Housing Access and Stability with SOAR

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 model significantly increases approval rates on Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) applications. For people with disabilities who are experiencing homelessness, having an income makes it easier to secure housing, bringing them one step closer to recovery.

Background
For individuals experiencing or at risk of homelessness, a stable place to live can be a crucial step on the road to recovery. However, without stable income, accessing and/or keeping housing is very challenging. This is especially true for people who have severe and persistent mental or physical illnesses. Housing subsidies or voucher programs are great resources; however, they often require that tenants pay 30 percent of their monthly income as rent. The SOAR process can assist eligible applicants with obtaining SSI and/or SSDI benefits, thus providing a stable source of income that helps maintain housing.

Using SOAR, applicants are typically approved for SSI/SSDI in fewer than three months. In communities with strong SOAR programs, housing providers often place applicants in housing before Social Security makes a decision on the SSI/SSDI application because they are confident that it will be approved. With housing comes a sense of stability, a life away from the streets or shelter system, and more often than not, access to supportive services. Once in stable housing, the likelihood that an individual will recover from homelessness increases dramatically.

SOAR and Housing First
Housing First is an approach that provides people who are experiencing homelessness with housing and the services they need to keep their housing. What differentiates a Housing First approach from other strategies is that there is an immediate and primary focus on quickly accessing permanent housing and then arranging for the services necessary to retain that housing. SOAR can play a crucial role in the Housing First model given that recovery does not stop at housing. Individuals who are unable to work will need access to income and health insurance. Social Security disability benefits, for those who are eligible, not only provide an income that can be applied, in part, to the applicant’s housing costs, but also ensure more robust health insurance coverage than otherwise may be available. Having SOAR-trained case managers within a Housing First agency will facilitate expedited access to both income and health insurance. Once approved, tenants would contribute toward their housing costs, thus sustaining the model, allowing more individuals to be served.

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Housing as Health Care

Housing improves the health and social status of people who have experienced homelessness as well as increases their use of primary care and outpatient services and reduces their utilization of hospitals, jails, and emergency services. All of these changes in health status and service utilization result in an overall reduction of costs for communities that are addressing homelessness.4 With the implementation of the Affordable Care Act and the expansion of Medicaid, hospitals are renewing efforts to reduce admissions and emergency room visits and instead focus on health care within a primary care setting. Without housing and a stable income, an individual with severe and persistent health issues will likely continue to be a high and frequent user of high-cost services (including case management, the criminal justice system, and the emergency health care system). By coupling SOAR and Housing First, communities have the best possible opportunity to help people to become healthier and more stable members of their community.

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Case Studies

Case studies from Colorado, Tennessee, and Oregon show how communities are integrating SOAR and housing assistance programs to maximize their efforts to end homelessness and promote recovery. Learn more about how these programs are structured, funded, and operated below. We have also included real stories of how these collaborations between housing and SOAR helped to transform individuals’ lives.

Colorado

Helping Those In Need Through SOAR

Colorado Disability Benefits Support Program (Colorado DBS) is a nonprofit agency that was established in 2012 to remove barriers that prevent eligible applicants from acquiring Social Security disability benefits in Colorado. Colorado DBS is the only nonprofit in Colorado that is solely dedicated to providing SSI/SSDI application assistance for people experiencing or at risk of homelessness; Colorado DBS is also the lead agency for Colorado’s SOAR initiative.

In September 2013, the Colorado Department of Human Services, Office of Behavioral Health was awarded Cooperative Agreement to Benefit Homeless Individuals (CABHI) funding through the Substance Abuse and Mental Health Services Administration (SAMHSA). The goal of CABHI is to enhance or develop the infrastructure needed to better serve individuals experiencing chronic homelessness and concurrent mental illness and substance use disorders. Additionally, the program strives to increase service capacity and provide accessible, effective, comprehensive, and coordinated/integrated services to those most in need. These services include permanent supportive housing, integrated health and behavioral health services, intensive case management, peer supports, and other critical wraparound services.5

One of the critical services identified is SOAR. To better implement SOAR, the Office of Behavioral Health (OBH) contracted with both the Colorado Coalition for the Homeless (CCH) and Colorado DBS to put CABHI services


Mr. Smith’s Story—Colorado

Mr. Smith is a 57-year-old Master Electrician, who supervised large scale power system projects for major companies throughout the state of Colorado. In 2012, he was waiting for his ride to work when he was hit by a car; he suffered injuries to both legs—fracturing his right femur and left tibia. After surgery, he felt like something was wrong with his upper left thigh, but was told repeatedly by medical staff that everything was healing fine. Weeks later, he was diagnosed with an aggressive form of MRSA (Methicillin-resistant Staphylococcus aureus is a bacterium responsible for several difficult-to-treat infections) in his thigh, and the infection had to be surgically removed. After the surgeries and rehabilitation, he struggled to walk, stand, and rise from seated and prone positions. Medical professionals told him that he should be getting better, but eventually he stopped attending appointments due to lack of progress. The frustration from his lingering symptoms and inability to effectively ambulate led him to begin drinking heavily, and eventually he found himself homeless and living on the streets.

When Mr. Smith first engaged in services, he was squatting at an unoccupied house that had no running water or electricity, and he reported that at times his body hurt so badly he would just lay on the hardwood floor for hours without moving. Although he denied being actively suicidal, he frequently commented about how things would be much easier if the pain he felt would end. Through the Housing First program, he was able to find an apartment and begin mental health treatment for his drinking and overwhelming depression. His Social Security benefits application was submitted using the SOAR model, his case was decided in 65 days, and he was awarded SSDI. Receiving benefits was a key part of Mr. Smith’s recovery as he is now eligible for housing and additional supportive services.

The CCH is tasked with assisting chronically homeless individuals using a Housing First approach. This approach reduces barriers to housing while also offering intensive and individualized case management services, peer support, and access to integrated medical and behavioral health care. However, these individuals are also in need of income; Colorado DBS, as the state’s lead for SOAR, was contracted to provide SOAR services to applicants who were eligible for SSI and/or SSDI.

SOAR referrals are screened using the Vulnerability Index–Service Prioritization Decision Assistance Tool (VI-SPDAT), a coordinated assessment and housing placement tool. The VI-SPDAT helps to identify which individuals should be recommended for housing and support intervention; a high score identifies those with the greatest need. CCH administers the VI-SPDAT and refers anyone who scores 10 or higher for CABHI services.

Once the person is accepted into the program, CCH staff assigns the individual a Housing and Urban Development (HUD) voucher and assists the individual in locating a safe and affordable housing unit in the community. During this process, a dedicated CCH case manager works with the individual to develop an

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individualized treatment plan and assists the individual in successfully transitioning from homelessness into housing. Tasks that are accomplished during this initial time frame include assisting the individual with moving into their new unit, locating basic furniture and other housing essentials, becoming familiar with how to access public transportation routes, and identifying and accessing nearby community resources. In addition, the staff member will assist the individual with enrolling in appropriate health insurance benefits and linking them to needed community and health resources. At the same time, the individual is also referred to Colorado DBS to begin the SOAR process to apply for Social Security disability benefits.

The Disability Benefits Advocate initially meets the customer at CCH and a warm hand off is made between the case manager and the Disability Benefits Advocate. This is important as it helps to build trust with the applicant and allows SOAR to be easily accessible and convenient to the consumer. Colorado DBS and CCH collaborate to reduce barriers to accessing care for individuals who have previously been unable to successfully navigate services in the past, resulting in a continuation of their chronic homelessness and high vulnerability status. The agencies strive to provide services in a manner that is applicant centered, trauma informed and culturally appropriate. Language interpreters are available and used when necessary and both Colorado DBS and CCH staff meet regularly to review applicants’ progress and to tailor services to meet each individual’s unique needs. Although the Disability Benefits Advocate initially meets with the customer at the CCH office, subsequent meetings may take place at other locations more convenient to the applicant, such as the local library, human services office, or the Social Security Administration.

During the initial meeting, the Disability Benefits Advocate does an initial screening to verify that the individual appears to meet the basic SSA disability criteria, including citizenship, age, income, medical conditions, and employment. From the outset, the Disability Benefits Advocate encourages people who want to work to do so. This is an important message that is reinforced throughout the program and directly counters what is commonly understood. The initial screening also involves signing releases of information in order to obtain medical records.

Once the Disability Benefits Advocate assesses an individual as likely eligible for SSI/SSDI, they continue with the application following the SOAR model. The application is done concurrently with the CCH case manager navigating additional benefits acquisition, such as Medicaid, Food Stamps, housing, etc. Throughout the benefits acquisition process the Disability Benefits Advocate may accompany the individual to consultative examinations, medical appointments, or anywhere necessary to assist the applicant throughout the process.

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Nashville, Tennessee

SOAR: An Answer to Hopelessness

Nashville has seen success using the SOAR model since 2006. Currently, there are six (6) full-time SOAR staff working for various organizations throughout the city, and these positions are funded through a mix of local, federal, and private dollars. “Often we work with people who haven’t had anything ‘go right’ for them in years,” Cayla Wilson, Director of Homeless Services at Park Center, Inc., said recently. “They are plagued with ideas that nothing will ever work in their favor and feel hopeless about the future. SOAR sets the stage for transition to permanent housing not only in terms of increasing financial security but also in terms of empowering a person to see that, in fact, they are deserving of
good things and that good things can and will happen to them.” Park Center currently has a 98 percent approval rate on more than 600 SSI/SSDI applications.7

**SOAR Housing Partnerships**

The Nashville housing market has become increasingly competitive and affordable units are in high demand. The scarcity of housing forces homeless service providers to prioritize this critical resource and get more creative and collaborative. To increase access to housing for people receiving SSI/SSDI, Park Center partnered with the two largest affordable housing providers in Nashville, the Metropolitan Development and Housing Agency (MDHA) and Urban Housing Solutions (UHS), a nonprofit housing developer. Here is a summary of those partnerships:

- **UHS** uses funding from the local Continuum of Care to pay up to three months rent for people who have started the SOAR process with Park Center. This allows the SSI/SSDI applicant to sign a lease immediately and move into housing before benefits are awarded. Once benefits are obtained, the tenant pays 30 percent of his or her income toward rent and utilities.

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**SOAR Staff: Agents of Hope**

I know exactly where to find David whenever I want to talk him. For 22 hours each day, he’s reading or sleeping on a bench about one-half mile outside of the downtown core. The other two hours are spent indoors at a couple of meal programs that serve breakfast or lunch. His location is as predictable as some of our conversations. “What you got for me?” he asks when I approach. I flash a smile and turn my palms up in a clumsy attempt to express nonverbally that I don’t have the bus pass he wants. “Holding out on me again,” he says, as he makes room for me to sit.

To the hundreds of motorists that drive by him every day, David is likely the poster child of an unmotivated individual. However, most of these commuters don’t actually know him. When David first hit the streets after being laid off in 2008, he was rarely sitting down. “I heard about people getting stuck out here. Not me. I followed every lead. I put my name on every list. I got off the streets pretty quick. But it didn’t last.” Three months after finding housing, David violated his lease by letting a friend stay with him to help pay the rent. Six years later, prolonged homelessness slowly ground David down to a version of himself that he barely recognized. He lost the hope he once had. His bench and meal programs are dependable resources that come with very little risk for failure.

That’s what fired me up about SOAR when I first heard about it—SOAR is a tool to help nurture hope through access to benefits, housing, and treatment. SOAR encourages front line staff to be “agents of hope” to help counter the prevailing loss of hope that is the hallmark of homelessness and to use those moments to pivot towards housing and treatment. David’s SSI application was approved and hope is on the horizon.
MDHA prioritizes up to 18 Housing Choice Vouchers for people who have been assessed as high need by the VI-SPDAT. Staff at Park Center and other organizations complete applications for Housing Choice Vouchers in the field and submit the paperwork and required documentation in one packet. MDHA distributes the housing vouchers to eligible applicants who then seek out landlords with available units.

Since June 2013, Park Center staff have helped secure 61 Housing Choice Vouchers for SOAR applicants. Another 26 people are living in permanent housing at UHS via the new collaboration with Park Center. Adam Graham, leasing consultant at UHS, notes, “This partnership has shown me how SOAR and permanent housing go hand in hand. SOAR provides the income and our housing provides the home for residents to experience stability for perhaps the first time in their lives.”

Leslie’s Story—Nashville

Leslie is 48 years old and had been living outdoors for 12 years on Jefferson Street in Nashville. After the death of her grandfather and a divorce, she experienced a severe breakdown, causing her to lose her job and home. Her mental illness went undiagnosed for years. She says, “I only wanted to be in the dark and away.” Sleeping on the back steps of Jefferson Street Baptist Church and bathing, when possible, in the church fountain, Jefferson Street became her home. With worsening mental health symptoms and no health insurance, Leslie was socially isolated, self-medicating, and subject to the elements at all times of the year.

After 12 years of living this way, Leslie became involved with a case manager at Centerstone who referred her to Park Center’s SOAR program for assistance with her disability benefits. When the SOAR coordinator met her in October 2014, Leslie had poor hygiene, untreated physical ailments, and was fearful of other service providers. At first, conversations with her would routinely end with Leslie jumping up and yelling, “I want to be done! I’m done talking!” and leaving the SOAR coordinator by herself.

After several meetings with her SOAR coordinator and receiving hand warmers and blankets, Leslie began making eye contact and sharing more about all she had overcome in her life. By December 2014, Leslie was approved for disability benefits through SOAR and was on her way to obtaining housing through the How’s Nashville community campaign. Leslie got the keys to her new apartment in Brentwood in March 2015, complete with a fireplace, a luxury she says she dreamed about having in her home again. Leslie laughed, asking, “Now who goes from living on those steps all of those years to living in Brentwood?”

Leslie says that she would not have survived if it were not for her family and neighbors on Jefferson Street who offered her food, a place to keep her belongings safe, and a link to her past. Leslie has re-connected with her children. Her son gave her a large, framed picture of his family that she proudly hung in her living room. She is planning a dinner soon so she can cook a big meal for her children for the first time in over a decade. She is starting a program in the near future at Tennessee State University to work toward a social work degree. She says she would like to work to provide transitional housing to women experiencing homelessness, giving back to the community that did not give up on her.

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SOAR: An Opportunity for Lasting Change

SOAR is a key feature of Home Again, Portland, Oregon’s ten year plan to end homelessness. The Benefits and Entitlements Specialist Team (BEST) program at Central City Concern (CCC) has a team of benefits specialists, trained in SOAR, who are dedicated to assisting applicants who are experiencing or at risk of homelessness with their SSI/SSDI applications. To ensure continued success, the City of Portland, Kaiser Permanente, and Providence Portland Medical Center have funded a SOAR team, which includes a supervisor, 11 benefits specialists, two data specialists and an on-call physician.

After two years of successful program implementation, other organizations in the area became interested in SOAR and were able to fund positions for full- and/or part-time benefits specialists. The City of Portland and Multnomah County have recognized the success of SOAR and committed to co-funding the effort for the next five years. In addition, Veterans Affairs funds two full-time positions through the Supportive Services for Veteran Families (SSVF) grant. The dedicated staff will provide SOAR services to Veterans and their families for the next three years. While funders were confident that SOAR would provide steady income for housing and medical benefits to reduce the financial burden on the city, they quickly realized that there were many other benefits to assisting the community’s most vulnerable population. Examples of this include a more than 4-to-1 ratio of federal dollars flowing into the community, as compared to the amount that was being paid by the city and county. Additionally, individuals who had been experiencing homelessness for years became stably housed which reduced emergency room visits, improved medical compliance and provided a better quality of life for beneficiaries.

Jane’s Story—Portland

Jane was in her mid-30s when she was referred to BEST. She had graduated Cum Laude from college; however, her mood swings and depression prevented her from maintaining employment. Due to her depression she had experienced two long-term hospitalizations and had many visits to the emergency room. Despite her extended time in treatment, her medical records did not provide much evidence of her functional impairments or inability to work. Jane’s case manager spent a lot of time interviewing her and observing her behavior. Her case manager witnessed many bouts of anger and aggression and was able to document her limitations in functioning.

Over time, the BEST case manager spent more time with Jane and learned about her personal and medical histories, as well as her work attempts and daily activities. Through an investigation of her medical records, he learned that she had received more than 30 electroconvulsive therapy (ECT) treatments for depression, which could be linked to her symptoms of anger and mood swings.

Jane obtained short-term housing while she was working with her BEST case manager. Her Social Security application was approved and she began receiving benefits. Today, Jane remains stably housed and is looking to regain her quality of life.
To gain support for the SOAR initiative, BEST reached out to the City of Portland and congressional government offices. The approach included three major strategies: they had community organizations attest to the need for such a program in their community; they provided an estimate of the number of applicants who would be served; and they received support from the local Social Security Administration and state-run Disability Determination Services. BEST serves as many individuals experiencing or at risk of homelessness as possible and is able to accept referrals from a large group of community partners. BEST requires that applicants who are referred have a case manager; by having a case manager in addition to working with a SOAR benefits specialist, the applicant is able to receive wraparound services, including housing, health care, and employment supports. For applicants who are referred to the SOAR program through BEST, case managers engage the applicant and work to find housing, refer them to Ready to Rent© classes, and address barriers to sustaining housing. Through SOAR, housing providers in Portland know that applicants have an 88 percent chance of being approved for SSI/SSDI benefits, which allows many to be considered for short-term housing grants.

10 Ready to Rent. Are you having problems getting rental housing? Ready to Rent may be for you! Retrieved from: http://www.readytorent.org/5.html

Conclusion
Access to housing is essential to ending homelessness and access to income is essential to maintaining housing. For individuals with disabilities, the integration of the SOAR model into Housing First programs ensures that individuals will both access and maintain their housing.

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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 who are experiencing or at risk of homelessness to apply for SSA disability benefits. For more information about SOAR, go to http://soarworks.prainc.com.