SSI OUTREACH PROJECT
UNIVERSITY OF MARYLAND MEDICAL SYSTEM
DIVISION OF COMMUNITY PSYCHIATRY

FUNDING:

*Began in 1993 as SSA funded outreach demonstration project. Original grant was for one year. The design was to provide outreach to homeless adults who had serious and persistent mental illness so as to assist in obtaining SSI. The project uniquely was authorized by SSA to be able to secure presumptive SSI for certain applicants, based on the project director's recommendation. The project director was then expected to obtain a 90% approval rate for ongoing SSI benefits from DDS for those who were paid presumptive benefits. DDS conducted the usual process in reviewing these applicants for ongoing benefits. 100% of those submitted presumptively received final approval.

*In 1994, continued funding under a SSA RFP and became a "One-Stop Shop in a Comprehensive System of Care" for adults with mental illness in Baltimore City. Under this grant, sites were established at five other community mental health centers over the course of three years that were staffed and trained by the project director. The original plan was that these sites would continue after their year of SSA funding with a grant from the Baltimore Mental Health Systems, Inc., the mental health authority in Baltimore City. Funding changes meant that only one site continued, using its own funds. This grant continued through 1997.

*In 1997, the project received another SSA grant that included vocational assessment and services early on in the SSI process. The plan was to assess the impact of such assessment and services on a person's return to work. As the grant lasted only one year, the results were minimal.

*In 1998, the project began to receive funding through Baltimore Mental Health Systems, Inc. on a HUD supportive services grant. This grant requires that 100 persons are served by the project annually. This funding continues.

BUDGET:

*Current budget is $190,000. This covers salary and fringe, supplies, mileage/transportation, and minimal miscellaneous expenses. This does not include rent or utilities which is provided without charge. (as an in-kind) by the Department of Psychiatry, University of Maryland Medical System.

*This budget does not include, as the original budgets did, payment for consultants who conduct psychiatric evaluations or for such additional evaluations as neuropsychological testing and occupational therapy evaluations. This sometimes poses difficulty as

Medicaid is difficult to access in Maryland and, sometimes, additional expensive evaluations would be helpful, e.g., neuropsychological testing or psychological testing. However, the project is very fortunate to have psychiatric evaluations provided by the medical director of the Program of Assertive Community Treatment (PACT) team at the University of Maryland Medical System without charge to the project.

STAFFING:

*Staff consists of:

(1) Office manager, (0.85 FTE) who assists in administrative work, data tracking, telephone coverage, supplies, budgeting, and other similar support staff work.

(2) Two case managers, full-time, who perform initial outreach, complete applications, take care of medical evidence collection, serve as liaison to applicants, and who follow through on service referrals and other needed requests from applicants. One of the case managers serves as the representative payee liaison for the project (explained below).

(3) Project director, (0.90 FTE) who conducts a clinical evaluation on each applicant. These last from 1 ½ -5 hours over several sessions, depending on the individual's tolerance and extent of detail provided. The project director makes the presumptive disability recommendation, in collaboration with the case managers and any current treatment team. The project director also supervises the staff, ensures that procedural time lines are met, oversees the representative payee portion of the project, and writes comprehensive reports on each applicant who receives presumptive benefits. The director also completes all reports required by HUD.

*The case managers and project director perform community outreach as needed, meeting with consumers on the street, at their shelters, at other agencies, at temporary housing, or anywhere else as needed.

*It is also critical to note that, though the ostensible purpose of the project is to focus on SSI and other income and public benefits, this project, from the beginning, was conceptualized to be more comprehensive than that. Staff works hard to determine service needs of individuals and to make sure that appropriate referrals and connections are made. Referrals for housing programs, treatment (both outpatient, crisis, and mobile), case management, transportation, etc. are all completed and receive follow-up.

*Lastly, since 1997, the project director also supervises the Community Support Program, which provides intensive case management services to adults with serious and persistent mental illness. This provides a natural conduit for follow-up for additional services initiated by project staff.

PROCESS AND PROCEDURES:

*The project director receives a referral from a community provider or other community person (e.g., minister, shelter staff, etc). The provider or community person is expected to provide a diagnosis or to describe behaviors that would lead the director to conclude that the likelihood of a serious mental illness exists and to confirm the person's homelessness according to the HUD definition.

*Within 3 days, one of the case managers meets with the consumer and completes a screening. This session provides information to the consumer about the project and serves as an initial admission session, in which releases are obtained for project staff to contact and receive information from SSA.

*Immediately after the screening, the release forms are faxed to SSA. A response is received almost immediately as to whether the individual is eligible to apply for SSI and/or SSDI or whether the person is currently active with SSA (e.g., already applied, needs to appeal, receiving benefits, etc.).

*If a person is eligible to apply for SSI, the case manager completes the entire application on an outreach basis within 7 days of the SSA response. If a person is ONLY eligible to apply for SSDI, project staff assist with this, but this means the person is essentially not eligible for future project services as SSDI does not have a presumptive possibility.

*Immediately after completing the application, the case manager begins the process of record collection, copying all records that are available within the medical system and requesting all others. Follow-up for these is done on a weekly basis.

*Within a week of the completion of the application, the project director meets with the individual for the clinical evaluation. This may be completed in one session or take several. Again, this is done on an outreach basis. Additional sources are shared with the case manager and added to the record collection process.

*Within 28 days of the application, the project director makes the presumptive determination and recommendation, in collaboration with all involved treating sources. A physician is needed to complete the presumptive form. If the person is deemed not eligible for presumptive benefits, he/she is submitted to SSA "non-presumptively," with the same attention to information and records of those submitted presumptively.

*Within 35 days of the presumptive determination, all medical records are submitted to SSA for forwarding to DDS. For all individuals submitted presumptively, a lengthy, comprehensive report is written by the project director and co-signed by the physician that documents personal history, psychiatric and medical history, and functional information.

*Until a final decision is made, the project staff track the case, maintain contact with the DDS staff, and keep in touch with the applicant. When an individual is denied, project

staff may assist in completing the appeal forms and/or refer the individual to an appropriate source to assist with the appeal.

REPRESENTATIVE PAYEE:

*When the project began, it served as the representative payee "of last resort" for anyone approved presumptively who needed a payee and had no one who was appropriate. Since 2002, however, the banking function of the representative payee program was taken under the wing of the University of Maryland Medical System Community Psychiatry representative payee program. This was done primarily because the banking/accounting needs of having a representative payee program requires a fair amount of staff time. Since no funding was available to have such a person on-site, one of the case managers was doing this function, taking away time from clinical work. The case manager continues to serve as the budgeting/planning liaison for individuals who have a representative payee with UMMS. It is simply the banking that has been changed.

*A banking system was established that allows for each person to have his/her own savings account and for the project to have an umbrella checking account so that maintaining checkbooks is limited to one. Each person then has a statement in his/her name regarding the savings account.

*On a weekly basis, each person active with the representative payee service receives a weekly allotment based on current income and expenses. Rent and other basic expenses are paid on a monthly or as-needed basis.

*The aim is for individuals to learn to manage their money independently. Over the years, over 82 people were served in this way. Currently, the project has 13 individuals active. Some have moved on to independent management and some have obtained other payees as their life circumstances have changed.

*The project does not charge for this service although SSA allows organizations to charge a fee that is taken from the individual's SSI check by the agency each month.

Yvonne M. Perret, LCSW-C
Project Director
SSI Outreach Project, 1993-2002

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