

Conference Title: National Disability Forum "Equity in SSA Programs: Hidden Barriers"

Moderator: Tracey Gronniger

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**DUE TO TECHNICAL ISSUES, PART OF THE TRANSCRIPT IS MISSING**

STEVEN ROLLINS: I'D LIKE TO START BY THANKING YOU AND STEPHEN FOR OPENING TODAY'S FORUM. AND, MORE IMPORTANTLY, FOR ALL YOU ARE DOING TO DRIVE THE AGENCY IN A DIRECTION THAT TRULY HELPS OUR CUSTOMERS, ESPECIALLY THOSE FACING BARRIERS THAT WE'LL BE DISCUSSING TODAY. AS MENTIONED, MY NAME IS STEVE ROLLINS, AND I'M THE DEPUTY ASSOCIATE COMMISSIONER IN THE OFFICE OF DISABILITY POLICY AT THE SOCIAL SECURITY ADMINISTRATION. I, TOO, WOULD LIKE TO THANK OUR ATTENDEES FOR JOINING US FOR OUR 18TH NATIONAL DISABILITY FORUM AS WE DISCUSS THE TOPIC OF EQUITY IN SSA PROGRAMS HIDDEN BARRIERS. WE'LL FOCUS THIS MORNING ON ADVANCING EQUITY. AND THIS AFTERNOON WE'LL BE ADDRESSING EQUITY IN CLAIMANT REPRESENTATION. BEFORE I CONTINUE, I WOULD LIKE TO GO OVER SOME HOUSEKEEPING ITEMS. TRACEY GRONNIGER WILL MODERATE AND FACILITATE THE MORNING DISCUSSION WITH OUR PANELISTS TODAY. THERE WILL BE AN OPEN QUESTION-AND-ANSWER SESSION AFTER THE PANELIST DISCUSSION. PLEASE NOTE THAT THE MICROSOFT TEAMS CHAT FEATURE WILL BE DISABLED DURING THE ENTIRE FORUM. WE WILL ACCEPT QUESTIONS AND COMMENTS VIA EMAIL ONLY. IF YOU DO WISH TO ASK A QUESTION OR PROVIDE A COMMENT BY EMAIL, PLEASE INCLUDE YOUR NAME, YOUR AFFILIATION, AND YOUR STATE IN YOUR EMAIL QUESTION. THE APPROPRIATE EMAIL ADDRESS IS NATIONALDISABILITYFORUM, WHICH IS ALL ONE WORD, @SSA.GOV. AGAIN, THAT IS NATIONALDISABILITYFORUM @SSA.GOV. WHEN SUBMITTING A QUESTION, PLEASE DO NOT INCLUDE ANY PERSONALLY IDENTIFIABLE INFORMATION SUCH AS SOCIAL SECURITY NUMBER OR ADDRESS. WE ARE MONITORING THE IN-BOX THROUGHOUT THE FORUM AND WE WILL SHARE QUESTIONS WITH THE MODERATOR AS TIME ALLOWS. IF YOUR QUESTIONS AREN'T ANSWERED DURING THE FORUM, WE'LL CERTAINLY MAKE EVERY EFFORT TO ANSWER YOUR QUESTIONS VIA EMAIL AFTER FORWARDS. THE LAST HOUSEKEEPING ITEM I WOULD LIKE TO MENTION IS A REMINDER THAT, AS STEPHEN NOTED AT THE TOP, THIS EVENT IS BEING RECORDED SO, YOU KNOW, ANY STATEMENTS OR COMMENTS MADE DURING THE FORUM MAY BE CONSIDERED ON THE RECORD. WE WILL PROVIDE A LINK TO THE RECORDING OF THE FORUM ON OUR NATIONAL DISABILITY FORUM WEBSITE AT WWW.SSA.GOV/NDF IN THE OUTREACH SECTION UNDER TODAY'S TAB 9/15/2021. SO, LET ME TURN NOW TO THE PURPOSE OF TODAY'S FORUM. AS WITH ALL NATIONAL DISABILITY FORUMS, TODAY GIVES YOU, OUR STAKEHOLDERS, AN OPPORTUNITY TO SHARE YOUR UNIQUE INSIGHTS DIRECTLY WITH POLICYMAKERS WITHIN THE AGENCY. UNDERSTAND THE NDF IS NOT INTENDED TO BE A MEANS FOR REACHING ANY TYPES OF AGREEMENTS ON ANY ISSUES AND, YOU KNOW, SOCIAL SECURITY'S PARTICIPATION IS ONLY FOR THE PURPOSE OF LISTENING AND GAINING INSIGHT. THESE FORUMS, YOU KNOW, PROVIDE AN OPPORTUNITY FOR YOU TO HEAR FROM ONE ANOTHER AND IS CERTAINLY OPEN TO ANYONE INTERESTED IN DISABILITY POLICY. BY SHARING YOUR THOUGHTS AND EXPERIENCES, YOU CAN CERTAINLY HELP US SHAPE THE FUTURE OF SOCIAL SECURITY BY STRENGTHENING OUR DISABILITY POLICY DEVELOPMENT AND ENLIGHTENING OUR CONTINUED EFFORT TO ADDRESS EQUITY WITHIN OUR DISABILITY PROGRAMS. THE PURPOSE OF TODAY'S FORUM IS TO HAVE AN OPEN DISCUSSION WITH OUR PANELISTS WHO ENGAGE WITH MEMBERS IN MANY OF THE UNDERSERVED COMMUNITIES MENTIONED IN THE PRESIDENT'S EXECUTIVE ORDER. SO NOW I WOULD LIKE TO INTRODUCE OUR MORNING

MODERATOR, TRACEY GRONNIGER. TRACY IS THE DIRECTING ATTORNEY FOR THE ECONOMIC SECURITY TEAM AT JUSTICE AND AGING WHICH USES THE POWER OF LAW TO FIGHT SENIOR POVERTY. AS THE DIRECTING ATTORNEY, MS. GRONNIGER LEADS HER TEAM IN THEIR EFFORTS TO IMPROVE ACCESS TO SUPPLEMENTAL SECURITY INCOME AND OTHER BENEFITS THAT PROVIDE ECONOMIC SUPPORT FOR LOW INCOME OLDER ADULTS ACROSS THE COUNTRY. HER TEAM LOOKS PARTICULARLY AT GROUPS THAT HAVE HISTORICALLY LACKED LEGAL PROTECTIONS SUCH AS PEOPLE OF COLOR, WOMEN, LGBTQ INDIVIDUALS, AND PEOPLE WITH LIMITED ENGLISH PROFICIENCY. PRIOR TO JOINING JUSTICE AND AGING, MS. GRONNIGER SPENT NEARLY TEN YEARS AS A SENIOR STAFF ATTORNEY AT THE FEDERAL TRADE COMMISSION IN ITS BUREAU OF CONSUMER PROTECTION WHERE SHE LITIGATED A VARIETY OF CASES TO HALT FRAUDULENT, DECEPTIVE MARKETING PRACTICES. MS. GRONNIGER CURRENTLY SERVES ON THE CONSORTIUM FOR CITIZENS WITH DISABILITIES BOARD OF DIRECTORS AND IS A MEMBER OF THE NATIONAL ACADEMY OF SOCIAL INSURANCE. TO LEARN MORE ABOUT TRACEY AND ALL OF OUR PANELISTS TODAY, PLEASE VISIT THE NATIONAL DISABILITY FORUM WEBSITE AT [WWW.SSA.GOV/NDF](http://WWW.SSA.GOV/NDF), THEN CLICK ON NATIONAL DISABILITY FORUMS FROM THE RIGHT-SIDE MENU AND SELECT THE 9/15/2021 TAB. SO, WE WOULD LIKE TO EXTEND OUR SINCERE APPRECIATION TO TRACEY GRONNIGER AND ALL THE PANELISTS FOR THEIR PARTICIPATION IN TODAY'S DISCUSSION. TRACEY, WE WELCOME YOU AND THE FLOOR IS YOURS. THANK YOU.

TRACEY GRONNIGER: OKAY. THANK YOU SO MUCH, STEVE. THAT WAS A VERY WARM WELCOME. I APPRECIATE IT. AND I'D LIKE TO JOIN SSA IN WELCOMING ALL OF OUR PANELISTS AND ATTENDEES TO THE NATIONAL DISABILITY FORUM ON EQUITY IN SSA PROGRAMS. TODAY WE ARE GOING TO HAVE, AS STEVE MENTIONED, A CLOSED DISCUSSION WITH SIX PANELISTS, WHO ARE EXPERTS IN THEIR FIELDS. AND THEN WE'RE GOING TO OPEN IT UP AND ACCEPT QUESTIONS FROM THE AUDIENCE. SO, IF YOU DO WANT TO ASK A QUESTION OR PROVIDE A COMMENT, A REMINDER THAT YOU HAVE TO DO THAT BY EMAIL. SO, JUST INCLUDE YOUR NAME AND LOCATION AND YOUR EMAIL QUESTION AND SEND IT TO [NATIONALDISABILITYFORUM @SSA.GOV](mailto:NATIONALDISABILITYFORUM@SSA.GOV). AND THE CHAT IS NOT GOING TO BE OPEN DURING THE DISCUSSION SEGMENT SO YOU HAVE TO MAKE SURE YOU SEND YOUR QUESTIONS VIA EMAIL. AND AGAIN, THAT IS [NATIONALDISABILITYFORUM @SSA.GOV](mailto:NATIONALDISABILITYFORUM@SSA.GOV). SO, TODAY'S MORNING FORUM IS FOCUSED ON IDENTIFYING SOME OF THE BARRIERS TO ACCESSING SSA PROGRAMS WITH A PARTICULAR EYE TOWARDS ADVANCING EQUITY. AND AS ACTING COMMISSIONER KIJAKAZI NOTED, PRESIDENT BIDEN'S EXECUTIVE ORDER ON ADVANCING RACIAL EQUITY TASKED FEDERAL AGENCIES WITH IDENTIFYING BARRIERS TO ACCESS FOR UNDERSERVED COMMUNITIES WHICH INCLUDES PEOPLE OF COLOR, PEOPLE WITH DISABILITIES, LGBTQ INDIVIDUALS, AMONG OTHERS. SO, THIS CONVERSATION, I THINK, IS REALLY CRITICAL TO HIGHLIGHTING SOME OF THE BARRIERS AND THINKING THROUGH SOME CONCRETE SOLUTIONS THAT CAN ADDRESS THOSE BARRIERS. I AM NOT GOING TO TAKE UP A TON OF YOUR TIME TALKING BECAUSE I WANT TO LET THE PANELISTS HAVE A CHANCE TO KIND OF SHARE THEIR WISDOM, THEIR KNOWLEDGE, THEIR EXPERIENCE, SO I AM GOING TO GET TO SOME VERY QUICK INTRODUCTIONS AND THEN START THE CONVERSATION. SO, AS I MENTIONED, WE HAVE SIX PANELISTS TODAY. KEE TOBAR IS THE DIRECTOR OF RACE EQUITY & INCLUSION FOR COMMUNITY LEGAL SERVICES IN PHILADELPHIA. IT'S THE LARGEST LEGAL AID ORGANIZATION IN PENNSYLVANIA. KAS CAUSEYA IS A PROGRAM MANAGER AND CO-COORDINATOR OF CENTRAL CITY CONCERNS, MEDICAID OUTREACH AND ENROLLMENT TEAM WHERE HE HELPS PEOPLE ENROLL IN THE AFFORDABLE CARE ACT VERSION OF MEDICAID. DAZARA WARE IS AN ASSISTANT DIRECTOR OF THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICE ADMINISTRATION AND SSI, SSDI OUTREACH ACCESS AND RECOVERY TECHNICAL ASSISTANCE CENTER WITH POLICY RESEARCH ASSOCIATES. MICHAEL WILLIS IS A PARTNER AT HOBBS, STRAUS, DEAN

& WALKER, WHERE HE HELPED LAUNCH THE FIRM'S INTERNATIONAL INDIGENOUS RIGHTS PRACTICE AREA DRAWING FROM HIS WORK WITH INDIGENOUS COMMUNITIES AND ORGANIZATIONS IN BOLIVIA AND NEARLY A DECADE OF HUMAN RIGHTS WORK IN GUATEMALA. ROBIN RUNGE IS A PROFESSORIAL LECTURER IN LAW AT THE GEORGE WASHINGTON UNIVERSITY LAW SCHOOL WHERE SHE HAS TAUGHT PUBLIC INTEREST LAWYERING AND DOMESTIC VIOLENCE LAW SINCE 2004. AND LAST, BUT NOT LEAST, IS AARON TAX WHO IS THE DIRECTOR OF ADVOCACY FOR SAGE WHERE HE ADVOCATES FOR LGBT INCLUSIVE FEDERAL AGING POLICIES THAT ACCOUNT FOR THE UNIQUE NEEDS OF OLDER LGBT ADULTS. YOU CAN FIND EVEN MORE EXTENSIVE BIOS OF EVERYONE, THE PANELISTS, AND SEE ALL OF THIS INFORMATION ON THE NATIONAL DISABILITY FORUM WEBSITE AT [SSA.GOV/NDF](http://SSA.GOV/NDF) UNDER TODAY'S FORUM TAB. SO, WITH THAT, I WANT TO GET TO THE CONVERSATION AND I'M GOING TO START WITH KEE. SO, KEE, WE KNOW THAT PEOPLE OF COLOR AND PEOPLE IN UNDERSERVED COMMUNITIES IN GENERAL ARE TRYING TO ACCESS PROGRAMS AND SERVICES AND IT CAN BE DIFFICULT FOR A VARIETY OF REASONS. CAN WE START THE CONVERSATION BY TALKING ABOUT SOME OF THE UNIQUE NEEDS OF THE PEOPLE IN THESE COMMUNITIES. HOW ARE THEY COMING TO THE TABLE? AND WHEN SSA IS THINKING ABOUT ITS PROGRAMS, WHAT ARE THE SPECIFIC NEEDS THAT THEY SHOULD BE CONSIDERING OF THE POPULATIONS AND COMMUNITIES THAT THEY ARE SERVING?

KEE TOBAR: >> SURE. CAN EVERYONE HEAR ME?

>> YES, THANKS.

>> THANK YOU. SO, AS I WAS PREPARING FOR THE PANEL, I THOUGHT ABOUT ALL OF THE POLICY AND ADMINISTRATIVE AND LEGAL NEEDS ON A WONKY LEVEL THAT I COULD ADDRESS THAT WOULD DISPROPORTIONATELY AFFECT, THAT DISPROPORTIONATELY AFFECT BIPOC PEOPLE, BUT NONE OF THEM WOULD ADDRESS THE BARRIERS THAT MY FORMER CLIENTS FACED DUE TO THEIR GENDER PRESENTATION, DUE TO THEIR RACE AND OTHER PERCEIVED OTHERNESS, FOR EXAMPLE, THE LEP STATUS. THERE IS NOT A LEGAL CHANGE OR A WONKY POLICY CHANGE THAT WILL GIVE MY CLIENTS AN EQUITABLE SHOT IF WE DO NOT FIRST ADDRESS THE INTERSECTIONS THEREOF AND THE IMPACT OF RACE, ETHNICITY, AND FOREIGN-BORN IMPLICIT AND EXPLICIT BIAS MY FORMER CLIENTS FACED WHEN INTERACTING WITH SSA. AND THIS IS SPECIFICALLY REGARDING ALJ'S AND CLE'S NOT BEING SENSITIVE TO AGE BARRIERS, FOR EXAMPLE. BEFORE I BECAME THE DIRECTOR OF RACE EQUITY, I WAS AN SSI ATTORNEY AND I FOCUSED MOSTLY ON THE POPULATION OF TRANSITION AGED YOUTH. AND SO WHAT I EXPERIENCED IS ALJ'S, CE'S, NOT TAKING INTO ACCOUNT OR BEING SENSITIVE TO AGE BARRIERS AS YOUTHS WERE NAVIGATING THE SYSTEM. ALSO, NOT BEING SENSITIVE TO LEP CLIENTS AND ACTIVELY EXHIBITING BIAS TOWARDS THE LEP YOUTH CLIENTS; RIGHT? FURTHERMORE, I HAVE SEEN BIAS TOWARDS YOUTH WHO ARE GENDER NON-CONFORMING OR NON-BINARY YOUTH OR TRANSGENDER YOUTH, NOT ADDRESSING THE YOUTH AS THEIR PRONOUNS, AS THEIR SELF-IDENTIFIED PRONOUNS. ALSO, WITH REGARD TO LEP CLIENTS, THE DOCUMENTS, I HAVE SEEN DOCUMENTS TAKE A LONG TIME, LIKE, WITH REGARD TO HEARINGS, RETURNING HEARINGS DECISIONS KIND OF LIKE BEING DELAYED BECAUSE THE TRANSLATION OF THE DOCUMENTS WERE NOT THERE. ALSO, JUST IN COMMUNICATING WITH THE CLIENTS, THERE ARE BARRIERS WITH REGARD TO COMMUNICATION WHICH LEADS TO BREAKDOWNS AND TIME CONSTRAINTS WITH REGARD TO THE TEN-DAY TIME OR THE 60-DAY TIME BECAUSE THE COMMUNICATION, THERE WAS A COMMUNICATION BREAKDOWN AND THE CLIENT WAS NOT OFFERED TRANSLATION SERVICES. ALSO, I THINK THERE SHOULD BE PROACTIVE INTERPRETIVE SERVICES FOR THOSE YOUTH WHO MAY HAVE ISSUES NAVIGATING THE SYSTEM AND ADVOCATING FOR SELF, RIGHT? SO, I, FOR ONE, WAS AN ATTORNEY WITH A CLIENT, AND I COULD ADVOCATE ON BEHALF

TO MAKE SURE THAT THE CLIENT WAS BEING ADDRESSED RESPECTFULLY BY THEIR PRONOUNS, OR BEING ADDRESSED RESPECTFULLY WITH REGARD TO THE LEP STATUS. BUT FOR THOSE CLIENTS WHO WERE NOT CONNECTED TO A LEGAL AID ATTORNEY, WHAT WERE THEIR REALITIES WHEN DEALING WITH SSA? AND SO THOSE ARE SOME OF THE ISSUES I HAVE SEEN. BUT MOSTLY I WANT TO MAKE SURE THAT I EMPHASIZE THAT IN DEALING WITH THESE PARTICULAR POPULATIONS, WE'RE OFTEN DEALING WITH, OR I WAS OFTEN DEALING WITH THE INTERSECTIONS THEREOF, RIGHT? SO, DEALING WITH YOUTH WHO, WELL, ONE WITH YOUTH, SO THERE IS THE AGE DYNAMIC, BUT ALSO YOUTH WHO ARE YOUTH OF COLOR SO THERE IS THE RACE DYNAMIC IN CONNECTION WITH AGE. AND ALSO, THERE ARE YOUTH WHO MAY BE GENDER NON-CONFORMING. AND SO, IT'S IMPORTANT FOR SSA TO LOOK AT HOW JUDGES, HOW CE'S AND ALL OF THOSE WHO ARE RELATED TO SSA OR ARE REPRESENTING SSA ARE ACTUALLY INTAKING THE CLIENTS WITH THESE INTERSECTIONS. HOW ARE THESE INTERSECTIONS IMPACTING HOW WE VIEW THE EVIDENCE? HOW ARE THESE INTERSECTIONS IMPACTING HOW WE VIEW THE CLIENTS AND THEIR INTERACTION DURING HEARINGS? AND SO, WHAT I FOUND IS THAT'S NOT OFTEN BEING DONE, ESPECIALLY WHEN WE TAKE INTO ACCOUNT RACE AND ITS PLACE ON EVIDENCE. DO CLIENTS HAVE ACCESS TO THE APPROPRIATE HEALTHCARE? WHY ARE OUR POLICIES WITH REGARD TO, LIKE, WHAT IS APPROPRIATE EVIDENCE, OUR CLIENTS ARE GOING TO CLINICS WHERE THERE ARE A LOT OF SOCIAL WORKERS AND A LOT OF CASE MANAGERS WHO ARE WRITING IN VERY IMPORTANT NOTES, WHO UNDERSTAND AND KNOW THE ISSUES THE CLIENTS ARE DEALING WITH, BUT THESE, THIS PARTICULAR EVIDENCE IS NOT TAKEN INTO ACCOUNT OR FULLY RESPECTFULLY TAKEN INTO ACCOUNT WITH REGARD TO SSI AND SO WITH REGARDS TO THE INTERACTIONS WITH SSA. AND SO I THINK IT'S IMPORTANT THAT WE NOT ONLY LOOK AT BIASES WITH REGARD TO THE SILOED VIEW OF HOW RACE IS IMPACTING OUR CLIENTS, OUR INTERACTIONS WITH OUR CLIENTS AND SSA OR HOW AGE OR HOW LGBTQIA STATUS, BUT HOW NOT ONLY ARE THESE SILOED WAYS INTERACTING, BUT HOW THEY ARE INTERACTING TOGETHER; RIGHT? WHY IS THERE A DIFFERENCE BETWEEN THE WAY SSA IS TREATING MY WHITE AUTISTIC CLIENT, OR CLIENT WITH AUTISM THAN THEY ARE TREATING MY GENDER QUEER PERSON OF COLOR CLIENT WHO ALSO HAS AUTISM, RIGHT? ARE THEIR BIASES COMING IN WITH REGARD TO STEREOTYPES OR CHARACTERISTICS THAT WE'RE EVALUATING, THAT THE CE IS EVALUATING, OR THAT THE ALJ IS EVALUATING. SO THAT IS WHAT I WOULD SAY WOULD BE THINGS THAT I WOULD REALLY ADVISE SSA TO LOOK AT HOW OUR JUDGES, HOW OUR PEOPLE WHO HAVE AUTHORITY IN TAKING THE WHOLE ENTIRE PERSON AND THE BIASES THAT MAY BE ASSOCIATED WITH THE IDENTIFIES THAT THE PERSON CARRIES.

TRACEY GRONNIGER: >> THANKS SO MUCH, KEE. THAT'S REALLY HELPFUL. I DON'T KNOW IF WE HAVE ROBIN ON. I WANTED TO GIVE HER A CHANCE TO ANSWER THIS QUESTION. LET ME PAUSE FOR A MOMENT AND SEE IF SHE IS ON. IF NOT, WE CAN COME BACK TO HER. OKAY. SOUNDS LIKE NO SO I'M GOING TO KEEP GOING, BUT, ROBIN, DON'T WORRY, WE CAN GET BACK TO YOU AND HAVE YOU ANSWER THIS QUESTION. I WOULD ALSO LIKE TO LOOK AT THE WAY SSA'S PROGRAMS WORK AND THAT REQUIREMENTS THAT THEY HAVE IN PLACE THAT MIGHT BE CREATING BARRIERS FOR PEOPLE WHO ARE TRYING TO CONNECT WITH THEM. KAS, I THINK YOU ARE ON, SO CAN I ASK YOU TO TALK A LITTLE BIT ABOUT THE CHALLENGES THAT PEOPLE ARE FACING BECAUSE OF THE WAY SSA MIGHT BE ENGAGING WITH THEM, AND THE REQUIREMENTS THAT THE AGENCY HAS ESTABLISHED THAT PEOPLE HAVE TO KIND OF GET THROUGH IN ORDER TO ACCESS BENEFITS.

KAS CAUSEYA: >> OKAY. CAN YOU HEAR ME?

>> YES, I AM.

>> AM I HEARD? OKAY. EXCELLENT. SO, YEAH, THERE'S A FEW PROBLEMS WITH THAT WHEN IT COMES TO PEOPLE OF COLOR AND OTHER PEOPLE, UNDERSERVED POPULATIONS WHO HAVE BEEN EXPERIENCING FOR, WELL, I GUESS YOU WOULD CALL IT DISCRIMINATION OR UNFAIR TREATMENT WHEN IT COMES TO THE DISABILITY PROCESS. SO, ONE OF THE PROBLEMS IS THE OVERRELIANCE ON MEDICAL RECORDS, NO MATTER THEIR QUALITY OR QUANTITY, AND SO MUCH WEIGHT ON RECORDS TWO YEARS PRIOR TO THE APPLICATION. THAT MEANS THAT HISTORICAL DATA AND NUANCED INFORMATION IS LOST. THE PROBLEM WITH THAT IS WHEN PEOPLE HAVE SUFFERED MANY YEARS OF TRAUMA AND MENTAL ILLNESS AND TEND TO ISOLATE, THERE MAY BE FEW, IF ANY, RECORDS OVER THE TWO YEARS PRIOR TO THE APPLICATION. AND, SO, THAT PERSON IS JUDGED UNFAIRLY OR IS LOOKED AT UNFAIRLY. YOU KNOW, VERTICES IN TESTING FOR CERTAIN POPULATIONS, SO NOT CONSIDERING THE VARIOUS EFFECTS OF SOCIAL DETERMINANTS OF FUNCTIONING RESULTS IN EVALUATING MANY IMPAIRED PEOPLE'S RESPOND TO TRAUMA MANY TIMES AS ATTITUDE, NOT AS A RESPONSE TO TRIGGERS. OKAY? THEN THE PROVIDER WHO WRITES THE REPORTS, PRIMARY CARE PROVIDERS OR CE'S ARE RELYING ON BIASES THEY HAVE AS A RESULT OF THEIR SOCIALIZATION AND LIMITED INFORMATION. THIS IS A PROBLEM FOR THE APPLICANTS BECAUSE MANY TIMES THE PERSON MAKING THE DECISION IS SUPPORTING THE INHERENT BIAS OF THE SYSTEM. REMEMBER, EQUITY -- EXCUSE ME, EQUALITY IN SERVICE DOESN'T MEAN EQUITY IN SERVICE, AND THAT'S A POOR FORM OF CUSTOMER SOCIAL SERVICE. ALL RIGHT. ALSO, WE NEED TO LOOK AT HOW YEARS AND DECADES OF PHYSICAL AND MENTAL ILLNESS HAVE LESSEned THE ABILITY TO FUNCTION IN LATER YEARS FOR MANY OF THOSE APPLYING FOR BENEFITS. I THINK OCCUPATIONAL THERAPY EVALS OR FITNESS EXAMS WOULD BE A BIG HELP IN EVALUATING SENIORS, AND THOSE WITH LONG-TERM PHYSICAL IMPAIRMENTS WHO FOR YEARS HAVE BEEN UNDERGOING, LIKE, ALLOSTATIC OVERLOAD. THERE ARE, WHEN IT COMES TO CONDITIONS MORE PROMINENT IN CERTAIN POPULATIONS, WELL, THE EFFECTS OF AGED -- OF AGING AND THOSE WHO HAVE SUFFERED FOR YEARS AND DECADES OF THEIR LIVES UNDER A SYSTEMATICALLY OPPRESSIVE CULTURE LEAD TO DIMINISHED PHYSICAL AND MENTAL HEALTH FUNCTIONING. I BELIEVE THAT PTSD AND DEPRESSION ARE MORE PROMINENT IN UNDERSERVED POPULATIONS AS WELL AS ANXIETY-RELATED DISORDERS. IT HAS BEEN MY EXPERIENCE THAT THE SEVERITY OF THOSE CONDITIONS ON UNDERSERVED -- THE UNDERSERVED FUNCTIONING IS BEING UNDERESTIMATED, PARTICULARLY IN THOSE OF ADVANCED YEARS AND THOSE APPROACHING ADVANCED YEARS. OKAY. THE LACK OF MEDICAL CARE IN CERTAIN POPULATIONS. PEOPLE IN GENERAL, BUT MOST CERTAINLY PEOPLE OF COLOR WHO HAVE SEVERE FORMS OF SCHIZOPHRENIA OFTEN DO NOT SEEK MEDICAL HELP ON THEIR OWN. THEY ARE OFTEN ONLY FOUND WHEN THEIR BEHAVIOR WARRANTS POLICE INVOLVEMENT. ALSO, PEOPLE WHO SUFFER FROM THE VARIOUS EFFECTS OF PTSD DO NOT SEEK MEDICAL HELP. SO, RECORDS FOR THOSE POPULATIONS ARE OFTEN SCARCE, THEY ARE LIMITED IN CONTENT, AND LITTERED WITH NOTES STATING THAT THE PERSON HAS FAILED TO COMPLY WITH RECOMMENDED TREATMENT, AND THAT KILLS THE CASE. IN MANY CASES, THESE PEOPLE HAVE FEARS ABOUT EVEN GOING INTO BUILDINGS THAT ARE OFFERING SERVICES, MEDICAL OR OTHERWISE. MANY OF THEM HAVE BEEN CONDITIONED AS A RESULT OF CONSTANT, I GUESS, ALLOSTATIC LOAD OR CONSTANT DISCRIMINATION. THEY HAVE BEEN CONDITIONED SO THAT WHEN THEY SEE A GUARD OR POLICE AT THE ENTRANCE, THEY AVOID THAT LOCATION IN AN EFFORT TO AVOID UNPLEASANT ENCOUNTERS, OR EVEN ARREST, OR INCARCERATION. OKAY. THE POLICIES THAT ARE -- THAT DISADVANTAGE CERTAIN POPULATIONS, FOR MANY WHO HAVE BEEN DISADVANTAGED AND DISCRIMINATED AGAINST THEIR WHOLE LIFE FEELING THE EFFECT OF MICRO AND MACRO AGGRESSIONS, SLIGHTS, SUSPICIONS, AND IN GENERAL, SUFFERING THE EFFECTS OF ALLOSTATIC

OVERLOAD, IT IS DIFFICULT FOR THEM TO EVEN WALK INTO AN OFFICE, LET ALONE TO SIT ON A PHONE WITH SSA FOR THE BETTER PART OF AN HOUR IF DURING THAT TIME THEY ARE NOT ACTUALLY HUNG UP ON WHILE WAITING TO SPEAK TO SOMEONE. MANY OF THE COMMON FORMS OF COMMUNICATION WE TAKE FOR GRANTED, PHONE, A COMPUTER, COMPUTER LITERACY, ARE NOT THINGS THAT THEY CAN READILY ACCESS OR HAVE KNOWLEDGE OF. ADD TO THOSE THE EMOTIONAL ISSUES OF TRUSTING THAT SOMEONE IS ACTUALLY GOING TO LISTEN TO YOU AND HELP YOU. ACCESS TO TRULY -- ACCESS TO TRULY HELPFUL AND SUPPORTIVE SERVICES FOR MANY IN THESE POPULATIONS IS A DIFFICULT BARRIER TO OVERCOME ON A CONTINUING BASIS. OKAY. AND THE CONSULTATIVE EXAM, LIKE, PROCESS, WE'VE FOUND THAT MANY CE'S ARE OF POOR QUALITY AND OFTEN REFLECTS THE BIASES OF THE PROVIDERS WHO ADMINISTER THEM SEEKING TO GIVE DDS WHAT THEY THINK IT WANTS AS OPPOSED TO AN UNBIASED AND HONEST OPINION OF THE PERSON'S TRUE CONDITION AND LEVEL OF FUNCTIONING. THEY, LIKE MANY OF US, THE PROVIDERS WHO ARE DOING THESE EVALS, THEY, LIKE MANY OF US, HAVE THE SAME LIKES AND DISLIKES AS THE GENERAL POPULATION AND THE SAME BIASES AND BELIEFS THAT EXIST IN THE GENERAL POPULATION. THE DIFFERENCE IS THAT WE ARE EXPECTED TO BE UNBIASED AND PROFESSIONAL. WHILE SOME ARE, MANY AREN'T. IT'S DIFFICULT FOR A PERSON CONTRACTING TO PERFORM CE'S TO PICK AND CHOOSE WHO THEY WILL EXAMINE AND WHO THEY WON'T SO THEY SEE ALL REFERRALS DESPITE, PERHAPS, HAVING PREVIOUSLY FORMED OPINIONS OF THE PERSON, DIAGNOSIS, AND FUNCTIONING. ISSUES LIKE SUBSTANCE ABUSE, INCARCERATION, HOMELESSNESS LEAVE PROVIDERS TO COLORING THAT PERSON WITH THEIR OWN PARTICULAR BIAS IN THE CONTENT AND QUALITY OF THE EVALUATION PERFORMED. ONE STEP SSA COULD TAKE IS TO ENSURE THAT ALL CE PROVIDERS HAVE TRAINING AND CULTURAL HUMILITY, TRAUMA, AND THE IMPACT OF DISCRIMINATION AND HISTORICAL RACISM ON INDIVIDUALS. MY POINT IS THAT WHILE A PERSON MAY ACTUALLY GET A CE, ACCESSIBILITY DOESN'T NECESSARILY EQUAL FAIR AND UNBIASED SERVICE. OKAY. COMMUNICATION, THERE'S ISSUES WITH COMMUNICATIONS MANY TIMES. PEOPLE WHO HAVE BEEN LIVING IN SURVIVAL MODE FOR YEARS AND DECADES IS OFTEN CHALLENGING. FOR ONE THING, MANY MAY NOT HAVE THE VOCABULARY TO EXPRESS WHAT THEY ARE FEELING OR GOING THROUGH IN A WAY THAT ADEQUATELY TELLS THEIR STORY. THOSE WHO GAIN ACCESS TO PROGRAMS LIKE BEST ARE LUCKIER IN THIS REGARD DUE TO THE FACT THAT WE WILL PAY FOR INTERPRETATION SERVICES IF WE DON'T HAVE STAFF MEMBERS THAT SPEAK THAT LANGUAGE ALREADY. AND UNLIKE BEST, MANY HAVE NOT, MANY PEOPLE WHO ARE ACTUALLY AT THE OFFICES OR FRIENDS OR WHOEVER IT IS, THEY ARE NOT ACTUALLY ABLE TO SIT AND ALLOW THAT PERSON TO TALK WHILE THEY TRY AND FIGURE OUT WHAT IT IS THAT THEY WANT TO SAY ARE THE ISSUES THAT THEY ARE GOING THROUGH. IMAGINE SOMEONE WITH A LOW LEVEL AND QUALITY OF EDUCATIONAL TRAINING TRYING TO UNDERSTAND SSA TERMINOLOGY AND WHAT IS ACTUALLY BEING ASKED AND WHY AND THEN PUTTING TOGETHER AN ANSWER THAT CLEARLY EXPRESSES THEIR EXPERIENCE, STRUGGLES, AND HEALTH PROBLEMS TO AN OVERWORKED AND RUSHED CLAIMS REP AT AN SSA FIELD OFFICE. OLDER CITIZENS WHO SPEAK LANGUAGES OTHER THAN ENGLISH WHO HAVE -- EXCUSE ME -- WHO HAVE ENGLISH AS A SECOND LANGUAGE NOT UNDERSTANDING ALL THE TERMINOLOGY STRUGGLE TO COMMUNICATE WHAT THEY FEEL AND UNDER -- WHAT THEY ARE FEELING AND UNDERSTANDING THE QUESTIONS ASKED OF THEM. SOMEONE LOOKING FOR KEY WORDS OR PHRASES FROM SOMEONE WHO UNDERSTOOD THE QUESTION IS OFTEN ANOTHER BARRIER TO EFFECTIVE COMMUNICATION. LASTLY, SSA'S EMPHASIS ON INTERNET IS TREMENDOUS BARRIER TO THOSE WHO DON'T HAVE ACCESS TO THOSE SKILLS. SSA KEEPS ADDING TO ITS WEBSITE. WHAT IS NEEDED IS PERSONAL SERVICE, NOT COMPUTER SERVICE. OKAY.

TRACEY GRONNIGER: >> THANKS SO MUCH, KAS, THAT'S ALL REALLY GOOD AND I'M SURE WE'RE GOING TO COME BACK TO SOME OF THESE THINGS LATER. I WANT TO GIVE MICHAEL A CHANCE TO TALK A LITTLE BIT ABOUT THIS AS WELL AND SPEAK TO HOW SSA'S REQUIREMENTS AND THE WAY THAT THE PROGRAMS WORK AFFECTS TRIBAL POPULATIONS. SO, I'LL TURN IT OVER TO YOU.

F. MICHAEL WILLIS: >> SURE. THANK YOU, TRACEY. GOOD MORNING, EVERYONE. IN MY WORK I REPRESENT AMERICAN INDIAN TRIBAL GOVERNMENTS. THEIR CITIZENS FACE A VARIETY OF BARRIERS. OF COURSE, MOST AMERICAN INDIANS LIVE IN CHRONIC POVERTY, LIMITED ACCESS TO HEALTHCARE, INADEQUATE HOUSING, AND QUALITY EDUCATION. AS A RESULT, AMERICAN INDIANS CONTINUE TO HAVE LOWER LIFE EXPECTANCIES THAN OTHER AMERICANS. THEY HAVE THE HIGHEST RATES OF DEATH THROUGH SUICIDE AS WELL AS PREMATURE DEATH DUE TO DIABETES, CARDIOVASCULAR DISEASE, AND CANCER. IMPORTANTLY, THEY SUFFER GREATER LEVELS OF TRANSPORTATION, TRAFFIC RELATED, AND PEDESTRIAN FATALITIES. SOME OF THE ADDITIONAL BARRIERS THEY FACE INCLUDE THE REMOTE LOCATIONS AND THAT HAS TO EMPHASIZE A LACK OF INFRASTRUCTURE. IN TRIBAL COMMUNITIES THIS CAN BE BASIC INFRASTRUCTURE LIKE WATER, ROADS, ENERGY, TECHNOLOGY AND IN PARTICULAR, INTERNET ACCESS. ALL THAT INFRASTRUCTURE IS EXTREMELY VULNERABLE TO WEATHER EVENTS, EXTREME WEATHER EVENTS, AND CLIMATE CHANGE. SO, THE TRIBAL COMMUNITY IS ALSO FACING LANGUAGE AND CULTURAL BARRIERS ALONG THE LINES THAT KAS JUST MENTIONED, AS WELL AS ATTITUDES THAT ARE SHAPED BY LEGACY OF DISPARAGING TREATMENT AND PATERNALISM FROM U.S. GOVERNMENT OFFICIALS AND AGENCIES. SO, I THINK IN TERMS OF, YOU KNOW, THESE BARRIERS, OVERCOMING THESE BARRIERS REQUIRES SPECIFIC TOOLS AND MECHANISMS THAT I THINK KAS HAS MENTIONED, SO THE PERSONAL SIDE OF SERVICES IS A REALLY IMPORTANT ELEMENT. BUT I THINK THERE ARE OTHER DIMENSIONS, TOO, WITH RESPECT TO TRIBAL COMMUNITIES THAT SSA CAN AND SHOULD DEVELOP LARGELY IN CONJUNCTION WITH THE TRIBAL GOVERNMENTS AND TRIBAL ORGANIZATIONS WHO, YOU KNOW, HAVE A LANGUAGE, THE CULTURAL SKILLS, THE TRUST THAT ENABLE THESE BARRIERS TO BE BRIDGED. AND, OF COURSE, THESE BARRIERS WILL DIFFER BY COMMUNITY, BY LOCATION, ALSO BY REGION, AS WELL AS EACH PARTICULAR TRIBES' PRACTICES AND HISTORY. I WANT TO TAKE A MOMENT ALSO TO POINT OUT THAT THERE IS ALSO A PROMINENT SSA POLICY IN THIS ALIGNMENT WITH THESE TRIBAL GOVERNMENTS THAT HAS ACTUALLY CREATED NEW BARRIERS THAT AFFIRM DISABLED AND ELDERLY CITIZENS WHO PREVIOUSLY HAVE RECEIVED AND WOULD OTHERWISE BE ELIGIBLE FOR SSI ASSISTANCE IN PARTICULAR. YOU KNOW, MANY OF THE TRIBAL GOVERNMENTS I WORKED WITH ARE GOVERNING TERRITORIES LOCATED IN THE MOST IMPOVERISHED CENSUS DISTRICTS IN THE WHOLE COUNTRY. AS A RESULT, YOU KNOW, TO FULFILL THEIR RESPONSIBILITIES TO THEIR CITIZENS AND THEIR COMMUNITY AS A WHOLE, TRIBES HAVE IMPLEMENTED A WHOLE RANGE OF GENERAL WELFARE ASSISTANCE PROGRAMS. AND THANKS TO SOME POLICY CHANGES IN 2014, THESE HAVE BEEN DESIGNED TO REFLECT THESE MORE, YOU KNOW, TRIBALLY ORIENTED GUIDANCE THAT THE IRS HAS DEVELOPED AND STATUTORY CHANGES CONGRESS ENACTED IN 2014 THAT ESTABLISHED THAT A WHOLE ARRAY OF TRIBAL PROGRAM BENEFITS WOULD NOT BE CONSIDERED INCOME TO THOSE RECIPIENTS, THE RECIPIENTS OF THOSE BENEFITS, FOR TAX PURPOSES. IMPORTANTLY, IN TERMS OF THE WAY SSI IS EVALUATING ELIGIBILITY FOR SSI, TRIBAL GOVERNMENT PROGRAMS OPERATE VERY DIFFERENT THAN OTHER GOVERNMENTS WITHIN THE FEDERAL SYSTEM. STATE, COUNTY, MUNICIPAL GOVERNMENTS WILL ALL PROVIDE ASSISTANCE BASED ON FINANCIAL NEEDS OF INDIVIDUALS BASED ON INCOME NEEDS TESTING, RIGHT? THE SOCIAL SECURITY ADMINISTRATION'S ASSISTANCE BASED ON NEED RULE ESTABLISHED THAT THESE, YOU KNOW, STATE, LOCAL, MUNICIPAL, GOVERNMENTAL PAYMENTS WILL NOT BE CONSIDERED IN

DETERMINING SSI ELIGIBILITY WHEN THERE'S A BASED-ON NEED. AND THIS IS A HUGE, HUGE DISTINCTION BETWEEN TRIBAL PROGRAMS. TRIBAL PROGRAMS ARE PROVIDING ASSISTANCE TO THEIR MEMBERS BASED ON THE NEEDS OF THE WHOLE TRIBAL COMMUNITY. THEY'RE VERY FOCUSED ON COMMUNITY-BASED WELLNESS, CULTURAL PRESERVATION, CULTURAL TRANSMISSION. WHILE IRS AND CONGRESS HAVE RECOGNIZED THESE DISTINCTIONS, THAT'S NOT BEEN INCORPORATED OR BUILT INTO SSA POLICIES. THE SSA HAS NOT RECOGNIZED OR ADAPTED TO THE UNDERSTANDING THAT MOST TRIBAL PROGRAMS ARE DESIGNED SPECIFICALLY TO AVOID AN IMPLICATION THAT ASSISTANCE IS BASED ON AN INCOME NEED OF AN INDIVIDUAL. INDIVIDUAL MEANS TESTING IN TRIBAL COMMUNITIES DISTORTS FUNDAMENTAL CULTURAL VALUES. THESE ARE CORE VALUES AND NORMS THAT OPERATE TO ENSURE THAT AN INDIVIDUAL'S INCOME, WHETHER IT'S A LOW OR HIGH-INCOME PERSON, DOES NOT STIGMATIZE OR ALIENATE THOSE INDIVIDUALS FROM THESE COMMUNITIES AND THE COMMUNAL VALUES OF MUTUAL RESPECT, RECIPROCITY, RESPONSIBILITY. SO FORTUNATELY, IRS AND CONGRESS HAVE MOVED FORWARD WITH THIS IN BOTH THE TRIBAL GENERAL WELFARE EXCLUSION ACT AND THEIR ADMINISTRATIVE GUIDANCE. IN THOSE SITUATIONS, THE INDIVIDUAL NEED OF A TRIBAL MEMBER IS CONCLUSIVELY PRESUMED FOR THOSE TRIBAL PROGRAMS. SO, THE BARRIER IS ONE IN TERMS OF INTERPRETATION OF A TRIBAL PROGRAM AS OPPOSED TO A COUNTY OR MUNICIPAL OR STATE PROGRAM. SO, UNLIKE THE TREATMENT OF ALL OTHER GOVERNMENTAL BENEFIT PROGRAMS WITHIN THE FEDERAL SYSTEM, THE SOCIAL SECURITY ADMINISTRATION'S ELIGIBILITY DETERMINATIONS FOR TRIBAL PROGRAMS DO NOT EXCLUDE THESE TRIBAL GENERAL WELFARE BENEFITS FROM CONSIDERATION. SO JUST AS AN EXAMPLE, RIGHT, A TRIBE WILL PROVIDE A MODEST HOUSING ASSISTANCE PROGRAM FOR ALL ELDERS TO ENABLE THEM TO REMAIN ON THE RESERVATION, LIVING IN THEIR HOMES. THE TRIBE WANTS TO DO THIS BECAUSE IT HELPS TRANSMIT CULTURE, IT KEEPS THE LANGUAGE GOING, IT KEEPS THE INTERGENERATIONAL INTERACTION MOVING FORWARD, BUT THE FACT THAT THESE ELDERS ARE RECEIVING THIS ASSISTANCE DESPITE THE FACT THAT THEY'RE THE LOWEST INCOME CENSUS [ INAUDIBLE ] IN THE COUNTRY, THE TRIBAL GOVERNMENT IS NOT MEANS TESTING THEM, RIGHT, THEY'RE NOT EVALUATING INCOME TO MAKE THE DETERMINATION. AS A RESULT, SOCIAL SECURITY WILL TREAT THOSE TRIBAL PAYMENTS IN INCOME -- AS INCOME AND THEY'LL REDUCE OR ELIMINATE SSI BENEFITS. SO IRONICALLY OR UNFORTUNATELY, BY APPLYING THE RULES THAT THE SOCIAL SECURITY ADMINISTRATION'S DEVELOPED FOR NON-INDIAN COMMUNITIES, SSA HAS IMPOSED THESE BARRIERS THAT IMPEDE TRIBAL CITIZENS FROM RECEIVING THE SAME ASSISTANCE THAT SSI WOULD MAKE AVAILABLE TO SIMILARLY SITUATED INDIVIDUALS IN NON-INDIAN COMMUNITIES RECEIVING EXACTLY THE SAME TYPE OR REGULAR LEVELS OF ASSISTANCE FROM STATE OR LOCAL PROGRAMS BECAUSE OF THIS REFERENCE TO THE INCOME-BASED NEEDS ASSESSMENT. THIS IS A HUGE BARRIER, AND IT'S BEEN DETRIMENTAL IN MANY TRIBAL COMMUNITIES, AFFECTING THE MOST VULNERABLE MEMBERS OF THOSE COMMUNITIES AS WELL. SO I'LL MAYBE COMMENT LATER ON THIS, BUT I THINK THE IMPORTANT PART AS WELL IS NOT ONLY HAVE THESE INDIVIDUALS WHO WOULD BE ELIGIBLE FOR SSI ASSISTANCE IF THEY DIDN'T LIVE ON A RESERVATION AND WERE RECEIVING ASSISTANCE FROM A COUNTY -- HOUSING ASSISTANCE FROM A COUNTY RATHER THAN A TRIBE, THOSE INDIVIDUALS ARE BEING HARMED BY LOSING THEIR SSI BENEFITS, BUT IT'S ALSO HAVING THE EXACT OPPOSITE, CAUSING AN IMPACT ON THE TRIBE THAT'S QUITE DETRIMENTAL AS WELL, ESSENTIALLY CAUSING THE TRIBAL GOVERNMENT TO HAVE TO STEP IN AND FULFILL THE RESPONSIBILITIES THAT HAVE BEEN ESTABLISHED BY STATUTE TO THE FEDERAL GOVERNMENT AND ESSENTIALLY UNDERMINE THE OBJECTIVES OF THE TRIBAL PROGRAMS. CERTAINLY, AN EXAMPLE THAT I'M LOOKING AT WITH HOUSING ASSISTANCE IN THE COMMUNITY, THE SAME INDIVIDUAL ELIGIBLE FOR SSI DISABILITY



INSURANCE AND ASSISTANCE WOULD BE ABLE TO RESIDE OFF THE RESERVATION AND RECEIVE BOTH HOUSING PROGRAM ASSISTANCE AND SSI ASSISTANCE. THEY RESIDE ON THE RESERVATION, RECEIVE HOUSING ASSISTANCE FROM THE TRIBE, WELL, THEY DON'T. THEY ARE STUCK. SO, THESE ARE BARRIERS. LIKE I SAID, THIS IS A POLICY BARRIER, AN IMPORTANT ONE, BUT LIKE ALSO LIKE WITH CULTURAL, LINGUISTIC BARRIERS OR OTHER BETTER MECHANISMS DEVELOPED IN CONJUNCTION WITH TRIBES AND WITH BENEFICIARIES COULD BE ESTABLISHED AND SSA COULD MOVE INTO A MORE POSITIVE, CONSTRUCTIVE ENGAGEMENT WITH TRIBAL CITIZENS AS WELL AS TRIBAL GOVERNMENTS. I'LL LEAVE IT THERE FOR NOW BUT THANK YOU.

TRACEY GRONNIGER: >> THANKS SO MUCH, MICHAEL. THIS IS ALL REALLY, I THINK, HELPFUL TO UNDERSTANDING THE WAY THAT SOME OF THE PROGRAMS AND POLICIES THAT SSA HAS IN PLACE DON'T ALWAYS RECOGNIZE THE DIFFERENT CIRCUMSTANCES OF PEOPLE WHO ARE LIVING IN DIFFERENT COMMUNITIES AND HOW DIFFERENT AND CULTURAL WAYS OF ENGAGING WITH THEIR OWN COMMUNITIES, AND LIKE YOU SAY, IT'S COMPLETELY UNFAIR TO TREAT THE SAME TYPE OF ASSISTANCE IN A COMPLETELY DIFFERENT WAY AND THEREFORE IT KIND OF NEGATIVELY IMPACTS AN ENTIRE POPULATION OF PEOPLE. AARON, I AM GOING TO TURN TO YOU NEXT AND ASK IF YOU COULD SPEAK A LITTLE BIT ABOUT THE LGBT OLDER ADULT POPULATION AND KIND OF TALK A LITTLE BIT ABOUT SOME OF THE BARRIERS YOU SEE THERE, THEM FACING, AND SORT OF THE WAYS THAT SSA CAN HELP TO OVERCOME SOME OF THOSE, SOME OF THOSE CHALLENGES.

AARON TAX: >> SURE. THANKS, TRACY. AND YEAH, THANKS SO MUCH FOR HAVING SAGE HERE TODAY, AND I THINK WHAT I SHARE TODAY WILL RESONATE WITH SOME OF THE OTHER THINGS THE OTHER PANELISTS BROUGHT UP TODAY. SO, I THINK IT'S HELPFUL TO START WITH SOME OF THE KEY FACTS ABOUT LGBT OLDER PEOPLE, AND I THINK DESPITE THE STEREOTYPE THAT IT'S A VERY WELL-OFF POPULATION WITH TONS OF DISPOSABLE INCOME, AND FRANKLY THE STEREOTYPE OF, YOU KNOW, THE POPULATION LARGELY BEING MADE UP OF RICH WHITE GAY MEN, YOU KNOW, THE COMMUNITY IS OF COURSE MUCH MORE DIVERSE THAN THAT, AND IT FACES MANY MORE CHALLENGES THAN THAT STEREOTYPE PRESENTS. IN REALITY LGBT FOLKS FACE HIGHER RATES OF POVERTY THAN THEIR HETEROSEXUAL AND CISGENDER COUNTERPARTS, THAT'S PARTICULARLY PRONOUNCED AMONG LESBIAN COUPLES WITH TWICE THE POVERTY RATE OF THEIR HETEROSEXUAL COUNTERPARTS, AND WE ALSO SEE HIGHER POVERTY RATES IN THE POPULATION AT LARGE IN LGBT COMMUNITIES OF COLOR. SO THAT'S ONE THING TO CERTAINLY HIGHLIGHT. IN ADDITION TO THAT WE SEE HIGHER RATES OF SOCIAL ISOLATION, THEY'RE TWICE AS LIKELY TO BE SINGLE AND FOUR TIMES LESS LIKELY TO HAVE KIDS THAN THEIR HETEROSEXUAL AND CISGENDER COUNTERPARTS, AND THAT MEANS THEY FACE THE AGING PROCESS LARGELY ALL ALONE, AND THEY DON'T HAVE SOMEONE AT HOME TO HELP THEM NAVIGATE THE SOCIAL SECURITY WEBSITE, FOR EXAMPLE, AND OTHER CHALLENGES RELATED TO AGING. IN ADDITION TO THAT, WE TOO OFTEN SEE LGBT OLDER FOLKS GO BACK INTO THE CLOSET WHEN THEY'RE IN GREATER NEED OF SOCIAL SERVICES AND SUPPORTS AND IF THEY HAVE A CAREGIVER COME INTO THEIR HOME OR THEY'RE ENTERING A SITUATION WHERE THEY MIGHT FEEL MORE VULNERABLE. AND I THINK THE SAME MIGHT BE TRUE OF, YOU KNOW, EVEN CONTACTING AN OFFICE LIKE SOCIAL SECURITY. MANY OF THESE FOLKS HAVE FACED DISCRIMINATION AND STIGMA ACROSS THE LIFE COURSE. UNTIL 2010, JUST TEN YEARS AGO, OR ACTUALLY IN 2011 WHEN THE LAW WENT AWAY, YOU KNOW, IT WAS STILL ILLEGAL FOR LGBT PEOPLE TO SERVE OPENLY IN THE MILITARY, AND THE BAN ON TRANSGENDER SERVICE WAS JUST AGAIN UNDONE UNDER THIS ADMINISTRATION. SO THIS, YOU KNOW, THIS DISCRIMINATION IS REALLY FRESH IN THE MINDS OF MANY IN THE LGBT COMMUNITY AND, YOU KNOW,

THIS COMMUNITY STILL FACED DISCRIMINATION AT THE HANDS OF THE FEDERAL GOVERNMENT, YOU KNOW, UNTIL RECENT TIMES. AND THERE'S STILL, YOU KNOW, SITUATIONS NOW WHERE WITH RESPECT TO FEDERAL GOVERNMENT BENEFITS LGBT PEOPLE CONTINUE TO FACE DISCRIMINATION. SO AGAIN THIS IS NOT LIKE SOMETHING THAT HAPPENED LONG, LONG AGO, BUT IT'S CERTAINLY SOMETHING THAT'S FRESH IN THE MINDS OF LGBT PEOPLE, AND OF COURSE THAT IMPACTS HOW THEY VIEW SSA, OTHER FEDERAL AGENCIES, AND HOW THEY INTERACT WITH THOSE AGENCIES. SO IN PREPARING FOR TODAY, I REACHED OUT TO THE PEOPLE WHO WORK DIRECTLY WITH LGBT OLDER PEOPLE. AT SAGE WE RUN ABOUT A HALF DOZEN LGBT-TARGETED SENIOR CENTERS IN NEW YORK CITY, AND IN ADDITION TO THAT WE PROVIDE CASE MANAGEMENT FOR MANY LGBT OLDER FOLKS THERE. SO I ASKED THEM WHAT CHALLENGES THEY'VE HEARD ABOUT WITH RESPECT TO SOCIAL SECURITY. AND WHAT THEY RESPONDED WAS JUST GETTING THROUGH TO THE SOCIAL SECURITY ADMINISTRATION SO CLIENTS CAN ASK QUESTIONS OR RECEIVE ASSISTANCE WITH THE DOCUMENTS THEY NEED TO COMPLETE. THEY HAVE TROUBLE DOING THAT, MUCH LIKE, YOU KNOW, IT SOUNDS LIKE A LOT OF OTHER FOLKS DO, TOO. AND YOU CAN IMAGINE THAT CHALLENGE IS COMPOUNDED WHEN YOU DON'T HAVE SOMEONE AT HOME WHO CAN HELP YOU WITH THAT PROCESS. YOU KNOW, YOU'RE REALLY FACING IT ALL ALONE. IN ADDITION TO THAT, WE HEAR ABOUT CHALLENGES WITH THE LANGUAGE THAT SOCIAL SECURITY USES TO CONNECT TO THEIR CLIENTS. THEY SAY THAT MOST OFTEN IT'S NOT THE LANGUAGE THAT THE CLIENT IS FLUENT IN, AND ALSO THE LANGUAGE THAT IS USED IS NOT, YOU KNOW, EASY TO UNDERSTAND. THAT CREATES YET ANOTHER BARRIER TO MANY OF THE PEOPLE WE WORK WITH. AND AGAIN, LIKE I MENTIONED AT THE TOP, YOU KNOW, THERE IS THE STEREOTYPES ABOUT LGBT OLDER FOLKS BEING THIS WHITE MALE AMERICAN-BORN POPULATION, BUT IN FACT JUST LIKE THE REST OF THE UNITED STATES, IT'S MUCH MORE DIVERSE THAN THAT AND YOU TAKE THE CHALLENGES OF BEING LGBT IDENTIFIED AND PAIR THEM WITH THOSE OTHER CHALLENGES, IT CREATES, YOU KNOW, BURDENS IN CONNECTING WITH THE SOCIAL SECURITY ADMINISTRATION. THEY SAY THAT MOST OFTEN CLIENTS CONTACT THEM TO HELP THEM DECIPHER WHAT SSA IS ACTUALLY ASKING, BECAUSE IT'S, QUOTE, UNQUOTE, MOSTLY JARGON ON PAPER. AGAIN, SO I THINK IT'S THIS RUNNING THEME HERE THAT PEOPLE REALLY HAVE TROUBLE NOT ONLY REACHING OUT TO SSA BUT UNDERSTANDING THE COMMUNICATIONS THAT THEY'RE RECEIVING FROM SSA. SO IN, YOU KNOW, IN SHORT, I THINK WHAT THE CLIENTS THAT WE REPRESENT, THE LGBT OLDER PEOPLE THAT WE WORK WITH AND REPRESENT, ARE LOOKING FOR MORE CLARITY IN THE COMMUNICATIONS FROM SSA, AND MORE ACCESSIBILITY AND ACCESS TO EXPERTS OR JUST A VOICE, ANOTHER LINE AT SSA WHO CAN HELP THEM WALK THEM THROUGH THIS PROCESS. SO, THERE YOU GO. I'M HAPPY TO ANSWER ANY QUESTIONS YOU MIGHT HAVE.

TRACEY GRONNIGER: >> GREAT. THANK YOU SO MUCH, AARON. THAT'S REALLY HELPFUL, AND I THINK THAT YOU REALLY DID HIGHLIGHT SOME OF THE STEREOTYPES THAT PEOPLE MIGHT HAVE ABOUT OLDER ADULT COMMUNITIES AND THE OLDER ADULT LGBT COMMUNITY AS WELL IN TERMS OF NOT NECESSARILY INCLUDING THEM IN UNDERSERVED POPULATION DEFINITIONS DESPITE THE FACT THAT THERE ARE LOW-INCOME OLDER ADULTS, LOW-INCOME OLDER ADULT LGBT INDIVIDUALS WHO ALSO NEED ACCESS TO THE PROGRAMS AND SERVICES. SO, I APOLOGIZE, WE'RE HAVING A LITTLE BIT OF TECHNICAL DIFFICULTY, AND SO WE'RE TRYING TO GET ROBIN AND DAZARA ON. I THINK WE'RE GOING TO TRY TO UNMUTE FOLKS AND SEE, UNMUTE EVERYONE, SO EVERYONE'S AUDIO MAY TURN ON. IF THAT HAPPENS, IF YOU COULD JUST MUTE YOURSELVES THAT WOULD BE GREAT, BUT HOPEFULLY THAT WILL LET US GET ROBIN AND DAZARA ON THE LINE. SO, LET'S SEE IF MAYBE WE CAN DO THAT. AND IF NOT, I CAN ALSO JUMP BACK TO SOME OTHER FOLKS WHO WE KNOW ARE ACTUALLY ON AND READY

TO TALK TO GIVE THEM SOME MORE TIME AND ASK THEM SOME QUESTIONS THAT I'M SURE THEY WOULD BE HAPPY TO ANSWER. SO, LET ME PAUSE HERE FOR JUST A QUICK MOMENT AND SEE IF THAT WORKS, AND IF NOT, THEN I WILL JUMP OVER TO SOMEONE ELSE AND GIVE US ALL SOME MORE TIME TO FIGURE OUT THE SOUND LOGISTICS HERE. OKAY. ALL RIGHT. OH, AND, OH, ALSO, WHILE WE'RE WAITING HERE, IF FOLKS HAVE QUESTIONS, PLEASE DON'T FORGET TO SEND THEM TO US VIA EMAIL. ANYTHING YOU WANT TO TALK ABOUT, WE'LL HAVE TIME FOR QUESTIONS AFTER THE SESSION IS -- THE MODERATOR SESSION IS ENDED, SO YOU CAN EMAIL NATIONALDISABILITYFORUM@SSA.GOV. SO WHILE THIS IS HAPPENING, I'M GOING TO JUMP BACK OVER TO -- LET'S SEE. I'M GOING TO JUMP BACK OVER TO KEE. KEE, I WANT TO ASK YOU ABOUT WHETHER THERE IS SOME SPECIFIC LIKE NEW SSA POLICIES OR GUIDANCE OR REGULATIONS, THINGS THAT YOU THINK THE AGENCY SHOULD CONSIDER SO THAT THEY CAN HELP IN THIS EFFORT TO ADVANCE EQUITY. I KNOW EVERYONE WILL SAY AND WE'VE HAD COMMENTS FROM THE AUDIENCE THAT ARE, YOU KNOW, OPEN THE FIELD OFFICE. I THINK THAT'S THE ONE THAT GOING TO, YOU KNOW, THAT WILL COME UP. BUT ARE THERE OTHER POLICIES OR THINGS THAT YOU THINK THE AGENCY SHOULD BE DOING IN ORDER TO KIND OF ADDRESS AND OVERCOME SOME OF THESE BARRIERS?

KEE TOBAR:>> YES, THERE ARE. AND WORK [ INAUDIBLE ] WITH ME BECAUSE I HAVE A RATHER EXTENSIVE LIST HERE WITH REGARD TO LEP CLIENTS. I THINK SSA SHOULD PROACTIVELY OFFER INTERPRETIVE SERVICES AT AN EARLIER STAGE, AT DDS STAGE, RECON STAGE, ESPECIALLY IF THERE IS INDICATION WITHIN THEIR FILE THAT THEY ARE LEP. WE DON'T SEE THAT CURRENTLY HAPPENING. I THINK THAT THERE SHOULD BE ANNUAL IMPLICIT BIAS TRAININGS, ESPECIALLY OR SPECIFICALLY RACIAL BIAS TRAININGS FOR ALL SSA STAFF, BUT ESPECIALLY FOR SSA STAFF THAT INTERACT WITH CLAIMANTS, INCLUDING IMPLICIT BIAS TRAININGS WITH REGARD TO THE MEDICAL FIELD AND MEDICAL MANAGEMENT OR MEDICINE MANAGEMENT AND ITS EFFECT ON EVIDENCE. ALSO, I THINK THERE SHOULD BE MANDATED TRAININGS FOR ALL CEs WHO ARE USED BY SSA, AS WELL AS A MORE MEANINGFUL AND TRANSPARENT COMPLAINT PROCESS TO ROOT OUT THOSE CEs AND ALJs THAT ARE EXHIBITING BIAS. I'M EXTREMELY EXCITED ABOUT THE NEW PRERELEASE AGREEMENTS WITH PENAL INSTITUTIONS. IT WOULD BE GREAT IF WE THOUGHT ABOUT OUR YOUTH POPULATION WHO ARE INVOLVED WITH THE JUVENILE JUSTICE SYSTEM AND JUVENILE JUSTICE FACILITIES TO MAKE SURE THAT THEY ALSO HAVE PRERELEASE AGREEMENT OPPORTUNITIES, BECAUSE WE KNOW THAT THOSE WHO LEAVE JUVENILE JUSTICE FACILITIES WHO MAY OR BEFOREHAND HAD BEEN DIAGNOSED, IF THEY'RE IN THE FACILITIES LONG ENOUGH THOSE BENEFITS STOP OR ARE TERMINATED, AND THEY HAVE A HARD TIME TRANSITIONING BACK HOME. SO, I THINK IT WOULD BE REALLY HELPFUL, NOT TO MENTION THIS WOULD DISPROPORTIONATELY HAVE AN IMPACT ON QUEER BI POP PEOPLE AS THERE'S A LARGE POPULATION OF SOMETHING NEAR AROUND 40% WHO MAKE UP THE JUVENILE JUSTICE POPULATION. FURTHERMORE, ON THAT BASIS, CURRENT OR MORE EMPHASIS ON THE CURRENT PRE-TRANSITION AGREEMENTS THAT WE HAVE FOR FOSTER YOUTH, WHICH I THINK IS A GREAT PROGRAM THAT WE HAVE THAT COULD JUST BE BOLSTERED WITH MORE EMPHASIS AND ADVERTISEMENT OF THAT GREAT PROGRAM. MORE SPECIFIC GUIDANCE ON MARIJUANA AND OTHER DRUG MATERIALITY, GIVEN THE CURRENT SCIENCE AND VIEW ON ADDICTION AS A DISEASE, ESPECIALLY GIVEN THE STATUS OF MARIJUANA IN THIS COUNTRY, BECAUSE WE ALSO KNOW THAT THIS DISPROPORTIONATELY, THE BIAS AND OUR THOUGHTS AROUND IT DISPROPORTIONATELY AFFECTS BLACK PEOPLE AND PEOPLE OF COLOR. ACKNOWLEDGMENT OF BARRIERS, AGE BARRIERS WITH YOUTHS AND THE USE OF COMMUNITY ORGANIZATIONS AS NAVIGATORS TO HELP YOUNG PEOPLE ACCESS SSA AND WITH APPLICATIONS, GIVEN THE REALITY THAT THE SSA FIELD OFFICES MAY NOT OPEN UP. AND LASTLY, I WOULD SAY MORE

EMPHASIS ON SECTION 301 FOR YOUTH WHO ATTEND MAJORITY MINORITY SCHOOLS, BECAUSE CURRENTLY WE SEE THAT THERE IS A DISCREPANCY IN WHO IS ABLE TO ACCESS THOSE 301 PAYMENTS. SO THOSE ARE MY LAUNDRY LIST OF POLICY AND GUIDANCE THAT WOULD BE HELPFUL.

TRACEY GRONNIGER: >> THANKS. I HOPE THAT SOMEONE WAS WRITING FURIOUSLY, MAKING LIKE A WHOLE LIST. I'M SURE THAT WE ARE SEEING ALL OF THESE IN THE COMMENTS, SO THIS IS JUST, IT'S GREAT TO HAVE, IT'S GREAT TO HAVE THE LAUNDRY LIST AS WELL. AH, I SEE DAZARA. WE MADE IT HAPPEN, PEOPLE, WE MADE IT HAPPEN. HI, DAZARA. I AM GOING TO GIVE YOU A LITTLE TIME BECAUSE I'M SURE YOU HAVE A LOT TO SAY AND THERE'S A LOT THAT YOU'RE PROBABLY LIKE, WAIT, I HAVE THOUGHTS HERE, TOO. SO, I GUESS I'LL OPEN UP THE FLOOR A LITTLE BIT TO ASK, YOU KNOW, WHAT ARE SOME OF THE WAYS THAT SSA CAN HELP UNDERSERVED COMMUNITIES OVERCOME THE BARRIERS THAT WE'VE BEEN TALKING ABOUT? GIVE US YOUR PERSPECTIVE. WHO ARE YOU THINKING ABOUT AND HOW CAN SSA BE BETTER AT HELPING THOSE COMMUNITIES AND THOSE PEOPLE?

DAZARA WARE: >> ALL RIGHT. SO JUST TO GIVE MYSELF A FEW SECONDS TO GATHER MY THOUGHTS, THE POPULATION THAT SPEAKS TO ME THE MOST BASED ON MY EXPERIENCE AND MY, YOU KNOW, INVOLVEMENT WITH WORKING WITH PEOPLE IS THE POPULATION MOST AFFECTED BY SERIOUS MENTAL ILLNESS AND THE EXPERIENCE OF HOMELESSNESS AND LOW INCOMES. THE UNIQUENESS ABOUT ALL OF THIS -- AND I HEARD YOUR QUESTION BUT IT HASN'T RESONATED TO ME YET BECAUSE I JUST LOGGED ON --

TRACEY GRONNIGER: >> THAT IS TOTALLY FAIR. YOU CAN LIKE TALK YOURSELF THROUGH -- [ CROSS TALKING ]

TRACEY GRONNIGER: >> I KNOW YOU HAVE A LOT OF THOUGHTS.

DAZARA WARE: >> JUST BEAR WITH ME.

TRACEY GRONNIGER: >> WALK US THROUGH YOUR THOUGHT PROCESS. WE'RE GOING TO SEE IT ALL IN ACTION.

DAZARA WARE: >> ALL RIGHT. SO, TAKE A LITTLE JOURNEY THROUGH DAZARA'S MIND. OKAY. SO THE UNIQUE NEEDS THAT COME TO MIND, OF COURSE, ARE THE NEEDS ASSOCIATED WITH THOSE TWO POPULATIONS, BECAUSE THAT'S WHERE I AM. BUT BEFORE WE EVEN TALK ABOUT THE UNIQUE NEEDS FOR THE PURPOSE OF THIS FORUM, EQUITY IN SSA PROGRAMS AND HIDDEN BARRIERS, THERE ARE SO MANY UNIQUE NEEDS OF NOT ONLY OF PEOPLE OF COLOR BUT AS KEE TALKED ABOUT, YOU KNOW, PEOPLE WITH SERIOUS MENTAL ILLNESS, PAST AND CURRENT INCARCERATIONS, AND OTHER, YOU KNOW, KIND OF UNDERSERVED POPULATIONS. NOW FROM WHAT I HEARD FROM KAS, HE'S REALLY TOUCHED ON A LOT OF THINGS AND SO DID KEE, BUT IN GENERAL IN ORDER FOR US TO REALLY MOVE FROM A CONVERSATION, FROM A DISCUSSION IN THE MOMENT TO A REAL CONVERSATION THAT IS MEANT TO DEVELOP INTO AN ACTION PLAN IN THE MOVEMENT, YOU KNOW, AND NOT JUST KIND OF HAVING THESE DISCUSSIONS JUST TO KIND OF SAY WE DID THAT, WE CHECKED THAT BOX. IN ORDER FOR US TO REALLY DO THAT, BEFORE WE EVEN THINK ABOUT ALL OF THESE THINGS, BECAUSE IT'S APPARENT, RIGHT, YOU KNOW, WE ARE HUMAN BEINGS AND WE EXPERIENCE THESE THINGS, AND THE WAY THAT WE SHOW UP TO WORK IS HOW WE DO OUR WORK. THAT'S JUST HOW IT IS. AND TO REALLY GET DOWN TO THE BASICS, WE HAVE TO START WITH SOME LEVEL OF TRAINING THAT'S CONSISTENT WITH ALL SOCIAL SECURITY STAFF, PARTICULARLY THOSE THAT WORK DIRECTLY WITH THE PUBLIC, TO

ADDRESS ANY UNCONSCIOUS BIAS THAT MAY HINDER TRUE ACCESS AND HINDER THE BEST SERVICE, YOU KNOW, AS POSSIBLE. SO, WE HAVE TO START THERE AS A BASELINE. AND SECONDLY, WE'RE TALKING ABOUT EQUITY. BUT SOCIAL SECURITY DOESN'T EVEN TRACK, LIKE, RACE. SO BEING ABLE TO TRACK THE OUTCOMES FOR PEOPLE OF COLOR AND OTHER SPECIFIC POPULATIONS IS REALLY GOOD, A GOOD IDEA IN ORDER FOR US TO DETERMINE THE BASELINE TO SEE THAT, YOU KNOW, WHERE THE POSSIBILITIES CAN LIE. WHERE CAN WE IMPROVE? WHERE ARE AREAS IN SPECIFIC POPULATIONS THAT REALLY NEED TO BE DEVELOPED AND EDUCATED FOR OUR STAFF TO REALLY UNDERSTAND HOW TO BEST SERVE THEM? AND AS FAR AS LIKE, YOU KNOW, AND I THINK FOR ME, MY, I REALLY BELIEVE THAT STARTING OFF IN THOSE TWO AREAS KIND OF FIRST ARE JUST THE BASELINE. THEY'RE THE BARE MINIMUM THAT WE CAN DO. NOW SPECIFIC TO FOLKS THAT ARE EXPERIENCING HOMELESSNESS IN THOSE, YOU KNOW, WITH LOW INCOME, PARTICULARLY THOSE FOLKS WITH HOUSING INSECURITY, KAS AND I BELIEVE KEE TALKED ON THE IMPORTANCE OF COMMUNICATION. SO, WITH THESE POPULATIONS, YOU KNOW, COMMUNICATION IS SUPER IMPORTANT. SOCIAL SECURITY COMMUNICATES THROUGH THE MAIL. SO, IF YOU HAVE HOUSING INSECURITY OR YOU'RE EXPERIENCING HOMELESSNESS, THOSE ARE BARRIERS IN AND OF ITSELF. AND SO, YOU KNOW, TO REALLY UNDERSTAND THE COMPLEXITY OF WORKING WITH PEOPLE THAT ARE IN CONSTANT, YOU KNOW, IN A CONSTANT TRANSIENT STATE IS REALLY IMPORTANT. THERE NEEDS TO BE MORE, AND KAS TOUCHED ON THIS A LITTLE BIT, BUT THERE NEEDS TO BE MORE CLARIFICATION ON SOCIAL SECURITY'S RULING FOR THE CONSIDERATION OF WHAT CAN BE -- THE CONSIDERATION OF COLLATERAL EVIDENCE AND COLLATERAL SOURCES. PEOPLE THAT ARE, YOU KNOW, JUST STRUGGLING TO SURVIVE AND, YOU KNOW, GET THROUGH THE DAY, IT'S REALLY HARD TO THINK ABOUT TREATMENT AND GOING TO DOCTORS' APPOINTMENTS WHEN YOU DON'T KNOW WHERE YOU'RE GOING TO LAY YOUR HEAD AND YOU DON'T KNOW HOW YOU'RE GOING TO MAKE IT THROUGH THE DAY. SO, FOR THAT SPECIFIC POPULATION, YOU KNOW, NAVIGATING GOING TO THE DOCTOR AND GENERATING, YOU KNOW, GOING TO APPROVED MEDICAL SOURCES, MOST FOLKS THAT ARE EXPERIENCING LOW INCOME DON'T HAVE ACCESS TO THE SAME OPPORTUNITIES AS JUST ME CALLING AND MAKING AN APPOINTMENT TO GO TO YOUR PRIMARY CARE PHYSICIAN. THEY MIGHT ONLY HAVE A NURSE PRACTITIONER OR A SOCIAL WORKER, AND WE REALLY HAVE TO LOOK AT WHAT'S CONSIDERED THAT, YOU KNOW, COLLATERAL INFORMATION AND HOW MUCH THAT'S WEIGHED IN DECISION MAKING. I WOULD ALSO ENCOURAGE MORE CLARIFICATION ON THE RULES AROUND THE REQUIREMENTS IMPLEMENTED BY MANY LOCAL FIELD OFFICES ABOUT HAVING TWO YEARS' WORTH OF, YOU KNOW, MEDICAL RECORDS, CURRENT, YOU KNOW, TWO YEARS OF THE MOST CURRENT MEDICAL RECORDS. I KNOW PEOPLE WITH, YOU KNOW, HOMES AND FULL-TIME JOBS AND NO DISABLING CONDITION THAT HAVE NOT BEEN TO THE DOCTOR IN YEARS. AND SO, YOU KNOW, FOR FOLKS THAT ARE EXPERIENCING AND TRYING TO NAVIGATE THE SYSTEM AND FACING SPECIFIC, YOU KNOW, REALLY UNIQUE BARRIERS, THEY MIGHT NOT HAVE THAT, YOU KNOW, TO HAVE TWO YEARS' WORTH OF MEDICAL RECORDS OR MEDICAL RECORDS THAT WERE ONLY, YOU KNOW, PROVIDED BY PEOPLE THAT ARE NOT WITHIN THE REALM OF THAT APPROVED MEDICAL SOURCE AND, YOU KNOW, IT JUST CAUSES A BARRIER. CONSIDERING HOMELESS LIAISONS AND CLARIFYING THEIR ROLE AND THEIR RESPONSIBILITIES AND THEIR, YOU KNOW, WHAT DOES IT MEAN TO HAVE MEANINGFUL ENGAGEMENT AS A HOMELESS LIAISON FOR SOCIAL SECURITY. WE HAVE PRACTITIONERS ALL OVER THE COUNTRY THAT ARE WILLING TO KIND OF TAKE THE TIME TO LEARN ABOUT SOCIAL SECURITY AND REALLY SEE THE NEED FOR PEOPLE SPECIFICALLY THAT ARE EXPERIENCING SERIOUS MENTAL ILLNESS THAT ARE REALLY IN NEED OF SERVICES THAT CAN PROVIDE THAT HANDHOLDING, YOU KNOW, TO REALLY BE ABLE TO NAVIGATE

THAT SYSTEM WHERE THEY WOULDN'T BE ABLE TO DO IT ON THEIR OWN. FOR ALL THE REASONS THAT KAS, YOU KNOW, TALKED ABOUT EARLIER. AND SO MAYBE A POSSIBILITY COULD BE, COULD INCLUDE, YOU KNOW, SOME WAY TO FUND THOSE PEOPLE THAT ARE WILLING TO TAKE THAT TIME TO HELP OTHER FOLKS NAVIGATE THE SYSTEM, SPECIFICALLY FOR PEOPLE THAT ARE AT RISK OR EXPERIENCING HOMELESSNESS. I DON'T WANT TO EAT UP TOO MUCH OF MY TIME, BUT I COULD GO ON, BUT I'LL PASS IT ON --

TRACEY GRONNIGER: >> YEAH, I'LL GIVE YOU A MOMENT. THAT WAS EXCELLENT AND IT TOUCHED ON ALL THE THINGS I WAS THINKING YOU WERE GOING TO TALK ABOUT. BUT LET ME MAYBE TURN TO ROBIN AND COME BACK TO YOU TO TALK A LITTLE MORE AND YOU CAN KIND OF THINK ABOUT ANYTHING ELSE THAT MAYBE YOU ALSO WANT TO ADD AND WE CAN GET YOUR THOUGHTS AND PERSPECTIVES ON OTHER QUESTIONS AS WELL. BUT ROBIN, LET ME GO TO YOU AND ASK YOU SOME OF THE SAME QUESTIONS THAT THE OTHER PRESENTERS HAVE BEEN RESPONDING TO, LOOKING AT KIND OF THE UNIQUE NEEDS OF PEOPLE IN UNDERSERVED COMMUNITIES WHO ARE SOME OF THE PEOPLE THAT YOU WORK WITH OR THINK ABOUT. AND THEN THINKING ABOUT SSA PROGRAM REQUIREMENTS OR BARRIERS THAT MAY EXIST THAT WE SHOULD BE CONSIDERING AND THAT WE MIGHT BE ABLE TO ADDRESS OR OVERCOME OR CHANGE IN SOME WAY TO REALLY HELP THE POPULATIONS THAT YOU ARE THINKING ABOUT AND THAT YOU WANT TO ADDRESS.

ROBIN RUNGE: >> SURE. THANK YOU SO MUCH, TRACEY, AND IT'S A PRIVILEGE AND AN HONOR TO BE WITH THIS GROUP, AND I'M SO GLAD THAT WE FINALLY FIGURED IT OUT, AND I APOLOGIZE IF I LOOK A LITTLE ODD, BUT I'M ON MY PHONE. SO, I REALLY WANT TO TALK ABOUT TWO POPULATIONS IN PARTICULAR, AND THEY REALLY, I THINK THE ISSUES I'M GOING TO RAISE RESONATE WITH SEVERAL OF MY PANELISTS. SO, I HAD THE PLEASURE OF TEACHING AT THE UNIVERSITY OF NORTH DAKOTA SCHOOL OF LAW, AND NORTH DAKOTA IS A STATE WITH A POPULATION THAT IS SMALLER THAN THE POPULATION OF THE DISTRICT OF COLUMBIA, WHERE I LIVE NOW. AND THERE ARE MANY STATES, ACTUALLY -- I SHOULDN'T SAY MANY, BUT THERE'S AT LEAST FIVE STATES THAT HAVE VERY RURAL POPULATIONS LIKE THAT. AND SO, IN MY TIME THERE I REALLY GOT TO SEE -- AND I RAN A LEGAL CLINIC PROVIDING SERVICES TO THE COMMUNITY, AND REALLY FIRSTHAND SAW THE CHALLENGES THAT I FACED TRYING TO REACH POPULATIONS WITH INFORMATION, INFORMATION ABOUT SERVICES LIKE SSI. AND SO, SOME OF THE KEY THINGS THAT I REALLY SAW WERE THE POPULATION TENDS TO BE OLDER, AND VERY ISOLATED. RIGHT? I MEAN, YOU CAN DRIVE FOR HOURS, AND IT'S A FARMING COMMUNITY PRIMARILY EVEN TO THIS DAY. AND SO, PEOPLE LIVE ON LARGE SWATHS OF LAND SEPARATED FROM COMMUNITY FOR MOST OF THEIR LIVES. SO, THEY ARE REALLY INDEPENDENT, AND SO THE FOLKS THAT I INTERACTED WITH HAD PHONES, BUT THEY WEREN'T, NOT REALLY COMPUTER LITERATE, AND IT WASN'T A PRIORITY, AND I WOULD SAY EVEN MORE OF THAT, LITERACY WASN'T A PRIORITY FOR THEM TO BE VERY SUCCESSFUL IN THEIR JOBS AND THEIR CAREERS. AND SO WHEN THEY GOT TO A STAGE WHERE THEY NEEDED TO HAVE ACCESS OR COULD BENEFIT FROM ACCESS TO THESE SERVICES, IT WAS NOT UNCOMMON THAT THEY DIDN'T KNOW THAT THEY EXISTED, FRANKLY, OR WHAT THE NAMES WERE, AND THE MATERIALS THAT WOULD BE PROVIDED TO THEM, SAY, IN THE MAIL OR OTHERWISE, WERE WRITTEN, AND THEY COULDN'T READ IT AND UNDERSTAND IT. AND SO, YOU KNOW, SOMETHING THAT I'M A HUGE FAN OF THAT I KNOW HAS BEEN THE FOCUS OF A LOT OF SERVICE PROVIDERS AND THE AGENCY IS A LOT OF MATERIALS THAT HAVE CARTOONS AND DRAWINGS AND PHONE NUMBERS, YOU KNOW, THERE'S DIFFERENT WAYS TO CONVEY INFORMATION. AND THEN THE OTHER THING THAT I REALLY REMEMBER -- AND THIS IS FROM MY PERSONAL EXPERIENCE WITH MY OWN FATHER -- IS HE'S

GOING TO WANT TO TALK TO SOMEBODY ANYWAY, AND HE'S GOING TO WANT TO TALK TO SOMEBODY LIKE HIM. AND SO, I KNOW THERE ARE GREAT INITIATIVES TO THE EXECUTIVE ORDER TO REALLY LOOK AT HOW WE'RE PROVIDING SERVICES AND WHO'S PROVIDING SERVICES, AND I KNOW WE'RE ALWAYS THINKING ABOUT TRYING TO MAKE SURE THAT OUR STAFF IS REFLECTIVE OF THE COMMUNITY WE'RE SERVING. AND I CAN'T STRESS ENOUGH AND I THINK THAT'S FOR ALL POPULATIONS. I'M THAT WAY, RIGHT? AND I THINK THAT'S REALLY IMPORTANT BECAUSE WE TEND TO USE VOCABULARY AND LANGUAGE, YOU KNOW, AS AARON MENTIONED, LIKE IF THERE'S SOMEONE WHO'S MORE [ INDISCERNIBLE ] THEY'RE GOING TO USE THEM MORE NATURALLY THAN HE OR SHE, RIGHT, AND THEY'RE NOT GOING TO DEFAULT TO HETERONORMATIVE LANGUAGE, RIGHT? SO, IN THIS INSTANCE, YOU KNOW, IT WAS HELPFUL THAT I GREW UP IN A RURAL COMMUNITY WHEN I WOULD REACH OUT TO FOLKS FOR THE FIRST TIME BECAUSE I HAD A REFERENCE POINT FOR TALKING ABOUT WHAT THAT'S LIKE AND HOW DIFFICULT IT IS, AND THE RESISTANCE THERE MAY BE TO ACCESSING SERVICES. SO, I WOULD REALLY SAY LITERACY IS A HUGE ISSUE, ISOLATION, AND THEN IT IS HARD TO IMAGINE IN THIS DAY AND AGE, BUT HUGE SWATHS OF NORTH DAKOTA HAVE REALLY UNEVEN OR NO ACCESS TO THE INTERNET. AND SO, ON THE ONE HAND IT'S WONDERFUL THAT WE HAVE INCREASINGLY DEVELOPED SYSTEMS AND STRUCTURES THAT ARE ACCESSIBLE THROUGH THE INTERNET, BUT WE HAVE TO REMEMBER THAT THERE ARE HUGE PERCENTAGES OF THE POPULATION THAT STILL DON'T HAVE COMPUTERS OR, IF THEY DO, THEY DON'T ALWAYS WORK. I JUST HEARD A GREAT PIECE ACTUALLY ON NPR YESTERDAY ABOUT A NATIVE AMERICAN RESERVATION IN NEW MEXICO -- OR ARIZONA -- THAT TALKED ABOUT THIS VERY THING. AND SO, WE HAVE TO KEEP -- THESE ARE NOT NEW ISSUES. BUT WE HAVE TO KEEP THINKING ABOUT THAT. AND I REALLY SEE THAT AGAIN AND AGAIN. THE OTHER POPULATION THAT I HAVE A DEFINITE EXPERIENCE IN WORKING WITH IS SURVIVORS OF DOMESTIC VIOLENCE. AND AGAIN, THIS IS A POPULATION THAT FACES CHALLENGES AROUND THEIR SAFETY AND THEIR CONTROL TO THEIR ECONOMIC SECURITY. SO, YOU KNOW, ONE THING THAT I'VE ADVOCATED A LOT FOR OVER THE YEARS IS THAT, THROUGH A SIMPLE SCREENING PROCESS, IF YOU WERE ON THE PHONE WITH SOMEONE WHO YOU'RE REACHING OUT TO OR MAYBE THEY'RE REACHING OUT TO YOU, IS TO ASK SOME BASIC QUESTIONS; ARE YOU SAFE, DO YOU FEEL SAFE TALKING RIGHT NOW? AND ESPECIALLY IF YOU FIND A CIRCUMSTANCE WHERE SOMEONE ELSE IS DOING ALL THE TALKING FOR THE OTHER PERSON -- AND THIS IS TRUE FOR SURVIVORS OF DOMESTIC VIOLENCE OR GUARDIANS. YOU KNOW THAT CONTROL PIECE IS REALLY CRITICAL. YOU KNOW, FINDING WAYS TO SIGNAL TO THE INDIVIDUAL ON THE OTHER END OF THE PHONE THAT YOU ARE CONCERNED ABOUT THEIR SAFETY, YOU'RE AWARE THAT THEIR SAFETY MAY BE AT RISK. AND THINKING ABOUT WAYS OF SIGNALING TO THEM THAT YOU WANT TO MAKE SURE THAT THEY'RE MAKING THE DECISIONS AND THAT THEY FEEL SAFE TO DO SO. AND THEN AGAIN, IN RURAL COMMUNITIES, YOU KNOW, I MEAN THERE'S NO ESCAPE, RIGHT. AND THIS HAS BEEN EXACERBATED BY THE PANDEMIC. AS WE KNOW, PEOPLE ARE TRAPPED IN THEIR HOMES. SO, ONE THING I'VE SEEN -- AND YOU'VE PROBABLY TRIED THIS IN THE PAST, BUT I WOULD REALLY ENCOURAGE IT AS A KEY MECHANISM FOR OVERCOMING SOME OF THE BARRIERS I'VE DESCRIBED IS THE FAITH BASED COMMUNITY. THEIR CHURCHES, THEIR SYNAGOGUES, THEIR MOSQUES. ACTUALLY, ONE OF THE OLDEST MOSQUES IN THE COUNTRY IS IN FARGO, NORTH DAKOTA AND IT'S ONE OF THE MOST BEAUTIFUL BUILDINGS I'VE EVER SEEN. PEOPLE STILL, EVEN THE PANDEMIC, EVEN IN THE BLIZZARD, ARE GOING TO THEIR COMMUNITY, GOING TO THEIR FAITH BASED ORGANIZATIONS. AND SO THAT IS WHERE WE WOULD OFTEN FIND AN ABILITY TO MEET ONE-ON-ONE WITH FOLKS. AND THAT CAN BE DONE REALLY SAFELY AND CONFIDENTIALLY. AND NOT JUST PASSING OUT PAPERS, AS I SAID, BECAUSE PEOPLE CAN'T ALWAYS READ THAT STUFF. AND YOU KNOW, I THINK THINKING

CREATIVELY THOSE WAYS ABOUT REACHING OUT TO PEOPLE -- AND I ALSO KNOW THERE'S A LOT OF GREAT PROGRAMS GOING ON TO TRY TO INCREASE BROADBAND ACCESS IN RURAL AREAS. AND SO, YOU KNOW, HAVING THE AGENCY COLLABORATE WITH THOSE EFFORTS. I KNOW THERE ARE EFFORTS TO GET MORE -- GIVE COMPUTERS, RIGHT, TO DIFFERENT POPULATIONS, TO TRAIN PEOPLE ON HOW TO USE THEM. BUT SPEAKING AS I GET OLDER -- I KNOW I'M THIS WAY. AND MY PARENTS -- DEFINITELY, MY DAD, I LOVED HIM. BUT HE WAS NOT GOING TO LEARN HOW TO USE THE COMPUTER. [ LAUGHTER ] YOU KNOW, HE GOT INTO THE STAGE IN HIS LIFE -- SO SOME OF THAT EFFORT IS GREAT. BUT WE HAVE TO REMEMBER TO THINK ABOUT TARGETING AUDIENCES, RIGHT. BUT THEY'RE SMART. THEY'RE THOUGHTFUL. AND THEY CAN BENEFIT FROM THESE SERVICES IF WE JUST RECOGNIZE THAT THESE ARE THE WAYS THAT THEY ACT. I DON'T THINK OF THEM REALLY, JUST SO YOU KNOW, AS UNIQUE NEEDS OR BARRIERS. IT'S JUST HOW PEOPLE ACCESS SERVICES, RIGHT. AND A LOT OF THESE FOLKS ALSO HAVE DISABILITIES, JUST LIKE MY COLLEAGUES HAVE TALKED ABOUT. WHETHER THEY MIGHT BE COGNITIVE, MENTAL, PHYSICAL, RIGHT. AND THOSE ARE ISSUES THAT THEY COPE WITH EFFECTIVELY ON A DAILY BASIS, RIGHT. AND SO, WE JUST NEED TO THINK ABOUT HOW THAT IMPACTS THEIR ABILITY TO ACCESS THE RECORDS THEY NEED, RIGHT. ALSO JUST GETTING TO THE DOCTOR TO GET MEDICAL RECORDS. THAT'S PART OF THE REASON -- YOU KNOW, MY COLLEAGUE WAS JUST SAYING, YOU KNOW, PEOPLE DON'T GO FOR YEARS. PART OF THAT IS BECAUSE YOU'RE OUT ON THE FARM AND YOU'RE FOUR HOURS FROM YOUR MEDICAL PROVIDER, UNLESS THEY'RE DOING CIRCUITS, RIGHT. SO, A LOT OF THOSE THINGS, WE JUST NEED TO RECOGNIZE AND MAKE SURE THAT THE DEADLINES ARE TAKEN INTO CONSIDERATION, THE CHALLENGES THAT THEY FACE. NOT THE ONES THAT THEY HAVE, THAT THEY FACE IN TRYING TO MEET THE OBLIGATIONS IN ORDER TO ACCESS BENEFITS THAT THEY'RE ENTITLED TO, RIGHT. AND I THINK THAT'S WHAT OUR GOAL IS. SO, I'LL STOP THERE. BUT I THINK THOSE ARE SOME OF THE KEY THINGS THAT I'VE REALLY SEEN.

TRACEY GRONNIGER: >> GREAT. THANK YOU SO MUCH, ROBIN. I THINK THAT'S REALLY -- ALL OF THAT IS REALLY HELPFUL IN THINKING ABOUT WHO IS BEING SERVED AND HOW THEY MIGHT DIFFER FROM PEOPLE IN DIFFERENT COMMUNITIES. I THINK THIS IS REALLY GREAT BECAUSE WE'RE HIGHLIGHTING THE VARIOUS COMMUNITIES AND THE DIFFERENT WAYS THAT PEOPLE ARE COMING TO THE TABLE TO GET SERVICES TO ACCESS BENEFITS THAT THEY MIGHT BE ELIGIBLE FOR. AND SO, TOUCHING ON ALL OF THESE COMMUNITIES, I THINK, IS REALLY, REALLY IMPORTANT. I WOULD LIKE TO ASK MICHAEL -- AND THEN MAYBE I'LL COME BACK TO YOU, DAZARA, TO GIVE YOU ANOTHER CHANCE TO TALK ABOUT THE THINGS THAT YOU THINK ARE CRITICAL TO CONSIDER. BUT MICHAEL, I WANTED TO ASK YOU, IN TERMS OF NEW SSA POLICIES OR REGULATIONS OR GUIDANCE, DO YOU HAVE THOUGHTS ABOUT KIND OF SPECIFIC ACTIONS OR WAYS THAT SSA CAN CHANGE HOW THEY ARE ENGAGING WITH TRIBAL COMMUNITIES AND REGS OR POLICIES OR THINGS THAT MIGHT ACTUALLY BE ABLE TO OVERCOME SOME OF THOSE PROBLEMS THAT YOU IDENTIFIED IN TERMS OF KIND OF THE INEQUITABLE WAY THAT TRIBAL COMMUNITIES MAY BE TREATED BECAUSE OF JUST THE WAY THAT THEIR COMMUNITIES DIFFERENTLY PROVIDE ASSISTANCE TO PEOPLE IN THE COMMUNITY. UH-OH. EITHER YOU'RE ON MUTE STILL OR MAYBE YOU'RE NOT AT THE TABLE RIGHT NOW. IF SO, I WILL JUMP OVER TO DAZARA AND LET HER ANSWER THE SAME QUESTION OR ANY OTHER QUESTION THAT YOU WOULD LIKE TO ANSWER SINCE YOU HAD TO DO SORT OF A LIKE STREAM OF CONSCIOUSNESS REPLY.

DAZARA WARE: >> I'M STILL IN THAT STREAM, SO I'M GOING TO ASK YOU TO REPEAT THE MAIN PORTION OF THAT QUESTION THAT YOU WOULD LIKE ME TO RESPOND TO.



TRACEY GRONNIGER: >> THE MAIN QUESTION I WAS ASKING WAS KIND OF ABOUT SPECIFIC SSA POLICIES OR REGULATIONS OR GUIDANCE, THINGS THAT SSA COULD DO OR CONSIDER THAT WOULD ADVANCE EQUITY. AND I THINK YOU TOUCHED ON SOME OF IT ALREADY. SO, IF YOU WANT TO REITERATE SOME OF THOSE THINGS OR EVEN THINK OUTSIDE OF THAT, ARE THERE OTHER KIND OF BARRIERS OR CHALLENGES OR CONSIDERATIONS THAT SSA SHOULD BE TAKING INTO ACCOUNT THAT WOULD HELP THEM ACTUALLY REACH THE PEOPLE THAT THEY'RE TRYING TO REACH AND ACTUALLY REACH THOSE UNDERSERVED COMMUNITIES IN A WAY THAT THEY ARE NOT DOING RIGHT NOW. AND YEAH, SO SORT OF YOUR IDEAS THERE.

DAZARA WARE: >> YEAH. SO, I TOUCHED ON, YOU KNOW, THE TWO-YEAR RULE ABOUT MEDICAL RECORDS. IT SEEMS TO BE MAYBE LOCAL LEVEL SPECIFIC. SO, THE CLARITY AROUND THAT. AND THEN I ALSO TOUCHED ON, REALLY REGARDING COLLATERAL SOURCES. I THINK THAT THE NEXT THING THAT COULD COME TO MIND WOULD BE STRENGTHENING -- AND KEE TOUCHED ON THIS A LITTLE BIT ALSO. WHEN WE TALK ABOUT PRE-RELEASE AGREEMENTS, THAT'S ALSO AN AREA OF MY EXPERTISE, WORKING WITH PEOPLE THAT ARE CURRENTLY INCARCERATED OR FACING RE-ENTRY. AND I THINK IT'S A REAL PIVOTAL TIME FOR US TO CONSIDER THAT BECAUSE FOR, YOU KNOW, THE DOC SIDE, THE DEPARTMENT OF CORRECTION SIDE AND THE JAIL SIDE, THERE'S MORE -- THERE'S MORE CONVERSATION THAN EVER BEFORE ABOUT WHAT HAPPENS TO PEOPLE ONCE THEY'RE RELEASED FROM JAILS AND PRISONS. AND SO, ADDRESSING THE NEEDS OF INDIVIDUALS THAT HAVE SERIOUS MENTAL ILLNESS OR COULD FACE HOMELESSNESS IS REALLY PIVOTAL RIGHT NOW. IT'S REALLY IMPORTANT, SIMPLY BECAUSE THERE ARE LOTS OF PEOPLE THAT ARE CURRENTLY INCARCERATED THAT HAVE SERIOUS MENTAL ILLNESS AND COULD VERY WELL CHANGE THE TRAJECTORY OF WHAT RE-ENTRY LOOKS LIKE IF IN FACT THEIR APPLICATIONS ARE STARTED WHILE THEY'RE INCARCERATED AND, YOU KNOW, USING THAT TIME TO, DEVELOP A DECISION BEFORE THEIR DISCHARGE. SO, YOU KNOW, STATISTICALLY, THERE ARE APPROXIMATELY 17% OF THE PRISON AND JAIL POPULATIONS THAT HAVE A SERIOUS MENTAL ILLNESS THAT COULD QUALIFY FOR SOCIAL SECURITY. SO REALLY KIND OF THINKING ABOUT IT IN THOSE TERMS AND HELPING THOSE AGENCIES PROVIDE THOSE SERVICES IN SOME WAY WOULD REALLY BE HELPFUL TO CHANGE WHAT RE-ENTRY REALLY LOOKS LIKE. BECAUSE RIGHT NOW, WE'RE FUNCTIONING FROM THE PERSPECTIVE OF, OKAY, SO THEY'RE RE-ENTERING BUT WHAT ARE THEY REENTERING TO? RE-ENTRY TO WHAT? SO, THE ACCESS TO HEALTHCARE AND THE ACCESS TO THE FINANCIAL BENEFIT OF BENEFITS ACQUISITION WOULD REALLY HELP TO CHANGE WHAT THAT ACTUALLY IS FOR INDIVIDUALS RETURNING TO COMMUNITIES. AND LOOKING AT, YOU KNOW, AND THINKING ABOUT SOME OF KEE'S COMMENTS ABOUT THE PRE-RELEASE AGREEMENTS, THERE ARE PRE-RELEASE AGREEMENTS WHICH ALSO SOCIAL SECURITY, FOR MANY STATES THAT DO HAVE THE PRE-RELEASE AGREEMENTS, THOSE ARE VERBAL. SO, TRYING ON OR CONSIDERING ON A MORE STATE-WIDE OR REGIONAL-WIDE EFFORT TO HAVE PRE-RELEASE AGREEMENTS KIND OF BLANKET THE STATES OR LOCALITIES WOULD MAKE IT VERY, VERY HELPFUL, TAKING INTO CONSIDERATION THAT SOME OF THOSE VERBAL AGREEMENTS FALL AT THE WAYSIDE WHEN THERE'S CHANGE IN LEADERSHIP, WHEN THERE'S CHANGE IN FIELD OFFICE MANAGEMENT. AND TO BE ABLE TO MAKE IT MORE SUSTAINABLE AND MORE IMPACTFUL AND STRENGTHENED THROUGH THE CONSISTENCY OF KNOWING WHERE THOSE AGREEMENTS ARE, WHOSE ESTABLISHED THEM, HOW TO MOVE FORWARD, EVEN WHEN SOMEONE TRANSITIONS TO A NEW POSITION COULD BE HELPFUL FOR THOSE LOCALITIES.

DAZARA WARE:>> I THINK THAT IS REALLY IMPORTANT. AND I THINK THAT THE KIND OF RE-ENTRY ISSUE IS A BIG ONE. AND AS YOU MENTIONED, IT'S JUST GOING TO GET MORE IMPORTANT AS WE'RE SEEING MORE PEOPLE AGING IN THE PRISON POPULATION AND ALSO EXITING PRISON AS WELL.

DAZARA WARE: >> YOU KNOW, PARTICULARLY IN THIS ERA THAT WE'RE LIVING -- YOU KNOW, WE BASICALLY ARE FUNCTIONING FROM TWO WORLDS. WE HAD A PRE-COVID WORLD AND WE HAVE A POST-COVID WORLD. AND AFTER COVID, LOTS OF PEOPLE ARE BEING RELEASED FROM JAILS AND PRISONS AT THIS TIME. SO, YOU KNOW, JUST TO THINK ABOUT THE REQUIREMENTS THAT INDIVIDUALS FACE ONCE THEY'RE RELEASED WITH A SERIOUS MENTAL ILLNESS, EXPECTED TO DO ALL THOSE THINGS TO KEEP THEM FROM RETURNING BACK TO PRISON OR JAIL, HAVING BENEFITS IN PLACE WOULD REALLY HELP FOR THOSE THAT ARE ELIGIBLE FOR BENEFITS. OF COURSE, WE'RE NOT TALKING ABOUT JUST DOING APPLICATIONS FOR EVERYBODY THAT'S EXITING JAIL OR PRISON. BUT THOSE THAT ARE ELIGIBLE ACCORDING TO SOCIAL SECURITY'S DEFINITION OF DISABILITY IS WHO WE WOULD REALLY -- YOU KNOW, THE COMMUNITY AT LARGE WOULD REALLY BENEFIT FROM, FOR THOSE PEOPLE TO BE CONNECTED TO THOSE RESOURCES. BECAUSE THEN THEY WOULD BE ABLE TO FOCUS MORE ON THOSE THINGS THAT WOULD HELP, YOU KNOW, REDUCE ADVERSE CONSEQUENCES. SO, IT'S REALLY HARD TO THINK ABOUT OR KEEP UP WITH ALL OF THOSE RULES AND REGULATIONS THAT ARE KIND OF -- THEY'RE REQUIRED TO DO IN ORDER TO AVOID RE-INCARCERATION WHEN YOU HAVE ACCESS TO FINANCES THAT COULD HOPEFULLY INCREASE YOUR ACCESS TO HOUSING. HOUSING IS WHAT HELPS PEOPLE STAY OUT OF JAIL AND PRISON. YOU CAN FOCUS ON OTHER THINGS, ESPECIALLY TREATMENT AND HEALTHCARE WHEN YOU HAVE HOUSING STABILITY. AND THE FINANCIAL BENEFIT OF BENEFITS ACQUISITION COULD REALLY, REALLY HELP TO FOSTER THAT. AND TO BE ABLE TO GET THOSE APPLICATIONS GOING CONSISTENTLY, WITHIN THE TIMEFRAME THAT SOMEONE'S INCARCERATED, WOULD REALLY HELP.

TRACEY GRONNIGER: >> THANK YOU. I THINK THAT'S VERY TRUE, VERY POWERFUL, AND I THINK THAT IT COULD MAKE A REAL DIFFERENCE. SO, ALL OF YOUR POINTS, I'M LIKE YES, YES. MICHAEL, I THINK WE HAVE YOU NOW. YOU WERE TRYING TO TALK. SO, YOU WEREN'T GONE. YOU WEREN'T GONE. WE NEVER LOST YOU. LET ME ASK YOU THE SAME QUESTION ABOUT, YOU KNOW, KIND OF WHAT NEW POLICIES, PROCEDURES, REGS, COULD SSA CONSIDER IMPLEMENTING TO HELP ADDRESS SOME OF THE PROBLEMS THAT YOU IDENTIFIED.

F. MICHAEL WILLIS: >> SURE. THANK YOU, TRACY. MAYBE I'LL JUST ADD TWO COMPONENTS. ONE, GETTING BACK INTO THE COMMUNICATION QUESTION THAT MANY HAVE IDENTIFIED ALREADY, SSA HAS A CONSULTATION POLICY WITH TRIBAL GOVERNMENTS SET UP. IT'S BEEN USING THAT CONSULTATION POLICY MORE EFFECTIVELY IN THE PAST COUPLE YEARS. AND IT HAS, YOU KNOW, REALLY PROMOTED GOOD EXCHANGES WITH TRIBAL GOVERNMENTS AND TRIBAL LEADERS. AND THIS IS SOMETHING THAT COULD BE PURSUED GREATER AND USED MORE AGILELY AS ISSUES ARISE TO ADDRESS PROBLEMS, NOT ONLY IN THE CONCEPTUALIZATION OF PROGRAMS OR BIG PICTURE INITIATING, HERE'S AN IDEA WHAT DO YOU THINK, BUT AS IMPLEMENTATION ISSUES COME UP AND ARE FINDING THEIR OBSTACLES, THAT TRIBES ARE RAISING CONCERNS OR ISSUES ABOUT. THAT COMMUNICATION, USING THE CONSULTATION MECHANISM, WOULD BE AN OUTSTANDING WAY TO ADDRESS SOME OF THE PROBLEMS LIKE THAT THAT WOULD BE SORT OF IN COMPATIBILITY OR MISALIGNMENT OF FEDERAL PROGRAM BENEFITS AND TRIBAL BENEFITS THAT RESULT IN MANY TRIBAL MEMBERS NOT BEING ABLE TO RECEIVE THE ASSISTANCE THAT THEY WOULD OTHERWISE BE ELIGIBLE FOR AND THAT THEY DESPERATELY NEED. I THINK THAT TO GET INTO THE SPECIFIC QUESTIONS ABOUT

THE -- YOU KNOW, THE PROBLEM WITH THESE -- THE INCOMPATIBILITY OF BENEFIT PROGRAMS, IT REALLY DOES COME TO, AGAIN, THIS CONSULTATION ENGAGEMENT AND DISCUSSION PROCESS THAT REALLY, TO ADVANCE EQUITY, THE SSA NEEDS TO BETTER UNDERSTAND HOW THOSE TRIBAL PROGRAMS AND BENEFITS COMPLEMENT AND ENHANCE THE EXISTING TRIBAL PROGRAMS OR VICE VERSA, HOW TRIBES HAVE WORKED TO DESIGN THEIR PROGRAMS AS ENHANCEMENTS OR SUPPLEMENTS TO SUPPORT EXISTING SSA PROGRAMS. SO, THIS KIND OF ENGAGEMENT AND UNDERSTANDING WOULD REALLY BE VERY VALUABLE. AND LIKE I SAID, I THINK THE SSA HAS STARTED GETTING THAT PROCESS GOING AND USING CONSULTATION MORE EFFECTIVELY. BUT IT COULD BE DONE MORE SPECIFICALLY AND, YOU KNOW, PROVIDING TOOLS TO, FOR EXAMPLE, ADDRESS SOME OF THESE ADMINISTRATIVE POLICY ISSUES. AND CERTAINLY, RIGHT OFF THE BAT, I WOULD LOVE TO SEE -- AND TRIBAL GOVERNMENTS ACROSS THE COUNTRY WOULD LOVE TO SEE THE SSA ADOPT A POLICY THAT FOLLOWS WHAT THE IRS HAS DONE, THAT CONCLUSIVELY PRESUMES NEED ON THE CASE OF THE TRIBAL BENEFIT PROGRAMS THAT ARE ASSISTING NEEDY COMMUNITY MEMBERS. THAT WOULD BE A FANTASTIC SPECIFIC ACTION THAT COULD MAKE A WORLD OF DIFFERENCE FOR MANY COMMUNITIES ACROSS THE UNITED STATES IN PROMOTING EQUITY AND ACCESS TO SSA AND SERVICES, IN PARTICULAR THE SSI PROGRAM. SO, THANK YOU.

TRACEY GRONNIGER: >> THANKS. THAT'S GREAT. I LIKE THAT WE CAN JUST LIKE WRITE SOME POLICY, LIKE HERE, THIS IS WHAT YOU NEED TO DO, THIS IS REALLY EASY AND QUICK. LET ME TURN TO KAS. I WANTED TO GIVE YOU A CHANCE TO ADDRESS THIS QUESTION WHICH I THINK YOU TOUCHED ON IT A LITTLE BIT, BUT MAYBE ANOTHER OPPORTUNITY TO THINK ABOUT KIND OF THE NEW POLICIES AND PROCEDURES SSA MIGHT CONSIDER. WHAT ARE SOME OF THE THINGS THAT SSA COULD BE DOING TO ADVANCE EQUITY? WHAT DO YOU THINK ARE SOME SOLUTIONS OR SOME THINGS THAT THEY SHOULD BE THINKING ABOUT AND PUTTING INTO ACTION?

KAS CAUSEYA: >> OKAY. WELL, JUST BRIEFLY, I THINK FIRST, ONE OF THE THINGS THEY COULD DO THAT WOULD REALLY BE HELPFUL IS TO START TO TRACK RACE AND ETHNICITY APPLICANTS AND THE INFORMATION REGARDING, YOU KNOW, THEIR PROCESS. WHETHER IT BE HOW MANY HAVE CONTACTED SSA, HOW MANY ARE ACTUALLY FILING APPLICATIONS. WHETHER IT'S SSI OR SSDI, AND HOW MANY ARE ACTUALLY RECEIVING BENEFITS. AND MAYBE EVEN LIKE WHAT THE REASONS ARE FOR THE DENIALS. SO THAT WOULD BE A HUGE STEP IN HELPING. BUT THEN I ALSO THINK THAT, YOU KNOW, SSA, IT WOULD BE REALLY HELPFUL IF SSA COULD DEVELOP DOCUMENTS AND PROCEDURES CONTROLLING FOR RACE, AGE, SEX, AND LONGEVITY OF ILLNESS AND THEIR IMPACTS ON THE PERSON, ON THE INDIVIDUAL. WE NEED REGULATIONS THAT UNDERSTAND THAT NOT EVERYONE AGES AT THE SAME RATE. FOR EXAMPLE, A PERSON WHO HAS LIVED A COMFORTABLE LIFE MAY BE FUNCTIONAL AT AGE 60. BUT SOMEONE WHO HAS LIVED A TOUGH LIFE AND MAY HAVE SEVERE LIMITATIONS, WELL, THEY MAY HAVE SEVERE LIMITATIONS AT AGE 60, IF THEY'RE ABLE TO REACH AGE 60, OKAY. WE NEED TO DEVELOP AN UNDERSTANDING OF THE SOCIAL DETERMINANTS OF HEALTH ON FUNCTIONING. FOR EXAMPLE, WHEN CONSIDERING THAT FUNCTIONAL ABILITY FOR SOMEONE WITH CONGESTIVE HEART FAILURE, SOME CAN FUNCTIONALLY -- CAN FUNCTION ADEQUATELY WITH AN EJECTION FRACTION OF 33% WHILE OTHERS MAY BE SEVERELY LIMITED WITH AN INJECTION FRACTION OF 40%, OKAY. SO THIS IS ONE OF THOSE CASES WHERE EQUALITY DOESN'T REPRESENT EQUITY. AND SO WE NEED TO LIKE -- DDS, IT WOULD BE NICE IF DDS HAD THE FLEXIBILITY TO LOOK AT A PERSON'S LIFESTYLE AND THEIR HISTORY AND MAKE THOSE DETERMINATIONS OR AT LEAST ALLOW THAT TO ADD WEIGHT TO THE DETERMINATION THAT THEY MAKE ON THAT PERSON'S CLAIM AND NOT BE SO FOCUSED ON THE

MEDICAL EVIDENCE AND THAT MEDICAL EVIDENCE BEING LIKE HELD CONSTANT ACROSS LIKE THE BOARD. BECAUSE, LIKE I SAID, SOMEONE WHO HAS LIVED A TOUGH LIFE, HAS BEEN IN THE STREETS, WHO HAS BEEN LIKE EXPERIENCING ALLOSTATIC OVERLOAD FOR THE MAJORITY OF THEIR LIFE, EVERYWHERE THEY GO, THEY'RE UNDER SUSPICION. THEY'RE BEING DISCRIMINATED AGAINST. AND, YOU KNOW, THEY JUST CAN'T SEEM TO GET A GOOD Foothold ON TRYING TO DEVELOP FOR THEIR OWN FUTURE. I MEAN, THAT COULD TAKE A SERIOUS TOLL ON A PERSON. AND SO, FLEXIBILITY IN MAKING A DECISION. AND THEN LIKE DOCUMENTS AND PROCEDURES THAT WOULD HELP THE ANALYST CONSIDER THOSE WOULD BE GREAT. BUT ALSO, I MEAN I WANT TO JUST TAKE A MINUTE HERE AND SAY THAT THE PEOPLE WHO WORK AT SSA AND DDS ARE PEOPLE JUST LIKE THE REST OF US. AND SO, SEEING HOW OVERLOADED AND OVERWORKED SSA STAFF IS, PARTICULARLY HERE IN COVID, AND IT LOOKS LIKE AFTER COVID, WE NEED TO TAKE BETTER CARE OF THOSE WITHIN SSA TO REDUCE AND LESSEN THE EFFECTS OF BURNOUT ON THEM. IT'S DIFFICULT FOR PEOPLE TO WORK WITH THE MOST VULNERABLE PEOPLE AND SEE AND HEAR THEIR SUFFERING FOR 40 HOURS A WEEK, MONTH AFTER MONTH, YEAR AFTER YEAR, AND IT NOT TAKE A TOLL ON THEM. WHAT SSA IS DOING -- WHAT IS SSA DOING TO ENSURE TRAINING FOR STAFF AND OPPORTUNITIES FOR STAFF TO LEARN HOW TO SERVE ALL POPULATIONS MORE EFFECTIVELY AND HOW TO CARE FOR THEMSELVES SO THAT SERVICE IS PROVIDED IN A CONSTRUCTIVE AND HELPFUL WAY. PEOPLE WHO FEEL OVERWHELMED AND STRESSED OUT ARE NOT GOING TO DO AN EFFECTIVE AND UNDERSTANDING JOB SERVING THE PUBLIC. VULNERABLE POPULATIONS WILL ESPECIALLY EXPERIENCE THE IMPACT OF THEIR -- THE ISSUES THAT THEY'RE FACING.

TRACEY GRONNIGER: >> I THINK THAT IS AN EXCELLENT POINT. THANK YOU, KAS, SO MUCH FOR YOUR COMMENTS. AND I THINK WE CAN APPLY THAT TO ALL OF US. I THINK WE ALL NEED TO MAKE SURE THAT WE ARE TAKING THE TIME AND HAVE THE CARE FOR OURSELVES TO MAKE SURE THAT WE THEN CAN EXTEND THAT SAME LEVEL OF CARE AND CONCERN TO OTHERS. SO, I TOO TAKE WHAT YOU SAY VERY -- TO HEART. AND I THINK THAT IT'S A REALLY INSIGHTFUL COMMENT. SO, WE ARE NOW GOING TO TRANSITION INTO THE Q&A PORTION OF OUR FORUM. SO, IF YOU HAVE QUESTIONS, REMEMBER THAT YOU CAN EMAIL THEM TO NATIONALDISABILITYFORUM@SSA.GOV. SHOOT AN EMAIL TO THAT EMAIL ADDRESS, AND WE WILL POSE YOUR QUESTION TO THE PANELISTS. SO, I'M GOING TO START WITH ONE OF THE QUESTIONS THAT WE DID RECEIVE VIA EMAIL, NATIONALDISABILITYFORUM@SSA.GOV. SO, SOMEONE ASKS, WE HEAR ACCESS TO MEDICAL CARE IS AN ISSUE FOR SOME UNDERSERVED POPULATIONS. DO YOU FEEL THE ACA HAS HELPED EXPAND ACCESS, AND WHAT SUGGESTIONS CAN YOU OFFER FOR HOW SSA SHOULD HANDLE LACK OF ACCESS TO MEDICAL CARE? ROBIN, DO YOU WANT TO TAKE THAT ONE AND ANSWER THIS INDIVIDUAL'S QUESTION ABOUT ACCESS TO MEDICAL CARE?

ROBIN RUNGE: >> SURE. I MEAN JUST BASED ON MY EXPERIENCE -- AND THIS IS A REALLY IMPORTANT QUESTION. YOU KNOW, AND I HAVE TO SAY I'M NOT AN ACA EXPERT. I WOULD SAY THAT THERE'S STILL COSTS ASSOCIATED WITH HEALTH INSURANCE THROUGH THAT SYSTEM. ALTHOUGH THEY'RE LESS. AND SO, WE HAVE SEEN MORE PEOPLE GAIN ACCESS TO HEALTH INSURANCE. BUT I DON'T THINK IT'S CLOSING THE GAP. AND, YOU KNOW, THERE'S ALWAYS THIS GAP BETWEEN HEALTH INSURANCE AND HEALTHCARE, RIGHT. JUST BECAUSE YOU HAVE HEALTH INSURANCE, IT DOESN'T MEAN IT PROVIDES THE HEALTHCARE THAT YOU NEED OR THAT IT GUARANTEES THAT PEOPLE ARE GOING TO ACCESS HEALTHCARE. I HOPE THAT'S MAKING SENSE. BUT I WOULD SAY THIS. YOU KNOW, SURVIVORS OF DOMESTIC VIOLENCE THAT I WORKED WITH WHO NEEDED TO GET ACCESS TO MEDICAL DOCUMENTATION OR MEDICAL CARE OFTEN WERE NOT ABLE -- ESPECIALLY IN RURAL AREAS -- AND

OLDER FOLKS TOO ARE NOT SEEING WHAT I WOULD THINK OF AS TRADITIONAL MEDICAL CARE PROVIDERS, RIGHT? SO, IF THERE'S ANY WAY FOR US TO THINK CREATIVELY AND FLEXIBLY ABOUT WHAT WE CONSIDER MEDICAL RECORDS AND WHO CAN ATTEST TO THEM AND WHO CAN DOCUMENT THEM. YOU KNOW, IN THE RURAL COMMUNITY, THERE'S A PRETTY EXTENSIVE SYSTEM OF NURSE PRACTITIONERS AND OTHER PEOPLE WHO PROVIDE WHAT I THINK OF AS HEALTH SERVICES BUT WOULD NOT NECESSARILY NORMALLY QUALIFY OR BE THE FIRST THING THAT YOU WOULD ASK SOMEBODY ABOUT. THE OTHER THING IS, YOU KNOW, THERE'S A LOT OF FEAR AND A LOT OF DANGER INVOLVED IN GETTING -- THIS IS GOING TO SOUND STRANGE BUT GETTING ACCESS TO MEDICAL CARE FOR SURVIVORS OF DOMESTIC VIOLENCE, BECAUSE WHEN A SURVIVOR GOES IN TO SEE SOMEONE FOR MEDICAL OFTEN IT'S ONE OF THE FEW TIMES THAT THEY'RE ALONE WITHOUT THEIR PERPETRATOR. AND SO, WE'VE DONE A GREAT JOB OF TRAINING HEALTHCARE PROVIDERS TO SCREEN. AND PERPETRATORS HAVE STARTED TO LEARN THAT, RIGHT. SO, THERE'S A LOT OF DANGER THERE. AND SO, A LOT OF SURVIVORS FOREGO MEDICAL CARE BECAUSE THEY -- BECAUSE IT TRIGGERS VIOLENCE AND ABUSIVE BEHAVIORS IN THE PERPETRATOR WHO MAY BE A PARTNER, MAY BE A FAMILY MEMBER, MAY BE SADLY A CHILD. AND SO, YOU KNOW, IT'S SOMETHING THAT WE JUST HAVE TO BE AWARE OF. AND THE OTHER THING IS, IN SEVERAL STATES, HEALTHCARE PROVIDERS ARE WHAT'S CALLED MANDATORY REPORTERS SO THAT IF SOMEONE DOES COME IN AND HAS INJURIES THAT THE HEALTHCARE PROVIDER HAS REASON TO BELIEVE ARE CAUSED BY DOMESTIC VIOLENCE, THEY'RE REQUIRED BY LAW TO CALL THE POLICE. AND THAT MAY SOUND LIKE A GREAT THING. BUT SOMETIMES IT'S ACTUALLY NOT A GREAT THING, BECAUSE IF THE SURVIVOR HAS NOT CONSENTED TO THAT, THERE MAY BE A REASON, RIGHT. THAT SHE'S AWARE THAT IF THE POLICE ARE CALLED, THAT, AGAIN, SHE'S GOING TO BE PLACED AT GREATER RISK, AND IT MAY RAISE HER LETHALITY. SO, I JUST WANTED TO BREAK DOWN A LITTLE MORE OF THOSE BARRIERS. SO, WHAT WE SEE AS SOMETIMES WE WOULD HAVE NAVIGATORS IN DOMESTIC VIOLENCE ORGANIZATIONS AND OTHER SERVICE PROVIDERS WHO WOULD HELP PEOPLE FIGURE OF WAYS TO ACCESS MAYBE NOT THE HOSPITAL BUT, YOU KNOW, SOMEONE WHO IS AVAILABLE IN THE COMMUNITY WHO PROVIDES BASIC HEALTHCARE AND CAN MAKE REFERRALS THAT ARE LESS THREATENING, RIGHT. OR COME INTO, AGAIN, THOSE FAITH BASED ORGANIZATIONS. AND, YOU KNOW, I'VE SEEN HEALTHCARE PROVIDERS CAN BE PEOPLE WHO COME INTO YOUR HOME, RIGHT, AND PROVIDE ONGOING CARE IN THE HOME TO SOMEONE WHO NEEDS SERVICES, EITHER BECAUSE THEY HAVE A DISABILITY OR BECAUSE OF CONDITIONS RELATED TO AGING, HEALTH CONDITIONS RELATED TO AGING, RIGHT. THOSE ARE PEOPLE WHO CAN POSSIBLY HELP WITH DOCUMENTING HEALTH CONDITIONS FOR QUALIFICATION REASONS. SO, I JUST -- I DON'T KNOW. LIKE I COULD GO ON AND ON. AND WE DON'T HAVE THE TIME. BUT I ENCOURAGE US TO THINK CREATIVELY ABOUT WHO HAS CONTACT WITH THESE FOLKS, WHO ARE ACTUALLY -- WHETHER IT BE COMMUNITY MEMBERS, NEIGHBORS, FAMILY MEMBERS WHO ARE ACTUALLY PROVIDING MEDICAL CARE, WHO WE MIGHT NOT THINK OF NORMALLY BECAUSE THEY'RE NOT AN MD, RIGHT. OR THEY'RE NOT A NURSE PRACTITIONER, OR THEY'RE NOT SOMEONE AFFILIATED WITH A HOSPITAL OR A FORMAL OFFICE. BUT THEY ARE ACTUALLY PROVIDING ONGOING MEDICAL CARE TO PEOPLE. AND ALTHOUGH THEY MIGHT NOT BE ABLE TO GIVE A FORMAL DIAGNOSIS, THEY CAN CERTAINLY TALK ABOUT PEOPLE'S LIMITATIONS. SO THOSE ARE SOME OF MY THOUGHTS AROUND THAT.

TRACEY GRONNIGER: >> THANKS SO MUCH, ROBIN. I THINK THAT'S REALLY HELPFUL. KEE AND KAS, I THINK YOU BOTH WANT TO RESPOND TO THIS AS WELL. SO KEE, I'LL LET YOU GO. AND THEN, KAS, YOU CAN ALSO RESPOND.

KEE TOBAR: >> THANK YOU. SO, I JUST WANTED TO SPEAK -- AND IT'S KIND OF PIGGYBACKING OFF OF WHAT ROBIN JUST DISCLOSED WITH REGARD TO NAVIGATORS. I THINK WITH REGARD TO LIKE THE ACA AND THE LACK OF MEDICAL EVIDENCE, THERE SHOULD BE MORE CONSULTATIVE EXAMINATIONS, BUT ALSO ENSURING BETTER QUALITY CONSULTATION EXAMINATIONS, ESPECIALLY WHEN THESE EVALUATIONS WILL SERVE AS THE MAIN MEDICAL EVIDENCE. AND ALSO, WITH REGARD TO THE ACA, AGAIN I'M NO EXPERT. BUT WITH MY FORMER CLIENT, I SAW THAT THERE WERE STILL ISSUES REGARDING TESTS AND WHAT IS COVERED, UNDERSTANDING WHAT IS COVERED UNDER THE ACA. AND SO, I THINK IT WOULD BE A GREAT HELP TO THOSE CLIENTS, ESPECIALLY WHEN WE'RE TALKING ABOUT YOUNGER CLIENTS, RIGHT. SO NOT JUST SAYING LIKE THOSE 18 AND UNDER, BUT THOSE 18-25, LET'S SAY. BECAUSE WE HAVE TO THINK ABOUT OURSELVES WHEN WE WERE AROUND THAT AGE. WERE WE ABLE TO NAVIGATE THOSE SYSTEMS? EVEN AFTER BECOMING AN ADULT, WERE WE ABLE TO NAVIGATE THOSE SYSTEMS SUCCESSFULLY? AND SO, I THINK THAT A NAVIGATOR TO HELP ADVOCATE WITH REGARD TO TESTING. SO, WE SEE A LOT OF INCOMPLETE EVIDENCE, RIGHT. AND SO, THE MEDICAL EVIDENCE SAID THAT YOU NEED TO COME BACK FOR SO AND SO TEST. BUT THEN AT CLS, WE HAVE ACCESS TO SOCIAL WORKERS THAT HELP OUR CLIENTS FOLLOW UP AND GET THOSE TESTS THAT ARE NEEDED AND ADVOCATE ON WHAT ACTUALLY IS COVERED UNDER THEIR INSURANCE. BUT I THINK THAT A LOT OF CLIENTS DON'T HAVE CLS AND DON'T HAVE OUR SOCIAL WORKERS. AND SO, HAVING A PAID NAVIGATOR HELP THOSE CLIENTS WILL BE EXTREMELY HELPFUL.

TRACEY GRONNIGER: >> THANKS SO MUCH, KAS. I WAS GOING TO HAVE YOU GO NEXT. AND DAZARA, YOU SEEM LIKE YOU WANTED TO ALSO ANSWER THIS QUESTION. THIS IS A POPULAR QUESTION. SO, I'LL LET YOU GO AFTER KAS.

KAS CAUSEYA: >> OKAY. SO YES, THE AFFORDABLE CARE ACT DID CERTAINLY EXPAND ACCESS TO HEALTH FOR MANY PEOPLE, PARTICULARLY HOMELESS, THE POOR AND THE HOMELESS. BUT IT DIDN'T NECESSARILY EXPAND TREATMENT. THE PEOPLE WHO ARE -- MANY OF THE PEOPLE WHO HAVE SEVERE IMPAIRMENTS, THEY'RE STILL NOT ACTUALLY USING THEIR BENEFIT. THEY'VE GOT THE BENEFIT. BUT SOMEONE WHO'S HOMELESS, WHO'S LOOKING, LIKE DAZARA SAID, LOOKING FOR A PLACE TO SLEEP, LAY THEIR HEAD AT NIGHT, THEY'VE GOT TO MAKE IT FROM ONE LOCATION TO THE NEXT LOCATION TO GET LIKE FOOD. THEY'RE THINKING ABOUT LIKE, YOU KNOW, THEIR DAILY NEEDS. AND SO, THEY'RE NOT NECESSARILY THINKING ABOUT WELL THE DOCTOR, I'VE GOT AN APPOINTMENT RIGHT NOW AT 12:00. WELL, 12:00 IS LUNCHTIME. AND I NEED TO GET OVER HERE AND GET SOMETHING TO EAT. SO, THEY'RE NOT NECESSARILY USING THOSE BENEFITS. SO, THERE'S NOT A LOT OF LIKE EVIDENCE BEING GENERATED FOR THEM. ALSO, PEOPLE WITH SEVERE MENTAL HEALTH ISSUES. YOU KNOW, IF A PERSON HAS A SEVERE MENTAL HEALTH ISSUE AND THEN WE GIVE THEM BENEFITS, MEDICAL BENEFITS, THAT DOESN'T NECESSARILY MEAN THAT THEY'RE GOING IN AND USING THOSE BENEFITS. SO THAT'S THE BIGGEST PROBLEM, I SHOULD SAY, WITH THE AFFORDABLE CARE ACT. I'M NOT GOING TO SAY THE ONLY PROBLEM, LET ME TAKE THAT BACK. BUT IT'S THE BIGGEST PROBLEM WITH THE AFFORDABLE CARE ACT. A LOT OF THE PEOPLE WHO REALLY NEED IT AND WHO HAVE IT, WHO HAVE ACCESS TO IT, THEY'RE JUST NOT ABLE TO USE IT BECAUSE THEY'VE GOT OTHER THINGS GOING ON IN THEIR LIFE THAT REALLY ARE A PRIORITY FOR THEM. AND, YOU KNOW, IT WOULD BE NICE IF WE COULD LIKE BE A LITTLE MORE FLEXIBLE. I MEAN THE CLINICS. BUT, YOU KNOW, INTAKES. IF YOU HAVEN'T HAD A PRIMARY CARE PHYSICIAN FOR YEARS AND NOW YOU WANT TO GO AND GET AN INTAKE, INTAKES ARE TAKING UP TO THREE WEEKS. AND LIKE MANY PEOPLE WHO ARE LIVING ON THE STREETS WHO ARE IN SURVIVAL MODE, YOU NEED TO GET THEM RIGHT NOW WHILE THEY'RE ACCESSIBLE BECAUSE THEY MAY NOT BE

ACCESSIBLE IN THREE WEEKS OR FOUR WEEKS. SO YEAH, THE AFFORDABLE CARE ACT, IT DID EXPANDED ACCESS. BUT IT DIDN'T NECESSARILY EXPAND LIKE THE SERVICES TO THOSE PEOPLE WHO MOST NEED IT. SO I GUESS THE QUESTION ON ANY SUGGESTION TO OFFER ON HOW SSA COULD HANDLE THE LACK OF ACCESS TO MEDICAL CARE, I THINK IT WOULD BE HELPFUL IF SSA WOULD DEVELOP MORE AND BETTER PARTNERSHIPS WITH COMMUNITY ORGANIZATIONS, THE PEOPLE WHO ARE ACTUALLY SERVING THOSE POPULATIONS, WHO ARE OUT THERE DOING OUTREACH, OUT IN THE STREETS LOOKING FOR THOSE PEOPLE. AND, YOU KNOW, TRY AND GET THOSE PEOPLE ENGAGED IN SERVICES PRIOR TO ACTUALLY NEEDING BENEFITS. THAT WOULD BE A GREAT HELP. SOME TYPE OF MOTIVATION, MAYBE -- I DON'T KNOW WHAT IT COULD BE RIGHT NOW. BUT YES, I THINK ENGAGING WITH MORE COMMUNITY ORGANIZATIONS WOULD BE A GREAT STEP. THAT'S SOMETHING THAT SOCIAL SECURITY COULD DO. GOOD QUESTION. THANKS.

TRACEY GRONNIGER: >> GOOD ANSWERS. GOOD ANSWERS. THAT'S HELPFUL. DAZARA, I WILL TURN IT OVER TO YOU TO ANSWER THE QUESTION. AND CAN I ALSO POSE ANOTHER QUESTION TO YOU THAT YOU MIGHT BE ABLE TO TOUCH ON?

DAZARA WARE: >> I WILL TRY MY BEST.

TRACEY GRONNIGER: >> OKAY. SO, THE OTHER QUESTION THAT WE GOT THAT I WANTED TO SEE IF WE CAN FIT IN HERE IS SOMEONE ASKED SEVERAL DDS'S ARE PHYSICALLY LOCATED IN NON-URBAN LOCATIONS IN A STATE. DO YOU FEEL THAT IMPACTS THE ABILITY OF STAFF IN THOSE DDS'S TO APPRECIATE THE CHALLENGES EXPERIENCED BY THOSE IN URBAN SETTINGS WHO OFTEN FACE THE BARRIERS WE ARE DISCUSSING? YOU HAVE TWO QUESTIONS IN YOUR MIND RIGHT NOW THAT I'M POSING TO YOU. BUT I WANTED TO MAKE SURE I ASKED THAT QUESTION BECAUSE I THOUGHT YOU MIGHT HAVE SOME GOOD THOUGHTS OR JUST THINKING ABOUT HOW PEOPLE ARE ENGAGING FROM THE DDS PERSPECTIVE AND WHAT THEIR VIEWPOINTS MIGHT BE THAT COULD HINDER KIND OF THE SERVICES AND THEIR ABILITY TO PROPERLY PROVIDE ASSISTANCE TO PEOPLE IN THE COMMUNITY.

DAZARA WARE: >> WELL, FIRST OFF, YOU GUYS ARE ASKING SOME REALLY GREAT QUESTIONS. FOR THE FIRST QUESTION, WITH REGARDS TO THE ACA, MY FIRST THOUGHT IS ABOUT THE CONSIDERATIONS FOR STATES THAT DIDN'T EXPAND. AND SO, ALL OF THE KIND OF THINGS THAT KAS MENTIONED REALLY BROUGHT ME TO THE THOUGHT OF MAYBE WE COULD REIMAGINE WHAT AND HOW COLLATERAL INFORMATION IS WEIGHTED WITH REGARD TO ITS RELATION TO MEDICAL EVIDENCE. AND SO, MY THOUGHT AROUND THAT IS, YOU KNOW, SINCE WE KNOW THAT THERE ARE MANY PEOPLE -- AND MY BRAIN AUTOMATICALLY GOES TO PEOPLE WITH SERIOUS MENTAL ILLNESS BECAUSE THAT'S MY WORLD -- IS THAT, YOU KNOW, WE RECOGNIZE AND UNDERSTAND THE CHALLENGES AS TO WHY PEOPLE DON'T GO TO THE DOCTOR OR HAVE TROUBLE GETTING THERE OR MAINTAINING EMPLOYMENTS -- MAINTAINING APPOINTMENTS. FOR PEOPLE, SPECIFIC INDIVIDUALS THAT HAVE SERIOUS MENTAL ILLNESS -- AND I'M THINKING OF THOSE ILLNESSES THAT ARE REALLY VERY HARD. ALL OF THEM ARE, BECAUSE THEY'RE ALL SERIOUS. BUT I'M THINKING ABOUT A WORLD WHERE SOMEONE IS TRYING TO NAVIGATE SUCH A COMPLEX SYSTEM WHEN THEY MAY BE EXPERIENCING SYMPTOMS THAT PEOPLE CAN'T SEE WHETHER IT BE HEARING THINGS THAT OTHER PEOPLE CAN'T HEAR, SEEING THINGS THAT OTHER PEOPLE CAN'T SEE, AND TRYING TO NAVIGATE THAT SYSTEM. AT SOME POINT IN THAT INDIVIDUAL'S LIFE, THERE WAS ANOTHER -- THERE COULD HAVE BEEN A FAMILY MEMBER OR, AS KAS MENTIONED, A COMMUNITY PROVIDER THAT SAW SOMETHING, YOU KNOW, THAT COULD BE ABLE TO SPEAK TO THE COLLATERAL INFORMATION THAT IS SO IMPORTANT IN THE SOCIAL SECURITY DISABILITY

PROCESS. SO, YOU HAVE MEDICAL RECORDS. THAT'S 50%, RIGHT. BUT FOR PEOPLE WITH SERIOUS MENTAL ILLNESS, YOU ALSO HAVE TO PROVE AND DEMONSTRATE HOW THAT PERSON'S SYMPTOMS ARE SO SEVERE THAT IT IMPEDES THEIR ABILITY TO WORK AT, YOU KNOW, SUBSTANTIAL GAINFUL EMPLOYMENT. AND SO, WHEN I'M THINKING ABOUT THESE INDIVIDUALS, IT'S THE CASE WORKERS THAT HAVE THAT INFORMATION, THAT FUNCTIONAL INFORMATION. IT'S THOSE FAMILY MEMBERS THAT SAW THEM STRUGGLE THROUGH THEIR ENTIRE LIVES. IT'S THAT TEACHER THAT MAY HAVE SEEN THEM AS YOUNG PEOPLE AND YOUNG ADULTS, AS KEE TALKED ABOUT. IT'S ALL OF THOSE KINDS OF THINGS. AND ALTHOUGH COLLATERAL INFORMATION IS CONSIDERED, IT'S NOT ALWAYS CONSIDERED BY EVERY SINGLE DDS PERSON. AND, YOU KNOW, I'VE KNOWN FOR DDS TO SAY, OH, WE DON'T NEED THAT INFORMATION. [ INAUDIBLE ]. NOT EVERYBODY. BUT, YOU KNOW, TO BE ABLE TO LOOK AT THAT INFORMATION AND BE ABLE TO ATTACH IT TO WHATEVER -- EVEN IF IT'S LIMITED AMOUNT OF MEDICAL INFORMATION THAT'S PROVIDED FOR THAT PERSON. BECAUSE THAT'S THE EXPLANATION OF HOW WE KNOW THAT THIS PERSON HAS A DIFFICULTY AND SYMPTOMS ARE SO SEVERE THAT IT IMPEDES THEIR ABILITIES, RIGHT. AND SO MAYBE KIND OF REIMAGINING HOW THAT INFORMATION COULD BE WEIGHTED, JUST BASED ON THE RELATIONSHIP THAT THE APPLICANT HAS, BASED ON THE AMOUNT OF TIME THAT THE COLLATERAL SOURCE SPENDS WITH THAT PERSON, HOW -- YOU KNOW, JUST KIND OF THINKING ABOUT HOW THAT COULD BE WEIGHTED A LITTLE DIFFERENTLY. THAT'S WHAT CAME TO MY MIND. AND SO, WHETHER YOU ARE -- FOR THOSE INSTANCES, WHETHER YOU ARE WORKING WITH DDS IN AN URBAN SETTING OR WHETHER YOU'RE WORKING WITH THEM IN A RURAL SETTING, TO BE ABLE TO BE CLEAR ON THOSE KINDS OF GUIDELINES SHOULD HELP THE DETERMINATIONS BE A LITTLE BIT CLEARER. BECAUSE IN MY VIEW, NO MATTER WHERE YOU WORK, RURAL OR URBAN, THE RULES SHOULD BE APPLICABLE WHEREVER YOU ARE. YOU KNOW, I KNOW THAT THERE ARE SPECIFIC CHALLENGES ON THE APPLICATION ITSELF, THE PROCESS OF IT. YOU KNOW, SSA DEALS WITH ALL THE NON-MEDICAL INFORMATION. SO, YOU KNOW, THERE MAY BE OPPORTUNITIES TO LOOK AT HOW COMMUNICATION WITH SSA IS AND HOW, YOU KNOW, IN THOSE POPULATIONS, DO THOSE APPLICANTS HAVE ACCESS TO COMPUTERS AND THINGS LIKE THAT. BUT BY THE TIME IT GETS TO DDS, THE INFORMATION -- ESPECIALLY IF WE'RE ADVOCATING OR REALLY ENCOURAGING, YOU KNOW, TO HAVE THOSE FOLKS ATTACHED TO A SPECIFIC NAVIGATOR THAT CAN HELP THEM NAVIGATE THAT PROCESS, BY THE TIME IT GETS THERE, IN MY VIEW, IT SHOULD BE KIND OF CLEARER BECAUSE THEY'RE LOOKING AT THE EVIDENCE. AND IF THEY HAD THE NAVIGATORS ON THE FRONT END, THE EVIDENCE WOULD BE MORE APPARENT BY THE TIME IT GOT TO DDS, NO MATTER WHETHER THEY WERE IN A RURAL SETTING OR AN URBAN SETTING.

TRACEY GRONNIGER: >> THANKS SO MUCH. THAT'S REALLY HELPFUL. AND I FEEL LIKE YOU HAVE A LOT OF GREAT THOUGHTS IN THERE. I WANTED TO ASK ANOTHER QUESTION THAT CAME THROUGH FOR KEE. I THINK THIS MIGHT BE A GOOD ONE FOR YOU, AND OTHERS IF YOU HAVE THOUGHTS. THE PANELISTS HAVE SPOKEN ABOUT SSA CONSIDERING OTHER EVIDENCE THAN TRADITIONAL MEDICAL EVIDENCE. SO, THEY HAVE SUGGESTIONS ABOUT WHAT OTHER SOURCES MAY BE HELPFUL. AND I FEEL LIKE PEOPLE HAVE TOUCHED ON THIS AND TALKED ABOUT IT, BUT I DON'T KNOW IF EVERYONE HAS HAD A CHANCE TO KIND OF SPECIFICALLY ANSWER THAT QUESTION. I THINK WE'VE HAD SOME GOOD IDEAS ABOUT WHY -- OR GOOD THOUGHTS ABOUT WHY KIND OF THE TRADITIONAL MEDICAL EVIDENCE USAGE IS A PROBLEM. SO KEE, DO YOU HAVE THOUGHTS ABOUT THAT QUESTION?

KEE TOBAR: >> SURE. I'LL KEEP IT SHORT AND SWEET. LET ME JUST NAME PEOPLE. SOCIAL WORKERS. WE SEE A LOT OF PEOPLE WITH THERAPY RECORDS, BUT BECAUSE THEY'RE NOT NECESSARILY THE LIKE



MEDICAL DOCTORS, THEN THE EVIDENCE IS WEIGHTED DIFFERENTLY. NURSES, TEACHERS, ESPECIALLY WITH REGARD TO YOUNG PEOPLE -- AGAIN, THIS IS ALL INFORMATION THAT MOST PEOPLE SUBMIT. BUT AGAIN, IT'S A DIFFERENT WEIGHT. CARETAKERS. A LOT OF MY CLIENTS MAY HAVE AIDS THAT COME TO THEIR HOUSE. I THINK IT'S VERY IMPORTANT WITH REGARD TO FUNCTIONING. THEY CAN GIVE A LOT OF INFORMATION REGARDING THAT. CASE MANAGERS IN OTHER SYSTEMS. WE KNOW THAT, UNFORTUNATELY, OUR CLIENTS ARE TRAVERSING THROUGH A VARIETY OF SYSTEMS. AND THE CASE MANAGER FROM THE HOMELESS SERVICES SYSTEM, WHILE YOU MAY NOT HAVE BEEN ABLE TO CATCH THEM IN THE OTHER SYSTEM, THE CASE MANAGER FROM THE HOMELESS SERVICES SYSTEM MAY HAVE A LOT OF INFORMATION CONNECTED TO HOW THIS PERSON FUNCTIONS. SO THOSE ARE JUST SPECIFIC PEOPLE, I THINK, WHO WOULD OFFER A VARIETY OF INFORMATION THAT SHOULD BE WEIGHED MORE.

TRACEY GRONNIGER: >> THAT'S GREAT. THANK YOU. DOES ANYONE ELSE WANT TO RESPOND TO THAT QUESTION? I DON'T WANT TO LIMIT IT ONLY TO KEE IF OTHER FOLKS HAVE THOUGHTS ABOUT KIND OF THE MEDICAL EVIDENCE QUESTION. BUT IF NOT, WE HAVE ANOTHER QUESTION HERE THAT I CAN RAISE. DURING THE DISCUSSION REGARDING THE IMPORTANCE OF CONSIDERING LIFE EXPERIENCE AND BARRIERS IN LIGHT OF A PERSON'S AGE, DOES THIS HIGHLIGHT THE DIFFERENCE BETWEEN CHRONOLOGICAL AND PHYSIOLOGICAL AGE? ROBIN, OR KAS, WHAT DO YOU THINK? DOES THIS QUESTION SPEAK TO YOU AT ALL? I MEAN, I THINK THAT YOU HAVE TALKED ABOUT HOW, KIND OF, LIFE EXPERIENCES HAVE EFFECTS ON PEOPLE THAT YOU CAN'T ALWAYS SEE AND LOOKING AT A NUMBER OF AGE DOESN'T NECESSARILY TELL YOU A STORY. KAS, IT LOOKS LIKE YOU WERE GOING TO SAY SOMETHING. AND MAYBE ROBIN, YOU HAVE A MOMENT. WE HAVE ABOUT FIVE MINUTES LEFT. SO, WE CAN KIND OF KEEP OUR ANSWERS A LITTLE BIT SHORT AND HOPEFULLY GET EVERYONE TO COMMENT.

KAS CAUSEYA: >> OKAY, YES. I THINK SO. WELL, MOST DEFINITELY IT DOES. WE HAVE PEOPLE -- I DON'T KNOW HOW MANY TIMES WE'VE HEARD, WE'VE HAD PEOPLE COME TO US AND THE DOCTOR WILL HAVE TOLD THIS PERSON, YOU KNOW, YOU HAVE THE HEART OF SOMEONE ABOUT 85 YEARS OLD AND ACTUALLY THEY'RE ONLY IN THEIR 50'S OR IF THEIR LATE 40'S, YOU KNOW. YOU HAVE THE KNEES OF SOMEONE WHO'S IN THEIR 60'S. AND THIS PERSON IS IN THEIR 30'S OR 40'S. SO YEAH, CHRONOLOGICAL AGE, I MEAN, WE NEED TO CONTROL FOR WAGE. YOU KNOW, WE NEED TO LIKE DEVELOP -- IT WOULD BE NICE I SHOULD SAY, BENEFICIAL IF THEY COULD DEVELOP SOME DOCUMENTS THAT WOULD HELP THE ANALYSTS CONTROL FOR AGE SO THAT THEY CAN GET A BETTER LOOK AT LIKE WHAT THAT PERSON'S ACTUAL FUNCTIONING IS. JUST LIKE PSYCHOLOGISTS, THEY SHOULD BE REVIEWING THE PERSON, TELLING YOU LIKE WHAT THAT PERSON'S ACTUAL FUNCTIONING IS OR THE SEVERITY OF THEIR CONDITION. WE NEED SOME DOCUMENTS THAT THE ANALYST CAN USE IN ORDER TO LIKE CONSIDER THE IMPACTS OF HARD LIVING. YOU KNOW, WE LOOK AT IT WHEN THE MED VOC GRID -- USING THE MED VOC GRID, WE CONSIDER THE IMPACTS OF A LIFE OF HARD WORK, WHAT THAT DOES TO A PERSON. WHAT ABOUT THE IMPACTS OF HARD LIVING ON A PERSON'S ABILITY TO FUNCTION AS WELL? SO, YES.

TRACEY GRONNIGER: >> THANK YOU SO MUCH. I THINK THAT -- YES. I MEAN, WE'VE TOUCHED ON SO MANY DIFFERENT THINGS. I HOPE THAT THIS HAS BEEN REALLY ENLIGHTENING AND EDUCATIONAL AND INFORMATIVE FOR THE AUDIENCE AND EVEN THE PRESENTERS WHO ARE KIND OF LISTENING TO OTHER FOLKS' EXPERIENCES AND PERSPECTIVES. I WANT TO END HERE AND THANK KEE, KAS, DAZARA, MICHAEL, ROBIN, AND AARON FOR ALL OF THE TIME AND THE INFORMATION THAT YOU PROVIDED. I THINK THAT YOUR COMMENTS ARE REALLY HELPFUL AND THAT THE EFFORTS THAT WE MAKE TO KIND OF IMPLEMENT SOME OF THESE SUGGESTIONS ARE REALLY IMPORTANT. DAZARA, WE HAVE A FEW

MINUTES. SO, IF YOU WANT TO SAY SOMETHING, I WOULD LOVE TO LIKE NOT CUT YOU OFF. AND THEN WE CAN TURN IT OVER AND END OUR PANEL. BUT DO YOU HAVE ANY LAST, A LAST WORD? YOU'RE MUTED.

DAZARA WARE: >> I JUST SHOWED MY CAMERA BECAUSE THAT'S WHAT I DO WHEN WE'RE ABOUT TO CLOSE. I'M SORRY. I DIDN'T HAVE ANYTHING TO ADD. I JUST AM VERY GRATEFUL TO HAVE THE OPPORTUNITY TO SHARE MY THOUGHTS. AND I HOPE THAT THEY WERE HELPFUL TO THE PEOPLE THAT PARTICIPATED IN THIS. THANK YOU.

TRACEY GRONNIGER: >> THANKS. I THINK THAT TO THE EXTENT THAT ANYONE HAS ANY LAST THOUGHTS -- BECAUSE I MEAN I OPENED IT UP, BUT I'M LIKE WE DO HAVE TWO MINUTES. AND I'M ALLOWED TO USE THEM. DOES ANYONE HAVE ANY KIND OF FINAL THOUGHTS ON BARRIERS AND MAYBE THINKING ABOUT, YOU KNOW, WHAT WE CAN DO TO EDUCATE OR ASSIST OR PROVIDE LIKE SOME KIND OF ASSISTANCE OR SERVICES THAT WE ARE NOT CURRENTLY DOING. ONE MINUTE, LIKE WHAT SHOULD WE DO, LIKE WHAT'S YOUR LAST TOP SUGGESTION?

KAS CAUSEYA: >> OKAY.

TRACEY GRONNIGER: >> I HEARD ROBIN. ROBIN, YOU GO. THEN KAS, YOU GO. THIRTY SECONDS.

ROBIN RUNGER: >> SO, MY TWO QUICK THINGS THAT I CARRY WITH ME IN THIS WORK ALL THE TIME IS -- AND I'M LEARNING, RIGHT. SO, I WANT TO BE REALLY TRANSPARENT ABOUT THAT. -- IS TO REALLY BRING AN INTERSECTIONAL AND A QUALITY LENS TO EVERYTHING WE DO. AND EVERYONE HAS MULTIPLE IDENTITIES THAT THEY ASSOCIATE WITH, THAT SOCIETY ASSOCIATES WITH THEM, THAT PLACES PRIVILEGE AND OPPRESSION ON THEM AT THE SAME TIME. AND ALL OF THOSE THINGS IMPACT THEIR ABILITY AND WILLINGNESS TO ACCESS THESE BENEFITS THAT ARE SO INCREDIBLY IMPORTANT AND COULD BENEFIT SO MANY MORE PEOPLE IF WE JUST COME TO THE SPACE WITH THAT UNDERSTANDING. SO THAT WOULD BE THE FIRST THING.

TRACEY GRONNIGER: >> YOU HAVE LIKE TEN SECONDS. I'M LIKE CUTTING YOU OFF. GO AHEAD. OKAY, KAS. YOU GO. YOU HAVE ABOUT -- JUST THE QUICKEST THING.

KAS CAUSEYA: >> OKAY. ONE, I THINK IT WOULD BE NICE IF SOCIAL SECURITY -- IT WOULD BE VERY HELPFUL IF SOCIAL SECURITY WOULD DEVELOP BETTER RELATIONSHIPS AND PARTNERSHIPS WITH COMMUNITY AGENCIES. AND THEN ALSO, I THINK FOR SSA TO BE MORE INTENTIONAL ABOUT EQUITY AND INCLUSION WITHIN THEIR PROCESS, I THINK THEY NEED TO START TO COLLECT RACE DATA, RACE AND ETHNICITY DATA. THAT'S VERY IMPORTANT, I BELIEVE.

TRACEY GRONNIGER: >> THANK YOU SO MUCH.

DAZARA WARE: >> AND FINALLY, I THINK WE SHOULD REALLY, REALLY FOCUS ON MOVING FROM CONVERSATION TO ACTION.

DAZARA WARE: >> YES. STARTING OFF WITH TREATING PEOPLE WITH WAY THAT WE WOULD LIKE TO BE TREATED.

TRACEY GRONNIGER: >> THANK YOU. I LOVE THAT ONE AS A FINAL THOUGHT. SO, THANK YOU TO EVERYONE, ALL THE PANELISTS. WE REALLY -- I THINK THIS WAS A GREAT DISCUSSION. AND I THINK IT WAS REALLY INFORMATIVE AND REALLY BENEFICIAL. I ALSO WANT TO THANK SOCIAL SECURITY

ADMINISTRATION FOR THE INVITATION AND ALLOWING US ALL TO PROVIDE SOME IMPORTANT INFORMATION. SO NOW I AM GOING TO TURN IT OVER TO STEVE ROLLINS WHO IS THE DEPUTY ASSOCIATE COMMISSIONER IN THE OFFICE OF DISABILITY POLICY FOR CLOSING REMARKS. THANK YOU SO MUCH, EVERYONE.

STEVE ROLLINS: >> OKAY. THANK YOU, TRACY. AND THANKS FOR LEADING OUR DISCUSSION SO CAPABLY TODAY. YOU REALLY DID A NICE JOB. YOU KNOW, ESPECIALLY GIVEN OUR ONLINE FORMAT WHICH CERTAINLY CAN CREATE CHALLENGES THAT AREN'T ALWAYS PRESENT WHEN WE HAVE IN-PERSON MEETINGS. SO THANK YOU. AND I WOULD ALSO LIKE TO THANK THE PANELISTS FOR SHARING THEIR INSIGHTS, AS WELL AS THOSE THAT SUBMITTED QUESTIONS FOR US TO CONSIDER. YOU KNOW, IT REALLY IS VERY INFORMATIVE TO HEAR FROM SUCH A DIVERSE PANEL AND HAVING THEM IDENTIFY THE INTRINSIC AS WELL AS THE FRANKLY MULTIPLE EXTRINSIC CHALLENGES THAT THEY'VE OBSERVED INDIVIDUALS FACE WHEN TRYING TO ACCESS OUR DISABILITY PROGRAMS. YOU KNOW, YOU ALL SHARED MANY RELEVANT POINTS FOR US TO TAKE BACK AND ASSESS AS WE MOVE FORWARD IN TRYING TO BETTER SERVE OUR CUSTOMERS THAT FACE THE BARRIERS THAT WERE DISCUSSED TODAY. AND I THINK THAT, YOU KNOW, FURTHER DEMONSTRATES WHY THESE NATIONAL DISABILITY FORUMS CAN JUST BE SO VALUABLE. SO ONCE AGAIN, THANKS TO EVERYBODY FOR PARTICIPATING, AND, YOU KNOW, LOOK FORWARD TO FUTURE COLLABORATIONS. SO, FOR EVERYONE WHO REGISTERED TODAY, YOU WILL RECEIVE AN EMAIL WITH AN EVALUATION REGARDING TODAY'S NATIONAL DISABILITY FORUM. PLEASE HELP US CONTINUE THE SUCCESS OF THESE CONVERSATIONS BY COMPLETING THE EVALUATION. LET US KNOW YOUR THOUGHTS ABOUT THE FORUM, YOU KNOW, ANY FUTURE TOPICS YOU WOULD LIKE US TO DISCUSS OR SHARE, OR ANYTHING ELSE THAT YOU THINK MIGHT HELP US MOVE THIS FORWARD. CERTAINLY, COMPLETING THE EVALUATION DOES HELP US AND GIVE US SOME FEEDBACK ABOUT WHAT WE'RE DOING HERE. PLEASE FEEL FREE TO STAY CONNECTED, YOU KNOW, TO MICROSOFT TEAMS, TO JOIN US FOR THE AFTERNOON FORUM, IF YOU'RE REGISTERED, WHERE WE PLAN TO DISCUSS EQUITY AND CLAIMANT REPRESENTATION. AND THAT WILL BEGIN AT APPROXIMATELY 1:00 P.M. EASTERN STANDARD TIME. AND WITH THAT, OUR MORNING FORUM HAS CONCLUDED. PLEASE ENJOY THE REST OF YOUR DAY AND STAY SAFE. THANK YOU.