SOAR WORKS

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Ending Youth Homelessness:
Using SOAR to Increase Access to SSA Disability Benefits for Transition Age Youth

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Abstract

SSI/SSDI Outreach, Access and Recovery (SOAR) helps increase access to Social Security Administration (SSA) disability benefits for people who are experiencing or at risk of homelessness by providing SSA with complete and comprehensive applications. Use of the SOAR process significantly increases approval rates on Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) applications[11], resulting in a significant step toward recovery for individuals who are experiencing or at risk of homelessness. When working with transition age youth, caseworkers using SOAR's intensive engagement process and holistic approach to applying for SSI and SSDI stand to benefit a vulnerable and difficult-to-serve population.

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[1] 2013 SOAR Outcomes Summary. (2013, July 1). Retrieved from http://soarworks.samhsa.gov/files/SOAR_Outcomes_2013.pdf

Youth Experiencing Homelessness

Transition age youth are most commonly defined as individuals between the ages of 16 and 25 years. This group often presents with unique service challenges since they are too old for child services but may not be ready or eligible for adult services.[2]

According to the U.S. Census Bureau, 1 in 20 people aged 15–24 experience severe disabilities.[3] The National Alliance to End Homelessness reports that "about 50,000 youth in the U.S. sleep on the street for six months or more" and approximately "550,000 unaccompanied, single youth and young adults up to age 24 experience a homelessness episode of longer than one week."[4] The 2014 Point-In-Time Estimates on Homelessness, on a single night in January 2014, counted 45,205 unaccompanied children and youth experiencing

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homelessness nationwide; 86 percent (38,931 individuals) were between the ages of 18 and 24, while 14 percent were under age 18.[5] Of those transition age youth experiencing street homelessness, approximately 55 percent were male, 40 percent female, and 5 percent identified as transgender. Approximately 33–40 percent identified as LGBTQ (lesbian, gay, bisexual, transgender, or questioning). Over 25 percent had a history of foster care, had resided in group homes, or been in juvenile detention. Estimates indicate that the ethnic groups most affected by youth homelessness are African American and Native American.[6]

The statistics, however, are likely low estimates. Youth who "couch surf" are not included in these counts. Transition age youth experiencing homelessness are one of the most difficult populations to depict accurately in terms of homelessness statistics. While youth technically become legal adults at age 18, developmentally they may lack the skills to

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[2] Practice Focus: Serving Transition Age Youth. (2009). Spotlight on PATH: Practices & Programs. Retrieved from http://pathprogram.samhsa.gov/ResourceFiles/cyw4m4nr.pdf

[3] Brault, M. (2012, July 1). *Americans with Disabilities: 2010.* Washington, DC: U.S. Department of Commerce, Economics and Statistics Administration, U.S. Census Bureau. Retrieved from http://www.census.gov/prod/2012pubs/p70-131.pdf

[4] Youth. (n.d.). Retrieved from http://www.endhomelessness.org/pages/youth_overview

[5] Point-in-Time Estimates of Homelessness, The 2014 Annual Homeless Assessment Report (AHAR) to Congress. Retrieved from https://www.hudexchange.info/resources/documents/2014-AHAR-Part1.pdf

[6] Serving Homeless Youth, 2014 National Health Care for the Homeless, Pre-Conference presentation.

successfully maintain relationships, a job, or stable household. Youth who experience homelessness at this critical time often do not have the same social supports as other young adults, and the cause of their homelessness may only compound the situation. Common factors that contribute to homelessness among youth include

- mental illness,
- substance use,
- trauma,
- lack of skills or education (an estimated 75 percent of youth who have run away or are experiencing homelessness will drop out of school[7]),
- unemployment,
- unstable home life, and
- transitioning out of foster care or the juvenile justice system without community or family support. [8]

When working with transition age youth, it is important to understand that homelessness among

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7   Homeless and Runaway Youth. (2013, October 1). Retrieved from http://www.ncsl.org/research/human-services/homeless-and-runaway-youth.aspx

8   Practice Focus: Serving Transition Age Youth. (2009). *Spotlight on PATH: Practices & Programs*. Retrieved from http://pathprogram.samhsa.gov/ResourceFiles/cyw4m4nr.pdf

youth and young adults may look different from homelessness among older adults. The stereotype of a person experiencing homelessness is that of an unkempt person living on the streets or panhandling on public walkways. This stereotype, however, seldom applies to youth experiencing homelessness; in fact, youth experiencing homelessness may be even more concerned with their appearance than others their age. "Appearance is important for homeless youth," says Craig Hughes, Social Worker for the Safe Horizon Streetwork Project in New York City, "Homeless youth often want to give the impression that they are not homeless in order to avoid being seen as vulnerable. They want to fit in with people in their age group to avoid the harassment and stigma associated with homelessness." Furthermore, youth experiencing homelessness seldom spend time in the same places as adults experiencing homelessness, making it difficult to identify these youth through traditional street outreach or typical counts.

Trauma-Informed Care

Most youth experiencing homelessness experienced traumatic events as children, and many are re-traumatized while living on the street.[9]Children and youth experience trauma at home, in the child welfare system, and through community violence and victimization. Traumatic experiences can have ongoing negative effects, including impaired development and functioning. Providers who are working with transition age youth are encouraged to implement a strengths-based framework called trauma-informed care. Trauma-informed care ensures that providers understand and can respond to the impact of trauma on a person's life.[10] Specialized training can increase understanding of trauma, create an awareness of the impact of trauma on behavior, and help develop trauma-informed responses.[11] Traumatic experiences and the resulting effect on functioning are important to document during the SSI/SSDI application process.

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9   Stewart, A. G., Steiman, M., Cauce, A. M., Cochran, B. N., Whitbeck, L. B., & Hoyt, D. R. (2004). Victimization and posttraumatic stress disorder among homeless adolescents. *Child & Adolescent Psychiatry, 43*(3), 325-331.

10 Hopper, E.K., Bassuk, E. L., & Olivey, J. (2010). Shelter from the storm: Trauma-informed care in homelessness services settings. *The Open Health Services and Policy Journal*, 3, 80-100.

11 Additional resources on trauma-informed care and related training: http://www.prainc.com/wp-content/uploads/2015/10/2016-GAINS-TTT-Trauma-Training-Solicitation.doc and http://www.nhchc.org/wp-content/uploads/2011/09/DecHealingHandsWeb.pdf and http://www.acf.hhs.gov/sites/default/files/fysb/trauma20120829.pdf

Social Security Disability Benefits for Youth

SSA offers a variety of programs to assist youth, including SSI for disabled children, SSI for children who transition to adults, benefits for Disabled Adult Children (including Title II SSDI benefits), and employment programs for youth looking to transition to work.[12] Overall, approximately 1 million youth aged 14–25 receive SSI payments.[13]

Age 18 Redetermination

At age 18, young adults who were eligible for SSI as children are evaluated to determine if they qualify for benefits under the more restrictive adult definition of disability. This redetermination process is essential to many youth who continue to need the support of SSI. For children, disability is determined by "marked or severe functional limitations," whereas for adults, disability is measured against the ability to perform substantial gainful activity (SGA), an income level set annually by SSA.[14] Due to this, an age 18 redetermination is considered a new medical decision for eligibility based on adult standards. Given that the youth may not have an expansive work history or new medical documentation, assistance with the application process can be helpful. The SOAR model helps increase access to SSI/SSDI benefits through the submission of complete quality applications. A SOAR-trained case worker can engage the applicant and write a comprehensive Medical Summary Report regarding the applicant's functioning with respect to performing substantial gainful activity. Furthermore, by completing the SSA–1696, the Appointment of Representative form,[15] a SOAR-trained case worker serves as the applicant's representative and is able to advocate on behalf of the applicant during the redetermination process.

> *When working with transition age youth it is important to understand that homelessness among youth may look very different from homelessness among older adults.*

"Aging Out" Youth

SSA has established special provisions for child SSI recipients who are aging out of the foster care system at age 18 and facing a loss of financial supports. Research suggests that youth nearing this transition are particularly vulnerable and maintain a much higher rate of disability compared to their peers. Youth transitioning out of foster care exhibit elevated rates of dropping out of high school, teen pregnancy, criminal involvement, recidivism, and homelessness. Generally, an individual can apply for SSI as an adult only within 30 days of their 18th birthday; however, SSA will accept SSI applications from youth in foster care up to 90 days prior to their exit from care.[16]

Employment Incentives for Youth

It is estimated that youth SSI recipients receive Social Security benefits for an average of 27 years.[17] With the goal of making youth less reliant on Social Security programs, the Youth Transition Demonstration (YTD) project was initiated by SSA in 2003. The YTD project aims to bridge the gap between publicly provided services received through the education system and adult services, such as vocational rehabilitation.[18] The purpose of YTD is to assist youth, aged 14 to 25, with disabilities to transition from school to economic self-sufficiency.[19] One of the barriers for youth seeking employment is the fear that they will lose their Social Security benefits. To combat this, YTD offers the following waivers designed to allow participants to retain more of their earnings and save for future education:

[12] Youth Transition Demonstration. (n.d.). Retrieved from http://www.ssa.gov/disabilityresearch/youth.htm

[13] Bucks Camacho, C., & Hemmeter, J. (2013). Linking youth transition support services: Results from two demonstration projects. *Social Security Bulletin, 73*(1). Retrieved November 1, 2013, from http://www.ssa.gov/policy/docs/ssb/v73n1/v73n1p59.html

[14] Hemmeter, J. (2012). Changes in diagnostic codes at age 18. *Research and Statistics Note No. 2012-04*. Retrieved October 1, 2012, from http://www.ssa.gov/policy/docs/rsnotes/rsn2012-04.html

[15] Social Security Administration Appointment of Representative (SSA-1696) Form. Retrieved from http://www.socialsecurity.gov/forms/ssa-1696.pdf

[16] King, L., & Rukh-Kamaa, A. (2013). Youth transitioning out of foster care: An evaluation of a Supplemental Security Income policy change. *Security Bulletin, 73*(3). Retrieved November 1, 2013, from http://www.ssa.gov/policy/docs/ssb/v73n3/v73n3p53.html

[17] Bucks Camacho, C., & Hemmeter, J. (2013). Linking youth transition support services: Results from two demonstration projects. *Social Security Bulletin, 73*(1). Retrieved November 1, 2013, from http://www.ssa.gov/policy/docs/ssb/v73n1/v73n1p59.html

[18] Bucks Camacho, C., & Hemmeter, J. (2013). Linking youth transition support services: Results from two demonstration projects. *Social Security Bulletin, 73*(1). Retrieved November 1, 2013, from http://www.ssa.gov/policy/docs/ssb/v73n1/v73n1p59.html

[19] Youth Transition Demonstration. (n.d.). Retrieved from http://www.ssa.gov/disabilityresearch/youth.htm

- Student Earned Income Exclusions regardless of age while in school;
- Earned Income Exclusions of $65 plus $3 of every $4 earned;
- Individual Development Accounts to save earnings plus funds from government and local providers;
- Plan for Achieving Self-Support (PASS) for career exploration and setting aside funds for post-secondary education; and
- Continuation of benefits regardless of Continuing Disability Reviews and Age 18 Medical Redetermination results."[20]

Cultural Competence

A general understanding of adolescent behavior and emerging adult development leads to the realization that homelessness compounds one of the most challenging phases of a person's life. It is important for SOAR case workers working with youth to be nonjudgmental and accepting of various backgrounds, choices, and circumstances. Questions may arise as to why youth engage in certain at-risk behaviors, such as sex work or drug/alcohol consumption or distribution. Instead of viewing this behavior as criminal or self-destructive, case workers may find it helpful to regard it as survival behavior engaged in by the youth because they feel that there is no other option.

Engagement

Working with youth experiencing homelessness requires balancing immediate needs against the long-term goal of exiting homelessness. SOAR providers approach the latter through successfully applying for Social Security benefits with the applicant. However, that long-term goal may not be reachable if the applicant's immediate needs are not first met. This is where the SOAR engagement process can play a large role. Engagement with the applicant throughout the SOAR process is crucial. Some examples of engagement include meeting the applicant in a location he or she frequents, such as a mall, park, or fast food restaurant; not branding outreach efforts as serving "the homeless," as this may discourage youth from wanting to engage; and offering a flexible schedule

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in a safe and explicitly nonjudgmental environment. Youth experiencing homelessness can be distrustful of adults (they may see adults as people who have hurt them in the past and caused their current situation). Therefore, an extended engagement period may be needed to establish trust before the application process can begin.

Documenting Youth Disability

Many youth do not have adequate medical records or employment histories. "When gathering and reviewing the medical records for youth applicants, it may be important to 'read between the lines,'" explains Craig Hughes of Streetwork Project. "Multiple visits to the emergency room, including visits for substance use related issues, may be indicative of a larger issue, especially when considering that many youth use substances to cope with traumatic experiences and engage in survival behaviors to get through the day to day." School records also become a very important aspect of an application. Transition age youth are unlikely to have an extensive work history, so school records can be good indicators of the applicant's ability to function. Obtaining these records can facilitate documentation of ongoing cognitive difficulties stemming from childhood, previous IQ tests, and social skills. Similarly, juvenile justice or adult incarceration records may be helpful; however, as with medical and school records, it is important to determine what the records really mean. For example, an applicant's juvenile justice record may read "the youth refused to take his medication," which on the surface simply indicates noncompliance; however, upon engagement with the applicant, a SOAR case worker may learn that the youth refused to take his or her medication for fear of being stigmatized or harassed by peers. Youth who use substances may, in fact, be using them to mitigate the symptoms of their mental illness.

An important aspect of applying for SSI/SSDI is documenting impairments in four areas of functioning—activities of daily living; social functioning; concentration, persistence, and pace; and episodes of decompensation. Given the lack of work history, it is important to document the youth's functionality in terms of general life situations that easily correlate to work situations—for example, the ability to attend school or appointments on time, the ability to make decisions regarding self-care (is the applicant capable of the self-care necessary to

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[20] Youth Transition Demonstration. (n.d.). Retrieved from http://www.ssa.gov/disabilityresearch/youth.htm

present in a work situation), and the ability to perform daily tasks that could easily relate to work. Such observations are documented in a Medical Summary Report; the following are fictional excerpts:

Jane appeared neatly dressed at many of our meetings. However, based on our observations, her dress depends on her symptom levels. When she is experiencing a depressive episode, Jane often wears the same clothing for days in a row. She does her best to appear neat but during these times appears disheveled.

Jane has been diagnosed with a bipolar disorder. When asked about her symptoms, she reports that sometimes she gets "manic" and will go days of "breaking night" and when this is happening, she feels "crazy." She reports she makes erratic choices during these times and has found herself in "really scary" situations.

Approximately 50 percent of youth experiencing homelessness report substance use, which is nearly twice the rate of their housed peers.[21] Substance use among this population is both common and challenging. It is often used as a coping mechanism, a way to maintain shelter for the night (e.g., by passing out at an acquaintance's apartment) or an activity that is encouraged by outside influences. Throughout the SOAR process, the case worker will work to actively engage the applicant and determine the reason for his or her substance use; the goal is to show the disability examiner that the substance use is not material to the disabling impairments. In this instance, an excerpt from the Medical Summary Report might read as follows:

Jane reports she first began drinking alcohol and smoking marijuana when she was a teenager to help forget the past and deal with her foster care situation. She reports that "without drinking or drugging, I get mad more quickly and sometimes I get stuck in my thoughts about things that happened."

Youth and SOAR: Effective Models

Two models have proven to be very effective when implementing SOAR for transition age youth—the drop-in center model and the structured referral model.

A Drop-In Center Model. Streetwork Project serves age 16–24 homeless and runaway youth through case management, advocacy, psychiatric services, and counseling. Streetwork Project utilizes a comprehensive harm reduction model, meaning all aspects of engagement with clients are viewed through the lens of reducing risk and harm and trauma-informed practice. When implementing SOAR in a drop-in center setting, a prolonged engagement period is needed, as well as flexibility with regard to appointments. As Craig Hughes explains, "There is no 'if you miss X number of appointments we will not work with you.' That simply does not work with assisting homeless youth."

Because referrals to drop-in centers may come from various sources or a youth may self-refer, medical records may not be readily available. If that is the case, a SOAR case worker may need to set up medical appointments to obtain a diagnosis or current mental status exam. It is beneficial to develop a relationship with a physician who will allow your agency "drop-in" privileges when the applicant is available or a physician who is willing to perform outreach to youth living on the street.

By combining the use of SOAR with the drop-in center model, Streetwork Project has achieved an 84 percent approval rate on 69 initial applications.

A Referral Model. Another effective model for implementing SOAR with transition age youth involves referrals. Unlike the drop-in center model, applicants are referred to an agency through entities such as departments of social services, local child-serving agencies, or hospitals. With this model, it is important to establish a structure in which referrals are appropriate and effective. The referring agency must be educated regarding "Identifying a SOAR Applicant"[22] and other key program criteria.

The Homeless Advocacy Project (HAP) in Philadelphia, PA, implemented SOAR for transition age youth within a structured referral system and has seen great success since its inception in 2009. To access SOAR services, a youth must be an adjudicated dependent or delinquent and be receiving services through the Department of Human Services (DHS). The majority of these youth are in out-of-home placements including foster care, residential treatment,

[21] Koopman, C., Rosario, M., & Rotheram-Borus, M. J. (1994.) Alcohol and drug use and sexual behaviors placing runaways at risk for HIV infection. *Addictive Behaviors, 19*(1) 95-103.

[22] SOAR Technical Assistance Center. Identifying SOAR Applicants. Retrieved from http://soarworks.samhsa.gov/article/identifying-soar-applicants

group homes or Supervised Independent Living programs. In the Philadelphia project, youth with disabilities are identified by their DHS caseworkers and referred to SOAR three to six months prior to their anticipated discharge from care.

One of the advantages of this model is that medical documentation of a youth's current diagnoses and treatment is readily available from providers. Additionally, a youth's functional limitations can be established through collaboration between HAP, DHS and community-based providers. Through SOAR, HAP filed 42 claims for transition age youth in 2014, garnering an approval rate of 86 percent, with an average processing time of 70 days.

Conclusion

Youth experiencing or at risk of homelessness can be one of the most challenging populations to serve. The SOAR process works to provide complete applications that accurately depict a transition age youth's disabilities, conditions, and functional limitations. By utilizing SOAR, case workers can assist youth in obtaining or retaining the benefits that will allow them continued progress toward recovery and a stable future.

Helpful Resources

- Social Security Administration: Youth Transition Demonstration
  http://www.ssa.gov/disabilityresearch/youth.htm
- Social Security Administration: Benefits for Children
  http://www.ssa.gov/pubs/EN-05-10085.pdf
- National Alliance to End Homelessness
  http://www.endhomelessness.org/pages/youth_overview
- SSI for Children: Determining Childhood Disability
  https://soarworks.samhsa.gov/article/ssi-children-determining-disability

For More Information

This issue brief was produced by the SOAR Technical Assistance Center under contract to the Substance Abuse and Mental Health Services Administration (SAMHSA). The SOAR Technical Assistance Center develops and provides training and technical assistance to support adults, as well as youth in transition to adulthood, who are experiencing or at risk of homelessness to apply for SSA disability benefits. For more information about SOAR, go to http://soarworks.samhsa.gov.