

Using Benefits to Engage in Services



EFFECTIVE STRATEGIES TO OUTREACH AND
ENGAGE IN CARE

Overview



- Introduction to the SSI/SSDI Outreach Access and Recovery Initiative (SOAR) in Maryland and how it has used benefits to engage individuals who have difficulties connecting with services
- Discuss types of assessments and methods that can be used on outreach when discussing disability or other benefits
- Introduce long- and short-term engagement strategies on outreach including how to facilitate access to more avenues of care and collaboration with other service providers and outreach teams

Introduction



- Supplemental Security Income and Social Security Disability Insurance are crucial safety net programs for individuals who are unable to work due to severe mental health and/or medical conditions
- Those who are the sickest and most vulnerable are often unable to access these benefits
- Accessing benefits is a stepping stone to other services
- SOAR has demonstrated successes

SSI and SSDI: The Basics



- **SSI: Supplemental Security Income (Title 16)**
 - Federal benefit that provides income (\$710 in 2013) to individuals that are low-income and disabled, blind, or aged
 - Medicaid in Maryland
- **SSDI: Social Security Disability Insurance (Title 2)**
 - Federal benefit that provides income (dependent on earnings put into SSA system) to individuals with qualifying earnings history and that are disabled
 - Medicare provided after two years of eligibility in most instances
- Both programs administered by the Social Security Administration (SSA) with disability evaluated by state contracted agency – Disability Determination Services (DDS)

SSA Disability Definition



A disabled adult is defined as:

“... an individual [age 18 or older who is] unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment 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”

(42 U.S.C. §1382c(a)(3)(A); 42 U.S.C. §423(d)(1)(A))

How are Decisions Made



- Social Security Administration (SSA) reviews applications and sends to Disability Determination Services (DDS)
 - State agency that adjudicates medical evidence
- DDS uses medical information and third party information to make disability determination
- “The listings” used to determine disability
 - Focus on body systems and how conditions impact ability to function in work related setting

The Problem



- Only about 31 percent of all applicants are typically approved on initial application
- Only about 10-15 percent of homeless adults who apply are typically approved on initial application
- Many individuals are confused by the process, so they may not appeal or miss notifications
- Appeals take years and lead to prolonged periods of homelessness

Why Is Access To SSI/SSDI So Difficult for individuals?



- Complexity of process
- Medical records do not address functional impairments and inability to work
- Lack of mailing address
- Lack of understanding of the disability determination process and disability programs
- Lack of effective communication at all levels of the process (community providers, SSA, DDS)
- **Lack of medical records**
- **Lack of connection to services**

Reasons for Denial



- Medical records do not substantiate level of severity of conditions
- Technical denial
 - No follow-up or communication
 - Missed Consultative Examinations
 - Lacking a diagnosis from an acceptable medical source
 - Records don't appropriately capture individual (substance use, symptoms, etc.)
 - Inconsistent treatment history

Example: Inconsistent treatment history



- Often times individuals have been denied in the past and grow frustrated
- Difficulties engaging in typical treatment settings
- Distrust of systems
- Trouble navigating systems
- Income and health insurance can be tangible goal to engage in services

What is SSI/SSDI Outreach, Access and Recovery?



SOAR INITIATIVE

SSI/SSDI Outreach, Access and Recovery (SOAR)



- Seeks to improve access to and expedite the disability determination process for individuals who are homeless/at risk and diagnosed with a mental illness
- Serves the most vulnerable who have often forgone mental health treatment
- Focus is on client goals and obtaining benefits in order to engage in services

Maryland SOAR



- **Training and technical assistance**
 - 2-day training for providers
 - Ongoing follow-up
- **Building partnerships**
 - DDS and SSA
 - Community
 - Systems
- **Quality applications**
 - Getting it right the first time!
- **Engagement in long-term services**

SOARing in Maryland



Use multi-tiered approach

- **Community Initiative**

- Build expertise and partnerships in community
- Education and advocacy
- Use tools to address systemic barriers

- **Outreach and Enrollment**

- Reach most vulnerable and underserved
- Focus on 'literal' homeless (street or emergency shelter)
- Use engagement to address treatment barriers

Systemic and Individual Barriers



- **Accessing SSI and SSDI is difficult due to systemic barriers that SOAR attempts to address**
 - Knowledge of process
 - Partnerships
 - Improved Communication
 - Narrative that bridges gaps in treatment notes
- **More barriers for individuals whose impairments make it difficult to engage in care**
 - Need to focus on getting individuals into care in order to build the record
 - Original connection can lead to long-term engagement

How can SOAR outreach help?



BENEFITS ACQUISITION AND ENGAGEMENT

Importance of Treatment



- SOAR works towards Recovery
- Obtaining disability benefits is first step
 - Using this to engage
 - Focus on serving the most vulnerable
 - Often hesitant to engage in treatment

What we know

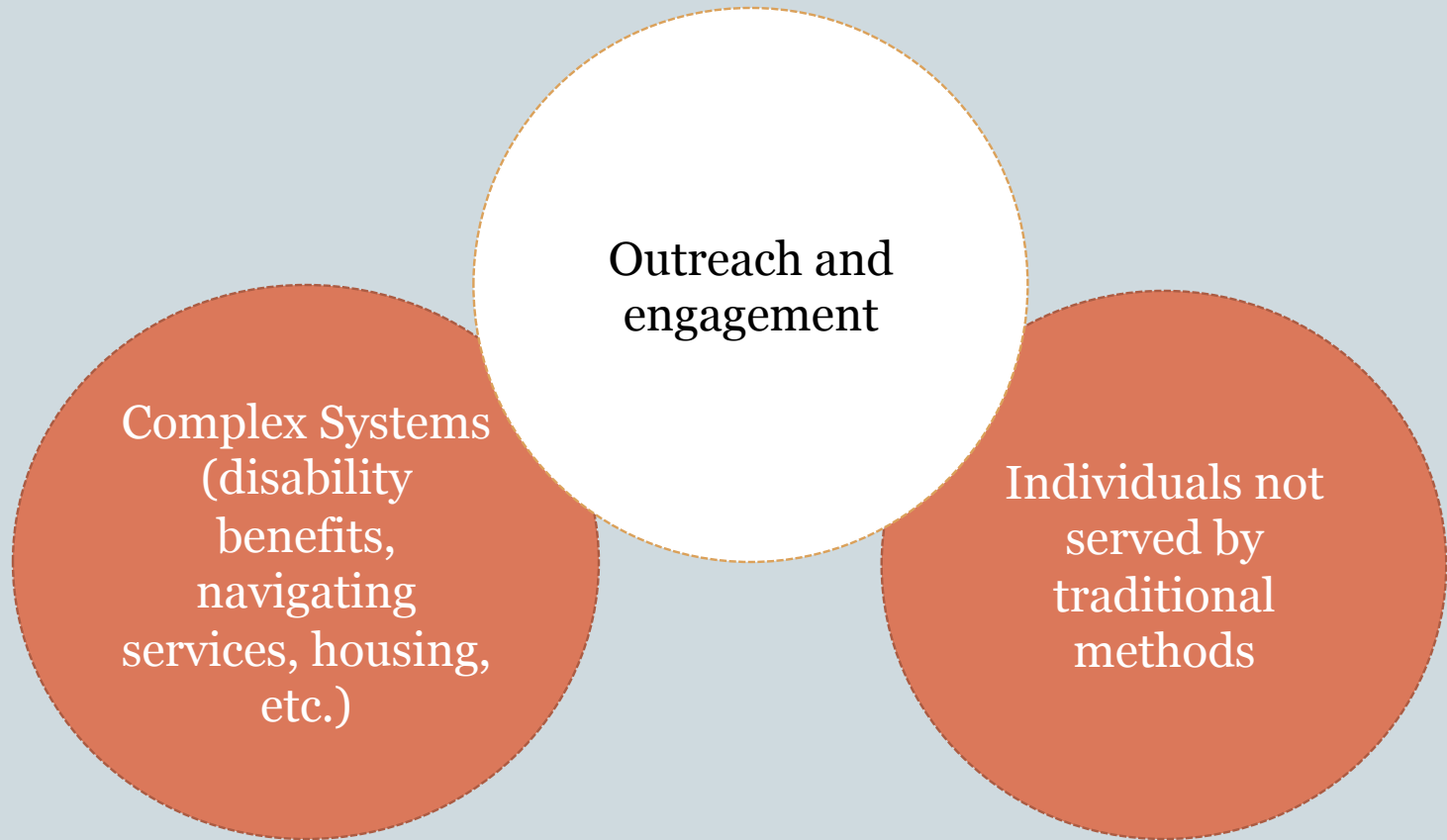


- Outreach is a process not an outcome (Erickson, S., & Page, J. 1999)
- Individuals engaged on outreach tend to
 - Spend more nights literally homeless (on the street)
 - Have more severe mental illness (i.e. psychotic disorders)
 - Take longer to engage in case management
 - Expressed less interest in treatment

Erickson, S., & Page, J. (1999). To dance with grace: Outreach and engagement to persons on the street. In L.B. Fosburg, & D.L. Dennis (Eds.), Practical Lessons: The 1998 National Symposium on Homelessness Research. Washington, DC: U.S. Department of Housing and Urban Development and U.S Department of Health and Human Services

Lam, J.A., Rosenheck, R. (1999). Street outreach for homeless persons with serious mental illness: Is it effective? Medical Care 37(9): 894-907.

Outreach is the bridge



Typical Outreach Involves...



1. Locating vulnerable individuals
2. Engagement and building relationship
3. Assessing needs
4. Linking to services
5. Following up on referral

SOAR Outreach



- Client focused – continued outreach and engagement to build trust
 - Nine months to engage is as fruitful as nine minutes!
- Strategies – goal-centered and task-oriented using motivational interviewing skills
- Intentional – focus on locations individuals who are experiencing severe mental illness (SMI) are frequenting homeless services providers

External Outreach



- Outreach identifies the most vulnerable clients who are not accessing care
- Allows clients to be met on “their turf” to begin relationship building process
- “Meeting people where they are”
- Often determined by funding streams
- What are our goals?
 - How can we connect client and agency goals?

Internal Outreach



- Outreach may not be on the street or shelter
- Who else in agency is a portal
- Depending on organization
 - Clients coming in for other services
 - May not be presenting for services
 - Lobby outreach

What is addressable on outreach using SOAR?



- **Appropriate identification of individuals**
 - What assessments can we use?
 - How asking questions?
- **Building relationship**
 - What does person want?
 - How does income play a role?
- **Trust**
- **Connection to services**
- **What are goals?**

Meet Sonita



- **Background story:**
 - History of Homelessness
 - Work history
 - Previously denied

Sonita



- Not a “problem client” – in a large shelter, these clients often aren’t on the radar of service providers and staff because she wasn’t drawing attention to herself
- Had found some work in the past, and wasn’t engaged in treatment due to paranoia
- Did not identify with her MH symptoms, which caused her not to seek out treatment. They were not overt to providers, so often could go without recognition.

SOAR Engagement



- Connection to services – utilizing benefits as an engagement tool to broader clinic services
 - How to connect and **KEEP** connected
- Consumer satisfaction and qualitative assessments – looking at client expectations and experiences
- Transition to other providers
 - Utilize vast services available with insurance and income

Engagement Tools



- Working with those who have been disillusioned and disappointed in the past
- Often times symptoms have prevented from accessing care
- Have to focus efforts on CLIENT-centered goals
- Build trust first and move towards SOAR and other goals

What was Sonita's Goal?



- Concern for other individuals in the shelter
- Wanted reason to talk to outreach worker, but wasn't ready to start talking about herself
- Utilized groups to engage
- Expressed medical concerns about her feet and worked with medical providers to address this issue
- Preferred homeopathic medicine –
 - Engaged in discussion – how do we obtain this?
 - This costs money, so obtaining income became a goal

Gathering information



- How to gather information and avoid asking same questions multiple times
- Being prepared with sensitive documents at any time
- Assessments we use:
 - Mental Status Exam (MSE)
 - SOAR assessments of symptoms
 - Face sheets/intake information
 - Identifying appropriate individuals

What finally hooked Sonita



- Deadline in SSA letter upset her
 - Able to work through to assist
- Over time trust was earned so she felt comfortable allowing contact with SSA and work on her deadline
- At the beginning she engaged in MH treatment as a favor to worker who built relationship
- Without months of outreach she never would have sat to collect information

Short term intervention – long term engagement



- May mean connection to other providers
- If not your agency, where?
 - What will meet individual needs
- Who else should be involved
 - How can you facilitate access
 - What else can be done for individual?
- Quick engagement and termination
 - Try to engage quickly, but keep on radar if not ready to engage

Closing with Sonita



- Housing application
- Connection to psychiatry
- Work with Advocacy Group
- Address lingering concerns with housing
- Furniture, etc.

Potential Barriers to Engagement



**ANTICIPATING AND MINIMIZING
ACCESS CHALLENGES**

6 degrees of SOAR Baco'ngagement



- What are top 5 responses to outreach attempts (or site based) that individuals give when uninterested in engaging?

Top 5 responses to outreach



1. My Mental health is not an issue
2. Not ready to address other issues (addiction)
3. I need housing
4. I don't need anything
5. I've tried this before and you can't help

Engage in care



- What are the top 5 reasons people did not want to engage in care/services?

Top 5 responses to engaging in care



1. My mental health is not an issue
2. Not ready to address other issues (addiction)
3. Can't wait in line for services
4. Not sure where to start/difficulty navigating systems
5. Basic needs first before addressing other, long-term concerns/conditions

How can obtaining disability help?



- 1. My mental health is not an issue**
 - What goals require income?
 - Income requires medical documentation
 - Other conditions can talk through
 - What mental health can endorse (difficulty sleeping, anxiety)
- 2. Not ready to address other issues (addiction)**
 - Harm Reduction
 - Don't need sobriety to assist with disability
 - Can work towards as a goal

How can disability help (cont.)?



3. I need housing

- Income can assist with obtaining housing
- RRP programs
- Subsidized units
- Transitional Housing
- Permanent supportive housing

4. I don't need anything

- Relationship building
- Requires tangible 'gives' – when they're ready, what do you need?
- How can income help

5. I've tried this before and you can't help

- Prior successes
- Differentiate from attorney's
- Connection to services
- Word of mouth at shelter or other provider

Questions?



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