

SSI/SSDI, SOAR and Supportive Housing: Tools in Recovery

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CSH Hot Topics Call

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SSI and SSDI

- **Supplemental Security Income (SSI)**
 - Income benefit available to low-income individuals who are blind, disabled or age 65 or older
 - Maximum benefit in 2007 -- \$623
 - Usually Medicaid accompanies SSI in most states
- **Social Security Disability Insurance (SSDI)**
 - Disability benefit based on earnings put into the Social Security System
 - Comes with Medicare after 24 months
- People generally apply for both at the same time.
- The disability determination process for both programs is the same.

Why is Access to SSI and SSDI Important for Homeless Recipients?

- SSA disability benefits can provide access to:
 - Income
 - Housing
 - Health insurance
 - Supportive services

The Problem

- The SSI application process is difficult for people who are homeless, many of whom have mental illnesses and co-occurring substance use disorders
- Only about 10-15 percent of those who apply are typically approved on initial application
- Appeals take years and many potentially eligible people give up and do not appeal

What We Know Is Possible...

Approval rates of 60-95%
on initial application
for homeless applicants

Strategies Important to Successful Access to SSI/SSDI

- People who are homeless need assistance to apply for SSI
- They need adequate assessment and documentation of how their disabling conditions limit their ability to work
- Providers who assist SSI applicants need staff who understand the disability determination process and who have time to assist in all aspects of developing the application
- Relationships with SSA, the state Disability Determination Service (DDS), community medical providers and others are essential to changing the outcomes of SSI/SSDI applications

SOAR Technical Assistance Initiative

- SOAR stands for “SSI/SSDI Outreach, Access and Recovery”
- Strategy to help States and communities increase access to SSI and SSDI for people who are homeless through training, technical assistance and strategic planning
- Includes use of SAMHSA’s *Stepping Stones to Recovery* training curriculum

Stepping Stones to Recovery

Training Curriculum

- Based on success of University of Maryland Medical System Baltimore SSI Outreach Project
- Over a 10 year period, achieved success rate on application of 96% for those project staff believed to be eligible
- Comprehensive approach to individual's needs (housing, treatment, and services) with income as the "hook"
- Engagement, relationship, assessment are integral parts of project and curriculum

SOAR States

- Arizona
- Colorado
- Connecticut
- District of Columbia
- Florida
- Georgia
- Hawaii
- Indiana
- Kentucky
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Montana
- Nevada
- New Jersey
- North Carolina
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Tennessee
- Utah
- Virginia
- Washington

How Is This Model Different?

- Case managers actively assist applicants with accessing benefits and other services, including supportive housing, from initial contact
- Step-by-step explanation of SSI application and disability determination process
- Focuses on the initial application – “Get it right the first time!”
- Avoids appeals whenever possible
- Focuses on documenting the disability

Emphasis on Recovery

- Using income as “hook” enables relationship, planning for immediate housing, including supportive housing, and focus on recovery
- Recovery includes permanent stable housing
- Recovery includes income and health insurance to address acute and ongoing treatment needs
- Recovery includes employment planning, relationship building—a full life

Emphasis on Recovery

- Permanent stable housing includes a variety of options including supportive housing
- People who are homeless for a long time need support to re-establish themselves in their homes
- Having supports in one's own home helps people think of their future and promotes hope
- Planning for a future promotes change & recovery

What Does The SOAR Model Require?

- Training: On accessing SSI/SSDI and promoting recovery
- Adequate and skilled staffing to focus immediately on relationship building and on learning needs and wants
- Focus on outreach as key component
- Implementation of SOAR Critical Components
- Collaboration with SSA, DDS and other providers
- Quality control
- Collection and reporting on outcomes, including housing status

How Do You Make This Happen?

Reallocate existing resources. Try it on a small scale.

- Serving people who have an income and health insurance makes it easier and quicker to access housing, treatment, and other supportive services.
- Being able to get people on SSI and/or SSDI and Medicaid in 90 days or less frees up resources to assist other individuals.
- Time spent up-front on assessment and benefits acquisition can be an effective way to engage people who are long-term homeless as well as to work with them to secure identified housing, treatment and other services

How Do You Make This Happen?

Collaborate with partners that stand to benefit from increased access to SSI, SSDI and Medicaid:

- Mental health centers and primary care clinics
- Hospitals – public or private
- Jails or prisons that are focused on reentry
- State or County general assistance programs
- Housing programs – public and private
- Local 10-year plans to address homelessness

Why Is Access to SSI and SSDI Important for State and Communities?

- Homelessness promotes hopelessness, impairs recovery, and costs communities in quality and dollars
- Recovery from homelessness requires holistic approach that includes income, housing, and services
- Without benefits, homeless people generate expensive uncompensated health care costs
- Providers can recoup the cost of uncompensated health expenses from Medicaid for up to 3 months prior to date of SSI application.

Why Is Access to SSI and SSDI Important for State and Communities?

- States that fund health care for low income and/or disabled persons can save state dollars once Medicaid is approved.
- States and localities can recoup from SSA the cost of public general assistance provided to homeless applicants during the SSI/SSDI determination period.
- SSI, SSDI and Medicaid bring federal dollars into states, localities and community programs.

Why Is Access to SSI and SSDI Important for State and Communities?

- Affordable housing is one of greatest concerns of communities and is a major component for eliminating homelessness
- Need for supportive housing is major concern for most communities
- SSI/SSDI benefits bring in rental dollars
- SSI/SSDI dollars allow for funding for additional supportive housing units

Initial SOAR Impacts

- 24 States are implementing local SSI outreach initiatives with State-level support for training and tracking outcomes
- 92 new trainers certified to conduct Stepping Stones to Recovery trainings
- 129 trainings in 79 cities in first year
- More than 4,000 direct service staff trained

Preliminary SOAR Outcomes

- In Nashville, 97% of their first 33 applications were approved in an average of 59 days
- At NY's Sing Sing prison, 46 of the 52 (88%) pre-release SSI applications were approved in 93 days on average
- Across 11 states, 506 SSI applications – 62 percent of those assisted – were approved in an average of 87 days or less.
- On average, the people receiving these benefits had been homeless 33 months.
- Approval rates are highest in places where more SOAR critical components are in place.

SSI Improves Access to Housing

- In Covington, KY, 71% of homeless persons approved for SSI were housed in 7 days or less.
- In Columbus, GA, 100% of successful SSI applicants were housed
- In Nashville, TN, 56% of SSI recipients were housed within 30 days after being homeless an average of 77 months.

Cost Savings

- Utah recovered \$170,000 in general assistance from SSA during the first four months of SOAR in one area of the state
- In Covington, KY, a local hospital partially funded the local SSI outreach project recouping its initial investment in less than a year by recovering uncompensated care from Medicaid
- San Francisco Dept. of Public Health estimates that for every \$1 invested in SSI outreach, they recoup \$5 in Medicaid reimbursement for uncompensated care
- In *one year* in Baltimore, 20 newly approved SSI recipients received \$300,000 in Medicaid reimbursed care from *one* hospital system that would otherwise have been uncompensated.

Conclusion

- Focusing on expediting benefits works!
- Its a win-win for the individual and for supportive housing programs
- A major tool in recovery from homelessness

For More Information on SOAR

Visit the SOAR website at www.prainc.com/soar

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