer of affordable and supportive housing, built Mosaic Gardens at Westlake as a 125-apartment affordable housing community with 63 units reserved for formerly homeless individuals and households. Housing for Health funds ongoing case management at Mosaic Gardens to help people like Elmer stay housed.



“

*"I saw the magnificent things in place. I was just like: 'I have arrived.'" He knew there was nothing left for him back in his old life. "I never went back to that tent. I left it there because you provided [home] right here. So why go back to my past when I'm standing in my future? And that's what you give people: a future."*

## Clinical Services - **Teresa M.**

In June 2020, an Unsheltered COVID Response Team (CRT) found Teresa M. living in squalid conditions under train tracks on the Rio Hondo riverbed. Teresa suffered from schizophrenia and used methamphetamine habitually. During the initial encounter, she denied being pregnant and was otherwise reluctant to speak with us. After several visits from our team, she agreed to provide a urine specimen which revealed that she was pregnant.

Teresa agreed to go to an OB appointment, but only if she could shower first; so our team worked with with PATH, a Housing for Health contracted service provider, to provide her a stay at a hotel the night before her first appointment to allow her to shower and rest. The team took her to LAC+USC where her pregnancy was confirmed at 28 weeks. She was offered housing and therapy, both of which she declined. Follow-up appointments were scheduled weekly and the CRT was able to accompany her to each of these.

During a wellness check on Teresa in October, she told the team that she hadn't been feeling any movements from the baby. She agreed to go to the hospital where they found low amniotic fluid levels and decided to keep her and induce. She gave birth to a healthy baby boy later that night. At Teresa's request, the doctors placed an IUD after the delivery.

The Housing for Health team had stayed in regular communication with the client's mother, who had custody of Teresa's other three children, during the pregnancy and the mother was able to gain custody of the newborn as well. Through our rapport with Teresa, we were able to connect her with the Department of Mental Health, which provided treatment for her schizophrenia. Our CRT team was also able to provide her with the COVID-19 vaccine, and she is fully vaccinated. Teresa is now living in a board and care, visiting with family, is drug free, and is an active participant in managing her own health.

## CBEST - **Mr. G**

"Mr. G" is a 59-year-old veteran. For many years, he worked in a skilled trade but due to a work-place injury and other medical and mental health conditions, he became unable to work.

His financial situation had become precarious, and he was on the brink of eviction. Mr. G had applied for disability benefits but was denied. Before the CBEST team reached him, he managed to stay housed by borrowing money and applying to pandemic-related eviction moratorium programs.

With the assistance of Volunteers of America, a Housing for Health contracted partner, he was referred to a CBEST legal partner, ICLC, for

assistance with his appeal. He also was connected to the Office of Military and Veteran Affairs (OMVA) to apply for veterans benefits. As ICLC began preparing Mr. G's case for hearing he experienced a stroke, which caused one side of his body to become paralyzed. ICLC then augmented his medical records file at the Social Security Administration (SSA) to provide proof of this additional disabling condition. At his hearing in June 2021, Lilly – an ICLC attorney – successfully argued that he was eligible for disability benefits going back to 2018. The attorney also engaged in significant post-award advocacy for Mr. G with SSA when complications arose that prevented a routine pay-out

of his accumulated retroactive benefits. By December 2021, the issues were resolved, and Mr. G received a check for more than \$90,000 in back benefits.

Mr. G now feels secure and medically stable. A monthly benefit payment ensures his rent is paid. The retroactive benefits enabled him to pay off the credit cards that he had been maxing out to keep afloat and the loans that he used to stay housed during the outcome of his case. With the remaining retroactive benefits, he plans to purchase a special adaptive automobile that will further increase his ability to lead an independent lifestyle despite his partial paralysis.



[dhs.lacounty.gov/housing-for-health](https://dhs.lacounty.gov/housing-for-health)