

Justice-Involved Adults with Serious Mental Illness and the Disability Determination Process

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Abstract

Applying for disability benefits, like Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) is difficult for justice-involved adults with serious mental illness (SMI). To help increase approvals of SSI and SSDI applications, the SSI/SSDI Outreach, Access and Recovery (SOAR) program was developed. The SOAR program provides guidance on the application process for case managers who work with individuals who are homeless, and was recently adapted to work with justice-involved adults with SMI. Open-ended semi-structured qualitative interviews were conducted with SOAR-trained case managers (N=10). Data from SOAR applications (N=176) were matched to aggregate data from the Social Security Administration to examine SSI and SSDI approval and denial rates, and factors that impact these rates.

The main emergent themes were the SOAR-trained case manager's belief that a standardized approach to applying for SSI and SSDI benefits would improve the time-to-decision and the application success for justice-involved adults with SMI. The SOAR program that was evaluated had 88.1% of their applications approved and the mean months to approval was 1.6. Applications for both SSI/SSDI were more likely to be approved if the claimant had criminal justice involvement anytime throughout the application process. Preliminary evidence indicates that SOAR is an effective way to increase access to disability benefits for this vulnerable population. Although, in these data there was little evidence that the receipt of SSI/SSDI benefits directly reduced the risk of post-decision jail bookings, the combined effect of these benefits, housing, and treatment suggested in this sample deserves further study.

I. Literature Review

The Social Security Disability Benefit Application Process

When a person is no longer able to work they may be able to apply for and receive disability benefits such as Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI). Applicants are only eligible for SSDI if they have a work history where they have paid into Social Security and have built up work credits (the U.S. Social Security Administration, 2013a, 2013b). If an applicant does not have work credits they are automatically denied SSDI. Many times denial of SSDI does not reflect a lack of a disability, but instead reflects the applicant's ineligibility for SSDI. When an applicant is not eligible for SSDI because of a lack of work history they can still be eligible for SSI. If a person is eligible for SSDI they may also get SSI if their SSDI amount is under the resource limit (the U.S. Social Security Administration, 2013b). SSI is usually awarded to individuals who do not have a substantial work history but are still considered disabled, or who do not meet the resource limit.

In order to be considered for disability benefits the applicant must be deemed disabled based on the five-step sequential evaluation process used by the Social Security Administration (SSA) (the U.S. Social Security Administration, 2013c). This process details how SSA makes a decision about whether or not a person is disabled using a standardized approach. At each step a decision is made about whether the applicant qualifies at that step for disability benefits. If an applicant does not qualify at one step, then they are considered at the next step until all five steps have been reached. The first step is based on current work activity, and whether the person is currently doing substantial gainful activity. The second step considers the severity and persistence of the medical or mental impairment, which in most instances needs to have lasted at least twelve months. The third step also considers the severity of impairment (the U.S. Social Security Administration, 2013c). SSA has a specific listing of impairments that qualify an applicant for disability benefits. Mental illness is one category of impairments, with specific requirements for each type of mental illness that need to be met in order to be considered disabled (the U.S. Social Security Administration, 2013d). At the fourth step the residual functional capacity along with work history is assessed to decide whether the applicant is able to still do their past work based on their work history. The fifth step considers residual functional capacity, age, education, and work experience. This step considers whether the applicant can make an adjustment and do another type of work (the U.S. Social Security Administration, 2013c). This five step process is used by adjudicators at the Disability Determination Offices (DDS) to determine whether the person qualifies for benefits, and if so which benefits: SSDI, SSI, or both.

Prior to sending an application to DDS, SSA may determine that there is a high likelihood that the application will be approved. In these situations SSA may award presumptive disability; that is the applicant starts to receive benefits before they get a decision on their application (the U.S. Social Security Administration, 2013e). This is an important benefit for disadvantaged populations since they can begin to receive income while their application is being processed. Sometimes while an application is at DDS the adjudicator may determine that the medical documentation provided is not enough to make a decision on the application, and may require a consultative examination. Consultative examinations typically consists of an additional medical test or examination to further evaluate the applicant (the U.S. Social Security Administration, 2013f). The results of the consultative examination are then used by the adjudicator to make a determination on the application.

The SOAR Program

Estimates indicate that over 2.1 million individuals booked into U.S. jails in 2007 had a serious mental illness (SMI) (Steadman, Osher, Robbins, Case, & Steven, 2009). Inmates are significantly more likely to become enrolled in Medicaid if they receive assistance with applying for disability benefits prior to release (Wenzlow, Ireys, Mann, Irvin, & Teich, 2011). The implications of this pre-release assistance and subsequent disability enrollment are important: outpatient services are accessed quicker and the likelihood of re-arrest is reduced (Dennis, Perret, & Seaman, 2007; Morrissey et al., 2006).

Increasing disability enrollment for justice-involved adults with SMI can improve their chances at successful community tenure. However, substantial gaps remain in not only improving access to benefits for these vulnerable individuals, but also in understanding how to improve the process of successfully applying for disability benefits. SSI and SSDI have become important sources of income support for individuals with SMI; who rely on SSI/SSDI benefits to access necessary medical and mental health services (Kauff, Brown, Altshuler, & Denny-Brown, 2009). Not only does receipt of benefits provide individuals with a source of income, but in many states Medicaid comes automatically with SSI. SSDI comes with Medicare, but not until two years after the date of eligibility. Having these disability benefits gives individuals with SMI, including justice-involved adults, the ability to receive necessary medical and psychological treatment (Long, Rio, & Rosen, 2007). However, successfully applying for SSI and SSDI benefits can be difficult for justice-involved adults with SMI.

Programs focused on improving access to disability benefits have been developed throughout the U.S., although these programs are mainly focused on non-justice involved populations (Dennis & Abreu, 2010; Rickards et al., 2009; Rosenheck, Frisman, & Kaspro, 1999). The Substance Abuse and Mental Health Services Administration (SAMHSA) began its SSI/SSDI Outreach, Access and Recovery (SOAR) program in 2005 to target individuals who are homeless or at risk of becoming homeless. SOAR programs also have been adapted to work with justice-involved adults with SMI (Dennis & Abreu, 2010). SOAR programs attempt to improve planning at the state and local level to increase access to SSI/SSDI, technical training provided to case managers on completing applications, and ongoing technical assistance to reinforce use (Dennis, Lassiter, Connelly, & Lupfer, 2011). The average national approval rate prior to the implementation of SOAR was 37% and was substantially lower than that for individuals who are homeless or justice-involved (Goyer, 2011). However, as of 2010, the SOAR program approval rate was 73% (Dennis et al., 2011).

SOAR programs address many of the difficulties inherent in the disability application process including: lack of a permanent address, missing appointments, lack of records, documentation issues, communication problems-including loss of contact between the Social Security Administration (SSA) and the applicant, and cognitive difficulties of individuals with SMI (Dennis et al., 2007). One way that the SOAR program can benefit applicants is by allowing the SOAR case manager to file a form that allows them to become the applicant's representative for the case (the U.S. Social Security Administration, 2013g). Being a representative allows the SOAR case manager to assume the main role in applying for benefits, and to contact the SSA and Disability Determination Offices (DDS) to ask questions and to provide further documentation if needed, which helps to increase communication.

The driving force behind adapting the SOAR program to justice-involved adults is by getting these individuals approved for benefits, outpatient services are accessed quicker, and the

likelihood of re-arrest is reduced (Dennis et al., 2007; Morrissey et al., 2006). Although SOAR programs have been found effective, program implementation varies by state (Kauff et al., 2009). In addition, the effectiveness of the SOAR program for justice-involved adults has not been explored.

Statement of Problem

The process of applying for disability benefits, such as SSI and SSDI, continues to be difficult for many individuals with SMI, especially those returning to the community from the criminal justice system. Because of the importance of disability benefits for these vulnerable populations, it is important to understand factors that influence approval or denial of applications, including the effectiveness of SOAR programs.

Research Objectives

The purpose of this study was to examine multiple aspects of a SOAR program serving justice-involved adults with SMI. Both qualitative interviews with SOAR-trained case managers and secondary administrative data from a local SOAR program were used to study the following questions:

1. How do SOAR caseworkers view the program's effectiveness? What can be done to improve the disability determination process? What can be done to improve the SOAR program?
2. What are SSI and SSDI approval and denial rates for justice-involved adults with SMI who are participating in a SOAR program? Do rates of approval or denial vary by impairment classification and other individual characteristics?
3. Does the receipt of SSI or SSDI benefits reduce the number of jail bookings for justice-involved adults with SMI who are participating in a SOAR program? What are factors that impact the number of jail bookings?

II. Methods

Qualitative Sample

Purposive sampling was used to recruit SOAR-trained case managers who were actively providing SOAR services to individuals with SMI. E-mails were sent to service providers at two community agencies in a southern state. Potential participants were asked to participate in a semi-structured phone interview regarding their experiences with the SOAR program. All eight case managers responded to the initial email solicitation; five agreed to participate while the remaining three declined participation, citing their lack of experience in facilitating the completion of SOAR applications. An additional email solicitation was sent to a SOAR-trained case manager list-serve (n=42). Five additional SOAR-trained case managers responded to the solicitation and participated in a phone interview. The ten participants were recruited from five different agencies.

Quantitative Sample

Administrative data was collected from a jail-diversion program that provides SOAR as part of their services for individuals with SMI. Administrative data provided by the Social Security Administration (SSA) was matched to the participants in the jail-diversion program, and the de-identified, aggregate information was then provided to the principal investigator for

analysis. The SSA (N=176) was unable to provide the aggregate information for two of the participants in the SOAR database (N=178). To ensure confidentiality the SOAR database and the SSA database were analyzed separately.

Procedures

This study used a mixed method two-pronged approach. All parts of the study were approved by the University of South Florida IRB.

Research Question 1: How do SOAR caseworkers view the program's effectiveness? What can be done to improve the disability determination process? What can be done to improve the SOAR program? Ten SOAR-trained case managers were interviewed by phone between September and November 2012. Interviews focused on their experiences with the SOAR program and the disability determination process, in general. All phone interviews were conducted by the principle investigator using a semi-structured interview guide. The interview guide allowed for prompting, and was flexible to allow for exploration of topics that arose during the interview. The interviewer summarized the main points from the interviews for each participant at the end of the interview to ensure accuracy, and to confirm that there was no missing information. Interviews ranged in length between 20 minutes and 1 hour. Interviews were audio-recorded and transcribed verbatim. Two interviews were transcribed by an independent transcription service, and the other eight interviews were transcribed by the principal investigator. All identifying information was removed during the transcription process. Quality assurance of each transcript was conducted by the principal investigator.

Research Question 2: What are SSI and SSDI approval and denial rates for justice-involved adults with SMI who are participating in a SOAR program? Do rates of approval or denial vary by impairment classifications and other individual characteristics?

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Research Question 3: Does the receipt of SSI or SSDI benefits reduce the number of jail bookings for justice-involved adults with SMI who are participating in a SOAR program? What are factors that impact the number of jail bookings? The second part of this study consisted of analyzing secondary data from a jail-diversion program (i.e., SOAR data), and the matched aggregate de-identified Social Security data (i.e., SSA data). Results of the qualitative interviews informed the conduct of research questions 2 and 3. Specifically, when possible, we sought to examine potential relationships and claimants' characteristics that were identified by the SOAR-trained case managers as likely important in the approval process.

Dependent variables

Research Question 3: Does the receipt of SSI or SSDI benefits reduce the number of jail bookings for justice-involved adults with SMI who are participating in a SOAR program? What are factors that impact the number of jail bookings? Three binary dependent variables were constructed for bivariate analysis of the SOAR data: post-decision felony jail bookings, post-decision misdemeanor jail bookings, and post-decision (both) felony and misdemeanor jail bookings (this is referred to in text as felony/misdemeanor jail bookings). All booking information was based on the two years prior to the decision on the application, and the two years after the decision was made. All of the binary variables were based on claimants who had

greater than one jail booking in the above specified category. Individuals who had no jail bookings post-decision in the specific category (i.e. felony, misdemeanor, or both (felony/misdemeanor)) were coded as “0” for that category. Due to sample size issues, the binary coding of the three above category led to power issues for regression analysis. A count post-decision jail booking variable was created for regression analysis by combining the number of jail bookings for all felonies and misdemeanors post-decision. Examining the relationship of post-decision jail bookings by category is ideal, but was not feasible in this study due to the low base rates of available criminal justice information for the data set.

Research Question 2: What are SSI and SSDI approval and denial rates for justice-involved adults with SMI who are participating in a SOAR program? Do rates of approval or denial vary by impairment classifications and other individual characteristics? The SSA data dependent variables were binary variables based on the type of benefits approved or denied for each application. The categories were: SSI approved only, “1”, versus those denied all benefits, “0”, SSDI approved only, “1”, versus those denied all benefits, “0”, SSI and SSDI (both SSI/SSDI) approved, “1”, versus those denied all benefits, “0”, and denied all benefits, “1”, versus those approved for any benefits, “0”.

Independent variables.

Items common to research question 2 & 3. Sex, age, and living situation at application (“1”=homeless or transitional housing) were included in both datasets. To reduce heterogeneity in the data, age was dichotomized based on the median value of 35, with “1”=36 or older.

Research Question 3: Does the receipt of SSI or SSDI benefits reduce the number of jail bookings for justice-involved adults with SMI who are participating in a SOAR program? What are factors that impact the number of jail bookings? The SOAR data focused on factors thought to influence post-decision jail bookings. SOAR independent variables included: prior jail bookings (felony, misdemeanor, or both felony/misdemeanor), type of benefits approved for (SSI, SSDI, or both SSI/SSDI), the months from application submission to decision, if a representative payee was provided (“1”=yes), and months between decision and the data collection date (maximum of 24 months, which equals two years post-decision). The months from application submission to decision was dichotomized to account for outliers that were skewing the data based on median value of 1 month, with “1”= 2 or more months to decision. In addition, a binary variable of approved any benefits, “1,” versus those denied all benefits, “0,” was constructed.

Research Question 2: What are SSI and SSDI approval and denial rates for justice-involved adults with SMI who are participating in a SOAR program? Do rates of approval or denial vary by impairment classifications and other individual characteristics? The independent variables in the SSA data focused on claimant characteristics thought to affect the likelihood of approval or denial of applications. SSA independent variables included: education level, presumptive disability provided (“1”=yes), primary impairment code, secondary impairment code, consultative examination number, and criminal justice involvement either during the application or after the receipt of benefits (“1”=yes). The primary impairment code and the secondary impairment code were collapsed into categorical variables with

0=schizophrenia or other psychotic disorders, 1= mood disorders, 2=organic mental disorders, 3=all other mental disorders, 4=intellectual disability, 5=injuries, and 6=unknown. For the logistic regression, the primary impairment code was dichotomized with “1”= schizophrenia spectrum or psychotic disorders and “0”= mood disorders. These two impairment classifications represented the majority of applications. Because of power issues it was not feasible to construct dummy variables for the other impairment categories. The number of consultative examinations was dichotomized to account for outliers that were skewing the data based on the median value of 1, with “1”=2 or more consultative exams.

Data Analysis

Research Question 1: How do SOAR caseworkers view the program’s effectiveness? What can be done to improve the disability determination process? What can be done to improve the SOAR program? The codebook for the qualitative interviews was developed *a priori* based on the research question, interview questions, and edited to reflect themes that arose during coding. Upon each coding of a transcript, the codebook was updated based on emergent codes using the constant comparative method. Coding was conducted by the principal investigator using Nvivo 9 software. Line-by-line and axial coding were used to find relevant themes and representative quotes (Creswell, 2006). Data analysis was conducted using a content analysis approach (Krippendorff, 2003).

Procedures common to research questions 2 & 3. After the qualitative data were analyzed, quantitative analysis of the secondary datasets was conducted. Themes from the qualitative data related to applicant characteristics were used to explore possible quantitative relationships. Specifically, primary impairment, criminal justice involvement, and living situation were included in the regression analysis of the SSA data as potentially associated with application approval or denial. All analyses were conducted using SAS 9.3. For both datasets, univariate descriptive statistics—including rates, proportions, means, medians, and variances—were calculated. Spearman rank correlations were calculated to further understand the relationship between the independent and dependent variables.

Research Question 3: Does the receipt of SSI or SSDI benefits reduce the number of jail bookings for justice-involved adults with SMI who are participating in a SOAR program? What are factors that impact the number of jail bookings? The analysis of the SOAR data was focused on factors thought to influence the number of post-decision jail bookings. Bivariate associations between pre- and post-benefit-decision jail booking were calculated using Wilcoxon matched pairs signed rank test. Post-decision jail bookings were modeled using negative binomial regression because the variance associated with the arrest variable ($s^2= 3.2$) was greater than three times the variable’s mean ($M=1.0$). Each model controlled for pre-decision jail bookings. The bivariate regression results informed the multi-variable model. One’s living situation was not included in the multivariable model as it was related to months to decision and did not provide a valid representation of the claimant’s living situation throughout the period of observation.

Research Question 2: What are SSI and SSDI approval and denial rates for justice-involved adults with SMI who are participating in a SOAR program? Do rates of approval or denial vary by impairment classifications and other individual characteristics? The SSA data was used to examine specific claimant characteristics that were associated with their approval or denial for SSI and SSDI benefits. Bivariate logistic regression models were conducted to explore the approval or denial status of the claimants based on the independent variables.

III. Results

Qualitative Results- Research Question 1: How do SOAR caseworkers view the program's effectiveness? What can be done to improve the disability determination process? What can be done to improve the SOAR program?

During analysis four key themes were identified among the ten interviews. The themes revolved around the main points of the interview guide and were: agency information, the SOAR program, the Disability Determination Process (DDP), and applicant characteristics. Each of the main themes was further analyzed to elicit sub-themes.

Agency information. This theme revolved around basic descriptions of the participant's role at the agency, time at the agency, and time completing benefit applications. The time working at their current agency ranged from one month to nine years. The time that they had been completing SSI and SSDI applications ranged from completing no applications (n=1) to completing applications for 19 years (n=1). Two participants reported completing SSI and SSDI applications prior to being trained in the SOAR program. All other participants were trained in the SOAR program when they started at their current position. All participants worked with clients who had a SMI. The majority of participants (n=7) worked with individuals with SMI who were justice-involved.

The SOAR program. All of the participants said that the SOAR program is effective for getting SSI and SSDI applications approved. Nine of the participants identified that either the approval rate for applications was increasing, or the months to receive a decision were decreasing. One participant did not think that the approval rate had changed since they began using SOAR.

SOAR Benefits. Participants were asked to talk about the most helpful part of the SOAR program. The main sub-themes that emerged were:

- Increased communication with the SSA representatives and adjudicators resulting in an elimination of errors
- Improved working relationship with individuals in the Social Security office
- Specific point of contact at Social Security and the Disability Determination office
- Expedited process translating into faster benefits for the clients
- Increased knowledge about eligibility criteria and what "disability" means
- Stress reduction for clients through having someone to complete the paperwork
- Greater understanding of the application and decision process
- Knowledge of the required documentation

- Increased client support through assistance with the application process, resulting in a bond to the SOAR representative

Knowledge of the necessary documentation was endorsed as helpful in making the process smoother and faster. SOAR provided participants with contact information for local Social Security and Disability Determination offices (DDS), which also helped the process to go smoother. Also, receiving assistance with applying for benefits was seen as encouraging clients to stay in the other agency services.

SOAR Challenges. Despite an overall positive response to the SOAR program, there were some areas identified as still challenging. One issue that occurs is with community providers who sometimes claim to be SOAR trained, despite not having attended the two-day training. The untrained providers then submit SOAR applications improperly, which reflects poorly on the SOAR trained providers.

The most frequently endorsed issue with SOAR is that the program is not widely known throughout the Social Security and Disability Determination offices; the case manager must then work with the field office manager or other SSA staff to inform them about SOAR and establish a working relationship. The participants also expressed that the individuals making the decision about the applications do not always understand mental illness.

Potential SOAR Improvements. Suggestions were made about how to improve the SOAR program. One participant suggested increased access to the claimants' records online prior to the case going to the hearing level, which is the current standard. Participants (n=3) would like SOAR to be more available to community case managers, allowing them to get better results when applying for benefits. Participants who were the sole SOAR-trained case manager at their agency wanted more meetings for SOAR-trained case managers, to discuss their successes and challenges. They also wanted increased updates about program changes, especially to forms, because the information can take a while to reach them.

“SSA changed the social security app, in January, so of course I’m still using the old form because I had no idea, there was no information, to say this is the clearinghouse for SOAR, we got all this new stuff in, and we’re sending it out to all of you. I guess if I had logged into the site maybe it was there, but I think even when I checked that the SOAR website didn’t have the most recent copy either.”

Other changes that the participants would like to see were better communication from the Disability Determination office, being able to choose the most convenient office to go to, and faster decisions.

The most common suggestion was for the SOAR program to be more uniform and recognized across Social Security offices and the Disability Determination offices.

“Here in (city name removed) there are ten offices and every office reviews the varying forms in different ways. Some prefer fax, some prefer on the computer, online, others want you to mail it in, drop it off. Uniformity I think would be huge. And just more awareness in general within the social security offices and DDS on what SOAR is.”

Participants also expressed that the employees at the Social Security offices and Disability Determination offices needed to have a better understanding of mental illness.

“...I would definitely make sure that these governing bodies of SSA and department of disability determination understood the population of people that they’re dealing with when it comes to mental illness. I know they do all kind of things, they do cancer, they do liver failure, they do kidney failure, they do all of these things but mental illness is a whole different animal. Them being able to understand someone who’s bipolar, someone who’s schizophrenic, what that looks like, especially if they have to interact with the client, then that would be huge, if they had some type of exposure, and again that can be done through training.”

The Disability Determination Process (DDP). Unlike the positive response to the SOAR program, participants showed a much more guarded opinion of how well the DDP is working.

DDP Challenges. The DDP is not difficult for SOAR trained providers, but for untrained people, or people with a SMI, the DDP can be confusing and difficult to navigate.

“It takes too long ordinarily. I’m dealing with people who suffer from mental illness; they have a lot of hurdles to jump through. That’s understandable because they need to screen for fraud. Unfortunately, they are putting the hurdles in front of the people least able to jump them... I think it’s far too confusing to the average person that they need to not only provide a diagnosis but to make the linkage to their functionality, and how the impairment to their functionality relates to their inability to work. That’s really what I learned through SOAR, and I see that if you were not SOAR trained, it’s very difficult to know about.”

“It would be difficult, especially for persons applying by themselves and trying to get all the help when they are suffering from a mental illness, it would be very a difficult process for them to do on their own. I think that It requires a certain level of education that some of these clients don’t have access to.”

Concerns were also expressed over how the DDP differed based on the office, and the adjudicator assigned to the case.

“I would say above satisfactory. Not excellent, sometimes we’re really confused by a decision, sometimes we get an approval and we don’t understand how it got approved, and sometimes we get a denial where we don’t understand how it was denied.”

“Each office has their own policies and procedures they follow. Typically we work with one office but there is usually one or two cases that end up going to other offices and then that is a different process that we need to investigate and find out how to best serve the client and follow the procedures of that different office.”

Furthermore, the claimants' SMI can impede the process because of difficulty remembering where and when they have received treatment, lack of insight about their mental illness, difficulty understanding the process, and the process can exacerbate the claimants' symptoms.

Potential DDP Improvements. The majority of participants stated that they would like the Disability Determination offices (DDS) to increase their communication with the SOAR representatives.

“Communication in terms of what they would require to get an application approved, not just ready for a decision, but ready for a good decision.”

“Communication is a must, and I feel that everybody can improve in that. Improving the communication especially [between] the representative and the adjudicator.”

One participant also expressed wanting increased access to the physician who reviews the application before forwarding it to SSA to make a decision, to provide them with more information if necessary.

Participants also suggested increased training in mental health awareness among adjudicators, to help them understand the unique challenges faced by an individual with SMI versus someone with a physical disability.

“Have more trainings and understand more of what we're doing here in the community understanding the population that we work with, the homelessness, getting to know more of what actually happens within the community with our clients. Sometimes they just deal with things internal and they don't understand how much the client suffers because they don't have these types of benefits and just understanding more about what the clients' needs are.”

“...More immersion with the population to understand it a little better. When I mentioned site visits that's fantasy land but, taking an office, or a couple of adjudicators, maybe leaders, or team leaders of the adjudicators to a mental health center, a community mental health center, and they could see, feel, experience, what it's like, it gives a lot of perspective, I think they're lacking perspective. You have a paper file and you have to make a decision on a person's life, and that's difficult.”

Again, participants believed that individuals at the Social Security and Disability Determination offices should be more informed about the SOAR program.

“I think that the SOAR program is supposed to be a program that educates not just us who are in the community and assisting these people apply for benefits, but it's also supposed to educate social security and the disability determination office. Some of those people who work within the social security have knowledge of the SOAR process but sometimes we have to educate them, and in certain situations it doesn't work and so it doesn't end up being a SOAR process and it ends up being just a regular process so, social security sometimes doesn't know what the SOAR process is so, it impedes it from being more effective and expediting the process.”

Throughout the interviews, participants stated a need for the SSA and especially the DDS offices to be more consistent. An increase in consistency was seen as a way to make the SOAR-trained case managers jobs more efficient, but also to help the SOAR-trained case managers understand how application decisions are made.

“I think try to standardize between offices. I think that different representatives have different requirements which is really hard, you know each person has a different preference. Kind of make the procedure more standardized within the actual representatives and adjudicators.”

“I would say make the standards more uniform. What I find is that one application is approved and one is denied and I really can’t tell why when I consider the individuals.”

One participant talked about how helpful having a SOAR representative at the Social Security offices is, and stated they would like a similar representative at the Disability Determination offices.

“Maybe on their end more people to be able to work in the SOAR area, not just have one contact person but perhaps maybe have like a separate team, even if it’s a group of two or three people, just another unit within the field office to work on SOAR cases and not just limit it to only one person.”

Although there currently is not a SOAR representative at the Disability Determination offices, the SOAR case managers do have the option of contacting the adjudicator as the claimant’s official representative to provide additional information or ask if they need any additional information to make a decision.

Applicant characteristics. Overall, all of the participants agreed that the SOAR program gave them information to determine whether or not an individual is qualified to apply for benefits. In order to understand the approval and denial rates of the SOAR programs, participants were asked how often they turn down individuals who were not qualified to apply for benefits. The majority of the participants said they almost never turn down potential claimants. Most of the potential applicants are referred to the SOAR providers, which allows for a screening process to take place prior to being referred, which may account for high approval rates.

A primary impairment of SMI was seen as harder to prove compared with a physical impairment by the majority of participants. Two participants disagreed, and believed physical impairments were harder to prove because the individual would still be able to do non-manual work.

“I think it’s a little more subjective, I would say because the physical ailments they’re looking at someone who maybe has full-blown AIDS, or blind, or a terminal cancer and they’re at end stage and those are a little more clear-cut and they have guidelines. Whereas mental illness fluctuates and it moves, one day someone could be extremely stable or unstable. Mental illness is a lot more subjective than the physical or terminal illnesses that people apply for.”

“Oh well the number one is that there is no scan that I can provide as medical evidence that says okay look at this person’s brain, clearly this person has bipolar disorder, schizophrenia, there’s no lab test. It’s more based on people’s opinions than any medical test that you can prove.”

“The physical impairments, the reason that they may be more difficult to get approved is because if you have a physical impairment social security might look at it as you might not be able to do physical work, but you can still do things that don’t require physical strength. So I mean a desk job or a sitting job or you know some other kind of job where you may not have to be as physical.”

Claimant attributes associated with approval of SSI and/or SSDI. Participants were asked to identify specific attributes about the claimants’ SMI, housing status, and/or justice-involvement that might make the application more likely to be approved. These categories were explored separately. The results are presented in Table 1.

Claimant attributes associated with denial of SSI and/or SSDI. Participants also identified attributes of claimants that might make an application more likely to be denied. These results are also presented in Table 1.

Other claimant attributes associated with approval or denial of benefits. In general, participants agreed that applications for individuals who were homeless were approved faster and the process was smoother compared with other applications. Although the participants referenced this process as being “expedited,” the applications are not actually processed differently from traditional applications, but instead SOAR trains the case managers to provide more thorough documentation and evidence of the disability making it easier for SSA to make a determination.

Two participants talked about how they believed that the claimant’s lack of insight into their mental illness, and denial of impairment, increased their risk of getting their application denied. Additionally some participants expressed that when third party ADL forms are sent to families they try to minimize the claimant’s impairment in order to protect the claimant, which also can increase the risk of denial. Also, the participants expressed that claimants have difficulty understanding the process, and they are unable to navigate the process without an advocate, which can also influence the decision. Downplaying impairment or denying impairment, along with difficulty navigating the system does not result in an automatic denial, but these factors do make it harder to provide the adjudicator with accurate information about the degree of the impairment. If the case for the impairment is not strong, the adjudicator will not be able to approve the application.

Lastly, some case managers believed that diagnosis and substance abuse history can impact the approval or denial of applications. Participants believed that because depression is viewed as more treatable than other mental illnesses it is harder to get approved. They also thought that it was more difficult to get bipolar disorder approved when it was not accompanied by psychotic features.

“So it’s the big three, the diagnostics-prejudice towards bipolar and major depression, skeptical about any type of significant work history, and extremely prejudice on any type of drug history.”

While the impact of certain diagnoses was expressed as potentially influencing approval or denial, decision are actually made on the degree of impairment experienced by the particular individual based on their diagnosed illness. SSA uses a list of impairments, with specific criteria for each mental illness, with a list of what difficulties in functioning must be present. A decision about whether they are disabled is based on the applicant’s experience of impairment with their mental.

Quantitative Data

Research Question 2: What are SSI and SSDI approval and denial rates for justice-involved adults with SMI who are participating in a SOAR program? Do rates of approval or denial vary by impairment classifications and other individual characteristics?

&

Research Question 3: Does the receipt of SSI or SSDI benefits reduce the number of jail bookings for justice-involved adults with SMI who are participating in a SOAR program? What are factors that impact the number of jail bookings?

SOAR & SSA Sample characteristics

Table 2 displays aggregate characteristics of the jail-diversion participants, and their application outcome. The majority, 87.5%, (n=154) of the sample was male, and 76.7% (n=135) stated English was their preferred language. The most common impairment was schizophrenia spectrum or other psychotic disorders (57.4%, n=101). Many of the individuals were either homeless or in transitional housing (39.7%, n=70). As a note, when a person is identified as homeless they are typically provided with transitional housing, making this a good proxy variable for the frequency of homelessness in this sample. Currently, 22.2% (n=39) of the sample is not receiving benefits, either because they were denied benefits, or their benefits were terminated, or suspended. This sample is based on a criminal-justice involved population, and 65.9% (n=116) of the applications were flagged as having criminal justice involvement, either before, during, or after the decision was made on the application. The mean education level of this sample is 10.55 years of education. About half (52.6%, n=90) of the sample did not complete high school, and an additional 35.1% (n=60) completed high school. Only 12.3% (n=21) of the sample had any education beyond high school.

SOAR jail booking results

Research Question 3: Does the receipt of SSI or SSDI benefits reduce the number of jail bookings for justice-involved adults with SMI who are participating in a SOAR program? What are factors that impact the number of jail bookings?

Jail booking data is available in Table 3. This portion of the analysis was based on 115 individuals, as booking information was not available for the other 63 individuals. Overall, most of the sample had a history of both felony/misdemeanor jail bookings. In the two years before they were approved or denied for benefits, 28.7% (n=33) had been booked for a misdemeanor offense, 21.7% (n=25) had been booked for a felony, and almost half, 49.6% (n=57) had been

booked for at least one felony and one misdemeanor. In the two years following approval or denial of their application, 14.8% (n=17) were booked for a misdemeanor, 13.0% (n=15) for a felony, and 14.8% (n=17) for both a felony/misdemeanor. In the pre- post- difference analysis for all three categories, the number of bookings two years after the application decision was statistically significantly ($p<.001$) lower than the two years prior to the application decision (See Table 4).

SSA approval and denial results

The majority of individuals who applied for benefits were approved for SSI (82.9%), and a smaller portion were approved for SSDI (25.9%). In this sample, 62.5% of the claimants were approved for SSI only, 5.1% were approved for SSDI only, and 20.5% were approved for both SSI/SSDI (see Tables 5 & 6). Overall, 88.1% of the sample was awarded either SSI or SSDI benefits, which means the denial rate was 11.9%. Most of SSI (67.8%) and SSDI (14.9%) applications were approved at the initial level (see Table 7). The SSDI percentage is lower due to the amount of individuals who overall did not qualify for SSDI (i.e. they did not have enough work credits), which was 74.1% of the sample. Table 8 is a descriptive list of the reasons that were cited for application denials. The most common reason for denial was that the identified primary impairment was judged to not cause too severe of impairment to the persons daily functioning.

SOAR correlation results

There were a number of relationships among the variables in the data. The SOAR data Spearman Rank correlation coefficients are listed in Table 9.

Relationships related to the booking variables include the following. First, the total number of bookings prior to the decision was positively related to the total number of bookings post-decision. Second, when an individual had a higher number of felony bookings prior to the decision they were less likely to be approved. Third, the number of prior felony/misdemeanor bookings was positively correlated with a greater number of months to a decision. Fourth, the number of months from application to decision was positively correlated to higher post-decision felony bookings and misdemeanor bookings. Fifth, felony/misdemeanor bookings post-decision were lower for claimants assigned a representative payee; this was also true for felony bookings post-decision and for claimants who were homeless or in transitional housing at the time of application. Sixth, claimants who were female, homeless or in transitional housing, and assigned a representative payee had a lower amount of total post-decision bookings.

Additional relationships include the following. First, the number of months from application submission to decision was lower for homeless claimants and higher for claimants who had two or more consultative exams. Second, claimants who had two or more consultative exams were less likely to be approved. Third, younger claimants and homeless claimants were more likely to be assigned a representative payee.

SSA correlation results

The correlations for the SSA dataset are presented in Table 10. Receipt of presumptive disability and a lower number of consultative examinations were each related to SSI approval. There were not any interesting significant relationships with SSDI approval most likely due to the small number of SSDI only approved claimants. The low number of SSDI approved

claimants only is most likely due to applicant ineligibility because they did not have enough work credits to qualify.

Approval for both SSI/SSDI was related to being approved for SSI and SSDI at an earlier level. Criminal justice involvement was also associated with approval for both SSI/SSDI. Claimants who were denied all types of benefits were not receiving presumptive disability and had two or more consultative examinations. A diagnosis of a schizophrenia spectrum or psychotic disorder was associated with homelessness or transitional housing, receipt of presumptive disability, and a lower number of consultative examinations.

SOAR negative binomial regression results

Research Question 3: Does the receipt of SSI or SSDI benefits reduce the number of jail bookings for justice-involved adults with SMI who are participating in a SOAR program? What are factors that impact the number of jail bookings?

Bivariate Results. The negative binomial bivariate regression analysis (see Table 11) was conducted to explore which of the independent variables had a relationship to the number of total post-decision jail bookings. Throughout the bivariate analysis the total number of pre decision bookings was controlled for, and in the base model was statistically significant, $\beta = .1$, $p < .001$. The other independent variables that were statistically significant and influenced total post decision bookings while controlling for pre-decision bookings were being male, $\beta = 2.2$, $p < .05$, being homeless, $\beta = -1.2$, $p < .05$, and if two years have passed since the claimant received a decision on their application, $\beta = 1.4$, $p < .001$.

The relationship between the mean months to receive a decision for homeless ($M = 1.2$, $SD = 1.0$) versus non-homeless ($M = 1.8$, $SD = 1.6$) claimants revealed that homeless claimants had a statistically significant, $t(108) = 2.5$, $p < .01$, lower amount of time to receive a decision, which might have accounted for the statistical significance of this variable in the bivariate regression analysis. This variable was dropped for the multivariable analysis, due to issues with multicollinearity.

Multivariable Results. A multivariable negative binomial regression was conducted (see Table 12), to examine if the significant independent variables in the bivariate regressions would continue to be significant in a multivariable model. In the multivariable model the pre-decision jail bookings continued to be significant, $\beta = .2$, $p < .001$, as did having two years pass since the decision was made, $\beta = 1.6$, $p < .001$. Sex was no longer statistically significant. Being assigned a representative payee became marginally significant in the multivariable model, $\beta = -0.9$, $p < .10$.

Research Question 2-SSA logistic regression results

Logistic regression was conducted to explore significant bivariate independent variables for each of the classifications for approval and denial of benefits. For claimants only approved for SSI (see Table 13), receiving presumptive disability, $OR = 4.1$, $p < .05$, and number of consultative examinations, $OR = 0.2$, $p < .05$, were significant. None of the independent variables were significant for approval for SSDI only (see Table 14). The significant independent variables of approval for both SSI/SSDI (see Table 15) were criminal justice involvement, $OR = 3.8$, $p < .05$, and receipt of presumptive disability was marginally significant, $OR = 3.4$, $p < .10$. Lastly, the significant variables of being denied all benefits (see Table 16) was presumptive disability, $OR = 0.3$, $p < .05$, and the number of consultative examinations was marginally significant, $OR = 4.1$, $p < .10$.

IV. Discussion

Qualitative Discussion

The overarching finding from this study is that the SOAR program is effective, and contributes to high approval rates for claimants with SMI, who have high rates of homelessness, and are justice-involved. The SOAR program is getting benefits to these vulnerable claimants faster, which is allowing them to get necessary services. All of the SOAR-trained case managers were emphatic about how much they like the SOAR program, and how it has helped them to get more approved applications.

Increased communication and consistency, in application procedures at both the Social Security Administration offices and the Disability Determination offices, was seen as effective ways to get benefits for vulnerable populations who are eligible for SOAR. SOAR-trained case managers felt as though they knew how to successfully submit an application to their most frequently used offices, but when they had to use another office, or were assigned an unfamiliar adjudicator, getting the application submitted and the facilitation of the process was much harder. SOAR-trained case managers also wanted to see more consistency among the adjudicators, the documentation they require, how to submit documentation, and how the decision about an application is made. This is an interesting perception from the SOAR-trained case managers, as the five-step process used by SSA and DDS is designed to be consistent across adjudicators and offices. Future studies should explore the perceptions of the individual's submitting the applications and the processes used by SSA and DDS to understand why there are differences.

The SOAR-trained case managers expressed concerns with the knowledge of mental illness of the individuals responsible for making application decisions. Although a physician makes the final decision on a disability application, the adjudicators are responsible for making a determination about the application based on the submitted evidence and the listing criteria (the U.S. Social Security Administration, 2013d). The SOAR case managers believed that some of the adjudicators were not as familiar with mental illness, and suggested additional mental illness training or allocating specific employees within these agencies to deal with SMI impairment applications instead of having adjudicators work on all types of impairment applications. Again, the disability decision is based on set criteria used by the adjudicators, so the reason for this perception warrants further study.

One way to improve the perception of inconsistency held by the SOAR-trained case managers is through improved communication. The SOAR-trained case managers who had contacts at an office felt that it was much easier to complete and get an application approved; they were able to talk to the person handling the case to see if any additional documentation was needed for an approval. In addition, the SOAR-trained case managers found it easier to work with individuals at the Social Security offices because they were more familiar with the SOAR program, compared to the individuals at the Disability Determination offices. Having a central point of contact to ensure that all documentation has been received is perceived as important to getting an application approved. Again, all SOAR-trained case managers sign documentation so they can legally represent the applicant, which means they are able to call the adjudicator for clarification or to see if they need additional documentation. The SOAR case managers expressed uncertainty in the standardization about how decisions are made, perhaps further communication could help to clarify these uncertainties. The difference in SOAR case manager's

perception versus their actual ability to speak with adjudicators represents an area that needs further explanation.

All of the SOAR-trained case managers had very positive things to say about the SOAR program. They believed that it made it easier for them to apply for benefits, but also helped the claimant to receive benefits sooner. Although they were not able to state quantitatively that approval rates had changed, all participants endorsed that they were receiving a greater number of approvals since they began using the SOAR program (unless they had not completed any applications).

According to the SOAR-trained case managers, the characteristics of the claimant did play a role into approval or denial of their application. It was believed by multiple participants that claimants with a diagnosis of bipolar disorder, or major depressive disorder were more likely to be denied than individuals with a schizophrenia spectrum disorder, or a psychotic disorder. This was not verified through quantitative analysis of the data, but there was a low base rate of claimants with a diagnosis other than schizophrenia spectrum disorder or psychotic disorder. SOAR-trained case managers found that claimants who had more visible symptoms, such as in schizophrenia or psychotic disorders, were easier to get approved because these symptoms were more apparent, and would be harder to moderate in a working situation. Again, it is important to note that in order to make a disability decision the SSA uses a standardized list of mental illnesses with criteria that must be present in order for the person to be considered disabled.

Quantitative Discussion

The SOAR program was initially designed to get a decision about benefits faster for individuals who are homeless. Exploration indicated that the claimants in this study who were homeless did receive a decision faster than the other claimants, which is support that for this sample the SOAR program is working as it was intended. All claimants were on average receiving a decision faster, 1.61 months, than the national SOAR average of 3 months (Dennis et al., 2011). Overall, the sample approval rate of 88.1% for any benefits is higher than the national SOAR average of 73% (Dennis et al., 2011). These results are exploratory in nature, but there is potential to improve access to benefits for individuals returning to the community by incorporating SOAR into jail-diversion services. These preliminary results tie in with previous research on the effectiveness of the SOAR program, and began to explore the effectiveness in a population expanded beyond the original population of homeless individuals.

Bivariate analysis showed that the number of bookings after the approval of benefits was statistically significantly lower than the two year period before the approval of benefits. This result did not hold in the bivariate or multivariable regression analysis. While this is an interesting finding, it does not indicate that the SOAR program alone was responsible; there are a variety of factors that may have mitigated this relationship. SOAR leads to faster approval of benefits for individuals who historically do not have many resources; thereby making it easier for them to afford medical and mental health care, housing, and other basic needs. It is possible that these resources are resulting in the lower number of bookings, but based on the available data this relationship was not explored.

While not statistically significant, the bivariate regression of the SOAR data showed the SSI, SSDI, and both SSI/SSDI approval variables regression coefficients had a trend towards lower post-decision jail bookings. As stated previously, this relationship is most likely due to other factors that were not included in this study, such as receipt of mental health treatment, housing, and other services. Since the approval types were broken down into categories the low

base rate of each category may account for a lack of statistical significance, because of low power. The low base rate of denials in this study led to low power to be able to detect differences between claimants who were approved and denied benefits. The bivariate analysis was also run with a variable that represented approval versus denial, and again it was not significant but the regression coefficients had a trend towards lower post-decision jail bookings. In the multivariable model having a representative payee assigned was marginally significant for reducing post-decision jail bookings. A greater number of months from application to decision were related to higher pre- and post-decision jail bookings, which may reflect this samples' propensity towards crime, or the relationship between pre- and post-decision jail bookings.

Homelessness at application initiation was significantly associated to a reduced number of post-decision jail bookings. There are two plausible explanations for this relationship. First, individuals who were homeless at application initiation also had significantly lower months to decision, and as stated lower months from application to decision were related to lower post-decision jail bookings. Second, claimants who are identified as homeless by the SOAR team are typically provided with transitional housing. The receipt of these additional benefits may be impacting the post-decision jail days, and should be explored further.

The SSA data was broken into four outcome variables based on approval of SSI only, SSDI only, SSI and SSDI, and denied all benefits (versus approved any benefits). Receiving presumptive disability was associated with the receipt of SSI. This means that when a person received presumptive disability, they were more likely to be approved for SSI, indicating that these vulnerable claimants are getting benefits even before they are approved, and that presumptive disability is working as intended. Receipt of presumptive disability was also marginally significant for approval of both SSI/SSDI. Claimants with criminal justice involvement were more likely to be approved for both SSI/SSDI, which means they had some past work experience.

Approximately 25.1% of this sample was approved for SSDI, or both SSI/SSDI. This sample has a high number of individuals who have a SMI (mainly schizophrenia or a psychotic disorder), are homeless, and are involved in the justice system. These are individuals who have worked in the past, and who might be able to recover from their mental illness and work in the future. This is an important point, as these applicants may benefit from additional programs designed at helping individuals with SMI obtain work. Having a job is a protective factor against future recidivism, decreases homelessness, and may pose a potential way to help these individuals in the recovery process (Seiter & Kadela, 2003).

Diagnosis was not associated with approval or denial of SSI or SSDI when a schizophrenia spectrum or psychotic disorder was compared to mood disorders. In the qualitative interviews there were concerns that claimants with a mood disorder were denied at a higher rate. This was not reflected in the analysis, but may be more indicative of the low number of denials. In order to explore this relationship further a data set with a larger sample size and a greater number of denials, needs to be examined. Also, we were unable to analyze the relationship between physical impairments and mental impairments because this sample was based on individuals with a primary mental impairment.

Limitations

This study represents a cross sectional analysis of a unique jail-diversion program. Due to the specificity of the program where secondary data was collected, these results are not generalizable to all SOAR programs. In addition, the SOAR-trained case managers who were recruited to participate in the interviews were from a small geographic location, and received their SOAR training from the same group of trainers. Because SOAR training is based on a train the trainer model, it is likely that the participants in this study share similar beliefs from attending trainings conducted by the same trainers. The participants were not asked specifically who they were trained by, but some of them did reference the same trainer. The analysis of both the qualitative and quantitative data was undertaken as an exploratory study, and therefore was not intended to be representative. Instead, this study was conducted to explore the unique and potentially different experiences of individuals with SMI, who have high rates of homelessness, and criminal-justice involvement.

The ideal analysis of the SOAR dataset would have stratified the participants based on the type of bookings, misdemeanor only, felony only, or both, in order to understand the specific characteristics that could influence post decision bookings by this diverse group of individuals. Unfortunately, due to a low base rate, we were unable to stratify the sample for the regression analysis. While this is a limitation, the use of all pre decision jail bookings is still informative, and led to a greater understanding of factors that influence the post decision jail bookings.

Conclusion

There continues to be a need to explore the relationship between SOAR programs and how they can improve the lives for justice-involved individuals with SMI. Further research needs to focus on how receipt of benefits is related to jail-bookings, or to understand the other services associated with receipt of benefits that may decrease future jail-bookings. Additional research into understanding whether or not there is an effect of SMI diagnosis on application approval is also warranted. Overall, the results of this study support previous research that the SOAR program is an effective way to increase access to SSI and SSDI benefits for at risk populations. The approval rates for this specific program were above national averages, and the months from application to decision were lower.

SOAR-trained case managers believe that a standardized approach to applying for SSI and SSDI benefits across offices would improve both the time-to-decision and the application success for justice-involved adults with SMI. Preliminary evidence indicates that SOAR is an effective way to increase access to disability benefits for this vulnerable population. Although, in these data there was little evidence that the receipt of SSI/SSDI benefits directly reduced the risk of post-decision jail bookings, the combined effect of these benefits, housing, and treatment suggested in this sample deserves further study. In addition, further exploration into the perceptions of the SOAR-trained case managers about the DDP, communication with SSA and DDS, and potential differences in approvals based on diagnoses are warranted. Finally, interviews with staff at SSA and DDS, to assess their perceptions about the SOAR program, and how it can impact the application decision may better contextualize these preliminary results..

Table 1. Claimant attributes associated with application approval and denial

Attributes associated with approval of SSI and/or SSDI	Attributes associated with denial of SSI and/or SSDI
<i>Claimants with SMI:</i>	
<ul style="list-style-type: none"> • Psychotic symptoms • Severity of mental illness • Documentation of mental illness • Current treatment of mental illness • Low social functioning • Inability to concentrate • Low ADL functioning • Frequent hospitalizations or decompensation • Type of and dosage of medications 	<ul style="list-style-type: none"> • Less pervasive and less severe mental illness • Ability to maintain a job • Applicants stating they want to work or can work • Poor insight • Inability to remember dates and treatment history • Substance use • Absence of psychosis
<i>Claimants who are Homeless</i>	
<ul style="list-style-type: none"> • Homeless and not in temporary housing • Mental illness impairment that is so severe that they are unable to maintain employment or housing • Low social functioning • Inability to concentrate • Low ADL functioning and frequent hospitalizations • High number of trespassing or nuisance crimes • Psychotic symptoms 	<ul style="list-style-type: none"> • Not being a citizen and not being an eligible immigrant • Independence and ability to care for themselves (i.e. hygiene, basic needs) • Inability to remember where they received past treatment • Inability to respond to requests from the Social Security or the Disability Determination offices because they did not have a place to receive mail
<i>Justice-Involved Claimants</i>	
<ul style="list-style-type: none"> • Difficulty functioning in society • Inability to maintain employment • Instability • Long history of mental illness • Poor social environment • Being aggressive • Antisocial traits • An arrest affidavit that clearly states the person was behaving in a bizarre manner • Low social functioning • Low ADL functioning • Inability to concentrate • Frequent hospitalizations 	<ul style="list-style-type: none"> • Pending charges • Going to serve time in prison • Independence and ability to do things on their own • Criminal issue rather than a mental health issue • Lack of job history due to being incarcerated or lack of attempts at obtaining a job because of incarceration • History of drug abuse • History of fraudulent checks • Difficulty obtaining medical records from prison

Table 2. SSA data basic descriptive information

Applicant Characteristics	Descriptive Statistics			
	<i>n</i> (%)	<i>M</i>	<i>SD</i>	<i>Range</i>
Age in Years (Rounded)	176	35.94	13.30	20-75
Gender				
Male	154 (87.5%)			
Female	22 (12.5%)			
Years of Education	171	10.55	2.46	2-16
Current Title				
T16 only	94 (53.4%)			
T2 only	31 (17.6%)			
Both	12 (6.8%)			
None	39 (22.2%)			
Last SSI Payment	146	\$567.12	162.04	\$50-700
Last MBR Payment	45	\$784.44	263.89	\$100-1400
Year of Disability Onset	175	2007		
Year of File	176	2010		
Year of First Decision	174	2010		
Presumptive Disability	76 (43.2%)			
Criminal Justice Involvement	116 (65.9%)			
Housing at Application				
Homeless/transitional	70 (39.8%)			
Self/family/institution	106 (60.2%)			
Language				
English	135 (76.7%)			
Spanish	41 (23.3%)			
Primary Impairment				
Schizophrenia & Psychotic Disorders	101 (57.4%)			
Mood Disorders	61 (34.6%)			
Organic Mental Disorders	4 (2.3%)			
Intellectual Disability	2 (1.1%)			
All Other Mental Disorders	2 (1.1%)			
Injuries	3 (1.7%)			
Unknown	1 (0.6%)			
Time from application to decision	150	1.63	1.46	0-14

Table 3. SOAR data descriptive data for individuals with jail booking data (n=115)

Applicant Characteristics	<i>n</i> (%)	<i>M</i>	<i>SD</i>	<i>Range</i>
Lifetime Charges				
Felony	105 (91.3%)	4.37	5.72	0-43
Misdemeanor	98 (85.2%)	8.02	12.93	0-75
2 yrs. Prior to Approval				
Misdemeanor	33 (28.7%)	2.85	2.76	1-12
Felony	25 (21.7%)	1.64	1.44	1-8
Both	57 (49.6%)	5.82	5.40	2-28
2 yrs. After Approval				
Misdemeanor	17 (14.8%)	1.76	1.52	1-7
Felony	15 (13.0%)	1.33	0.62	1-3
Both	17 (14.8%)	4.29	2.23	2-10

Table 4. SOAR data Wilcoxon matched pairs signed rank test for bookings 2 years before and 2 years after application decision

Type of crime	2 years prior (n, <i>M</i>)	2 years post (n, <i>M</i>)	Sig
Misdemeanor	33 (2.9)	17 (1.8)	p<.001
Felony	25 (1.6)	15 (1.3)	p<.001
Both	57 (5.8)	17 (4.3)	p<.001

Table 5. SSA data approval and denial rates by benefit type

Approval of Denial Type	n	%
SSI Approved Only	110	62.50
SSDI Approved Only	9	5.11
SSI and SSDI Approved	36	20.45
Both SSI and SSDI Denied	21	11.93

Table 6. SSA data approval and denials overall

	n	%
SSI Approved	146	83.0
SSI Denied	30	17.1
SSDI Approved	45	25.9
SSDI Denied	129	74.1
SSI or SSDI Approved	155	88.1
Both SSI and SSDI Denied	21	11.9

Table 7. SSA data level of application approval and receipt of presumptive disability

	n	% of total	Received Presumptive Disability
			n
SSI Approved Initial	118	67.8	60
SSI Approved Reconsideration	22	12.6	9
SSI Approved Hearing	6	3.5	1
SSI Denied	28	16.1	6
SSDI Approved Initial	26	14.9	14
SSDI Approved Reconsideration	13	7.5	3
SSDI Approved Hearing	6	3.5	1
SSDI Denied	129	74.1	57

Table 8. SSA data reasons for application denial

Reason for denial	n	%
Medical improvement; impairment(s) does not cause marked and severe functional limitations	95	70.9
Capacity for engaging in Substantial Gainful Activity (SGA)	13	9.7
Slight impairment-medical consideration alone	9	6.7
Insufficient evidence furnished	5	3.7
Capacity for SGA-customary past work	4	3.0
Reported income does not constitute service months	2	1.5
End-stage renal disease-dialysis ceased	1	0.75
Medical Condition not Disabling - Individual has Benefited from Advances in Medical or Vocational Therapy or Technology - Able to Engage in SGA	1	0.75
Failure to follow prescribed treatment	1	0.75
Failure/refusal submit to consultative exam	1	0.75
Claimant does not want to continue development of claim- wants decision based on evidence in file	1	0.75
DIB claim filed when claimant was previously denied on substantive basis after last at which he met DIB insured status	1	0.75

Table 9. SOAR data Spearman Rank correlation matrix

Variable	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.
1. Sex	—													
2. Age	-.04	—												
3. Months to decision	-.01	.18*	—											
4. Prior felony	-.34†	-.18	.05	—										
5. Prior misdemeanor	.24	-.12	.10	na	—									
6. Prior both	.15	-.14	.31*	na	na	—								
7. Post felony	.17	.08	.25*	-.21	.09	-.01	—							
8. Post misdemeanor	.10	-.01	.28*	na	.30	.31†	na	—						
9. Post both	-.19†	.08	.15	.22	.25	.35*	na	na	—					
10. Approved	.07	-.10	-.26**	-.46*	.32†	.02	-.12	.11	-.06	—				
11. Living situation	.03	-.05	-.22**	-.05	.08	-.16	-.19†	.03	-.22*	.19*	—			
12. Representative payee	.07	-.23**	-.11	.18	-.29	-.22	-.40***	-.14	-.41***	-.03	.23**	—		
13. Consultative exam	-.06	.07	.30***	.40†	-.02	-.22	.14	.03	-.11	-.31***	.02	-.04	—	
14. Total prior bookings	.11	.03	.13	na	na	na	.07	.38***	.34**	.12	-.03	-.07	-.06	—
15. Total post bookings	.22*	.09	.26**	-.02	.29	.31*	na	na	na	-.04	-.20*	-.31**	.004	.37***

†p<.10; *p<.05; **p<.01; ***p<.001

Note: This set does not include claimants with zero prior bookings.

Table 10. SSA data Spearman Rank correlation matrix

Variable	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.
1. SSI approve	—													
2. SSDI approve	na	—												
3. Both approve	na	na	—											
4. Both deny	na	na	na	—										
5. Level award SSI	-.80***	na	-.89***	.64***	—									
6. Level award SSDI	na	-.98***	-.88***	.20**	-.12	—								
7. Age	-.06	-.01	-.07	.05	.17*	-.02	—							
8. Criminal justice involvement	.03	.20	.29*	-.07	-.03	-.21**	-.17*	—						
9. Level deny SSI	.19	na	.56***	-.26 †	-.09	-.16	.22 †	.02	—					
10. Level deny SSDI	-.37***	-.06	.17	.20*	.36***	-.31***	.13	.06	.57***	—				
11. Education	-.02	.23	.17	-.02	.03	-.18*	-.07	-.01	.06	.11	—			
12. Schizophrenia spectrum or psychotic disorder	.13	.08	.15	-.11	-.19*	-.03	-0.02	0.06	-.23 †	-.22**	-.14 †	—		
13. Living situation	.05	-.15	-.11	-.01	-.10	.14 †	-.20**	.14 †	-.24 †	-.18*	.01	.18*	—	
14. Presumptive disability	.22**	.04	.26 †	-.18*	-.24**	.01	.14 †	-.03	-.08	-.13	-.07	.23**	.11	—
15. Number of consultative exams	-.20*	-.04	-.15	.15*	.24**	-.01	.07	.004	.22 †	.14 †	.06	-.26**	-.14 †	-.15*

†p<.10; *p<.05; **p<.01; ***p<.001

Table 11. SOAR data bivariate regression for post-decision jail bookings

Characteristic	Post-Decision Jail Bookings		
	B	SE	Sig.
Pre-Decision Jail-Bookings	0.1334	-0.0409	***
<i>Demographic characteristics</i>			
Age	-0.0658	-0.3463	
Sex, Male	-2.2232	-1.0816	*
<i>Application characteristics</i>			
Approval Type			
Not Approved [Reference]	-	-	
SSI	-0.3461	-0.6253	
SSDI	-0.0599	-0.9035	
Both	-0.6021	-0.7979	
Approved versus Denied			
Approved	-0.3642	0.6235	
Denied [Reference]			
Homeless at Time of Application Initiation			
Yes	-1.1969	-0.4665	*
No [Reference]	-	-	
Months to Application Decision			
2 or more	0.44	-0.3635	
Less than 2 [Reference]	-	-	
Two Years Have Passed Since Decision			
Yes	1.4173	-0.3658	***
No [Reference]	-	-	
Representative Payee Assigned			
Yes	-0.4644	-0.4636	
No [Reference]	-	-	

† $p < .10$; * $p < .05$; ** $p < .01$; *** $p < .001$

Table 12. SOAR data multivariable model for post-decision jail bookings

Characteristic	Post-Decision Jail Bookings		
	B	SE	Sig.
Pre-Decision Jail-Bookings	0.15	0.04	***
<i>Demographic characteristics</i>			
Age	-0.32	0.37	
Sex, Male	-1.55	1.10	
<i>Application characteristics</i>			
Application Approved			
Yes	0.00	0.00	
No [Reference]	-	-	
Months to Application Decision			
2 or more	0.15	0.35	
Less than 2 [Reference]	-	-	
Two Years Have Passed Since Decision			
Yes	1.56	0.42	***
No [Reference]	-	-	
Representative Payee Assigned			
Yes	-0.85	0.47	†
No [Reference]	-	-	
<i>Dispersion</i>	0.99	0.40	

† $p < .10$; * $p < .05$; ** $p < .01$; *** $p < .001$

Table 13. SSA data bivariate statistics for SSI approval only compared to denial

Characteristic	SSI Approval		
	OR	95% CI	Sig.
<i>Demographic characteristics</i>			
Age	0.79	(0.31- 2.02)	
Type of Mental Illness			
Schizophrenia or Psychotic Disorder	2.12	(0.75- 5.98)	
Mood Disorder [Reference]	-	--	--
<i>Application characteristics</i>			
Criminal Justice Involvement			
Yes	1.17	(0.45- 3.01)	
No [Reference]	-	--	--
Received Presumptive Disability			
Yes	4.10	(1.30- 12.96)	*
No [Reference]	-	--	--
Homeless at Time of Application Initiation			
Yes	1.35	(0.52- 3.53)	
No [Reference]	-	--	--
Consultative Examinations			
Two or more	0.17	(0.03- 0.90)	*
Less than two [reference]	-	--	--

† $p < .10$; * $p < .05$; ** $p < .01$; *** $p < .001$

Table 14. SSA data bivariate logistic regression for SSDI approval only compared to denial

Characteristic	SSDI Approval		
	OR	95% CI	Sig.
<i>Demographic characteristics</i>			
Age	0.88	(0.18- 4.23)	
Type of Mental Illness			
Schizophrenia or Psychotic Disorder	1.41	(0.28- 7.13)	
Mood Disorder [Reference]	-	--	--
<i>Application characteristics</i>			
Criminal Justice Involvement			
Yes	2.63	(0.44- 15.78)	
No [Reference]	-	--	--
Received Presumptive Disability			
Yes	1.21	(0.18- 8.22)	
No [Reference]	-	--	--
Homeless at Time of Application Initiation			
Yes	0.46	(0.08- 2.81)	
No [Reference]	-	--	--
Consultative Examinations			
Two or more	0.75	(0.07- 8.36)	
Less than two [reference]	-	--	--

† $p < .10$; * $p < .05$; ** $p < .01$; *** $p < .001$

Table 15. Bivariate statistics for both SSI and SSDI approval compared to denial

Characteristic	Both Approved			Sig.
	OR	95% CI		
<i>Demographic characteristics</i>				
Age	0.62	(0.21- 1.86)		
Type of Mental Illness				
Schizophrenia or Psychotic Disorder	1.90	(0.59- 6.16)		
Mood Disorder [Reference]	-	--	--	
<i>Application characteristics</i>				
Criminal Justice Involvement				
Yes	3.75	(1.10- 12.84)		*
No [Reference]	-	--	--	
Received Presumptive Disability				
Yes	3.40	(0.95- 12.13)		†
No [Reference]	-	--	--	
Homeless at Time of Application Initiation				
Yes	0.63	(0.20- 1.96)		
No [Reference]	-	--	--	
Consultative Examinations				
Two or more	0.35	(0.05- 2.31)		
Less than two [reference]	-	--	--	

† $p < .10$; * $p < .05$; ** $p < .01$; *** $p < .001$

Table 16. Bivariate statistics for denied all benefits compared to approval for any benefits

Characteristic	Denied			Sig.
	OR	95% CI		
<i>Demographic characteristics</i>				
Age	1.33	(0.53- 3.31)		
Type of Mental Illness				
Schizophrenia or Psychotic Disorder	0.50	(0.18- 1.37)		
Mood Disorder [Reference]	-	--	--	
<i>Application characteristics</i>				
Criminal Justice Involvement				
Yes	0.65	(0.26- 1.65)		
No [Reference]	-	--	--	
Received Presumptive Disability				
Yes	0.27	(0.09- 0.84)		*
No [Reference]	-	--	--	
Homeless at Time of Application Initiation				
Yes	0.92	(0.36- 2.36)		
No [Reference]	-	--	--	
Consultative Examinations				
Two or more	4.14	(0.95- 18.00)		†
Less than two [reference]	-	--	--	

† $p < .10$; * $p < .05$; ** $p < .01$; *** $p < .001$

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