

The U.S. Department of Justice reports an estimated 744,600

individuals were confined in county and city jails by midyear 2014 (Minton & Zeng, 2015). With consideration to the estimate—and the prevalence of serious mental illness for people incarcerated in jail averaging 14.5% among men and 31% among women—attention must be given to address the needs of a rapidly growing population upon reentry (Steadman, et al., 2009).

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). Adverse consequences resulting from arrest combined with the stigma associated with mental illness—significantly increase the likelihood for these men and women to experience homelessness, unemployment, lapses in treatment, and re-arrest upon return to the community.

Community behavioral health providers, homeless service agencies, and criminal justice professionals meet at the intersection of behavioral health and criminal justice, doing their best to address the need. Yet these committed professionals often miss the collaborative opportunity to use Social Security benefits as a reentry tool that can increase access to housing and treat-

ment, and contribute to the reduction of recidivism for individuals with a serious mental illness.

The Challenge and the Truth

Jails face several unique challenges in providing reentry services, and only have custody of individuals for a short length of time. In 2016, on average, the expected length of stay in jail was 25 days (Zeng, 2018). The sheer number of jail inmates reporting a disability is also challenging; in 2011–2012, 40% of jail inmates reported at least one disability (Bronson, Maruschak, & Berzofsky, 2015). While this figure is not correlated with the number of inmates currently receiving benefits for a disability, it indicates that a significant number of jail inmates may be eligible for or at risk of losing disability benefits.

Finally, many people with disabilities who enter jail may be at risk of losing their benefits while incarcerated. When Supplemental

Security Income (SSI) recipients are incarcerated, their benefits can be suspended or terminated depending how long they stay in jail. However, Social Security Disability Insurance (SSDI) recipients are eligible to continue receiving benefits until they are convicted of a criminal offense and confined for more than 30 continuous days. After that time, their benefits are suspended. Benefits can be reinstated the month following their release into the community.

The short timeframe in which people are held in jails creates unique challenges in the delivery of healthcare and transition services. Yet some jails are implementing a critical intervention that can help people access housing and treatment as they reenter their communities. Whether part of larger diversion efforts or through partnerships with behavioral health or social service providers, jails that connect people experiencing disabling health conditions to Social Security

Table 1. SSI Eligibility While Incarcerated

Receiving Benefits: Supplemental Security Income			
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 120 days prior to release.

Source: www.ssa.gov/reentry/benefits.htm

Table 2. SSDI Eligibility While Incarcerated

Table 1. 0001 1. Inglamity 11. Incartorated			
Receiving Benefits: Social Security Disability Insurance			
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 continuous days.

Source: www.ssa.gov/reentry/benefits.htm

Administration (SSA) disability benefits programs can see significant reductions in recidivism rates.

Without careful reentry planning, many people leave jail without needed healthcare and income. A criminal record can make it difficult for individuals to secure safe and affordable housing, particularly for those experiencing a disabling condition that leaves them unable to work. Deprived of a stable income and housing, many people living with serious mental illness cycle between jails, hospitals, and correctional facilities. Homelessness and residential instability is identified as a significant challenge to post-release success (Lutze, Rosky, & Hamilton, 2014). For many, the symptoms of their conditions result in homelessness and recidivism, as treatment and recovery efforts take a back seat to the urgency of finding ways to meet their basic needs.

Jails have an opportunity to develop effective reentry plans for people who are medically disabled, lack income, and may be released to homelessness or housing instability, and end the cycle of recidivism for many. For people with disabilities,

SOAR Outcomes

The SAMHSA SOAR TA Center provides comprehensive and free online training that prepares providers to assist with the SSI/SSDI application process. Trainees learn to complete SSA forms and provide documentation of a disabling condition. Fifty States and Washington, D.C. have reported using the SOAR model to assist more than 71,705 people who were experiencing or at risk of homelessness with SSI and/or SSDI applications. On average, SOAR practitioners hold a national approval rate upon initial application of 65% (2018 National Outcomes). These outcomes can be compared to the national average of 29% for people applying without assistance and 10–15% for people who are experiencing or at risk of homelessness who are applying without assistance. For more information, contact the SAMHSA SOAR TA Center at soar@prainc.com or visit https://soarworks.prainc.com.

experiencing or at risk of homelessness to access SSA disability benefits. Integration of the SOAR model in jail settings is showing promising results for reducing recidivism.

Criminal Mental Health Project, Miami, Florida

Miami-Dade County is nationally known for its large-scale efforts to reduce incarceration among people with serious mental illness. It is Today, staff trained in the SOAR approach screen all CMHP participants for SSI/SSDI eligibility. From 2008 through 2017, 90% of 587 individuals were approved for SSI/SSDI benefits in an average of 41 days. On release from jail, CMHP participants are linked with community providers who are made aware that SSI approval means access to Medicaid. This reduces the stigma of mental illness and involvement with the criminal justice system, making participants more attractive "paying customers."

An agreement between Miami-Dade County and SSA also reimburses the county for housing assistance provided for the time elapsed between SSI/SSDI application and approval. This sum is paid from participants' retroactive benefit payment. The number of arrests two years after receipt of benefits and housing compared to two years earlier was reduced by 70% (57 versus 17 arrests).

SOAR InReach in a Tennessee Jail

In 2010, Park Center (a community mental health partner in Nashville, Tennessee) submitted a proposal to provide SOAR services to eligible individuals incarcerated in the Davidson County Jail. Park Center caseworkers proposed



income from SSI/SSDI can be a critical step toward stability and recovery. The SOAR model and the SAMHSA SOAR Technical Assistance (TA) Center can help jails connect inmates with these crucial SSA benefits.

The SOAR Model: An Essential Component of Reentry Services

SSI/SSDI Outreach, Access, and Recovery (SOAR) is a model designed to help people who are

less well-known that this strategy includes linking participants to disability benefits through SOAR. In 2000, the 11th Judicial Circuit Criminal Mental Health Project (CMHP) was established in Miami-Dade County to divert individuals with serious mental illnesses from the criminal justice system and into community-based treatment and support services.

to assist eligible jail inmates with disability applications. They would use a strategy of "in-reach" wherein a community provider enters the facility to assist with the application while the individual is still incarcerated. A pre-release agreement was established with the local field office to allow applications to be submitted 120 days prior to release. This increases the likelihood that the applicants would have access to needed income and insurance upon reentry into the community. To date, outcomes submitted to the SOAR TA Center through the SOAR Online Application Tracking (OAT) program reflect a 96% approval rate for initial applications for individuals served through this initiative.

The outcomes of the SOAR InReach program are promising, demonstrating that such programs are effective at assisting inmates to access disability benefits, and may reduce recidivism rates. The SOAR TA Center encourages community health and social service providers to expand into criminal justice settings to reduce recidivism and the cost of incarceration, and to promote access to services for highly vulnerable populations. According to a comprehensive evaluation of the

effectiveness of this InReach effort: "The SOAR InReach program shows great promise in increasing disability benefit approvals, reducing recidivism, and providing interpersonal support for individuals returning to communities" (McCauley & Samples, 2017).

Conclusion

People living with mental illness face extraordinary barriers to successful community reentry from jails. The SOAR model can assist reentry specialists, discharge planners, and community providers to reduce the likelihood of recidivism and homelessness for these individuals. With SOAR training, the Social Security application process becomes transparent, making the likelihood of approval greater, the access to resources possible, and post-release success more attainable. The promising recidivism outcomes reported by SOAR pilot projects should encourage jails to consider this approach as a foundation for building successful reentry programs.

The SAMHSA SOAR Technical Assistance (TA) Center has been funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) since 2009. The SAMHSA SOAR TA Center coordinates the implementation of State and local SOAR programs, and has worked to provide technical support to criminal justice and reentry agencies through training, strategic planning, and technical assistance at no cost to jurisdictions. For more information, visit https://soarworks.prainc.com or e-mail Kristin Lupfer, Project Director, at klupfer@prainc.com.

References

Bronson, J., Maruschak, L., & Berzofsky, M. (2015). *Disabilities among prison and jail inmates*, 2011–12. Washington, DC: U.S. Department of Justice, Office of Justice Statistics. Retrieved from www.bjs.gov/content/pub/pdf/dpji1112.pdf

Dennis, D.L., Lassiter, M., Connelly, W., & Lupfer, K. (2011). Helping adults who are homeless gain disability benefits. *Psychiatric Services*, 62(11), 1373–1376.

Lutze, F., Rosky, J., & Hamilton, Z. (2014). Homelessness and reentry: A multisite outcomes evaluation of Washington state's reentry housing program for high risk offenders. *Criminal Justice and Behavior*, 41(4), 471–491.

Minton, T., & Zeng, Z. (2015). *Jail inmates at midyear 2014*. U.S. Department of Justice, Office of Justice Statistics. Retrieved from www.bjs.gov/content/pub/pdf/jim14.pdf

McCauley, E., & Samples, L. (2017). Navigating the disability determination process from the perspective of incarcerated adults with serious mental illnesses. *Community Mental Health Journal*, 53, 905–915.

Steadman, H., Osher, F., Clark, P., Case, B., & Samuels, S. (2009). Prevalence of serious mental illness among jail inmates. *Psychiatric Services*. doi. org/10.1176/ps.2009.60.6.761

Wrenn, G., McGregor, B., & Munetz, M. (2018). The fierce urgency of now: Improving outcomes for justice-involved people with serious mental illness and substance misuse. *Psychiatric Services*, 69(7), 829–831. doi.org/10.1176/appi.ps.201700420

Zeng, Z. (2018). *Jail inmates in 2016*. Washington, DC: U.S. Department of Justice, Office of Justice Statistics. Retrieved from www.bjs.gov/content/pub/pdf/ji16.pdf

