SOAR (SSI/SSDI Outreach, Access, and Recovery) and Criminal Justice Overview

Substance Abuse and Mental Health Services Administration

(SAMHSA) SOAR Technical Assistance Center

Policy Research Associates, Inc.



Disclaimer

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Overview and Agenda

- SOAR Overview
- SOAR CJ Initiatives
- SOAR CJ Implementation
- Next Steps and Resources
- Discussion



What is SOAR?

- A model for assisting eligible adults and children to apply for Social Security Administration (SSA) disability benefits
- For individuals who are experiencing or at risk of homelessness and have a serious mental illness, co-occurring substance use disorder, or other physical disabilities
- Sponsored by SAMHSA in collaboration with the Social Security Administration (SSA) since 2005
- All 50 states and Washington, DC currently participate



SOAR Implementation Requires Planning





Social Security Disability Benefits

The Basics



SSI/SSDI Eligibility: SSA's Definition of Disability

 The law defines disability as the inability to engage in any substantial gainful activity (SGA) by reason of any medically determinable physical or mental impairment(s) which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months.

https://www.ssa.gov/disability/professionals/bluebook/general-info.htm



SSI/SSDI Eligibility: SSA's Definition of Disability

Medical Condition(s)

- Diagnosis
- Documentation
- Duration



Functional Impairment(s)

- Severity
- Work
- Substantial Gainful Activity
 (SGA = \$1220/month 2019)





SSI and SSDI: The Basics

Supplemental Security Income (SSI)

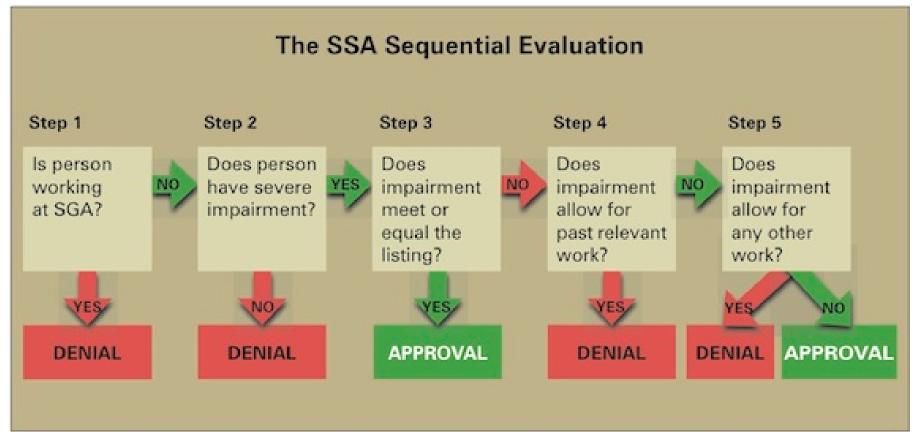
- Eligibility based on need: low income and resources; living arrangement
- Monthly amount based on Federal Benefit Rate: \$771/month (2019)*
- Date of eligibility based on Protective Filing Date/Application Date
- Health insurance: Medicaid

Social Security Disability Insurance (SSDI)

- Eligibility based on insured status (FICA payments)
- Monthly amount based on earnings history
- Date of eligibility based on "date of onset" of disability, 5 month waiting period
- Health insurance: Medicare



The Sequential Evaluation for Adults



Step 3 is Key!

- Person can be found disabled at Step 3 and begin receiving benefits
- If adequate evidence is presented that impairment meets or equals the Listings and the applicant is unable to work
- Connecting functional limitations to their inability to maintain work at a substantial gainful level, using appropriate medical documentation, is key



Identifying Adults for SOAR Assistance

- Familiarize yourself with the key SSI/SSDI eligibility criteria outlined in the SOAR tools listed below
 - Use these tools to identify adults who most need your assistance
- Do not discourage anyone from applying for SSI/SSDI benefits
- Plan for alternative service or referral
- Consider adding your program acceptance criteria



SOAR Tools:

Identifying SOAR Applicants and Sample SOAR Referral Tool

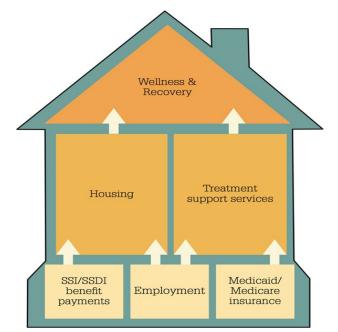


A Foundation for Recovery, Resiliency and Reentry Success

More Than Income

- Access to health care and housing
- Increased education and employment opportunities
- Decrease in incarcerations and hospitalizations

SSI/SSDI: One Brick in Foundation





The SOAR Model

How does SOAR work?



What Makes SOAR Unique?



SOAR-trained case workers are the heroes!





SOAR Leadership Structure

ead

Team

State



- Facilitates strategic planning meetings
- Conducts Leadership Academies, webinars, & learning communities
- Develops resources, including SOARWorks, the SOAR Online Course. and OAT
- Provides TA at all stages of SOAR implementation



- Facilitates state steering committee
- Directs plans to grow & sustain statewide activities
- Serves as liaison to localities
- Maintains relationships with SSA & DDS
- Submits SOAR outcomes to the TA Center



- Facilitates local steering committee

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ca

- Directs local implementation plans
- Facilitates SOAR Online Course cohorts
- Conducts SOAR Online Course Review Sessions
- Ensures quality applications & reports outcomes



- Completes high-quality Manag SSI & SSDI applications using the SOAR model
 - Communicates with local SSA & DDS representatives
 - Tracks application outcomes

ase

*OAT: Online Application Tracking Program

*SSA: Social Security Administration *DDS: Disability Determination Services

*TA: Technical Assistance



Oh, the support you will receive!

SOAR TA Center Activities and Support











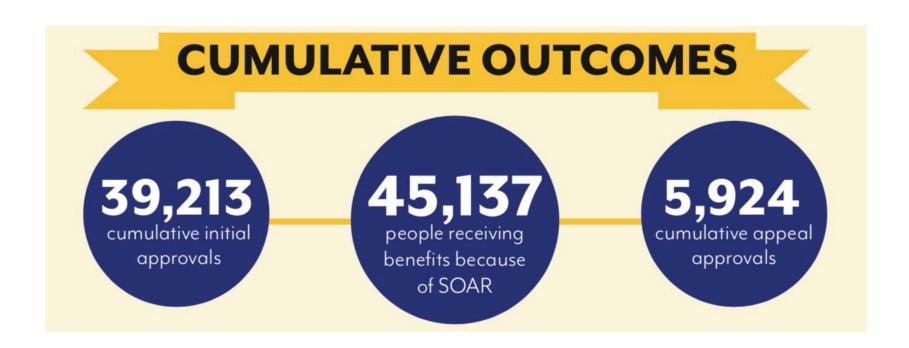








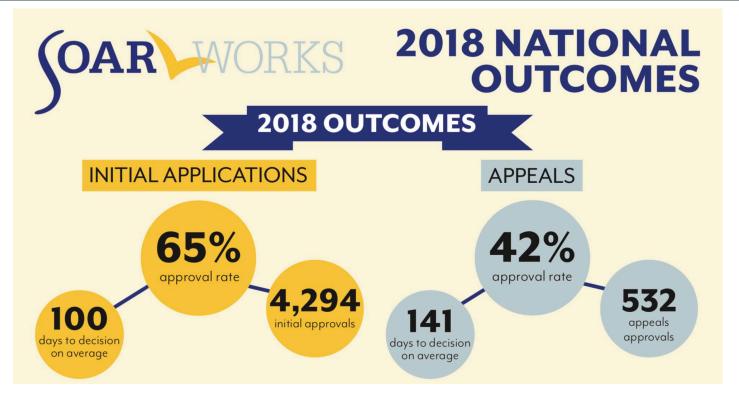
SOAR Works!





^{*}National SOAR outcomes as of June 30, 2018 https://soarworks.prainc.com/article/soar-outcomes-and-impact

2018 National SOAR Outcomes



^{*}As compared to a 29% approval rate for all SSI/SSDI applicants nationwide



Impact on States and Communities



TOP 10 STATES*

82% approval rate

Pennsylvania Tennessee Maryland Arkansas North Carolina Washington Oklahoma District of Columbia Virginia New Mexico

*Inclusion: Cumulative approval rates on initial application, at least 300 cumulative decisions, at least 24 decisions in 2018 (2 per month), and a 2018 approval rate above the national average. Combined, these states had 14,089 decisions.

FINANCIAL OUTCOMES

\$4,415

average back payment received by individuals (2,941 cases reporting) \$4,548

average Medicaid reimbursement per applicant (143 cases reporting) \$406M

brought into the economies of the participating localities 17

states received new SOAR funding in 2018 347

full-time and part-time SOAR positions nationally

* https://soarworks.prainc.com/article/soar-outcomes-and-impact



Collaborations

 The areas of criminal justice, behavioral health, and homelessness share the same clientele

- No single program can address every need
- Collaboration is key to successful reentry





Increasing Reentry Success



- Address risks and needs from strengths-based approach
- Reduce recidivism though risk reduction
- Reduce incarcerations/justice justice interventions



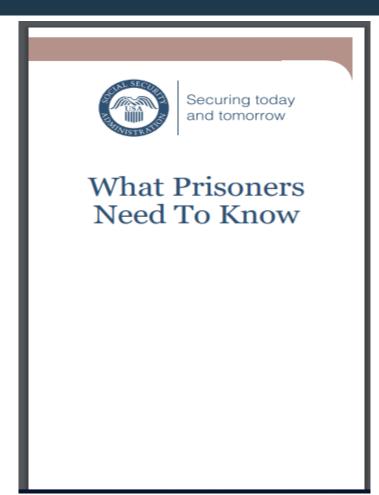
COMMUNITY

Sequential Intercept Model (SIM)

	INTERCEPT 0 Hospital, Crisis,	INTERCEPT 1 Law Enforcement	INTERCEPT 2 Initial Detention &	INTERCEPT 3 Jails & Courts	INTERCEPT 4 Reentry	INTERCEPT 5 Community Corrections &	
COMMUNITY	Respite, Peer, & Community Services	& Emergency Services	Initial Court Hearings			Community Supports	COMMUNITY



SSA Benefits for Justice Involved Persons





Justice-Involved Persons

- A person can apply for benefits while incarcerated
- Prior history of incarceration alone does not make someone (in)eligible for benefits
- Warrants (other than escape) should not hinder a person from applying or receiving payment



Pre-Release Applications

- New applications can be made prior to release
- The general rule is 30 days prior to the expected release date
- Pre-release agreements between SSA and the institution can be extended to as many as 120 days prior to release



Receiving Benefits: Supplemental Security Income (SSI)



Incarceration Time	Effect on Benefits	Action Needed Upon Release
< 1 full calendar month	No effect	N/A
1 - 12 calendar months	Suspended	Can be reinstated upon release
12+ consecutive calendar months	Terminated	Must reapply*

^{*}As a general rule, reapplication can be made 30 days prior to expected release date but benefits cannot begin until release. With a pre-release agreement, this time can be extended to 120 days prior to release.



Receiving Benefits: Social Security Disability Insurance (SSDI)



Incarceration Time	Effect on Benefits	Action Needed Upon Release
< 30 days	No effect	N/A
> 30 days* *convicted and confined	Suspended	Can be reinstated upon release

^{*}Recipients are eligible to continue receiving their benefits until they are convicted of a criminal offense and confined to a penal institution for more than 30 continuous days.



SOAR Implementation in Criminal Justice Settings





SOAR Technical Assistance Awardees 2019





SOAR Criminal Justice Outcomes

Cumulative total of SOAR-assisted initial SSI/SSDI applications for people residing in correctional facilities:

319

Average days to decision:



Approval rate:



^{*}Data accessed from the SOAR Online Application (OAT) tracking system on August 1, 2018

Collaboration Highlights

- Direct access to incarcerated individuals (jail/prison)
- Ability to obtain and interpret prison records
- Begin application process prior to release (SSA Agreement)
- Re-Start previously granted benefits
- Obtain Court-Order and conduct required psychological testing
- Outcomes: Awarded SSI/SSDI benefits, obtain Medicaid, stable housing, access to medical/MH services, community supports





SOAR and In-Reach Collaboration: Sing Sing CORP



- Applications done prior to release from Sing Sing prison by a SOAR trained community services agency
- Same staff who do applications follow individuals in community and access housing for them
- 90% of 130 pre-release SSI applications approved in 59 days on average
- 73% of approved within one month of release; 31% approved prior to release



SOAR and Jail Collaboration: Davidson County

- Davidson County, Tennessee SOAR DCSO (Department of Corrections/Sheriff's Office)
- Collaboration through the Mayor's Office of Innovation, Sheriff's Office, and Metro Social Services
- Initiative within the Jail was established July 2014
- Sole mission of SOAR at DCSO:
 - Assist incarcerated individuals with a severe and persistent mental illness who are without income and/or experiencing homelessness to re-enter into society
- Outcomes: 89% of applications approved in average of 48 days



SOAR and Prison Collaboration: Oklahoma

- Funded by the Oklahoma Department of Mental Health and Substance Abuse Services
- Oklahoma Department of Corrections staff trained to assist with accessing public benefits, e.g. SSI/SSDI
- Built and nurtured relationships with state and federal partners
 - Held regular meetings with all stakeholders
- Collaboration on 4 federal re-entry grants
 - These grants target people with co-occurring disorders
 - Also includes applying for public benefits when applicable
- Over the past 11 years, approval rates have been >80%



Criminal Justice Services-Forensic Evaluations Unit





- Mecklenburg County, NC (2016 SAMHSA SOAR CJ TA Award)
- 6 SOAR Trained staff at Criminal Justice Services (Forensic Evaluations Unit, Reentry Services, Treatment Court)
- 2 SOAR Trained staff at Jail Inmate Services
- 2 SOAR Trained Social Workers at the Public Defender's Office
- All working in collaboration with SOAR trained community partners



Teamwork Helps Reentry Work





SOAR Online Courses

Choose your curriculum!



The SOAR Online Course: Adult Curriculum trains case managers to assist adults (age 18+) who are experiencing or at risk of homelessness and have a serious mental illness, medical impairment, and/or a co-occurring substance use disorder to apply for SSI/SSDI



SSI/SSDI Outreach, Access, and Recovery (SOAR) Online Course: Adult Curriculum

Adult Course

The SOAR Online Course: Child Curriculum trains case managers to assist children (under age 18) who are experiencing or at risk of homelessness and have a serious mental illness, medical impairment, and/or a co-occurring substance use disorder to apply for SSI.



SSI/SSDI Outreach, Access, and Recovery (SOAR) Online Course: Child Curriculum

Child Course



Benefits of the SOAR Online Course

- Standardized training are provided across all geographic areas.
- SOAR Leaders can coordinate follow-up training and support.
- 20 National Association of Social Workers (NASW) CEUs available.
- Courses are FREE, web-based, and self-guided.





SOAR Online Course: Articles and Practice Case

Articles and Content



Practice Case

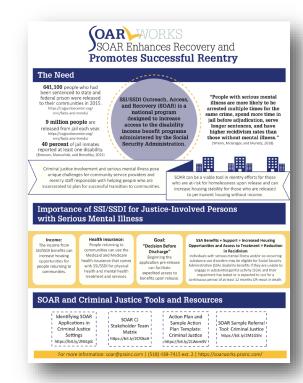




SOAR and Criminal Justice Resources

https://soarworks.prainc.com/topics/criminal-justice

- Infographic
- FAQs
- Sample tools
- Issue Brief





SOAR Resources Continued

- ✓ Learn more about SOAR: https://soarworks.prainc.com/
- ✓ Get in touch with your SAMHSA SOAR TA Center liaison: https://soarworks.prainc.com/content/contact-us
- ✓ Reach out to your local or state SOAR leads: https://soarworks.prainc.com/directory
- ✓ SOAR TA Center liaison, Dazara Ware dware@prainc.com
 518-439-7415 x 5260
- ✓ Register for the SOAR Online Course



Thank You

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

www.samhsa.gov

1-877-SAMHSA-7 (1-877-726-4727) • 1-800-487-4889 (TDD)





Working with Justice-Involved Persons Frequently Asked Questions

Communities across the country are working to implement SOAR in criminal justice settings to connect individuals with key income supports and other benefits, such as health insurance, playing a role in maximizing connections to essential care, income, and housing. The following are some frequently asked questions and resources for providers working with people in the criminal justice system to help them through the Supplemental Security Income (SSI)/Social Security Disability Insurance (SSDI) application process.

Applying for SSI and SSDI

O: Can an individual submit an SSI/SSDI application while incarcerated?

A: Yes. As a general rule, the Social Security Administration (SSA) requests that pre-release applications be submitted 30 days prior to release. If the institution has a pre-release agreement with SSA, this timeframe can be increased to as much as 120 days prior to release.

Q: Can an individual apply for benefits if s/he has a warrant?

A: Yes, as long as the warrant is not related to escape or fleeing to escape prosecution (Clark v. Astrue). (More information about the Clark Court Order can be found at https://secure.ssa.gov/poms.nsf/lnx/0202615100 and/or https://www.ssa.gov/clark relief order/)

Q: Can an individual apply for benefits if the physical injury or mental impairment(s) occurred during the commission of a crime?

A: Injuries sustained or aggravated as a result of an individual's participation in a felony for which they are convicted after October 19, 1980, will NOT be considered relevant in the disability determination. These impairments will not be considered for the lifetime of the individual.

(SSA Reference: https://secure.ssa.gov/poms.nsf/lnx/0410105100)

Receiving Benefits:

Supplemental Security Income (SSI)

Incarceration Time	Effect on Benefits	Action Needed Upon Release
<1 full calendar month	No effect	N/A
1-12 calendar months	Suspended	Contact SSA for reinstatement upon release.
12+ consecutive calendar months	Terminated	Reapplication required*

*As a general rule, reapplication can be made 30 days prior to expected release date but benefits cannot begin until release. With a pre-release agreement, this time can be extended to 120 days prior to release.

Suspension and Reinstatement of Benefits

O: What happens to SSI benefits when a person is incarcerated?

A: When SSI recipients are incarcerated for a full calendar month (e.g., March 1-March 31), their benefits are suspended. If they are released in less than 12 consecutive calendar months, their benefits can be reinstated upon release. They need to bring official release papers from the institution to the local Social Security office. SSA will review their new living arrangement and reinstate payment. If SSI recipients are incarcerated for 12 consecutive calendar months or more, their SSI benefits are terminated and they must reapply.





Working with Justice-Involved Persons Frequently Asked Questions

O: What happens to SSDI benefits when a person is incarcerated?

A: SSDI recipients are eligible to continue receiving benefits until they are convicted of a criminal offense and are confined for more than 30 continuous days. After that time, their benefits are suspended. Benefits can be reinstated the month following their release into the community. Once released, individuals should contact their local Social Security office with official release papers and request that benefits be reinstated. No specific reinstatement forms are needed beyond release papers from the institution. If they are in jail awaiting trial, SSDI will continue until they are convicted.

O. Can individuals receive benefit payments while in a community correctional facility?

A: Social Security will not pay benefits while an individual resides in any facility that is under the authority of the state's Department of Corrections (DOC). Even though the individual is no longer in prison, they cannot receive benefits until they complete their court-ordered sentence and are officially released, or until the DOC places them on parole and they are no longer under the supervision of the DOC.

Q: Can benefits be reinstated if someone is on home monitoring and wears an ankle bracelet monitor?

A: Yes. Benefits can start again once an individual re-enters the community and the DOC is no longer responsible for their care. Individuals should contact their local Social Security office to report their release from a correctional institution and report their change to ankle bracelet monitoring.

Other Issues That Arise

Q: What if the applicant is found guilty but confined to a state psychiatric hospital or other public institution to serve his or her sentence?

A: According to SSA, "We cannot pay benefits to someone who, by court order, is confined in an institution at public expense in connection with a criminal case if the court finds that the person is: guilty, but insane; not guilty of such an offense by reason of insanity or similar factors (such as a mental disease); or incompetent to stand trial for such an alleged offense."

O: Can children and youth under age 18 who are in juvenile detention facilities receive SSI?

A: No. Similar to the SSI rules for adults, children who are confined in a correctional facility for a full calendar month are not eligible for payment (i.e., benefits are suspended). The same pre-release application procedures apply.

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For more information: soar@prainc.com | (518) 439-7415 | https://soarworks.prainc.com/





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SSI/SSDI Outreach, Access and Recovery

for people who are homeless

January 2013

Best Practices for Increasing Access to SSI/SSDI upon Exiting Criminal Justice Settings

Dazara Ware, M.P.C. and Deborah Dennis, M.A.

Introduction

Seventeen percent of people currently incarcerated in local jails and in state and federal prisons are estimated to have a serious mental illness. The twin stigmas of justice involvement and mental illness present significant challenges for social service staff charged with helping people who are incarcerated plan for reentry to community life. Upon release, the lack of treatment and resources, inability to work, and few options for housing mean that many quickly become homeless and recidivism is likely.

The Social Security Administration (SSA), through its Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) programs, can provide income and other benefits to persons with mental illness who are reentering the community from jails and prisons. The SSI/SSDI Outreach, Access and Recovery program (SOAR), a project funded by the Substance Abuse and Mental Health Services Administration, is a national technical assistance program that helps people who are homeless or at risk for homelessness to access SSA disability benefits.²

SOAR training can help local corrections and community transition staff negotiate and integrate benefit options with community reentry strategies

for people with mental illness and co-occurring disorders to assure successful outcomes. This best practices summary describes:

- The connections between mental illness, homelessness, and incarceration;
- The ramifications of incarceration on receipt of SSI and SSDI benefits
- The role of SOAR in transition planning
- Examples of jail or prison SOAR initiatives to increase access to SSI/SSDI
- Best practices for increasing access to SSI/SSDI benefits for people with mental illness who are reentering the community from jails and prisons.

Mental Illness, Homelessness, and Incarceration

In 2010, there were more than 7 million persons under correctional supervision in the United States at any given time.³ Each year an estimated 725,000 persons are released from federal and state prisons, 125,000 with serious mental illness.⁴ More than 20 percent of people with mental illness were homeless in the months before their incarceration compared

¹ Bureau of Justice Statistics. (2006). *Mental health problems of prison and jail inmates.* Washington, DC: U.S. Department of Justice, Office of Justice Programs

² Dennis, D., Lassiter, M., Connelly, W., & Lupfer, K. (2011) Helping adults who are homeless gain disability benefits: The SSI/SSDI Outreach, Access and Recovery (SOAR) program. *Psychiatric Services*, 62(11)1373-1376

³ Guerino, P.M. Harrison & W. Sabel. *Prisoners in 2010*. NCJ 236096. Washington DC: U.S. Department of Justice, Bureau of Justice Statistics, 2011.

Glaze, L. Correctional populations in the U.S. 2010, NCJ 236319. Washington D.C.: U.S. Department of Justice, Bureau of Justice Statistics 2011

with 10 percent of the general prison population.⁵ For those exiting the criminal justice system, homelessness may be even more prevalent. A California study, for example, found that 30 to 50 percent of people on parole in San Francisco and Los Angeles were homeless.⁶

Mental Health America reports that half of people with mental illness are incarcerated for committing nonviolent crimes, such as trespassing, disorderly conduct, and other minor offences resulting from symptoms of untreated mental illness. In general, people with mental illnesses remain in jail eight times longer than other offenders at a cost that is seven times higher.⁷ At least three-quarters of incarcerated individuals with mental illness have a co-occurring substance use disorder.⁸

Homelessness, mental illness, and criminal justice involvement create a perfect storm, requiring concerted effort across multiple systems to prevent people with mental illness from cycling between homelessness and incarceration by providing them the opportunity to reintegrate successfully into their communities and pursue recovery.

To understand the interplay among mental illness, homelessness, and incarceration, consider these examples:

• In 2011 Sandra received SSI based on her mental illness. She was on probation, with three years remaining, when she violated the terms of probation by failing to report to her probation officer. As a result, Sandra was incarcerated in a state prison. Because she was incarcerated for more than 12 months, her benefits were terminated. Sandra received a tentative parole month of

- September 2012 contingent on her ability to establish a verifiable residential address. The parole board did not approve the family address she submitted because the location is considered a high crime area. Unfortunately, Sandra was unable to establish residency on her own as she had no income. Thus, she missed her opportunity for parole and must complete her maximum sentence. Sandra is scheduled for release in 2013.
- Sam was released from prison after serving four years. While incarcerated, he was diagnosed with a traumatic brain injury and depression. Sam had served his full sentence and was not required to report to probation or parole upon release. He was released with \$25 and the phone number for a community mental health provider. Sam is 27 years old with a ninth grade education and no prior work history. He has no family support. Within two weeks of release, Sam was arrested for sleeping in an abandoned building. He was intoxicated and told the arresting officer that drinking helped the headaches he has suffered from since he was 14 years old. Sam was sent to jail.
- Manuel was arrested for stealing from a local grocery store. He was homeless at the time of arrest and had a diagnosis of schizophrenia. He was not receiving any community mental health services at the time. Manuel has no family. He was sent to a large county jail where he spent two years before being arraigned before a judge. His periodic acute symptoms resulted in his being taken to the state hospital until he was deemed stable enough to stand trial. However, the medications that helped Manuel's symptoms in the hospital weren't approved for use in the jail, and more acute episodes followed. Manuel cycled between the county jail and the state hospital four times over a two-year period before being able to stand before a judge.

Based on real life situations, these examples illustrate the complex needs of people with serious mental illnesses who become involved with the justice system. In Sandra's and Sam's cases, the opportunity to apply for SSI/SSDI benefits on a pre-release basis would have substantially reduced the period of incarceration, and in Manuel's case, access to SSI immediately upon release would have decreased the likelihood he would return to jail. But how do we ensure that this happens?

⁵ Reentry Facts. The National Reentry Resource Center. Council of State Governments Justice Center. Retrieved December 6, 2012, from http://www.nationalreentryresourcecenter.org/facts

⁶ California Department of Corrections. (1997). *Preventing Parolee Failure Program: An evaluation.* Sacramento: Author.

⁷ Mental Health America. (2008). *Position Statement 52: In support of maximum diversion of persons with serious mental illness from the criminal justice system*. Retrieved from http://www.mentalhealthamerica.net.

⁸ Council of State Governments. (2002). Criminal Justicel Mental Health Consensus Project. Lexington, Kentucky: author.

Incarceration and SSA Disability Benefits

Correctional facilities, whether jails or prisons, are required to report to SSA newly incarcerated people who prior to incarceration received benefits. For each person reported, SSA sends a letter to the facility verifying the person's benefits have been suspended and specifying the payment to which the facility is entitled for providing this information. SSA pays \$400 for each person reported by the correctional facility within 60 days. If a report is made between 60 and 90 days of incarceration, SSA pays \$200. After 90 days, no payment is made.

The rules for SSI and SSDI beneficiaries who are incarcerated differ. Benefits for SSI recipients incarcerated for a full calendar month are suspended, but if the person is released within 12 months, SSI is reinstated upon release if proof of incarceration and a release are submitted to the local SSA office. SSA reviews the individual's new living arrangements, and if deemed appropriate, SSI is reinstated. However, if an SSI recipient is incarcerated for 12 or more months, SSI benefits are terminated and the individual must reapply. Reapplication can be made 30 days prior to the expected release date, but benefits cannot begin until release.

Unfortunately, people who are newly released often wait months before their benefits are reinstituted or initiated. Few states or communities have developed legislation or policy to insure prompt availability of benefits upon release. Consequently, the approximately 125,000 people with mental illness who are released each year are at increased risk for experiencing symptoms of mental illness, substance abuse, homelessness, and recidivism.

SSDI recipients are eligible to continue receiving benefits until convicted of a criminal offense and confined to a penal institution for more than 30 continuous days. At that time, SSDI benefits are suspended but will be reinstated the month following release.

Role of Transition Services in Reentry for People with Mental Illness

Since the 1990s, the courts have increasingly acknowledged that helping people improve their mental health and their ability to demonstrate safe and orderly behaviors while they are incarcerated enhances their reintegration and the well-being of the communities that receive them. Courts specializing in the needs of people with mental illness and or substance use disorders, people experiencing homelessness, and veterans are designed to target the most appropriate procedures and service referrals to these individuals, who may belong to more than one subgroup. The specialized courts and other jail diversion programs prompt staff of various systems to consider reintegration strategies for people with mental illness from the outset of their criminal justice system involvement. Transition and reintegration services for people with mental illness reflect the shared responsibilities of multiple systems to insure continuity of care.

Providing transition services to people with mental illness within a jail or prison setting is difficult for several reasons: the quick population turnover in jails, the distance between facilities and home communities for people in prisons, the comprehensive array of services needed to address multiple needs, and the perception that people with mental illness are not responsive to services. Nevertheless, without seriously addressing transition and reintegration issues while offenders remain incarcerated, positive outcomes are far less likely upon release and recidivism is more likely.

Access to Benefits as an Essential Strategy for Reentry

The criminal justice and behavioral health communities consistently identify lack of timely access to income and other benefits, including health insurance, as among the most significant and persistent barriers to successful community reintegration and recovery for people with serious mental illnesses and co-occurring substance use disorders.

Many states and communities that have worked to ensure immediate access to benefits upon release have focused almost exclusively on Medicaid. Although access to Medicaid is critically important, focusing on this alone often means that needs for basic sustenance and housing are ignored. Only a few states (Oregon, Illinois, New York, Florida) provide for Medicaid to be suspended upon incarceration rather than terminated, and few states or communities have developed procedures to process new Medicaid applications prior to release.

The SOAR approach to improving access to SSI/SSDI. The SSI/SSDI application process is complicated and difficult to navigate, sometimes even for professional social service staff. The SOAR approach in correctional settings is a collaborative effort by corrections, behavioral health, and SSA to address the need for assistance to apply for these benefits. On average, providers who receive SOAR training achieve a first-time approval rate of 71 percent, while providers who are not SOAR trained or individuals who apply unassisted achieve a rate of 10 to 15 percent. SOAR-trained staff learn how to prepare comprehensive, accurate SSI/SSDI applications that are more likely to be approved, and approved quickly.

SOAR training is available in every state. The SOAR Technical Assistance Center, funded by SAMHSA, facilitates partnerships with community service providers to share information, acquire pre-incarceration medical records, and translate prison functioning into post-release work potential. With SOAR training, social service staff learn new observation techniques to uncover information critical to developing appropriate reentry-strategies. The more accurate the assessment of factors indicating an individual's ability to function upon release, the easier it is to help that person transition successfully from incarceration to community living.

The positive outcomes produced by SOAR pilot projects within jail and prison settings around the country that link people with mental illness to benefits upon their release should provide impetus for more correctional facilities to consider using this approach as a foundation for building successful transition or

reentry programs.¹⁰ Below are examples of SOAR collaborations in jails (Florida, Georgia, and New Jersey) and prison systems (New York, Oklahoma, and Michigan). In addition to those described below, new SOAR initiatives are underway in the jail system of Reno, Nevada and in the prison systems of Tennessee, Colorado, Connecticut, and the Federal Bureau of Prisons.

SOAR Collaborations with Jails

Eleventh Judicial Circuit Criminal Mental Health Project (CMHP). Miami-Dade County, Florida, is home to the highest percentage of people with serious mental illnesses of any urban area in the United States - approximately nine percent of the population, or 210,000 people. CMHP was established in 2000 to divert individuals with serious mental illnesses or cooccurring substance use disorders from the criminal justice system into comprehensive communitybased treatment and support services. CMHP staff, trained in the SOAR approach to assist with SSI/ SSDI applications, developed a strong collaborative relationship with SSA to expedite and ensure approvals for entitlement benefits in the shortest time possible. All CMHP participants are screened for eligibility for SSI/SSDI.

From July 2008 through November 2012, 91 percent of 181 individuals were approved for SSI/SSDI benefits on initial application in an average of 45 days. All participants of CMHP are linked to psychiatric treatment and medication with community providers upon release from jail. Community providers are made aware that participants who are approved for SSI benefits will have access to Medicaid and retroactive reimbursement for expenses incurred for up to 90 days prior to approval. This serves to reduce the stigma of mental illness and involvement with the criminal justice system, making participants more attractive "paying customers."

In addition, based on an agreement established between Miami-Dade County and SSA, interim housing assistance is provided for individuals applying for SSI/SSDI during the period between application and

⁹ Dennis et al., (2011). op cit.

¹⁰ Dennis, D. & Abreu, D. (2010) SOAR: Access to benefits enables successful reentry, *Corrections Today*, 72(2), 82–85.

approval. This assistance is reimbursed to the County once participants are approved for Social Security benefits and receive retroactive payment. The number of arrests two years after receipt of benefits and housing compared to two years earlier was reduced by 70 percent (57 versus 17 arrests).

Mercer and Bergen County Correctional Centers, New Jersey. In 2011, with SOAR training and technical assistance funded by The Nicholson Foundation, two counties in New Jersey piloted the use of SOAR to increase access to SSI/SSDI for persons with disabilities soon to be released from jail. In each county, a collaborative working group comprising representatives from the correctional center, community behavioral health, SSA, the state Disability Determination Service (DDS), and (in Mercer County only) the United Way met monthly to develop, implement, and monitor a process for screening individuals in jail or recently released and assisting those found potentially eligible in applying for SSI/ SSDI. The community behavioral health agency staff, who were provided access to inmates while incarcerated and to jail medical records, assisted with applications.

During the one year evaluation period for Mercer County, 89 individuals from Mercer County Correction Center were screened and 35 (39 percent) of these were deemed potentially eligible for SSI/SSDI. For Bergen County, 69 individuals were screened, and 39 (57 percent) were deemed potentially eligible. The reasons given for not helping some potentially eligible individuals file applications included not enough staff available to assist with application, potential applicant discharged from jail and disappeared/couldn't locate, potential applicant returned to prison/jail, and potential applicant moved out of the county or state. In Mercer County, 12 out of 16 (75 percent) SSI/ SSDI applications were approved on initial application; two of those initially denied were reversed at the reconsideration level without appeal before a judge. In Bergen County which had a late start, two out of three former inmates assisted were approved for SSI/SSDI.

Prior to this pilot project, neither behavioral health care provider involved had assisted with SSI/SSDI applications for persons re-entering the community from the county jail. After participating in the pilot project, both agencies remain committed to continuing

such assistance despite the difficulty of budgeting staff time for these activities.

Fulton County Jail, Georgia. In June 2009, the Georgia Department of Behavioral Health and Developmental Disabilities initiated a SOAR pilot project at the Fulton County Jail. With the support of the facility's chief jailer, SOAR staff were issued official jail identification cards that allowed full and unaccompanied access to potential applicants. SOAR staff worked with the Office of the Public Defender and received referrals from social workers in this office. They interviewed eligible applicants at the jail, completed SSI/SSDI applications, and hand-delivered them to the local SSA field office. Of 23 applications submitted, 16 (70 percent) were approved within an average of 114 days.

SOAR benefits specialists approached the Georgia Department of Corrections with outcome data produced in the Fulton County Jail pilot project to encourage them to use SOAR in the state prison system for persons with mental illness who were coming up for release. Thirty-three correctional officers around the state received SOAR training and were subsequently assigned by the Department to work on SSI/SSDI applications.

SOAR Collaborations with State and Federal Prisons

New York's Sing Sing Correctional Facility. The Center for Urban and Community Services was funded by the New York State Office of Mental Health, using a Projects for Assistance in Transition from Homelessness (PATH) grant, to assist with applications for SSI/SSDI and other benefits for participants in a 90-day reentry program for persons with mental illness released from New York State prisons. After receiving SOAR training and within five years of operation, the Center's Community Orientation and Reentry Program at the state's Sing Sing Correctional Facility achieved an approval rate of 87 percent on 183 initial applications, two thirds of which were approved prior to or within one month of release.

Oklahoma Department of Corrections. The Oklahoma Department of Corrections and the Oklahoma Department of Mental Health collaborated

to initiate submission of SSI/SSDI applications using SOAR-trained staff. Approval rates for initial submission applications are about 90 percent. The Oklahoma SOAR program also uses peer specialists to assist with SSI/SSDI applications for persons exiting the prison system. Returns to prison within 3 years were 41 percent lower for those approved for SSI/SSDI than a comparison group.

Michigan Department of Corrections. In 2007 the Michigan Department of Corrections (DOC) began to discuss implementing SOAR as a pilot in a region where the majority of prisoners with mental illnesses are housed. A subcommittee of the SOAR State Planning Group was formed and continues to meet monthly to address challenges specific to this population. In January 2009, 25 DOC staff from eight facilities, facility administration, and prisoner reentry staff attended a two-day SOAR training. The subcommittee has worked diligently to develop a process to address issues such as release into the community before a decision is made by SSA, the optimal time to initiate the application process, and collaboration with local SSA and DDS offices.

Since 2007, DOC has received 72 decisions on SSI/SSDI applications with a 60 percent approval rate in an average of 105 days. Thirty-nine percent of applications were submitted after the prisoner was released, and 76 percent of the decisions were received after the applicant's release. Seventeen percent of those who were denied were re-incarcerated within the year following release while only two percent of those who were approved were re-incarcerated.

Park Center's Facility In-Reach Program. Park Center is a community mental health center in Nashville, Tennessee. In July 2010, staff began assisting with SSI/SSDI applications for people with mental illness in the Jefferson County Jail and several facilities administered by the Tennessee Department of Corrections, including the Lois M. DeBerry Special Needs Prison and the Tennessee Prison for Woman. From July 2010 through November 2012, 100 percent of 44 applications have been were approved in a average of 41 days. In most cases, Park Center's staff assisted with SSI/SSDI applications on location in these facilities prior to release. Upon release, the individual is accompanied by Park Center staff to the local SSA

office where their release status is verified and their SSI/SSDI benefits are initiated.

Best Practices for Accessing SSI/SSDI as an Essential Reentry Strategy

The terms jail and prison are sometimes used interchangeably, but it is important to understand the distinctions between the two. Generally, a jail is a local facility in a county or city that confines adults for a year or less. Prisons are administered by the state or federal government and house persons convicted and sentenced to serve time for a year or longer.

Discharge from both jails and prisons can be unpredictable, depending on a myriad of factors that may be difficult to know in advance. Working with jails is further complicated by that fact that they generally house four populations: (1) people on a 24-48 hour hold, (2) those awaiting trial, (3) those sentenced and serving time in jail, and (4) those sentenced and awaiting transfer to another facility, such as a state prison.

Over the past several years, the following best practices have emerged with respect to implementing SOAR in correctional settings. These best practices are in addition to the critical components required by the SOAR model for assisting with SSI/SSDI applications.¹¹ These best practices fall under five general themes:

- Collaboration
- Leadership
- Resources
- Commitment
- Training

Collaboration. The SOAR approach emphasizes collaborative efforts to help staff and their clients navigate SSA and other supports available to people with mental illness upon their release. Multiple collaborations are necessary to make the SSI/SSDI application process work. Fortunately, these are the same collaborations necessary to make the overall transition work. Thus, access to SSI/SSDI can become

¹¹ See http://www.prainc.com/soar/criticalcomponents.

a concrete foundation upon which to build the facility's overall discharge planning or reentry process.

- Identify stakeholders. Potential stakeholders associated with jail/prisons include
 - ✓ Judges assigned to specialized courts and diversion programs
 - ✓ Social workers assigned to the public defenders' office
 - ✓ Chief jailers or chiefs of security
 - ✓ Jail mental health officer, psychologist, or psychiatrist
 - ✓ County or city commissioners
 - ✓ Local reentry advocacy project leaders
 - ✓ Commissioner of state department of corrections
 - ✓ State director of reintegration/reentry services
 - ✓ Director of medical or mental health services for state department of corrections
 - ✓ State mental health agency administrator
 - ✓ Community reentry project directors
 - ✓ Parole/probation managers
- Collaborate with SSA to establish prerelease agreements. SSA can establish prerelease agreements with correctional facilities to permit special procedures when people apply for benefits prior to their release and will often assign a contact person. For example, prerelease agreements can be negotiated to allow for applications to be submitted from 60 to 120 days before the applicant's expected release date. In addition, SSA can make arrangements to accept paper applications and schedule phone interviews when necessary.
- **Collaborate with local SOAR providers to establish continuity of care.** Given the unpredictability of release dates from jails and prisons, it is important to engage a community-based behavioral health provider to either begin the SSI/SSDI application process while the person is incarcerated or to assist with the individual's reentry and assume responsibility for completing his or her SSI/SSDI application following release. SOAR training can help local corrections and community transition staff assure continuity of care by determining and coordinating benefit options and reintegration strategies for people with mental illness. Collaboration among service

- providers, including supported housing programs that offer a variety of services, is key to assuring both continuity of care and best overall outcomes post-release.
- Collaborate with jail or prison system for referrals, access to inmates, and medical records. Referrals for a jail or prison SOAR project can issue from many sources – intake staff, discharge planners, medical or psychiatric unit staff, judges, public defenders, parole or probation, and community providers. Identifying persons within the jail or prison who may be eligible for SSI/SSDI requires time, effort, and collaboration on the part of the jail or prison corrections and medical staff.

Once individuals are identified as needing assistance with an SSI/SSDI application, they can be assisted by staff in the jail or prison, with a handoff occurring upon release, or they can be assisted by community providers who come into the facility for this purpose. Often, correctional staff, medical or psychiatric staff, and medical records are administered separately and collaborations must be established within the facility as well as with systems outside it.

Leadership. Starting an SSI/SSDI initiative as part of transition planning requires leadership in the form of a steering committee, with a strong and effective coordinator, that meets regularly. The Mercer County, New Jersey SOAR Coordinator, for example, resolves issues around SSI/SSDI applications that are brought up at case manager meetings, oversees the quality of applications submitted, organizes trainings, and responds to concerns raised by SSA and DDS.

The case manager meetings are attended by the steering committee coordinator who serves as a liaison between the case managers and steering committee. Issues identified by case managers typically require additional collaborations that must be approved at the steering committee level. Leadership involves frequent, regular, and ad hoc communication among all parties to identify and resolve challenges that arise.

It is essential that the steering committee include someone who has authority within the jail or prison system as well as someone with a clinical background who can assure that the clinical aspects of implementation are accomplished (e.g., mental status exams with 90 days of application, access to records, physician or psychologist sign off on medical summary reports).

Resources. Successful initiatives have committed resources for staffing at two levels. First, staff time is needed to coordinate the overall effort. In the Mercer County example above, the steering committee coordinator is a paid, part-time position. If there is someone charged with overall transition planning for the facility, the activities associated with implementing assistance with SSI/SSDI may be assumed by this individual.

Second, the staff who are assisting with SSI/SSDI applications need to be trained (typically 1-2 days) and have time to interview and assess the applicant, gather and organize the applicant's medical records, complete the SSA forms, and write a supporting letter that documents how the individual's disability or disabilities affect his or her ability to work. Full-time staff working only on SSI/SSDI applications can be expected to complete about 50-60 applications per year using the SOAR approach. Assisting with SSI/SSDI applications cannot be done efficiently without dedicated staffing.

Finally, our experience has shown that it is difficult for jail staff to assist with applications in the jail due to competing demands, staffing levels, skill levels of the staff involved, and staff turnover. Without community providers, there would be few or no applications completed for persons coming out of jails in the programs with which we have worked. Jail staff time may be best reserved for: (1) identifying and referring individuals who may need assistance to community providers; (2) facilitating community provider access to inmates prior to release from jail; and (3) assistance with access to jail medical records.

Commitment. Developing and implementing an initiative to access SSI/SSDI as part of transition planning requires a commitment by the jail or prison's administration for a period of at least a year to see results and at least two years to see a fully functioning program. During the start up and early implementation period, competing priorities can often derail the best intentions. We have seen commitment wane as new administrations took office and the department of corrections commissioner changed. We have seen

staff struggle without success to find time to assist with applications as part of the job they are already doing. We have seen many facilities, particularly state departments of corrections, willing to conduct training for staff, but unwilling or unable to follow through on the rest of what it takes to assist with SSI/SSDI applications.

Training. Training for staff in jails and prisons should include staff who identify and refer people for assistance with SSI/SSDI applications, staff who assist with completing the applications, medical records staff, and physicians/psychologists. The depth and length of training for each of these groups will vary. However, without the other elements discussed above in place, training is of very limited value.

Training in the SOAR approach for jail and prison staff has been modified to address the assessment and documentation of functioning in correctional settings. Training must cover the specific referral and application submission process established by the steering group in collaboration with SSA and DDS to ensure that applications submitted are consistent with expectations, procedures are subject to quality review, and outcomes of applications are tracked and reported. It is important that training take place after plans to incorporate each of these elements have been determined by the steering committee.

Conclusion

People with mental illness face extraordinary barriers to successful reentry. Without access to benefits, they lack the funds to pay for essential mental health and related services as well as housing. The SOAR approach has been implemented in 50 states, and programmatic evidence demonstrates the approach is transferable to correctional settings. Acquiring SSA disability benefits and the accompanying Medicaid/Medicare benefit provides the foundation for reentry plans to succeed.

For More Information

To find out more about SOAR in your state or to start SOAR in your community, contact the national SOAR technical assistance team at soar@prainc.com or check out the SOAR website at http://www.prainc.com/soar.