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# THE BENEFITS DEPOT: BRINGING GOVERNMENT TO PEOPLE TO IMPROVE PEOPLE'S LIVES

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## INTRODUCTION

Like all nations, the United States struggles with poverty. As we write, 567,715 people are without a home.<sup>1</sup> 37.2 million people are hungry.<sup>2</sup> 10.1 million people are without jobs.<sup>3</sup> 12 million families face eviction.<sup>4</sup> People are struggling to pay for their heat, even as eviction moratoria keeps them in their homes.<sup>5</sup>

As a nation, we spend a lot of money to mitigate the ravages of poverty. As a fraction of Gross Domestic Product (GDP), the U.S. spends five times more on poverty (18.7 percent)<sup>6</sup> than on the military (3.4 percent).<sup>7</sup> We spend about \$4 trillion dollars, or nearly 1/5 of our GDP, on poverty.<sup>8</sup>

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1. *State of Homelessness: 2020 Edition*, NAT'L ALL. TO END HOMELESSNESS, <https://endhomelessness.org/homelessness-in-america/homelessness-statistics/state-of-homelessness-2020/> (last visited Feb. 21, 2021).

2. *Food Insecurity in the United States*, FEEDING AMERICA, <https://map.feedingamerica.org> (last visited Feb. 19, 2021).

3. BUREAU LAB. STAT., U.S. DEP'T LAB., THE EMPLOYMENT SITUATION - FEBRUARY 2021 (2021), <https://www.bls.gov/news.release/pdf/empsit.pdf>.

4. Heather Long, *Millions of Americans are Heading into the Holidays Unemployed and Over \$5,000 Behind on Rent*, WASH. POST, (Dec 7, 2020 2:27 PM), <https://www.washingtonpost.com/business/2020/12/07/unemployed-debt-rent-utilities/>.

5. See Darcel Rockett, *Rentervention Helps Tenants with Their Housing Issues. With COVID-19, the Timing Couldn't Be Better*, CHI. TRIB. (June 1, 2020), <https://www.chicagotribune.com/real-estate/ct-re-rentervention-coronavirus-20200529-20200601-3cnrmzyzmrhy5iijuqdn5ueo4-story.html>.

6. OECD, *Social Spending (indicator)*, ORG. FOR ECON. CO-OPERATION & DEV. (2021) <https://data.oecd.org/social-exp/social-spending.htm> (last visited on Feb. 18, 2021)).

7. SIPRI *Military Expenditure Database*, STOCKHOLM INT'L PEACE RSCH. CTR., <https://www.sipri.org/databases/milex> (last visited on Feb. 21, 2021).

8. OECD, *supra* note 6.

But the U.S. invests far less in people's human capital than other nations – despite higher rates of poverty and greater income inequality.<sup>9</sup> Our social safety nets assist a smaller share of the population than European social programs.<sup>10</sup> Whether measured as a fraction of GDP or as a percentage of average wages, the U.S. lags behind the United Kingdom, Spain, France, and other peer nations. Compared to the U.S.'s 18.7 percent of its GDP, the United Kingdom (20.6 percent), Spain (24.7 percent), and France (31.0 percent) commit a more significant share of resources.<sup>11</sup> European countries and Canada more directly address poverty through cash assistance to families with children, generous unemployment assistance, universal health care, and childcare support.<sup>12</sup>

Though significant, the safety nets in the U.S. are not coordinated. People fall through the cracks, particularly those with the most need and who may have obstacles to accessing services, like the elderly, people of color, and those in rural areas.<sup>13</sup>

The COVID-19 pandemic, the opioid epidemic, and other crises that disproportionately impact those living in poverty have only compounded and deepened the need for help.<sup>14</sup> In fact, during COVID-19, the U.S. has witnessed a shocking rise in the number of people living in poverty, with a 44 percent increase in the estimated poverty rate from March 2020 to August 2020.<sup>15</sup> It was worse for people of color.<sup>16</sup> COVID-19 magnified the opioid epidemic that has long plagued the U.S. Deaths by suicide and overdose among opioid users leapt.<sup>17</sup>

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9. *OECD Income (IDD) and Wealth (WDD) Distribution Databases*, ORG. FOR ECON. CO-OPERATION & DEV., <http://www.oecd.org/social/income-distribution-database.htm> (last visited on Feb. 18, 2021).

10. *See infra* Part I.

11. OECD, *supra* note 6.

12. Mark Rank & Thomas A. Hirschl, *Discussion Guide: Why is Poverty Higher in the U.S. Than in Other Countries?*, CONFRONTING POVERTY, <https://confrontingpoverty.org/poverty-discussion-guide/why-is-poverty-higher-in-the-u-s-than-in-other-countries/> (last visited on Feb. 18, 2021).

13. Heather Hahn & Margaret Simms, *Poverty Results from Structural Barriers, Not Personal Choices. Safety Net Programs Should Reflect That Fact*, URBAN INST. (Feb., 16, 2021), <https://www.urban.org/urban-wire/poverty-results-structural-barriers-not-personal-choices-safety-net-programs-should-reflect-fact>; Mandy Weirich & William Benson, *Rural America: Secure in a Local Safety Net?*, 43 J. AM. SOC'Y ON AGING 40, 42-43 (2019).

14. Henry J. Aaron, *The Social Safety Net: The Gaps That COVID-19 Spotlights*, BROOKINGS INST. (June 23, 2020), <https://www.brookings.edu/blog/up-front/2020/06/23/the-social-safety-net-the-gaps-that-covid-19-spotlights/>.

15. Priyanka Boghani, *How COVID Has Impacted Poverty in America*, PBS (Dec. 8, 2020), <https://www.pbs.org/wgbh/frontline/article/covid-poverty-america/>.

16. *See infra* Part I.

17. *See* Jay Greene, *COVID's Heavy Toll: Depression, Suicides, Opioid Overdoses Increase in Pandemic Era*, CRAIN'S DET. BUS. (Oct. 4, 2020, 12:06 AM),

Our claim in this Article is not that the U.S. does not spend enough on poverty. It spends significant resources. Instead, we are not doing enough to reduce barriers to accessing the services that the government does provide. Many private-public partnerships have done vital work to address obstacles,<sup>18</sup> but like the safety nets themselves, they are fragmented and uncoordinated.

People do not know what services exist or how to find them.<sup>19</sup> Some hold misconceptions about whether they would even qualify,<sup>20</sup> and people mistrust the government.<sup>21</sup>

It is time for the government to make it easy for people to find the considerable support that the U.S., in fact, does provide to those in need. This conscious effort should help build trust in the government at a time when trust will make or break our public health response.<sup>22</sup>

The opioid epidemic is instructive. Private actors like legal clinics and medical-legal partnerships have addressed people's holistic needs – their health care needs, their legal needs, and their social needs.<sup>23</sup> Nearly everyone also agrees that we must adopt upstream responses.<sup>24</sup> An

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<https://www.craigslist.com/health-care/covid-heavy-toll-depression-suicides-opioid-overdoses-increase-pandemic-era>.

18. See *infra* Part II.

19. Demetra Nightingale et al., *Social Safety Nets in the United States – Briefing Book*, The Urban Institute, (Nov. 2003), <https://web.worldbank.org/archive/website01506/WEB/IMAGES/NIGHTING.PDF?>.

20. Sheila R. Zedlewski, *Left Behind or Staying Away? Eligible Parents Who Remain Off TANF*, URBAN INST. at 1 (Sept. 2002), [http://webarchive.urban.org/UploadedPDF/310571\\_B51.pdf](http://webarchive.urban.org/UploadedPDF/310571_B51.pdf).

21. Pew Rsch. Ctr., *Americans' Views of Government: Low Trust, But Some Positive Performance Ratings*, PEW RSCH. CTR. (Sept. 14, 2020), <https://www.pewresearch.org/politics/2020/09/14/americans-views-of-government-low-trust-but-some-positive-performance-ratings/>.

22. Carl A. Latkin et al., *Trust in a COVID-19 Vaccine in the U.S.: A Social-Ecological Perspective*, 270 SOC. SCI. & MED., (2021) (Lack of trust in the government creates hesitancy and fear surrounding the COVID-19 vaccination process. Reluctance to be vaccinated will hinder our ability to contain COVID-19.).

23. See *infra* Part II.

24. Lois Shepherd & Robin Fretwell Wilson, *The Medicalization of Poverty*, 46 J. L. MED. & ETHICS 563, 563-64 (2018); Susan Salmond & Virginia Allread, *A Population Health Approach to America's Opioid Epidemic*, 38 Orthopedic Nursing 95, 95 (2019). As outlined in Salmond & Allread, an upstream approach to the opioid epidemic addresses "broad factors that contribute to opioid-related substance use disorder." *Id.* at 100. More generally, upstream approaches are those that focus on the root causes of problems, such as social and economic structures in society, and not the problem itself, which is considered a manifestation of these root causes. *Id.* at 99.

upstream response is a systemic one, and poverty requires a systems approach.<sup>25</sup>

But today, people have to wade through a bureaucratic nest of agencies and discover their eligibility.<sup>26</sup> We must be proactive. Private actors that have done so much good are nonetheless not the government and cannot bring to bear the arsenal of resources that government has already deployed to address poverty.

Yet, government can learn from these private actors. The government should pattern its provision of services on an agile, nimble, holistic effort to address the package of needs people in poverty have.

In this think piece, we propose a radically different approach than what government is doing today: proactively bringing needed and paid-for government services directly to people and families in need. We need a Benefits Depot where Americans can learn about what the government has already committed to providing for them. This would be a version of the big box store.

Benefits Depots should be located in easily findable, historically underserved places and perhaps co-located with places where people congregate, near actors they trust. They could be sited catty corner to houses of worship, post offices, Walmart stores or other well-frequented stores, grocery stores, and food banks.

But a place-based innovation, while an improvement, risks leaving out more rural, far-flung communities and concentrated communities in need, such as homeless camps and shelters. Alongside the Benefits Depot, government should roll out a fleet of Benefits Buses, mobile “one-stop-shops” for needed government services catering to those who may struggle to get themselves to the Benefits Depot.

During COVID-19, take-out has become more widespread and affordable thanks to Uber Eats and other services.<sup>27</sup> If Uber can do this, governments can, too. Mobilizing services and pooling resources are not new concepts.

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25. Robert Crawford, *Health as a Meaningful Social Practice*, 10 HEALTH 401, 419 (2006).

26. Kristin S. Seefeldt, *Column: We Need to Fix the Social Safety Net, Not Shame Those Who Need It*, PBS (Feb. 2, 2017, 3:02 PM), <https://www.pbs.org/newshour/economy/column-need-fix-social-safety-net-not-shame-need>.

27. Isabella Gomez Sarmiento, *As Restaurants Across the Country Close Their Doors, Deliveries Pick Up*, NPR (Mar. 22, 2020, 7:01 AM), <https://www.npr.org/2020/03/22/819011691/as-restaurants-across-the-country-close-their-doors-deliveries-pick-up>.

The Benefits Bus concept will build off of existing models of mobile aid, like street medicine<sup>28</sup> and mobile legal aid.<sup>29</sup> These models successfully bring services directly to specific populations like the homeless, substance users, and rural communities. Benefits Buses will apply this mobile model on a larger scale to supply more comprehensive, integrated services to the community.

We begin in Part I by highlighting the existing but fragmented safety net programs available in the U.S. Part II analyzes the prevailing upstream approaches, namely medical-legal partnerships (MLPs), drug and problem courts, community-legal partnerships, and access to justice kiosks, and highlights their benefits and limitations. Part III proposes the new Benefits Depot and its mobile analog, the Benefits Bus, as ways to enhance access to government services to mitigate the impact of life-altering events like COVID-19, opioid addiction, and sheer poverty. Part IV explores the preconditions and collaborations essential to this approach's success and what is needed to more directly serve those in need.

We ultimately conclude that these direct-to-American service approaches will lessen the burden of poverty and improve people's life chances.

## I. AMERICA'S FRAGMENTED SAFETY NETS

The U.S. does spend significant portions of the GDP on funding social safety nets and anti-poverty programs.<sup>30</sup> Our safety nets for those in crisis – Refundable Tax Credits; Housing Assistance; Supplemental Security Income; Pell Grants; Temporary Assistance for Needy Families (TANF); Child Nutrition; Head Start; Women, Infants, and Children; Childcare; Low Income Home Energy Assistance Program; Lifeline; and the Supplemental Nutritional Assistance Program (SNAP) – are managed by eight federal agencies.<sup>31</sup> Additional programs such as Federally Qualified Health Centers (FQHCs) – health centers placed in low-income and

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28. See ST. MED. INST., <https://www.streetmedicine.org> (last visited Feb. 21, 2021) (street medicine provides street outreach medicine to bring medical care directly to the streets of the community. This is especially important for homeless populations and substance users, many of whom are fearful of hospitalization and medical care due to dope sickness or who do not know about their eligibility for care.).

29. See Britane Hubbard et al., *Taking Justice to People in Crisis: Mobile Legal Clinics*, 44 ALT. L. J. 76, 76 (2019) (Mobile legal clinics are a newer model used to bring access to justice to those who need it most. These mobile legal clinics, similar to street medicine, go directly to the areas where access to the justice system is limited and provide brief legal advice, mostly on civil matters.).

30. OECD, *supra* note 6.

31. FED. SAFETY NET, *Safety Net Programs*, <http://federalsafetynet.com/safety-net-programs.html> (last visited on Feb. 21, 2021).

medically-underserved communities – and emergency rooms are thought of as safety net services due to the medical aid they provide to low-income populations.<sup>32</sup> The assistance is fragmented and difficult to access, leaving many with unmet needs.<sup>33</sup> As one striking illustration of unmet needs, people are willing to go to jail to get healthcare services in the U.S.<sup>34</sup>

The focal nature of the safety nets of the U.S. creates its own perverse incentives. Instead of providing direct subsidies like housing and cash assistance, we have medicalized poverty.<sup>35</sup> We do not provide housing to the homeless, but when they are ill, we spend copious amounts of money only to return them to the very circumstances that led to their illness.<sup>36</sup> Not surprisingly, the U.S. spends nearly twice the share of GDP on health care than other Organization for Economic Co-operation and Development member countries do, with far less to show.<sup>37</sup> We have a lower life expectancy and more preventable hospitalizations and deaths.<sup>38</sup> Governments need to address root causes, not just symptoms.

Accessing the current safety net programs involves engaging with the government at the federal, state, and local levels.<sup>39</sup> This can be extremely challenging for anyone, but especially for the elderly who may have difficulty locating services and mobility as well as transportation limitations that prevent them from travelling between the multiple required agencies.<sup>40</sup>

Due to the digital divide, accessing benefits for those without technology or the skills to navigate the multiple agency websites is

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32. *What is an FQHC?*, FQHC ASSOCS., <https://www.fqhc.org/what-is-an-fqhc> (last visited Feb. 18, 2021).

33. Sarah Bruch, *Inequalities in Safety Net Programs Across the U.S. States*, SCHOLARS STRATEGY NETWORK, (Oct. 29, 2015), <https://scholars.org/contribution/inequalities-safety-net-programs-across-us-states>; Marianne Page & Ann Huff Stevens, *Poverty Rates and the Society Safety Net*, U.C. DAVIS CTR. FOR POVERTY RES., <https://poverty.ucdavis.edu/post/poverty-rates-and-social-safety-net> (last visited on Feb. 18, 2021).

34. Joshua D. Mezrich, *On Purposely Getting Arrested, to Get Life-Saving Surgery*, THE ATLANTIC (Feb. 26, 2013), <https://www.theatlantic.com/health/archive/2013/02/on-purposely-getting-arrested-to-get-life-saving-surgery/273282/>.

35. *See generally* Shepherd & Wilson, *supra* note 24.

36. Mary Crossley, *Bundling Justice: Medicaid's Support for Housing in THE MEDICALIZATION OF POVERTY*, 46 J. L., MED. & ETHICS 595, 599 (2018).

37. OECD, *supra* note 6.

38. Roosa Tikkanen & Melinda K. Abrams, *U.S. Health Care from a Global Perspective, 2019: Higher Spending, Worse Outcomes?*, THE COMMONWEALTH FUND (Jan. 30, 2020), <https://doi.org/10.26099/7avy-fc29>.

39. Seefeldt, *supra* note 26.

40. Mandy Weirich & William Benson, *Rural America: Secure in a Local Safety Net?*, 43 J. AM. SOC'Y ON AGING 40, 42-43 (2019).

increasingly difficult.<sup>41</sup> While the public library provided access to technology pre-pandemic, COVID-19 has forced the closing of libraries and furthered the digital divide.<sup>42</sup> COVID-19 has created the greatest needs but provided less access than ever.<sup>43</sup>

COVID-19 has illuminated many of the disparities and challenges faced by those living in poverty, including the racial gap in poverty rates.<sup>44</sup> Not only have more people of color been burdened by poverty, but they have also faced higher prevalence, greater severity, and higher mortality rates of COVID-19 infection.<sup>45</sup> Additionally, more people have lost their jobs and fallen below the poverty line, increasing the number of individuals in need of and eligible for government services.<sup>46</sup>

Despite these negative impacts on poverty resulting from COVID-19, the adverse outcomes would have been significantly greater if Congress had not passed the Coronavirus Aid, Relief, and Economic Security (CARES) Act.<sup>47</sup> The success of the CARES Act reflects the importance of government assistance in helping people out of poverty and the ability of this assistance to be effective, more transparent, and accessible when properly implemented.

In addition to the COVID-19 pandemic, the opioid epidemic has long plagued the U.S. The opioid epidemic is a national public health emergency,<sup>48</sup> harming not only those addicted but also their families,

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41. *On the Wrong Side of the Digital Divide*, GREENLIGHTING INST. (June 2, 2020), <https://greenlining.org/publications/online-resources/2020/on-the-wrong-side-of-the-digital-divide/>.

42. Stephan Barker, *Libraries Help Close the Digital Divide*, WASH. POST (May 1, 2015), [https://www.washingtonpost.com/opinions/libraries-help-close-the-digital-divide/2015/05/01/bd6d6e84-e4ef-11e4-8abc-d6aa3bad79dd\\_story.html](https://www.washingtonpost.com/opinions/libraries-help-close-the-digital-divide/2015/05/01/bd6d6e84-e4ef-11e4-8abc-d6aa3bad79dd_story.html).

43. Aaron, *supra* note 14.

44. *See* Boghani, *supra* note 15. Pre-pandemic, 11 percent of white individuals lived in poverty, less than half of the 24 percent of both Black and Hispanic individuals. By August, this racial gap in poverty rates had widened, with 12.3 percent of white individuals living in poverty, 26.3 percent of Black individuals, and 26.9 percent of Hispanic individuals. *Id.*

45. *See* Megan Wallace, *Disparities in COVID-19 Incidence, Severity, and Outcomes*, CDC 20-21 (Sept. 22, 2020), <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2020-09/COVID-05-Wallace-508.pdf> (Racial and ethnic minorities also faced higher prevalence and more significant severity of the disease, accounting for nearly 60 percent of COVID-19 cases and 50 percent of COVID-19 deaths despite making up only 40 percent of the U.S. population.).

46. Stefan Sykes, *8 Million Americans Slipped Into Poverty Amid Coronavirus Pandemic, New Study Says*, NBC (Oct. 16, 2020, 6:00 PM), <https://www.nbcnews.com/news/us-news/8-million-americans-slipped-poverty-amid-coronavirus-pandemic-new-study-n1243762> (Between May and October in 2020, 8 million Americans fell below the federal poverty line).

47. Boghani, *supra* note 15.

48. Press release, U.S. Dep't Health & Human Services, HHS Acting Secretary Declares Public Health Emergency to Address National Opioid Crisis (Oct. 26, 2017),



communities, and the national economy. Substance use and poverty often go hand-in-hand, forming a cycle.<sup>49</sup> The stresses of poverty lead to using substances to cope and the expenses of substance use – including financial costs and personal costs – perpetuate poverty.<sup>50</sup> Many of the criminal consequences of substance use, such as fines and felony charges that limit employment and housing opportunities, worsen poverty's impacts on substance users.<sup>51</sup>

Private actors have worked to address these crises of poverty. Still, these services provided in the health care and criminal justice setting perpetuate the Medicalization of Poverty by requiring individuals to be already involved with the systems or in crisis to receive help. The existing government services need to work in collaboration with these private actors to better provide for the needs of Americans.

## II. UPSTREAM RESPONSES TO PEOPLE IN CRISIS

Instead of providing adequate resources to help individuals get out of poverty, initial upstream attempts to address the problem have utilized systems already in place, such as the criminal justice system and the health care system.<sup>52</sup> This approach requires individuals to be already involved in these systems or already be in crisis to access services. Despite this limitation, these initial responses provide beneficial lessons for what works and what needs improvement. The Venn Diagram below presents

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<https://public3.pagefreezer.com/browse/HHS.gov/31-12-2020T08:51/https://www.hhs.gov/about/news/2017/10/26/hhs-acting-secretary-declares-public-health-emergency-address-national-opioid-crisis.html>; U.S. DEP'T HEALTH & HUMAN SERVICES OFF. SEC'Y, DETERMINATION THAT A PUBLIC HEALTH EMERGENCY EXISTS (2017).

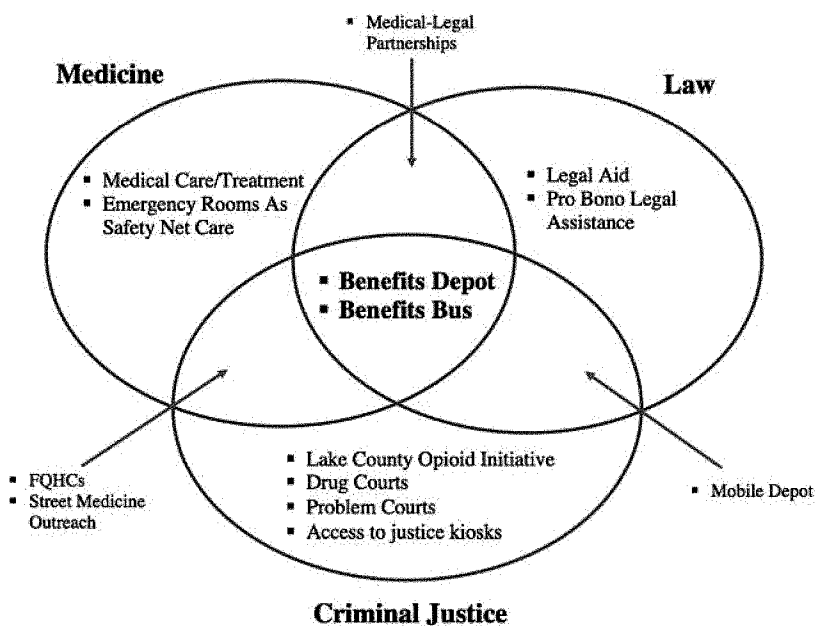
49. APRIL SHAW ET AL., SCOTTISH DRUGS F., DRUGS AND POVERTY: A LITERATURE REVIEW 3 (2007) (available at [http://www.sdf.org.uk/wp-content/uploads/2017/03/Drugs\\_Poverty\\_Literature\\_Review\\_2007.pdf](http://www.sdf.org.uk/wp-content/uploads/2017/03/Drugs_Poverty_Literature_Review_2007.pdf)).

50. Tara O'Neill Hayes & Margaret Barnhorst, *Incarceration and Poverty in the United States*, AM. ACTION F. (June 30, 2020), [https://www.americanactionforum.org/research/incarceration-and-poverty-in-the-united-states/#\\_edn8](https://www.americanactionforum.org/research/incarceration-and-poverty-in-the-united-states/#_edn8).

51. See Kaaryn Gustafson, *The Criminalization of Poverty*, 99 J. CRIM. L. & CRIMINOLOGY, no. 3, 2009, 643, 646-47. In addition to medicalizing poverty, the U.S. has taken an approach referred to as the Criminalization of Poverty, through which those living in poverty continue to face disproportionate rates of incarceration and criminal justice involvement. This criminalization is caused by policies such as the laws criminalizing failure to pay child support or fines for minor infractions. As a result, American adults living in poverty face three times the risk of being arrested than adults not living in poverty and, specifically for those below 150 percent of the federal poverty level, experience 15-times the likelihood of being charged with a felony. *Id.*

52. See generally Nazleen Bharmal et al., *Understanding the Upstream Social Determinants of Health*, RAND HEALTH (2015), [https://www.rand.org/content/dam/rand/pubs/working\\_papers/WR1000/WR1096/RAND\\_WR1096.pdf](https://www.rand.org/content/dam/rand/pubs/working_papers/WR1000/WR1096/RAND_WR1096.pdf).

some of the current approaches taken through the medical, legal, and criminal justice sectors, including cross-sector collaboration. Some of these existing approaches will be discussed in this think piece, primarily Medical-Legal Partnerships (MLPs), drug courts, Community-Legal Partnerships through the Lake County Opioid Initiative, and access to justice kiosks. While all of these approaches have been successful in many ways, they remain limited by the sectors in which they exist. The Lake County Opioid Initiative brought the government into the partnership, as will be discussed below, and provides critical lessons for our Benefits Depot. The proposed Benefits Depot and Benefits Bus, found at the middle of the Venn Diagram, would bring all sectors together to build off existing resources and infrastructure. The Benefits Depot will model the provision of government services off of these other successful partnerships to bring the benefits and programs to the people who need them most.



#### A. *Medical-Legal Partnerships (MLPs)*

A prime example of a partnership that has successfully shifted attention to an upstream approach is through medical-legal partnerships (MLPs). MLPs embed legal assistance into medical treatment to address

the legal needs that are impeding recovery and wellness.<sup>53</sup> This section will introduce the concept of MLPs and discuss aspects that have contributed to the success of MLPs that may be incorporated into the Benefits Depot.

MLPs are an interprofessional approach to healthcare delivery. Legal professionals are embedded in a healthcare organization to address the unmet civil legal needs and combat the social factors contributing to poor health. This approach is proven to improve the health and wellness of patients.<sup>54</sup> MLPs emphasize prevention, systems change, and a multifaceted, collaborative healthcare system.<sup>55</sup> Although healthcare providers understand the significant impact social factors have on health, they do not always draw connections between those factors and the legal issues they raise, nor do they generally think of law as a tool to improve a patient's health and well-being.<sup>56</sup> MLPs fill that gap by bringing doctors, nurses, and other health professionals together with lawyers to address health-harming legal needs.<sup>57</sup>

The MLP approach began in 1993 in Boston to address children's needs in the clinic, but its use has expanded to other settings, including four MLPs across the U.S. that target Substance Use Disorders (SUDs).<sup>58</sup> While MLPs can be implemented into care for any medical services, we will highlight the use of MLPs to specifically address SUDs since this Article appears in a volume devoted to substance use. Through these services, those seeking treatment for SUDs receive referrals from their physicians for corresponding legal aid.

The MLPs on SUDs focus on ensuring recovery from opioid addiction, drawing from the Substance Abuse and Mental Health Services Administration (SAMHSA). SAMHSA identifies the four crucial areas of recovery management.<sup>59</sup> While SAMHSA highlights these areas of

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53. Nat'l Ctr. for Medical-Legal P'ship, *FAQs: About Medical-Legal Partnership*, MILKEN INST. SCH. PUB. HEALTH, <https://medical-legalpartnership.org/about-us/faq/> (last visited Feb. 21, 2021).

54. Marsha Regenstein et al., *Addressing Social Determinants of Health Through Medical-Legal Partnerships*, 37 HEALTH AFFS. 378, 379 (2018).

55. *Id.* at 378.

56. See Nat'l Ctr. for Medical-Legal P'ship, *supra* note 53.

57. Regenstein et al., *supra* note 54, at 381.

58. Jay Chaudhary et al., *The Opioid Crisis in America & the Role Medical-Legal Partnership Can Play in Recovery*, NAT'L CTR. FOR MEDICAL-LEGAL P'SHIP at 4 (2018), <https://medical-legalpartnership.org/wp-content/uploads/2018/02/MLP-and-the-Opioid-Crisis.pdf>.

59. *Id.* at 3 (SAMHSA's four areas of recovery management: 1. health, which entails overcoming and managing illness and symptoms; 2. home concerned with the physical family and the stability and safety of the home environment; 3. purpose, referring to one's meaningful daily activities, including school, employment, volunteering, and access to the

recovery management in the context of SUDs, it can be argued that they apply for maintaining general health and well-being.

MLPs on SUDs capitalize on building recovery capital by addressing the challenges of stigma, lack of trust, unemployment, unmet legal family needs, and housing eviction usually faced by opioid patients in the sensitive recovery stage.<sup>60</sup>

Integrating legal services into the care for SUDs alleviates the stress from legal issues that may cause a relapse. Having the doctors or treatment team introduce or suggest the legal aid may also increase the individual's trust, which is crucial when the person has developed mistrust in the legal system due to past involvement.<sup>61</sup>

These same lessons of a need to build trust and recovery capital can be applied to the Benefits Depot more generally. The success of MLPs in treating SUDs through increasing recovery capital highlights the impact that empowering individuals through the fulfillment of their essential needs can have on their health and well-being. The Benefits Depot and Benefits Bus will provide easy access to services that fulfill these basic needs. Those in need of further medical and legal aid can be referred to existing structures like MLPs.

MLPs offer needed legal assistance. A legal needs survey conducted at the MLP at The Counseling Center in Portsmouth, Ohio, identified 740 total legal needs of all the patients, with each patient identifying at least one legal need.<sup>62</sup> Common legal needs included the legal barriers to employment that many patients faced due to felony drug convictions and family law needs. MLPs can be helpful to the individuals in having their records expunged or otherwise accessing employment.<sup>63</sup>

MLPs can also help relieve family law issues. A high prevalence of people receiving treatment for SUDs face custody issues.<sup>64</sup> Parenthood can be a motivating factor for recovery. As long as the parents actively receive treatment and the household is not dangerous for the child, resolving custody issues to reunite families can benefit both the families and the state.<sup>65</sup> Research shows that children of parents with legal representation leave the foster care system 11 percent more often than those with

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resources and independence to engage in these activities; and 4. community, which entails one's relationships and social supports).

60. *Id.* at 4.

61. *Id.* at 8.

62. *Id.* at 7.

63. Chaudhary et al., *supra* note 58 at 6-7.

64. Therese Grant & Chris Graham, *Child Custody and Mothers with Substance Use Disorder: Unintended Consequences*, U. OF WASH. ALCOHOL & DRUG ABUSE INST. at 1 (June 2015).

65. *Id.* at 2.

unrepresented parents.<sup>66</sup> This, in turn, benefits the state through cost savings for the foster care system.

MLPs usually have a stable source of finances because they may receive funding from various sources.<sup>67</sup> Nonprofit hospitals are incentivized to fund MLPs to fulfill their required “community benefit” activities and maintain their tax-exempt status. Other funding comes from the Legal Services Corporation.<sup>68</sup> These funds can still be used to bolster the Benefits Depot’s services by partnering with the local hospitals and the Legal Services Corporation. These services would have a place at the Benefits Depot, similar to a booth at a conference center, so they may be easily accessed.

Despite their demonstrated effectiveness, a multitude of barriers to health care hinder access to MLPs for many in need. This section addresses the most pertinent barriers – lack of health insurance, stigmatization of substance use, and difficulties with transportation to health care facilities.

Because MLPs are situated within the health care setting, those without access to medical services cannot access this benefit. This barrier creates issues for many individuals, such as those without health insurance.<sup>69</sup> The 2013 National Survey on Drug Use and Health reported that 37 percent of Americans over the age of 12 who were unable to receive substance addiction treatment cited lack of health insurance or financial access as the reason.<sup>70</sup> Significant out-of-pocket costs and the requirement

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66. *Civil Legal Aid Helps Those Affected by the Opioid Crisis*, NAT’L L. AID & DEF. ASS’N (Dec. 2019), <https://www.american.edu/spa/jpo/upload/opioid-fact-sheets.pdf>.

67. Joel Teitelbaum & Ellen Lawton, *The Roots and Branches of the Medical-Legal Partnership Approach to Health: From Collegiality to Civil Rights to Health Equity*, 17 YALE J. HEALTH POL’Y, L., & ETHICS 343, 347 n.14 (2017). Another benefit of MLPs is that they already have a stable source of funding. Most MLPs receive funding from various sources, including direct support from their health care organization partner, federal grants, nonprofit assistance, and philanthropy. The median amount of funding devoted to MLPs in the hospital operating budgets is \$65,000. Government grants and funds are also beneficial since the federal Health Resources & Services Administration has approved the use of enabling services funds for legal aid. *Id.*

68. *Id.* at 376. The Legal Services Corporation is a nonprofit established by Congress in 1974 that provides free legal aid to Americans living below 125 percent of the Federal Poverty Level.

69. Edward R. Berchick, et al., *Health Insurance Coverage in the United States: 2018*, U.S. CENSUS BUREAU (Nov. 2019), <https://www.census.gov/library/publications/2019/demo/p60-267.html>. This is a problem given the 27.5 million Americans without health insurance.

70. Hayes & Barnhorst, *supra* note 50.

of prior authorizations from some insurers before access to services<sup>71</sup> hinder the utilization of MLPs.

The MLP approach may be especially problematic among groups that fear medical care because of stigma. Substance users report being treated as attention-seeking when requesting pain medication in the hospital, and many are not given the Medication-Assisted Treatments (MAT) that could relieve the symptoms of opioid withdrawal.<sup>72</sup> There is a lack of a standard of care and consistency in the delivery of MAT, creating fear and mistrust among many substance users.<sup>73</sup> Without reassurance that they will receive medication to treat symptoms of opioid withdrawal, many substance users report avoiding hospitalization unless absolutely necessary.<sup>74</sup> MLP's use of clinical settings as an access point is insufficient for these groups that need the services most.

Federal law generally requires health care providers to conduct at least one in-person medical evaluation of each patient to prescribe medications,<sup>75</sup> which is burdensome, especially for those in rural areas needing to travel long distances to receive care.<sup>76</sup> Furthermore, some individuals lack transport,<sup>77</sup> making access to medical services difficult,<sup>78</sup> which would in turn prevent accessing MLPs. Finally, the telehealth option where technology is used to support clinical health care over

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71. Shefali Luthra, *Facing Pressure, Insurance Plans Loosen Rules for Covering Addiction Treatment*, KAISER HEALTH NEWS (Feb. 21, 2017), <https://khn.org/news/facing-pressure-insurance-plans-loosen-rules-for-covering-addiction-treatment/>.

72. Mari Cohen, *In Chicago, Many People with Opioid Use Disorder Avoid Going to the Hospital for Fear of Becoming 'Dopesick'*, BELT MAG. (Feb. 22, 2019), <https://beltmag.com/hospital-opioids-chicago-homeless-cohen/>.

73. Joseph O. Merrill et al., *Mutual Mistrust in the Medical Care of Drug Users: The Keys to the "Narc" Cabinet*, 17 J. GEN. INTERNAL MED. 327, 331 (2002).

74. Cohen, *supra* note 72. Substance users describe the feeling of being "dope sick" or experiencing opioid withdrawal as "the worst flu you've ever had, plus you break a couple of your bones at the same time to the point that you can't even move them, and the same exact date this happens your whole family gets killed in a car accident." While vivid, this highlights the extent of the pain and fear substance users face regarding opioid withdrawal and the avoidance of hospitalization as a result. *Id.*

75. DIVERSION CONTROL DIV., DRUG ENF'T ADMIN., U.S. DEP'T JUSTICE, *USE OF TELEMEDICINE WHILE PROVIDING MEDICATION ASSISTED TREATMENT (MAT)* (2018), [https://www.samhsa.gov/sites/default/files/programs\\_campaigns/medication\\_assisted/telemedicine-dea-guidance.pdf](https://www.samhsa.gov/sites/default/files/programs_campaigns/medication_assisted/telemedicine-dea-guidance.pdf).

76. Andrew Rosenblum et al., *Distance Traveled and Cross-State Commuting to Opioid Treatment Programs in the United States*, 2011 J. ENVTL. & PUB. HEALTH 1 (2011).

77. Samina T. Syed et al., *Traveling Towards Disease: Transportation Barriers to Healthcare Access*, 38 J. CMTY. HEALTH 976, 977 (2013).

78. Richard C. Rapp et al., *Treatment Barriers Identified by Substance Abusers Assessed at a Centralized Intake Unit*, 30 J. SUBSTANCE ABUSE TREATMENT 227, 230 (2006). Twenty percent of people in treatment reported difficulty getting to or from treatment as their reason for nonattendance. *Id.*

distances is restricted to people with access to the proper technology<sup>79</sup> hindering utilization of MLPs.

*B. Problem Courts and Drug Courts*

Problem courts and drug courts collaborate with healthcare providers to connect individuals to treatment. Drug courts and problem courts attempt to address the issues driving the crimes, such as substance use and mental health disorders, through treatment rather than criminalization.<sup>80</sup> The model recognizes the root causes of the problem.

Given the high rate of involvement in the criminal justice system among those living in poverty and among substance users,<sup>81</sup> the criminal justice setting has been identified and utilized to intervene and provide access to services for these individuals. Drug courts act as an alternative to the regular criminal court proceedings for drug users; drug courts require the person to attend a treatment program and remain sober, often in addition to other strict requirements like maintaining a job and housing.<sup>82</sup> There are approximately 3,000 drug courts nationwide and they have been associated with reduced rates of recidivism and improved retention rates of offenders involved.<sup>83</sup>

This restorative justice model represents a more holistic approach to SUDs because it connects people who are already in the criminal legal system with treatment resources and community groups for recovery instead of criminalizing addiction. It is especially timely to keep people out of prison given the high risk of exposure to COVID-19 in correctional facilities.

Still, as now Judge Michael Nerheim, formerly Lake County State's Attorney, pointed out, "Those are all great programs, but you have to get arrested before you can get help."<sup>84</sup> New approaches must be developed to

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79. Letter from Thomas Prevoznik, Deputy Assistant Adm'r, Diversion Control Div., Drug Enf't Admin., to DEA Qualifying Practitioners (Mar. 31, 2020), [https://www.deadiversion.usdoj.gov/GDP/\(DEA-DC-022\)\(DEA068\)%20DEA%20SAM%20HSA%20buprenorphine%20telemedicine%20%20\(Final\)%20+Esign.pdf](https://www.deadiversion.usdoj.gov/GDP/(DEA-DC-022)(DEA068)%20DEA%20SAM%20HSA%20buprenorphine%20telemedicine%20%20(Final)%20+Esign.pdf).

80. Nat'l Inst. Just., *Overview of Drug Courts*, DEP'T JUST. OFF. JUST. PROGRAMS (2020), <https://nij.ojp.gov/topics/articles/overview-drug-courts> (last visited Mar. 25, 2021).

81. Gustafson, *supra* note 51 at 646-47, 665-66.

82. U.S. DEP'T HEALTH & HUM. SERVS., WHAT ARE DRUG COURTS? (last reviewed May 15, 2018), <https://www.hhs.gov/opioids/treatment/drug-courts/index.html>.

83. Margaret Baughman et al., *Evaluation of Treatment and Other Factors That Lead to Drug Court Success, Substance Use Reduction, and Mental Health Symptomatology Reduction Over Time*, 63 INT'L J. OFFENDER THERAPY & COMPAR. CRIMINOLOGY, 257, 258 (2019).

84. Interview with Michael G. Nerheim, Zoom interview (Jan. 27, 2021).

give people access to the services they need without requiring them to be involved in the criminal justice system or in need of medical care.

C. *Lake County Opioid Initiative*

The Lake County Opioid Initiative represents a shift from the previous two examples because it was not placed exclusively in a health care or criminal justice setting. Instead, it pulled together everyone in the community for a single purpose: doing as much as possible for opioid users. This initiative introduced several key innovations worth building into the Benefits Depot and Benefits Bus, primarily drug disposal boxes so people can safely dispose of drugs and unused prescriptions. Additionally, the model allows people to safely engage services related to illicit drug use without alerting the criminal justice system.<sup>85</sup> The Benefits Depot will need to model this concept of a “safe space” to encourage vulnerable populations to utilize the services. While the Lake County Opioid Initiative was focused on addressing opioid use, we can learn a lot from its implementation and collaborative methods on how to best integrate government services into the community.

The Lake County Opioid Initiative connected the existing organizations in the community through its broader network.<sup>86</sup> The Initiative began with only four individuals: Mike Nerheim, State’s Attorney at the time, one treatment provider, one woman who had just lost her brother to opioid addiction, and the local chief of police.<sup>87</sup> Judge Nerheim described the process of forming the organization as happening very organically: “What we wanted to do is grow the room and get as many people from as many different backgrounds as possible...we need the sheriff, we need the police chiefs, we need our schools, we need our churches...we’ve always been a very open model.”<sup>88</sup> In growing these partnerships, the Lake County Opioid Initiative has been able to reach a broader range of participants and benefit from the resources already available in the community, as well as learn from more diverse community members about their needs.

The Lake County Opioid Initiative, a community-legal partnership, brought the government into the picture through the involvement of local elected officials and governmental organizations like the police and fire

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85. *Lake Cnty. A Way Out Program, A WAY OUT 101*, <https://awayoutlc.org/> (last visited March 25, 2021).

86. LAKE COUNTY OPIOID INITIATIVE, <https://opioidinitiative.org/home> (last visited March 25, 2021).

87. Interview with Michael G. Nerheim, *supra* note 84.

88. *Id.*



departments.<sup>89</sup> While community-legal partnerships are not established partnerships such as MLPs, in this Article we use the term community-legal partnership to describe the collaboration seen between community groups and the local first responders, such as police and firefighters. The Lake County Opioid Initiative consists of over 300 local leaders, including law enforcement, first responders, treatment providers, local hospitals, school districts, faith communities, and people in recovery, representing a genuinely community-based program.<sup>90</sup> Through community engagement in program committees and constant collaboration, the Lake County Opioid Initiative successfully builds connections and trust across sectors and among community members, which allows the wide variety of issues related to SUDs to be addressed.

Lack of trust in the government among community members created barriers to developing this partnership. In an interview, Judge Nerheim highlighted this barrier, saying, “We are the local government, not the federal government...we just want to get you help. But what they hear and what they see is the government. They don’t distinguish between local, federal, and state. We’re all in the government. So, we were struggling with getting, you know, people to essentially trust us.”<sup>91</sup> Judge Nerheim described this issue of trust being especially prevalent among communities of color.<sup>92</sup> Partnerships with community groups, including local Black Lives Matter and immigrant support groups, increased the connection to and trust within these communities.<sup>93</sup> The Benefits Depot will need to follow this model and incorporate local partnerships to build community members’ trust in the government.

The Lake County Opioid Initiative has saved over 350 lives since its inception of a program to provide all first responders with Naloxone to counter opioid overdoses in December 2014.<sup>94</sup> The program has also educated the public on Good Samaritan laws so people know they can call first responders for help in cases of overdose without criminal consequences.<sup>95</sup> The key to saving lives through Naloxone administration is ensuring people feel safe enough to call first responders and that they know they have that option. Similarly, education will be critical for the

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89. *About LCOI*, LAKE COUNTY OPIOID INITIATIVE, <https://opioidinitiative.org/about-us> (last visited September 10, 2021).

90. *Id.*

91. Interview with Michael G. Nerheim, *supra* note 84.

92. *Id.*

93. *Id.*

94. *Our Programs*, LAKE COUNTY OPIOID INITIATIVE, <https://opioidinitiative.org/programs> (last visited August 5, 2021).

95. *Id.*

Benefits Depot, so people can be educated on the benefits to which they are entitled.

The prescription drug disposal network places drug disposal boxes at police departments and some convenience stores throughout the county to encourage people to dispose of their unused prescriptions. To curb the supply of prescription drugs that can be misused, it is best to get the unused medications off of the streets.<sup>96</sup> Lake County's Prescription Drug Disposal Network has successfully disposed over 18,000 pounds of pharmaceuticals over the past seven years and has even been used by the DEA as a model for drug disposal programs nationwide.<sup>97</sup> Given the success and importance of these drug disposal boxes, they are an essential element to incorporate into the Benefits Depot and Benefits Bus to increase access to the drop-off boxes.

Through the Way Out program, substance users can go to their local participating police station or call the 24/7 hotline number and just say they want "a way out" to access treatment.<sup>98</sup> The Lake County Opioid Initiative recognized they were "dealing with people that have been struggling with addiction most of their life" and "generally have not had the best relationship with law enforcement."<sup>99</sup> A fundamental tenet of this program is that no one who goes to the police and asks for "a way out" will face criminal charges, even if they are currently intoxicated or in possession of drugs.<sup>100</sup> The success of this model teaches that a Benefits Depot must be a safe space for people to access services without fear of criminal charges. This "safe space" obviously must be limited and will be discussed in further detail in Part III.

The Lake County Opioid Initiative has successfully increased treatment access in Lake County.<sup>101</sup> However, the use of police as the access point for treatment is unlikely to be easily translated to other locations with more strained relations between the community and the

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96. *CDC's Response to the Opioid Overdose Epidemic*, CTRS. FOR DISEASE CONTROL & PREVENTION, <https://www.cdc.gov/opioids/strategy.html> (last visited Mar. 25, 2021). Misusing prescription opioids is common among substance users, and the rate of overdose deaths involving prescription opioids increased 4-fold from 1999 to 2017. Abuse and overdose involving prescription opioids can be reduced through programs like drug take-back boxes to get unused prescriptions off the streets. *Id.*

97. *Our Programs*, *supra* note 94.

98. *Id.* (showing that participating police stations know what "a way out" signifies and connects individuals to the best treatment program for their needs and insurance or financial access).

99. Interview with Michael G. Nerheim, *supra* note 84.

100. *Our Programs*, *supra* note 94.

101. *Id.*

police. Lake County is a relatively homogenous population.<sup>102</sup> While police stations may profitably serve as a point of entry into treatment and services in predominantly white communities, this is likely an impediment to success in communities with larger populations of color. Utilizing fire stations or a general community center may be viable alternatives, but the core insight is still right: we need to expand this approach and find better ways to bring the services to the people who need them.

The Lake County Opioid Initiative has attempted to address this issue of police relations by creating a general wellness center as an access point. The initiative has faced barriers to constructing this wellness center due to both restrictive zoning laws and NIMBY-ism (Not In My BackYard) within the community.<sup>103</sup> The Benefits Bus can resolve these issues because it can move into communities without requiring a permanent presence or requiring zoning approval.

In the interview, Judge Nerheim also addressed the importance of continuing connection and services following treatment through the Way Out program. “There’s actually funds that we’ve raised that will help with housing... We partner with the county jobs program to help folks if they need job training or...there’s employment opportunities [at] our local community college.”<sup>104</sup> Aftercare is an essential part of treatment programs and anti-poverty services. Similarly, the Benefits Depot must emphasize aftercare and follow up with community members so they do not fall through the cracks.

Through this approach, Judge Nerheim successfully integrated government into the community and addressed the trust deficit between the government and the community. The Lake County Opioid Initiative has shown that bringing the government to the people works. We need to expand this method outside of just substance use treatment and integrate government partnerships into all aspects of the poverty response. Building on a similar method, the Benefits Bus and Benefits Depot may connect people to needed services beyond just substance use treatment and lessen the trust deficit in a more widespread manner.

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102. U.S. CENSUS BUREAU, ACS DEMOGRAPHIC AND HOUSING ESTIMATES (2019), <https://data.census.gov/cedsci/table?q=lake%20county,%20IL&tid=ACSDP1Y2019.DP05&hidePreview=false>. Lake County consists of a population that is 74.2 percent white, 8.0 percent Asian, 6.8 percent Black or African American, and 22.4 percent Hispanic or Latino of any race. *Id.*

103. Interview with Michael G. Nerheim, *supra* note 84.

104. *Id.*

D. *Access to Justice Kiosks and Other Innovations During COVID-19*

COVID-19 has forced many aspects of life online, including trials and both criminal and civil justice proceedings.<sup>105</sup> Across the world, courts have adapted through inspiring initiatives to cross the digital divide and make sure that people who have difficulty accessing virtual hearings can be present and meaningfully represent their interests.<sup>106</sup>

Although meant to increase access, this new virtual format has posed additional barriers: lack of reliable internet services, limited smartphone data plans, lack of access to technology or understanding of how to work the technology.<sup>107</sup>

Courthouses in Illinois, Texas, Alaska, and Kansas have responded to these barriers by implementing court internet kiosks within their unused conference rooms. Individuals without access to technology or with difficulty using available technology can access computers and assistance through these access to justice kiosks. These kiosks have been funded through the CARES Act.<sup>108</sup> These efforts, which have been pulled up in real time during a pandemic, show that a digital divide does not have to become a justice divide.

Neither should the digital divide become a services divide. The Benefits Depot can utilize this kiosks concept in its provision of such a wide variety of services.

Any time a new idea or legislation is proposed, people worry about the cost. However, the lesson of COVID-19 is that small-scale innovations to provide access to services can pack a massive punch.<sup>109</sup> The access to justice and general services kiosks put into the Benefits Depot could be funded using unused CARES Act money. An estimated \$1.3 trillion in

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105. *Digital Divide Considerations: A Pandemic Resource from NCSC*, NAT'L CTR. FOR STATE CTS. (Sept. 9, 2020), [https://www.ncsc.org/\\_\\_data/assets/pdf\\_file/0026/53738/PPP-Technology-Digital-Divide-Considerations.pdf](https://www.ncsc.org/__data/assets/pdf_file/0026/53738/PPP-Technology-Digital-Divide-Considerations.pdf); Joseph Johnson, *Coronavirus: Impact on Online Usage in the U.S. - Statistics & Facts*, STATISTA (Apr. 29, 2021), <https://www.statista.com/topics/6241/coronavirus-impact-on-online-usage-in-the-us/>.

106. See generally OECD, *Access to Justice and the COVID-19 Pandemic: Compendium of Country Practices* (September 25, 2020), <https://www.oecd.org/governance/global-roundtables-access-to-justice/access-to-justice-compendium-of-country-practices.pdf>.

107. *Id.*

108. *Providing Technology to Litigants Who Don't Have Access to It*, NAT'L CTR. FOR STATE CTS. (June 17, 2020), <https://www.ncsc.org/newsroom/at-the-center/2020/providing-technology-to-litigants-who-dont-have-access-to-it>.

109. Hong Luo & Alberto Galasso, *The One Good Thing Caused by COVID-19: Innovation*, HARVARD BUS. SCH. (May 7, 2020), <https://hbswk.hbs.edu/item/the-one-good-thing-caused-by-covid-19-innovation>.

CARES Act funds have not been committed.<sup>110</sup> The Benefits Depot qualifies to utilize these funds.

The kiosk approach means that agencies can continue to work out of their existing offices and still be forward presenting to the public. Agencies need not entirely relocate to the Benefits Depot; they will just incorporate a staffer and a kiosk within the Benefits Depot to connect back to their main office.

This model will require a lot of technology assistance, but it should not magnify the government's investment. Using CARES Act funds and existing resources, the Benefits Depot will include kiosks to represent and access all needed services. Global entry points at airports use a similar kiosk concept to service the thousands of people coming in and out of the U.S. every day.<sup>111</sup> These kiosks have reduced wait times and streamlined travel services using advanced technology.<sup>112</sup> If global entry points can employ the kiosk model, the Benefits Depot can too.

### III. BENEFITS DEPOT AND BENEFITS BUS

The U.S. offers a variety of anti-poverty programs intended to help those in need. Their success is limited, however, by the fact that many people do not know how to access these programs or if they are even eligible.<sup>113</sup> The government is bureaucratic, and the available services come from an alphabet soup of various agencies.<sup>114</sup> Accessing all needed services requires connecting with multiple agencies. Many people are either unable to do this due to limited time or transportation or are unwilling to do this because they do not know how generous the safety net programs actually are.<sup>115</sup> People do not trust the government to help them in an efficient and easy way.<sup>116</sup> This is why our concept is not called the "Government Depot." By taking the word government out of the title, we emphasize the positive things that government does, namely the benefits that individuals are entitled to. To further bridge the trust gap, the Benefits

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110. *How Much COVID Relief Money is Left?*, COMM. FOR A RESPONSIBLE FED. BUDGET (Jan. 27, 2021), <http://www.crfb.org/blogs/how-much-covid-relief-money-left>.

111. Jessica Puckett, *Global Entry Just Got Even Easier at These 15 Airports*, CONDÉ NAST TRAVELER (Jan. 13, 2020), <https://www.cntraveler.com/story/global-entry-just-got-even-easier-at-these-15-airports>.

112. *Id.*

113. Demetra Nightingale et al., *Social Safety Nets in the United States – Briefing Book*, THE URBAN INST., (Nov. 2003), <https://web.worldbank.org/archive/website01506/WEB/IMAGES/NIGHTING.PDF>.

114. Seefeldt, *supra* note 26.

115. Weirich & Benson, *supra* note 40, at 42-43.

116. Pew Rsch. Ctr., *supra* note 21.

Depot will be co-located near places where people feel safe and partner with groups that communities trust to provide the needed services.

The Benefits Depot is a one-stop-shop where individuals can reach the government benefits that they are entitled to in a manner that is easy and efficient. We know that the “build it and they will come” model has not worked for government services. Many people are left in need without access and many services are underutilized.<sup>117</sup> We must bring government services directly to the people. Expanding upon existing efforts such as MLPs and the Lake County Opioid Initiative, the Benefits Depot will be a single location where one can go to enroll in all of their government benefits. The Benefits Bus employs a similar model, but instead makes the depot mobile to access hard-to-reach areas that may not have their own actual Benefits Depot.

Similar to an actual Home Depot store, which stocks shelves with almost all home and home construction needs in one place and varies supplies based on the needs of the location, the Benefits Depot will consolidate access to all government services. Individuals may receive referrals to all other services unable to be directly provided at the Benefits Depot. Community needs assessments will be beneficial in determining exactly what services are most needed in specific areas, and then the Benefits Depot can “stock its shelves” with the most essential services for that target location.

In addition to assessing the needs of the community, asset mapping can be used to determine the resources already existent in the community.<sup>118</sup> The combined use of community needs assessments and asset mapping will allow the Benefits Depot to discover both the specific needs of each area and the strengths and resources already available to address these needs. Once these resources are determined, the Benefits Depot can collaborate with the organizations providing them to ensure equitable access and refer individuals out to these resources.

This model will require involvement of and collaboration with various agencies and sectors. All services and agencies must have a place at the same table so individuals may understand how and where to access them. Asset mapping may lead to the discovery of organizations in communities that the Benefits Depot may partner with, including faith-based organizations, nonprofits, and schools.

Faith-based organizations are huge suppliers of public goods and services in the U.S. and represent a large constituency and resource base for the Benefits Depot to engage. Estimates of the economic value of

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117. Seefeldt, *supra* note 26.

118. *What is Asset Mapping?*, AMERICORPS VISTA CAMPUS, <https://www.vistacampus.gov/what-asset-mapping#> (last visited Mar 27, 2021).

religion to U.S. society place this value at anywhere from \$378 billion annually for a more conservative estimate, up to \$4.8 trillion annually.<sup>119</sup> In engaging the multitude of services provided by faith-based organizations, the Benefits Depot will ensure separation of church and state. For example, the Benefits Depot may refer people to the Salvation Army to access their homeless shelters, food pantries, or job training services.<sup>120</sup>

Government services exist to help people get out of poverty.<sup>121</sup> Yet, as of 2020, only 36 percent of Americans reported feeling that the federal government does a good job in doing just that.<sup>122</sup> The Benefits Depot will reduce poverty, rather than just treat its symptoms, by bringing government services to the people.

By increasing interaction and transparency, the Benefits Depot will help melt away the distrust of government stemming from the government only engaging with people in crisis. Only 20 percent of Americans report trusting the government to do what is right all or most of the time and 57 percent report frustration with the government, with these rates varying across the population.<sup>123</sup> Unfortunately, the groups that least trust government are those that most need access to the services provided.

The nature of the Benefits Depot increases transparency and builds community partnerships to address poverty. Research identifies key ways to improve American's confidence in the federal government: more transparency and less secrecy (23 percent), improving political leadership and government performance (15 percent), and working together in communities to solve problems (12 percent).<sup>124</sup> The Benefits Depot, a "one-stop-shop" for needed government services, would accomplish these

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119. Brian J. Grim & Melissa E. Grim, *The Socio-economic Contribution of Religion to American Society: An Empirical Analysis*, 12 INTERDISC. J. OF RSCH. ON RELIGION 3, 13, 26 (2016).

120. *What We Do*, THE SALVATION ARMY, <https://www.salvationarmyusa.org/usn/home/#whatwedo> (last visited Mar. 27, 2021).

121. Danilo Trisi & Matt Saenz, *Economic Security Programs Cut Poverty Nearly in Half Over Last 50 Years*, CTR. ON BUDGET & POL'Y PRIORITIES (Nov. 26, 2019), <https://www.cbpp.org/research/poverty-and-inequality/economic-security-programs-cut-poverty-nearly-in-half-over-last-50>.

122. Pew Rsch. Ctr., *supra* note 21.

123. *Id.*; Lee Rainee et al., *Trust and Distrust in America*, PEW RSCH. CTR. (July 22, 2019), <https://www.pewresearch.org/politics/2019/07/22/trust-and-distrust-in-america/>. White Americans report higher levels of trust in the government (27%) compared to Black Americans (13%) and Hispanic Americans (12%), *Id.*

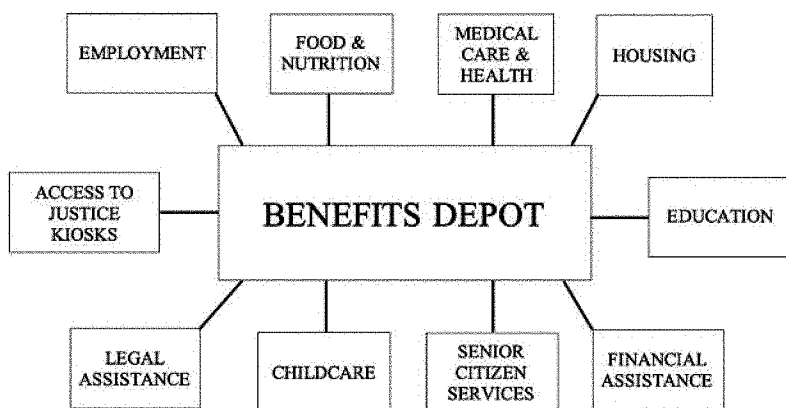
124. *Americans' Solutions for Trust-Related Problems*, PEW. RSCH. CTR. (July 22, 2019), <https://www.pewresearch.org/politics/2019/07/22/americans-solutions-for-trust-related-problems/>.

goals and increase interaction with and trust in the government, which is needed for prosperity and success of government programs.

*A. Key Services Offered at the Benefits Depot*

As the one-stop-shop for government services, the Benefits Depot will be responsible for addressing a variety of needs. The diagram below outlines some of the key services that the Benefits Depot will focus on through both provision of government services and referral to services from nonprofits or community organizations that already exist.

The government will bolster the important work already being done by many private actors. All of these actors will have a place at the Benefits Depot because they are part of the one-stop-shop that Americans need if we are going to lift everyone out of poverty. Meals on Wheels should be in the Benefits Depot. Catholic Charities should be in the Benefits Depot. The Salvation Army should be in the Benefits Depot. It should be presumed that all of these actors will have a space or a kiosk to offer their services, like a display booth at a conference center right alongside the government, because they have been working alongside the government all along.



The Benefits Depot will offer housing services – Support Housing First, Section 8 Housing, low-rent public housing, weatherization assistance programs, and permanent supportive housing – to address homelessness and evictions. The Housing First model prioritizes providing permanent housing to people experiencing homelessness



without first requiring that they engage in treatment or other services.<sup>125</sup> Referrals to homeless shelters and affordable housing organizations will provide further housing support.

The Benefits Depot can provide assistance in accessing education services, as well as scholarships and stipend assistance from both the government and private or nonprofit organizations. Government education programs include Federal Student Aid and TRIO Programs, both of which increase access to education for low-income students.<sup>126</sup>

The Benefits Depot will be a place to access all kinds of needed financial assistance – Social Security, Welfare, and TANF benefits. Partnerships with nonprofits or other organizations that teach financial literacy or provide financial assistance will also be useful.

The services offered by the Benefits Depot will address the distinct health and housing needs of the elderly. Some senior-specific services that will be offered at the Benefits Depot include enrollment in and education on Medicare, Social Security benefits, Senior Nutrition Programs, housing services, such as nursing homes and retirement communities, caretaking services, and any other local services such as grocery delivery and housing maintenance.

The Benefits Depot's childcare services will include Head Start and the Children's Health Insurance Program (CHIP). People will also be connected to nonprofit daycares and programs and referred to legal aid assistance when facing family legal issues – interpersonal violence, parental rights and custody, and child support.

The Benefits Depot will connect individuals with the resources needed to address all of their legal needs – civil legal aid, pro bono lawyers, and mobile legal clinics. The Benefits Depot will coordinate with law enforcement to expand diversion programs that connect people within the criminal justice system to services for their underlying health issues.<sup>127</sup> Such coordination will also ensure that people are connected with necessary health services upon release from prison to simplify reentry into the community.

Of course, separate and apart from this are the kiosks necessary to access civil proceedings, including proceedings on pending eviction.<sup>128</sup> These access to justice kiosks will bolster the efforts of legal services

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125. *Housing First*, NAT'L ALL. TO END HOMELESSNESS (Apr. 20, 2016), <https://endhomelessness.org/resource/housing-first/>.

126. *Federal TRIO Programs – Home Page*, OFF. OF POSTSECONDARY EDUC., U.S. DEP'T OF EDUC., <https://www2.ed.gov/about/offices/list/ope/trio/index.html>, (last visited Mar. 27, 2021).

127. Nat'l Inst. Just., *supra* note 80.

128. *See* Gustafson, *supra* note 51 at 646-47.

provided. A similar kiosk model may be employed for offering all other services, with each agency and organization having a kiosk.

Employment services offered at the Benefits Depot will increase the ability of people living in poverty to gain and maintain employment. The Benefits Depot will recommend and share information on Employee Assistance Programs (EAPs). An EAP is a government “work-based program that offers free and confidential assessments, short-term counseling, referrals, and follow-up services to employees who have personal and/or work-related problems.”<sup>129</sup> EAPs address a wide variety of issues impacting mental and emotional well-being that may otherwise interfere with employment.<sup>130</sup> Individuals who think that they have been unfairly treated because of disabilities – whether illegal termination, denial of employment, or lack of reasonable accommodation – can be connected to legal assistance and learn about their rights and protections under the Americans with Disabilities Act.<sup>131</sup> These services can benefit those who are recovering from SUDs.<sup>132</sup>

The Benefits Depot will address food insecurity – a major public health issue affecting approximately 37,227,000 Americans<sup>133</sup> – through access to SNAP benefits, summer food service programs, and Senior Nutrition Programs. The Benefits Depots will use the maps of food insecurity created annually by Feeding America to identify and target the areas needing nutrition assistance.<sup>134</sup> Already existing programs by nonprofits and community groups – Meals on Wheels, local food pantries, and grocery delivery assistance – will have tables at the Benefits Depot to coordinate access to their services.

The Benefits Depot will bolster the existing services for medical care – street medicine outreach, nonprofit and private hospitals and health centers, and FQHCs – by increasing access to government insurance programs. People cannot access medical care without health insurance, based on 2019 data, and more than 35 percent of the population is insured through government programs such as Medicare, Medicaid, CHIP,

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129. *Frequently Asked Questions: What is an Employee Assistance Program (EAP)?*, U.S. OFF. OF PERS. MGMT., <https://www.opm.gov/faqs/QA.aspx?fid=4313c618-a96e-4c8e-b078-1f76912a10d9&pid=2c2b1e5b-6ff1-4940-b478-34039a1e1174> (last visited Mar. 27, 2021).

130. *Id.* This service is especially necessary for people recovering from SUDs due to their increased health and wellness needs.

131. 42 U.S.C. § 12111–12117.

132. 42 U.S.C. §§ 12114(b); Press Release, U.S. Equal Emp. Opportunity Comm’n, Volvo Group North American to Pay \$70,000 To Settle EEOC Disability Discrimination Suit (Jan. 19, 2018), <https://www.eeoc.gov/newsroom/volvo-group-north-america-pay-70000-settle-eeoc-disability-discrimination-suit>.

133. *Food Insecurity in the United States*, *supra* note 2.

134. *Id.*

Military, TRICARE, and VA Care.<sup>135</sup> The Benefits Depot will simplify the arduous process of navigating the enrollment in and the benefits of these plans.

The Benefits Depot will use its community needs assessments and asset mapping to help medically underserved areas (MUAs) communities apply for FQHCs.<sup>136</sup> Many of the communities with the greatest medical need-to-service gaps do not have official MUA designation,<sup>137</sup> as this process is difficult and requires extensive evidence of health provider shortages and poor health outcomes.<sup>138</sup> The Benefits Depots will incorporate the collection of these needed health factors in their community needs assessments and then partner with local leaders to assist in the process of applying for MUA status and establishing an FQHC.

### *B. Location of Benefits Depot and Benefits Bus*

The Benefits Depot will consolidate the currently fractured safety net services into one building located centrally in the community. A single access point simplifies the necessary engagement process by eliminating the travel between agency buildings for each service. The Benefits Depots will gather representatives from all associated government agencies, nonprofit organizations, and community groups into a sort of conference center for service access. The Benefits Depot will offer a stable central location where community members access services.

Benefits Buses are necessary to reach those who face barriers to accessing these larger Benefits Depot buildings. The mobility of Benefits Buses allows them to travel to harder-to-reach locations – rural areas, areas facing zoning and NIMBY-ism barriers, etc. – and serve those unwilling or unable to go to the Benefits Depot.<sup>139</sup>

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135. *Health Insurance Coverage of the Total Population*, KAISER FAM. FOUND. (2019), <https://www.kff.org/other/state-indicator/total-population/?currentTimeframe=0&selectedRows=%7B%22wrapups%22:%7B%22united-states%22:%7B%7D%7D%7D&sortModeI=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>.

136. *What is an FQHC?*, *supra* note 32. FQHCs are medical safety net clinics funded under Section 330 of the Public Health Service Act and qualify for higher reimbursement rates from Medicare and Medicaid, incentivizing and allowing them to treat everyone regardless of insurance status or ability to pay. Services provided in these health centers include dental health, mental health and substance abuse, and preventative health services. *Id.*

137. Sage J. Kim et al., *The Uneven Distribution of Medically Underserved Areas in Chicago*, 4 HEALTH EQUITY 556, 557 (2020).

138. *What is Shortage Designation?*, HEALTH RES. & SERVS. ADMIN., <https://bhw.hrsa.gov/workforce-shortage-areas/shortage-designation#mups> (last reviewed Feb. 2021).

139. *See* Weirich & Benson, *supra* note 40 at 42-43.

Benefits Buses will bring the services closer to the people by traveling to and parking at places where people with needs congregate, such as the Post Office, which is a familiar service found in nearly every neighborhood.<sup>140</sup> During 2019, 811.8 million customers visited the Postal Service facilities and 2.3 billion people visited the official website.<sup>141</sup> With more than ten million visitors daily, usps.com is among the most visited government websites.<sup>142</sup> Furthermore, the post office has the highest approval ratings among Americans out of all federal agencies (91 percent favorable).<sup>143</sup> Benefits Buses will capitalize on the familiarity and favorability of the Postal Services and co-locate there.

FQHCs provide an additional beneficial location in communities where they exist. The Benefits Depots and Benefits Buses will help communities in need of an FQHC to gain MUA distinction and apply for eligibility.<sup>144</sup> Once developed, or if already present, the local FQHC will attract many of the same beneficiaries that the Benefits Buses hope to serve. Benefits Buses will park near these familiar and frequented health centers to connect patients with other needed services when they visit the FQHC.

Collaboration and conversation with community members will highlight ideal locations for the Benefits Bus specific to the needs and practices of individual communities. Other potential sites include homeless shelters, churches, community centers like the YMCA, and other areas already frequented by and familiar to the community.

#### IV. PRECONDITIONS FOR SUCCESS

The Benefits Depot is a model that requires trust. Trust is often a barrier when people try to bring government into communities of poverty. Many individuals living in poverty feel that the government wronged them in the past.<sup>145</sup> The Benefits Depot will need to work with local community

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140. *Sizing It Up*, U. S. POSTAL SERV., <https://facts.usps.com/size-and-scope/> (last visited Feb. 18, 2021) (There are 31,322 retail Post Offices and even more self-service Postal Service facilities and P.O. boxes in the U. S., with one in nearly every ZIP code).

141. *Postal Facts 2020 Companion*, U. S. POSTAL SERV., at 3-4 (2020), [https://facts.usps.com/wp-content/uploads/pf20\\_interior\\_book\\_508\\_ALL.pdf](https://facts.usps.com/wp-content/uploads/pf20_interior_book_508_ALL.pdf).

142. *Id.*

143. PEW RSCH. CTR., PUBLIC HOLDS BROADLY FAVORABLE VIEWS OF MANY FEDERAL AGENCIES, INCLUDING CDC AND HHS, at 5 (April 9, 2020), <https://www.pewresearch.org/politics/2020/04/09/public-holds-broadly-favorable-views-of-many-federal-agencies-including-cdc-and-hhs/>.

144. *See supra* Part III, Section A.

145. Amber Lapp, *The Trust Divide: Why Some Low-Income Families Avoid Help*, INST. FOR FAM. STUD.: BLOG (Oct. 24, 2016), <https://ifstudies.org/blog/the-trust-divide-why-some-low-income-families-avoid-help/>.

leaders and community groups to build trust within disenfranchised communities.

The Benefits Depots will need to act as “safe spaces” for individuals to access government services without fear of legal consequences. Individuals fear incarceration and other consequences as a result of their poverty.<sup>146</sup> Many of these individuals are those in need of government services and benefits.<sup>147</sup> The Benefits Depot must be a place where people can access other beneficial services without triggering the system to penalize them. It needs to be a place where the government can both be found and agrees to stay out to some extent. It is both a government zone and a government-free zone.

The “free zone” concept of the Benefits Depot would obviously have limitations. People should not be arrested for a prior traffic warrant or served a subpoena for child support in this location. But it also cannot be a lawless or dangerous zone. A complete lack of rules would discourage people from utilizing the Benefits Depot out of fear for their safety. Consequences must still exist for criminal charges or warrants, just not most civil cases. People cannot do drugs on the premise, but there will be drug drop off boxes and drug users will not face arrest for use or possession.

Continuity of care is an additional precondition for success. Anti-poverty services are not just one-and-done for most people; the troubles of poverty result in multifaceted issues that often need to continue to be addressed over time.<sup>148</sup> The Benefits Depot model will need to consider aftercare and continuity of care to maximize success.

Building a mobile Benefits Depot network in every community will require a lot of individual social workers and case managers working at the sites. For this to be workable, it would have to be a fiscally neutral approach that takes social workers out of the buildings they are already

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146. See Gustafson, *supra* note 51 at 644-45.

147. *Child Support and Incarceration*, NAT'L CONF. STATE LEGISLATURES (Mar. 4, 2019), <https://www.ncsl.org/research/human-services/child-support-and-incarceration.aspx>. For example, those failing to pay their child support are found in civil contempt and must either pay the child support, go to jail for up to 180 days, or participate in diversion programs such as employment programs. *Id.* Those unable to pay or unable to follow the rules of the diversion programs face incarceration, making child support debtors one particular group that may fear or not trust the Benefits Depot. *Id.* These individuals still may need access to other services, such as Section 8 Housing, and accessing these other services may increase their ability to pay their child support or comply with diversion programs. *Id.*

148. Laudan Aron et al., *Addressing Deep and Persistent Poverty: A Framework for Philanthropic Planning and Investment*, URB. INST., at 23-28 (Dec. 2013), <https://www.urban.org/research/publication/addressing-deep-and-persistent-poverty-framework-philanthropic-planning-and-investment>.

working in and brings them closer to the people. It will also not fully move agencies to the Benefits Depot but rather have a representative and kiosk for those agencies available. Further staffing may be provided using the model of the “Teach for America” program. This “Government for America” program would increase job availability for Americans.

The Benefits Depots will need to pool resources and utilize multiple sources of funding. MLPs exist because hospitals have incentives to fund them.<sup>149</sup> Similarly, drug and problem courts and other legal assistance services are incentivized in part by the money saved from repeated incarceration of individuals with SUDs.<sup>150</sup> Bringing services to people before involvement in these systems or before critical health or legal need is more challenging to fund and prove its benefits. Still, there are ways of pooling resources that would make this concept possible.

Hospitals and the justice system fund the existing programs because they understand the financial benefits they provide.<sup>151</sup> A comprehensive Benefits Depot would provide these same benefits, if not greater benefit from addressing the issues before they are exacerbated and lead to involvement with those systems. The same funding already being used for similar programs may be extended to fund the Benefits Depot.

The Benefits Depot will also qualify for and receive funding from various federal and state grants – through the Administration for Children & Families, the Substance Abuse and Mental Health Services Administration, the National Institutes of Health, and more.<sup>152</sup>

## V. CONCLUSION

Private actors have used innovative solutions to alleviate poverty and its associated symptoms, such as substance abuse and adverse health outcomes.<sup>153</sup> These efforts are limited and incomplete without the inclusion of government. The safety net programs of the U.S. are generous and abundant but remain fragmented and difficult to access.<sup>154</sup> The tangled maze of government services is difficult for most people to navigate.<sup>155</sup>

Changes must be made in the way we address poverty in this country. We cannot let people continue to go without needed services, only to receive help once they reach a point of crisis.

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149. *See supra* Part II, Section A.

150. *See supra* Part II, Section B.

151. Teitelbaum & Lawton, *supra* note 67, at 368.

152. *Grants*, U. S. DEPT. OF HEALTH AND HUM. SERVS., <https://www.hhs.gov/programs/social-services/homelessness/grants/index.html> (last visited Mar. 27, 2021).

153. *See generally, supra* Part II.

154. *See generally, supra* Part I.

155. *Id.*

The government can be more responsive not only by being easily found but by coordinating the efforts of multiple agencies in a single place. More upstream approaches patterned on medical-legal partnerships, community-legal partnerships, and other innovations must be developed to spark collaboration between the government and the existing services and agencies. This will increase transparency about, and accessibility to, government benefits and build general trust in the government. These are proactive and aggressive approaches to address poverty that take the government out of the bureaucracy and make it directly accessible.

Benefits Depots and Benefits Buses will partner with private actors who already do significant work for the poor. Together, they will offer easy access to government programs and connect individuals to services already embedded in the communities.

Everyone deserves the security of a home, to know their children will be well, and to know they will not be hungry.

The U.S. spends a significant portion of its collective wealth to lift people out of poverty.<sup>156</sup> But we need to spend smarter and be more agile if we are going to achieve the promise of that commitment.

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156. OECD, *supra* note 6.