Literature Review: Supplemental Social Security Income (SSI)/Social Security Disability Income (SSDI) Outreach, Access, and Recovery (SOAR)

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Definition: SOAR is a national program that seeks to end homelessness through increased access to SSI/SSDI income supports for eligible adults who are experiencing or at risk of homelessness, have a mental illness, medical impairment, and/or a co-occurring substance use disorder.

Target Population: Individuals with behavioral health issues who are experiencing or are at risk of becoming homeless, with a mental illness, medical impairment, and/or co-occurring substance use disorder.

Description: This literature review will summarize existing literature and research on increasing access to SSI/SSDI for the above target population described above. This will include a brief description of why SOAR is such a necessity, best practices for creating and implementing successful SOAR programs, and outcomes of SOAR programs.

Research Summary:
The Supplemental Social Security Income (SSI)/Social Security Disability Income (SSDI) Outreach, Access and Recovery (SOAR) program aims to assist in increasing access to SSI/SSDI benefits for individuals with behavioral health issues who are experiencing or are at risk of becoming homeless, including those who have been released from jail or discharged from hospitals (Substance Abuse and Mental Health Services Administration (SAMHSA), March 22, 2017). The program utilizes specialized case managers to assist with the long and complicated application process, which oftentimes has extensive documentation requirements (Clayton, 2016). Some disability benefits include improved access to income, housing, health insurance, treatment, and other supportive services. Additional benefits reported by SOAR programs include self-sufficiency, independence, and access to employment. SSI is needs based and the federal benefit rate in 2014 was $721 per month. In contrast, SSDI is income-based; meaning the amount one receives depends upon the amount of their monthly earnings. The determination process is the same for both SSI and SSDI (Osher, et. al, 2014).

The specific target population for SOAR has been identified by SAMHSA as adults who are experiencing or are at risk of homelessness, and fulfill the following essential eligibility criteria:

1. Applicant has a serious mental illness or exhibits symptoms and/or has serious physical illnesses that affect his/her ability to work at a substantial gainful level ($1,170 per month in 2017)
2. The illness (es) or condition(s) have lasted or are expected to last for at least another 12 months (or result in death).
3. Individual is currently exhibiting symptoms of mental illness or has periods with worsening of symptoms that prevents sustainable employment.
4. For applicants with mental illness, he/she has marked restrictions in at least 2 of these functional areas, or extreme limitations in one area:
   A. Understand, remember, or apply information (memory, following instructions, solving problems, etc.)
   B. Interact with others (getting along with others, anger, avoidance, etc.)
   C. Concentrate, persist, or maintain pace (as they relate to the ability to complete tasks)
   D. Adapt or manage oneself (hygiene, responding to change, setting realistic goals, etc.)
      (SAMHSA, January 17, 2017).

Background:
According to SAMHSA, for individuals *without* a mental disorder, substance abuse disorder or co-occurring disorder, SSI/SSDI applications take approximately 1 year to complete and the initial approval rate is approximately 29%. The approval rate for individuals who *do have* a mental disorder, substance abuse disorder or co-occurring disorders, is a staggering 10-15% without professional assistance (SAMHSA, December 4, 2014). Individuals who have been living in a state institution, such as

a jail, prison, or hospital, also have a very difficult time initiating or reinstituting their benefits. (Abreu, 2011). If an individual is incarcerated or hospitalized for more than a full calendar month, their SSI benefits will likely be suspended, or at a minimum, be pro-rated. SSI benefits are terminated if an individual is incarcerated or hospitalized for 12 consecutive months or longer. Once SSI benefits have been terminated, it is up to the individual to complete an entirely new application. Newly released individuals are at a much higher risk for experiencing symptoms of mental illness, recidivism, homelessness, and substance abuse when their SSI benefits are not proactively reinstated prior to their release.

In order to improve these SSI/SSDI approval rates for such populations, SOAR was created and sponsored through federal funded technical assistance (TA) grants from agencies like Substance Abuse and Mental Health Services Administration (SAMHSA) and Health Resources and Services Administration as well as the Department of Housing and Urban Development (HUD). TA helps social service providers, advocates, and state and local agencies work together to determine how to create an effective system for obtaining SSI/SSDI. Additional participating organizations typically include the Social Security Administration (SSA), Disability Determination Services (DDS), state health and mental health agencies, state homeless services coordinating councils, and local providers of homeless and mental health services (SAMHSA, February 27, 2017).

SAMHSA's initiative, SOARWorks! provides an abundance of resources such as free SOAR case manager training (SOAR Stepping Stones to Recovery Curriculum), which consists of 7 sections and requires approximately 20 hours to complete. The training focuses on why SOAR is needed, initiating and completing the applications, exploring basic eligibility, medical information and clients' capacity of functioning, and supporting recovery (SAMHSA, February 27, 2017). A few other resources provided include links for information, worksheets and checklists to compile information and ensure correct completion of all job duties, sample letters and forms, and quality review and outcome tools, like SOAR Online Application Tracking (OAT).

SAMHSA has outlined best practices in the implementation of SOAR programs; an analysis confirmed that such best practices, especially when implemented in combination with one another, further increased the likelihood of application approval. The best practices include:

Critical Component	Requirements	Strategies
Dedicated Staff	1. Provide sufficient staff time to do the outreach and engagement and to assist applicants with SSI/SSDI applications. 2. Arrange for training using either the in-person 2-day Stepping Stones to Recovery training, or the online SOAR training course. 3. Provide ongoing training and support locally based, for case managers assisting applicants.	1. Staff should have experience interviewing for and documenting functional information for writing a medical summary report. 2. Staff should be skilled in engagement and rapport building.
Maintain Contact	1. Ability and flexibility to hold meetings on an outreach basis. 2. Attention to detail, follow-through and ongoing effort to maintain contact. 3. Clarity on SSI/SSDI process to maintain communication with SSA and DDS.	1. Help facilitate access to housing and other essential services when available. 2. Provide immediate response to access services so applicants feel heard and understood and contact is maintained.
Authorized Representative*	1. Use SSA-1696* Appointment of Representative form.	1. Provide assistance to applicants who appoint case manages as their representative; offer others information on how to apply for SSI on their own.
Medical Records & Medical Summary Report*	1. Use SSA and agency release for each treatment source. 2. Use cover letter specifying that information will be re-released to SSA. 3. Staff write medical summary report that is co-signed by treating physician or psychologist.	1. Work proactively with medical records directors. 2. Ensure medical providers are aware of what needs to be sent. 3. Inform them of information needs. 4. Offer to copy records. 5. Ensure agency release is HIPAA compliant.
Assessments	1. If needed, provide or arrange for physicians or psychologists to conduct assessments,	1. Arrange for training of physician or psychologist regarding information needed by

	including diagnosis and functioning. 2. Provide assessment on an outreach basis, as appropriate and needed. 3. Have physician or psychologist co-sign medical summary report.	DDS. 2. Explain the importance and purpose of the medical summary report to physicians and psychologists
Quality Review*	1. Expert uses protocol to review application for accuracy, completeness, and clarity.	1. Expert receives special training regarding review techniques.
Electronic Submission	1. Complete all available SSA forms online. 2. Submit medical records electronically through the ERE or DDS fax cover sheet process.	1. Provide training on the use of SSA's electronic process. 2. Sign up for Electronic Records Express with DDS.
SSA/DDS Collaboration	Request that SSA and DDS: 1. Flag cases from assisting agencies 2. Expedite the review 3. Assign claims representatives and disability examiners who specialize in applications from individuals experiencing homelessness. 4. Communicate directly with assisting agencies about information needs for particular applications. 5. Contact assisting agency if CE needed. 6. Review and implement the SOAR process adapted for use in the State.	1. Keep in ongoing contact with appropriate staff at SSA and DDS. 2. Respond quickly to requests fir additional information.
Avoid Consultative Examinations (CE's)	1. Provide or arrange for physicians and psychologists (outdoors if needed) to conduct needed evaluations prior to submitting documentation to DDS so that CE's are not needed (See #5 above). 2. Ensure collection of all medical and functional information relevant to the claim. If CE is required: 1. Request that applicant's treating physician be allowed to conduct the exam. 2. Make sure applicant gets to the exam; accompany applicant, if possible.	1. Provide and train the physician or psychologist who will conduct the thorough evaluation SSA needs to determine disability. 2. Prepare for needed diagnostic evaluations by having other clinical staff and case managers assist in collect of historical information. 3. Make least use of most expensive clinicians. *NOTE: Requiring a CE means that SSA does not have enough medical documentation to make a decision. CE's increase the length of time needed for SSA to make a decision.
Organizational Representative Payee	1. Ensure that accesses to appropriate representative payee services are available.	1. Develop representative payee services in existing or future SSI/SSDI initiative programs. 2. Assist beneficiary to become his or her own payee as appropriate.
Employment	1. Incorporate strategies for encouraging consideration of and participation in employment at earliest possible time. 2. Ensure case managers are aware of work incentives under SSI/SSDI using SOAR online training.	1. Invite Department of Labor and vocational service providers to be part of the SOAR initiative. 2. Connect with SSA Work Incentive Coordinators.
Outcome Tracking	Track key data elements: 1. Date initial application submitted 2. Date initial decision rendered 3. Outcome of initial decision 4. Housing status at time of application 5. Use of SOAR critical components	1. Use the SAMHSA's free Online Application Tracking (OAT) program for SOAR. 2. Use locally established process for tracking applications (HMIS, Excel, Access, etc.) 3. Track additional data elements including Medicaid reimbursement and other cost saving/cost recovery.
Funding & Sustainability	1. Establish funding for ongoing programs implementation.	1. Use outcomes data to make the case for sustaining or expanding SSI/SSDI application assistance. 2. Work with hospitals, State Medicaid and General Assistance offices to recoup money spent on uncompensated care and general assistance benefits; be clear that as they benefit,

		their assistance in continuing or expanding SSI outreach is needed.
		3. Provide eligibility assistance to people at risk for homelessness in jails and prisons; link to re-entry
		4. Explore collaborations with employment, housing, and veteran' programs.

Substance Abuse and Mental Health Services Administration (SAMHSA). December 4, 2014. SSI/SSDI Outreach, Access, and Recovery (SOAR), SOAR Works: An Overview

Additional best practices have also been established for implementing the SOAR program in correctional settings, including:
1. Collaboration—Creating partnerships with important jail/prison stakeholders and local providers, as well as the SSA to implement a pre-release agreement and discharging process.
2. Leadership—Having some sort of a steering committee, with a strong and effective coordinator, preferably one with authority within the jail/prison system, as well as someone with a clinical background.
3. Resources—Resources are necessary on several levels, first for paying hired staff and for training staff on a regular basis.
4. Commitment—Buy in from all stakeholders is a must, as well as the patience to allow between 1 and 2 years to see a fully functioning program.
5. Training—Training should be provided to all staff, inside and outside of the jail, including medical records staff, physicians/psychologists, jail staff who screen/identify inmates for assistance, and staff who assist completing the applications. There is a modified SOAR approach for addressing the assessment and documentation of functioning in correctional settings. (Ware, SAMHSA, 2013)

Outcomes:
Kauff et all. found that SSI and SSDI applications were approved at a much higher rate when individuals were assisted through the SOAR process (22% higher rate) (Kauff, 2016). SAMHSA's initiative name, SOARWorks!, reported that 67% (4,134) initial applications were approved, with an average of 101 days to decision. The outcomes demonstrate a 52-57% improved rate of approvals (compared to the 10-15%) nationally. Monetary benefits include a total of $5,356,449 in back payments (1,001 individuals), and $1,168,097 in Medicaid and Medicare reimbursements (138 individuals) (SOARWorks!, 2016)
In regards to institutionalized individuals, having a SOAR specialist to assist in submitting SSI applications prior to their anticipated released date greatly improved their initial approval rate, as well as their overall transition and reintegration experience. Many correctional facilities have implemented SOAR pilot programs, which have demonstrated positive outcomes thus so far (Ware, SAMHSA, 2013).

Conclusion:

In conclusion, the SOAR program has demonstrated very positive outcomes and shows great promise in increasing SSI/SSDI application approval rates for homeless or at risk for homelessness individuals. Moreover, it has shown promise in assisting vulnerable populations, like individuals with mental illness, cognitive and/or physical disabilities, and individuals who are or have been institutionalized. The SSI/SSDI application process is complicated and daunting, made even more difficult for individuals with disabilities. The SOAR program utilizes specialized case managers who have a strong understanding of the SSI/SSDI determination process, and clinical skills to work with the individuals "where they are at," step-by-step. The SOAR program strives to get initial approval of each application, rather than falling back on appeals. This approach is in the best interest of the client and the community, as it is most efficient and cost-effective. For many individuals, getting disability benefits is the most important step in beginning the road to recovery.

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