



Connecticut SOAR Certification Process

On behalf of the Connecticut Statewide SOAR Initiative, we'd like to thank you for your interest in becoming trained and certified in SOAR (SSI/SSDI Outreach, Access and Recovery)! SOAR in Connecticut is administered through the State Department of Mental Health and Addiction Services (DMHAS) in collaboration with the CT Statewide SOAR Steering Committee and SOAR TA Center. The goal of SOAR is to increase access to disability income benefits administered by the Social Security Administration (SSA) for eligible adults who experience homelessness or are at-risk of homelessness, and have a mental illness and/or co-occurring substance use disorder. The role of the CT Statewide SOAR Steering Committee is to ensure high quality SOAR applications are being submitted to the Social Security Administration and state Disability Determination Services (DDS) by monitoring community outcomes, identifying and resolving application challenges, identifying areas for SOAR expansion, and exploring strategies for ongoing funding and sustainability.

Expectations of Participation in SOAR

Individuals become SOAR certified by completing the [SOAR Online Course](#). Prior to beginning the online course, individuals need to contact the State Team Lead and/or your area Local Lead(s): [Connecticut Contacts | SOAR Works! \(samhsa.gov\)](#) to discuss their training needs and expectations of the SOAR process. Upon notice that a Certificate of Completion for online training has been issued from the National SOAR TA Center, the participant will be contacted by the State Team Lead and/or your area Local Lead(s) with information about the upcoming SOAR Online Course Review Session. All individuals who complete the online curriculum must participate in the follow-up SOAR Online Review Session which includes information on State and local-specific SOAR processes. The below requirements must be completed prior to submitting SOAR claims to SSA/DDS.

Certified SOAR Specialists must agree to the following requirements (please initial):

- Request permission from your agency leadership to participate in the SOAR Online Course
- Complete the following SOAR Critical Components:
 - Serve as the applicant's appointed representative for the purpose of applying for SSI/SSDI. Representation includes "standing in" for the applicant, responding to questions, receiving copies of all mail sent to the applicant, and communicating back and forth with SSA and DDS.
 - Complete applications for both SSI and SSDI.
 - Collect medical records from providers who have treated the applicant over the last two years.
 - Complete the SSA psychosocial assessment, functional impairment assessment, and substance use worksheet.
 - Write a comprehensive medical summary report that includes psychosocial, treatment, and functional information that is co-signed, if at all possible, by a physician or psychologist who has seen the individual.
 - Conduct ongoing outreach and engagement with the individual to stay connected throughout the process and to work with the individual to obtain other needed services and treatment such as housing, physical and mental health care, other support services, food, and clothing.
- Register for the SOAR Online Application Tracking (OAT) system and track applications and outcomes in a timely manner.
- No fees will be collected from SOAR applicants for completion of the application.
- Actively collaborate with other local SOAR Specialists by attending SOAR meetings (where applicable).
- Quarterly completion of at least one of the continuing learning opportunities listed below:
 - Participation in a SAMHSA SOAR TA Center [webinar](#)
 - Participation in SAMHSA SOAR TA Center [SOARing Over Lunch](#) Calls
 - Participation in a SOAR Online Course Review Session
 - Submit a Medical Summary Report to your area Local Lead for review



_____ Adhere to all expectations of your Local SOAR process (communicate with your SOAR Local Lead(s) for additional information on this process)

_____ Submission of a minimum of five completed SOAR applications (initial or reconsideration) to SSA every 12 months (If you are a fully funded SOAR Specialist through DMHAS or SAMHSA, you must adhere to your contracted outcome measures)

To facilitate ongoing collaboration and communication, the names and contact information for all certified SOAR specialists will be submitted to both SSA and DDS and the names and contact information for local SSA and DDS staff are shared with the certified specialists. The State and Local Team Leads maintain a close relationship with representatives from the local and regional SSA office and staff from DDS; questions are answered and barriers quickly resolved as they occur. Certified individuals will also be provided with contact information for the State Team Lead, all Certified SOAR Providers, and Local SOAR Leads. Any of these persons may be contacted for information or questions at any time. If at any time state and local specific requirements are not met, the ability to submit SOAR applications will not be approved and may be revoked.

I have read the above expectations and I am willing to follow all of the requirements in order to maintain my certification. If I have any questions or concerns or if my SOAR certification lapses, I will contact the State SOAR Lead or my Local Lead(s) immediately.

Individual's Name and Agency (printed): _____

Contact information: _____

Individual's Signature	Date	Individual's Supervisor/Agency Director	Date
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State Team Lead: Brenda Earle
DMHAS
Email: Brenda.Earle@ct.gov
Phone: 860-418-6845

TA Center Liaison: Abigail Kirkman
Email: akirkman@prainc.com
Phone: 518-439-7415 x5226

DATE Online training was completed:
DATE registered in OAT:
DATE of online Course Review Session:
Attendance for State SOAR meetings: Y/N