

Lessons from Alameda County's Attorney-Based SSI Advocacy System

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EXECUTIVE SUMMARY

Supplemental Security Income (SSI) is a federal entitlement program for people with very low incomes, provided they are aged, blind, or disabled. Clients of county General Assistance programs are often eligible, and SSI is almost always a better option than the very minimal income support counties can provide within local budgets. If paid employment is out of reach, county social service agencies can and should advocate on behalf of eligible clients for SSI.

The lengthy and involved application process presents a core challenge. Sequencing the necessary steps and marshaling the resolve to see the process through is often made more difficult by the applicant's disability. Alameda County, in a collaborative effort led by Behavioral Health Care Services and

Social Services, dramatically expanded SSI advocacy over the last six years and has explored a number of innovative features that address this challenge and others.

SSI is a key resource in San Francisco's efforts to improve stability, safety, and quality of life for those facing homelessness and others who are severely disadvantaged. And although San Francisco already undertakes major SSI advocacy efforts, any significant expansions should consider new modes of service. This case study illustrates a pathway for expanding SSI advocacy to new populations, who previously may have lacked supports needed to complete the application process, or the opportunity to connect to services in the first place.

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Introduction

Even as the Bay Area enjoys near full employment, social service agencies are finding that work or training is not always the right pathway to stability for every person. General Assistance does not provide nearly enough to support someone without other means. Supplemental Security Income, a federal program, can better support people with serious limitations: it pays more (up to \$750 in 2018, almost 60 percent higher than the benefit available to San Francisco's General Assistance clients), and is designed for those who need long-term assistance.

Like many other counties, San Francisco County assists clients in applying for SSI. But should that assistance be available to more people who are struggling to connect to work and achieve stability? Alameda County, through a joint effort of the Social Services and Behavioral Health Care Services agencies, has piloted noteworthy innovations in service design and eligibility since 2012. In that time, the number of people assisted grew rapidly. Alameda County served over 5,500 clients, with particular success among homeless clients. By carefully leveraging funding sources, the county has recovered the full cost of new investments that supported this expansion.

This case study considers the key features of the model and its outcomes. It identifies the elements that are critical to success and examines how they might apply to San Francisco County, where SSI advocacy is currently available to General Assistance clients using a substantially different model.

Why SSI Advocacy?

Supplemental Security Income (SSI)¹ is one of the best available options to promote stability, health, and well-being for people with serious limitations. The comparatively high benefit amount and accompanying health insurance allow people to meet more of their needs. Once enrolled, most recipients can count on three years of benefits before they must recertify their eligibility.

SSI benefits are federally-funded entitlements. When clients transition from local support, like General Assistance (GA) to the federal program, some relief comes to limited county budgets. The Social Security Administration (SSA) will also make Interim Assistance Reimbursement (IAR) payments to counties that provide local support to clients while their applications are pending. That means that if a client applies for SSI as soon as they enroll in the local GA program, the county can recoup the cost of aid provided through GA. Other costs are eligible for recoupment as well, such as housing support, legal services, and certain medical services. The county can be reimbursed for up the amount of the client's SSI award—typically \$750 per month.

1. SSI is a federal income support program available to adults aged 65 and above, those who have a disability, and those who are blind, as long as they have very low income. Other, related programs are Social Security Disability Insurance (SSDI), a federal disability insurance program providing a cash benefit for those with a work history in the United States; and CAPI (California Assistance Program for Immigrants), a state-funded program available to those who do not meet SSI eligibility standards due to citizenship status. Californians on SSI also may receive a state-funded supplement, SSP (State Supplementary Payment), which is administered through the Social Security Administration. "SSI advocacy" is used here to indicate support in applying for any of these programs, as appropriate based on the client's immigration status and work history.

Unfortunately, the SSI application process is long and elaborate. Many applications are denied, at least initially, and applicants must prepare for a months- or years-long trial of sporadic deadlines, appeals, and other procedural requirements before receiving a final decision. The initial application involves not just several forms and verifications, but also extensive medical documentation. Further, only 31 percent of applicants nationwide are approved based on the initial application alone. Other successful applicants undergo a number of appeals, administrative hearings, and even federal court hearings in their path to approval.² Success requires a thorough and nuanced understanding of rules, especially for legally establishing disability from complex medical histories. A more fundamental challenge is simply the persistence to see the process through. Extreme poverty combined with disability in the Bay Area can mean housing insecurity or homelessness, frequent moves, addiction, violence, and threats of imprisonment. To pursue an SSI application over multiple years in the face of these realities is a serious feat, and requires significant support.

Alameda County's Model

Prompted by a county-wide working group on the General Assistance Program, Alameda County reimagined many key features of SSI advocacy in 2012. Collaborating closely with community-based client advocates (usually attorneys), Alameda County developed a client-centered, flexible, and ambitious SSI advocacy system. Some of the major tenets of that system are explored here:

1. A single county system, with a shared pool of eligible clients and uniform tracking
2. Community-based service providers with capacities for targeted outreach
3. Client-led, coordinated wraparound services that promote stability
4. Strong attorney-client relationships

2. Among applications submitted in 2012 by applicants of all ages and disposed within four years. Forty-one percent of these applicants were awarded benefits at any stage, including initial application.

The system has proved financially sustainable, as Alameda County receives significant revenue from IAR. The county also takes advantage of a dollar-for-dollar match of contract costs from the federal Community Services Block Grant, and other sources provided seed funding or support ancillary services for clients. Enough IAR revenue had come in by year three to cover the county's initial investments, and today the county looks at the IAR revenue as a way to fund expansions of advocacy and other services without any new local funds.

Developing this program jointly with multiple agencies and community partners was critical to creating a flexible and responsive system. Culture and values differ across these agencies. Health and disability partners pushed back against the traditional welfare framework when it was hindering effectiveness; likewise, programs administered by social services provide the foundational support to clients while they take part in other services, and therefore are closely interwoven.

1. A single county system, with a shared pool of eligible clients and uniform tracking

SSI advocacy services are available to a broad range of clients, and are not strictly tied to participation in any single program. Behavioral Health Care Services (BHCS) and Social Services together contribute names to a queue of clients who can receive services through the contract. Clients in the queue are generally enrolled in GA and established as "unemployable" for program purposes. But the queue may also include those who received BHCS services that indicated they were appropriate clients for SSI advocacy, or participate in another social services program and have a documented disability. While each county agency administers separate contracts, their terms are almost identical.

GA applicants are asked to disclose any disabilities to the county, as clients who are determined "employable" can receive GA for only three months out of 12. Eligibility staff also conduct a preliminary mental health screen for all clients; the clients identified by this tool are directed to complete a clinical

employability assessment, which can be provided on-site by a contracted clinician or any other clinician the client chooses.

The close partnership between Social Services and BHCS presented new ways to determine whether GA clients are unemployable, in cases where the initial screening process is insufficient. BHCS matches GA caseload data to identify clients on GA who have recently made use of emergency or acute psychiatric services; had frequent stays at sub-acute and residential treatment facilities; or have received outpatient services designed for people with acute functional impairments. Those who match are designated unemployable and added to the queue. Since undertaking the partnership, it has become clear that the GA program's own screening and assessment process was not able to identify all clients with serious health problems. The queue allows providers to experiment with new outreach strategies rather than rely on referrals—they can simply check the queue to determine if a client is eligible or is already receiving services elsewhere. The contracted agencies use a number of methods to recruit clients, and search the queue to confirm whether clients they have reached are eligible for advocacy services through the county contracts.

Advocacy partners use a shared tracking system that helps to ensure continuity of services, avoid duplication, and monitor outcomes. Once clients are engaged, providers report the same key milestones towards approval. The county relies on it to monitor the system's performance and make adjustments or investments as needed. The county prescribes a very bare-bones framework for advocacy, and allows contracted service providers to experiment. The program evolves and is refined over time.

2. Community-based service providers with capacities for targeted outreach

Alameda County's community-based partners, Bay Area Legal Aid and Homeless Action Center, have long-standing experience with SSI-eligible populations and established, effective outreach strategies.

There is no single process by which each client connects to SSI advocacy. Advocates meet potential clients at clinics, housing resource centers, residential treatment centers, jails, and probation centers. Walk-in traffic can also lead to matches. One contractor makes weekly visits to homeless encampments. Among the many places that providers find clients, certain nodes proved particularly helpful: jails and probation centers, psychiatric hospitals, mental health rehabilitation centers, and an Oakland housing resource center operated by Bay Area Community Services (BACS), which has on-site services.

Once a client agrees to services, he or she signs a release of medical information form that authorizes the county to share that client's clinical files. The client is then eligible for certain ancillary services that offer support during the application process. Advocates may recruit anyone for services, and refer them to GA if appropriate in order to serve them under the contract and make other county resources available.

Contracted agencies develop and manage their own outreach and intake. Service providers try to co-locate staff in the community or arrange meetings in places that are comfortable for clients. They also offer other types of help, like with identification documents or housing, to create an initial connection. The structure of many public social services programs creates barriers to forming helpful relationships—bureaucratic procedures cause churn, resource constraints limit the attention staff can place on clients, and fraud protection measures make trust difficult to build. Since Alameda County's advocates are almost always contracted non-profit staff, they operate in a different culture and outside of these constraints.

Notably, Alameda County's system does not rely on warm handoffs between the county and attorney advocates. "Cold" handoffs are also not particularly successful; the county regularly sends the agencies lists of clients from the queue for outreach, and

while this list is sometimes useful, most clients are reached through other means.³

3. Client-led, coordinated stabilization services

Even after a client agrees to work with an advocate and signs the necessary forms, there are many potential paths forward. Almost all services in the Alameda County model are client-led. There is no required program or service outside of the initial release. The first few weeks and months typically involve frequent communication with the client as the advocate works to coordinate care and support stability. Clients may choose to receive medical care in a variety of formats: crisis care only, primary care only (potentially refusing mental health care), a preference for specialty providers, or even substance abuse treatment only. Any one of these pathways can support adequate documentation for an SSI case.

Advocacy work necessarily involves much more than just legal services. Careful attention to client stability is integral to Alameda's model. Because advocates themselves conduct outreach and onboarding, they have a head start on establishing the trust necessary to coordinate the SSI application process as well as housing, benefits assistance, transportation, case management, and clinical services. The advocates' role can extend to scheduling appointments for medical care, or taking on benefits advocacy at fair hearings.

Alameda County is rich in services, but coordination still requires time and dedication. To maintain capacity for relationship-building and client support, contracted advocates work with a caseload of 40 clients per FTE.⁴ While this figure is somewhat smaller than that of private attorneys in the

same field, private attorneys also generally refuse to work with clients with active addictions. The contracted attorneys use principles of harm reduction and encourage clients to seek treatment, believing this approach is more effective than a zero tolerance model that requires clients to maintain sobriety.

Most participants can receive an additional monthly subsidy of \$318 while their application awaits decision.⁵ This subsidy is meant to support housing stability, although its uses are flexible. When clients couch surf or live with relatives, the additional funds may contribute to household expenses other than rent.

Bay Area Community Services (BACS), another contractor, provides case management services to support clients while their applications are pending. Advocates refer clients to these services when necessary, most often for transportation support and housing assistance. Those interviewed say that almost all clients could benefit from case management services, and while capacity was initially limited the county has indeed begun to grow this contract.

Case management services are particularly crucial for clients who need time-intensive services, like accompaniment in waiting rooms or coaxing to attend appointments, and are sometimes provided by individuals who are seen as peers and can bring relevant life experience to their roles. But a case manager cannot entirely relieve the attorney from the work of care coordination and relationship maintenance. And because turnover is high in nonprofit case management, it is best that the attorney and case manager function as a two-person team with overlapping responsibilities.

This focus on stability has paid off. Among the 2,800 applications that have been approved since the program began in 2012, the average length of time to

3. When providers get a new list, the designated advocate makes at least three calls or visits (when more than one set of contact information is available, the process is repeated for each). If no contact is made, advocates allow about a month for the client to respond then send a final letter. The letter notifies the client their case is closed, but invites them to re-open it at any time.

4. Alameda County Social Services also employs a small unit of public-sector social workers, who can support caseloads of much higher than 40. However, their success with high caseloads depends on minimizing cases that require specialized skills—the SSI social worker unit primarily works cases that already have extensive medical documentation of the disability, and without dual substance abuse/mental health diagnoses.

5. The subsidy is available only to clients who are enrolled in GA and for whom Alameda County is the “county of record” within the SSA’s database for IAR administration. The process for becoming “county of record” may be automated, or may require an additional form is submitted with the application, depending on the county. These conditions ensure the subsidy is reimbursable. The amount was originally established as a way to ensure that local assistance (GA, CalFresh, and the subsidy) matched the amount of SSI benefits most clients can expect.

approval was three years. If clients leave the county, refuse services, or go missing while their application is in process, it cannot be approved. Those applications represent a 51 percent approval rate, with an additional 37 percent still pending. Among those cases that are denied, the most common reasons tend to be that the client moved to another county, or got and maintained stable work. Only rarely is the reason that the client lost contact or stopped cooperating. Other uncommon reasons for case closure include client death, client chose to withdraw the application or work with a private attorney, and, rarely, insufficient merit for SSI.

4. Strong attorney-client relationships

In other SSI advocacy models, social workers or case managers coordinate services and prepare and monitor the SSI application. So why, considering the social work skills required, do attorneys play the central role in Alameda County? Alameda County shifted to an attorney-based model in recognition that the work of developing a strong SSI application and managing the application process is effectively legal work. In developing the initial application, attorneys' training helps them to chart a legal path toward approval for the SSA analyst reviewing the application. Nationally, 60 percent of SSI cases with representation are approved for benefits, whereas the approval rate for those without representation is only 40 percent.

Success rates for SSI cases grow if the applicant commits to multiple appeals, potentially leading to legal hearings. Alameda County's model was designed with the expectation that successful cases go to hearing, so it made sense to select representatives who were equipped for that eventuality. A small number of cases in Alameda County do go initially to social workers employed by Social Services, but the county found that when a case necessitated a hearing, and therefore a transfer to an attorney representative, handing off the client relationship was risky: the new representative may not successfully connect with the client in time, or ever; the case files

may leave out relevant information; or the new representative may not have time to form a relationship with the client, making it harder to develop an effective case.

Of the clients who have been approved for disability benefits in Alameda County, 41 percent were only approved once the case was appealed to the level of administrative hearing or higher. To reach that level requires at least two appeals and a hearing before an administrative law judge. Alameda County's high approval rates stem from a requirement that all denials are appealed and go to administrative or federal court if necessary. In particular, the county relies on attorneys to appropriately handle cases involving dually-diagnosed mental health and substance abuse disorders. The SSA's rules on this topic are nuanced and complex, and attorneys bring both careful analysis and creativity to the task of ensuring that the case for approval is well-documented and clearly explained.

Alameda County also sees system effects stemming from the attorney-centric model. Attorneys who go to hearings learn important lessons they can apply in developing initial applications. They learn about common sources of confusion or misunderstanding, and identify helpful knowledge of the law that can be leveraged for future cases. And in recent years, the experienced attorneys in Alameda County have educated administrative law judges at the SSA on relevant legal principles. They report that certain common mistakes or misunderstandings on the part of judges are now less prevalent than they were before.

Recall that on average, a successful disability advocacy case in Alameda County takes three years. The central role of private advocates is helpful in that an attorney's responsibility to a client persists even during periods of churn in GA. This allows them to help clients in vulnerable periods, coordinate care, and maintain a position as a trusted partner, separate from the punitive authority of the social services agency. Clients who undergo temporary crises or go temporarily missing do not need to re-apply for

advocacy services; community-based advocates have flexibility to pick up the work where it left off as soon as clients demonstrate readiness.

Recommendations for San Francisco

San Francisco Human Services Agency (HSA) currently operates a very different SSI advocacy model, housed within a much more generous GA program. All GA clients undergo a clinical assessment of SSI eligibility, and health services are available on site for SSI applicants. HSA also has a specialized eligibility unit with workers who are attuned to the experience of an SSI applicant. These are important assets that contribute to San Francisco's remarkable success rate with SSI applications: 85 percent of cases are awarded benefits, and 70 percent are approved at the initial stage. But additional components might help to achieve the scale of Alameda County's system.

Lower procedural barriers: San Francisco's SSI advocacy efforts are closely linked to GA eligibility, which means the barriers to accessing GA also hamper SSI advocacy. HSA should also reduce procedural eligibility requirements—including in-person renewals, monthly required appointments, and weekly mail pickup—for SSI applicants to help them stay connected to GA benefits the entire time the SSI application is pending. HSA should consider whether clients, after initial approval for GA, might continue working with SSI advocates for some period even if GA eligibility lapses.

Formalize data-sharing with Public Health: Create a pathway for matching GA client data with relevant data from San Francisco County's Department of Public Health, in order to get a full picture of clients' medical needs and encourage potentially-eligible clients to enter the SSI track.

Diversify representation: As the SSI advocacy case-load expands, supplement the current staff of SSI Case Managers with attorneys who can take cases from start to finish. Encourage the attorneys to co-locate at county offices part time, but to also provide services in the community. Start by prioritizing clients who are dually diagnosed with mental health and substance abuse cases for these attorneys, but experiment with referring different types of cases.

Create more on-ramps to GA: When contracting for attorneys as SSI advocates, choose those with demonstrated capacity for outreach from all corners of the city. Encourage partners to recruit appropriate clients for SSI advocacy regardless of whether they are already enrolled in GA, and work to connect those clients to HSA-administered benefits. Consider waiving the employability and disability assessment processes for referred GA applicants who already have documentation of a qualifying disability.

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