

## 2017 SOAR Outcomes

SSI/SSDI Outreach, Access, and Recovery (SOAR) helps states and communities increase access to Social Security disability benefits for eligible adults who are experiencing or at risk of homelessness and have a serious mental illness, medical impairment, and/or a co-occurring substance use disorder. Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), the SOAR Technical Assistance (TA) Center develops and provides systems planning, training, and technical assistance to support the implementation of SOAR nationwide.

### 2017 SOAR Super Stars



**Consistency and Impact.** Pennsylvania and Tennessee have the most consistency and impact with high numbers of cumulative decisions (2,516 for Pennsylvania and 1,840 for Tennessee) and maintaining high approval rates (92 percent for Pennsylvania and 90 percent for Tennessee). Maryland is also continuously producing impressive numbers with 989 decisions and an 86 percent approval rate.



**Over 3,000 Decisions.** Five states have over 3,000 cumulative decisions: Ohio, Florida, Utah, California, and Georgia.



**Over 2,000 Approvals.** Five states have over 2,000 approvals. Florida, Ohio, Pennsylvania, Georgia, and California.



**Top Approval Rates.** Our “Top Ten” criteria require that states had at least 200 cumulative decisions and had approval rates at or above the national average in 2017. The average approval rate for these rock star states is **84 percent!** In order of highest average cumulative approval rate, the **Top Ten** states are: Pennsylvania, Tennessee, Maryland, Arkansas, North Carolina, Rhode Island, Washington, Oklahoma, Wyoming, and the District of Columbia.



**Most Improved Capacity.** Massachusetts, Utah, Nevada, Kentucky, and Idaho showed great improvement in total decisions and approvals in 2017 from what they reported the previous year. Collectively, these 5 states **went from 85 approvals in a year to 256 approvals** in the following year. **That is a 201% increase!**



**Most Improved Approval Rates.** New York, Illinois, Wisconsin, and South Dakota showed the most improvement in their approval rates in 2017 from what they reported the previous year. New York’s approval rate increased by 105 percent! Illinois had a 51 percent increase, and Wisconsin and South Dakota had increases over 30 percent.



**Most Improved Days to Decision.** Three states showed great reductions in their average days to decision. New York, Montana, and South Dakota went from an average of 164 days to decision in 2016 to 89 days in 2017. Collectively, that is a **reduction of 75 days on average!**



Note: To be considered in the Most Improved rankings, the state must have had at least 20 approvals in 2017.

## Overview

Over the last 12 years, the SOAR approach has been used to assist over 63,861 people who were experiencing or at risk of homelessness with applications for Social Security disability programs Supplemental Security Income (SSI) and/or Social Security Disability Insurance (SSDI).

Of the applications assisted using SOAR, **65 percent**, representing 34,919 persons have been approved for SSI/SSDI upon initial application since SOAR began (Table 1).<sup>1</sup> An additional 5,392 persons, whose applications were denied initially, were approved on reconsideration or appeal (Table 2). Taken together, since 2006, the SOAR approach is responsible for assisting **40,311 persons** who were experiencing or at risk of homelessness to access Social Security disability benefits.

There are an additional 3,563 approvals on initial application in 2017 alone. Decisions on SOAR initial applications were received in an average of **96 days** in 2017 with an allowance rate of **64 percent**. This compares to the initial allowance rate of 28.5 percent for all persons aged 18-64 who applied for SSI or SSDI in 2015.<sup>2</sup>

We estimate that in 2017 alone, SSI/SSDI for the individuals served by SOAR brought over **\$356 million** into the economies of participating states and localities.

### ★ *Quotes from the Field*

"[This year I am especially proud of] getting an application approved in 24 hours!"—Okaloosa County, Florida

## Appeals

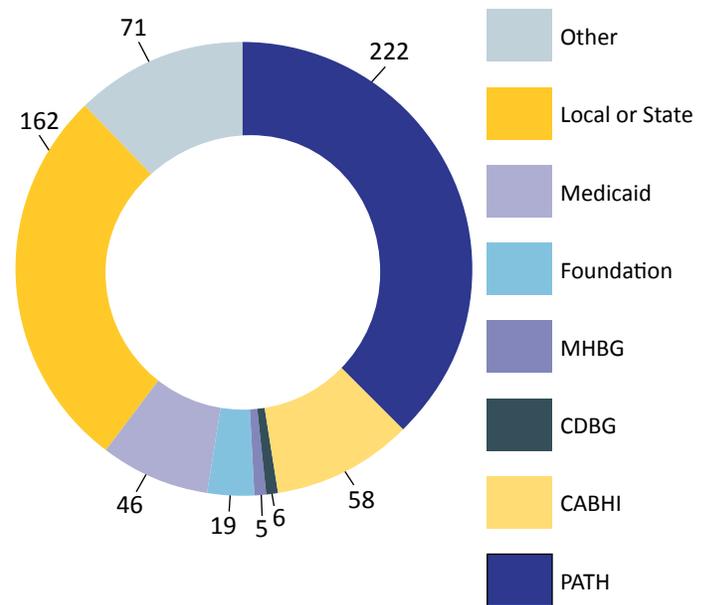
States increasingly are using the SOAR approach to assist with applications in the appeals process, both with reconsiderations and hearings by an Administrative Law Judge (ALJ). In 2017, 1,223 SOAR-assisted decisions were rendered at the appeals level, with 52 percent of all reconsiderations or ALJ hearings resulting in an allowance (see Table 2). SOAR assisted appeals take an average of 186 days, as compared to the national average hearing office processing time of 605 days, resulting in applicants receiving life-saving benefits over three times faster.<sup>3</sup>

## Funding and Sustainability

In 2017, 24 states reported that they were successful in securing **new funding** for their SOAR programs. Funding for SOAR programs continues to grow with diverse funding streams.

- Nationwide there are **411 full-time and 178 part-time SOAR positions**.
- The average salary for dedicated SOAR benefits specialists as reported by 20 states was \$37,000/year.
- Salary ranges for SOAR staff ranged from 25 to 52 thousand, depending on local cost of living and staff expertise.
- Funding for SOAR positions came from federal programs (PATH, CABHI, CDBG, MHBG, SSVF), Medicaid, state and local funds, and foundation funding.
- Securing funding for dedicated positions remains a priority. States reported that it took on average **23 hours of staff time** to complete each SSI/SSDI application.

**Figure 1.** Funding for 589 Full- and Part-Time SOAR Positions



## Hospital Funding

Saint Joseph Mercy Health System, with the guidance of the Michigan Department of Health and Human Services, added four full-time SOAR coordinators in four Michigan counties. The SOAR coordinator in those positions is responsible for initial outreach in the hospital service area to the client in the community, ongoing outreach services, completion of the application process, and referral for and linkage to needed services for each person served. This year those 4 coordinators had 23 approvals and 1 denial!

1 The SOAR TA Center requests voluntary submission of SOAR outcomes from states annually from July 1 through June 30 of each year. Unless otherwise noted, these are the data reported in this issue brief.

2 SSI Annual Statistical Report, 2016. Table 70. SSA Pub. No. 13-11827. Washington, D.C.: SSA, November 2017

3 Hearing Office Average Processing Time Ranking Report FY 2017 (For Reporting Purposes: 10/01/2016 through 09/29/2017) ([https://www.ssa.gov/appeals/DataSets/archive/05\\_FY2017/05\\_September\\_Average\\_Processing\\_Time\\_Report.html](https://www.ssa.gov/appeals/DataSets/archive/05_FY2017/05_September_Average_Processing_Time_Report.html))

## Implementation of Critical Components

States with higher approval rates cite their capacity for implementing SOAR critical components and their attention to submission of high quality applications.<sup>4</sup> The five SOAR critical components of application assistance include the use of the SSA-1696 Appointment of Representative form, collection and submission of medical records, writing and submission of a medical summary report, co-signatures on medical summary reports by acceptable medical sources, and quality review of applications prior to submission. Use of these components statistically increases the likelihood of an approval on initial application for those who are eligible.<sup>5</sup> Paying attention to SOAR critical components has other benefits as well:

- **Better communication with SSA and DDS.** Ninety-seven percent of applications that were reported in OAT were submitted using the SSA-1696 Appointment of Representative Form as recommended by SOAR.
- **Fewer consultative exams.** Of those same applications, only 23 percent required a consultative examination.

### HAP Celebrates 10 Years of SOAR Service

In 2017, the Homeless Advocacy Project (HAP) in Philadelphia celebrated 10 years of increasing access to Social Security disability benefits using the SOAR model. During this time they have maintained a 98 percent approval rate on almost 2,000 SSI/SSDI applications. Michele Levy, HAP's Managing Attorney, describes the achievement: "HAP has spent the past 10 years striving to expand our SOAR Project to serve as many populations experiencing homelessness as possible—transition age youth, Veterans treated at our VA Medical Center, mental health court defendants, housing-first participants, shelter-resistant men and women on the street and in safe havens, people with severe mental illness working with targeted case management, and others. Our dedicated partners at SSA and the Pennsylvania Department of Disability Determination Services/Pennsylvania Bureau of Disability Determination have supported all of HAP's SOAR efforts and have been a critical component of our success and quality."

## Special Populations

### Veterans

SOAR works closely with the U.S. Department of Veterans Affairs (VA), and state and local Veteran initiatives to ensure those eligible for SSA benefits are able to apply. Community collaborations include working closely with VA Medical Centers, Housing and Urban Development-Veterans Affairs Supportive Housing (HUD-VASH) programs, Supportive Services to Veteran Families (SSVF) grantees and many others.

- Forty-three states reported assisting Veterans with their disability applications.
- 601 Veterans were helped with their applications using SOAR.
- A December 2016 survey of SOAR and SSVF programs nationwide found that 223 of the 319 SSVF grantees that responded to the survey (70 percent) are actively engaged in using SOAR to help Veterans access SSA disability benefits. Nineteen percent of responding grantees have an SSVF-funded dedicated benefits or SOAR specialist and more are exploring this option to help Veterans achieve income stability.



### Veterans Spotlight

In the summer of 2017 the VA released an update to the publication [SOAR Works to End Veteran Homelessness: VA Caseworker's Guide](#). The publication is a comprehensive 13-page guide that assists federal VA workers with putting SOAR training into practice in the federal VA system. The VA updated this guide after publishing a [memorandum](#) allowing federal VA staff to become Appointed Representatives for SSI and SSDI applications using the SSA-1696. The VA also published the [SSVF SOAR Integration Toolkit](#), which provides a wealth of information on SSI/SSDI, Veterans and disability benefits, integrating SOAR into community planning efforts, and resources for SSVF grantees when implementing SOAR.

### Youth in Transition

Young adults and youth in transition face particular challenges in applying for SSA disability benefits. The challenge is compounded by the fact that this group may often be too old for child services but may not be ready or eligible for adult services.

<sup>4</sup> <http://soarworks.prainc.com/article/soar-model-key-components>

<sup>5</sup> Kauff, JF, Clary, E, Lupfer, KS, Fischer, PF. (2016) An Evaluation of SOAR: Implementation and Outcomes of an Effort to Improve Access to SSI and SSDI. *Psychiatric Services*. 67(10):1098-1102 (October).

- States that collect their outcomes using the Online Application Tracking (OAT) system report working with 332 youth age 18-24 in applying for SSA disability benefits. These initial applications were decided with a **63 percent approval rate** in an average of 96 days.
- Appeals at the reconsideration and ALJ hearing level were also successful for this age group. Based on state reports, 53 youth were assisted with appeals with an approval rate of 62 percent in 103 days.
- These outcomes help dispel the myth that it is not possible to achieve approvals with this age group.

### *American Indians and Alaska Natives*

American Indians and Alaska Natives (AIAN) may be eligible for SSI and/or SSDI benefits if they meet the non-medical and medical eligibility requirements. Status as AIAN does not preclude someone from receiving SSA disability benefits. SOAR and access to SSI/SSDI benefits can be a key step on the road to recovery by providing a stable source of income to tribal members. SSI/SSDI supplements existing resources and provides additional health insurance and treatment options. Eight states reported collaborations with AIAN communities this year.



### *Montana's Tribal Outreach*

Training and outreach to Montana's seven Native Reservations and 13 tribal governments is part of the Montana strategic plan. The Billings PATH team receives referrals and advocates for native persons. PATH serves those in Eastern Montana referred from the Northern Cheyenne Reservation, Crow Reservation, Indian Health Center, Hardin and the Rocky Mountain Tribal Leaders.

## *Spotlight: Benefits and Employment Integration: The CABHI SOAR and IPS Pilot*

In 2016/2017, the SAMHSA SOAR TA Center facilitated a learning community and pilot aimed to successfully integrate Individual Placement and Support (IPS) and SOAR services within the CABHI States-Enhancement grant program for income maximization and housing stability.

Our efforts for greater inclusion resulted in highly innovative strategies for increasing dual enrollments in SOAR and IPS services, strengthening collaborations between programs, and increasing income stability for program participants. This pilot confirmed that systems change to integrate these models is possible and with additional funding, time, and a more streamlined data collection system, could be a sustainable and successful model for ensuring income and housing stability for individuals experiencing homelessness.

- When programs began offering assessments for both SOAR and IPS models with program participants, almost 75 percent of participants chose to enroll in both services. This is a significant finding, as prior to the pilot, none of the state teams reported having dual enrollment between SOAR and IPS.
- The pilot sites that had the strongest outcomes reported developing close collaborations between SOAR and IPS teams. They arranged meetings and site visits to develop procedures for internal communication, utilized case conferencing, and co-located programs where possible.

## **Collaborations**

### *Employment*

SOAR seeks to end homelessness through increased access to SSI/SSDI income supports. This is essential, and for many persons in recovery accessing benefits is a first step. SOAR extends beyond and also encourages employment as a means to increase individual income and promote recovery. Twenty-one states reported collaborations with employment and/or work incentive programs. Employment tracking is still new for SOAR programs, but of the 29 communities that reported, **128 people were working at the time of their SSI/SSDI application** and reported total additional earnings of **\$82,132**.

### *Hospitals*

Hospitals that serve uninsured individuals benefit when their patients obtain SSI and the Medicaid coverage that automatically accompanies the SSI benefit in most states. Medicaid can pay for ongoing health care and, in many states, can also provide retroactive payment for uncompensated care. Hospitals are also able to reduce the use of expensive emergency care services by linking patients to ongoing community treatment and support providers. Collaborations with hospitals were reported by 30 states, for some or all of the following:

- Agreements with medical records departments for expedited records at no cost
- Easy access to needed assessments
- Dedicated benefits specialist positions within the hospital

- Grant funding to support local nonprofit SOAR programs
- Discharge planning in state hospitals

### *Criminal Justice*

To connect individuals leaving correctional facilities or involved in criminal justice systems or specialty courts to needed treatment, it is critical to leverage state and federal investments such as SSI and SSDI. These federal programs can promote access to services that increase the likelihood of post release success and contribute to the reduction in recidivism. Collaborations with corrections were reported by 30 states and communities, including:

- Jail in-reach (22)
- Collaboration with parole and probation to coordinate services (4)
- Specialty courts and jail diversion programs (12)
- Re-entry programs (17)
- Training in state departments of corrections

One program in Miami, Florida reported in 2017 a total of 45 decisions in an average of 52 days with an allowance rate of 82 percent.

### *Projects for Assistance in Transition from Homelessness (PATH)*

PATH and SOAR programs directly complement each other's work. The PATH program's objective to connect individuals to mental health services and stable housing is more easily accomplished when people who are homeless have access to the income and health insurance that comes with Social Security disability benefits. SOAR provides PATH case managers the tools necessary to expedite access to these benefits, resulting in improved housing and treatment outcomes. All fifty states report collaboration with the SAMHSA PATH program, including:

- Dedicated benefits specialists on PATH teams (147 full-time and 75 part-time positions)
- SOAR training for PATH outreach and case management staff
- State PATH Contacts serve as SOAR coordinators and leaders

### *Quotes from the Field*

"The easy communication between the examiner and the SOAR worker is essential."—*Arizona DDS Professional Relations Officer*



## *Spotlight on CoC Collaborations: Illinois*

Over the past few years Illinois has made great progress toward statewide implementation of SOAR, accomplished largely through engagement with the Housing and Urban Development (HUD) Continuum of Care (CoC) system located throughout the state. Since 2016 the State SOAR Leadership, along with the assistance of the SAMHSA SOAR Technical Assistance Center, has introduced SOAR to seven CoCs and one citywide police department.

To support the growth of SOAR statewide, the State Team Leads have focused on developing local leadership and building community infrastructure for SOAR. Additionally, they have worked on creating an Illinois-specific SOAR process, engaging with the Social Security Administration (SSA) at both the regional and field office level, building strong relationships with DDS, and communicating regularly with the SAMHSA SOAR TA Center. Coordination, collaboration, and a drive to help those who are most in need have help propel Illinois into one of this year's most improved states with a 51 percent increase in approval rates on initial cases from 2016 (53 percent) to 2017 (80 percent) and a 64 percent increase in the number of applications submitted from 2016 (36) to 2017 (59)!

## **Cost Savings**

### *Medicaid/Medicare Reimbursement*

Once an individual is approved for SSI and Medicaid, treatment providers can retroactively bill Medicaid for services provided up to 90 days prior to the SSI protective filing date. This results in reimbursement for previously uncompensated care as well as payment for ongoing treatment. In 2017, 10 states reported **\$503,932 in Medicaid reimbursement** for 85 individuals, or an average of **\$5,929 per person**, as a result of SOAR. Some states are participating in the Medicaid Administrative Claiming (MAC) program, which helps to defray the cost of certain administrative activities related to providing Medicaid services. Five states reported receiving \$12,873 in Medicare reimbursement this year for 11 individuals.

## General Assistance

Some communities offer people who are disabled and have low incomes a monthly cash stipend to help cover essential living expenses while they apply for SSI. This general or interim assistance is provided while the SSI application is pending. Once approved, the state or county is reimbursed out of the individual's SSI retroactive payments for the income provided. Communities can then use these funds to help support others who need assistance or to fund SOAR efforts to transition people from public assistance to SSI. Seven states reported a total **General Assistance reimbursement of \$217,311** for 61 individuals, an average of **\$3,562 per person**.



### *State Spotlight: South Carolina*

For the last 7 years, South Carolina has continued to report strong SOAR outcomes with approval rates above the national average and processing time below the national average. They attribute this success to the great collaborative relationships they have with SSA, DDS, and SOAR providers. The vehicle and foundation for this amazing collaboration is their state-level SOAR Steering Committee, convened by the South Carolina Department of Mental Health and SOAR State Team Lead, Michele Murff. In the SOAR Steering Committee meetings, South Carolina uses a data-driven approach to working towards ensuring the best outcomes for the people they serve.

## For More Information

Learn more about training case managers through the SOAR Online Course and tracking outcomes with the SOAR Online Application Tracking (OAT) system on the SOAR website, <https://soarworks.prainc.com>.

## Disclaimer

The views, opinions, and content expressed in this document do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), SAMHSA, or the U.S. Department of Health and Human Services (HHS).



### *Quotes from the Field*

“The Minnesota Department of Veteran Affairs established a 3-year pilot program to have full-time 100% dedicated SOAR advocates to assist Veterans in obtaining Social Security disability benefits.”

**Table 1. 2017 SOAR-Assisted Initial Application Outcomes**

State	2017 Decisions	2017 Approvals	2017 Allowance	2017 Average Days	New Cumulative Decisions	New Cumulative Approvals	Cumulative Allowance Rate
Alabama	34	18	53%	107	185	133	72%
Alaska	1	1	100%	6	117	69	59%
Arizona	81	61	75%	96	322	208	65%
Arkansas	49	46	94%	95	932	774	83%
California	95	43	45%	106	3,778	2,108	56%
Colorado	237	99	42%	123	962	566	59%
Connecticut	36	15	42%	144	304	192	63%
Delaware	13	6	46%	170	315	220	70%
District of Columbia	86	63	73%	131	330	237	72%
Florida	499	298	60%	83	4,428	2,955	67%
Georgia	326	234	72%	137	3,232	2,136	66%
Hawaii	0	0	N/A	N/A	29	25	86%
Idaho	47	25	53%	87	210	118	56%
Illinois	59	47	80%	93	367	248	68%
Indiana	8	5	63%	112	36	26	72%
Iowa	30	13	43%	94	120	72	60%
Kansas	146	77	53%	111	1,001	725	72%
Kentucky	38	27	71%	59	851	543	64%
Louisiana	12	9	75%	110	332	215	65%
Maine	0	0	N/A	N/A	10	8	80%
Maryland	160	149	93%	89	989	851	86%
Massachusetts	142	75	53%	93	630	362	57%
Michigan	218	156	72%	105	2,905	1,769	61%
Minnesota	116	56	48%	141	2,190	1,412	64%
Mississippi	25	19	76%	111	167	107	64%
Missouri	19	13	68%	108	170	87	51%
Montana	29	20	69%	84	165	77	47%
Nebraska	216	136	63%	81	1,264	743	59%
Nevada	194	105	54%	172	544	354	65%
New Hampshire	0	0	N/A	N/A	7	6	86%
New Jersey	30	23	77%	100	528	323	61%
New Mexico	101	75	74%	197	661	452	68%
New York	99	68	69%	69	2,184	1,295	59%
North Carolina	283	191	67%	84	2,072	1,646	79%
North Dakota	4	2	50%	73	8	6	75%
Ohio	620	302	49%	82	5,768	2,900	50%
Oklahoma	40	29	73%	74	847	619	73%
Oregon	242	138	57%	70	1,891	1,331	70%
Pennsylvania	389	323	83%	72	2,516	2,312	92%
Rhode Island	18	13	72%	102	237	182	77%
South Carolina	56	40	71%	84	250	164	66%
South Dakota	31	28	90%	115	132	110	83%
Tennessee	181	143	79%	67	1,840	1,665	90%
Texas	121	67	55%	96	555	352	63%
Utah	46	24	52%	120	3,893	1,858	48%
Vermont	4	4	100%	85	13	8	62%
Virginia	227	155	68%	96	1,533	1,088	71%
Washington	46	30	65%	111	409	311	76%
West Virginia	9	8	89%	79	112	85	76%
Wisconsin	69	48	70%	139	1,067	689	65%
Wyoming	41	36	88%	82	244	177	73%
<b>TOTALS</b>	<b>5573</b>	<b>3563</b>	<b>64%</b>	<b>96 days</b>	<b>53,652</b>	<b>34,919</b>	<b>65%</b>

**Table 2: 2017 SOAR-Assisted Appeals Outcomes**

State	2017 Decisions	2017 Approvals	2017 Allowance	2017 Days	New Cumulative Decisions	New Cumulative Approvals	Cumulative Allowance Rate
Alabama	15	13	87%	262	19	17	89%
Alaska	0	0	N/A	N/A	20	8	40%
Arizona	16	9	56%	211	69	40	58%
Arkansas	6	5	83%	79	305	245	80%
California	23	7	30%	166	362	151	42%
Colorado	27	24	89%	16	106	91	86%
Connecticut	22	9	41%	192	80	30	38%
Delaware	2	1	50%	166	4	3	75%
District of Columbia	18	12	67%	145	96	55	57%
Florida	145	82	57%	194	615	328	53%
Georgia	51	31	61%	150	665	325	49%
Hawaii	0	0	N/A	N/A	5	5	100%
Idaho	16	7	44%	138	80	30	38%
Illinois	22	13	59%	289	59	34	58%
Indiana	4	2	50%	57	8	3	38%
Iowa	12	2	17%	48	57	24	42%
Kansas	43	19	44%	135	272	161	59%
Kentucky	4	2	50%	53	236	136	58%
Louisiana	3	3	100%	408	119	76	64%
Maine	0	0	N/A	N/A	0	0	0%
Maryland	32	28	88%	102	248	188	76%
Massachusetts	20	15	75%	105	28	16	57%
Michigan	19	14	74%	340	703	482	69%
Minnesota	70	22	31%	358	348	189	54%
Mississippi	1	0	N/A	9	9	4	44%
Missouri	1	1	100%	174	27	21	78%
Montana	11	7	64%	161	56	31	55%
Nebraska	64	30	47%	97	461	200	43%
Nevada	73	42	58%	271	231	162	70%
New Hampshire	0	0	N/A	N/A	0	0	0%
New Jersey	22	17	77%	141	164	107	65%
New Mexico	43	35	81%	306	159	102	64%
New York	9	5	56%	495	543	297	55%
North Carolina	55	34	62%	180	531	383	72%
North Dakota	1	1	100%	N/A	1	1	100%
Ohio	61	12	20%	60	61	12	20%
Oklahoma	0	0	N/A	N/A	0	0	0%
Oregon	87	39	45%	N/A	584	283	48%
Pennsylvania	8	4	50%	330	143	73	51%
Rhode Island	3	2	67%	150	172	105	61%
South Carolina	9	4	44%	245	70	36	51%
South Dakota	4	3	75%	114	14	10	71%
Tennessee	25	10	40%	67	61	32	52%
Texas	45	9	20%	82	102	34	33%
Utah	29	8	28%	90	1618	509	31%
Vermont	1	1	100%	40	4	2	50%
Virginia	52	33	63%	219	344	204	59%
Washington	6	1	17%	656	10	2	20%
West Virginia	2	2	100%	374	85	25	29%
Wisconsin	28	13	46%	201	233	114	49%
Wyoming	13	3	23%	87	22	6	27%
<b>TOTALS</b>	<b>1,223</b>	<b>636</b>	<b>52%</b>	<b>186</b>	<b>10,209</b>	<b>5,392</b>	<b>53%</b>