

Attachment B

Revisions to the

SAMHSA SOAR Web-Based Data Form

Part II: Annual State Reporting

(2 Revisions)

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0329, and it expires 03/31/2023. Public reporting burden for this collection of information is estimated to average 60 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 5600 Fishers Lane, Room 15E57A, Rockville, MD 20857.

Screenshots of the Current Quantitative Questionnaire

Quantitative Questionnaire

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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

Appeals

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

 Value not tracked

Save, but allow future edits

Save & Submit

Cancel

Additional Questions for the Qualitative Questionnaire

Additional Questions to be added to the Collaborations section of the Qualitative Questionnaire include the opportunity to describe collaborations with child-serving organizations and whether meetings and trainings were for SOAR for Adults or SOAR for Children.

1. Please select/describe the collaborations that your SOAR program has with the following:
 - Child Welfare _____
 - Education System _____
 - Juvenile Justice _____
 - Children's Behavioral Health _____
 - Peer Supports (including youth, adults, and family supports)

2. For Steering Committees and Trainings questions, the answer options will be expanded to allow for State Team Leads to indicate whether the training or meeting was for SOAR for Adults or SOAR for Children.

Screenshots of the Current Qualitative Questionnaire

Steering Committees/Local Oversight

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

Type *

Frequency *

Location *

Add New Meeting

Training

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

Date *

Location *

of participants *

Add New Cohort Training

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

Date *

Location *

of participants *

Add New Review Session

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

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) *

<input type="text"/>	<input type="text"/>
Full Time	Part Time

Cooperative Agreements to Benefit Homeless Individuals (CABHI) *

<input type="text"/>	<input type="text"/>
Full Time	Part Time

Community Development Block Grant (CDBG) *

<input type="text"/>	<input type="text"/>
Full Time	Part Time

Mental Health Block Grant (MHBG) *

<input type="text"/>	<input type="text"/>
Full Time	Part Time

Foundation / Corporation *

<input type="text"/>	<input type="text"/>
Full Time	Part Time

Medicaid *

<input type="text"/>	<input type="text"/>
Full Time	Part Time

Local or State Government *

<input type="text"/>	<input type="text"/>
Full Time	Part Time

Other *

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Full Time	Part Time

2. What is the salary of SOAR-dedicated staff in your state? [i](#)

a. Mean * [i](#)

\$

b. Median * [i](#)

\$

c. Mode * [i](#)

\$

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](#)