

SOAR Works for Individuals Involved in the Criminal Justice System

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The Bureau of Justice Statistics (BJS) found that 37 percent of people in prison and 44 percent of people in jail had been told by a mental health professional in the past that they had a mental disorder (2017). The disorders reported included major depressive disorder, bipolar disorder, schizophrenia, anxiety disorder, post-traumatic stress disorder, and personality disorder (BJS, 2017). In addition, the National Reentry Resource Center (n.d.) reported that **641,100 people** who had been sentenced to detention in state and federal prisons were released to their communities and that approximately **9 million people** are released from jail each year. The number of people being released each year, coupled with strong evidence pointing to the likelihood of such individuals having serious mental illnesses, makes the case for resources that can increase post-release success deserving urgent attention (Steadman, Osher, Clark, Case, & Samuels, 2009).

Introduction

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 support a healthy return to communities for previously incarcerated individuals. SSI/SSDI Outreach, Access, and Recovery (SOAR), a project funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), is a national technical assistance program that helps people who are experiencing or at risk for homelessness to access SSA disability benefits. The [SAMHSA SOAR Technical Assistance Center](#) can help local corrections and community transition staff integrate benefit options with community reentry strategies for people with serious mental illness and co-occurring disorders to promote post-release success.

This best practices summary describes the following:

- The connections between serious mental illness, homelessness, and incarceration
- What happens to SSI/SSDI benefits when a recipient becomes incarcerated
- The role of SOAR in reentry planning
- Best practices for increasing access to SSI/SSDI benefits for people with serious mental illness who are reentering communities from jails and prisons

Incarceration Impacts All Systems of Care

People with serious mental illness are more likely to be arrested multiple times for the same crime, spend more time in jail before adjudication, serve longer sentences, and have higher recidivism rates than those without mental illness (Wrenn, McGregor, & Munetz, 2018). The post-release barriers experienced by people with criminal justice involvement and mental illness pose unique challenges not only for the individual but also for community service providers and reentry staff responsible for helping plan their successful transition into communities. The incarceration of people with mental illness poses social, economic, and public health concerns and makes reentry efforts to address these barriers unique. However, attention must be given to this large segment of our population to promote health upon return to the community (Ware & Dennis, 2013).

In general, the intersection of criminal justice and behavioral health not only affects the justice-involved person but all systems involved in their care (treatment, housing, employment, and supervision). A study in New York City found that individuals with mental illnesses were less likely to make bail and stayed in jail considerably longer before making bail. In addition, the average length of stay varied based on severity of mental illness. Individuals with serious mental illnesses (SMI) had a shorter average length of stay than those with identified mental illnesses who did not meet the criteria for SMI (91 vs. 128 days), but both groups had significantly longer average lengths of stay than those without mental illnesses (61 days) (Council of State Governments Justice

Center, 2012). These statistics demonstrate the need for a collaborative effort across multiple systems to prevent people with mental illness from cycling between homelessness and incarceration—often as a result of substance use and/or declining mental health. Cross-system collaboration must be developed to provide returning citizens with the opportunity to reintegrate successfully into communities and pursue recovery (Wrenn et al., 2018).

The lack of affordable housing across the board poses strong competition for anyone in need, making housing for individuals with histories of criminal activity almost unattainable. Housing insecurity does not allow for much concentration on treatment to address physical or mental health or substance use issues, so emergency rooms become the primary source of care. The cost associated with repeated incarcerations, multiple hospitalizations, and community services that assist with housing becomes a financial burden for all systems. Homelessness and incarceration are intertwined. More than 20 percent of prisoners with mental illness experienced homelessness in the months before their incarceration, compared with 10 percent of the general prison population (Greenberg & Rosenheck, 2008). These adverse consequences, often linked to the severity of symptoms associated with mental illness, appear to increase the risk of many people returning to the community upon release from jail or prison experiencing rearrests, homelessness, or both.

Case Studies: The Complex Needs of Individuals With Serious Mental Illness in Contact With the Criminal Justice System

To understand the interplay among serious mental illness, homelessness, and incarceration without access to resources, consider these examples:

In 2017, **Sandra** received SSI benefits based on her diagnosis of bipolar disorder. Because of the symptoms associated with her illness, she displayed behavior that often resulted in interactions with law enforcement. Her recurrent interactions with the courts led to a 90-day jail sentence. While Sandra was incarcerated, her benefits were suspended, and she was unable to pay her rent and lost her housing. Upon release, Sandra was not aware that her benefits could be reinstated and began seeking services from community providers. The providers were not aware that Sandra had once received SSI benefits and continued the difficult task of securing housing for Sandra under the assumption that no resources and health insurance were available to her.



Sandra

Kyle lived on the street prior to his incarceration. Upon arrival in the county jail, Kyle displayed increasingly paranoid behavior and began to respond to voices that others could not hear. He was seen by the jail psychiatrist and diagnosed with schizophrenia, paranoid type. With no money or treatment resources available to him, the discharge planners at the jail have difficulty developing his discharge plan. Kyle has remained in jail three times longer than a person without a mental illness who has access to housing, treatment and other resources in place.



Kyle

Debra has been incarcerated since September 2016. Debra was diagnosed with post-traumatic stress disorder, caused by childhood trauma and abuse she experienced as a young woman, prior to her incarceration. Her institutional file notes that she has struggled with depression, self-harm, and isolation for the majority of her sentence. Her tentative release date of May 2019 was contingent on her ability to establish a verifiable residential address. The Department of Corrections (DOC) did not approve the family address she submitted because of the known criminal histories of her family members who reside there. Unfortunately, Debra was unable to establish residency on her own because she had no income. Thus, she missed her opportunity for parole and must complete her maximum sentence. Debra is scheduled for release in 2021.



Debra

Omar was arrested for stealing from a local grocery store. He was experiencing homelessness at the time of arrest and has a diagnosis of schizophrenia. He was not receiving any community mental health services at the time. Omar has no family. He was hospitalized while under the supervision of the jail. Under hospital care, Omar became stable and was released back to the jail. However, the medications that helped Omar's symptoms in the hospital were not approved for use in the jail, and more acute episodes followed. Because of the acute symptoms he experienced shortly after the arrest, Omar cycled between the county jail and state hospital 4 times over 2 years before he could appear before a judge.



Omar

Victor, an Army Veteran, was released from prison after serving 6 years. While incarcerated, he was diagnosed with a traumatic brain injury and depression. Victor served his full sentence and was not required to report for probation



Victor

or parole. He was released to a rural community with \$25, the phone number for a community mental health provider, and instructions to apply for disability at the local Social Security field office. He does not have the funds to travel to the Social Security office and has no access to a computer. Within 2 weeks of release, Victor was arrested for sleeping in an abandoned building. He was intoxicated and told the arresting officer that drinking helped the headaches he has suffered from since his discharge from the Army. Victor was sent to jail.

These examples illustrate the complex needs of people with serious mental illness who become involved with the justice system. Initiating applications for Sandra and Kyle could significantly decrease the limited amount of time and resources used by caseworkers to assist with reentry plans. For Debra and Omar, the opportunity to apply for SSI/SSDI benefits on a prerelease basis would have substantially reduced the period of incarceration, and in Victor’s case, access to SSI immediately upon release could have decreased the likelihood that he would return to jail. But how do we ensure that this happens?

Incarceration and SSA Disability Benefits

SSA defines disability as the inability to engage in any substantial gainful activity (SGA) by reason of any medically determinable physical or mental impairment(s) that can be expected to result in death or has lasted or can be expected to last for a continuous period of not less than 12 months (Social Security Administration, n.d.). Although the requirements to be found disabled remain the same for both programs, the rules for SSI and SSDI beneficiaries (individuals awarded benefits) who are incarcerated differ. When SSI recipients are incarcerated for less than a calendar month, there should be no effect on their benefit payments. If the SSI recipient is incarcerated a full calendar month, benefits are suspended, and if the person is released within 12 months, SSI can be reinstated upon release. However, if an SSI recipient is incarcerated for 12 or more months,

Medicaid Suspension

Many states and communities that have worked to ensure immediate access to benefits upon release have focused almost exclusively on Medicaid. According to a survey conducted by the Kaiser Family Foundation (2018), over 30 states and the District of Columbia have adopted policies that suspend rather than terminate an individual’s eligibility for Medicaid assistance while residing in a jail or prison. This number includes states with time-limited suspension policies, in which Medicaid benefits are suspended for a specific time frame, usually ranging from 30 days to a year.

SSI benefits are terminated, and the individual must reapply. It is important to remember that the full calendar month may be longer than 30 days (example: Jane was arrested on April 15 and released on May 29. She was not incarcerated for the full month of April or May, so there should be no effect on her benefit payments). Reapplication can be made 30 days prior to the expected release date, but benefits cannot begin until release. Although the recipient can not receive monthly Social Security benefits while incarcerated, benefits to their spouse or children will continue as long as they remain eligible.

Table 1. Receiving Benefits: Supplemental Security Income (SSI)

Incarceration Time	Effect on Benefits	Action Needed Upon Release
< 1 full calendar month	No effect	None
1–12 calendar months	Suspended	Can be reinstated upon release
12+ consecutive calendar months	Terminated	Must reapply

**As a general rule, reapplication can be made 30 days prior to expected release date but benefits cannot begin until release. With a pre-release agreement, this time can be extended to to 120 days prior to release.*

SSDI recipients are eligible to continue receiving benefits until convicted of a criminal offense and confined to a penal institution for more than 30 consecutive days. At that time, SSDI benefits are suspended but will be reinstated the month following release. For both SSI and SSDI, the SSA requires valid proof of release from the institution upon request for reinstatement of benefits.

Table 2. Receiving Benefits: Social Security Disability Insurance (SSDI)

Incarceration Time	Effect on Benefits	Action Needed Upon Release
< 30 days	No effect	N/A
> 30 days* convicted and confined	Suspended	Can be reinstated upon release

**Recipients are eligible to continue receiving their benefits until they are convicted of a criminal offense and confined to a penal institution for more than 30 consecutive days.*

Unfortunately, people who are newly released are often unaware of their eligibility to have benefits reinstated and wait months before their benefits are reinstated or initiated. Few states or communities have developed legislation or policy to ensure prompt availability of benefits upon release. Consequently, people with serious mental illness, who may lack the ability and resources to apply on their own, are released each year and are at increased risk for experiencing symptoms of mental illness, substance abuse, homelessness, and recidivism (Wrenn et al., 2018).

SOAR and CJ Work! Implementing SOAR as a Tool to Promote Successful Reentry

Implementing the SOAR model in criminal justice settings is showing promising results for eligible individuals involved in the criminal justice system (Lupfer & Ware, 2019). As of August 10, 2019, 73 percent of 407 initial SOAR-assisted applications were approved for applicants with living arrangements in jail or correctional facilities for an average of 85 days. This is according to the SOAR Online Application Tracking (OAT) system.

In addition to supporting long-standing SOAR–Criminal Justice (SOAR–CJ) initiatives, the SAMHSA SOAR TA Center has awarded technical assistance to 18 agencies that provide SOAR services to individuals involved in the criminal justice system (Figure 1). Through this award, recipients can improve their efforts in connecting individuals leaving correctional facilities and/or reentering communities to needed resources. Each awardee received an on-site planning meeting, participation in the SOAR Leadership Academy, training through the SOAR Online Course, and tracking of outcomes through the SOAR OAT system.

SOAR initiatives within criminal justice settings continue to link people with mental illness to benefits upon their release, helping provide the momentum for more correctional facilities to consider using this approach as a foundation for building successful transition or reentry programs. Below are examples of SOAR–CJ collaborations. In addition to those described below, SOAR initiatives continue to grow in jail and prison systems, accountability courts, and community reentry programs across the country.

SOAR Works With Jails

Eleventh Judicial Criminal Mental Health Project

The Eleventh Judicial Criminal Mental Health Project (CMHP) was established in 2000 to divert individuals with serious mental illnesses or co-occurring substance use disorders from the criminal justice system into



comprehensive community-based treatment and support services. The CMHP program supports SOAR-dedicated staff trained to assist with SSI/SSDI applications. These dedicated positions allow staff to develop expertise in the SOAR model and develop and strengthen a collaborative relationship with SSA. Their collaborations and continued work to provide full and complete SOAR application packets result in approvals for benefits in the shortest time possible. From July 2008 through July 2019, 90 percent of 631 individuals were approved for SSI/SSDI benefits on initial application in an average of 43 days.

All CMHP participants are screened for eligibility for SSI/SSDI and linked to psychiatric treatment and medication with community providers upon release from jail. Community providers are made aware that participants approved for SSI benefits will have access to Medicaid. This reduces the stigma of mental illness and involvement with the criminal justice system, making participants more attractive “paying customers” for housing providers.

Mecklenburg County’s Criminal Justice Services, Charlotte, North Carolina



With successful reentry and diversion practices in mind, Mecklenburg County’s Criminal Justice Services (CJS) has worked to address the barriers often associated with assisting with SSI/SSDI applications for justice-involved persons.

The CJS team has developed a court order for a “Mental Health Evaluation” for mental status evaluations to be completed and used as part of the applicant’s SOAR application without having to wait for a consultative exam to be scheduled in the community. Based on the team’s work with the judges and the public defender’s office, the order is written to allow CJS to share the report with community providers (e.g., SOAR workers, mental health treatment team) so that individuals can have their needs met while limiting the amount of information that gets into the applicant’s criminal file through the ability to provide the judge and attorneys with only the recommendations and not the full report.

The team has developed a strategy to assist applicants by prioritizing SOAR cases into two categories:

1. Initial SOAR claims where they work start to finish (this includes assisting with claims for individuals who have not applied in the past and for those who previously received SSI but lost benefits and need to reapply).
2. SOAR claims where they begin the SOAR process while the applicant is currently in jail and then

Figure 1. SOAR Criminal Justice Technical Assistance Awardees



SOAR and Criminal Justice Technical Assistance Awards



2017

- A. Maricopa County Correctional Health Services
- B. Burrell, Inc.
- C. Elgin Police Department
- D. Mecklenburg County Criminal Justice Services
- E. Consumer Health Coalition
- F. The Kent Center

2018

- A. Mississippi Department of Corrections
- B. Directions for Living
- C. Martin Girls Academy
- D. Delaware Department of Corrections
- E. Newark Community Solutions
- F. New Hour for Women and Children

2019

- A. California Department of State Hospitals
- B. Riverside University Health System in collaboration with Riverside County Jail
- C. Volunteers of America Southeast Louisiana
- D. Chattanooga City Hamilton County Mental Health Court
- E. Legal Council for Health Justice in collaboration with Cook County Department of Corrections
- F. Second Chance Reentry

transition the claim to a community SOAR provider to complete the application when the applicant is released before a decision on the claim can be determined.

Stephen C. Strzelecki, Lead Clinical Psychologist of the Forensic Evaluations Unit and SOAR–CJ Lead at Mecklenburg County CJS Team states, “Since we really don’t care who is the SOAR worker of record, as long as the client gets what they need, I consider this a win–win situation” (S. Strzelecki, phone call, July 26, 2019).

The CJS team developed a SOAR–CJ Steering Committee and has incorporated its work into the state SOAR plan. Members of the Committee also participate in regularly scheduled local SOAR provider meetings to network with professionals from other agencies and develop collaborative relationships within the SOAR community.

In 2019, CJS has dedicated funding to pay for a part-time SOAR worker to assist in meeting the needs of the clients it serves. Additionally, as part of its ongoing involvement with the John D. and Catherine T. MacArthur Foundation’s Safety and Justice Challenge, CJS is preparing to submit a proposal for a grant-funded SOAR position. This position would be housed within the local jail and submit SOAR applications for qualified individuals with the goals of reducing the length of incarceration and recidivism rate of members of the target population.

In collaboration with Community Support Services and other community stakeholders, CJS has developed a SOAR initiative that “in some ways looks like a typical SOAR model and in other ways is unique to our situation and relies on partnerships with a network of community providers” (S. Strzelecki, phone call, July 26, 2019).

Mecklenburg County’s Criminal Justice Services was a recipient of the 2017 SAMHSA SOAR–CJ Technical Assistance Award.

SOAR Works With State Prisons

Michigan DOC

In 2007, the Michigan DOC began to discuss implementing SOAR as a pilot in a region where the majority of the state’s prisoners with mental illnesses are housed. A subcommittee of the SOAR State Planning Group was formed and continues to meet monthly to address challenges specific to this population. In January 2009, 25 DOC staff from 8 facilities, the facility administration, and prisoner reentry staff attended a 2-day SOAR training session. The subcommittee has worked diligently to develop a process to address issues such as release into the community before a decision is made by SSA, the optimal time to initiate the application process, and

Community Spotlight: Michigan DOC

“The first SOAR [application] I completed was with a prisoner that was scheduled to max-out on his prison sentence. This particular prisoner was middle-aged and had been incarcerated for over 20 years. Prior to incarceration, this prisoner resided in an adult foster care (AFC) home. He had a history of severe mental illness, substance abuse, and a marked developmental delay. Due to significant symptoms of his mental illness, the Michigan DOC secured an order for short-term direct inpatient psychiatric hospitalization upon his release. During the time the prisoner was released from prison and receiving inpatient psychiatric services, his [SSI application] was approved. Since his SSI approval, an AFC home was secured for him to reside at permanently. This entire process made me realize the huge impact that SOAR can have on some of the most vulnerable individuals.

Another more recent successful SOAR-assisted case involved a prisoner in his early 30s, who spent much of his juvenile and adult life in and out of the criminal justice system. This particular prisoner had experienced homelessness as both a child and an adult and had a traumatic childhood, riddled with trauma, abuse, and neglect. Additionally, the prisoner suffered from a severe mental illness requiring the use of injectable medications in addition to numerous medical problems requiring the use of a walker for mobility. This particular prisoner was scheduled to max-out of prison and had no friends or family in the community and as a result, was released to a homeless shelter. In the past, it has been a challenge completing a SOAR-assisted SSI application for an individual that is releasing to a homeless shelter, but through the team effort of the local CMH, homeless shelter, DDS and SSA, all necessary appointments were attended, and paperwork was submitted. I received his SSI approval letter several weeks ago and know that with these funds, he will be able to secure permanent and stable housing.”

—Katherine Merrill, LMSW, Michigan Department of Corrections. Submitted to the SAMHSA SOAR Technical Assistance (TA) Center on January 24, 2018.

collaboration with local SSA and Disability Determination Services (DDS) offices.

Since 2007, the DOC has received 83 decisions on SSI/SSDI applications. Of those applications, 39 percent were submitted after the prisoner was released, and 76 percent of the decisions were received after the applicant’s release. Of



those denied, 17 percent were reincarcerated within the year following release, whereas only 2 percent of those approved were reincarcerated (Ware & Dennis, 2013). For Fiscal Year 2019 alone, the Michigan DOC has maintained a 78 percent approval rate over an average of 85 days.

SOAR Implementation Requires Collaboration

SOAR implementation begins with the goal of completing SOAR-assisted applications prior to the applicant's release. The motto **"decision before discharge"** refers to the implementation plan that ensures that the application is complete and submitted within sufficient time that the applicant is likely to receive an SSA decision prior to release. Using the SOAR model with this goal in mind requires a collaborative effort that often includes criminal justice agency staff, behavioral health partners, community providers, and SSA to address the need for assistance to apply for these benefits.

Criminal Justice Staff

One of the critical components of SOAR includes a narrative description called a Medical Summary Report (MSR) that describes the limitations in the applicant's ability to function because of the severity of the symptoms associated with the impairment. Although caseworkers, social workers, medical treatment staff, and reentry teams are excellent sources that can provide valuable information about the applicant, it is also important to consider the information provided by officers and correctional staff. The intake officer is often the first person the applicant interacts with upon arrival at a correctional facility, and correctional staff members are always present when many other staff members have left for the day.

Intake officers can provide valuable information describing the applicant's condition upon arrival. For some SOAR initiatives, questions related to benefits are included in the intake assessments to determine whether an individual is currently receiving benefits or has received them in the past. This information can help identify individuals who may need assistance applying for benefits or ensuring that benefits are reinstated upon release.

Correctional staff often possess knowledge of the applicant's behavior that may go unnoticed by other staff. For instance, a correctional officer may know that an applicant's "bunkie" often reminds the applicant to take his or her medication or that the applicant needs to be on one particular detail that requires only one task because they are easily confused. This type of collateral information could be used to demonstrate the applicant's need for support in order to function.

Medical Records

Medical records from correctional institutions are often difficult for community providers to obtain. It is not uncommon that the only records available to support the claim come from jails or prisons, so strong partnerships between the SOAR provider and the facility's medical records staff are essential. Understanding how treatment is provided (state, county, or private companies), where medical records are stored (on or off-site), and the policy regarding their access is important.

The East Mississippi Correctional Facility (EMCF)

has a policy that restricts access to an applicant's mental health records while incarcerated. In response, the SOAR-CJ lead collects the medical information, reviews the records, and submits the psychiatric summary that emphasizes the longevity of treatment and medications prescribed to the applicant, whereas SOAR caseworkers prepare the disability forms, interview the applicants, and record their observations and information obtained from the applicant and collateral sources that support the claim. Through collaborative efforts while working within the department's protocol, EMCF received its first approval 66 days from the time that the application was submitted to SSA.



Community Providers

With an estimated 6,613,500 persons under the supervision of U.S. adult correctional systems at year-end 2016, as reported by BJS, the number of people who could be released with disabling conditions caused by serious physical and/or mental health problems driven by substance use is considerable. Collaboration with community-based behavioral health providers is necessary to ensure that the continuity and oversight of the application process are followed through to the decision. Receiving a "decision before discharge" significantly reduces the time that an applicant waits to receive payment and reduces the wait time that insurance is activated upon reentry to the community and increases the likelihood of a successful transition because those resources are in place. It is important to account for the unpredictability of release dates from jails and prisons in SOAR implementation plans (Ware & Dennis, 2013). This is a significant component of SOAR implementation. The ultimate goal is to complete SOAR applications in sufficient time for the applicant to receive a decision before he or she is released from custody; however, this may not occur for a variety of reasons. Establishing strong collaborative partnerships with community SOAR

providers that have the capacity to continue the SOAR process ensures that no applicant is abandoned.

SSA

SSA can establish prerelease agreements with correctional facilities to permit special procedures when people apply for benefits prior to their release and will often assign a contact person. For example, prerelease agreements can be negotiated to allow for applications to be submitted as many as 120 days before the applicant's expected release date. In addition, SSA can arrange to accept paper applications and schedule phone interviews when necessary.

Consider a P.I.L.O.T.! Steps to Successful Implementation

Proposal

Discuss the prevalence of mental health needs within the criminal justice setting. Promote recovery and community reentry through income, health care, and access to housing. Provide information to decision-making authorities within the agency concerning SOAR success.

Identify Stakeholders and Potential Applicants; Then, Initiate Applications

Stakeholders maintain effective communication between SSA, DDS, local leads, and SOAR caseworkers; discuss and resolve challenges that arise; identify technical assistance needs; and explore strategies for funding and sustainability. When identifying key stakeholders, it is important to consider the multitude of service providers in both the criminal justice system and community that may have played a role in the lives of potential applicants.

SOARWorks Criminal Justice Tools

Communities across the country are increasingly working to implement SOAR in criminal justice settings to connect individuals with key income supports and other benefits, such as health insurance—playing a role in maximizing connections to essential care, income, and housing. The tools and worksheets on [SOARWorks's Criminal Justice Tools webpage](#) are designed specifically for providers working with people in the criminal justice system to help them through the SSI/SSDI application process.

Resources on the webpage include identifying SOAR applicants, a sample SOAR referral tool, and a SOAR stakeholder team matrix—all designed for working with individuals in contact with the criminal justice system.

Potential stakeholders can include a variety of partners that provide services throughout the criminal justice system at all intercepts. Homeless service providers, community mental health agencies, faith-based communities, county hospital staff, social workers, court advocates, and many other agencies are likely to interact with the applicant during incarceration or upon reentry and can assist in SOAR implementation (Ware & Dennis, 2013).

Referrals for a jail or prison-based SOAR project can issue from many sources—intake staff, discharge planners, medical or psychiatric unit staff, judges, public defenders, parole or probation, and community providers. At a minimum, referral sources must be trained to know SSA's definition of disability and basic knowledge of the determination process to ensure that referrals are not issued for those who may not be eligible for benefits based on the SSA definition (see sample [SOAR Referral Tool—Criminal Justice](#) for more information).

After individuals are identified and the applicant agrees to assist with an SSI/SSDI application, he or she can be assisted by staff in the jail or prison, with a handoff occurring upon release, or by community providers who visit the facility for this purpose. As stated by the CJS SOAR lead, "It is really most beneficial if programs can have a dedicated SOAR worker. We are successful, but it is difficult to maintain SOAR in addition to regular program duties, but we know it will easily pay for itself in the future" (S. Strzelecki, phone call, July 26, 2019).

Leadership and Links to Community Resources

Starting an SSI/SSDI initiative as part of transition planning requires leadership that is organized and results-driven. SOAR-CJ leads (or coordinators) create stakeholder meetings and/or become involved in existing steering committee meetings to report on the process and progression of assisting with SOAR applications. A strong and effective coordinator meets regularly and is committed to providing support to SOAR providers that are completing claims. Mecklenburg County's CJS lead, Stephen Strzelecki, along with the CJS team, for example, resolves issues around SSI/SSDI applications that are brought up at case manager meetings. CJS leadership oversees the quality of applications submitted, organizes training, responds to concerns raised by SSA and DDS, and maintains a strong partnership with the State SOAR lead to ensure that CJS's SOAR initiative is aligned with the state plans and SOAR training methods and processes.

Leadership involves frequent, regular, and ad hoc communication among all parties to identify and resolve challenges that arise. It is essential that stakeholder meetings include someone who has authority within the jail or prison system as well as someone with a clinical background who

can ensure that the clinical aspects of implementation are accomplished (e.g., mental status exams within 90 days of application, access to records, or physician or psychologist sign-off on Medical Summary Reports).

Linking justice-involved persons who may be eligible for benefits to community resources should be part of the continuity of care in the facility's SOAR plan. There should be an honest and open discussion about resources and an exploration of how to infuse SOAR into the work that is already being done. The Mississippi DOC continues to expand SOAR effort and expand to its second facility by including SOAR work in the job duties of transitional specialists.

Optimism

Although providing transition services to people with mental illness within a jail or prison setting is difficult for several reasons (the quick population turnover in jails, the distance between facilities and home communities for people in prisons, the comprehensive array of services needed to address multiple needs, and the perception that people with mental illness are not responsive to services), without optimistically addressing transition and reintegration challenges while offenders remain incarcerated, positive outcomes are far less likely upon release, and the cycle of recidivism will likely continue (Ware & Dennis, 2013).

Engaging conversations and presentations are the first steps in gaining SOAR support. It is important to be solution-focused and results-driven when considering SOAR implementation. The language used to create "buy-in" for stakeholders should be hopeful and appeal to partners that are concerned about the fiduciary benefits (purse strings) as well as the long-term benefit of accessing resources for the applicant (heartstrings). Work with your SAMHSA SOAR Technical Assistance Center liaison for guidance when engaging in conversations regarding outcome reports from agencies that are providing SOAR services to applicants who are justice-involved, examples of funding options that are used, and success stories that demonstrate how benefits acquisition sets the foundation for successful community integration. Opportunities for success **can** happen, and the optimism you share will be contagious!

Time

SOAR implementation in criminal justice systems takes time. Developing and implementing an initiative to access SSI/SSDI as part of transition planning requires a commitment by the jail or prison's administration for at least 1 year to see results and at least 2 years to see a fully functioning program. During the startup and early implementation period, competing priorities can often derail the best intentions. We have seen commitment

wane as new administrations took office and the DOC commissioner changed. We have seen staff members struggle without success to find time to assist with applications as part of the job they are already doing. We have seen many facilities, particularly state DOCs, willing to conduct training for staff but unwilling or unable to follow through on the rest of what it takes to assist with SSI/SSDI applications (Ware & Dennis, 2013).

Training

On average, providers who use the SOAR model to fidelity achieve an initial approval rate of 65 percent, while individuals who apply unassisted achieve a rate of 10–15 percent. SOAR-trained staff learn how to prepare comprehensive, accurate SSI/SSDI applications that are decided in an average of 100 days and are more likely to be approved.

The SAMHSA SOAR TA Center offers two online courses that train SOAR providers to assist individuals with SSI and SSDI. Training for staff in jails and prisons should include staff who identify and refer people for assistance with disability applications, staff who assist with completing the applications, medical records staff, and physicians/psychologists. The depth and length of training for each of these groups will vary. However, without the other elements discussed earlier in place, training is of limited value.

Full SOAR training using the [SOAR Online Courses](#) should be reserved for staff who will be actively assisting with applications. The [SOAR Online Course: Adult Curriculum](#) provides comprehensive information about SSI/SSDI and the disability determination process; trainees will learn the SOAR Critical Components of completing and submitting SSI/SSDI applications. The SOAR Online Course: Adult Curriculum consists of seven classes, each of which

Community Spotlight: Park Center's Facility In-reach Program

Park Center is a community mental health center in Nashville, Tennessee. In July 2010, staff began assisting with SSI/SSDI applications for people with mental illness in the Davidson County Jail and several facilities administered by the Tennessee DOC, including the Lois M. DeBerry Special Needs Prison and the Tennessee Prison for Women. As of July 2019, 96 percent of 71 initial applications were approved in an average of 42 days. In most cases, Park Center's staff assisted with SSI/SSDI applications on location in these facilities prior to release. Upon release, the individual is accompanied by Park Center staff to the local SSA office, where their release status is verified and SSI/SSDI benefits initiated.

has a series of articles, short quizzes, and a practice case. This practice case provides an opportunity for case managers to apply what they have learned by completing an SSI/SSDI application packet for a fictitious applicant using SOAR techniques. Video interviews, medical records, and progress notes provide the information needed to complete SSA forms and write a Medical Summary Report for the applicant. The complete application packet is submitted to the SAMHSA SOAR Technical Assistance Center for review. Upon approval, the participant will receive a certificate of completion and 20 Continuing Education Units from the National Association of Social Workers. There is no charge for this course.

Supplemental training in the SOAR model for jail and prison staff has been modified to address the assessment and documentation of functioning in correctional settings. Training must cover the specific referral and application submission process established in collaboration with SSA and DDS. To ensure that applications submitted are consistent with SOAR fidelity, procedures are subject to quality review, and outcomes of applications are tracked and reported. It is important that training takes place after plans to incorporate each of these elements have been determined by the SOAR–CJ leads and stakeholders.

Tracking Outcomes

There is no dedicated source of federal funding for SOAR programs. Nonetheless, all 50 states and Washington, DC participate in SOAR at some level by reallocating existing resources, securing funding through federal and state grants or foundation funding, or establishing collaborations with partnering agencies, including criminal justice systems. That said, the major reason that SOAR services are severely underutilized in criminal justice settings is the difficulty in finding funds to pay the salaries of SOAR benefits specialists. Tracking outcomes is important for supporting sustainability and expansion efforts even when the SOAR effort is initiated through reallocation of job duties and existing resources. Criminal justice settings have historically faced budgetary challenges, but those challenges are magnified by the resources spent to provide care for individuals, who have been incarcerated with serious mental and physical health conditions, when released without income to sustain themselves and to engage in the treatment needed to decrease the likelihood of continued involvement in the criminal justice system. Despite these challenges, criminal justice agencies across the country are committed to the possibilities of what SOAR can do to assist eligible applicants who are justice-involved and use these outcomes as leverage to advocate for financial support to continue this work.

The SAMHSA SOAR Technical Assistance Center is available to help you strategically and thoughtfully plan ways to fund your SOAR activities. This consultation includes helping you [identify funding opportunities](#) that are specific to your agency’s unique needs. The available options include federal, state, and local funding, as well as foundations and corporate giving. Please contact us at soar@prainc.com. The SAMHSA SOAR Technical Assistance Center also offers the OAT program free of charge. Using OAT will help you in the following ways:

- Keep track of all SOAR-assisted applications in one easy-to-use system
- Record decisions on initial applications, reconsiderations, and Administrative Law Judge hearings
- Summarize outcomes in reports for use in sustainability efforts
- Store data on a secure server; no personally identifiable information is collected

Conclusion

Thousands of people with disabling conditions are released into communities without access to benefits and no resources to pay for treatment. They are much less likely to engage in treatment when they do not have the means to address their basic needs and are released to housing instability and uncertainty.

It is challenging for people without a serious mental illness to navigate the process to apply for benefits. Therefore, the onus of responsibility cannot be placed on individuals with serious mental illness who are reentering communities. Without support with the application process, many people will return to communities lacking the same resources that influenced their involvement in the criminal justice system upon arrival. Although there is not a single solution to address all the challenges of this population, SOAR can be a tool to address many of these challenges and help to promote successful reentry.

For many individuals involved in the criminal justice system, SOAR stands for SSI/SSDI—Opportunities to Access Resources for successful reentry. The increased use of the SOAR model as a tool for reentry services leads to income to access housing and insurance to access treatment and provides the foundation for reentry plans to succeed.

For More Information

To find out more about SOAR in your state or to start SOAR in your community, contact the SAMHSA SOAR Technical Assistance Center at soar@prainc.com or visit the SOAR website at <https://soarworks.samhsa.gov>.

Disclaimer

The views, opinions, and content expressed in this document do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), SAMHSA, or the U.S. Department of Health and Human Services (HHS).

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