

2019 SOAR Outcomes

SSI/SSDI Outreach, Access, and Recovery (SOAR) helps states and communities increase access to Social Security disability benefits for eligible adults and children 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.

2019 SOAR Super Stars



Consistency and Impact. Pennsylvania and Tennessee continue to show the most consistency and impact, receiving large numbers of cumulative decisions (**3,278 for Pennsylvania** and **2,249 for Tennessee**) and maintaining high approval rates (91 percent for Pennsylvania and 90 percent for Tennessee). North Carolina and Maryland are also continuously producing impressive numbers: 2,675 decisions with a 78 percent approval rate in North Carolina, and 1,316 decisions with an 86 percent approval rate in Maryland.



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



Over 2,000 Decisions. **Five states** have between 2,000 and 3,000 approvals: Oregon, North Carolina, Minnesota, New York, and Tennessee.



Top Approval Rates. Our “Top Ten” criteria required that states had at least 300 cumulative decisions, approval rates at or above the national average in 2019, and at least 24 decisions in 2019 (2 per month). The average approval rate for these rock star states is **81 percent!** In order of highest average cumulative approval rate, the Top Ten states are: Pennsylvania, Tennessee, Maryland, Arkansas, North Carolina, Oklahoma, Virginia, South Carolina, Nevada, and Louisiana. We are really proud to welcome South Carolina, Nevada, and Louisiana into the “Top Ten” this year!



Most Improved Capacity. Arkansas, Missouri, New Jersey, Maryland, and Louisiana showed great improvement in total decisions and approvals in 2019 from what they reported the previous year. Collectively, these 5 states went from 290 decisions in a year to **446 decisions** in the following year. That is a **54 percent increase!**



Most Improved Approval Rates. New York, Montana, Nevada, Connecticut, and Georgia showed the most improvement in their approval rates from 2018 to 2019. New York’s approval rate increased by 43 percent! On average, these **5 states had a 19 percent increase in their approval rates.**



Most Improved Days to Decision. Four states showed great reductions in their average days to decision. Connecticut, Missouri, Michigan, and Arkansas dropped from an average of 113 days to decision in 2018 to **99 days in 2019.** Collectively, that is a **reduction of 14 days on average!**

Note: To be considered for inclusion in the Super Stars rankings, the state must have had at least 24 decisions in 2019 and have an approval rate at or above the national average for 2019.



Overview

Over the last 14 years, the SOAR model has been used to assist over 80,047 people who were experiencing or at risk of homelessness with applications for Supplemental Security Income (SSI) and/or Social Security Disability Insurance (SSDI), the two disability income benefit programs administered by the Social Security Administration (SSA).

Of the applications assisted using SOAR, **65 percent**, representing 43,486 persons have been approved for SSI/SSDI upon **initial** application since SOAR began (Table 1).¹ An additional 6,591 persons, whose applications were denied initially, were approved on reconsideration or at an ALJ Hearing (Table 2). Taken together, since 2006, the SOAR approach is responsible for assisting **50,077 persons** who were experiencing or at risk of homelessness to access Social Security disability benefits.

In 2019, there were 4,273 approvals on initial SSI/SSDI applications. Decisions on SOAR-assisted initial SSI/SSDI applications were received in an average of **108 days** in 2019 with an allowance rate of **63 percent**. This compares to the initial allowance rate of 30 percent for all persons aged 18-64 who applied for SSI or SSDI in 2018.²

We estimate that in 2019 alone, SSI/SSDI for the individuals served by SOAR brought over **\$463 million** into the economies of participating states and localities.

Appeals

States are increasingly using the SOAR approach to assist with applications in the appeals process, both with reconsiderations and hearings by an Administrative Law Judge (ALJ). In 2019, 1,529 SOAR-assisted decisions were rendered at the appeals level, with **44 percent** of all reconsiderations or ALJ hearings resulting in an allowance (see Table 2). SOAR-assisted appeals take an average of **187 days**, as compared to the national average hearing office processing time of 503 days, resulting in applicants receiving life-saving benefits over 2.5 times faster.³ For those states that track their outcomes in SOAR Online Application Tracking (OAT), we are able to report on Reconsiderations and ALJ Hearings separately. In 2019, there were 295 Reconsiderations approved with a 36 percent approval rate in an average of 101 days (see Table 3). SOAR programs assisting at the ALJ Hearing level were very successful, with a 69 percent approval rate on 175 hearings in an average of 408 days (see Table 4).

Spotlight on SOAR and Legal Services in Philadelphia



The Homeless Advocacy Project (HAP) is a free civil legal services program serving Philadelphians who are experiencing or at risk of homelessness. In 2007, HAP created a SOAR Project at the request of Philadelphia's Office of Homeless Services. HAP has developed additional partnerships with Philadelphia's behavioral health and child welfare departments, which expanded the number of individuals and families receiving HAP representation through HAP's SOAR protocol. HAP's ability to provide successful legal representation is enhanced through collaborations with behavioral health case managers connected with supportive housing programs in the community. These case managers help ensure that SOAR participants access treatment and maintain communication with their HAP representatives. HAP's legal clinic outreach model—whereby HAP conducts intake at regularly scheduled legal clinics held at 25 different shelters, soup kitchens, and day programs throughout the city—allows HAP to reach men and women typically disconnected with specialized case management programs. Social workers at these clinic sites, as well as at medical clinics serving Veterans, people unstably housed, and those on the street, refer individuals who are unable to work for SSI/SSDI representation through SOAR. HAP has maintained a 97-percent approval rate, secured benefits for more than 2,400 men and women with disabilities, and continues to expand the categories of individuals provided legal representation via HAP's SOAR protocol. This success is bolstered by the support of, and collaborations with, these service providers and city programs.

Funding and Sustainability

In 2019, 15 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.

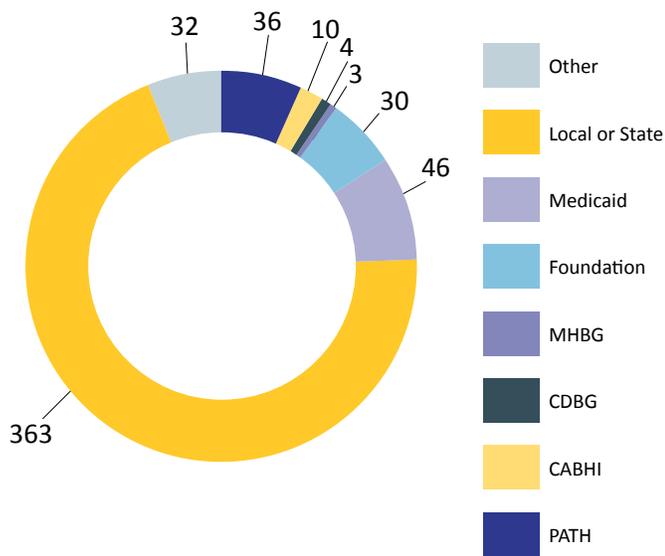
- Nationwide there are **524 full-time** and **169 part-time SOAR-dedicated positions**.
- The average salary for dedicated SOAR benefits specialists as reported by 27 states was \$39,700/year.

1 The SAMHSA 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 Social Security Administration. *SSI Annual Statistical Report, 2018*. Table 70. [SSA Pub. No. 13-11827]. Washington, DC: Social Security Administration, September 2019. https://www.ssa.gov/policy/docs/statcomps/ssi_asr/.

3 Social Security Administration. *Hearing Office Average Processing Time Ranking Report FY 2019 (For Reporting Purposes: 9/29/2018 through 09/27/2019)*. https://www.ssa.gov/appeals/DataSets/05_Average_Processing_Time_Report.html.

Figure 1. Funding for 524 Full-time SOAR Positions



- Salary ranges for SOAR staff ranged from 25 to 56 thousand, depending on local cost of living and staff expertise.
- Funding for SOAR positions came from federal programs: Projects for Assistance in Transition from Homelessness (PATH), Cooperative Agreements to Benefit Homeless Individuals (CABHI), Community Development Block Grant (CDBG), Mental Health Block Grant (MHBG), Supportive Services for Veteran Families (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.

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.⁴ 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-signed by an acceptable medical source when possible; 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.⁵ Paying attention to SOAR critical components has other benefits as well:

- **Better communication with SSA and DDS.** 96 percent of applications were submitted using the SSA-1696 Appointment of Representative Form as recommended by SOAR.
- **Better documentation.** Eighty-nine percent of applications were submitted with medical records and 71 percent were submitted with a Medical Summary Report.
- **Fewer consultative exams.** Only 24 percent of applications required a consultative examination.

Spotlight on Michigan: SOARing With OAT



During FY 2019, Michigan made a number of significant changes with their SOAR program that have been successful. First, Michigan Department of Health and Human Services (MDHHS) used PATH funding to create four full-time, SOAR-dedicated positions. Three of the positions created are Regional SOAR Navigators that provide overall training/TA to support implementation of SOAR in local communities. The navigator team's efforts have significantly increased the number of individuals being trained and remaining active in SOAR, contributed to better SOAR outcomes, increased MDHHS's knowledge of local needs/challenges related to SOAR, improved local awareness of SOAR, and strengthened relationships with SOAR partners. Michigan also continues to have SOAR-funded positions through Michigan Department of Corrections (MDOC), St. Joseph Health System, and local foundations. In addition, Michigan transitioned to OAT which has resulted in more consistent, accurate SOAR data collection. Reports have also been utilized more frequently and information has been valuable to inform program direction and planning. SOAR Regional Navigators in Michigan regularly use OAT reports to determine training needs, develop impact reports that reflect the economic value of SOAR-assisted applications on the state's economy, and to help identify which providers are actively assisting with applications. Finally, Michigan began implementing a quarterly cohort training model and certification process that has resulted in a training process that offers more support and structure to trainees, the ability to recruit more interested individuals for training, and ensures fidelity to the SOAR model by active SOAR practitioners.

⁴ Substance Abuse and Mental Health Services Administration SSI/SSDI Outreach, Access, and Recovery Technical Assistance Center. *The SOAR Model: Key Components*. <http://soarworks.prainc.com/article/soar-model-key-components>.

⁵ Jacqueline F. Kauff, Elizabeth Clary, Kristin Sue Lupfer, and Pamela J. Fischer. "An Evaluation of SOAR: Implementation and Outcomes of an Effort to Improve Access to SSI and SSDI." *Psychiatric Services* 67, no. 10 (October 2016): 1098–1102. <https://doi.org/10.1176/appi.ps.201500247>.

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 for Veteran Families (SSVF) grantees, and many others.

- Forty-two states reported assisting Veterans with their disability applications.
- Seven hundred fifty Veterans were assisted with their applications using SOAR.
- In the June 2019 VA, HUD, and United States Interagency Council on Homelessness (USICH) Community Planning Survey, 202 out of 366 respondents (55 percent) indicated that they are using the SOAR model in their HUD Continuum of Care (CoC) Coordinated Entry System to help Veterans with disabling conditions access SSI/SSDI. An additional 77 respondents (21 percent) are in the process of implementing the SOAR model to serve Veterans.

Veterans Spotlight

In 2019, VA continued its commitment to SOAR integration in its homeless programs. The *SSVF and SOAR Integration Toolkit* was updated to include information about child SSI and the benefit it can provide for Veteran families. VA also released an updated *VA Income and Benefits Calculator*, an innovative tool to help SSI/SSDI beneficiaries maximize their income by pursuing employment using SSA work incentives. The SAMHSA SOAR TA Center has been working in partnership with the VA to encourage both Veterans and non-Veterans to use this tool to illustrate that employment is possible while receiving SSA disability benefits.



Youth in Transition

Young adults and youth in transition face particular challenges when applying for SSA disability benefits, including the fact that they are often too old for child services but may not be ready or eligible for adult services. However, accessing benefits for this age group is possible, despite myths to the contrary.

States using OAT reported assisting 427 youth ages 18-24 to apply for SSA disability benefits in 2019. These initial applications were decided with a **67 percent approval rate** in an average of 101 days.

Spotlight on SSA and DDS Collaborations: Virginia



Virginia SOAR collaborates with three SSA Regional Representatives, whose role is to ensure SOAR-assisted claims in each of their umbrella areas process through SSA within 14 days, are flagged appropriately, and are transferred to the DDS SOAR unit. The SSA Regional Representatives also offer TA, troubleshooting, and overall oversight to ensure SOAR-assisted applications move quickly through the application process. Our project also uses four Regional DDS Professional Relations Officers (PROs), whose role is to track submitted SOAR-assisted claims, assign them to SOAR analysts, and provide technical assistance. Our SSA/DDS partners join in our monthly regional meetings, gathering with SOAR workers to troubleshoot process and technical issues and also offer direct access to SOAR workers for immediate assistance.

Virginia SOAR saw a 9 percent increase in our initial approval rate in the first 9 months of using this collaborative relationship. Where our state used to struggle with SOAR-assisted claims getting lost at a local office or an SSA-1696 is not being associated with cases, our SSA Regional Representatives have reduced the barriers and delays associated with these issues. Claims are moving quickly through the process, being flagged appropriately as SOAR, and communication has greatly improved between SSA and SOAR workers.

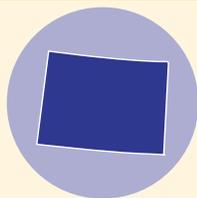
Our DDS PROs have a collaborative relationship with the SOAR workers in their community. When a SOAR claim is submitted, the DDS PRO is notified. The PRO, in turn, tracks the case from SSA to ensure it lands in the SOAR unit and is assigned to a SOAR analyst for processing. Like the SSA Regional Representatives, they have eyes on the case from start to finish, which alerts them to delays or case processing issues. The PROs also offer in-depth technical assistance when a claim is heading toward denial, letting the worker know what evidence is needed to meet listing criteria, or where there is missing functional information.

Our collaborative project also includes regular contact with an assigned representative from our SSA Area Director's Office who is instrumental in helping us develop new systems and policies to assist in expedited and effective processing of SOAR-assisted claims. Continued quarterly meetings between the Local Leads, SSA Regional Representatives, DDS PROs, and the Area Director's Office allow us to continue to build our partnership to better serve our SOAR claimants.

—Georgi A. Fisher, SOAR State Team Lead, Housing and Benefits Coordinator, Office of Community Housing, Virginia Department of Behavioral Health and Developmental Services

Spotlight on SOAR for Children: Colorado

Colorado is SOARing with completing SOAR-assisted SSI applications for children! In 2018-2019 the state saw an 84 percent approval rate on 32 decisions in an average of 112 days for applicants under the age of 18. The applications were completed by SOAR-trained case workers at Bayaud Enterprises and Easter Seals Colorado.



Children

SOAR was originally developed to assist with adult SSI/SSDI applications and has recently expanded to include SSI applications for children. The SAMHSA SOAR TA Center has developed a number of tools and resources for providers working with children and youth including the SOAR Online Course: Child Curriculum. Select providers have been implementing SOAR with children and tracking their outcomes in OAT. These providers have cumulatively received 415 decisions on child SSI applications with a 68 percent approval rate in an average of 108 days to decision.



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 such as tribal income and provides additional health insurance and treatment options to complement tribal healthcare. Seven states reported collaborations with AIAN communities this year.

Quote From the Field

"I am proud of our SOAR Local Leads who have taken charge to learn, hold meetings, and enhance relationships with SSA offices, and other local organizations to maximize resources. Additionally, SOAR programs in Florida have worked to update OAT data, and increase the number of applications submitted annually.

– Teresa Berdoll, SOAR State Team Lead, State PATH Coordinator, Office of Substance Abuse and Mental Health, Florida Department of Children and Families

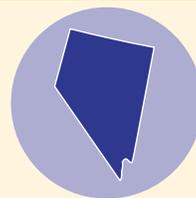


Spotlight on Leadership and Training: Nevada

The Nevada SOAR project aims to fulfill objectives outlined in the Nevada Interagency Council on Homelessness' 2018 Strategic Plan to Prevent and End Homelessness. The NVICH has determined SOAR to be an essential resource for providing effective wraparound services to those experiencing homelessness. Under this plan, strategies include statewide training and collaboration among all three state Continua of Care and their respective service providers to improve the quality of service delivery.

In 2014, Nevada was awarded a 3-year CABHI grant to fund a Statewide SOAR Coordinator to provide statewide coordination, training, and formulate strategies to develop and implement plans to enhance the SOAR project by collaborating with community partners to improve the quality and quantity of SOAR-assisted SSI/SSDI applications. Nevada was able to secure funding for an additional 3 years through September 2020.

To improve learning, increase and manage participation for both online and in-person trainings, the Nevada SOAR Coordinator and Local Leads implemented cohort style trainings. Weekly check-in calls, meetings, and SOAR Online Course reports were used to keep track of progress and provide additional support. The cohort method of training improves the quality and retention of the SOAR training material and reduced the number of participants who do not complete the training. Nevada successfully implemented 4 training cohorts for over 75 practitioners. Due to these support and training efforts, Nevada has seen an increase in the number of individuals served and in the approval rates for both initial and reconsideration claims.



Collaborations

Employment

SOAR seeks to end homelessness through increased access to SSI/SSDI income supports, an essential first step for many persons in recovery. SOAR also encourages employment as a means to increase individual income and promote recovery. Fourteen states reported collaborations with employment and/or work incentive programs. For example, three SOAR sites in Kansas work closely with Individual Placement and Support (IPS) Supported Employment programs, asking all of their SOAR applicants if they are interested in returning to work and connecting those interested to IPS teams. Employment tracking is still new for SOAR programs, but of the 32 communities that reported, 240 people were working at the time of their SSI/SSDI application and reported total additional earnings of \$119,772 or an average of \$499 per applicant.

Spotlight on Hospital Funding: North Carolina



The North Carolina SOAR initiative focuses on creating dedicated SOAR caseworker positions state-wide. Funding from hospitals and other healthcare and behavioral healthcare agencies accounts for 14 full-time and 2 part-time SOAR caseworker positions in the state.

- New Hanover Regional Medical Center will begin funding a third position to complete SOAR-assisted SSI/SSDI applications applications in 2019. Their reimbursement rate represents at least a 3:1 return on investment for the hospital each year.
- Duke University Health Systems has two SOAR caseworkers housed within the LATCH (Local Access to Coordinated Healthcare) program.
- Moses Cone provides funding to The Servant Center in Greensboro, NC to fund two SOAR caseworker positions and Atrium recently trained staff in SOAR from Coverage Assistance Services to target frequent users of the emergency department.
- WakeMed Health and Hospitals currently has two SOAR caseworker positions with the PATH homeless outreach program and has several members of their health outreach team trained in SOAR to work with high utilizers of their system.

Positions can either be embedded within the hospital staff or housed at local nonprofits. Some hospitals prefer to fund local nonprofits to house the positions because it can be a faster alternative than going through the bureaucracy of creating a position within the healthcare system. Hospitals benefit from SOAR because they can retroactively bill Medicaid for services provided 90 days prior to the SSI protective filing date in most states. The access to income increases access to housing and case management services for beneficiaries. Housing stability helps to reduce the usage of crisis services, emergency departments, and inpatient hospital stays. When creating a SOAR position with a healthcare system, it is important to clarify how referrals will be made and prioritized from the hospital and to negotiate access to the electronic medical records system in order to easily obtain medical records.

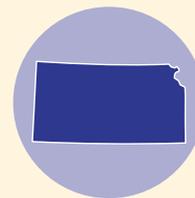
Hospitals

Hospitals that serve uninsured individuals benefit when their patients obtain SSI and the Medicaid coverage that 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 23 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

Spotlight on DOC Collaborations: Kansas



The Kansas Department of Corrections has one dedicated SOAR specialist who identifies and assists appropriate individuals who are incarcerated with the Kansas DOC through the SOAR process. She has worked hard at establishing relationships with community partners and building understanding within the department.

Their SOAR-assisted application process begins 3-4 months prior to an individual's release. Identifying possible applicants early in the process plays a critical role in completing applications. While conducting interviews and retrieving medical records for an individual, they develop a better understanding about what a successful release plan will look like for them. Not only does the SOAR process help provide individuals with financial support, it also helps the DOC recognize tools and resources that help individuals being released from incarceration to succeed in the community. In 2019, the SOAR program at the Kansas DOC helped 25 individuals with pre-release applications. They had a 72 percent approval rate in an average of 101 days.

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 criminal justice entities were reported by 27 states and communities, including:

- Jail in-reach
- Collaboration with parole and probation to coordinate services

- Specialty courts and jail diversion programs
- Re-entry programs
- Training in state departments of corrections

In FY 2019, the 79 applicants who were residing in a jail or correctional facility at the time of their application had a 66 percent approval rate in an average of 94 days.

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 experiencing homelessness 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 (36 FT, 29 PT positions)
- SOAR training for PATH outreach and case management staff
- State PATH Contacts serve as SOAR coordinators and leaders

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 2019, thirteen states reported \$1,387,089 in Medicaid reimbursement for 214 individuals, or an average of \$6,482 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. Three states reported receiving \$7,881 in Medicare reimbursement this year for four individuals.

General Assistance

Some communities offer a monthly cash stipend to people who are disabled and have low incomes 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. 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. Seventeen states reported a total General Assistance reimbursement of \$406,529 for 165 individuals, an average of \$2,464 per person.

Spotlight on State Hospitals: Maryland



In FY 2017 funding was obtained for a dedicated SOAR case manager to work with individuals transitioning from one of Maryland's state hospitals. This proved to be very successful, both in terms of getting patients approved for benefits and in supporting an effective discharge process. In FY 2019, further funding was obtained to enable a full or part time SOAR specialist to be placed in all five of Maryland's state hospitals. In addition to applying for SSI/SSDI, the case managers work closely with hospital staff and others to ensure that Medicaid applications are submitted in a timely manner and that any issues such as overpayments are dealt with prior to discharge. Fifty-three initial SOAR-assisted applications from state hospitals were adjudicated in FY 2019, with an approval rate of 98 percent. In one county in FY 2018, the local hospital transitioned one of the SOAR-trained social workers into a high-risk case manager's role. This enabled him to effectively apply for SSA benefits for qualified individuals who were frequently using the emergency room. Given the success of this initiative, a co-worker was recently trained in SOAR and will begin working on SOAR cases in FY 2020.

Spotlight on Schools of Social Work: Montana



In the fall of 2019 the University of Montana School of Social Work offered social work students the opportunity to complete SOAR training and assist with applications at two agencies in the Missoula community, Poverello Center and Partnership Health Center. The students who were selected for this position completed the SOAR Online Course: Adult Curriculum and will complete SOAR-assisted SSI/SSDI applications as part of their 450-hour practicum. One of the students stated, "[my] learning experience through SOAR has been very rich so far and I am looking forward to beginning to work with applicants!" Looking forward, the university is hoping to incorporate the SOAR Online Course into their social work curriculum.

Quote From the Field

“The Minnesota Department of Human Services (DHS) Social Security Advocacy and SOAR team, in its second year, has a staff of eight including three SOAR State Team Leads. The team’s mission is to assist Minnesotans with the Social Security disability process so they can secure stable housing, live in dignity, and achieve their highest potential.”



– Minnesota SOAR State Team Leads

For More Information

For more information about SOAR or the SAMHSA SOAR TA Center, visit <https://soarworks.prainc.com/> or email soar@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).

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Table 1. 2019 SOAR-Assisted Initial Application Outcomes

State	2019 Decisions	2019 Approvals	2019 Allowance	2019 Average Days	2019 Cumulative Decisions	2019 Cumulative Approvals	2019 Cumulative Allowance Rate
Alabama	9	6	67%	165	213	151	71%
Alaska	5	3	60%	325	127	74	58%
Arizona	14	8	57%	94	365	233	64%
Arkansas	119	95	80%	99	1,117	927	83%
California	628	332	53%	117	4,620	2,608	56%
Colorado	82	38	46%	170	1,103	641	58%
Connecticut	44	31	70%	106	402	256	64%
Delaware	4	4	100%	99	325	225	69%
District of Columbia	108	66	61%	148	551	385	70%
Florida	993	543	55%	95	6,088	3,909	64%
Georgia	328	237	72%	159	3,923	2,601	66%
Hawaii	2	0	0%	276	31	25	81%
Idaho	15	13	87%	69	257	146	57%
Illinois	60	27	45%	123	488	303	62%
Indiana	19	8	42%	87	81	40	49%
Iowa	20	12	60%	108	169	101	60%
Kansas	175	94	54%	124	1,342	915	68%
Kentucky	16	12	75%	78	899	576	64%
Louisiana	32	24	75%	184	387	258	67%
Maine	0	0	N/A	0	13	10	77%
Maryland	193	170	88%	86	1,316	1,131	86%
Massachusetts	69	38	55%	25	783	451	58%
Michigan	184	140	76%	90	3,284	2,053	63%
Minnesota	162	92	57%	141	2,516	1,604	64%
Mississippi	56	32	57%	95	254	158	62%
Missouri	65	46	71%	118	277	159	57%
Montana	24	17	71%	75	221	113	51%
Nebraska	311	155	50%	118	1,850	1,035	56%
Nevada	110	85	77%	128	825	551	67%
New Hampshire	0	0	N/A	0	7	6	86%
New Jersey	37	26	70%	147	590	372	63%
New Mexico	98	61	62%	119	848	586	69%
New York	50	33	66%	90	2,325	1,370	59%
North Carolina	243	163	67%	119	2,675	2,074	78%
North Dakota	0	0	N/A	0	8	6	75%
Ohio	603	317	53%	101	7,123	3,597	50%
Oklahoma	377	279	74%	88	1,683	1,243	74%
Oregon	246	153	62%	87	2,721	1,861	68%
Pennsylvania	398	359	90%	91	3,278	2,984	91%
Rhode Island	22	15	68%	75	278	209	75%
South Carolina	56	39	70%	92	380	254	67%
South Dakota	6	3	50%	135	156	126	81%
Tennessee	212	195	92%	71	2,249	2,031	90%
Texas	317	113	36%	119	1,080	564	52%
Utah	1	1	100%	226	3,897	1,862	48%
Vermont	5	3	60%	136	20	13	65%
Virginia	164	120	73%	113	1,847	1,307	71%
Washington	16	10	63%	148	453	341	75%
West Virginia	5	1	20%	96	119	88	74%
Wisconsin	103	48	47%	127	1,216	764	63%
Wyoming	7	6	86%	108	259	189	73%
Totals	6813	4273	63%	108	67039	43486	65%

Table 2: 2019 SOAR-Assisted Appeals Outcomes*

State	2019 Appeals Decisions	2019 Appeals Approvals	2019 Appeals Allowance	2019 Appeals Average Days	New Cumulative Decisions	New Cumulative Approvals	Cumulative Allowance Rate
Alabama	0	0	N/A	0	22	18	82%
Alaska	0	0	N/A	0	22	8	36%
Arizona	5	1	20%	98	78	41	53%
Arkansas	6	1	17%	149	311	246	79%
California	143	81	57%	288	526	239	45%
Colorado	2	2	100%	143	110	94	85%
Connecticut	15	8	53%	152	127	50	39%
Delaware	0	0	N/A	0	5	3	60%
District of Columbia	14	5	36%	207	127	67	53%
Florida	221	85	38%	139	1,028	499	49%
Georgia	51	26	51%	155	781	382	49%
Hawaii	0	0	N/A	0	5	5	100%
Idaho	7	1	14%	318	101	36	36%
Illinois	35	14	40%	209	111	51	46%
Indiana	13	5	38%	202	28	11	39%
Iowa	18	11	61%	291	88	43	49%
Kansas	49	21	43%	152	358	200	56%
Kentucky	6	3	50%	118	245	139	57%
Louisiana	13	9	69%	355	134	86	64%
Maine	0	0	N/A	0	1	1	100%
Maryland	12	10	83%	142	286	218	76%
Massachusetts	22	12	55%	86	63	34	54%
Michigan	9	8	89%	399	723	495	68%
Minnesota	141	36	26%	122	606	260	43%
Mississippi	5	1	20%	104	17	7	41%
Missouri	7	3	43%	166	36	26	72%
Montana	5	4	80%	151	66	37	56%
Nebraska	95	27	28%	100	625	240	38%
Nevada	39	14	36%	114	286	178	62%
New Hampshire	0	0	N/A	0	0	0	N/A
New Jersey	9	6	67%	245	192	125	65%
New Mexico	23	10	43%	162	211	136	64%
New York	1	1	100%	41	544	298	55%
North Carolina	66	42	64%	240	674	463	69%
North Dakota	0	0	N/A	0	1	1	100%
Ohio	55	16	29%	74	169	49	29%
Oklahoma	56	44	79%	280	65	49	75%
Oregon	101	30	30%	336	920	411	45%
Pennsylvania	6	4	67%	418	154	78	51%
Rhode Island	7	3	43%	145	183	109	60%
South Carolina	16	4	25%	117	94	44	47%
South Dakota	1	1	100%	439	18	14	78%
Tennessee	13	13	100%	83	87	52	60%
Texas	130	50	38%	130	300	100	33%
Utah	0	0	N/A	0	1,618	509	31%
Vermont	2	1	50%	20	6	3	50%
Virginia	44	21	48%	188	420	244	58%
Washington	5	3	60%	115	18	7	39%
West Virginia	0	0	N/A	0	85	25	29%
Wisconsin	60	30	50%	345	310	154	50%
Wyoming	1	0	0%	53	23	6	26%
Totals	1,529	667	44%	187	13,008	6591	51%

*Includes data on Reconsiderations and ALJ Hearings combined from all states that assisted with appeals.

Table 3. 2019 SOAR-Assisted Reconsiderations

State	2019 Reconsideration Decisions	2019 Reconsideration Approvals	2019 Reconsideration Allowance Rate	2019 Reconsideration Average Days
Alabama	0	0	N/A	0
Alaska	0	0	N/A	0
Arizona	5	1	20%	98
Arkansas	3	0	0%	237
California	30	14	47%	140
Colorado	2	2	100%	143
Connecticut	12	5	42%	124
Delaware	0	0	N/A	0
District of Columbia	12	5	42%	140
Florida	182	54	30%	72
Georgia	47	23	49%	144
Hawaii	0	0	N/A	0
Idaho	4	0	0%	173
Illinois	26	5	19%	114
Indiana	8	3	38%	69
Iowa	10	6	60%	140
Kansas	46	19	41%	138
Kentucky	6	3	50%	118
Louisiana	1	1	100%	9
Maine	0	0	N/A	0
Maryland*	N/A	N/A	N/A	N/A
Massachusetts	6	5	83%	33
Michigan	3	2	67%	136
Minnesota*	N/A	N/A	N/A	N/A
Mississippi	4	0	0%	69
Missouri	5	3	60%	232
Montana	5	4	80%	151
Nebraska	89	25	28%	81
Nevada	34	11	32%	114
New Hampshire	0	0	N/A	0
New Jersey	7	4	57%	108
New Mexico	16	5	31%	121
New York	1	1	100%	41
North Carolina*	N/A	N/A	N/A	N/A
North Dakota	0	0	N/A	0
Ohio	55	16	29%	74
Oklahoma*	N/A	N/A	N/A	N/A
Oregon	1	1	100%	336
Pennsylvania	1	1	100%	181
Rhode Island	5	2	40%	82
South Carolina	14	3	21%	111
South Dakota	0	0	N/A	0
Tennessee	9	9	100%	83
Texas	108	36	33%	92
Utah	0	0	N/A	0
Vermont	2	1	50%	20
Virginia	35	15	43%	130
Washington	4	2	50%	69
West Virginia	0	0	N/A	0
Wisconsin	17	8	47%	130
Wyoming	1	0	0%	53
Totals	816	295	36%	101

*These states do not track outcomes in OAT, so were unable to report their appeals separately.

Table 4. 2019 SOAR-Assisted Administrative Law Judge (ALJ) Hearings

State	2019 ALJ Hearing Decisions	2019 ALJ Hearing Approvals	2019 ALJ Hearing Allowance Rate	2019 ALJ Hearing Average Days
Alabama	0	0	N/A	N/A
Alaska	0	0	N/A	N/A
Arizona	0	0	N/A	N/A
Arkansas	0	0	N/A	N/A
California	4	3	75%	546
Colorado	0	0	N/A	N/A
Connecticut	3	3	100%	265
Delaware	0	0	N/A	N/A
District of Columbia	2	0	0%	611
Florida	39	31	79%	449
Georgia	4	3	75%	280
Hawaii	0	0	N/A	N/A
Idaho	3	1	33%	511
Illinois	9	9	100%	485
Indiana	5	2	40%	415
Iowa	8	5	63%	479
Kansas	3	2	67%	356
Kentucky	0	0	N/A	N/A
Louisiana	12	8	67%	384
Maine	0	0	N/A	N/A
Maryland*	N/A	N/A	N/A	N/A
Massachusetts	1	0	0%	405
Michigan	6	6	100%	530
Minnesota*	N/A	N/A	N/A	N/A
Mississippi	1	1	100%	244
Missouri	2	0	0%	0
Montana	0	0	N/A	N/A
Nebraska	6	2	33%	386
Nevada	0	0	N/A	N/A
New Hampshire	0	0	N/A	N/A
New Jersey	2	2	100%	725
New Mexico	7	5	71%	257
New York	0	0	N/A	N/A
North Carolina*	N/A	N/A	N/A	N/A
North Dakota	0	0	N/A	N/A
Ohio	0	0	N/A	N/A
Oklahoma*	N/A	N/A	N/A	N/A
Oregon	0	0	N/A	N/A
Pennsylvania	5	3	60%	465
Rhode Island	2	1	50%	304
South Carolina	2	1	50%	161
South Dakota	1	1	100%	439
Tennessee	4	4	100%	83
Texas	22	14	64%	318
Utah	0	0	N/A	N/A
Vermont	0	0	N/A	N/A
Virginia	9	6	67%	417
Washington	1	1	100%	301
West Virginia	0	0	N/A	N/A
Wisconsin	12	6	50%	544
Wyoming	0	0	N/A	N/A
Totals	175	120	69%	408

*These states do not track outcomes in OAT, so were unable to report their appeals separately.