



Alameda County

Social Services
Agency

Yolanda Baldovinos
Agency Director

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January 9, 2009

Honorable Board of Supervisors
Administration Building
Oakland, CA 94612

Dear Board Members:

SUBJECT: Approval of the Social Services Agency (ACSSA) plan for improving the Supplemental Security Income (SSI) advocacy process for General Assistance (GA) clients

RECOMMENDATION:

On December 9, 2008, the Board requested that the Social Services Agency (ACSSA) present its plans for improving the Supplemental Security Income (SSI) advocacy process for General Assistance (GA) clients. It is recommended that the Board approve the plan.

SUMMARY/DISCUSSION:

SSI is a federal program providing a monthly cash grant roughly twice the GA grant and federally funded health insurance. The goal of SSA's proposed effort is to transition increasing numbers of GA recipients to SSI resulting in a better benefit for eligible GA clients, a decrease in County GA rolls, and increased recapture of some GA assistance payments. Key elements of ACSSA's plan include:

- The creation of an advisory committee which will focus on establishing better relationships between the stakeholders, transforming what is now a cluster of unrelated resources into a coordinated SSI-advocacy system, and evaluating the success of advocacy efforts; and
- The creation of a coordinating group which will focus on the details of the SSI application process, and will develop methods to improve the quality and success rate of applications; and
- An improved ACSSA internal SSI capacity achieved by reestablishing a dedicated SSI advocacy unit using existing funded positions; and

- A partnership with Health Care Services Agency (ACHCSA) to increase advocacy related resources and coordinate efforts with ACSSA; and
- An agreement between ACSSA and ACHCSA to identify shared clients likely to be eligible for SSI for the purpose of developing strategies to effectively assist them to transition to SSI; and
- An agreement between ACSSA and ACHCSA to collect and report on comparable data that will allow for the objective measurement of the utilization of advocacy resources and the performance of advocacy efforts across all providers; and
- Quarterly reports to the Board of Supervisors on the implementation of the plan as well as the results of advocacy efforts.

A summary of ACSSA's plan is attached.

FINANCING:

The Agency's FY 2008-09 budget was built assuming the implementation of a six-month time limit for GA employable clients. As a result of not adopting time limits, ACSSA currently projects that the GA program will be \$11.5 million over the approved budget. The improved SSI advocacy process should mitigate this overspending. Since the steps involved in improving the process will be carried out using existing resources, there will be no additional net County cost.

Sincerely,

Yolanda Baldovinos
Agency Director

CPH:CC

c: County Administrator
County Counsel
Auditor-Controller

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SSI Advocacy Improvement Efforts

January 9, 2009

Yolanda Baldovinos, Agency Director
Dan Kaplan, Finance Director
Sam Tuttelman, Employment Services Director

SSI Advocacy Improvement Efforts

Issue

At the December 9, 2008 Board of Supervisors meeting, Social Services Agency (ACSSA) was asked to come back to the Board with its plans for improving the Supplemental Security Income (SSI) advocacy process for General Assistance (GA) clients. This document summarizes planned activities.

Background

SSI is a federal program providing a monthly cash grant to eligible recipients that is roughly twice the GA grant. SSI recipients also become MediCal eligible. ACSSA has long supported SSI advocacy¹ for GA clients. In the past it had a dedicated SSI-advocacy unit. At present, it funds several contracts with local organizations that provide advocacy services for GA clients.

As part of its redesign of the GA program for fiscal year 08/9, SSA recognized the need for additional SSI Advocacy efforts, and included in its budget proposal an additional appropriation (\$400,000) for increased SSI advocacy. When time limits for employable GA clients were put on hold, SSA diverted these funds as well as funds slated for GA/FSET employment services to partially offset the increased expenses associated with GA grants.

Current SSI-Advocacy Resources

Even though the new investments have been put on hold due to a deficit in GA Assistance payments, ACSSA still invests considerable resources in SSI advocacy for GA clients.

- *Staff Resources.* In early 2008, social work staff within SSA's Employment Services Department (ESD) were surveyed. A total of three full-time equivalent staff positions were devoted to SSI advocacy work.
- *ACSSA Contracts.* ACSSA has four contracts (totaling \$589K) that support GA/SSI Advocacy efforts. Three of these contracts are with the Homeless Action Center (HAC), and one is with Lifelong Medical Care.

In addition there are other county agencies, organizations, and individuals who support SSI advocacy work.

- *Behavioral Health Care Services (BHCS)* staffs a unit that provides SSI Advocacy. Specifically BHCS Patient Service Technicians (PST's) are responsible for SSI advocacy for BHCS consumers who often are GA recipients.
- *BHCS*, with the support of the Mental Health Services Act, recently executed a contract with HAC for additional SSI Advocacy Services.

¹ SSI advocates assist individuals through the SSI application process, assuring that forms are filled out correctly and that all necessary documentation is secured and included. Although some individuals succeed in getting on SSI by themselves, the success rate is significantly improved when applicants are assisted by advocates who are expert in the process.

- *HCSA and SSA* have secured a commitment from the Tipping Point Foundation to start two new Single Stop USA sites in Alameda County. Single Stop is a benefits advocacy program (including SSI) co-located with HCSA clinical service providers (community clinics). Total value of the two contracts is 500K annually and funding for both sites is secure for at least 5 years. One site will be located at the new Open Access Clinic on the San Pablo corridor, and the other will be co-located with the new clinics in development at the Peralta Community Colleges.
- *HCSA and ACSSA* supported an application to the California Endowment which will fund SSI advocacy system building efforts and facilitate the provision of advocacy services to the criminal justice re-entry population. The grant has been approved at 100K for 2009-2010.
- *The Cities of Oakland and Berkeley* have contracts with HAC to support SSI advocacy for individuals who often are GA clients.
- *Private Attorneys* assist GA clients to gain SSI benefits.

ACSSA Proposal

ACSSA proposes immediate and substantive improvements in SSI Advocacy county wide, targeting improved coordination and evaluation, and improved efficiency and success in converting General Assistance and Indigent Health clients to SSI.

As indicated above, there are a number of organizations and individuals who are active in providing SSI advocacy to Alameda County residents. These residents/clients are often overlapping and though not all of these individuals are GA clients, many are.

From the perspective of all clients and county agencies and departments, it is always advantageous to have an eligible client transition to SSI. When a client becomes SSI eligible, the Social Security Administration refunds to ACSSA the amount of the general assistance paid to the client from the date s/he applied for SSI. From the point of view of the behavioral and indigent health care systems, it is also desirable when new SSI clients become MediCal eligible to retroactively bill for mental and physical health care services.

Oversight and Coordinating Committees. ACSSA has begun work to bring together stakeholders to form SSI advocacy advisory and coordinating committees. The advisory committee will focus on establishing better relationships between the stakeholders and on transforming what is now a cluster of unrelated resources into a coordinated SSI-advocacy system. The coordinating committee will focus on the details of the SSI application process, and will develop methods to improve the quality and success rate of applications. Representation on these committees will come from the following:

- ACSSA, BHCS, Indigent Care System, Cities of Berkeley, Oakland
- Alameda Health Consortium, APMC
- Social Security Administration, State Disability Determination Services
- HAC, Bay Area Legal Aid (BALA), East Bay Community Law Center (EBCLC)
- Private Attorneys Representing Significant Numbers of GA-SSI Applicants

ACSSA Staff Resources. To improve the effectiveness of its internal efforts, ACSSA will reestablish a dedicated SSI advocacy unit. This unit will be carved out of existing Employment Services Department (ESD) social work staff, and will be dedicated to providing SSI advocacy (3 social workers) and advocacy for the Cash Assistance Program for Immigrants² (2 social workers). It will have a full-time supervisor, also coming from ESD's existing staffing. This unit will receive referrals from other SSA social workers, facilitate referrals to other advocacy providers, and actively assist GA clients to achieve eligibility for either SSI or CAPI. This focus will allow staff to become considerably more effective as advocates, resulting in an increase in the overall capacity of the SSI advocacy system without adding new costs.

HCSA Contract Resources. The Health Care Services Agency has indicated that it can support SSI advocacy efforts in three ways:

1. Its BHCS Department has executed an advocacy contract with HAC.
2. HCSA has committed to multi-year funding for Project Respect; a program targeted to frequent users of Highland Hospital's Emergency Department
3. It has indicated a willingness to contract with providers of mental health exams (up to \$100,000) to support the SSI application process.

Engagement of Private Attorneys. In order to increase system capacity, ACSSA staff and other stakeholders will meet with private SSI attorneys to identify strategies to overcome barriers to increasing the number of GA recipients that they are willing to represent.

Gauging Success

Initial discussions among the providers of SSI advocacy services (HAC, ACSSA, and BHCS) have resulted in agreement to collect and report on comparable data that will allow for the objective measurement of both utilization of advocacy resources and performance of advocacy efforts across providers. Key indicators will include the timeliness with which the various steps of the application process are completed, success rates, and the number of referrals for advocacy services. Data from all providers of advocacy services will be regularly collected and discussed by the Advisory committee. ACSSA has committed to quarterly reports to the Board of Supervisors. These reports will summarize and present data on numbers of GA clients transitioning to SSI, success rates, number of referrals, and the associated payments received from the Social Security Administration.

² The CAPI program provides a cash grant that is \$10 a month less than SSI. It is a fully state-funded program to provide "SSI-like benefits" to individuals who would qualify for SSI if not for their immigration status



MEMORANDUM

Date: June 23, 2010
To: Each Member of the Board
From: Yolanda Baldovinos, SSA Director
Subject: June 22, 2010, Budget Hearing Follow-Up Information

This is in response to a number of questions from Board Members during the June 22, 2010, Budget Hearing. Let me know if you need further information.

1. How many chore providers do we have in the IHSS program?

We have about 18,000 chore providers. Some clients may use more than one provider; however, some providers may also assist more than one client. The majorities are paired up with one provider, one client.

2. What are the projected savings associated with individual components of the GA Program redesign that are in effect?

Attached you will find a General Assistance report dated June 22, 2010. It reflects the following estimated savings for each of the components based on projections for next fiscal year. Current fiscal year savings are outlined in the attached report.

- \$40 Medical Deduction \$2.4 million
- Shared Housing Deduction \$1.3 million
- 3-Month Time Limits \$10.3 million

What is not reflected is the savings from the implementation of the vendor pay policy – paying rent directly to the landlord not in cash to the recipient. This varies on a case-by-case basis.

3. What would it cost to reverse all components of the General Assistance redesign given the current caseload?

Assuming no increase in the GA caseload (in the past it had increased about 100 per month), the increased cost to the FY 2010/11 budget would be \$16.2 million.

4. Should we eliminate the Food Stamp Employment and Training (FSET) program and reinvest the savings in other areas?

This program supports all food stamp recipients, some of whom are GA clients and discontinuance would result in the loss of \$2.8 million in federal financial participation. Funding is used to support the One-Stop operator contract, Employment Counselor personnel and transportation costs for GA clients to participate in job search activities. We have reports from OPIC, our one-stop operator. We are currently auditing the placement numbers on those reports and will finalize a report to the Board in the near future.

5. Can we evaluate the proposed SSI advocacy proposal?

We can evaluate the merits of this proposal based on the current experience.

The chart below summarizes current fiscal year or eleven (11) months of results of advocacy efforts for HAC, Lifelong (\$687,000), SSA Social Workers (3 FTEs- 5 months to date) and outside efforts, including private attorneys and self service applications.

In summary, 2,260 GA clients have had decisions during these 11 months. 870 were approved and 1,390 denials. We do not know if the denials are first application denials or appeal denials. The HAC, Lifelong, SSA numbers are preliminary. Their expanded role was formalized only 6-7 months ago and I believe we need to let them continue to work 6 to 12 more months and then fully evaluate them. Current projected investment in the SSA proposed budget is \$887,000 plus \$400,000 in Psychological Exams. The Health Care Services Agency has some additional investments whose numbers are also included below.

However, with that being said, I believe the numbers in the SSI proposal seem a little ambitious. In order for the Board to support this proposal as written, the County would have to invest several millions in additional advocacy for at least 2 years to deal with denials and appeals and would also have to provide additional funding for assistance payments to take time limits off the table.

<i>July 1 - April/May</i>		<i>11 months</i>		
<i>SSI</i>	<i>Filings</i>	<i>Decisions</i>	<i>Approvals</i>	<i>Denials</i>
<i>HAC</i>	<i>149</i>	<i>152</i>	<i>87</i>	<i>62</i>
<i>Lifelong</i>	<i>32</i>	<i>8</i>	<i>3</i>	<i>5</i>
<i>SSA</i>	<i>61</i>	<i>25</i>	<i>16</i>	<i>11</i>
<i>TOTAL</i>	<i>242</i>	<i>185</i>	<i>106</i>	<i>78</i>
<i>Outside</i>	<i>Unknown</i>	<i>2,075</i>	<i>764</i>	<i>1,312</i>
<i>TOTALS</i>		<i>2,260</i>	<i>870</i>	<i>1,390</i>

cc: Susan Muranishi

Alameda County SSI Advocacy Trust

Introduction

Every disabled individual receiving public assistance or medical care under Alameda County's (the County) indigent care system represents untapped state and federal revenue.

Once General Assistance (GA) recipients are approved for Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI), any General Assistance (GA) paid to them after the onset of their disability is reimbursed to the County by the Social Security Administration, i.e., the federal government.

Furthermore, upon approval of SSI benefits, recipients are granted Medi-Cal retroactively for three months prior to their application date. Any care provided while the application was pending can also be billed to Medi-Cal.

Capturing this untapped federal and state reimbursement revenue will not only save Alameda County millions of dollars per year, but it can help safeguard precious services to the indigent population, fund tailored services for this diverse population, and provide pilot money for new innovative programs. The Alameda County SSI Advocacy Trust will achieve these goals.

Problem Statement

Alameda County is not fully realizing the benefits of SSI advocacy because of structural problems and underinvestment in SSI advocacy services.

Due to the structure of the indigent health care system in Alameda County, the County is currently unable to receive the benefits from an increased investment in SSI advocacy on the healthcare side. Because of the County's structure, only county clinics and hospitals (Providers) can bill Medi-Cal retroactively for care that has been paid for by the County. Under this current system, it is the Providers – and not the County – that recovers the funds used to provide care for the people awarded Medi-Cal retroactively.

This system reduces the incentive for the County to increase its investment in SSI advocacy because it does not receive the benefits from the healthcare side of the investment. It also diminishes the revenue for the Providers because the lack of investment leaves so many people who are eligible for Medi-Cal unconverted.

Solution

This problem can be solved by introducing revenue sharing between the County and the Providers for the medical care reimbursed by Medi-Cal accompanied by a significant increase in investment.

Revenue sharing will provide the County with an incentive to increase its investment in SSI advocacy by a significant margin because the return on investment will be so great. Furthermore, with a sufficiently significant increase in investment, this arrangement will result in a net increase in revenue for Providers as well.

Benefits

The Alameda County SSI Advocacy Trust is an opportunity for the County to provide increased services to the indigent population, while saving county dollars and capturing additional state and federal revenue.

This program will:

- Increase the income of disabled indigent residents of the County;
- Provide an economic boost to the local economy;
- Reimburse the County for General Assistance provided to disabled residents;
- Reimburse the County for medical care provided to uninsured disabled residents;
- Save future County general fund dollars by reducing the number of people receiving cash assistance and indigent health care; and
- Create a pool of resources to support ongoing and innovative services to the indigent population.

Background Information

Problem Background

Inefficiencies in the Application Process

Inefficiencies in the application process combined with retroactive benefits create an opportunity for counties to recoup some of the costs of operating their indigent services.

Because of inefficiencies in the federal and state agencies' processing of SSI and Medi-Cal applications, it often takes years for applicants to receive benefits. While the application is pending review, the County generally pays for GA and healthcare. In the Bay Area, it takes on average two years to get an administrative hearing for SSDI/SSI benefits, the level at which most claims are approved.

When an applicant receives benefits, the Social Security Administration generally awards retroactive SSI benefits, dating back to the time of the initial application. Retroactive Medi-Cal benefits are generally awarded up to three months prior to the date of application.

The Structure of Indigent Healthcare in Alameda County

Currently, Alameda County pays clinics and the hospitals (Providers) to provide indigent health care. Under the current system, the Providers retain the right to bill Medi-Cal for the retroactive care.

There is no condition within the funding of this system which requires that Providers actually bill retroactively for the care provided; nor is there a requirement that the Providers reimburse the County for the funds previously provided by the County. Essentially, Providers receive advance funding for their services from the County, and later can bill Medi-Cal for those same services. However, there is no requirement to reimburse the County in those situations.

The structure of the system combined with administrative costs and logistical complications may reduce the priority that Providers give to billing Medi-Cal retroactively. Furthermore, this system disincentivizes the County from investing in SSI advocacy because it would bear all of the costs of the program without receiving any of the reimbursement.

Action Plan

In order to implement the SSI Advocacy Trust Program the following plan needs to be put into place:

1. Create the SSI Advocacy Trust- The SSI Advocacy Trust will be created and will coordinate, administer, and manage the project.
2. Arrange Revenue Sharing Agreements with the Providers - The SSI Advocacy Trust will enter into a revenue sharing agreement with the Providers. This agreement will allow the SSI Advocacy Trust to be sustainable as well as to provide funding for services to the indigent residents of Alameda County. Without this agreement, the County will have no incentive to increase its investment in SSI advocacy.
3. Secure Funding - In addition to funding sought from foundations, the County will loan money with an increased rate of return to the SSI Advocacy Trust. As of 2010, County investments earn an average of 0.84%. The return from investing in SSI advocacy is much higher. If the SSI Advocacy Trust targets the most expensive users of the indigent health care system, we estimate that the return will repay the loan at above the current market rate, and still have a significant surplus for indigent services. Essentially, the County will benefit

by drawing down federal and state funding for indigent services as well as earning a higher return on its investments than it can earn elsewhere in the market.

4. The SSI Advocacy Trust Contracts out SSI Advocacy Services to Community-Based Providers – The SSI Advocacy Trust will utilize existing community resources by contracting with service-providers. These providers already have expertise with the law, experience working with the Social Security Administration, relationships with assessment providers, and systems for training new employees.
5. The SSI Advocacy Trust Contracts out Assessments – One of the key elements to increasing the speed and effectiveness of SSI claims is providing detailed physical and mental health assessments to applicants for SSI. Access to assessments early on can greatly speed up the rate at which applicants are approved, thereby enabling the SSI Advocacy Trust contractors to convert more people from County support to SSI at a faster rate.
6. Centralize Retroactive Billing under the SSI Advocacy Trust – Because the SSI Advocacy Trust will be tracking the retroactive award of SSI benefits for all recipients, it can take a central role in insuring that both the County and the Providers receive retroactive payment for care provided while an SSI application was pending.
7. Create an Indigent Service Fund to sustain the SSI Advocacy Trust and to reinvest in services for indigent residents – The SSI Advocacy Trust will establish an Indigent Service Fund with the revenue that the County recoups. The Service Fund will support existing community services for the indigent population as well as encourage the creation of innovative programming targeting the specific demographic groups among the County's most at-risk residents.

Benefits

The SSI Advocacy Trust offers numerous benefits to Alameda County. In a time of decreasing revenues, the County cannot afford to ignore an opportunity to draw from federal and state revenue:

1. Social Security Administration will reimburse General Assistance Payments – Upon approval of an application for SSI, the Social Security Administration will reimburse the County for any GA paid to an SSI recipient during the retroactive award period.
2. Medi-Cal will pay retroactively for healthcare received– Upon approval of an application for SSI benefits, Medi-Cal benefits are automatically awarded. Any health care provided during the application period can be

billed to Medi-Cal retroactively. With a revenue-sharing agreement in place, the SSI Advocacy Trust will receive a portion of these retroactive funds. In addition to insuring the SSI Advocacy Trust is financially self-sustaining, these funds will also help fund indigent services.

3. The SSI Advocacy Trust will avert future costs – The County will save money by moving people onto federal and state-funded services. This will reduce the number of people receiving General Assistance and reduce the number of people receiving County-funded indigent healthcare services.
4. The SSI Advocacy Trust will increase the standard of living for disabled, indigent Alameda County residents – SSI provides a monthly benefit more than twice the maximum General Assistance grant. With this increase in income, many residents become able to find stable housing, which in turn reduces costs for the County. Additionally, the enrollment in Medi-Cal often allows beneficiaries to receive better more consistent healthcare, which can greatly improve the health outcomes.
5. The injection of federal and state revenue will stimulate the local economy – As demonstrated with the extension of unemployment benefits under the American Reinvestment and Recovery Act of 2009, SSI also provides an economic multiplier. Recipients of SSI generally spend all of their monthly benefits in the local economy. This increase of local economic activity generates and sustains local jobs. Furthermore, the influx of federal and state dollars into the healthcare system will support higher-wage jobs in the local economy and will contribute to overall economic security.
6. The health of Alameda County as a whole will increase – Increasing indigent people's income and their access to quality healthcare will increase health outcomes for the community as a whole. These outcomes will also reduce the occurrence and transmission of communicable diseases. Furthermore, stabilizing indigent residents will reduce reliance upon the underground economy making everyone safer.

After an initial investment, the SSI Advocacy Trust will be self-sustaining. The benefits outlined above will not only avert future costs, but will continue to generate federal and state revenue for indigent services in future budget years.

Conclusion

Every disabled indigent resident of Alameda County is a source of untapped federal and state funds. The only way this revenue stream can be captured is by making sure each person has an application pending for federal and state benefits and by providing advocacy to insure the approval of those applications.

The SSI Advocacy Trust presents an opportunity for the County to tackle its fiscal problems with an entrepreneurial spirit. The SSI Advocacy Trust creates a self-sustaining, revenue generating program that enhances essential services and, perhaps most importantly, increases the quality of life for indigent residents and the community as a whole.

Projected Costs and Savings of SSI Advocacy

Advocates	Clients	Total Advocate Cost ¹	Total Assessment Cost ²	Total SSI Advocacy Cost ³	Total GA Recovery	Total GA Costs Averted	Total GA Program Savings	Total Medi-Cal Recovery	Total County Savings
1	80	\$93,750.00	\$46,000.00	\$139,750.00	\$177,316.80	\$447,076.20	\$484,643.00	\$817,366.67	\$1,302,009.67
2	160	\$187,500.00	\$92,000.00	\$279,500.00	\$354,633.60	\$894,152.40	\$969,286.00	\$1,634,733.33	\$2,604,019.33
3	240	\$281,250.00	\$138,000.00	\$419,250.00	\$531,950.40	\$1,341,228.60	\$1,453,929.00	\$2,452,100.00	\$3,906,029.00
4	320	\$375,000.00	\$184,000.00	\$559,000.00	\$709,267.20	\$1,788,304.80	\$1,938,572.00	\$3,269,466.67	\$5,208,038.67
5	400	\$481,250.00	\$230,000.00	\$711,250.00	\$886,584.00	\$2,235,381.00	\$2,410,715.00	\$4,086,833.33	\$6,497,548.33
6	480	\$575,000.00	\$276,000.00	\$851,000.00	\$1,063,900.80	\$2,682,457.20	\$2,895,358.00	\$4,904,200.00	\$7,799,558.00
7	560	\$668,750.00	\$322,000.00	\$990,750.00	\$1,241,217.60	\$3,129,533.40	\$3,380,001.00	\$5,721,566.67	\$9,101,567.67
8	640	\$762,500.00	\$368,000.00	\$1,130,500.00	\$1,418,534.40	\$3,576,609.60	\$3,864,644.00	\$6,538,933.33	\$10,403,577.33
9	720	\$856,250.00	\$414,000.00	\$1,270,250.00	\$1,595,851.20	\$4,023,685.80	\$4,349,287.00	\$7,356,300.00	\$11,705,587.00
10	800	\$962,500.00	\$460,000.00	\$1,422,500.00	\$1,773,168.00	\$4,470,762.00	\$4,821,430.00	\$8,173,666.67	\$12,995,096.67
11	880	\$1,056,250.00	\$506,000.00	\$1,562,250.00	\$1,950,484.80	\$4,917,838.20	\$5,306,073.00	\$8,991,033.33	\$14,297,106.33
12	960	\$1,150,000.00	\$552,000.00	\$1,702,000.00	\$2,127,801.60	\$5,364,914.40	\$5,790,716.00	\$9,808,400.00	\$15,599,116.00
13	1040	\$1,243,750.00	\$598,000.00	\$1,841,750.00	\$2,305,118.40	\$5,811,990.60	\$6,275,359.00	\$10,625,766.67	\$16,901,125.67
14	1120	\$1,337,500.00	\$644,000.00	\$1,981,500.00	\$2,482,435.20	\$6,259,066.80	\$6,760,002.00	\$11,443,133.33	\$18,203,135.33
15	1200	\$1,443,750.00	\$690,000.00	\$2,133,750.00	\$2,659,752.00	\$6,706,143.00	\$7,232,145.00	\$12,260,500.00	\$19,492,645.00
16	1280	\$1,537,500.00	\$736,000.00	\$2,273,500.00	\$2,837,068.80	\$7,153,219.20	\$7,716,788.00	\$13,077,866.67	\$20,794,654.67

¹ This represents the total cost of advocates over a three year period. Only the first year of costs are needed because the project will sustain itself from the revenue it generates.

² This represents the total cost of assessments over a three year period. Only the first year of costs are needed because the project will sustain itself from the revenue it generates.

³ This represents the total cost of SSI Advocacy over a three year period. Only the first year of costs are needed because the project will sustain itself from the revenue it generates.