

SOAR Dialogue Call

June 2025



NC COALITION to end
HOMELESSNESS

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Introduce Yourself
What agency are you from?
How long have you been
completing SOAR Applications?

Reminders

June 30th NCCEH SOAR will be meeting with DDS/SSA to plan SOAR Annual

Please start thinking of questions you want addressed at SOAR Annual – on our July dialogue call, I will gather all questions to present to both agencies

Please invite your local SSA Liaison to your local workgroups, let me know if you need help



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HOMELESSNESS

June Announcements

Happy Juneteenth

Happy Pride Month

Outcome Reporting Season



NCCEH



Working with Clients with Psychotic Disorders

What is Psychosis?

- Annually 100,000 teenagers and young adults in the United States experience their first psychotic episode. According to statistics, between 0.25 and 0.64% of the people in the U.S. suffer from a psychotic disorder.
- Psychosis is a category that describes a group of symptoms. It causes a disconnection from reality.
- Two types of psychosis:
 - **Hallucinations.** These are when parts of your brain mistakenly act like they would if your senses (vision, hearing, touch, smell and taste) picked up on something actually happening. An example of a hallucination is hearing voices that aren't there (auditory hallucination).
 - **Delusions.** These are false beliefs that someone holds onto very strongly, even when others don't believe them or there's plenty of evidence that a belief isn't true. For example, people with delusions of control believe someone is controlling their thoughts or actions remotely.

Symptoms of Psychosis

Hallucinations

Abnormal perceptions in any of the senses

Delusions

Strongly held beliefs

Disorganization

Thought process and/or behavior

“Negative” Symptoms

Difficulty thinking, doing, or emoting

Limited speech

Limited thought content

Apathy

Withdrawal

Catatonia

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Treatment of Psychosis

Medication

Therapy

Supportive employment/housing

Skills training

It can be effective

Recovery at 10 years follow up is 44%

35% of those recovered but not working

Longer duration with untreated psychosis



Challenges for SOAR Caseworkers

Typically SOAR clients are less stable by definition

Functional impairment is enough to prevent significant work

Difficult to keep clients engaged

Psychosis can disrupt rapport/trust

Though most clients who have psychosis are never violent

We want to be aware of boundaries/safety

Having an Advocate Mindset

Trauma-Informed Care

- Understanding of and responsiveness to the impact of trauma
- Social stigma and rejection
- Emphasizes the physical, psychological, and emotional safety for both providers and survivors, and creates opportunities for survivors to build a sense of control and empowerment

Empathy

- How difficult would it be to concentrate if voices would not leave you alone?
- How difficult would it be to trust if you regularly faced fear and disgust from strangers?

Practical Suggestions

What are ways you as a SOAR Provider, could create an environment that emphasizes the physical, psychological, and emotional safety for both providers and survivors to increase their willingness to engage? That will make them feel empowered?

Meeting in familiar, trusted setting

Meeting with trusted person

Going at client's pace

Being aware of warning signs of escalation

What else?



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Practical Suggestions

continued



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Unfortunate Realities

We may not be able to engage everyone

We may need support from other providers

We may need more training/experience

We may need to wait for clients to be more stable

RESOURCES

Sample MSRs: <https://soarworks.samhsa.gov/article/sample-medical-summary-reports>

[Blue Book Listing for 12.00 Mental Disorders:](https://www.ssa.gov/disability/professionals/bluebook/12.00-MentalDisorders-Adult.htm)

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Time for Open Questions

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