

SOAR Dialogue Phone Call

June 16, 2011

(Attendance: Emily Carmody, TJ Reynolds-Emwanta, Terri Clark, Linda Mandell, Violet Collins, Spencer Cook, Kathryn Winston, Jacquetta Bullock, Aundry Freeman, Jaquetta Bullock)

- I. Introductions and Community Updates-
 - a. Emily Carmody, NCCEH- Two more SOAR dedicated positions coming onboard, Eastpointe LME and Pisgah Legal in Henderson County
 - b. Spencer Cook, PATH, Durham- Several approvals including several cases that were reconsiderations from over a year ago. Spencer will be leaving the PATH team next month but has found someone to replace who will be joining next call.
 - c. Jacquetta Bullock, New Directions Ministries, Vance County – No updates but have a question for later in the call.
 - d. Kathryn Winston and Mike Hosick, Triangle Coastal Disability Partners, Wilmington- Got a win for someone who Kathryn has been pushing for over a year. Applicant has been inpatient at Cherry Hospital for over 9 months.
 - e. TJ Reynolds-Emwanta, PATH, Winston-Salem- Three wins this month and hope to have their cases closed by the 30th. TJ has picked up several new cases.
 - f. Violet Collins, DSS, Pitt County- no updates, one appeal and two pending applications
 - g. Aundry Freeman, Pisgah Legal, Asheville- Have had a couple of wins this month and will try to report by the end of the month. Very proud to have another SOAR case worker coming onboard.
 - h. Terri Clark, PATH, Cumberland County- One reconsideration cases with a decision coming in the next couple of months.
 - i. Linda Mandell, Pitt County- Was working on a case but the applicant suddenly moved to Florida. Linda is waiting for an outcome for another case, but the applicant is now stably housed.

- II. Ethical Questions Encountered while Completing SOAR Applications
 - a. Emily- We wanted to check in with everyone about some of the difficult situations that you can encounter while trying to get someone connected to SSI/SSDI benefits.
 - b. Emily- A number of case workers have spoken to me about situations where they are worried about what SSI/SSDI income will mean for applicants who have active addictions or are in recent recovery.
 - i. TJ- That happens a lot for me.
 1. I do not question my role in these situations.
 2. During engagement, I encourage the applicants to go to treatment or at least cut back.
 - a. I check in throughout the process to see how they are doing.
 - b. I also make sure that SSA and DDS are aware of the addiction in order to get people assigned to payees.
 3. Difficulties when the process does not assign payees.

- a. Presumptive approvals often do not require a payee.
 - b. Hard to go back and change that at the official approval.
 - ii. Emily- Two strategies:
 - 1. Engaging the applicant to see if they will get treatment
 - 2. Using a payee as a back up to help safeguard the individual
 - iii. Spencer- Has had a case that has bothered him since the last call
 - 1. Client "Bob"
 - a. Presumptive Disability decision made
 - b. Had a 30 year history with addiction
 - c. At time of decision, 8 months sober and was engaged in treatment
 - d. DDS required a payee due to information provided by Spencer
 - e. "Bob" chose a family member to be payee
 - f. SSA sent back pay and monthly check to payee
 - g. Payee gave all the money in cash after "Bob" bullied her
 - h. "Bob" relapsed and spent all the money in 3 days on drugs and alcohol
 - i. Now in the process of getting agency payee and re-engaging in treatment
 - j. Still has apartment but is on the brink of losing it
 - 2. I feel like there is something I could have done differently
 - a. I should have connected him to an agency payee
 - b. SSA should direct payees to not give all the money at once
 - 3. Question of the danger we put people in if we are not careful with getting them SSI/SSDI benefits
- c. Emily- Maybe that is the bigger question: Can we be careful enough to prevent these incidents? Has anyone else felt that way?
 - i. Terri- I can understand how Spencer feels because I had a similar situation.
 - 1. SSA and ODAR worked so well that they got the applicant a check in 7 days.
 - 2. Past history of substance abuse but not identified in records
 - 3. As soon as he got his check, everyone came out of the woodwork.
 - 4. From Friday to Monday, half of his check was gone.
 - 5. I do not think there was anything I could have done to prevent it because I could not have foreseen other people taking advantage of him.
 - a. You also never know what is going to be a trigger for someone.
 - b. Is there a way for a SOAR Case Worker to require a payee for someone if they start using again? Is there a way to put the benefits on hold until that payee is established?
 - ii. Emily- There is a SSA form that you can have the treating physician sign to mandate a payee for anyone who is having issues with managing money.

1. Spencer- SSA will pause the benefits during that process.
 2. Linda- I had a client that had MR issues and could not handle money. DDS agreed, but SSA did not look at the paperwork closely enough. Had to get a doctor to sign a form to get it set up.
 3. Spencer- SSA often overlooks the need for a payee
 - a. Call SSA immediately once you know a decision has been reached at DDS
 - b. Make sure it is abundantly clear to the Claims Representative that they need a payee
 4. TJ- Sometimes SSA uses their own discretion about payees
 - a. I try to be as clear as possible about the need.
 - b. However, this does not always work.
 - c. Put the need for a payee in the summary of the Medical Summary Report and have doctor sign.
 5. Emily- Two issues
 - a. Making sure that DDS recommends a payee
 - b. Making sure that SSA recognizing the recommendation
 6. Spencer- What if we got the doctor to sign the payee form on the front end and submit it with the application?
 - a. Emily- you could do that or hold on to it in case you need it
 - b. Emily- In this case, it would be important to have a discussion with the applicant about why you are completing the form and your concerns about their need for a payee.
 - i. So they do not feel betrayed by the SOAR Case Worker
 - ii. Even though it is uncomfortable, this is a necessary discussion.
 - iii. State that a payee is someone who can help them keep on track of their spending.
 7. Terri- when I went back to speak to my client, he agreed that he needed someone to help him with his money.
- iii. Aundry- Do payees normally charge a fee?
1. Emily- Yes, payee firms can charge a fee.
 2. Emily- Payees are also legally able to charge substance abusers more money to manage their funds.
 3. Spencer-
 - a. Normal rate is \$37
 - b. Higher need individuals can be charged up to \$70 plus
 4. TJ- other agencies charge percentages
 - a. Mental Health Associations now charge a percentage
 - b. Vary by agency
 5. Emily- important to have a payee firm in the community that you can trust for referrals

6. TJ- Limited resources in Forsyth for payee services
 - a. I went to another trusted agency that provides guardianship in the community.
 - b. The agency works with homeless population and are advocates in the community.
 - c. Now this agency is in the process changing their bylaws to provide payee services for individuals who they do not provide guardian services for.
- d. Emily- Again, maybe there is a deeper question beyond payee concerns. Why is there a need for a payee?
 - i. As SOAR Case Workers we know we will not always be with individuals to make sure they are managing their money and their benefits.
 - ii. SOAR Case Workers are not able to always follow applicants for an extended period of time.
 - iii. Where does a SOAR Case Worker's responsibility end? Where does the applicant's responsibility begin?
 1. Reality is that we cannot prevent people from relapsing because that is ultimately their own decision to make.
 2. Does anyone struggle with these feelings?
 - a. Trouble sleeping?
 - b. Persistent thoughts about what could have been done differently?
 - iv. Spencer- Yes to all of those questions
 - v. Linda- When my client was not given payee, the SSA office was resistant to changing payee.
 1. The SSA office stated that a client can go to the office to request a payee as well.
 2. Maybe, if we cannot get the payee set up, it's worth speaking to the client about their option to request a payee from SSA.
 3. Emily- Good point- it puts the responsibility back with the client to manage their benefits.
 - a. We can show applicants resources and options.
 - b. However, it is ultimately the client's responsibility to manage their benefits.
 - vi. Terri- I have not experienced some of the feelings that you are describing but I like to have a clear termination of services.
 1. I have a tendency to hold on to people until they are linked in with all of their needed services.
 2. This can be frustrating because it is beyond the scope of my position.
 3. Emily- Good point- There are personal and professional boundaries that limit us.
 - a. Can be a challenge in a mental health system that is frustrating

- ii. Can get a PA and NP to sign the form

- V. Jacqueline- I have had a couple referred to me who do not fit the homeless definition, but they are about to lose their home due to their medical conditions. Would they qualify for SOAR?
 - a. Emily- YES!
 - b. Emily- SOAR case workers can work with people who are at risk/imminently homeless.
 - c. Emily- SOAR also uses a wider definition of homelessness
 - i. SOAR uses the SAMHSA definition which includes “couch surfing” and doubled up individuals and couples
 - ii. SOAR does not use the HUD definition of homeless

- VI. Spencer- Is anyone burned out?
 - a. Spencer- I am not, but I thought that would be another clinical issue to watch out for.
 - b. Emily- I have felt that this week.
 - c. Aundry- I have been feeling that way for about a month now.
 - d. Emily- What does the group do to bounce back from burn out?
 - i. Aundry- I am taking a day off once a week through general leave
 - 1. I call it a “Mental Health Day”
 - 2. Trying to enjoy summer
 - ii. Emily- Great idea!
 - 1. Always important to take the time you have accrued
 - 2. Important to take time for yourself
 - iii. Emily- I exercise to feel better and get a pedicure.
 - iv. Mike- We walk on the beach in Wilmington.
 - v. Emily- If anyone is interested, I have some resources on meditation.
 - 1. I used meditation when I was working in the field.
 - 2. Helps to feel centered in crisis situations
 - e. Emily- We can do a “Burn Out Check In” at the beginning of next call

- VII. Next Phone Call, Friday, July 21, 2011, 10-11 am
 - a. The week before is the national SOAR conference and the National Alliance to End Homelessness Conference that NCCEH staff and many of you are attending
 - i. Always good to get new ideas and energy
 - ii. Have a lot of updates next month from the conferences
 - b. Please send topics to Emily that you want covered on future SOAR Dialogue Phone Calls
 - c. Register for the next call by following this link: <http://ncceh.org/en/cev/470>

- VIII. Newsletter comes out at the beginning of next month
 - a. New Community Outcome Reports included in that email
 - b. 100 applications have been done since last January! Great work!
 - c. Most recent outcomes:

- i. Worked with 376 people to apply for benefits
- ii. Have had 284 approved
- iii. Have brought in \$2.6 million into the state in a little over a year
- iv. Average decision days has dropped for 107 days
 - 1. Presumptive disability phone call has helped with more people asking for PD
 - 2. Credit new DDS examiners
- d. Will send out an outcome comparison once the annual totals are complete
- e. Spencer- It would be great to be able to track Medicaid reimbursement.
 - i. Emily- Very hard to track from state level
 - ii. Emily- I found a study that addresses this issue in California that I would like to see done in NC
 - iii. TJ- I am working with Baptist Hospital to see about tracking reimbursements from applicants that have been approved.
 - iv. Emily- ANY case workers that have this data, please send it to Emily so that this can be reported to PRA.