

Navigating the Disability Determination Process from the Perspective of Incarcerated Adults  
with Serious Mental Illnesses: The Case for SOAR InReach Programs

Erin McCauley  
M.Ed. Vanderbilt University

Leah Samples  
M.Ed. Vanderbilt University

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#### Abstract

The criminal justice system has become one of the largest providers of mental healthcare in the United States. While resources exist to support people suffering from serious mental illnesses, incarcerated people often suffer from reduced access. One such resource is the Social Security Administration's disability benefit program. Incarcerated adults with serious mental illnesses face numerous barriers in navigating the disability determination process to receive SSI/SSDI disability benefits. This research project is a case study of a SSI/SSDI Outreach, Access, and Recovery (SOAR) InReach program in a mid-sized city in Tennessee. The aims of this study are to document the process of program implementation, evaluate the effectiveness of the program, and explore the disability determination process from the perspective of incarcerated adults with serious mental illnesses. Interviews were conducted with employees (n=4) and clients (n=25) in the SOAR InReach program, and quantitative data was collected from internal administrative databases and publically available databases. We identified facilitators and barriers to program implementation, identified areas of difficulty for this population in navigating the disability determination process, and found evidence that support the effectiveness of the program. Interviews highlighted the importance of community reentry in stabilizing this population for continued success and desistance from crime. Implications for practice, policy, and inquiry are discussed.

## Navigating the Disability Determination Process from the Perspective of Incarcerated Adults with Serious Mental Illnesses: The Case for SOAR InReach Programs

Incarcerated people with serious mental illnesses (SMI) face considerable barriers in navigating the disability determination process. In the state of Tennessee there are four times as many individuals with mental illness in the county jails than in the general population (Tennessee Department of Mental Health and Developmental Disabilities [TDMHDD], 2006). There are an average of 3,339 individuals with SMI sitting in Tennessee county jails on any given day (TDMHDD, 2006). Research indicates that incarcerated adults experience extreme barriers to success during community reentry, which can lead to re-incarceration, homelessness, and poverty (Davis, Bahr, & Ward, 2013). Furthermore research implies that access to health care and secure income could help mitigate these risks for incarcerated adults with SMI, who face additional barriers such as lack of access to medication and healthcare, difficulty in keeping gainful employment, and difficulty meeting probation or parole requirements due to symptoms (Dennis, Ware, & Steadman, 2014).

### **Background**

The Social Security Administration (SSA) offers disability benefits to adults who meet their medical criteria of disability through the Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) benefit programs (The U.S. Social Security Administration, 2014). The initial acceptance rate for applications is 23% (Statistical Report, 2012). Nolbitt & Nolbitt (2009) pointed out that the disability determination process can be difficult for “individuals who are sick, in pain, stressed, or medicated” (p.27). The process can also be lengthy due to frequent denials and subsequent appeals (Elkholm, 2007). Because the disability determination process can be particularly complicated for offenders with SMI it is imperative to understand where the complexity manifests in order to reduce it and improve efficiency.

The Substance Abuse and Mental Health Services Administration (SAMHSA) originally founded the SSI/SSDI Outreach, Access, and Recovery (SOAR) Technical Assistance Center to address barriers that people experiencing homelessness have in accessing disability benefits (Dennis et al., 2011). More recently several SOAR programs have implemented programing for community reentry for previously incarcerated adults as well (Dennis et al., 2014). The national SOAR program presents promising statistics for acceptance and average waits times for appeals (Dennis et al., 2011). These outcomes suggest that SOAR could help to reduce the complexity of the disability determination process for vulnerable populations. The jail-based SOAR program studied here can serve as a procedural example that could be replicated elsewhere.

### **Literature Review**

Many vulnerable citizens who could benefit from and are eligible for SSI/SSDI never apply for benefits. Between 85% and 90% of first-time applicants who do apply without

receiving assistance in navigating the process are rejected (Dennis, Lassiter, Connelly, & Lupfer, 2011). Particularly vulnerable populations, such as people experiencing homeless or incarcerated adults with SMI, experience even more difficulty in navigating the process as a result of their circumstance (Elkholm, 2007). While there is a growing body of literature looking at disability benefit programs for people with mental health issues who are experiencing homelessness (Rosenheck, Frisman & Kaspro, 2000; Rowe, Styron, & Davis, 2016) few studies have explored the disability determination process for incarcerated adults. Furthermore, no studies—to our knowledge—explore the experience the disability determination process from the perspective of incarcerated adults with SMI. There is, however, a small body of literature on the impacts of health-based reentry services for this population.

**SOAR programs.** Dennis et al. conducted a study in 2014 that did a general review of SOAR programs that involve the justice system. The first SOAR collaboration with a state prison was in 2000 in Miami as part of a diversion program for incarcerated adults with SMI (Dennis et al., 2014). In 2010 the Park Center—a community-based mental health organization in Nashville Tennessee—started planning an In-Reach program the Jefferson County Jail (Dennis et al., 2014). The SOAR In-Reach program brings case managers to the jail to work with offenders on their SSI/SSDI applications. Dennis et al. (2014) suggested that gaining access to SSI/SSDI benefits could reduce recidivism by alleviating some of the barriers that offenders face in accessing health care, housing, and basic sustenance. Furthermore, the 2015 SOAR Outcomes Summary (2015) draws attention to the SOAR mantra, “decision before discharge,” which expresses the goal to initiate applications while individuals are still incarcerated so that benefits begin when they return to their communities. This article draws attention to not only jail diversion programs but also state prison reentry initiatives such as the collaboration between Sing Sing Correctional Facility and the Center for Urban Community Services in New York, New York, to file pre-release applications has seen continued success.

**Health-based reentry services for the previously incarcerated.** Previously incarcerated adults face considerable barriers to successful community integration including struggles with homelessness (Bond & Gittel, 2010), drug and alcohol use (Garland, Wodahl, & Schumann, 2013), and unemployment (Davis et al., 2012). Research indicates that reentry services that create greater access to healthcare reduce recidivism (Wenzlow, Irey, Mann, Irvin, & Telch, 2011; Lovell, Gagliardi, Peterson, & Jemelka, 2004). The literature also found that reentry programming that has a health-based focus led to reduced repeat admissions to justice settings, hospitals, or other institutions (Wenzlo et al., 2011). Lovell, Gagliardi, & Peterson (2002) found that as many of 70% of offenders with SMI reoffended, but that only 10% of those re-offenses involved felonies against people.

In order to improve the efficiency and reduce the complexity of the disability determination process, thereby granting offenders with SMI a better shot at successful community reentry, we need to explore the perspectives of incarcerated adults with SMI and caseworkers about navigating the disability determination process. Furthermore programs that

assist offenders with SMI with the disability determination process need to be evaluated for effectiveness and program functioning and implementation need to be documented so successful programs can be replicated.

## **Methods**

### **Setting**

This research project was conducted through the SOAR InReach program housed in the Sheriff's Office for a midsize city in Tennessee. The SOAR InReach program serves people who are incarcerated in the county jail system (where people can serve sentences of up to three years). The purpose of the program is to assist incarcerated adults with SMI in navigating the SSA's disability determination process to receive SSI/SSDI benefits. The caseworkers are trained by the national SOAR program, and are employed by the Sheriff's Office. Clients include incarcerated people with short sentences, more sustained sentences, and people waiting trial. All incarcerated people who meet eligibility are entered into the program. If people are released before the application is completed and submitted, the employees keep a record of progress in case the client is rearrested and coordinates with a community-based mental health organization to continue the application in the community. The program has a coordinating committee that consists of all of the SOAR InReach program employees, and representatives of community-based organizations and government employees that serve this population. Example organizations include community-based health service providers, coalitions that work with people experiencing homelessness, and the Department of Mental Health.

### **Research Questions**

The aim of this study was to gain a deeper understanding of the experience of the disability determination process and the experience of incarceration from the perspectives of both incarcerated adults with SMI, and the SOAR trained caseworkers. We also sought to provide a rich and detailed description of the SOAR program and its implementation in the jail, as well as report on the effectiveness of the program as measured by applicant approval/denial rates, and recidivism rates. Lastly we sought to explore the factors that influence community reentry for this population.

### **Design**

In order to address these aims we designed a mixed-method study consisting of semi-structured interviews with participants and employees, field observations of coordinating meetings, and administrative data collected on participants (demographics, denial and acceptance rates, recidivism, and program referrals). Mixed-methods were used in order to capture textured descriptions (House, 1994), and because mixed-methods provide deeper understanding of complex social realities (Newman, Ridenour, Newman, & DeMarco, 2003).

**Quantitative.** Administrative data from jail records were collected on participant demographics, program referrals by case managers, denial and acceptance rates for SSI/SSDI benefits, and recidivism rates. Publically available data were collected on acceptance and denial rates for the state of Tennessee. The client sample size (n=25) was too small to conduct t-test, as

originally intended, but descriptive statistics were compared to available state rates. The statewide SSA data include applications for both physical and mental health disabilities, so the comparison is between two different groups. Additionally, the SOAR collected recidivism data varies based on the release date of the client, whereas the statewide recidivism data is based on a three-year window. While the state comparison groups differ from the SOAR collected data, comparing the rates can provide suggestive evidence as to the preliminary effectiveness of the program.

**Qualitative.** Qualitative participants (N=29) were selected using purposeful sampling. Semi-structured interviews were conducted with employees (n=4) and clients (n=25). The employee qualitative sample (n=4) included all three employees who work for the program, and an employee of the Sheriff's Office who worked on the development of the program. The client qualitative sample (n=25) included all clients who were in the jail receiving services during the three-month interview period. Additionally, field notes were taken during observations of the monthly coordinating committee meetings. The qualitative data were analyzed in three different groups using a grounded theory approach. Employees were interviewed first, and the initial findings were used to develop the client interview protocol in collaboration between the research team and the employees. Then the client data and the field notes were analyzed separately. The data were opened coded, and those codes were distilled down to recurring themes for closed coding. Several sub-themes were then developed to provide a more in-depth analysis and complex understanding of each theme (Schensul, Schensul, & LeCompte, 1999; Miles & Huberman, 1994). The data were coded by two coders. The research team compared findings to triangulate meaning.

## Findings

### Quantitative

In this study internally collected administrative data was collected on participant demographics, denial and acceptance rates for SSI/SSDI benefits, and referral to the program. Publically available data was collected on acceptance and denial rates for the state of Tennessee. This section will explore SOAR and SSA sample characteristics, SSA approval and denial results for the SOAR program as compared to Tennessee state data, as well as rearrests of claimants approved for benefits by the SSA.

**SOAR & SSA sample characteristics.** Table one displays aggregate characteristics of the SOAR clients who were interviewed for the study (n=25). The majority of the sample was male (68%) and eight (32%) were female. The most common impairment was schizophrenia spectrum (36%), or mood disorders (64%). In fact, 20% of the participants in the sample were diagnosed as having both a schizophrenia spectrum and mood disorder. Many of the individuals had been either homeless or in transitional housing (39.7%) immediately before entering jail. In this sample 96% of the applications were flagged as having criminal justice involvement. The mean education level of clients was 12.1 years of education. The racial characteristics of the

sample were about half (48%) African American, and half (48%) White, and a small amount identified as Hispanic/Latino (four percent).

**SSA approval and denial results.** Table two outlines the approval and denial rates of all of the SOAR InReach program applications (n=33) between August of 2014 and February of 2016. Of those who were applied, 79% (26, n=33) of the claimants were approved for SSI benefits only, and 15% (five, n=33) were approved for both SSI/SSDI. Overall, 94 % of the sample (31, n=33) was awarded either SSI or SSDI benefits, and 6% (two, n=33) of the sample was denied benefits. Table three demonstrates that these approval and denial results stand in sharp contrast to the SSA approval and denial rates by benefit type for the state of Tennessee during the same time frame of August of 2014 and February of 2016. However, it is important to note a limitation of this comparison is that the TN SSA data is for all disabilities not specifically adults with serious mental illnesses. It is also important to note that SOAR does initially screen possible clients and only submits applications for clients that are likely to meet SSA's eligibility requirements. This is important to note because the approval rate cannot be compared to the rate of the general population, but SOAR does not file unnecessary applications so that it does not contribute to the disability backlog.

In this sample, 32% (12,345, n=39,724) of the claimants were approved for SSDI, and 36% (11,600, n=41,758) of the claimants were approved for SSI, and only about five percent (6,573, n=32,728) were approved for both SSI and SSDI. In total, about 26% (30,386, n=113,842) of claimants were approved for SSI and SSDI, meaning 73% (83,456, n=113,842) of claimants were denied, or encouraged to reapply for SSI benefits. Finally, table six shows the number of clients that were referred, screened out, and accepted into the SOAR program. In total, 194 clients were referred to the SOAR InReach program by case managers in the jail system. However, 69% (134, n=194) of the referred clients were screened out for not meeting eligibility requirements. Specifically, they were screened out for a variety of reasons such as they were already receiving benefits, they did not have a serious mental illness, or they had no longitudinal history. While the caseworkers only approved clients to be enrolled in the in-reach program who met eligibility requirements, the caseworkers accepted any client who met the eligibility of having a persistent mental health issue regardless of the strength of the application. Approximately 17% (33, n=194) of clients that were referred to SOAR were accepted into the in-reach program and have applied for disability benefits, five percent were waitlisted (either due to outdated records or the need to build additional records while incarcerated), and about nine percent have applied and are waiting to hear from the SSA.

**SSA approval claimants and rearrests.** Table four shows there were 31 total claimants who received either SSI, SSDI, or both SSDI and SSI benefits between August of 2014 and February of 2016. Of the 31 clients who were approved for disability benefits, 58% (18, n=31) of these claimants were rearrested and 42% (13, n=31) were not rearrested.

Data on the recidivism rate for people with serious mental illnesses are difficult to find. For the broader population of people coming out of incarceration the Bureau of Justice Statistics

has found that within three years of release 71.6% of previously incarcerated adults are rearrested (204,784, n=286,011), and 29.4% (81,227, n=284,011) desist from crime for three years (as seen in table four). It is important to note that the Bureau of Justice Statistics is previously incarcerated adults broadly defined not specifically adults with serious mental illnesses. A limitation of this comparison is the significant time frame differences between the national data and the SOAR program. The SOAR recidivism rates are within August of 2014 and February of 2016; in contrast, the national recidivism rates are reported within a three-year time window.

### **Qualitative**

#### **Employee**

Qualitative interviews were conducted with four employees; two case workers, the director of the program, and an employee of the Sheriff's Office who was instrumental in the development of the program. The employee qualitative findings cluster around the program itself (focusing on the purpose, program implementation, and design), the disability determination process, experiences of incarceration, and the process of community reentry for their clients (incarcerated adults with serious mental illnesses).

#### **Program.**

*Design.* The employees outlined the general design of the program, discussing its structure and their daily duties. The program has two caseworkers, and a director. There is also a coordinating committee made up of representatives from community based organizations and government offices which provide services to this population, which meets once a month. The purpose of the committee is to guide the program, create a coalition of organizations with a common goal, and provide a continuum of care to clients. The case managers and counselors in the jail refer clients to the SOAR caseworkers. The caseworkers then interview the client and pull their records to establish whether they meet the eligibility requirements. If the client is eligible they work with the client to apply for the disability benefits. If the client is approved they create a release plan, and once the client is released, in theory, they activate their benefits and hopefully stay out of incarceration. If the client is denied, they create a plan to address the weakness in the application and reapply; if the client is denied and released, they create a plan to transfer the progress made on the application for benefits (for example the mental health history records, or completed parts of an application) to a community based mental health organization.

*Purpose.* The employees involved in the program describe the primary goal as bridging the gap in services for this highly vulnerable population, reducing recidivism, and instilling hope and a sense of opportunity in the clients.

The employees explained how the criminal justices system has become the primary service provider for mental health care, and the negative influence that it has had on people suffering from serious and persistent mental illnesses. One employee said, "you have to be criminalized in order to get mental health care in the south, and that's the horrible issue. But it's true". This participant went on to describe how he saw the rise in the number of people



incarcerated with mental illnesses mirror the reduction of people being treated in institutionalized settings. Employees detailed that people with SMI were unable to get the care they needed in justice settings. Moreover, upon release they were burdened with the additional disadvantages and stigma that accompany a history of incarceration. While employees emphasized that clients were able to be stabilized during incarceration, through having to abstain from drugs and alcohol and receiving health care, clients were not equipped with the support or resources necessary to maintain that stabilization through release. One employee said:

All I can say is for people with serious and mental illness, especially in the criminal justice system, is how horrible it is; how ridiculous it is that after all these years, that we have failed this population and continue to fail this population. And people are starting to get it, across the country, that this [putting people with serious mental illnesses in jail] is not working in any significant sort of way. This is not fair, this is not right, but people aren't doing enough to change it. Instead of doing prevention, we buy more body bags. And it's just a struggle right now, just to try to bring mental health back into the community.

Another employee discussed how the organizations working with people experiencing homelessness, people with serious mental illnesses, and people in the criminal justice system were all really working with the same population. These people were not receiving the services or supports they needed, and were being bounced between these organizations. One spoke about how they needed to take advantage of the moment of stability that comes with incarceration to pull them out of that cycle of moving through services that are siloes, saying:

The idea of this is that you're in jail, you're not getting drugs, you're not getting alcohol. You're stabilized in this situation, so beyond the fact that we're able to pull up all this information on you, we can work out the benefit application. So the day you get out of here you're clean, you're sober, you're stable, and you have this income. And that's the important thing.

The other employees reiterated this sentiment that clients were most secure while incarcerated. One emphasized the importance of not only working on the SSI/SSDI application, but also connecting the client to various resources and community based organizations to try and create a network of support. Additionally, the program seeks to reduce recidivism for this population. The hope is that, "getting them signed up for something that may truly help them be a more a productive citizen". If clients are able to be productive in their lives on the outside, they are less likely to return. While employees were aware that mental health care is best administered in the community, they felt a great sense of responsibility, passion, and duty to do their best to bridge the gap in services.

The employees emphasized that they also focused on education and instilling hope. Many of the clients of the program knew that there was something different about them, but many, after years of trying to fit into society and failing, conceptualized that difference as a fundamental flaw. The employees on the other hand, conceptualized their difference as a deficit that required

additional support. One employee spoke about how part of her job was to discuss what it means to have a disability, and work with the clients to de-stigmatize the identity of having a disability. This employee said, “ Some um...are like ‘well I tried to do this before it ain’t gonna work’, you know they shoot it all the way down, then some are just a bag of emotions”. She went on to describe that part of her job was dealing with moving past the fear of rejection that clients may have, or unpacking the bag of emotions. The dual purpose of bridging a gap in the services, and taking advantage of the opportunity to education and instill hope in clients who have been marginalized and often who have given up hope in their ability to be successful and productive members of a community is a defining aspect of the program

**Implementation.** The SOAR approach has been used to assist nearly 50,000 people who were experiencing or at risk of homelessness with applications for Social Security Administration (SSA) disability benefit programs—Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) (Substance Abuse and Mental Health Service Administration, 2015). The employees described barriers, which they were able to overcome, in the process of implementation.

**Barriers.** The program faced two primary barriers to successful implementation; (1) the narrow scope/reach of program considering the intricacy of the problem, and (2) the issue of ownership and bureaucracy.

As described previously, the employees argued that their clients were the same people who were experiencing homelessness, and visiting the mental health specialists in the community. Their clients did not just struggle with having a mental illness, they often struggled to find adequate housing, hold employment, and access healthcare (mental and physical). They also experienced reduced economic opportunities, and lacked access to transportation. Due to the complexity of the issues and barriers facing this population, the narrow scope of the program appeared inadequate. One employee said:

The last thing we were talking about [in our coordinating committee meeting] is what homeless housing is there, and nobody knows. And that is something the homeless commission should have their finger on--that is not our job. We know how much housing we have here at the jail...so that is another gap, knowing what housing possibilities are available for homeless people.

This quote demonstrates how the program was unable to address barriers that were outside of their scope. The employees and coordinating committee knew that housing was a serious issue for their program clients, yet they were unable to address the issue from inside the jail.

Employees in the jail system are charged only with the part of the cycle that occurs in the jail, yet the other parts of the cycle were impediments to the success of the program and their clients.

Related to issues of the complexity of the program was the issue of ownership. While the program was being developed through the Office of Innovation and Design, the committee faced difficulty in deciding where to house the program, and who would have ownership over the program. The committee and the mayor’s office eventually decided that the program would be

run through the Sheriff's Office and embedded in the jail system. This problem continues to rear its head as the program grows. One employee discussed how the program identified transportation as a barrier to clients' activating their benefits, so they wrote a proposal to allow clients to have an ID made for them upon release that would allow them to ride the public bus for free for the first 30 days. However, the bus initiative never happened. The employee said that many of the people involved were enthusiastic, "but it goes right back to money, who is going to fund it". While the program is given many advantages by being housed in the jail system (such as access to clients and records), the employees and program director also are tied as far as the expansion of programming.

*Facilitators.* Despite the barriers addressed, the program was successfully implemented. Primary facilitators to implementation were the political climate, the network of support for the program, the selection of employees with a history of working with this population, and a focus on evaluation. The program was originally developed through an initiative through the mayor's Center for Innovation called the Dreams to Reality initiative. A small group put together a proposal and it was selected. The group then met every Friday at the Center for Innovation and Design, and the mayor was passionate about the proposal. One employee said, "when you got the mayor saying to you, yeah, that looks like a good program. Then, all of the sudden it's a green light, we can get the SOAR InReach program going". The buy in of the mayor's office and the general political climate that supported innovation was imperative to the development and implementation of the program.

The program's network of supporters from the implementation phase continues to help coordinate the program. One employee said, "having the symbiotic situation, where people are working on this problem in several different ways. It just makes a lot of sense". The program was able to pull together a coordinating committee of organizations and government offices that were working with the same general population in different contexts. They were able to establish the beginnings of a continuum of care that connects clients to community-based organizations to assist with the transition from jail to community, and to work together to influence the political discussion in favor of the committee's goals.

Another aspect that facilitated the implementation and effectiveness of the program was the choice of employees. Employees were chosen for their past experience working with this population, and for their motivation and passion for their work. When discussing the original hiring one employee said, "we've all worked on different parts of this problem for years. When we brought SOAR in, it seemed like it was an obvious sort of choice". The experience of the staff was important because many already had relationships with the clients and the other staff in the jails due to previous employment, and they were familiar with the population. Furthermore, the program sought out employees that were highly passionate about their work. In regards to the supervisor, one employee said "He always tries to look...for people that want to do the work". The employees discussed having a strong personal motivation for working in this field as well. One employee detailed how her family had a history of mental health issues, and another

discussed how she found value in working to address the criminalization of mental illness from an alternative perspective. One employee said

[they] pick people that actually wanna arrest the problem not the people, not people who are like I need a paycheck. Because it's definitely not a money thing for me, it's a passion thing because I'm a firm believer that anybody that I help could be my neighbor one day. And I always think to myself, 'if that person's my neighbor, how would I feel, or what would I want them to learn or know?' Or would I be in fear? And if I'm in fear is it because of how I treated that person.

The employees all emphasized that passion motivated their work.

**Disability determination process.** The employees stressed that incarcerated individuals with SMI face many barriers in the disability determination process, and more often than not would be unable to get approved for the benefits without the assistance of the program. This population is likely to have experienced homelessness (making accessing records difficult) and to have been self-medicating using drugs and alcohol when they were unable to access health care or medication for their illnesses. Sometimes even the symptoms of the mental illnesses themselves act as barriers to navigating the long and multifaceted process of the application and required follow-up. One of the employees said:

If a person has mental health issues or the case manager is just asking the question that they know to ask, they might have forgotten they have applied for disability ya know and so we can't fault them.

Sometimes the clients have low cognitive functioning, and may not even really understand the disability determination process or realize that they have already applied and received benefits in the past. Due to confidentiality reasons, the caseworkers will not know that someone has already been approved until they try to apply again. Luckily, the clients in the SOAR InReach program do not have to manage the actual application, follow up, or timelines. If someone is suffering from severe depression, finding the motivation to work on follow-up documents, for example, can be difficult. Employees expressed that some clients have just given up, convinced that they will never be approved.

**Community reentry.** In addition to facing barriers during the application for disability benefits, participants who are approved still face considerable barriers to desisting from crime, and staying stable during the transition from jail to the community. The main barriers identified by the employees were housing, transportation, activation of benefits, the general transition, and access to care. Often the difficulty of the process of community reentry lies in the number of barriers this population faces during that volatile time. In reference to the efforts of the program to support clients after they leave jail, one employee said:

The difficulty isn't one thing, you've got to try as much as you possibly can to provide a significant safety net for as many things as possible. They've got

alcohol and drug problems, housing problems, transportation problems, access to care problems.

The difficulty of community reentry is exacerbated by the narrow scope of the program, which only functions in the jail setting. The employees attempt to combat this issue through the use of community-based organizations, and the coalition forged by the coordinating committee.

### **Client**

The client qualitative findings cluster around their experience with the program itself (focusing on the purpose, program implementation, and design), the disability determination process, and the process of community reentry (incarcerated adults with serious mental illnesses).

**Program Influence.** The SOAR InReach clients discussed the various ways in which the program influenced both their experience inside the jail and their imagined experience outside of the jail environment. From the perspective of the clients, the program developed their understanding of the disability determination process, increased their perception of hope and safety, and reduced the perceived stigma associated with having a serious mental illness.

**Clarity.** The program contributed to the clients' ability to better conceptualize the disability determination process. Some clients had previously applied for disability benefits, others had not, and some had not even heard of the benefits. Clients that had previously applied frequently discussed how complex, convoluted and confusing the process was. They explained how they had tried and failed to navigate the disability determination process before or became defeated by the inaccessible language and complexity of the process. However, clients explained that after their initial meetings with the employees they felt as if the process had been demystified. One client said, "I really appreciated how she [the caseworker] explained the entire process to me...she made it less confusing and helped to take the embarrassment away". The clients explained that the employees described the entire disability determination process to them; oftentimes, repeating information until it was understood. Clients also emphasized that if the information became too overwhelming the employees would offer to come another day and explain it further.

**Perception.** The employees' behavior toward the clients positively influenced the clients' perception of hope and safety, both inside and outside of the jail environment. First, many of the clients mentioned how the employees were incredibly kind. This was in stark contrast to their perceived treatment by other employees of the jail. One client said, "she met with me and she was very clear in her explanation of the SOAR program and she was really really nice." Another client mentioned that the worker was "always smiling". The demeanor and attitude of the employees affected clients' perception of the process and subsequently their perception of themselves in relation to the disability determination process.

Additionally, clients mentioned how their interactions with the employees vis-à-vis the disability determination process gave them hope. This hope was critical to the participants' stamina to finish the application process, and get through the experience of incarceration. This

process and the interaction with the caseworkers gave the clients optimism that they can come to terms with the life they have lived, as well as the consequences of being in jail. One client explained that she likes SOAR because “you can get out stuff I’ve been holding in”. For the clients, their interactions gave them hope to imagine their futures. One client said, “She give me hope that I can still be able to function on the outside. Hope that I can maintain some kind of productive life. She give me a hope for a future”. Another said:

I mean if I could get these payments I could pay child support and see my son who is a sophomore in high school and hopefully get a bus pass. I lived with my daughter before and it was just crazy with her kids around and friends and it was hard to get on track...hopefully, I can make new friends and follow some rules and manage my own medication.

This quote demonstrates how the program helps clients imagine their future life outside of criminal justice settings.

Many of the clients reported that their experiences with this program also helped them experience feelings of safety and stability in a typically hostile environment. Clients explained that not only did applying for benefits help them feel secure, but their interactions with the employees caused them to experience notions of safety and security. One participant explained, “the SOAR program helps me feel safe, for real”. Another participant exclaimed that just being in the program adds a level of security to your experience in jail because it is a relief to know that there is someone trying to help you.

**Stigma reduction.** Clients also noted that being a part of the program reduced their perceived stigma associated with having a SMI. Many of the clients were not diagnosed with a SMI until they arrived in jail or until later in life; furthermore, even if they were aware of their SMI, they assumed that only people with visible disabilities were able to receive disability benefits. Moreover, clients explained that initially they were hesitant to participate in the process because they were afraid of the stigma associated with having a mental illness and “being on disability”. For example, one client explained:

This is my first experience with SOAR...the doctor here recommended I talked to Ms. Sarah after I was diagnosed with a mental disability. I was really nervous at first and didn’t want to talk to Ms. Sarah because I was afraid people would make fun of me for having a disability, ya know.

Clients expressed they were afraid of people thinking they were “crazy”. However, they explained that after processing these fears with the employees, and learning more about the disability determination process they were able to accept their disability. Additionally, people said it helped them come to terms with their disability identity. One participant said that he has always felt embarrassed that he was not able to hold down a job, or “control his brain,” but through this process he has come to accept his disability and what that means for his life both in and outside of criminal justice settings. One participant explained:

I always saw other people being so normal and I didn't know why I couldn't be that way, or what was wrong with me. Now I know that I'm just different, and that there is a name for what's wrong with me and I can be normal with some help.

These findings indicate that the disability determination process effects more than just people's financial stability, but has important implications for both their personal and social identity.

**Program Opportunities.** From the perspective of the clients, the program has been a predominantly positive process; however, one issue that multiple clients experienced was an unclear understanding of the follow-up process post-meeting with the employees. The clients explained that they would meet with the employees, and then oftentimes they did not have a clear understanding of what the next step in the process was, or when they would hear from the employee. In fact, a few of the clients repeatedly asked the interviewer if they knew the status of their application, or any information in regards to the process of application. One client explained:

I really appreciated meeting with Ms. Sarah because she explained how the process works but I feel a little in the dark because I haven't heard from her again since then and I really want to know how it is going...I signed all the paperwork so she could get my old records, that is probably what is taking so long. I just want to know how it is going on.

This quote demonstrates the anxiety clients had around follow up and their application. However, the clients also suggested that this snafu could be easily remedied if the employees would just explain the process for following-up on a case.

**Disability determination process.** The clients emphasized the complex nature of the disability determination process; specifically, the barriers that adults with SMI may face trying to navigate this process. Thankfully, the program was able to mitigate some of these barriers.

**Barriers.** The majority of the clients occupied one of two positions: 1) people who were aware of their SMI, had applied for benefits before, and either could not complete the process or were denied, and 2) people who either had not been diagnosed before, or had been diagnosed but were not aware that SSI/SSDI disability benefits was a resource for them. The majority of the barriers that will be highlighted come from clients who have had previous experience navigating this process. The barriers primarily focused on complexity and access.

**Complexity.** The clients explained that trying to figure out the disability determination process with a SMI was complicated and frustrating. Many of the clients reported difficulty in identifying what information needed to be included in the forms, scheduling doctor's appointments, and accessing their health records. One client explained that she did not know what to write, and did not have the records. She also did not understand the questions, and got confused because the forms were so long. She tried her best and ended up sending in half completed forms, and was denied. Other clients hired a lawyer or sought assistance from community based organization, but then managing that relationship was equally as difficult and

often the people assisting them did not understand the limitations that people with SMI face. One client explained, “I hired a lawyer but they were not any good and they ended up taking my money and then when I went in for an appointment they had left”. After that experience this client was not inclined to try and apply for benefits again.

*Access.* People who had never applied previously had additional issues. Often, they did not know that the process existed, did not think they were eligible, or did not have access to resources that they needed to fill out the application. Many of the clients explained that they had never applied before because they either thought that social security benefits were only for people with physical disabilities or they were not aware that these types of benefits existed.

*Process suggestions.* Clients not only made note of these complications with the disability determination process but also made suggestions for improvements. These suggestions primarily fell into two broad categories: 1) shorter application for adults with serious mental illness, and 2) more assistance programs like the in-reach program.

*Shorter Application.* Many of the clients said that one the main barriers in navigating the process was the length of the application. One way that the SOAR InReach program was able to mitigate the issue of length was to meet clients multiple times instead of doing the application in one sitting. Additionally, much of the information is repeated throughout the application so employees would meet with clients to discern needed information, and then fill the application in for them. The employee’s understanding of the difficulties incarcerated people with SMI face was key to the success of the program. Clients explained that when they were trying to navigate the process by themselves or with minor assistance they could not focus long enough on the application to successfully navigate it; furthermore, experiencing feelings of failure and embarrassment compounded their difficulty in following through. The current length of the application aggravated clients’ symptoms, and clients felt that it set them up for failure. Clients expressed that simply creating a shorter application, or a special application for adults with serious mental illness would set them up for success and enable them to acquire Social Security benefits.

*Additional assistance programs.* In addition to clients wanting the application process to be shorter, they also feel that there should be more (financial) support for programs like the program under study. They explained that this program has helped them to thrive and function, and be able to successfully navigate the disability determination process. Furthermore, many clients explained that the local mental health organizations had also been a great resource because of the coordination across the programs. However, this handful of programs or organizations is not enough to tackle of the barriers to successful community reentry this population faces. Therefore, many clients expressed a desire for more organizations like this one to help them succeed both inside and outside the jail environment.

**Community reentry.** The clients discussed the barriers and facilitators to successfully reintegrating back into the community after they are released from jail. Many identified program



referrals and SSI/SSDI benefits as facilitators, and barriers as employment, housing, transportation, and the general difficulties of the transition from jail to the community.

**Barriers.** This section will explore how the clients describe and explain the barriers that they might encounter such as employment, housing, transportation, and the transition to the community broadly defined.

*Employment, housing transportation, and transition.* Some participants expressed fear and anxiety about life outside of the jail environment. Participants were worried about issues such as employment, housing, and transportation. Many of the participants had previously been incarcerated, and knew first hand how difficult the process of community reentry is. Others were only able to imagine what the process would be like. Several clients explained how the symptoms of their serious mental illness make it difficult to maintain employment. Others simply worried about access to employment upon release. Another barrier to community reentry that participants had experienced or were concerned about was finding adequate housing. One client, who was not from the city she was incarcerated in, said when she gets out she has nowhere to go and nobody to call. She wants to secure housing so she does not have to sleep on the street. She said that if she is denied benefits, she does not see any option other than homelessness. Clients also described difficulty with transportation. Many of these clients do not have access to transportation, which they knew would limit their access to care, housing, and employment. Finally, all of these barriers operate in concert to induce fear in many of the clients. The overwhelming number of barriers they will face during community reentry makes many afraid of the transition, especially if they do not end up receiving benefits. One client explained that after leaving jail he has, “nowhere to go, no job, no food, no housing, or anything”. Other clients explained that they are nervous about leaving the jail environment because of the healthcare they have been receiving in jail. Some participants were afraid of the disruption to their treatment during such a pivotal transition. Clients who had been incarcerated many times before expressed frustration at the cycle, saying when they get incarcerated and released they have to start over.

**Facilitators.** Many clients struggled to even imagine being successful in the community; however, this fear was mitigated by a few factors such as program referrals and acquiring SSI/SSDI benefits. One client explained that being involved in this program exposed her to new resources and opportunities. She explained that, “she feels like SOAR has exposed her to network of support that is on the inside and the outside”. Furthermore, not only did this program expose clients to other programs and organizations that can support them post-release from jail but one of the main facilitators to life post-jail are SSI/SSDI benefits for those who get approved. For many of the clients, it would enable them to be self-sufficient and not have to rely on other people all the time for all of their support. One client explained that she is currently worried that if her boyfriend breaks up with her, she would be out on the streets again. However, if she were to acquire benefits then she would use the money for her own place and to pay the bills, and food. She also wants to be able to buy clothes and hygiene products, that will make her feel proud of herself instead of embarrassed. Other clients explained that acquiring SSI/SSDI benefits

would allow them to get help with their medication, and they were hopeful that the medication, financial support, and increased access to care would allow them to better manage their symptoms and stay out of incarceration. Many of the clients view their benefits as a stabilization mechanization that can be a gateway to other parts of their life becoming stabilized. One client explained that the main benefit would be that she would have financial resources post-release. She believes that she would not have to go back to sex work on the streets, or robbing to get food and clothes. She said, “I can’t go back to that life, but I know prostitutin’ is my only option without this”. Many viewed the approval of their benefits as the key to changing their lives.

### **Discussion**

This research study reveled several themes and patterns about the SOAR program, the disability determination process, and community reentry for people with serious mental illnesses. Furthermore, limitations for the qualitative and quantitative data and implications (focused on practice, policy, and inquiry) for these findings will be discussed.

### **Program**

**Implementation.** The program implementation was facilitated by a number of key factors, including the political climate, the focus on evaluation and recidivism reduction, and the experience of the employees chosen to implement the program. The political buy-in for the program was imperative to the implementation, as it allowed the program team to avoid much of the bureaucracy that could have served as a barrier. Once the mayor was onboard and enthusiastic about the program they were able to sidestep what could have been a much longer and more difficult process of implementation. The focus on evaluation and recidivism reduction capitalized on the political climate as well. In the context of increasing justice reforms, and a growing understanding of the costs of incarceration for repeat offenders, focusing on recidivism reduction and the consequent cost savings allowed the program team to build initial buy in, and the focus on evaluation has allowed the team to report how effective the program has been and identify areas for growth for continued support. The choice of employees with experience in the criminal justice system and working with people with SMI was key in program implementation. Because the employees were keenly aware of how the justice system functions, they were easily able to conceptualize the program within that space, knew how to navigate the system, and had already built strong relationships with the various employees (and in some case even clients) with whom they would interact. While the program team was highly strategic in attempting to minimize barriers to implementation they still encountered difficulty with bureaucracy, and the narrow scope of the program given the large scope of the problem. The employees discussed frustration during their interviews and during the coordinating committee meetings about how they were unable to continue supporting clients after release. While the employees attempted to coordinate care across the organizations on the coordinating committee, they themselves could not go out into the community to assist their clients with benefit activation, housing, or transportation. The disconnect between the scope of the program and the scope of the problem persists as an area of difficulty, although program staff have been brainstorming solutions.

**Strengths.** The strengths of the program are the interpersonal support given to the clients, the percentage of accepted applicants, and the influence of the program on recidivism (given the difficulties of this target population). The clients reported that beyond the assistance provided by the employees as far as navigating the disability determination process, the SOAR caseworkers also supported the clients on an interpersonal level. The experience of incarceration can be highly difficult for people with SMI, so having a trustworthy resource to process the experience with was an added benefit. Additionally, the program presented promising numbers on their percentage of accepted applications, and recidivism.

**Areas for targeted growth.** While this evaluation of the program suggests important successes, it also suggests areas for continued growth. As previously discussed, there is a disconnect between the scope of the issue and the scope of the program. Hopper, Jost, Hay, Welber, & Haugland (1997) conducted a study on institutional circuits and how they influence services for people who experiences homelessness, have mental illnesses, and contact with the justice system and other institutions. The disconnect between siloed care and the scope of social issues for vulnerable populations has been found before in other contexts. The employees and the coordinating committee have identified activation of benefits, transportation, housing assisting, and continued care provision without disruption to be areas that limit the success of clients. The program would be benefited by the creation of a new position (either another staff position, or someone employed by a community based organization) to address follow up on the outside. Allowing the program to assist clients during the community reentry transition would benefit the clients, and help the program expand its influence. An additional area for targeted growth would be implementing additional training for the case managers in the jail system. The program received 194 referrals by the case managers and 134 were screened out for not meeting the eligibility requirements for disability (as demonstrated in Table six). If referrals for potential clients who do not meet the requirements could be reduced through additional training for case managers on who to refer to the program, that would reserve staff time for assisting clients.

### **Disability Determination Process**

The employees and clients of the SOAR InReach program illuminated some barriers to navigating the disability determination process for justice-involved adults with serious mental illnesses. The principal barrier this population faces is that often the symptoms that allow them to qualify for disability benefits make the complex process of the application insurmountably difficult. Clients who had previously (unsuccessfully) applied for disability benefits mentioned that the follow up procedures, as well as the repetitive forms were confusing and triggering. Both employees and clients mentioned that it was difficult to produce the required documentation. The literature supports there is a strong link between incarceration, mental illness, and experiencing homelessness ( Hopper, Jost, Hay, Welber, & Haugland, 1997). The circumstances that accompany the lives of the clients make keeping track of documentation difficult. Furthermore, clients who had limited access to healthcare often turned to self-medicating through drugs and alcohol. Not only does self-medicating mean that they lack medical documentation, it also can

mask their mental illness as only an addiction problem limiting their ability to qualify for disability benefits. This cumulative disadvantage can work to limit access to this vital resource for justice-involved adults with SMI

### **Community Reentry**

The clients discussed the barriers and facilitators to reintegrating into the community after they are released from jail. Many of the clients felt that the opportunity to receive SSI/SSDI benefits could aid in the reentry process. However, it is important to note that SSA benefits do not erase barriers to community reentry. In fact, it is necessary to understand how barriers to community reentry interact with the SOAR program and subsequently the clients. For many incarcerated adults with SMI imagining and succeeding in life outside of the jail environment is difficult, and successfully navigating the disability determination process and acquiring benefits makes this process easier. However, the barriers to community reentry complicate the process of benefit activation and the potential benefits that accompany it. For many of the clients a major barrier to reentry is housing. When clients do not have secure housing it makes it more difficult to maintain medication adherence, and they have to coordinate their benefits with a case manager. Additionally, if clients are not able to secure housing they may reside in a shelter where they could be exposed to substances. The lack of structure and consistency, as well as the exposure to drugs and alcohol can act as a trigger for more severe symptoms. For many incarcerated adults with serious mental illnesses not having access to transportation can operate as a barrier to activating their SSA benefits. Following their release from jail, they will not start receiving their benefits until they are activated at the Tennessee Social Security office. Unfortunately, many clients do not have access to transportation and subsequently are not able to activate their benefits. Clients' lack of transportation might cause them to experience difficulty in accessing mental health services. Clients may also experience disruption of their treatment as they reenter the external environment. The transition from a structured environment that has a system to make sure they receive their medication to an unstructured external environment can be very difficult for many of the clients.

### **Limitations**

This study had several limitations including the small sample size, the cross-sectional nature of the recidivism data, and data comparison limitations. The recidivism data for this study was collected on an on-going basis, and none of the clients had been released for three years. Additionally, the recidivism data we had access to did not include the offense that led to re-incarceration. Future iterations should include the offense so that measures of recidivism could also include the severity of crime. The literature suggests that recidivism increases over time, indicating that collecting recidivism over a longer period of time would strengthen the results.

Next, there are limitations in the quantitative data comparisons between the SOAR program and state and national data. First, the Tennessee SSA data is for all disabilities, not singularly adults with serious mental illnesses. Unfortunately, we were not able to identify

Tennessee SSA data specifically for adults with serious mental illnesses. Additionally, limitations exist in the comparison of SOAR recidivism rates with national data because there are significant time frame differences. The SOAR recidivism rates are within August of 2014 and February of 2016; in contrast, the national recidivism rates are reported within a three-year time window. Additionally, the national data include people with and without mental illnesses, and the SOAR data includes only people with mental illnesses. Even though these limitations exist, it is still important to compare the SOAR data with state and national trends on a broad scale.

Finally, the role of interpersonal power in the qualitative data collection should be noted. Researcher identity may have influenced power dynamics; power differentials exist between incarcerated and nonincarcerated people, and there is a possibility of social desirability bias whereby participants may not have been able to separate our evaluation from their application. Steps were taken to minimize this bias, including emphasizing that the research team had no influence over their application for disability benefits, and the confidentiality of the interview.

### **Implications**

Despite these limitations, there are ample implications we can draw from this study. Implications focus on practice, policy, and inquiry.

**Practice.** The findings for the effectiveness of the SOAR InReach program are promising, in regards to the plausibility of incorporating SOAR programs into criminal justice settings, and the effectiveness of the program at reducing recidivism rates and getting clients approved for disability benefits. We encourage other programs to expand into criminal justice settings in an attempt to reduce recidivism and the cost of incarceration, and allow access to services for highly vulnerable populations. Furthermore, these findings suggest that SOAR InReach programs should expand coalitions with community-based organizations that can follow-up with clients after they leave the jail or hire an employee to assist clients with activating their benefits, and accessing community resources for housing and healthcare. A great example of a program addressing barriers to community reentry is the collaboration between Sing Sing Correctional Facility and the Center for Urban Community Services in New York, New York.

**Policy.** Clients and employees alike commented on the complexity of the disability determination process. This highly intricate process is particularly difficult for incarcerated people with SMI. Often their life circumstances and their mental illnesses act as barriers to the application process that would help them to manage their mental illnesses and change their life circumstances. We advocate for a reduction in the complexity and documentation requirements for disability approval for vulnerable populations with serious mental illnesses. Furthermore, the experience of incarceration in itself is highly triggering for people with serious mental illnesses indicating that diversion programs where participants can access the resources needed without being incarcerated could be beneficial.

**Inquiry.** This study illuminated additional lines of inquiry that could be beneficial to the field, including the need for a longitudinal study to assess the long-term impacts for participants. A longitudinal iteration could include more robust data on the influence of the program on

recidivism as well as identify barriers to activating the benefits and factors that influence re-incarceration. Another beneficial line of inquiry would be to explore the link between experiencing homelessness, incarceration, and mental illnesses. Last, this study uncovered the disconnect between the scope of justice-involved programs and the complexity of the process of recovery, stabilization, and treatment for justice-involved adults with serious mental illnesses. Additional research should evaluate the cycle of incarceration and release for this population in order to develop a multi-level intervention to break the cycle of incarceration.

### **Conclusion**

The complexity of the disability determination process poses a great barrier to approval for incarcerated adults with serious mental illnesses, as well as the extensive documentation and follow-up needed. The SOAR InReach program shows great promise in increasing disability benefit approvals, reducing recidivism, and providing interpersonal support for clients. Additional programs should be implemented and evaluated in justice settings to increase resource access for incarcerated adults with serious mental illnesses. At the same time, additional research should be conducted on how best to break the cycle of the incarceration for this population, and policy reforms should be prioritized that allow greater access to healthcare and treatment rather than incarceration for people with serious mental illnesses.

Table 1 Demographic and Diagnostic Information on Participants in the Jail-based SOAR Program

Descriptive Statistics				
Applicant Characteristics	N (%)	M	SD	Range
Age	25	36.08	9.5128	19-55
Gender				
Male	17 (68%)			
Female	8 (32%)			
Years of Education	25	12.08	1.55242	9-15
Race				
White	12 (48%)			
African American	12 (48%)			
Hispanic	1 (4%)			
Prior Criminal Justice Involvement				
Primary Impairment				
Schizophrenia & Psychotic Disorders	9 (36%)			
Mood Disorders	16 (64%)			
Comorbidity				
Injuries	5 (20%)			
	1 (4%)			

Table 2. SSA data approval and denial rates by benefit type among participants in the jail-based SOAR program 8/2014-2/2016

Approval or Denial Type	N=33	%
SSI Approved Only	26	79
SSDI Approved Only	0	0
SSI and SSDI Approved	5	15
Both SSI and SSDI Denied	2	6



Table 3. SSA data approval or denial rates across all disabilities by benefit type for Tennessee 8/2014-2/2016

Approval or Denial Type	N	%
SSDI Approved Only	12,345 (n=39,724)	32
SSI Approved Only	11,600 (n=41,758)	36
SSI and SSDI Approved	6,573 (n=32,728)	5
All SSI and SSDI Approved	30,386 (n=113,842)	26
All SSI and SSDI denial or reconsider	83,456 (n=113,842)	73

Table 4. Rearrest Information for SOAR participants 8/2014-2/2016

Rearrested	N=31	%
Yes	18	58
No	13	42

Table 5. Rearrest Information for population-adjust percent of prisoners arrested for a new crime within 3 years following release in 12 states in 2005  
(<http://www.bjs.gov/content/pub/pdf/rprts05p0510.pdf>)

Rearrested	N=286,011	%
Yes	204, 784	71.6
No	81, 227	29.4

Table 6. SOAR clients referred, screened out, and accepted into the program

	N=194	%
Referred	194	
Screened out	134	69
Applied	18	9
Waitlisted (awaiting trial)	9	5
Accepted	33	17

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