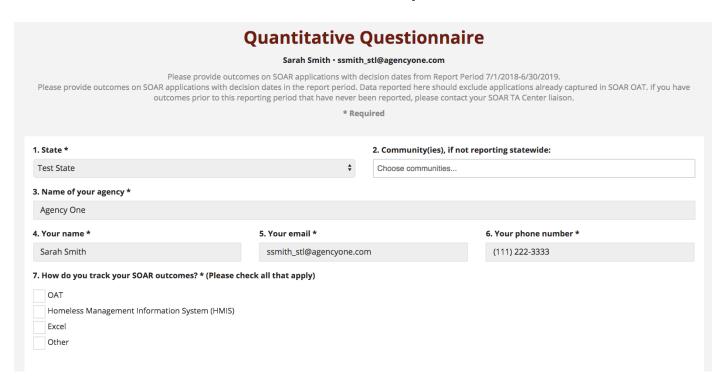# Attachment B

SAMHSA SOAR Web-Based Data Form
Part II: State Lead Annual Reporting

Section 1 (Quantitative)

Section 2 (Qualitative)

Screenshots of the Current Quantitative Questionnaire (Part II, Section 1)

Quantitative Questionnaire

Sarah Smith · ssmith_stl@agencyone.com

Please provide outcomes on SOAR applications with decision dates from Report Period 7/1/2018-6/30/2019.
Please provide outcomes on SOAR applications with decision dates in the report period. Data reported here should exclude applications already captured in SOAR OAT. If you have outcomes prior to this reporting period that have never been reported, please contact your SOAR TA Center liaison.

* Required

1. State *

Test State

2. Community(ies), if not reporting statewide:

Choose communities...

3. Name of your agency *

Agency One

4. Your name *

Sarah Smith

5. Your email *

ssmith_stl@agencyone.com

6. Your phone number *

(111) 222-3333

7. How do you track your SOAR outcomes? * (Please check all that apply)

- [ ] OAT
- [ ] Homeless Management Information System (HMIS)
- [ ] Excel
- [ ] Other

Application Outcomes

Initials

1. Total Decisions *

2. Total Approvals *

3. Total Denials *

4. Average Time to Decision across all initial applications (in days) *

[ ] Value not tracked

5. Total initial applications for Veterans: *

[ ] Value not tracked

Appeals

6. Total Decisions *

7. Total Approvals *

8. Total Denials *

9. Average Time to Decision across all appeals (in days) *

[ ] Value not tracked

10. Total appeals for Veterans: *

[ ] Value not tracked

SOAR Critical Components

Number of applications for which each critical component was used

For Initial Applications

1. SSA-1696 *

[ ] Value not tracked

2. Medical Records Collected (MRC) *

[ ] Value not tracked

3. Medical Summary Report (MSR) *

[ ] Value not tracked

4. Medical Summary Report (MSR) Co-Signed *

[ ] Value not tracked

5. Quality Review (QR) *

[ ] Value not tracked

6. Consultative Exams (CEs) Ordered *

[ ] Value not tracked

For Appeals

7. SSA-1696 *

[ ] Value not tracked

8. Medical Records Collected (MRC) *

[ ] Value not tracked

9. Medical Summary Report (MSR) *

[ ] Value not tracked

10. Medical Summary Report (MSR) Co-Signed *

[ ] Value not tracked

11. Quality Review (QR) *

[ ] Value not tracked

12. Consultative Exams (CEs) Ordered *

[ ] Value not tracked

13. Enter the total number appeals for which...

a. An expedited hearing was requested *

[ ] Value not tracked

b. A review on record was requested *

[ ] Value not tracked

c. The applicant had an attorney *

[ ] Value not tracked

Housing/Homelessness Information

Initials

1. Number of applicants experiencing homelessness at time of application: *

[ ]   ☐ Value not tracked

2. Of those experiencing homelessness at time of application, what was the average length of time homeless?

[ ]   [ ]   ☐ Value not tracked

Years   Months

3. Number of applicants housed at time of decision: *

[ ]   ☐ Value not tracked

4. Number of applicants for whom benefits facilitated access to housing: *

[ ]   ☐ Value not tracked

Appeals

5. Number of applicants experiencing homelessness at time of appeal:*

[ ]   ☐ Value not tracked

6. Of those experiencing homelessness at time of appeal, what was the average length of time homeless?

[ ]   [ ]   ☐ Value not tracked

Years   Months

7. Number of applicants housed at time of decision: *

[ ]   ☐ Value not tracked

8. Number of applicants for whom benefits facilitated access to housing: *

[ ]   ☐ Value not tracked

Benefit Award Details

Initials

1. Total number of applicants approved ONLY for SSI. (Do not include those approved for both SSI and SSDI): *

[ ]   ☐ Value not tracked

   a. Average SSI award per month: *

   $ [ ]   ☐ Value not tracked

2. Total number of applicants approved ONLY for SSDI (Do not include those approved for both SSI and SSDI): *

[ ]   ☐ Value not tracked

   a. Average SSDI award per month: *

   $ [ ]   ☐ Value not tracked

3. Total number of applicants approved for BOTH SSI and SSDI: *

[ ]   ☐ Value not tracked

   a. Average SSI + SSDI award per month: *

   $ [ ]   ☐ Value not tracked

4. How many of the approved applicants received retroactive/back payments: *

[ ]   ☐ Value not tracked

   a. TOTAL retroactive/back payment received*

   $ [ ]   ☐ Value not tracked

5. Total number of representative payees needed: *

[ ]   ☐ Value not tracked

   a. Total number of representative payees provided: *

   [ ]   ☐ Value not tracked

Appeals

6. Total number of applicants approved ONLY for SSI. (Do not include those approved for both SSI and SSDI): *

[ ]   ☐ Value not tracked

   a. Average SSI award per month: *

   $ [ ]   ☐ Value not tracked

7. Total number of applicants approved ONLY for SSDI (Do not include those approved for both SSI and SSDI): *

[ ]   ☐ Value not tracked

   a. Average SSDI award per month: *

   $ [ ]   ☐ Value not tracked

8. Total number of applicants approved for BOTH SSI and SSDI: *

[ ]   ☐ Value not tracked

   a. Average SSI + SSDI award per month: *

   $ [ ]   ☐ Value not tracked

9. How many of the approved applicants received retroactive/back payments: *

[ ]   ☐ Value not tracked

   a. TOTAL retroactive/back payment received *

   $ [ ]   ☐ Value not tracked

10. Total number of representative payees needed: *

[ ]   ☐ Value not tracked

   a. Total number of representative payees provided: *

   [ ]   ☐ Value not tracked

Financial Reimbursements

Initials

1. Number of approved applicants for whom Medicaid reimbursements were received by healthcare providers: *

[ ] Value not tracked

    a. TOTAL Medicaid reimbursements to health care providers: *

$ [ ]

2. Number of approved applicants for whom Medicare reimbursements were received by healthcare providers: *

[ ] Value not tracked

    a. TOTAL Medicare reimbursements to health care providers: *

$ [ ]

3. Number of approved applicants for whom GA reimbursements were received by state/county: *

[ ] Value not tracked

    a. TOTAL General Assistance (GA) reimbursements to state/county: *

$ [ ]

Appeals

4. Number of approved applicants for whom Medicaid reimbursements were received by healthcare providers: *

[ ] Value not tracked

    a. TOTAL Medicaid reimbursements to health care providers: *

$ [ ]

5. Number of approved applicants for whom Medicare reimbursements were received by healthcare providers: *

[ ] Value not tracked

    a. TOTAL Medicare reimbursements to health care providers: *

$ [ ]

6. Number of approved applicants for whom GA reimbursements were received by state/county: *

[ ] Value not tracked

    a. TOTAL General Assistance (GA) reimbursements to state/county: *

$ [ ]

Employment Outcomes

Initials

1. Number of applicants working at the time of application: *

[ ] Value not tracked

    a. Total income from pre-application work: *

$ [ ]   [ ] Value not tracked

2. Number of applicants working at time of decision: *

[ ] Value not tracked

    a. Total Income from post-decision work: *

$ [ ]   [ ] Value not tracked

Appeals

3. Number of applicants working at the time of appeal: *

[ ] Value not tracked

    a. Total income from pre-application work: *

$ [ ]   [ ] Value not tracked

4. Number of applicants working at time of decision: *

[ ] Value not tracked

    a. Total Income from post-decision work: *

$ [ ]   [ ] Value not tracked

Other Information

Initials

1. Average hours spent completing SSI/SSDI initial applications: *

[ ] Value not tracked

[Save, but allow future edits] [Save & Submit] Cancel

Appeals

2. Average hours spent completing SSI/SSDI appeals: *

[ ] Value not tracked

Screenshots of the Current Qualitative Questionnaire (Part II, Section 2)

Steering Committees/Local Oversight

1. Are steering committee or practitioner meetings held in your state? *

Yes ⬍

Type *

Select ⬍

Frequency *

Select Below ⬍

Location *

[   ]

Add New Meeting

Training

1. Have SOAR Online Course training cohorts been held in your state? *

Yes ⬍

Date *

[📅]

Location *

[   ]

# of participants *

[   ]

Add New Cohort Training

2. Have SOAR Online Course Review Sessions been held in your state? *

Yes ⬍

Date *

[📅]

Location *

[   ]

# of participants *

[   ]

Add New Review Session

3. Have 2-Day Stepping Stones to Recovery trainings been held in your state? *

Yes ⬍

Date *

[📅]

Location *

[   ]

# of participants *

[   ]

Add New Two-Day Training

What's New?

What about the SOAR programs in your State are you especially proud of this reporting period? *

[ ]

Challenges

What challenges has your state experienced this year? How were they addressed and/or do you need additional assistance? *

[ ]

Funding & Staffing

1. What are the sources of funding for SOAR staff in your state?

This page is asking about **SOAR-dedicated** staff/benefits specialists ONLY. Please enter the number of full-time employees and/or part-time employees whose SOAR-dedicated positions are funded by each source.

Projects for Assistance in Transition from Homelessness (PATH) *

Full Time	Part Time

Cooperative Agreements to Benefit Homeless Individuals (CABHI) *

Full Time	Part Time

Community Development Block Grant (CDBG) *

Full Time	Part Time

Mental Health Block Grant (MHBG) *

Full Time	Part Time

Foundation / Corporation *

Full Time	Part Time

Medicaid *

Full Time	Part Time

Local or State Government *

Full Time	Part Time

Other *

Name	Full Time	Part Time

2. What is the salary of SOAR-dedicated staff in your state? ⓘ

a. Mean * ⓘ

$ [ ]

b. Median * ⓘ

$ [ ]

c. Mode * ⓘ

$ [ ]

3. Have any SOAR programs in your state secured new funding this year? *

Select Below ▲▼

Collaborations

Please describe the collaborations that SOAR programs in your state have with the following:

Hospitals/Health Care Facilities? *

Yes ▼

Funding (grants or contracts):

Please Describe

Dedicated staff:

Please Describe

Expedited access to medical records:

Please Describe

Schedules assessments/evaluations:

Please Describe

Provides reimbursement data:

Please Describe

Other:

Please Describe

Justice Involved Persons? *

Yes ▼

Jail/Prison In-Reach:

Please Describe

Jail/Prison Re-entry:

Please Describe

SSA Pre-release agreement:

Please Describe

Diversion/treatment court:

Please Describe

Community supervision:

Please Describe

Other:

Please Describe

Veterans? *

Yes	⬍

Veterans Affairs (VA) Medical Centers:

Please Describe

Supportive Services for Veteran Families (SSVF):

Please Describe

Housing and Urban Development - Veterans Affairs Supportive Housing (HUD-VASH):

Please Describe

Homeless Veterans Reintegration Program (HVRP):

Please Describe

Other:

Please Describe

American Indian/Alaska Natives Communities?

Yes	⬍

Please describe *

Housing Providers?

Yes	⬍

Please describe *

Employment Programs?

Yes	⬍

Please describe *

Temporary Assistance for Needy Families (TANF)?

Yes	⬍

Please describe *

General Assistance Programs?

Yes	⬍

Please describe *

[Save, but allow future edits]　[Save & Submit]　Cancel

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