Remembering Charles H. Houston and the New Deal Exclusion

This Black History Month, learn more about the origins of Social Security and its impact on Black Americans. In this issue, we share the advocacy of Charles H. Houston and the negative impact of the New Deal exclusions on African Americans. Understanding this history and how the impacts of that history are still felt today can inform the development of improved, equitable practices that make our communities stronger.

Link to full article

Connecting to Urban Indian Programs

One of the most common misconceptions about American Indian and Alaska Native (AI/AN) communities is that they live on rural reservations. Yet, more than 70 percent of the AI/AN population resides in off-reservations areas in cities and suburbs. Despite this population discrepancy, federal health care for Native communities continues to focus primarily on those living on reservations. Migration from reservations to cities began under federal relocations policies in the 1950s. The transition and forced assimilation resulted in the loss of access to reservation-based health care and other social services provided to individuals and families. In addition to lack of access to services, mental and physical health concerns are worsened due to the lack of family and traditional cultural environments. These conditions and lack of resources still exist today. Consequently, almost 30 percent of AI/AN people live in poverty and experience the most severe health disparities, including a high prevalence of and risk factors for mental health, suicide, and substance use, are disproportionately represented among high-needs groups, including people experiencing homelessness.

Ensuring that the AI/AN urban Indian population receives comprehensive health services and access to benefits is critical. Through the Office of Urban Indian Health Programs, 41 Urban Indian Health Organizations (UIHOs) across 22 states provide primary care, behavioral health care, traditional healing and medicine, and social and community services.
SAMHSA's SOAR model's culturally sensitive engagement process and holistic approach to Supplemental Security Income (SSI)/Social Security Disability Insurance (SSDI) application assistance can be critical for AI/AN community members residing on or off-reservation. SOAR can help underserved urban and suburban AI/AN people experiencing serious mental illness who are at risk of homelessness gain access to SSI/SSDI benefits. When combined with other support and resources, it can lead to long-term stability with affordable or supported housing, more robust health care and treatment options, and additional employment opportunities to the urban/suburban communities who would otherwise not have access.

Links to the UIHO and several nonprofit organizations dedicated to supporting the health and well-being of urban AI/AN people through direct services and advocacy are listed below:

- U.S. Indian Health Service Urban Indian Health Organizations
- U.S. Indian Health Service Locations
- National Council of Urban Indian Health
- Urban Indian Health Institute
- SOAR for American Indian and Alaska Native Communities

If you would like further information about supporting urban AI/AN individuals and communities, please contact Rose David or Abby Kirkman.

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**See How SOAR Works**

**Michigan Presents on Their SOAR Success**

In January, the Michigan SOAR leadership team engaged with Social Security Administration (SSA) claims representatives and branch managers from across the state to present on SOAR. The SOAR regional navigators, Alisha Pennington and Rod DesJardins, covered the training SOAR caseworkers receive, the Michigan SOAR certification process, and the critical components SSA Claims Representatives can expect to receive with all SOAR-assisted claims. The leadership team also shared the significant impact SOAR-assisted claims have on approval rates for applicants throughout the state. In reporting year 2020/2021, Michigan saw an initial application approval rate of 70 percent! If you are interested in exploring ways to connect with Social Security Claims Representatives in your state, please reach out to your SAMHSA SOAR TA Center Liaison to learn more about Michigan's presentation.

**SOARing Over Lunch Conference Call**

**March 15, 2022, 1:00–2:00 p.m. ET**

Add SOARing Over Lunch to Your Calendar

**Application Tip! Writing the MSR**

The Medical Summary Report (MSR) is a critical component of any SOAR application! In many ways, the MSR and the detailed information it includes is what distinguishes SOAR applications from all others! An MSR is a letter that paints a picture of the applicant, discusses their past experiences, outlines the treatment they have received, and clearly links the applicant’s diagnoses to their functional limitations. The [MSR Interview Guide and Template](#) is a great resource to assist when writing the MSR; it provides sample questions and guidance for gathering information and including it in the overall MSR. Additionally, don’t forget that your [SOAR TA Center liaison](#) is available to review redacted MSRs prior to submission!

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**In Case You Missed It**

**Webinar Materials Now Available! Peer Support Specialists: A Critical Component for SOAR Programs**

In this webinar, held on January 25, 2022, the SAMHSA SOAR TA Center hosted panelists working in the field who shared best-practice examples on how they have incorporated their lived expertise into their SOAR work. The materials and recording from this webinar are now available for on-demand access.

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**Partner Updates**
New Resource from the Homeless and Housing Resource Center

The Homeless and Housing Resource Center (HHRC) released a new toolkit, *Applying New COVID-19-Related Funding to Address the Housing Needs of Individuals with Serious Mental Illness, Substance Use Disorders, and Co-occurring Disorders*. This resource highlights newly available federal funds that can be utilized for housing and paired with supportive services funding for individuals who are experiencing or at risk of homelessness and who have a serious mental illness, a substance use disorder, or co-occurring disorders.

New Tool to Identify and Access Federal Health and Social Service Funding for People Experiencing Homelessness

The U.S. Interagency Council on Homelessness (USICH) created a *new tool* that identifies federal health and social service programs for state and local leaders to provide holistic, supportive services that meet the short- and long-term needs of people experiencing or at risk of homelessness.

SOAR Jobs

- **SAMHSA SOAR TA Center**: Policy Research Associates, Inc. is seeking a full-time *Project Assistant* for the [SAMHSA SOAR TA Center](https://www.samhsa.gov). The Project Assistant will function as an integral part of the SOAR team, providing administrative and logistical support to project staff.
- **Colorado**: Bayaud Enterprises is seeking a full-time benefits navigator to provide SOAR-associated services in Denver, Colorado.
- **Connecticut**: New Reach is seeking a SOAR Specialist in Fairfield County, Connecticut.
- **Illinois**: Legal Aid is seeking a full-time Supervisory Attorney to manage the HIV Legal Project and supervise staff providing SOAR services in Chicago, Illinois.
- **Texas**: IntegralCare is seeking a full-time SOAR specialist based in Austin, Texas.
- **Texas**: Metrocare Services is seeking a SOAR-proficient professional based in Dallas, Texas, to assist individuals in obtaining benefits following incarceration.

Learn more about these positions on the [SOARWorks website](https://www.soarworks.org). Do you have a job posting you would like to share with the SOAR community? Please submit it to the [SAMHSA SOAR TA Center](https://www.samhsa.gov).

More from SOAR

The Substance Abuse and Mental Health Services Administration (SAMHSA) SSI/SSDI Outreach, Access, and Recovery (SOAR) Technical Assistance (TA) Center is sponsored by SAMHSA, U.S. Department of Health and Human Services (HHS).

Disclaimer: The SAMHSA SOAR Technical Assistance Center is sending this eNews with support from SAMHSA, HHS. Its contents are solely the responsibility of the authors and do not necessarily represent the official view of HHS or SAMHSA.