

Enhancing Benefits Acquisition Efforts Through Collaboration

SOAR

SSI/SSDI Outreach, Access, and Recovery



SOAR Technical Assistance Initiative

- SOAR stands for SSI/SSDI Outreach, Access and Recovery
- Focus is on people who are homeless or at risk for homelessness
- Sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA) in collaboration with SSA since 2005
- All 50 states currently participate; no direct funding provided to states
- SOAR TA Center helps States and communities by providing technical assistance and training



SSI and SSDI: The Basics

- SSI: Supplemental Security Income; needs based; federal benefit rate is \$710 per month in 2013; provides Medicaid in most states
- SSDI: Social Security Disability Insurance; amount depends on earnings put into SSA system; Medicare generally provided after 2 years of eligibility
- The disability determination process for both programs is the same



The Problem

- Only about 10-15 percent of homeless adults are approved on initial application
- Only about 29 percent of all applicants are approved on initial application
- Appeals can take a year or longer
- Many people give up and do not appeal

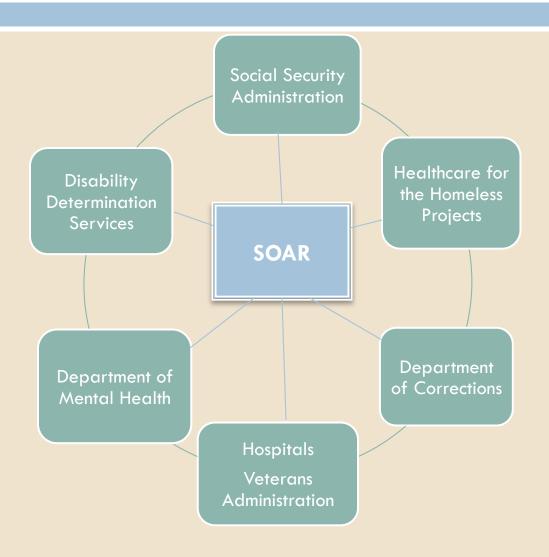


What We Know Is Possible

- As of June 2012:
 - More than 15,000 individuals were approved for SSI/SSDI on initial application
 - 66 percent approval rate
 - In an average of 98 days
- SSI/SSDI brought nearly \$142 million into state and local economies
- In 2012, seven states reported Medicaid reimbursement totaling \$1.5 million - an average of \$5,256 in Medicaid reimbursement per person approved, as a result of SOAR
- Eight states reported public assistance reimbursement by SSA totaling \$1.1 million



Building Community Collaborations





Affordable Care Act and SOAR

- Affordable Care Act brings expanded access to Medicaid
- SSI/SSDI remain as crucial income supports
- SOAR providers can continue their work and help with outreach for the Medicaid Expansion population



Until 2014 - What SOAR Can Do

- Although many of the individuals you currently serve will be eligible for Medicaid on 1/1/14, SOAR and SSI outreach is important now!
 - Getting people SSI and Medicaid before this expansion remains critical
 - The Medicaid program that currently exists may provide more benefits, especially in mental health, than the "new" "Essential Health Benefits" Medicaid that your State may adopt



2014 and Beyond

- In January 2014, individuals will not automatically be enrolled
 they will still have to apply for Medicaid
- SOAR case managers will be especially poised to help individuals who are homeless to enroll
- Look at ways current systems can be modified to address
 Medicaid expansion efforts
- The Affordable Care Act only provides access to Medicaid
- Income supports, such as SSI and SSDI are critical for safe and stable housing, which in turn lead to better health outcomes



Get Involved with the ACA

- SOAR Case Managers can improve client health outcomes and be a part of Health Homes
- CMHCs can and should be key players in community SOAR efforts and ACA implementation
- Every State is in a different place find out what your State Medicaid agency is doing on ACA implementation
- Talk to your State legislators and Medicaid agency staff about how SOAR can be a partner in health care reform efforts
- The national SAMHSA SOAR TA Center is prepared to help address the expanding need





Maryland Mental Hygiene Administration

Marian Bland, LCSW-C
Director
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Mental Hygiene Administration



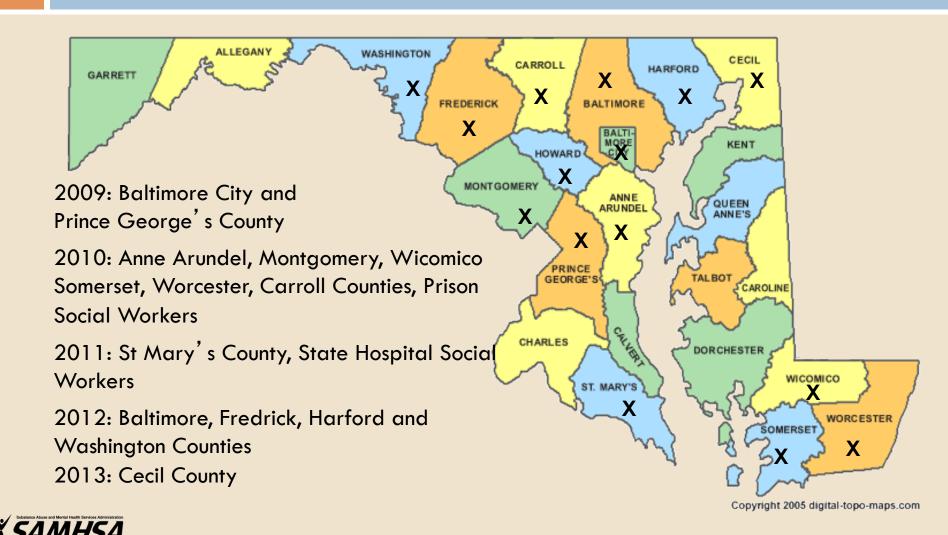


History of SOAR within Maryland

- Started in 2006 under Department of Human Resources (DHR)
- Initially two pilot sites: Baltimore City and Prince George's County
- In 2008 transferred to Maryland's Mental Hygiene
 Administration's Office of Special Needs Populations during
 DHR's reorganization
- MHA placed emphasis on establishing effective infrastructure and partnerships
- Grew from 2 pilot sites in 2006 to 14 counties and Baltimore
 City by 2013



SOAR Sites Within Maryland



Building Effective Local Infrastructure

- Identify appropriate Local SOAR Team Lead
- Establish local Work Groups that continue to meet regularly
- Develop Action Plan to ensure successful implementation
- Screen potential training providers to ensure able to submit SOAR applications
- Provide structured follow up support after the two day SOAR training



Funding the SOAR Initiative

- Utilized additional PATH funds in 2009 and 2010
- Funded two positions at Health Care for the Homeless in Baltimore City
- One position at Prince George's County at DSS
- One SOAR Outreach Worker in Anne Arundel County
- One Data and Evaluation Coordinator



Building Effective State Infrastructure through Collaborative Partnerships

- Facilitate conference calls with Local Team Leads and participate in Local SOAR Work Groups
- Created Statewide TA team and have 10 active SOAR trainers who can offer on going support and hold follow up trainings and refresher training
- Facilitate quarterly State Planning Group with partners from SSA, DDS, DHR, HCH, DPSCS, VA, DORS, CSAs and other community providers
- Develop Certification Program, SOAR e-newsletter and Best Practice Resource Guide



Certification Process

- Currently being piloted in Baltimore City and Montgomery County
- Two stage process: Provisional and Full
- Provisional: Attended SOAR training, had 1 SOAR claim approved, submit supporting documentation, complete
 Self Assessment form and participate in at least 1 SOAR related activity
- Full: further 3 SOAR claims and supporting documentation, self assessment form and participated in at least three SOAR related activities

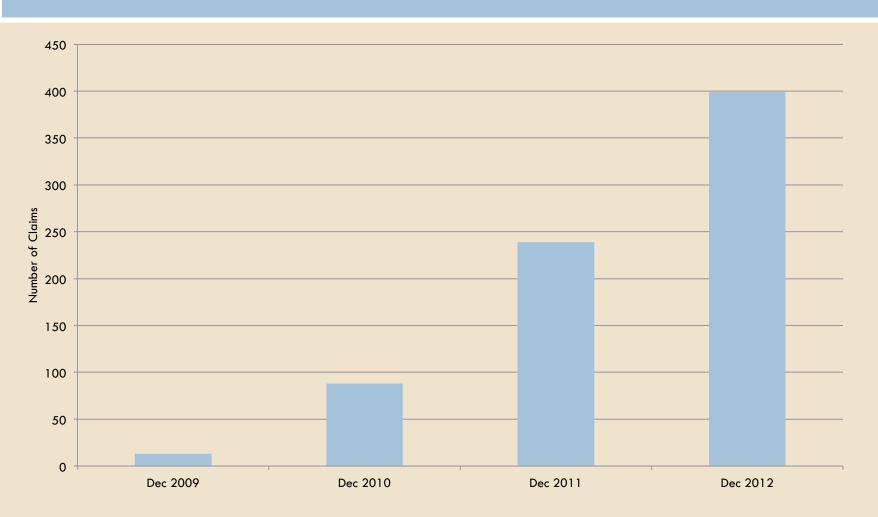


Maryland's SOAR Outcomes: January 2013

- Over 410 applications submitted through SOAR
- Overall approval rate for state is 83% (341 applications approved)
- Average processing time for initial claims: 70 days
- Baltimore City has submitted 218 applications with an approval rate of 92%
- Newer sites: Montgomery County 90% approval rate with 39 applications submitted and Carroll County 91% approval rate with 11 applications submitted
- Over \$2.75 million federal dollars are estimated to have been brought into the state through the SOAR program



Growth of SOAR Claims within Maryland





2012 SOAR Expansion

- Through funding from Alcohol Tax Appropriation a Homeless ID Project has been established for FY 2013
- Pays for state identification cards and birth certificates for individuals who are homeless and have a mental illness or co-occurring substance use disorder
- Built in dedicated SOAR Outreach/Case Management positions in each region that provides outreach, assistance with applying for SSI/SSDI using SOAR components, assistance with applying for other entitlements i.e. Primary Adult Care (PAC), Medicaid, food stamps, housing, employment, and other supports
- Dedicated staff received a 2-day SOAR training and will receive other training to enhance skills in engaging individuals, understanding entitlements, trauma, housing, etc. through SOAR TA team.





Benefit Acquisition at a Community Level

Nancy Vasquez, MPA
California Institute for
Mental Health





- CIMH California Institute for Mental Health
- □ Partnership with PRA Policy Research Associates
- MHSA Funding Mental Health Services Act
- Provide SOAR training and technical assistance for 3
 - -5 communities in California



San Luis Obispo County, CA

- Led by Department of Social Services
- Have a community collaborative
- Need for improved collaboration with SSA & Mental Health
 Department

San Bernardino County, CA

- Led by the Department of Behavioral Health
- Staff and partner agencies now trained on SOAR method
- Developing a community initiative
- Local hospital will play a role in community effort



Santa Barbara County, CA

- Led by the Alcohol, Drug & Mental Health Department
- Staff and partner agencies now trained on SOAR method
- Used MHSA Innovation funds to develop their community initiative
- Hired Peer Recovery Specialists
- Built relationship with SSA
- Looking at the fiscal impact of a benefit acquisition program



Lessons Learned...

- SOAR Model must be "localized"
- A good assessment of the individual is necessary
- Organizational support is critical
- Collaboration is key
- Long term RECOVERY is the goal
- Use of the SOAR model in Health Care Reform



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