Health Disparities and the Disability Application Process: People who are Unhoused with Diagnoses of Mental Illness

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Context: SSI Outreach Project & SSI/SSDI Outreach, Access and Recovery (SOAR)

- SOAR is a national program process model for expediting access to SSI/SSDI
- Based on work of SSI Outreach Project in Baltimore directed for 10 years
- Project served adults, unhoused, with mental illness and/or co-occurring disorders
- Named Best Practice Program by NAEH
- Model involves intensive engagement, clinical development of claim, collection and review of medical records, writing of comprehensive historical, medical, and functional report

Health Disparities and SSI/SSDI: Geography, Poverty, Resources, Lack of Addressing Impact of Experiences

- Geography:
  - Rural vs. urban
    - Poor or non-existent transportation in rural areas
    - Spread out geography; distances that hinder
    - Focus by leaders and politicians on urban areas hinder provider development in other areas
    - Limited population numbers hinder funding
    - Limited number of SSA Fos, e.g., our local one covers two rural counties
    - Extremely limited number of CE providers

Poverty

- Increase in unhoused individuals and families
- Education is often substandard
- Income supports maintain poverty (MD: DSS benefit: $300/month); SSI (annual: $11,316: well under FPL: $15,000)
- SSA and DDS communicates by mail: Claimants have no residence, often no mailing address; communication is often SSA-speak
- If have phone, run out of minutes; SSA doesn't text or email
- Individuals have no technology to use---equipment and/or skills
- Poverty often exposes individuals personally and in their communities to violence

Resources

- Resources typically one hospital in rural areas
- None to limited access to specialists
- Many providers lack cultural and racial heterogeneity
- Mental health providers quick to discharge, e.g., if miss 3 appointments or are too late
- Living situation not taken into account by providers
- Lack of outreach support; case management program expects attendance at appointments that are in-office and limited in frequency and scope
- DDS is not trained on the experiences of people living in rural vs. urban areas

Lack of Addressing Impact of Experiences

- SSA and DDS do not consider homelessness as indicator of functional impairment
- DDS does not understand/consider the ongoing impact of childhood trauma; its link with substance use
- DDS does not request, e.g., an ACE score, when considering disability
- DDS & SSA do not understand the trauma of being unhoused per se
- SSA and DDS's timelines are arbitrary and require flexibility
- The timelines sent from SSA and DDS do not take into account situational factors
- Treat as determinative functional difficulties described by others who spend time
- Medical records don't address requirements of SSA/DDS

Suggestions for Improvement

- Train SSA and DDS staff on homelessness, trauma, poverty, cognitive impairments from trauma, and mental illness
- Have timeframes that take into account one's living situation
- Implement a culture of service
- For new staff, ensure that all their decisions are reviewed by an experienced staff person before becoming final
- SSA and DDS: Text, email

Suggestions for Improvement (cont.)

- Partner with community providers who serve this population
- Have CE providers note the time they begin and end their sessions as part of their reports
- Use treating sources for CEs and give extra weight to their information
- Ensure that DDS consider drug and alcohol use per requirements; review every claim at the DDS that includes those allegations

Summary

- The desperation of claimants is profound. SSA benefits are the only lifeline many have
- People's experiences and their impacts are ongoing and require understanding in determining disability
- It is beyond time for all of us to say in policy and practice that not having a home in this U.S. is unacceptable AND having housing is a right
- The funding for an array of mental health services in every community is possible, necessary and must happen, especially for our children
- Disregard for the lack of affordable housing is at a crisis level
- Service, not judgment, must be the culture of SSA and DDS