

Housing Ohio *conference*



Social Security, Implicit Bias, Homelessness, and Legal System Involvement

Erica Copley
SOAR Ohio Training & TA Coordinator

May 7th, 2024

Ohio Developmental Disabilities Council

This project was supported, in part by the Ohio Developmental Disabilities Council, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201.

Grantees undertaking projects with government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official ACL policy.

Ohio Department of Mental Health and Addiction Services

- **Grant Number:** [2100207](#)
Fiscal Year: 2024
Program Title: COHHIO OMHAS Technical Assistance Grant
Service Type: Treatment & Recovery
Project Area: Housing & Homelessness
Technical Assistance
Organization: Coalition on Homelessness and Housing in Ohio (COHHIO)

Disclaimer: Social Security Administration

The information presented in this webinar is accurate and effective as of calendar year 2024.

Participation in this presentation does not constitute an endorsement by the Social Security Administration (SSA) or its employees of the organizations and information and products not provided by SSA.

Advocacy

**Youth
Housing
Initiative**

**Race
Equity**



OHIO

Balance of State
Continuum of Care



COHHIO

Training and
Technical Assistance



COHHIO

Coalition on Homelessness
and Housing in Ohio



COHHIO

Homeless Management
Information System

Housing Ohio
conference

**SOAR
Ohio**

**Fair Housing
& Tenant
Information**



Healthy Beginnings
At Home

What is SOAR?

- **SOAR stands for SSI/SSDI Outreach, Access and Recovery.** It is a model for assisting eligible individuals to apply for Social Security Administration (SSA) disability benefits.
- SOAR is for individuals who:
 - Are experiencing or at-risk of homelessness, **and**
 - Have a serious mental illness, co-occurring substance use disorder, or physical disability
- SOAR is sponsored by Substance Abuse and Mental Health Services Association (SAMHSA) in collaboration with the Social Security Administration (SSA) since 2005
- All 50 states and Washington D.C. currently participate

Why is SOAR Important?



The SSA application process is often overwhelming and time consuming.



SOAR provides access to income and healthcare, increasing the likelihood of stability for anyone at-risk or experiencing homelessness.

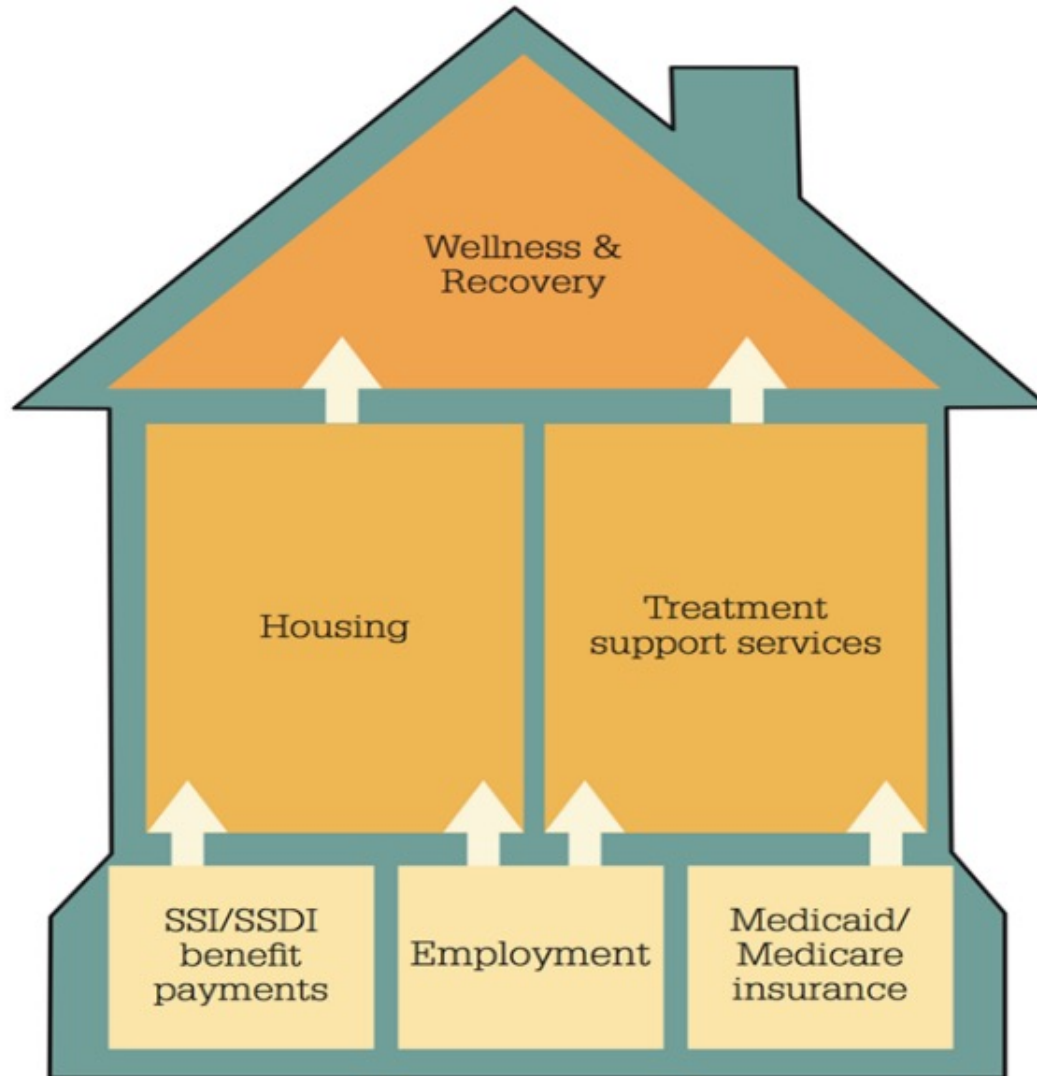


People experiencing homelessness are often denied for reasons unrelated to their disability or lack thereof.



SOAR decreases the chances of homelessness for those exiting institutions.

More Than Just Income



What is Disability?

According to Social Security Administration, disability is:

- The inability to engage in any *substantial gainful activity (SGA)* (\$1,550/month in 2024)
- By reason of any *medically determinable* physical or mental *impairment(s)*
- Which can be expected to result in death, or which has lasted (or can be expected to last) for a continuous period of at least 12 months.



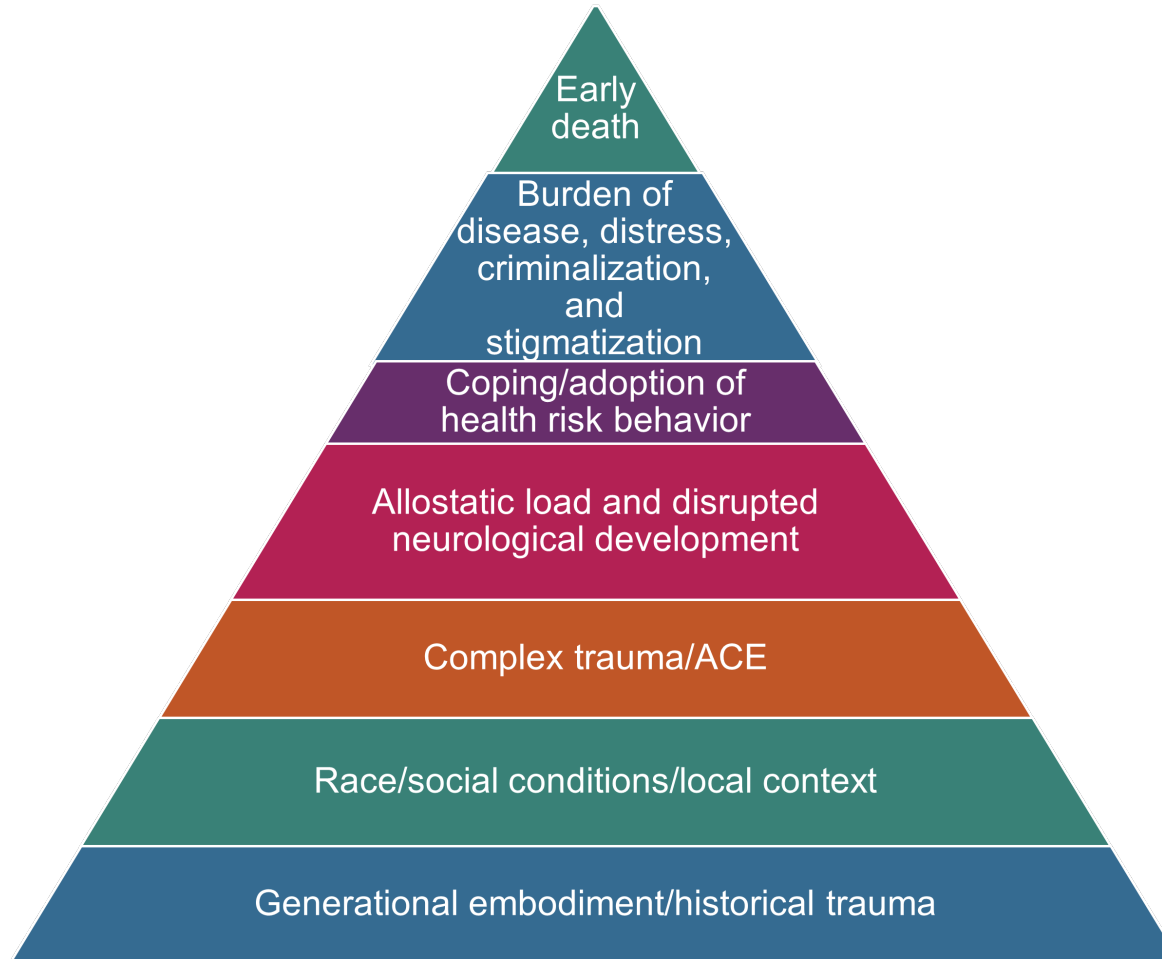
What *isn't* Disability?

- A diagnosis of any specific medical condition
- Impairment solely caused by active, non-prescribed substance use
- Inability to find work due to economic or other factors unrelated to one's functional ability
- Getting fired or laid off

Social Determinants of Health



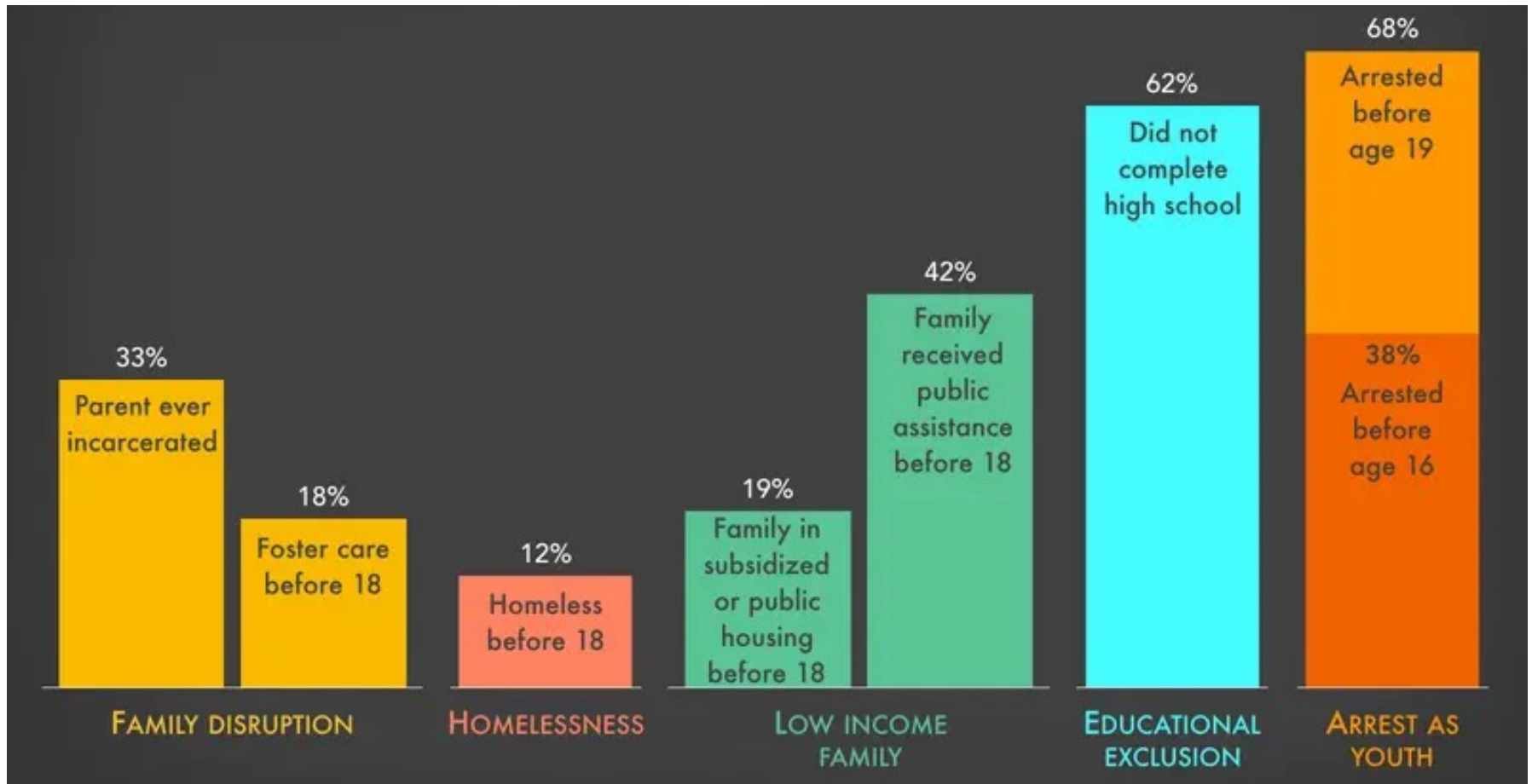
SOAR: A Response to Structural Inequity



Adverse Childhood Experiences (ACEs)

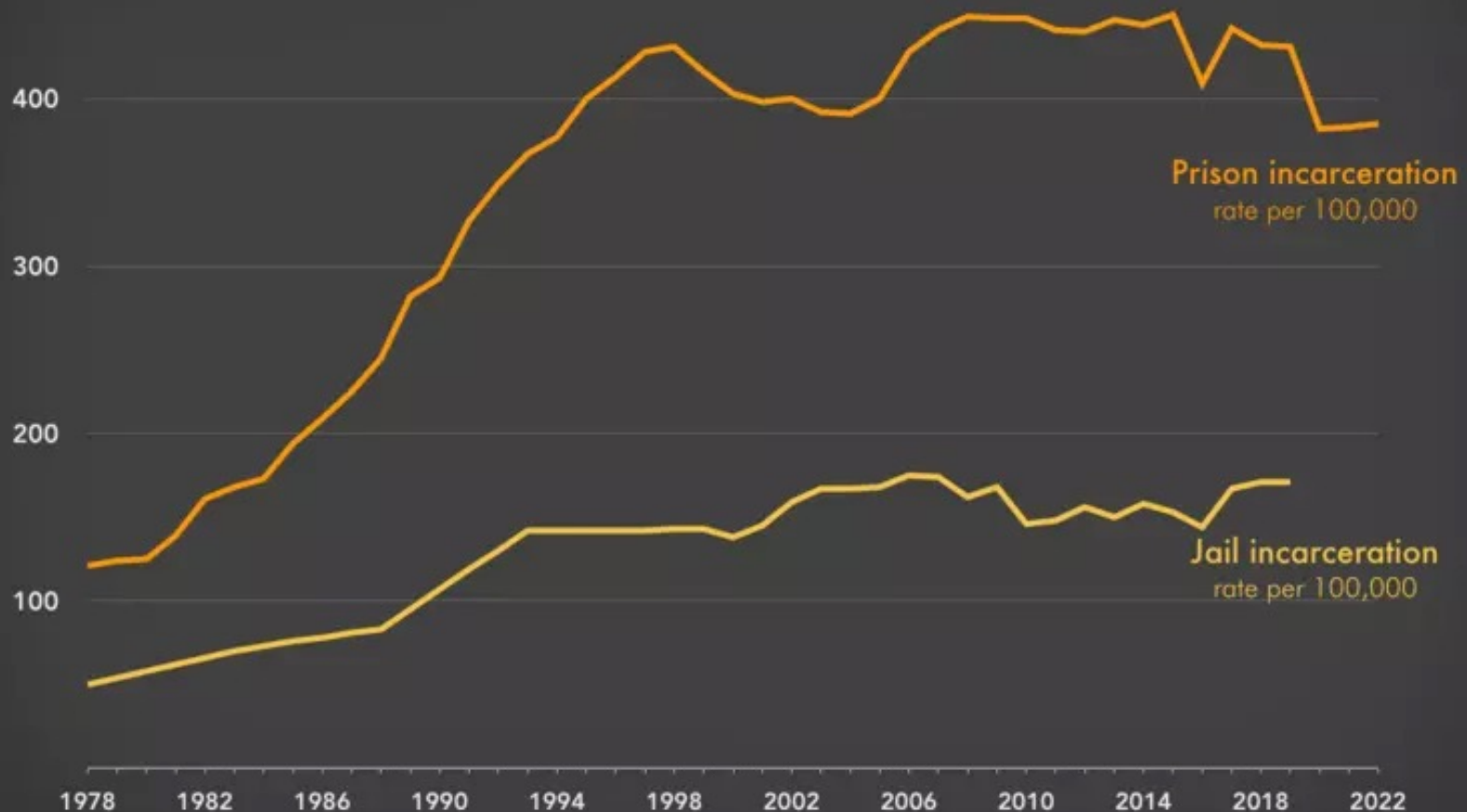
- Parental incarceration
- Alcohol misuse in the child's household
- Illegal drug use or misuse of prescription drugs in the child's household
- The struggle with depression and other mental illnesses in the child's household
- Emotional, physical, and/or sexual abuse
- Domestic violence of a relative or non-relative

Many people in prison grew up facing serious housing, family, economic, & educational challenges.



Ohio's prison and jail incarceration rates

Number of people incarcerated in state prisons and local jails per 100,000 state residents, 1978-2022



Jail populations were adjusted to remove people being held for federal and state authorities.
For full sourcing see: https://www.prisonpolicy.org/blog/2024/04/15/jails_update

PRISON
POLICY INITIATIVE

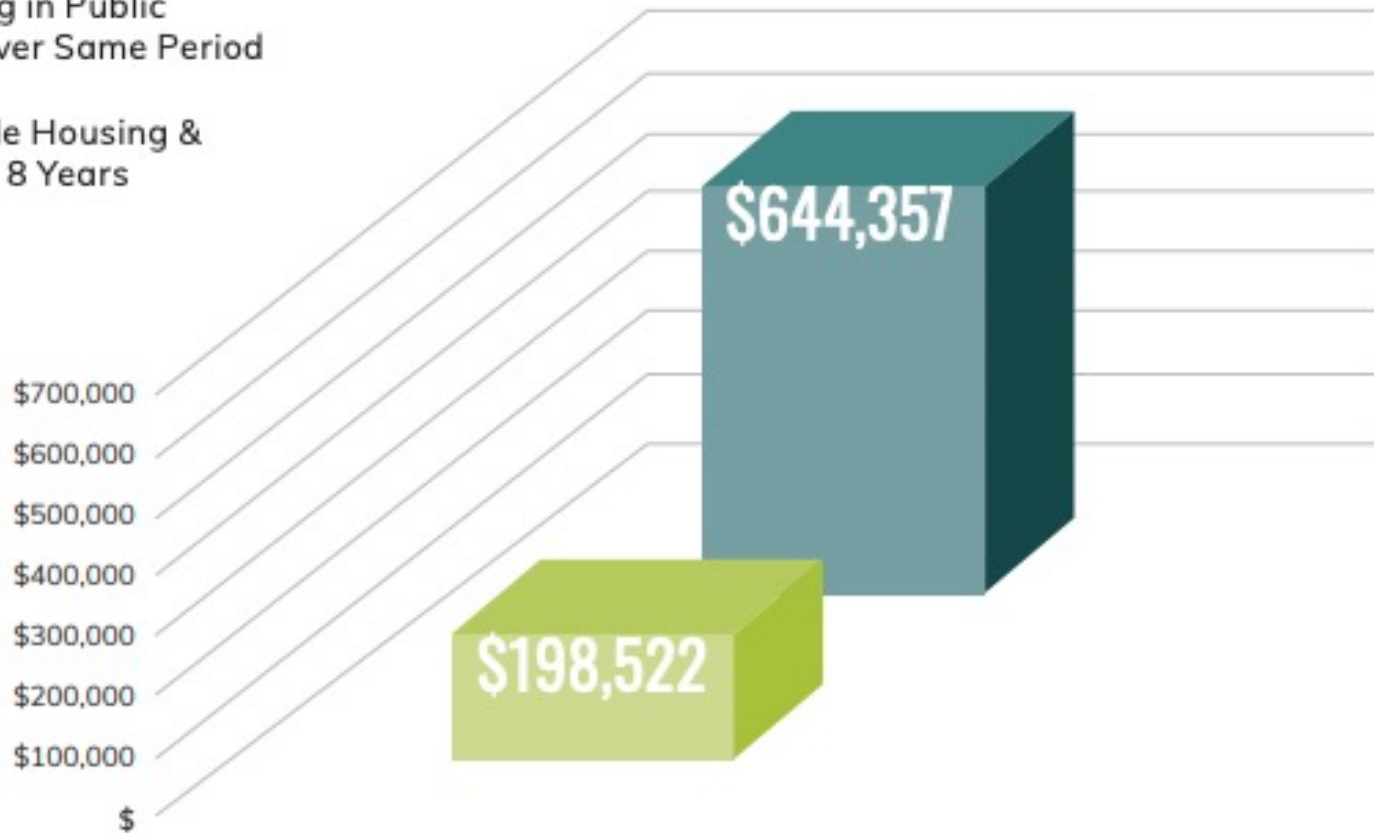
- **Children from communities that have experienced structural racism tend to report more ACEs.**
- Black Ohioans are incarcerated at a rate of 5.5 times higher than White Ohioans.
- The average cost of bail for Black defendants is \$7,281 higher than for white defendants.
- The national homeless population comprises 37% identifying as Black and 24% identifying as Hispanic.

The Cost of Inequity

- 7 in 10 youth in Ohio's juvenile justice system have a mental health condition.
- About 2 of every 5 incarcerated adults in Ohio have a history of mental illness.
- 78 of Ohio's County Jails also serve as inpatient psychiatric facilities.
- Mental healthcare spending in Ohio's prisons increased from \$41 million in 2019, to nearly \$65 million in 2023.
- 2x – 3x more taxpayer money is spent on incarcerated adults with mental illness than those without.

PUBLIC COST COMPARISON

- Cost to Cycling in Public Institutions Over Same Period
- Cost to Provide Housing & Services Over 8 Years

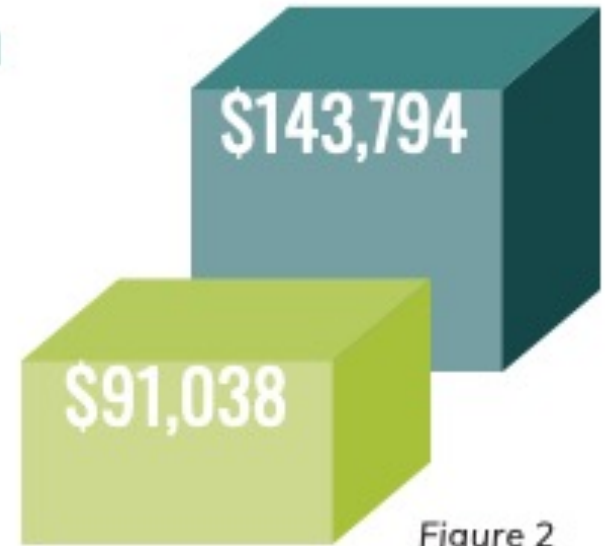


▶ One man, in Delaware Co., Ohio, cost the public systems more than \$445,000 over 8 years, while his health and well-being suffered.

PUBLIC COST COMPARISON

John Doe with hospitalization in Ross Co., Ohio

- Cost to Provide Housing & Services over 7 Years
- Costs of Cycling from 2013 to 2020

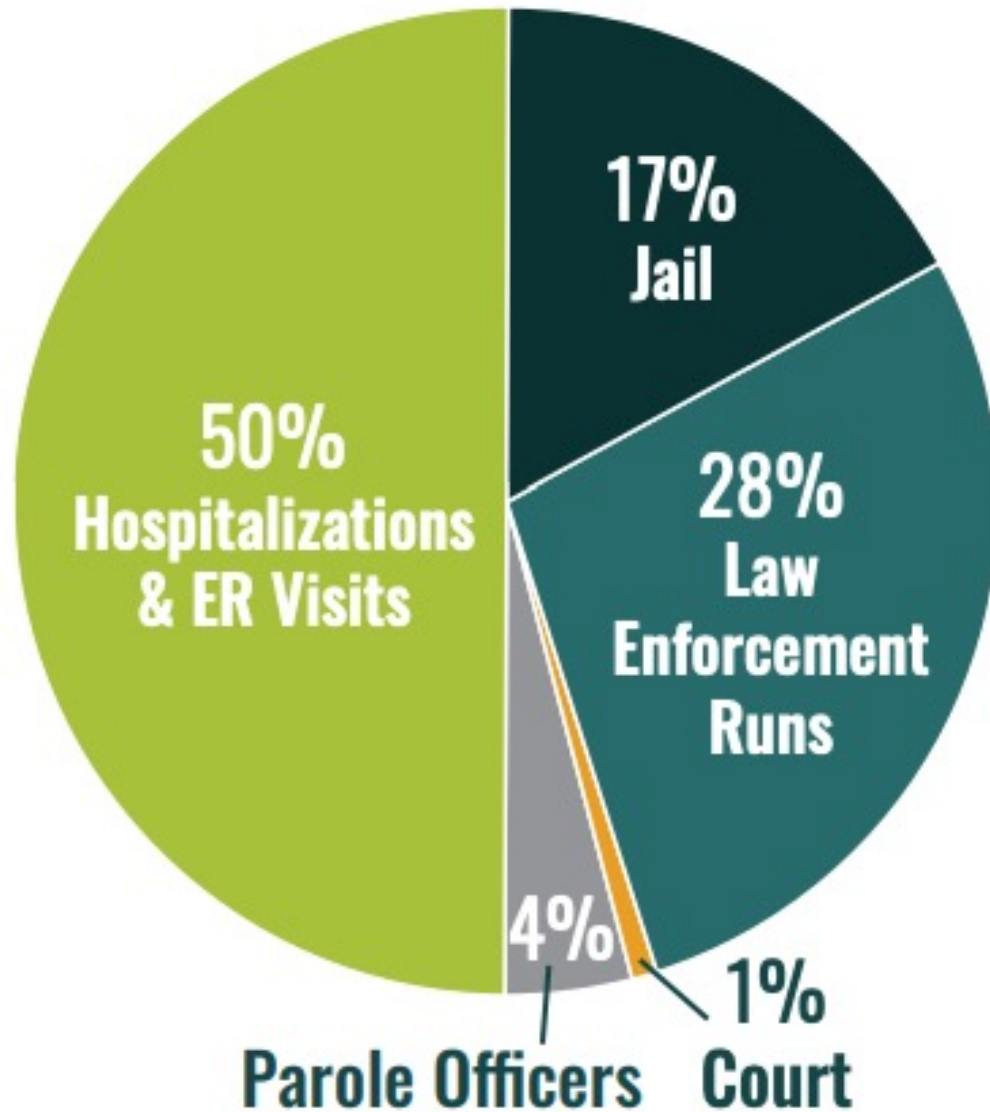


\$ 1,007,252.00

▶ This is the potential public cost over John Doe's life time if no significant intervention of housing and robust healthcare is provided.

Source: Stepping Up Ohio Project

Figure 1



Mythbusting: SSI/SSDI

- SSI incentivizes people not to work.
- Active substance use disqualifies applicants from SSI/SSDI eligibility.
- An active arrest warrant means applicants are not eligible for SSI/SSDI.
- Applicants aren't eligible if the impairment resulted from something "deliberate", such as
 - Impairments caused by past drug use.
 - Disabling complications following a gender-affirming procedure.

Implicit Bias

- Automatic mental associations, operating below the level of explicit behavior.
- May not directly correlate with a person's stated beliefs and values.
- Perpetuated by existing structural inequities.

Awareness is Not Enough

- Focus on the Tangibles
- Expect it, but don't accept it
- **Write like an advocate, not an adversary!**

Screening with Intention

Could there be structural, racial, or cultural reasons why the individual...

- Is not receiving treatment for their conditions?
- May not consider themselves to have a disability?
- May be unable to describe their symptoms or functional limitations?



- What outreach strategies may assist this individual with accessing the necessary treatment or assessment for their condition(s)?
- ***Bottom Line: Have I done all that I/my agency can do to rule out structural racism & inequity as a factor in screening this individual out?***

Obtaining Medical Evidence

- Only discuss legal involvement which you can directly link to behaviors associated with the applicant's functional limitations.
- Functional limitations may be documented in areas outside of formal medical records.
- For individuals with substance use disorders, focus on instances when they were sober and still experienced impairment.

Assessing Disability for Individuals with Mental Illness

Areas of Mental Functioning:

1. Understand, remember, or apply information
2. Interact with others
3. Concentrate, persist, or maintain pace
4. Adapt or manage oneself

Example: Mr. Carl Smith

Active Substance Use

- Carl attended outpatient substance use treatment at The Center for Recovery from 2012 to 2014. Carl says that despite extensive treatment and long periods of sobriety, his **symptoms were even worse throughout the duration of his treatment at Center for Recovery.** He'd have panic attacks, isolate himself, and experience angry outbursts.
- A clinical assessment from The Center for Recovery, dated 1/23/2012, states "Member is **verbally and physically aggressive.** Member has **significant problems w/social interaction.** Significant lack of social supports, **impaired judgement.**"
- **Despite attending 90% of his scheduled treatment meetings and maintaining sober & drug-free throughout the entirety of his treatment at Center for Recovery, Carl continued to experience debilitating symptoms.**
- Carl is engaged in mental health treatment, case management, and housing services. Despite these interventions, he still struggles to meet his most basic needs. **At this time, Carl continues to experience frequent suicidal thoughts, resulting in self-harm behaviors, excessive drinking, and dangerous decisions.**

Example: Mr. Carl Smith

Active Substance Use

- This SOAR writer witnessed how Carl has a very hard time controlling his anger when he becomes frustrated. On August 2, 2017, Carl called after a disappointing meeting with his Case Manager from Green Community Mental Health. Mr. Smith was upset that his doctor was not willing to prescribe medications until after a psychiatric evaluation.
- Carl was very upset about this, screaming, “I’m going to smack her ****ing face. I’ll smack her right in the face if she looks at me like that.” He then screamed that he would not go through with any more treatment “from anyone.”
- During the entirety of this conversation, Carl was screaming, with pressured and tangential speech. When this writer would try to interject or deescalate the conversation, Carl became even more irate, eventually hanging up. A clinical assessment from The Center for Recovery dated 1/23/2012 confirms “Carl’s struggles with his temper have been an ongoing issue.”

Example: Mr. Flick Incarceration

- Mr. Flick was arrested 7/1/2008 for Violation of Sex Offender Registry. While incarcerated at County Correctional Facility, Dr. Thomas, MD treated Mr. Flick with Depakote 500mg and Loxitane 10mg.
- On 12/2/2010 Mr. Flick attempted suicide. Records state “I/M escorted to medical per security. C reports I/M attempted to hang self...I/M reports he has been increasingly depressed until he couldn't take it anymore. He placed a thin T-shirt like material around his neck and attempted to hang himself. I/M is noted to have some red marking to neck area.”
- Other records were difficult to read, although to this writer's knowledge, there were no other major concerns while incarcerated. He was released on 1/27/2011 to the city shelter.

Example: Mr. Flick Incarceration

- It is noted in records, which this writer did not obtain, that he does have a very low IQ. Disability Determination Service should have these records from Mr. Flick's prior file. It was difficult to get information from Mr. Flick due to his inability to understand many of the questions the first time asked, poor insight, and difficulty expressing his symptoms. During the interview, Mr. Flick states in a disorganized and stuttering manner:

"I g...g...got a lot of mood [problems]...I g...get upset a lot if I'm not on my m...m...meds...I can tell when I'm not on my med 'cause I can't talk right and stuff...I...f...f...feel like they're ...um ...hearing things sometimes telling me to hurt somebody... I'm just stupid ...stupid ... stupider than everyone...When I was young I used to be real good in my life. I don't know what happened. When I caught that sex charge everything started turn ... turning for me ... It was the 80's or something ... You know the 80's when I...I ...worked to crush rocks ...People are bad to me and make...make...make fun of me... I don't like being with them because they try to get me too much... I got to get away from here and say hi to my family... I got to get out of here."

Discussion: Limiting Implicit Bias in Functional Descriptions

Dear DDS Examiner,

Maxine Shaw is a 21-year-old White female that is homeless and currently residing at Regional Hospital. Client is depressed, anxious, and has PTSD. Initially, the client did not want to look at or talk to me. During our first meeting, she couldn't focus and was very concerned about the time as if she had somewhere to go. She would not sit still, and our session was less than 30 minutes.

Maxine Shaw is a 21-year-old currently residing at Regional Hospital who is at risk of homelessness upon release. Prior to her hospitalization, she was sleeping on a pallet on the bare floor of an abandoned building.

Maxine identifies as a woman and the affirmed pronouns used to address Maxine are she/her. She was diagnosed with Depression, Generalized Anxiety, and Post-Traumatic Stress Disorder at Regional Hospital 7/8/24.

Initially, Ms. Shaw seemed reluctant to speak with me, stating, “I can’t tell you all my business.” During our first meeting, she avoided eye contact and instead focused her attention on a scenic photo in my office.

She asked repeatedly, “What time is it?” although she stated that she had no other appointments for the day. Ms. Shaw frequently got up from her seat and paced the floor stating, “I have to be aware of the things happening around me.” Our session was less than 30 minutes.

During the height of the pandemic, Maxine decided to leave the safety of her parent's home, preferring to live on the street. Her mother reports that Maxine began acting strangely during the pandemic and stayed in her room talking to herself.

In April, Maxine started living in the backyard and in September she moved further away. Maxine apparently left the home to keep her and her deceased sister "safe."

Maxine's mother states that Maxine "depended on her sister for everything" and that Maxine was "never the same" after her sister's passing. Maxine's parents also stated that Maxine's symptoms of paranoia increased after COVID to the point that she would not eat food that she did not see her parents prepare and eventually moved to an outside shed on her parent's property.

All her food and clothing were provided for by her parents. Even while Maxine was sleeping in an abandoned building, her parents would leave canned goods and bottles of water on the back porch for Maxine when she became too fearful to enter the family home.

Interact with Others: *She has had very limited exposure to others as she does not like to be around others. Maxine decided to move out of her parents' house to live alone due to the symptoms of her illness. The only person that she established a bond with seems to have been her deceased sister.*

Understand, Remember, or Apply information: *There is no real evidence that Maxine struggles to remember information or understand directives at times. She just can't handle working with others and seems to feel better when she is alone.*

Concentrate, Persist, or Maintain Pace: *Maxine seems easily distracted and does not respond well to loud noises (i.e., fire trucks). This is likely due to the symptoms of her illness.*

Adapt and Manage Oneself: *Based on Maxine's limited work history, it is obvious that she has difficulty managing herself and contributing to the workforce. Maxine can navigate living on the streets on her own but seems unable to control her mental health symptoms to avoid continued hospitalizations. Maxine prefers to be homeless so she can avoid interactions with others.*

Understand, Remember, or Apply Information:

According to Maxine's work history, details provided by past supervisors, and information obtained from Judy and John Shaw, Maxine struggles to apply information in a work setting without support.

When she worked at the Call Center, Maxine was able to understand that her task was to answer the phone, but the anxiety she experienced when the phone rang resulted in a freeze response. Maxine stated, "I couldn't get words to come."

The longest job that Maxine held was while she was working at the same hospital, on the same floor, during the same work hours as her mother. According to Maxine's mother, "If any of the shifts had to change or if I had to be off for the day, Maxine would become so anxious the night before. She would be so exhausted in the morning from worry and being sick all night that she did not have the energy to do more than lay in bed the next day."

Benefits of SOAR Ohio Certification & Involvement

- It's free!
- Secured email partnership: send SSI/SSDI applications directly via email to Social Security Administration
- Access to expedited processing unit at Disability Determination Services
 - (Reserved for those experiencing/at-risk of homelessness)
- Access to OAT database to track outcomes
- Access to SOAR National TA Center

Learn more:

**SOAR Ohio Panel
Discussion Today!**

1:30pm – 3pm

Union B

SOAR Ohio Team



Candace Talty

SOAR Ohio State Team Lead and Program Director
candacetalty@cohhio.org



Erica Copley

SOAR Ohio Training & Technical Assistance
Coordinator

ericacopley@cohhio.org



Dazara Ware (Atlanta, GA)

National SAMHSA SOAR TA Center Liaison

dware@prainc.com

**“Overcoming poverty is
not a task of charity,
it is an act of justice.”**

Nelson Mandela