Sample SOAR Proposal – Jail Program

YOUR PROGRAM NAME – SOAR Team – Action Plan

## Issue

Seventeen percent of people incarcerated in our local jails have a diagnosis of a serious mental illness. The combined stigmas of justice involvement and mental illness pose significant barriers for frontline staff assigned with assisting incarcerated people to plan for reentry into the community. Upon release, the lack of treatment and mainstream resources (income, insurance, etc.), inability to work, and very few options for housing mean that many quickly become homeless and recidivism is likely.

Mental Health America reports that half of all people with mental illness are incarcerated for committing nonviolent crimes, such as trespassing, disorderly conduct, and other minor offenses resulting from symptoms of untreated mental illness. In general, people with mental illnesses remain in jail eight times longer than other offenders at a cost that is seven times higher.[[1]](#footnote-1) At least three-quarters of incarcerated individuals with mental illness have co-occurring substance-use disorders.[[2]](#footnote-2)

The Social Security Administration (SSA), through its Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) programs, can provide income and other benefits to people diagnosed with mental illness who are reentering the community from jails. The SSI/SSDI Outreach, Access, and Recovery program (SOAR) helps people who are homeless or at risk of homelessness to access SSA disability benefits.[[3]](#footnote-3) With SOAR, eligible inmates can receive SSI/SSDI within months instead of years and exit the jail with resources needed to help stay out of jail.

The YOUR PROGRAM NAME SOAR Team’s goal is to expand local SOAR assistance by embedding it in the local YOUR COUNTY County Sheriff’s Office (YOUR COUNTY SHERIFF’S OFFICE) jail system and implementing a data-tracking component to evaluate the SOAR process and track recidivism-related outcomes. Currently, the FUNDING AGENCY contracts with YOUR AGENCY, a nonprofit mental health organization, to provide SOAR assistance. While YOUR AGENCY’s SOAR program reaches jail inmates on occasion, a more targeted SOAR jail effort with improved data collection is needed to disrupt the cycle of mental illness, incarceration, and homelessness, and to reduce avoidable social and economic costs to our community.

## Recommended Strategy

The YOUR PROGRAM NAME SOAR team reviewed the current processes involved in FUNDING AGENCY’s current SOAR contract with YOUR AGENCY and identified ways to improve on and expand this assistance to the YOUR COUNTY SHERIFF’S OFFICE system by adding or repurposing existing direct service staff within FUNDING AGENCY. YOUR AGENCY’s SOAR program is a national model, the highest performing SOAR program in the nation in terms of success rates of initial applications and number of days to decision. Our recommended strategy is to continue this contract and its work outside of the jail system while pursuing innovation within FUNDING AGENCY government to embed SOAR into the YOUR COUNTY SHERIFF’S OFFICE system. This includes providing direct SOAR assistance within the jail and developing a data management component. The ways in which we can capture data and learn from it is better handled with folks working inside the system. Specific steps are as follow:

1. Deploy/Assign four social workers, including one with supervisory capacity, to provide SOAR assistance to jail inmates at three YOUR COUNTY SHERIFF’S OFFICE sites. One of these social workers will liaise with the court system and coordinate with ongoing efforts within the YOUR COUNTY SHERIFF’S OFFICE mental health court.
2. Assign one part-time data analyst to help identify SOAR-eligible inmates and track outcomes of SOAR inmates after release.
3. Automate the identification of SOAR-eligible inmates by creating daily reports of inmates who have a mental health “flag” and were homeless before incarceration. The four SOAR social workers will use these lists to direct their SOAR in-reach and complete SSI/SSDI applications before release.
4. Improve discharge planning for each SOAR inmate so that access to housing and mental health treatment is more successful. These linkages to nonprofits and other key stakeholders already exist in our community but they need to be used more intentionally.
5. Expand SOAR assistance to people who only have physical disabilities. Currently, SOAR programs only focus on SSI/SSDI applicants with severe and persistent mental illness. While mental health will still be the main focus, the three SOAR staff within YOUR COUNTY SHERIFF’S OFFICE will be trained to complete SSI/SSDI claims that are mostly or all physical.

## Why this Issue is Important to Address Now

Structural changes within the mental health system have led to a dramatic shift where psychiatric inpatient care is provided. Because of a reduction in inpatient psychiatric beds at our state psychiatric hospitals, many people experiencing homelessness who have a diagnosis of a mental illness receive mental health care in our jails and prisons.[[4]](#footnote-4) YOUR STATE HOSPITAL, the state-funded psychiatric hospital that serves our area, has approximately 100 inpatient beds, whereas YOUR COUNTY SHERIFF’S OFFICE has over 500 beds for people with diagnoses of mental illness. Because the care of people with psychiatric illnesses has quietly shifted from the state government to local government, it is now time to address this challenge within YOUR FUNDING AGENCY with all of the tools we have in our local toolbox.

Fortunately, we have a local community-based SOAR program that works. Since 2006, YOUR AGENCY, through a contract with the FUNDING AGENCY, has assisted over ### people apply for SSI/SSDI using SOAR strategies. YOUR AGENCY’s success rate is ##% on initial applications and has a current turnaround time of 40 days on average (success rates without SOAR are 10-15% and at least one year turnaround time). In July 2010, YOUR AGENCY began assisting inmates with SOAR in jails and prisons. From July 2010 through November 2012, ### percent of ## applications were approved in an average of ## days. In most cases, YOUR AGENCY’s staff assisted with SSI/SSDI applications on location in these facilities prior to release. Upon release, YOUR AGENCY staff accompanied the individual to the local SSA office where their release status was verified and their SSI/SSDI benefits were initiated. While YOUR AGENCY has had some success in this work, there continue to be barriers. YOUR AGENCY employees have limited access to inmates, cannot meet demand, and do not have access to YOUR COUNTY SHERIFF’S OFFICE data systems. HIPAA concerns voiced by YOUR AGENCY also limit the amount of information exchanged between the contractor and YOUR COUNTY SHERIFF’S OFFICE, making it more difficult to track recidivism outcomes.

Miami-Dade County, Florida, has also shown success with SOAR assistance in jails. From July 2008 through November 2012, 91 percent of 181 inmates were approved for SSI/SSDI benefits on initial application in an average of 45 days. All applicants were linked to psychiatric treatment and medication with community providers upon release from jail, and in-depth housing referrals were made for inmates post-release. The number of arrests two years after receipt of benefits and housing compared to two years earlier was reduced by 70 percent (57 versus 17 arrests).[[5]](#footnote-5)

Positive outcomes produced by SOAR pilot projects within jail and prison settings locally and around the country that link people with mental illness to benefits upon their release should provide impetus now for more correctional facilities to consider using this approach as a foundation for building successful transition or reentry programs.[[6]](#footnote-6) We have local SOAR expertise and a clear opportunity to capitalize on our SOAR progress to date. The attached process maps outline how we will identify SOAR-eligible inmates in the jail, and we have a cadre of local SOAR trainers to train new or repurposed SOAR staff for this project. Embedding SOAR services within the jail will increase access to treatment, insurance (Medicaid/Medicare), and monthly cash benefits, and lead us to a more compassionate and fiscally responsible position where we are treating people with mental illness instead of merely jailing them.

## Operational and Financial Impact

This project will create many operational improvements and potential cost savings and/or cost avoidance.

**Operational Improvements:**

* Increased local data usage and analysis in YOUR COUNTY SHERIFF’S OFFICE to 1) identify SOAR-eligible inmates proactively and 2) to track outcomes after SSI/SSDI approval to gauge recidivism rates post-approval and calculate cost savings and avoidance.
* Increased SOAR assistance within the jail so that inmates are released with access to income, health insurance (Medicaid/Medicare), and treatment (medical and mental health), and have a better chance of paying rent and utilities in subsidized housing (Section 8, SRO, group homes, etc.).
* Improved discharged planning for inmates that leads to in-depth referrals to housing, treatment, and other support services provided by social services organizations and agencies.

**Financial Impact: Staffing**

3.5 FTE’s are needed to pilot this program well at multiple sites within YOUR COUNTY SHERIFF’S OFFICE – three social workers and a part-time data analyst. If new YOUR FUNDING AGENCY dollars are allocated for this program (instead of repurposing existing staff), the budget estimate for salaries and benefits is as follows:

|  |  |  |  |
| --- | --- | --- | --- |
| **Line Item** | **SOAR Supervisor (1 FTE at $55,000 per year)** | **SOAR Specialist (2 FTE at $43,000 per year)** | **Data Analyst (.5 FTE at $65,000 per year)** |
| Salaries | $55,000 | $86,000 | $32,500 |
| Benefits (@ 22%) | $12,100 | $18,920 | $7,150 |
| **Subtotal** | $67,100 | $104,920 | $39,650 |
| Admin (@ 15%) | $31,750 |  |  |
| **Grand Total (4.5 FTE + admin)** | **$243,420** |  |  |

**Financial Impact: Return on Investment**

In the first year of operation at the proposed level of staffing, the SOAR program will assist at least 75 inmates in receiving SSI/SSDI benefits in year one and 100 inmates in year two. On approval, each applicant will receive approximately $710 per month in federal assistance and Medicaid and/or Medicaid health insurance. We estimate that at the end of the year, 50 of these individuals will have received benefits for at least six months. These 50 will bring $213,000 in federal cash benefits (50 x $4,260). If these disabled ex-offenders continue to receive their SSI/SSDI benefits for just one year, $426,000 ($8,520 per year X 50 people) in federal cash benefits will enter our community. That is a return of 1.75 dollars for each dollar invested. Each program year, additional ex-offenders will receive SSI/SSDI benefits and increase the rate of return. For example, after year two, a total of 125 people will have received benefits. If these 125 people continue to receive SSI/SSDI for one year, the total amount of additional federal funds entering YOUR CITY will be $1,384,500 (see Figure 1).

Figure 1 (assumes 50 applications for Year 1, 75 applications for Year 2 and Year 3)

This calculation does not include the return on investment from access to Medicaid/Medicare, benefits that are not funded at the local level and that pay for medical care that would otherwise go uncompensated by our local hospitals. In 2013, #### people experiencing homelessness were surveyed in YOUR CITY using the Vulnerability Index, a tool that helps prioritize people for permanent housing. Of those surveyed, only ##% reported receiving Medicaid health insurance and ##% reported having no health insurance at all. The same respondents reported #### inpatient hospitalizations in the past year and #### ER visits in the three months prior to the survey.[[7]](#footnote-7)

It is highly likely that access to SSI/SSDI benefits also reduces recidivism rates as shown in the Miami-Dade program. A SOAR program within the jail would allow us to track all of these outcomes better and calculate the overall return on investment.

## Metrics for Success

Clear milestones and performance targets will measure the success of this project.

**Programmatic Success Milestones (see attached Gantt chart)**

Near-Term (February 2014 through June 2014)

* Identify new funds for SOAR staff or propose plan to repurpose existing YOUR AGENCY staff (responsible staff: NAMES).
* Prepare YOUR COUNTY SHERIFF’S OFFICE data systems to track important SOAR-related data elements (responsible staff: NAMES).
* Finalize consent forms to be used to collect information from inmates including medical records from outside treating sources (responsible staff: NAMES).
* Schedule SOAR training for YOUR AGENCY staff (responsible staff: NAMES).

Mid-Term (July 2014 – December 2015)

* Hire (or repurpose) and train YOUR AGENCY staff in SOAR and new process maps and program guidelines (responsible staff: NAMES).
* Begin monthly community meeting with key stakeholders on SOAR and discharge planning and making in-depth referrals to housing and services post-release (responsible staff: NAMES).
* Begin assisting with SSI/SSDI by September 2014 (responsible staff: YOUR AGENCY SOAR staff, YOUR COUNTY SHERIFF’S OFFICE).
* Begin monthly program reporting by October 2014 (responsible staff: YOUR AGENCY SOAR staff, NAMES).
* Begin data analysis on SOAR and recidivism rates and have report ready by December 2015 (NAMES).

**Programmatic Performance Targets**

The SOAR program will be monitored on a monthly basis by the following goals and performance targets.

* Applications Approved: at least 50 SSI/SSDI applications approved in year one; 75 applications approved in year two.
* Application Approval Rate: maintain an application approval rate of less than 60 days on average. Reduce approval rate to approximately 40 days in year two.
* Recidivism Rate: by year two, report on recidivism rate of new SSI/SSDI beneficiaries and set goal for recidivism rate.
* Housing and Service Linkages: 100% in-depth referrals for SSI/SSDI recipients to housing and support services in the community after release.

1. Mental Health America. (2008). *Position Statement 52: In support of maximum diversion of persons with serious mental illness from the criminal justice system*. Retrieved from <http://www.mentalhealthamerica.net>. [↑](#footnote-ref-1)
2. Council of State Governments. (2002). *Criminal Justice/Mental Health Consensus Project.* Lexington, Kentucky: author. [↑](#footnote-ref-2)
3. Dennis, D., Lassiter, M., Connelly, W., Lupfer, K. (2011) Helping adults who are homeless gain disability benefits: The SSI/SSDI Outreach, Access and Recovery (SOAR) program. *Psychiatric Services*, 62(11) 1373-1376. [↑](#footnote-ref-3)
4. H. Richard Lamb, Linda E. Weinberger. *Journal of American Psychiatry Law*. 2005; 33(4): 529-534. [↑](#footnote-ref-4)
5. Dazara Ware, Deborah Dennis. *Best Practices for Increasing Access to SSI/SSDI Upon Exiting Criminal Justice Settings.* (2013). Delmar, New York: author. [↑](#footnote-ref-5)
6. Dennis, D. & Abreu, D. (2010). SOAR: Access to benefits enables successful reentry, *Corrections Today,* 72(2), 82-85. [↑](#footnote-ref-6)
7. [↑](#footnote-ref-7)