


SOAR WORKS

Integrating Disability Benefits and Employment Using SOAR

SSI/SSDI Outreach, Access and Recovery

Sponsored By:
 Substance Abuse And Mental Health Services Administration
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Overview of Agenda

- What is SOAR?
- Employment and Social Security Benefits
- CABHI: SOAR and IPS Pilot
- SOAR in Connecticut



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SOAR Basics

AN OVERVIEW

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SOAR Technical Assistance Initiative

- SOAR – SSI/SSDI Outreach, Access & Recovery
- Focuses on people who are experiencing or at risk of homelessness
- A model for assisting individuals to apply for Social Security disability benefits
- Sponsored by the Substance Abuse & Mental Health Services Administration (SAMHSA) in collaboration with SSA since 2005
- SOAR is active in all 50 states; no direct funding is provided to states

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Importance of SSI/SSDI for Individuals

- SSA disability benefits can provide access to:
 - Income
 - Housing
 - Health insurance
 - Treatment
 - Employment supports
 - Other supportive services
- For people with disabilities, SSI/SSDI can be a critical step towards ending homelessness and promoting recovery

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SSI/SSDI for States & Communities

- People experiencing homelessness are frequent users of expensive uncompensated health care
- Providers can recoup cost of this care from Medicaid for up to 90 days retroactive to date of SSI eligibility
- States and localities can recoup from SSA the cost of public assistance provided during the application process
- SSI, SSDI and Medicaid bring federal dollars into states, localities and community programs





Changing Lives Since 2005

- 27,226 persons experiencing or at risk for homelessness have been approved on initial application
- 65% approval rate overall, in an average of 81 days in 2015
- Compares to 10-15 percent for unassisted applications from people who are homeless and 28 percent for all applicants
- Appeals can take a year or more; many people give up and do not appeal
- Estimate that in 2015 alone, SSI/SSDI for the individuals served by SOAR brought nearly \$275 million into the economies of participating states and localities.





Top 10 States*

*Ranking based on approval rates. Inclusion in ranking required reporting in 2015 and at least 100 cumulative decisions.



average approval rate for the Top 10!

- | | |
|-------------------|-----------------|
| 1. Pennsylvania | 6. Kansas |
| 2. Tennessee | 7. Rhode Island |
| 3. Maryland | 8. Alabama |
| 4. North Carolina | 9. Oregon |
| 5. Arkansas | 10. Nevada |



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Employment and Social Security Benefits

Myth-busting and Resources

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Common Myths

- If you work, your SSI/SSDI application will be automatically denied
- Benefits and health insurance end immediately when start working
- You can only work part-time while receiving disability
- If Social Security knows you are working, they will say you aren't disabled anymore

Luckily for the people we serve, these myths are false!

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While Applying for SSI/SSDI

You can work during the application process

SSA looks at the type and amount of work

- Earn up to \$1,130/month

Strategy: Encourage work from the start

- Can help to strengthen the application
- Might find that supported employment works better for individual

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After Approval for SSI/SSDI

You can work while receiving SSI/SSDI

Strategy: Connect with work support programs

- SSA's Ticket to Work
 - <https://www.choosework.net/>
- Supported Employment Programs
 - Individual Placement and Support (IPS)

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What Happens to Cash Benefits?

\$\$ Work Pays \$\$

Supplemental Security Income (SSI)

- Income Exclusion
- Plan to Achieve Self-Support (PASS)

Social Security Disability Insurance (SSDI)

- Trial Work Period
- Extended Period of Eligibility

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What Happens to Health Insurance?

SSI: Medicaid

- May continue under Federal Rule 1619B even if SSI cash payments stop
- Earnings must remain below state threshold

SSDI: Medicare

- Continues for 93 months (7.75 years) after the last month of the Trial Work Period
- May be purchased after 93 months under certain conditions; premium costs for Part A then apply

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Employment Strategies

1. Educate individuals that they **can** work and receive SSA disability benefits - be a myth buster!
2. Utilize Social Security work incentives and SSA's Ticket to Work program
3. Celebrate successful examples of individuals who work while receiving SSA disability benefits

Through these strategies we can increase income and housing stability and end homelessness!

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CABHI: SOAR and IPS Pilot

Increasing Income Supports through Integrating Benefits and Employment

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Overview and Structure

- 12 State Teams who received the CABHI-States-Enhancement Grant were invited to participate
 - AZ, CO, CT, IL, MA, MI, MS, NV, OH, TN, UT, WI
- Learning Community: Four 90 minute, weekly calls to kick off the pilot (Started May 6)
- Pilot: Monthly check-in calls with pilot participants to report on progress (Starting June 30)

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Team Composition

1. SOAR State Team Lead and Local Lead
2. CABHI-funded SOAR specialist
3. IPS trainer
4. State CABHI grant administrator
5. SOAR TA Center Liaison

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Objectives

1. Demonstrate how SOAR and IPS can form a cohesive and coordinated set of services for income support
2. Evaluate lessons learned from integration of services
3. Identify how to apply pilot findings to wider SOAR/employment services community

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Learning Community Topics

1. SOAR: Identifying applicants and quality review
2. IPS implementation, benefits planning
3. Streamlined referral systems (income needs assessment and employment readiness), Developing a tool for assessment and referral
4. Tracking outcomes and setting up the evaluation criteria for the pilot

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Pilot Deliverables

- Strategic plan for integrating IPS and SOAR implementation, developed by each pilot site in collaboration with the SOAR TA Center
- Assessment and Referral Tool developed by pilot sites in collaboration with the SOAR TA Center
- Final report incorporating qualitative and quantitative findings from the pilot, using data gathered by the SOAR TA Center at pilot implementation, midpoint (6 months), and pilot conclusion (12 months)

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Pre-Pilot Survey Trends

How SOAR/IPS Integration will benefit consumers:

1. Increases options for maximizing income
2. Gives providers a more structured approach to assisting individuals
3. Enhances connection to the community and improves self-worth for individuals

Strengths:

1. Knowledge and resources of SOAR and IPS staff
2. Potential to increase income supports for individuals

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Pre-Pilot Survey Trends

Reported Barriers to Implementation:

1. Misunderstandings about working while receiving disability benefits and fear of work/losing benefits
2. Infrastructure needs (additional staff, tracking mechanisms, staff turnover), coupled with short time frame

Other trends:

- No states reported individuals having income from employment before or after SSI/SSDI award (*see below)
- States are in the beginning stages of collaboration between SOAR and IPS/employment and many lack formal assessment and data tracking procedures for combined services

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Evaluation

Two-pronged evaluation:

- **Process**
 - What best practices and efficiencies can we identify through the new assessment and referral processes?
 - What systemic challenges do we need to address?
- **Results**
 - Measured increase in number of individuals exploring work while applying for or receiving SSI/SSDI
 - Increase in number of individuals receiving income from both employment and disability benefits
 - Housing stability of individuals served

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Connecticut: SOAR and IPS Programs

Fred Morton, Program Manager
Connecticut Department of Mental Health and Addiction Service
Division of Statewide Services

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Connecticut SOAR and IPS: Background

IPS Quality Assurance:

- Connecticut has an active fidelity review process for IPS funded agencies.
- Need to see how IPS fidelity can be assured among CABHI agencies.

CABHI Grants:

- Providers USE CTI Model for Services
- All Programs Have SOAR Specialist Services
- All Programs Have Supported Employment Services

PATH Programs:

- PATH Programs Utilize SOAR Services either by providing Direct Services or Connection to Community SOAR Specialists.

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Connecticut: SOAR AND IPS for CABHI

CTI Fidelity

- Leadership Group exploring how to ensure fidelity to the CTI Model

SOAR and IPS Quality Assurance

- Many of our providers have a history of providing SOAR and IPS Services.
- Many agencies have implemented QA practices with SOAR Applications.
- Need to do an assessment of current practices related to SOAR QA among the CABHI agencies.

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Strengths and Barriers with IPS

Barriers to implementing IPS

- Short term (9 month) interaction
- Job development/employer relationships time intense
- IPS assumes clinical – CABHI services not clinical
- People need job/skill training

Strengths with using IPS

- Competitive jobs in the community
- Employment promotes stability
- CTI emphasizes connection to existing supports in community
- Clients motivated to work

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Strengths and Barriers with SOAR

Barriers to implementing SOAR

- Short term (9 month) interaction
- Gathering documentation and decision may take longer than CTI timeframe
- If local SOAR collaborative is not active, building relationships is more time consuming


Strengths with using SOAR

- Stable source of income to promote stability
- Clients motivated to obtain resources
- Dedicated SOAR specialists

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Question & Answer


LET'S TALK!



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Call To Action- What will you do next?


- ✓ Explore the SOARWorks website
- ✓ Connect with your SOAR TA Center liaison
- ✓ Connect with your SOAR State Team Lead
- ✓ Find SOAR Local Leads in your community
- ✓ Complete the SOAR Online Course



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Get Involved with SOAR

SOAR TA Center Liaisons



	Kristin Lupter (Colorado, Michigan)
	Pam Helms (Arizona, Indiana, Kentucky, Nevada, New Jersey, North Dakota, Texas, Washington, Wisconsin, Wyoming)
	Abigail Lambert (Arkansas, California, Illinois, Iowa, Kansas, Missouri, Nebraska, New Mexico, New York, South Dakota)
	Dakara Ware (Alabama, Alaska, Florida, Georgia, Hawaii, Minnesota, Mississippi, North Carolina, Ohio, Oklahoma)
	Mark Connersen (Connecticut, Massachusetts, Oregon, South Carolina, Vermont)
	Jan Elder (Delaware, Washington, D.C., Idaho, Louisiana, Maryland, New Hampshire, Pennsylvania, Tennessee, Utah, Virginia, West Virginia)
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