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Social Security Administration Disability Enrollment in a Community-Based Coordinated Specialty Care Program

Jennifer Humensky, PhD[1,2], **Jennifer Scodes, MS**[1], **Melanie Wall, PhD**[1,3], **Igor Malinovsky, PsyD**[1,2], **Leslie Marino, MD, MPH**[1], **Thomas Smith, MD**[2,4], **Lloyd Sederer, MD**[3,4], **Ilana Nossel, MD**[1,2], **Iruma Bello, PhD**[1,2], and **Lisa Dixon, MD, MPH**[1,2]

[1]New York State Psychiatric Institute

[2]Columbia University College of Physicians and Surgeons

[3]Columbia/Mailman School of Public Health

[4]New York State Office of Mental Health

Rosenheck et al. (1) published findings of the Recovery After an Initial Schizophrenia Episode–Early Treatment Program (RAISE-ETP) study regarding the receipt of social security administration (SSA) disability benefits (Supplemental Security Income or Social Security Disability Insurance) in early psychosis. They found no difference between the Coordinated Specialty Care (CSC) treatment, NAVIGATE, and usual care. Overall, 9.0% (36/399) participants received SSA disability benefits at baseline; 34.1% (124/363) of remaining participants obtained benefits during the 2-year study period. More severe psychotic symptoms and greater dysfunction predicted obtaining benefits.

We examine the rates of receiving SSA disability benefits among participants in OnTrackNY, New York State's 19-site CSC program. Inclusion criteria are a diagnosis of non-affective psychosis (DSM-IV), other specified/unspecified schizophrenia spectrum or other psychotic disorder (DSM-5), onset of psychosis ≥ one week and ≤ two years prior, age 16–30, and New York State residence, regardless of insurance or income. OnTrackNY treatment length is expected to average two years. The Institutional Review Board of the New York State Psychiatric Institute approved study procedures. Clinical staff report on receipt of SSA disability benefits and Mental Illness Research Education and Clinical Center (MIRECC) Global Assessment of Functioning (GAF) scores at admission and quarterly.

Kaplan-Meier was used to estimate rates of SSA disability benefits across time. Cox proportional hazards regression examined predictors of time until receipt of SSA disability benefits with each demographic and clinical covariate separately and then simultaneously for all clients that were not receiving SSA disability benefits at admission.

Corresponding Author (same address as location of work): Lisa B. Dixon, MD, MPH, 1051 Riverside Dr, Unit 100, Room 2702, New York, NY 10032, Lisa.Dixon@nyspi.columbia.edu.

Drs. Bello, Malinovsky, Nossel, Smith and Dixon may be part of training and consultation efforts to help others provide the type of FEP services described here. They do not expect to receive compensation for this training other than that received as part of work done for their employer. The other authors report no financial relationships with commercial interests.

The sample includes 679 OnTrackNY enrollees admitted between 10/2013 and 6/2017. At admission, 2.5% (17/679) clients were receiving SSA disability benefits. The Kaplan-Meier estimates that 18.3% (95% confidence interval 13.9%-23.9%) of clients followed for two years obtained disability benefits (Table 1). In bivariate cox regression analyses, individuals with lower (worse) MIRECC GAF occupational and social functioning scores have significantly greater risk of disability enrollment than individuals with higher scores (hazard ratio (HR) of 0.97 and 0.98, respectively, $p<0.01$ for both). Age, gender, race, ethnicity, and MIRECC GAF symptom scores are not significantly associated with disability enrollment. In multivariate analysis, lower occupational functioning is associated with greater risk of disability (HR=0.98, $p<0.05$). Receipt of other cash assistance was low. 4.0% (27/679) participants received Temporary Assistance for Needy Families (TANF) at some point during participation; of those, 18.5% (5/27) also received disability.

Though OnTrackNY participants differ from RAISE-ETP participants, this shows variations in disability enrollment among CSC programs. Like RAISE-ETP, we found that individuals with lower occupational and social functioning are particularly at risk for disability enrollment. Symptoms were not predictive. Our MIRECC GAF symptom measure may be less sensitive to symptom differences than the PANSS used in RAISE-ETP.

Preventing disability is a CSC program goal, and many young people with psychosis want to work. CSC programs must continue to help participants pursue meaningful work and education to help them achieve their goals.

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TABLE 1

Estimates of Percentage of OnTrackNY Participants Enrolled in SSI or SSDI, in 3-Month Intervals[a]

	Enrollees in SSI or SSDI (N=679)		
Month	**n**	**%[a]**	**95% CI[a]**
0 (at admission)	17	2.5	1.6–4.0
3	25	4.0	2.7–5.8
6	35	6.3	4.5–8.9
9	48	10.1	7.6–13.3
12 (1 year)	51	11.2	8.5–14.6
15	56	13.3	10.2–17.3
18	60	15.7	12.0–20.3
21	62	17.1	13.1–22.2
24 (2 years)	63	18.3	13.9–23.9
27	64	20.7	14.9–28.4

[a]Estimates are based on the Kaplan-Meier method to take into account censored data; therefore, percentages are not computed directly from n's presented in this table. SSI=Supplemental Security Income; SSDI=Social Security Disability Insurance.