



Co-occurring Disorders and SSI/SSDI: Policy Issues and Strategies

Yvonne M. Perret, MA, MSW, LCSW-C
Advocacy and Training Center
HCH Conference
June 9, 2006



SSA Changes in Consideration

- Reflect cultural and political biases regarding substance use
- “Criminalization” reflected in these biases
- Has moved away from thinking of substance use as a public health problem



Ramifications of this Consideration

- Limited or non-existent access to Medicaid in many states
- Limited or non-existent access to housing
- Number of people in jail or prison with co-occurring disorders
- Inability of individuals to begin recovery with no access to treatment



Barriers to Eligibility

- Determining “materiality” is difficult clinically
- Does not require a time of sobriety but this often applied in decisions
- Applying concept of “materiality” varies from state to state, DDS to DDS
- Inherent bias that permeates culture plays out in such determinations



“Materiality”

- Definitional artifact
- Co-occurring disorders:
 - Interactive
 - Synergistic
 - Non-hierarchical
 - Must be evaluated and treated simultaneously, not teased apart



Clinical Considerations

- Diagnostic:
 - Schizophrenia
 - Role of substance use: Suppresses voices, other psychotic symptoms
 - Major depression
 - Role of substance use: May be energizing
 - Bipolar disorder
 - Reduces manic symptoms and alleviates depressive symptoms



Clinical Considerations (2)

- Extent of trauma in homeless populations
- Especially sexual and physical abuse as children
- In Baltimore project, estimates were over 90% of women sexually abused as children and roughly 50% of men



Aftermath and Management of Trauma

- Aftermath:
 - Flooding of fearful feelings
 - Nightmares
 - Flashbacks
 - Lack of sense of safety
 - Difficulty recognizing feelings as ongoing reactions to early trauma
 - Lack of supportive response from others



Management of Trauma

- Dissociation:
 - Simply defined as removing oneself emotionally from charged and unmanageable situations
- Substance Use:
 - Repression and anesthetizing of overwhelming feelings



Clinical Considerations (3)

- Cognitive Impairment
 - Often not assessed and diagnosed
 - May require additional evaluation, e.g., psychological testing, neurological evaluation
 - Common in homeless population
 - From injury (accidents, physical abuse, falls, fights), birth problems, ongoing substance use



Policy Considerations

- Is the question of material being implemented as was legislatively intended?
- What inconsistencies exist in interpretation from state to state?
- Is a period of abstinence considered to be needed for this determination to be made despite no such requirement in regulation or statute?
- How do advocates strategize to change this policy?



Current Advocacy Efforts

- Issue that HCH SSI Task Force is examining and working on. Following statement has been drafted:
 - “Restore SSI/SSDI eligibility to persons for whom alcohol or drug use is material to their disability”
 - “Assure SSI/SSDI eligibility to persons with qualifying disabling conditions for whom alcohol or drug use is not material to their disability.”



Current Advocacy Efforts

- SOAR training in 19 states:
 - Addresses how to figure out materiality and the role of past and current trauma in this determination; frequent re-traumatization of homeless individuals
 - Advocates for thorough assessments that include addressing, as well, learning problems, brain “hurt,” in addition to physical and mental health problems



Current Government Efforts

- Interagency agreement between SSA and SAMHSA to do study
- Study to address “problem of teasing out co-occurring impairments” from drug abuse and alcohol disorders, per a SSA representative
- Very slow going; working on study for past year



Strategies for Advocates

- Obtain statistics on approval rates for SSI/SSDI for individuals with co-occurring disorders
- Draft a fact sheet or white paper on impact of policy on people's recovery and cost to the community systems
- Work with sympathetic Congressional representatives and educate candidates on this issue in upcoming election



Strategies for Advocates (2)

- Training of clinicians who assist individuals with applications in the determination of “material”; offer to train DDS staff
- Coalition building, identifying potential partners that may be atypical
- Tracking of outcomes of applications from individuals with other disabilities and those with co-occurring disorders



Obtain Statistics on Approval Rates

- Begin to collect information on approval rates from local homeless programs (and other community/state programs if possible) for people with co-occurring disorders
- Compare data across the country
- Write fact sheet comparing these approval rates that can be used in advocacy efforts



Draft a “White Paper”

- In this paper, articulate clearly in bulleted fashion:
 - Impact of this policy on individuals, communities, and states in terms of homelessness and other costs (hospitalization, incarceration, legal involvement)
 - Suggested re-working of statutory and regulatory language, recognizing that substance use was NEVER a sole reason for disability. Before 1996, if contributory, was not a reason for denial



Work with Congress

- Identify potential sympathetic Representatives and Senators and begin to schedule meetings on this issue with Congressional staffs
- Use the “white paper” to educate candidates for upcoming Congressional election
- Have public forums, inviting candidates, and have their opinion on this policy as part of the questions asked



Train Clinicians and DDS Staff

- Use the NHCHC publication *Documenting Disability: Simple Strategies for Medical Providers* to educate physicians and other clinicians
- Advocate with state agencies to apply for SOAR involvement to access *Stepping Stones to Recovery* training, on mental illness (includes co-occurring disorders)
- Identify other potential training options that can be expanded that address this issue
- Offer to train DDS disability adjudicators on co-occurring disorders



Coalition Building

- Identify atypical partners:
 - Chambers of Commerce—who want people who use drugs away from them. Explain impact of policy on accessing treatment
 - Police, courts, jail and prison administrators—who often have people with disorders under their purview and need to know the impact of this policy
 - Local state and non-profit human service agencies-- regarding impact of this policy on families and their well-being
 - Continuum of Care, housing authorities, state and local government leaders—to understand fiscal and quality of life issues on area residents and citizens; educate state legislators to become advocates



Tracking of Outcomes

- Identify if training regarding “material” determination impacts approval rates for individuals with co-occurring disorders
- Work with DDSs to determine if they can join in such tracking
- Centralize data so reporting is facilitated



For additional information, contact:

- Mark Dalton, Administrator, DSHS Belltown CSO, Seattle, Washington, daltocm@dshs.wa.gov
- Yvonne Perret, Executive Director, Advocacy and Training Center, Cumberland, MD, yperret@hereintown.net
- Pat Post, National Health Care for the Homeless Council, staff of NHCHC SSI Task Force. ppost@nhchc.org