



Accessing Mainstream Resources

Welcome and Introduction

Facilitator

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HUD Presenter

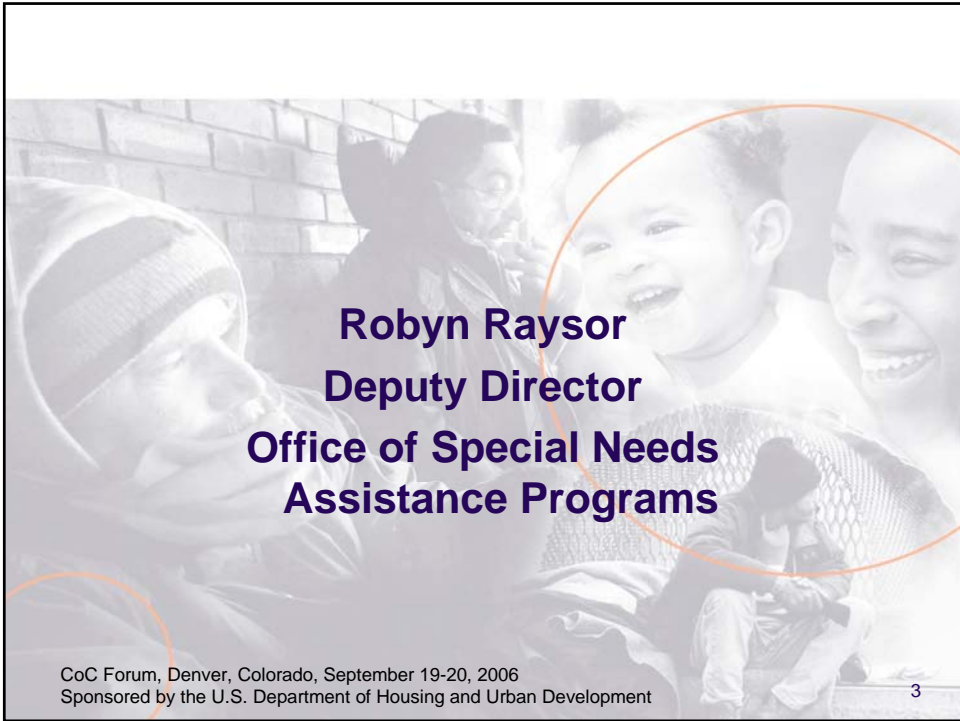
Robyn Raysor, Office of Special Needs Assistance Programs, HUD

Presenters

*Deborah Dennis, Policy Research Associates
Kevin Finn, The Partnership Center*

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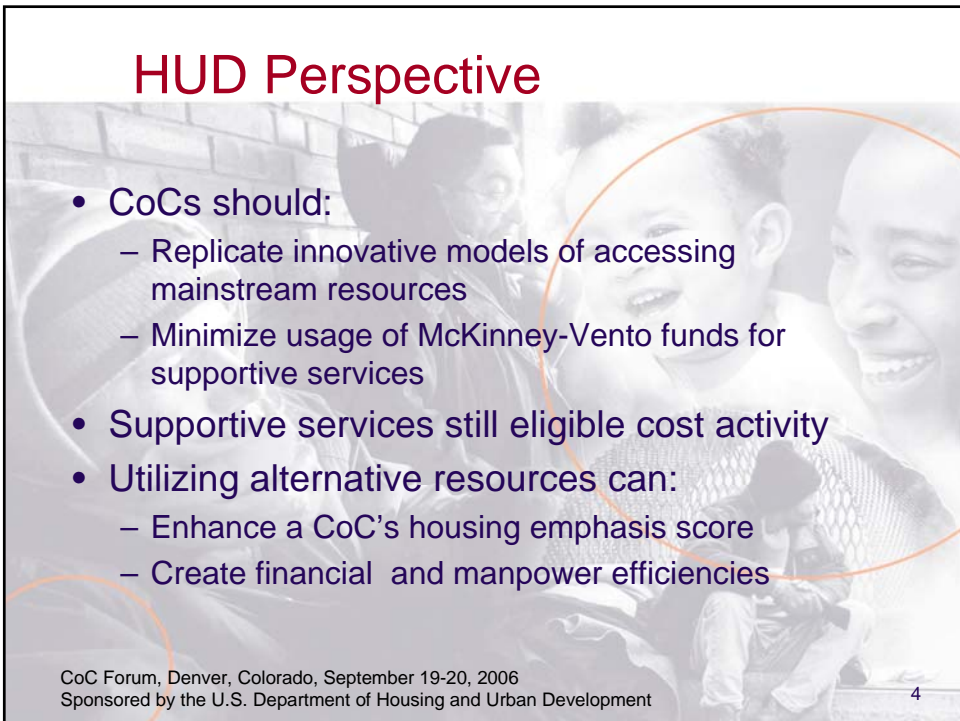


Robyn Raysor
Deputy Director
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Assistance Programs

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HUD Perspective



- CoCs should:
 - Replicate innovative models of accessing mainstream resources
 - Minimize usage of McKinney-Vento funds for supportive services
- Supportive services still eligible cost activity
- Utilizing alternative resources can:
 - Enhance a CoC's housing emphasis score
 - Create financial and manpower efficiencies

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Accessing Mainstream Resources – Focus on SSA Disability Programs

Deborah Dennis
Policy Research Associates
Delmar, NY

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SSA Disability Programs

- **SSI – Supplemental Security Income**
 - Available to low-income individuals who are blind, have a disability or are 65 or older
 - Maximum benefit -- \$603 in 2006
 - Supplemented in some States
 - Comes with Medicaid in most States
- **SSDI – Social Security Disability Insurance**
 - Based on earnings put into Social Security system
 - Medicare kicks in benefit after 24 months

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Why Is Access to SSI and SSDI So Important?

For people who are homeless...

- Benefits can be life altering or life saving for individuals who are homeless – providing access to housing and treatment
- Homeless people are often denied for reasons that have nothing to do with their disability or lack thereof...

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Why Is Access to SSI and SSDI So Important?

For CoC's...

- Cost savings is a primary reason that many CoC's focus on access to SSI
 - SF Department of Public Health found that for every \$1 spent in assisting applicants, they SAVE \$6 in medical care and general assistance
- Getting SSI/SSDI makes CoC provider agencies work easier and reduces time that people are homeless

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Current Reality...

- Nationally, 37% of all SSA disability applications are approved on initial submission
- Increases to 53% after appeals
- For people who are homeless, about 10-15% are typically approved on initial application

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What We Know Is Possible...

Approval rates of 65-95%
on initial application
for homeless applicants

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How Do We Know? Outcomes from Baltimore...

- First SSA demonstration project for homeless adults
- Completed applications on the street for people unwilling or unable to come in
- Over 12 years, averaged 96% approvals on initial application for applicants staff believed to be eligible
- Averaged 65% for applicants where staff were less certain of their eligibility

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...And From Denver's HOPE Program

- Only 10% of unassisted homeless applicants for SSI are approved on initial application
- Goes up to 20% with designated DDS staff focused on applications from homeless adults
- Rises to 75% approvals on initial application when community provider assists applicants

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Barriers to Accessing SSI/SSDI

- Homeless persons with multiple disabilities cannot apply effectively on their own
 - Poor record keepers and historians
 - Unaware of or reluctant to admit mental illness and other disabling conditions
 - No stable address making it difficult to maintain contact
 - Lack of continuity of care; receive treatment sporadically and from multiple providers

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Barriers to Accessing SSI/SSDI

- Community providers lack resources and information
 - Staff time to assist applicants
 - Training for staff
- Confusion about the process among provider agency staff
 - Don't understand what SSA and DDS need and how they can help
 - Don't understand the rules regarding substance use and eligibility
 - Feel disempowered and tend to discourage people from applying; or assist in ways (bus tokens, providing SSA's phone number or address, etc.) that end in denials

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Barriers to Accessing SSI/SSDI

- SSA application process was not designed for homeless people
 - Getting the right medical documentation is more difficult
 - Maintaining contact with the applicant is more difficult
 - Consultative exams are less productive and often are missed, resulting in unnecessary denials

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Four Initiatives to Increase Access to SSI and SSDI

- SSA's HOPE Program
- SAMHSA's *Stepping Stones to Recovery* reference manual and training curriculum
- NHCHC's *Documenting Disabilities* trainings
- SOAR Technical Assistance Initiative
(www.pathprogram.samhsa.gov/soar)

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SOAR (SSI/SSDI Outreach, Access and Recovery) Is Sponsored By...

- Health and Human Services
 - Substance Abuse and Mental Health Services Administration (SAMHSA)
 - Health Resources and Services Administration (HRSA)
- Housing and Urban Development
- Veterans Administration
- Department of Labor

In collaboration with Social Security Administration

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SOAR Technical Assistance Initiative

- Offered to States participating in the Federal Interagency Policy Academies on Homelessness
- Strategy to help States increase access to mainstream benefits for people who are homeless
- Provides technical assistance, training and support in 25 States

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Why SOAR?

- Training is not enough
- Line staff are excited about learning new skills, but frustrated by:
 - Lack of agency support
 - Limited access to medical records for documentation
 - Little to no access to physicians, psychologists, and psychiatrists for medical evaluations
 - Lack of relationships with DDS and SSA

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SOAR States

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

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SOAR's Primary Goal Is To...

- Increase the receipt of SSI and/or SSDI among people experiencing long-term homelessness – especially those who have mental illnesses or co-occurring substance use disorders

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SOAR Does This By...

- Helping States and localities develop collaborative plans to implement promising practices for SSI outreach
- Building the capacity of States and communities to train front line staff to assist homeless people with SSA disability applications

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Five Core Components

1. State and local planning
2. Training of trainers in each State
3. Implementing promising practices
4. Providing on-going mentoring/support
5. Tracking outcomes

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1. State and Local Planning

- 2-day in-State strategic planning for State and pilot communities
 - Brings key stakeholders together
 - Develops action plan for infrastructure support for expediting SSI/SSDI using promising practices
 - SSA and DDS are key collaborators
 - CoC representatives at the table

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2. Training of Trainers in Each State

- Designed to give States the capacity to provide on-going training
- 4-day Train-the-Trainer program based on *Stepping Stones to Recovery* curriculum
- Training emphasizes promising practices
- Each state sends 2-4 trainers
- SOAR TA Team observes each State's initial training -- offering advice and support

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3. Implementing Promising Practices

- Focus on the initial application
- Become an applicant's representative (SSA Form 1696)
- Work closely with community medical providers, SSA and DDS
- Reach out to hospital and clinic medical records departments
- Reduce the need for consultative exams
- Develop medical summary reports signed by a physician or psychologist

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4. Providing Ongoing Mentoring and Support

- SOAR TA Team provides assistance to States, localities and trainers to support action plan implementation and training efforts
- www.pathprogram.samhsa.gov/SOAR
 - Resources and tools
 - Current publications
- Examples of resources and tools
 - Issue brief *Promising Practices for SSI Outreach*
 - Quality Review Checklist for completing SSI/SSDI applications
 - Training for psychiatrists

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5. Tracking Outcomes

- States are encouraged to track outcomes of applications assisted
- SOAR TA Team support States efforts to track outcomes by sharing tools and asking States to share their findings
- Early reports on outcomes are expected this Fall

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Role of CoC Programs

- CoC representatives have attended all In-State Forums
- They have taken leadership roles in SOAR pilot communities as well as at the State-level
- Direct service staff at CoC programs are a primary target audience for *Stepping Stones to Recovery* training

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Sustainability

- Sustainability of SOAR depends on:
 - Implementation of State and local action plans
 - On-going training
 - Tracking of outcomes to attract new resources
 - Staffing of SSI outreach using existing and new resources

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First Year Impacts

- 17 In-State Forums conducted with key State and local stakeholders; 8 more planned by 11/2
- 100 new trainers certified to conduct *Stepping Stones to Recovery* trainings (as of 9/28)
- First group of 47 trainers conducted 58 trainings in 37 cities within 8 months; many more planned
- More than 1,800 direct service staff trained
- Outcomes tracked for applications assisted

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Preliminary Outcomes – New York

- Although NY is not a SOAR State, the SOAR training curriculum was pilot- tested there...
- At Sing Sing prison, a SOAR-trained social worker assists prisoners about to be released
- 100 percent of the first seven applications she prepared were approved on initial application

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Preliminary Outcomes -- Nashville

- Two and a half months after starting SOAR in Nashville, TN...
- 100 percent of their first four applications were approved
- In an average of 41 days

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Preliminary Outcomes -- Virginia

Of Virginia's first 9 applications assisted, 89% were approved on initial application in an average of 53 days

- DDS required Consultative Exams (CEs) for only a third of the 9 applicants; SOAR case managers were able to coordinate with the DDS and CE provider to make the process work better for the applicant
- Case managers are using the SSA 1696 Appointment of Representative form for ALL applicants whom they assist allowing them to "stand-in" for the applicant so that communication with DDS is clear and timely

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Preliminary Outcomes -- Ohio

- Created an RFP to provide training and TA to CoCs state-wide
- Received 8 proposals and accepted 6 communities in February 2006
- 3-5 persons from each community trained in April by Ohio's new SOAR trainers
- Outcomes are tracked using a web-based application that they've shared with other states
- Ohio's approach is being replicated by other SOAR states in Round Two

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For More Information on the SOAR Technical Assistance Initiative

- www.pathprogram.samhsa.gov/soar
- Or contact:
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Kevin Finn
The Partnership Center
Cincinnati, OH

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**Addressing the Disconnect Between
Clients & Mainstream Resources**

**What are the difficulties in
connecting clients to available
resources?**

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Could it have something to do with...

- Homelessness
- Transportation issues
- Mental Illness
- Work & requirements
- Limited application hours
- Unreliable communication
- Lack of childcare
- Substance Abuse
- Difficult work schedules (working temp labor, etc.)
- Lack of social supports
- Lack of reliable communication (no mailing address, no phone, etc.)
- Confusing requirements
- Lack of understanding (purpose of appointments, time-limits, etc.)
- Legal issues (incarceration, outstanding warrants, child support issues, etc.)

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SOAR's Primary Goal Is To...

- Increase the number of people experiencing homelessness with mental illnesses and/or co-occurring substance use disorders **WHO RECEIVE SSI AND/OR SSDI**

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In Ohio, SOAR Does This By...

- Helping States and localities develop **COLLABORATIVE PLANS** to implement promising practices for SSI outreach
 - *In all 6 communities, started with the Continuum of Care to ensure a collaborative effort*
- Building the capacity of States and communities to **TRAIN FRONT LINE STAFF TO ASSIST HOMELESS PEOPLE WITH SSA DISABILITY APPLICATIONS**
 - *3rd Party involvement in the application process*

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Shift in how we do business...

Involvement of a Third Party is what ensures the success of the application

- Better to have staff spend 30 hours working on putting together the first application than spend 10 hours each with client on the 1st, 2nd, & 3rd.
- Facilitates communication between SSA/DDS & the client
- Ensures that the application is complete
- Ensures that the client keeps needed appointments, or stands in on client's behalf
- Staff become proficient in handling applications

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Securing of benefits touches all parts of the client's life

- Improves quality of life
 - Emphasis on first app= clients receive benefits in months, not years
 - Provides housing
 - Provides transportation
 - Provides the resources to tackle life's many issues...
- **PROVIDES MEDICAL INSURANCE!**
(SSI=Medicaid, SSDI=Medicare)

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What has been started in Ohio:

- 6 SOAR Sites, selected by CoC:
 1. Cleveland & Cuyahoga County CoC
 2. Dayton, Kettering, Montgomery County CoC
 3. Portage County Housing Council
 4. Toledo Area Alliance to End Homelessness
 5. Trumbull County Housing Collaborative
 6. West Central Ohio Collaborative of CoCs
- 4 PATH Pilot Programs:
 - Stark, Summit, Columbiana, & Lake counties
- 2 SSA HOPE Grantees:
 - Cincinnati, Columbus

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Plus...

- Homeless applications are flagged by the SSA Field Office
- All homeless applications from around the state handled by the same designated unit @ DDS
 - Now have established relationships between front line workers who are taking the applications & the DDS Adjudicators who are making the decisions

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All accomplished with technical assistance, but...

NO \$

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HUD's Goals:

- Housing, & Housing Stability
- Increased Skills & Income
- Increased Self-sufficiency

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The SOAR Initiative Uses the *Stepping Stones to Recovery Curriculum*

- Incorporate practices from the Baltimore SSI Outreach Project – one of SSA's first homeless outreach projects
- Incorporate practices from interviews with 25 programs across the country – including HOPE grantees
- **PEOPLE USING THEIR IDEAS & CREATIVITY TO BETTER SERVE CLIENTS**
 - Not just possible through SOAR
 - Not just possible with SSI & SSDI

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The Family Shelter Partnership Program

- Coordinated services among family shelters
- Did away with time-limits on shelter stays (no “shelter jumping”)
- Case managers from all the family shelters meet weekly, Directors quarterly...coordinated & shared services
- Requested & received a designated Welfare worker, as well as Child Protective Services Worker, so all shelter residents have the same workers, who are familiar with homeless issues
- Synchronized case plan with Welfare Department means same action steps that get them out of homelessness also satisfy their TANF work requirements so that they do not get sanctioned just as they achieve stability
- Recidivism rate has dropped to 7% over the life of the FSP program (6 years)

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The Homeless Individuals Partnership Program (HIP Team)

- Case management services specifically for the Chronically Homeless
- Small caseloads (12:1), accept referrals from shelters
- Connect clients with mainstream resources & services, & make sure they stay connected!
- Stay active with clients no matter where they are in the system; street, emergency shelter, even after they enter Transitional or Permanent Housing
- 71% increase in SSI/SSDI benefits, 64% increased employment income, 62% in housing
- Achieving better results than the ACT, IDDT, & Housing First programs in Ohio, at a fraction of the cost.

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What can be done in your jurisdiction?

- The Stepping Stones to Recovery Curriculum (The SOAR Initiative)
- The Family Shelter Partnership
- The Homeless Individuals Partnership
- Next?

All steps that were first taken locally in order to access mainstream resources for & to better serve clients

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