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REDUCING COUNTY COSTS: TRANSITIONING PEOPLE FROM SNA TO SSI

By

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BA, Hunan Normal University, 2011

CAPSTONE PROJECT

Submitted in partial fulfillment of the requirements for
the degree of Masters in Public Administration in the Graduate School of
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2013

REDUCING COUNTY COSTS: TRANSITIONING PEOPLE FROM SNA TO SSI

Accepted in partial fulfillment of the requirements for
the degree of Masters in Public Administration
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2013

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REDUCING COUNTY COSTS: TRANSITIONING PEOPLE FROM SNA TO SSI

Executive Summary

The Disability Review Unit (DRU) within Broome County Department of Social Services (BCDSS) assists county Safety Net recipients with transitioning from the Safety Net Assistance (SNA) program to the federal Supplemental Security Income (SSI) program. Transitioning clients from the SNA to the SSI program reduces local costs since SNA is funded by the county government while SSI is funded by the federal government. However, according to DRU monthly reports, the SSI approval rates for both initial applications and the appeals (after the initial applications were denied) are relatively low. Therefore, in order to reduce the local SNA population and save local costs, BCDSS wants to find out the best strategies to transition more clients from SNA to SSI.

In order to gain a comprehensive understanding of the current strategies other counties are adopting to facilitate the transition from SNA to SSI, I conducted phone interviews with eight counties in New York State. By using thematic coding, I identified five key findings: 1) most counties believe that the costs of the SNA population are still increasing, and helping individuals transition from SNA to SSI can alleviate local governments' financial burdens; 2) county agencies that directly help individuals transition from SNA to SSI have smoother transition processes than the county agencies that rely on local Social Security Agency offices to help individuals transition from SNA to SSI; 3) Broome County has higher approval rates of both applications and appeals compared to other counties in my study; 4) respondents identified a number of strategies that their county used to reduce the size of the SNA population and increase the number of clients who successfully transition from SNA to SSI; and 5) most counties have full-time workers managing the SNA to SSI transition, but it is only a part of their duties, and their duties do not include taking clients to doctor or attorney appointments.

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Based on these findings, I recommend that the county: 1) continue to manage the SNA to SSI transition process and launch a pilot program to test the effectiveness of the process of providing more bus passes and paying for taxi fees; 2) collaborate and contract with community agencies; 3) participate in the SOAR program; and 4) improve the screening mechanism for SNA recipients who plan to apply for SSI benefits during the initial eligibility period.

However, since Broome County's SSI approval rates are higher than other counties, BCDSS should be cautious in their implementation of the first and the second recommendations.

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Problem Statement

The Disability Review Unit (DRU) is a division within the Medical Services Unit in the Broome County Department of Social Services (BCDSS). Its program mission is to save Broome County money by helping community members in the Safety Net Assistance program (SNA) apply for Supplemental Security Income (SSI). SSI is a federally funded program for disabled adults and children who have limited income and resources. It also benefits people 65 and older with disabilities who meet the financial eligibility requirements (Social Security Handbook, 2009). SNA and Family Assistance (FA) are two major Temporary Assistance (TA) programs. Different from FA, SNA is for single adults, childless couples, and children living apart from any adult relative (Temporary Assistance Source Book, 2011). The DRU works with the SNA program, and its staff helps clients fill out application forms, files disability reports, and interviews clients about their background including their medical history. However, based on DRU's monthly report from January to May, 2013, only 48.2% of all SSI applications were approved the first time they were submitted to Social Security Administration (DRU, 2013). DRU staff also helps individuals whose applications were denied file appeals. This process includes filing appeal forms, getting physical and psychological evaluations from doctors, and attending hearings in court. Similar to the approval rate for initial applications, the approval rate for clients who file appeals after their initial applications were denied is low, with only 64.2% ultimately being approved (DRU, 2013).

According to the BCDSS 2014 budget summary, the average monthly grant for each client on SNA is \$531. The average projected caseload for 2013 was 2,100, but the number is actually expected to reach 2,165 by the end of this year and continue to increase to 2,200 in 2014

(BCDSS Budget Summary, 2013). Therefore, the total cost for the county will increase from \$13,381,200 to \$14,018,400 in the next year (BCDSS Budget Summary, 2013). Broome County has been experiencing an economic recession for the past five years. To compensate for growing costs such as those associated with the SNA program, the county has had to raise taxes. As a result, the county would like to identify ways to transition more SNA recipients to the SSI program to help reduce county costs.

This issue is important to BCDSS for several reasons. Its vision is to be an organization that promotes self-sufficiency and ensures the protection of vulnerable individuals. Clients who are transferred to the SSI program will not only still be eligible to receive services they get now as part of the SNA program but they will also be eligible for additional benefits from SSI. For example, the maximum SSI benefit is \$710 per month for an individual, \$179 more than a SNA recipient would receive (Social Security Administration, 2013). Some states even supplement the federal SSI benefits with additional payments. Another advantage is that once SSI benefits are obtained, the individual no longer has to complete the multiple face-to-face interviews that are currently required for all SNA recipients each year. These interviews include, but are not limited to, employment, availability for employment, and recertifying financial need. Without these multiple interviews, BCDSS can have its staff work with other clients in need, while the clients who have transitioned to SSI will not have to spend time traveling to BCDSS to complete paperwork. Moreover, it is hard for clients to lose SSI benefits compared to SNA benefits. Clients can lose their SNA benefits if they miss appointments, provide improper documentation, or refuse to apply for SSI, while SSI benefits are more permanent (Temporary Assistance Source Book, 2011, Chapter 10). In addition, since DRU is a part of Broome County government, it needs to find innovative ways to help the county save money while ensuring the quality of its

services to disabled people. Solving this problem can also benefit the community of Broome County as a whole by lowering taxes, which will boost the local economy and attract business development.

The benefits of addressing this problem go beyond BCDSS as a single government agency and the clients it serves. One of the goals that policy makers in the United States have long struggled to accomplish in the design of welfare programs is to keep government cost low (Blank, Card, & Robins, 1999) since all public agencies have constraints on their resources. For example, counties in upstate New York are struggling to balance budgets and revitalize their economies in the midst of “structural deficits and economic stagnation,” and these financial problems are particularly serious for the cities of Buffalo, Syracuse, Utica, Binghamton, and Rochester (DiNapoli, 2012, p.1). The lesson learned from this Capstone could also help other counties in New York State find ways to transition more clients from SNA to SSI, thus saving counties’ money and improving services for clients. Therefore, my capstone will research:

1. How can BCDSS transition more SNA recipients to the federal SSI program to lower county costs?
2. What strategies have other counties adopted to reach this goal, and what can BCDSS learn from their experiences?

Literature Review

Since my research questions focus on how to help local counties reduce costs by decreasing the number of clients on SNA, this literature review will begin by describing the fiscal situations in municipalities and then discuss the tensions among different levels of governments. Following this, since literature is limited on how social service agencies are able to increase the number of clients successfully transitioning from SNA to SSI, this literature review

will instead discuss the Temporary Assistance for Needy Families (TANF) program as a specific example.

Fiscal Situations in Municipalities

Urban municipal governments have experienced wide fluctuations in their financial condition since the 1960s (Hendrick, 2004). After a short period of drastic growth in the mid-1990s, local governments experienced an economic downturn with a drastic decline of the stock market in 2001 (Pagano & Hoene, 2003). By 2008, foreclosures were “endemic” (Kioko, 2013, p.166); by mid-2009, unemployment levels reached an “all-time high” of 10.1 percent (Kioko, 2013, p.166). In New York State, both state and New York City governments could not balance their budgets, and several other New York cities, most notably Yonkers and Buffalo, were “on the edge” (Bahl & Duncombe, 1992, p.547). Also, due to the steep decline of tax revenues, state governments have been cutting fiscal assistance to their local governments (Chermick, Langley & Reschovsky, 2011). New York State has had to delay scheduled payments to schools and local governments and also make cuts in services such as public transit (New York Times, 2009). Even though the federal government responded by offering stimulus packages, those funds have not sufficiently addressed existing budget gaps (Kioko, 2013).

Furthermore, local governments are facing new fiscal stresses, including unfunded mandates, and their fiscal structure has become more complex and diversified (Sbragia & Bahl, 1996). The services local governments are responsible for providing have grown rapidly in the past thirty years (Maher & Deller, 2007). Meanwhile, the accompanying costs of the services have risen faster than the revenues generated from taxes to pay for these services. As a result, small cities of New York State such as Utica, Rome, and Niagara Falls have been staggering under the crush of budget deficits (Myers, 1996). Among all services, the growth in health-

related expenditures is the “primary driver” of financial pressures facing local governments (United States Government Accountability Office, 2008). The combination of Social Security, Medicare, and Medicaid absorbs eight percent more of the GDP today than it did fifty years ago, and it is expected to have the same rate of increase over the next thirty years (Penner, 2006).

Tensions between Different Levels of Governments

Further complicating the fiscal stress that many local governments are experiencing, there is a fundamental “tension between the federal government’s responsibility to hold grant recipients accountable to national goals and priorities, and state and local government’s drive to meet self-determined needs and priorities” (Buntz & Radin, 1983, p.403). These tensions inherent in our intergovernmental system have resulted in continual conflicts. All levels of governments want to promote both accountability for national goals and provide significant flexibility and discretion for local differences, to maximize outcomes with the least costs and to capitalize on the resources and authority of other governments without losing control and autonomy (Posner & Conlan, 2008). For example, the federal government provides fiscal assistance and builds capacity to enhance the vitality of its state and local partners. However, state and local governments can refuse to cooperate with their federal leaders, which is a problem because cooperation is vital for national programs to succeed (Posner & Conlan, 2008). In addition, the partners of the federal government—especially states—usually work to protect their discretion in programs that are politically sensitive, such as Medicaid and TANF. Some states even ignore provisions put forward by the federal government, arguing that the federal requirements conflict with state goals (Radin, 2008). According to Pondy (1967), one solution for easing this tension and maximizing gains is through negotiation and mutual accommodation rather than seeking a zero sum victory.

Shifting Costs and Services from TANF to SSI

The tension between different levels of governments results in localities sometimes shifting individuals receiving local services to federal programs. There is little literature on how states have transitioned individuals from the SNA program to SSI, but there has been some literature regarding how localities are encouraging families receiving TANF to apply for SSI in order to shift costs and services back to the federal government. TANF is “a federal/ state program that provides assistance to needy families with children” (Wamhoff & Wiseman, 2005/2006, p.23). Similar to SNA, it is generally financially advantageous for adults and children with disabilities to be transferred from TANF to SSI. Also, almost all county TANF offices advise those recipients with impairments to apply for SSI (United States Government Accountability Office, 2004). Based on research conducted by the Government Accountability Office (2004), 74 percent of TANF offices follow up with TANF clients they have encouraged to apply for SSI to ensure that their SSI application process is complete, and 61 percent have assisted TANF clients in completing the application. States and counties benefit by having clients transition from TANF to SSI because the federal government pays for SSI benefits, and they can use the TANF savings for other purposes. Meanwhile, the families gain because the SSI benefits they acquire are greater than the TANF benefits (Wamhoff & Wiseman, 2005/2006).

This review of relevant literature suggests that in this economic background, shifting services between different levels of governments can help reduce local costs. To determine how BCDSS can successfully transition clients from SNA to SSI to decrease county costs, I gathered qualitative data from other counties in New York State as my next step.

Methodology

In order to collect my data and gain an in-depth understanding of how other counties manage the SNA to SSI transition, I interviewed individuals in charge of disability reviews in their counties' Department of Social Services (DSS). In this section, I will describe my data collection method and data analysis procedures and then identify the strengths and limitations of my research design.

Data Collection

In order to best identify and understand the detailed strategies other counties have adopted to facilitate the transition from SNA to SSI, I conducted semi-structured interviews with DSS employees who are in charge of disability reviews in their counties. Because there are only sixty-two counties in New York State and many of them have fewer residents and much less demographic diversity compared with Broome County, the sample size is not big enough to conduct a comprehensive quantitative research study. Therefore, I chose to use a qualitative approach.

There were three steps in the initial recruiting process. First, I narrowed my selection range to twenty counties close in population size with Broome County since counties with similar populations are more likely to have similar administrative arrangements and capacity. I entered the population numbers of all New York State counties into an Excel spreadsheet and ranked them from highest to lowest. Then I chose the eight counties above Broome County and the twelve below it. My second step was trying to find the target interviewees' email addresses from the contact list my supervisor gave me. Then, I sent email notifications (See Appendix A) to them and asked for their participation. My third step was to call those from whom I did not receive responses and ask for their participation. During this initial recruiting, I also asked email

recipients who were not knowledgeable about the topic of my study to forward my interview request to members from their departments who are responsible for assisting recipients transition to SSI.

Three people emailed back and expressed their willingness to participate. Another five people who I contacted by phone agreed to participate. In total, eight out of the twenty counties agreed to participate in my phone interviews. Then, I emailed my interview questions to them ahead of time so that they had enough time to prepare for the answers, which shortened the interview time. The complete interview protocol can be found in Appendix B.

During these interviews, I asked questions about the costs of SNA recipients, strategies for facilitating the SNA to SSI transition, challenges associated with their strategies, and their suggestions for BCDSS. Many of the interviews questions were open-ended so that interviewees could offer answers that I had not considered before. Each interview lasted 20 to 30 minutes and was audio recorded with the consent of each interviewee. My interview questions were closely related to my research questions and my literature review. I also agreed to share my research results with them.

Prior to conducting these phone interviews, I received approval for my study from the Human Subjects Research Review Committee (HSRRC) of Binghamton University (see Appendix C). All research projects involving human subjects conducted by University faculty, staff, or students must be reviewed and approved by this committee. I also explained to the committee that I would audio record each interview and promised that I would keep confidentiality to the interviewees

During the process of data collection and data analysis, two core public service values guided my research design. To be transparent, I obtained an oral consent before each interview.

In obtaining oral consent, I explained to each interviewee who I was, why I was conducting this research, and why they had been contacted. I also provided my own contact information. In addition, the value of accountability guided HSRRC's approval process. Providing HSRRC with my research protocol, recruiting process, and data collection instruments made me accountable for the research I was conducting.

Data Analysis

Based on my notes from the interviews and audio recordings, I used thematic coding to analyze the interview data. Thematic coding is a research technique that involves researchers reviewing narrative data in order to identify common themes. During my thematic coding process, I looked for patterns within the kinds of strategies implemented by these counties and categorized responses based on commonalities. Using this method, I was able to find out how many counties managed SNA to SSI transition in the same way and how many counties let the local Social Security Agency office do it. Then I was able to identify which strategies have had the best results.

Strengths

The primary strength of my approach is that the semi-structured interview questions allowed for flexibility and an in-depth understanding of each county's strategies and their individual concerns. In contrast to surveys, interviews allowed me to collect more detailed information. Therefore, they could better serve my research purpose and answer my research questions about what strategies other counties have used and how Broome County can learn from other counties' strategies. Also, the flexibility of my approach allowed me to clarify any

interview questions that were unclear to interviewees. Furthermore, I could ask follow-up questions to obtain more detailed information about personal feelings, perceptions, and opinions.

Limitations

Although my research design has many strengths, it also has some limitations. First, I only conducted eight interviews. Even though I obtained in-depth knowledge from those interviews, I could not discover the strategies and concerns of the remaining counties in New York State. Therefore, the study results may not represent the experiences of other counties grappling with these issues. Second, some respondents may not have been completely honest when answering my questions. For example, interviewees might have been reluctant to discuss some of the challenges they were facing. Third, some counties did not keep track of the number of applications and appeals the local Social Security Agency offices filed each month, so I was unable to compare the differences of SSI approval rates between counties that had managed the transition process themselves and counties that relied on local Social Security Agency offices to manage the transition process. Finally, according to the data analysis, the SSI approval rate in Broome County was higher than other counties. Therefore, it is possible that BCDSS may be hesitant to adopt my recommendations.

Findings

In order to find the most effective strategies for helping individuals transition from SNA to SSI, I used thematic coding to analyze the results of my interviews with the eight counties in New York State. Based on the thematic analysis, I identified five key findings: 1) most counties believe that the costs of SNA population are still increasing, and helping individuals transition from SNA to SSI can alleviate local governments' financial burdens; 2) county agencies that

directly help individuals transition from SNA to SSI have smoother transition processes than the county agencies that rely on local Social Security Agency offices to help individuals transition from SNA to SSI; 3) Broome County has higher approval rates of both applications and appeals compared to other counties in my study; 4) respondents identified a number of strategies that their county used to reduce the size of the SNA population and increase the number of clients who successfully transition from SNA to SSI; and 5) most counties have full-time workers managing SNA to SSI transition, but it is only a part of their duties, and their duties do not include taking clients to doctor or attorney appointments.

Finding 1: Most counties believe that the costs of SNA population are still increasing, and helping individuals transition from SNA to SSI can alleviate local governments' financial burdens.

As highlighted in the literature review, municipal governments in the U.S are currently struggling economically, and many of these government bodies are considering shifting services back to the federal government to address budget gaps. As explained in my literature review, many localities are encouraging families receiving TANF to apply for SSI in order to reduce local costs. Consistent with this literature, seven counties where costs of the SNA population are still increasing are pursuing an approach similar to Broome County and are trying to identify ways to transition more SNA recipients to the SSI program in order to save local money. Just one county had witnessed a decrease in the size of SNA population and the SNA costs. The interviewees from the seven counties indicated that the costs of SNA population have been continuously increasing, and the program has cost counties a considerable amount of money. As one worker explained, "SNA always costs the budget a lot. It costs local and state taxes and

burdens both.” Another worker reported, “the 71 percent local share of the safety net cost has a significant impact on our budget, and the money can be used in other programs.”

Finding 2: County agencies that directly help individuals transition from SNA to SSI have smoother transition processes than the county agencies that rely on local Social Security Agency offices to help individuals transition from SNA to SSI.

Among the eight counties that I interviewed, six counties directly help individuals transition from SNA to SSI. In another county, their local Social Security agency administers the process. In the final county, the local Social Security office manages the initial application process but the county administers the appeal process.

Filing disability reports is a crucial part of the SSI application process. However, the process of proving that an individual has a disability and is eligible to obtain SSI benefits is complicated and difficult. One worker specifically emphasized the need for close contact with clients especially those with “limited education and mental abilities” in order to ensure that a thorough medical report is written. However, according to the worker from the county where the local Social Security office administers the entire transition process, local Social Security offices “do not get all the documents, and they file applications with incomplete information.” She also said, “when Social Security files applications, they don’t rack their brain as I do. I think Social Security is not interested in proving disability and increasing the disability sum.” Consistent with this, the worker from the county where the local Social Security office manages the initial application process reported “We only get involved in the appeals process, so we don’t know much about the initial application process. However, with Social Security managing the initial application, about 99 percent of the cases will be denied the first time.”

On the other hand, counties governing the process themselves tend to have closer relationships with clients and have smoother transition processes. All interviewees from the six counties that manage the transition process themselves mentioned that they have a comprehensive plan for managing SSI cases. After getting referrals, they follow the cases closely, dedicate time to gathering medical documents, and provide support for hearings which includes preparing related documents and attending hearings with clients. One worker emphasized that the strategy her agency uses to help more clients get SSI is to be “thorough with the disability reports.” Another worker reported that staff members in her agency “look at individual’s specific needs to see if they lack any kind of assistance, which generated better results in getting SSI.”

Finding 3: Broome County has higher approval rates of both applications and appeals compared to other counties in my study.

Three of the six counties that manage the transition process by themselves agreed to share their data on application and appeal approval rates for this study. The second column of Table 1 shows the approval rate of initial applications, and the third column shows the approval rate for clients who file appeals after their initial applications were denied. Based on the table, relative to the other three counties, Broome County’s percentages of successful applications and appeals are actually higher.

Table 1 Approval rates of for counties that self-manage SSI applications and appeals.

	Applications Approval Rate	Appeals Approval Rate
County 1	14%	20%
County 2	5-10%	50-60%
County 3	14%-17%	29%-33%
Broome County	48.2%	64.2%

Note: The appeals approval rate is based on the number of applications that were initially rejected only.

Finding 4: Respondents identified a number of strategies that their counties use to reduce the size of SNA population and increase the number of clients who successfully transition from SNA to SSI.

The most common strategies mentioned in interviews that were used to make the transition process as effective and efficient as possible were: 1) working closely with clients, 2) participating in a training program called SSI/ Social Security Disability Insurance (SSDI) Outreach, Access, and Recovery (SOAR), and 3) contracting or cooperating with community agencies. Additionally, another effective but less popular strategy to reduce the SNA population was to encourage clients with limited disabilities to work instead of expecting them to transition to the SSI program.

Working closely with clients. Interviewees from all of the counties except the one which lets the local Social Security office handle the transition process agreed that having close working relationships with clients helps increase the number of SSI approvals. For example, one of these seven interviewees detailed how clients provide crucial information for the medical reports that SSI requires. This worker stated that in order to have a complete medical summary report, staff members “interview clients individually and take notes so that they can get as much information as possible because medical reports require very detailed evidence.” Another one mentioned the close relationship that her agency’s partner organization has with SNA recipients. This partner organization collaborates with the county to help disabled SNA recipients with their paperwork for SSI applications. It acts as an advocate for clients and provides on-site services to

those clients three days a week to obtain detailed information from the clients and to help them write thorough disability reports.

Contracting and cooperating with community agencies. Contracting and cooperating with community agencies were other common strategies used to increase the number of clients who successfully transition from SNA to SSI. Three out of the eight interviewees noted that they contract with local Legal Aid organizations to assist with SSI applications, appeals, or both, and that this has increased the number of approved SSI applications in these counties. Legal Aid organizations provide free legal advice to low-income individuals (Legal Aid Society of Mid-New York, Inc. 2013). According to the interviewee from the county that has contracted out both application and appeal services to Legal Aid since 2004, “with the help of the Legal Aid, SNA to SSI transition cases have increased unprecedentedly.” Similarly, one of the two interviewees from the counties that have only contracted out the appeal services noted “our county’s Legal Aid views this transition as a strategy to save county money. With its help, more clients get SSI, and the county has saved more money.” The other interviewee mentioned that her county’s Legal Aid has a program with “attorneys specifically helping clients with appeals, which is really helpful.” In all three counties, Legal Aid does not have full discretion, and the county still shares partial responsibility for each case. As one worker noted, her county agency monitors Legal Aid’s work to “make sure they do what we want them to do.”

Two other counties in my sample have collaborated with community agencies to increase the number of approved SSI applications. For example, one staff member commented that with help from “[Community Agency X], Legal Aid, advocacy groups, and private attorneys, the number of SSI approvals increased from 60 to 80 per year seven years ago to 175 to 210 per year now.” The worker from the other county using this strategy reported that her county views

“coordination and collaboration as a strategy to work within the community to provide the most comprehensive and affordable services available to the SNA clients, which will facilitate this transition and result in cost savings.”

Participating in the SOAR program. Another important strategy counties have used to increase the number of approved SSI applications is to take part in the SOAR training program. Three out of eight counties highly recommended this program. SOAR is a national project designed to increase access to SSI/ SSDI for eligible adults who “are homeless or at risk of homelessness” or those with “a mental illness and/or a co-occurring substance use disorder” (SOAR, 2013). Approval rates of initial applications for SSI/SSDI for homeless adults or adults with mental illnesses “can be as low as 10 percent” without SOAR (SOAR, 2012). However, since 2006, the approval rate on these applications rose to 71 percent with 44 states choosing to implement the SOAR program (SOAR 2012). Furthermore, this program has shortened the time spent on application and appeal processes to an average of 101 days (SOAR, 2012). As one worker commented, “SOAR is fantastic because so many people are trained and educated, which can help clients complete various documentations, thus contributing to getting SSI.” SOAR not only provides trainings to clients, it also trains staff on “how to write a better medical summary report so that clients can get approved in the initial application stage and don’t have to wait and go through the appeal processes which will take ages,” as another worker explained.

Encouraging clients to work. The costs of SNA population are still increasing in seven counties, as noted in Finding 1. Just one county has witnessed declining costs. Based on the interviewee from this county, one major reason costs are declining is that “during the SSI eligibility period, clients are required by county DSS to search for employment or participate in work related programs rather than sit and wait for the SSI benefits.” She also reported, “It is a

requirement for each client to do at least five new job searches and turn in the logs every week. If the logs are incomplete, or they falsify the records, they will be denied.” This approach can screen out ineligible clients, thus reducing overall caseloads, saving DSS employees’ time and energy, and increasing local savings.

Finding 5: Counties that administer the SNA to SSI transition themselves have full-time workers managing this process, but it is only a part of their duties, and their duties do not include taking clients to doctor or attorney appointments.

Different from BCDSS, which has a separate DRU with three full-time staff members exclusively assisting clients transition from SNA to SSI, only one of the eight counties that I interviewed has a DRU. Even though the six counties that directly administer the SNA to SSI transition have specific full-time staff members managing this process, all of them mentioned that “assisting SNA to SSI transition is only part of their duties.” This may be a consequence of the contracting and cooperation discussed in Finding 4, or the fact that some of the counties are rural and have relatively small caseloads. As one worker explained, “We only have small towns, so the caseload is small.”

Another aspect different from BCDSS is that none of the eight counties use their county cars or vans to take clients to appointments with doctors or attorneys. One worker noted “we provide transportation assistance to clients such as bus passes or taxi fees, but we do not take them to the appointments.” Another worker noted that they use volunteer drivers in addition to paying for bus passes and taxi fees. This finding shows that compared with these counties, BCDSS provides more extensive services to clients.

Recommendations

Drawing on the above findings, the following recommendations are intended to help BCDSS reduce local costs and transition more SNA clients to SSI. These recommendations include: 1) continuing to have the county manage the SNA to SSI transition process and launching a pilot program to test the effectiveness of the process of providing more bus passes and paying for taxi fees; 2) collaborating and contracting with community agencies; 3) participating in the SOAR program; and 4) improving the screening mechanism for SNA recipients who plan to apply for SSI benefits during the initial eligibility period.

Recommendation 1: Continue to have the county manage the SNA to SSI transition process and launch a pilot program to test the effectiveness of the process of providing more bus passes and paying for taxi fees.

Based on Finding 2, county agencies that directly help individuals transition from SNA to SSI have smoother transition processes than the county agencies that rely on local Social Security Agency offices. For example, counties managing the process by themselves usually have much closer relationships with clients, and as mentioned in Finding 4, seven out of eight counties agreed that having close working relationships with clients helps increase the number of SSI approvals. With closer relationships with clients, counties have more information on clients' backgrounds, medical histories, current medical conditions, and the attorneys and doctors who assist those clients. Therefore, counties can better tailor their services to meet clients' needs. In addition, clients themselves have more access to the county agencies. For instance, as one interviewee mentioned, one of her agency's partner organizations provides on-site services to assist disabled individuals receiving SNA benefits. The close communications and cooperation not only helps clients gather the documents they need but also helps staff members write better

and more detailed disability reports, thus increasing the likelihood that clients will obtain SSI benefits. For these reasons, I recommend that BCDSS continue to directly help clients transition from SNA to SSI instead of delegating this responsibility to the local Social Security Agency offices.

However, according to Finding 5, different from Broome County, none of the counties take clients to doctor or attorney appointments. Given this, I recommend that BCDSS consider providing more bus passes and paying for taxi fees for clients' appointments as other counties are doing. Clients should only receive reimbursement for their travel expenses when they are on time for the appointments. Implementing this policy change will give DRU employees more time to devote to other duties such as writing disability reports.

This policy change should be implemented with caution. Based on Finding 3, Broome County's SSI approval rate is higher than other counties. This may be because DRU employees drive clients to different appointments. In order to test the cost effectiveness of just paying for bus passes and taxi fees, BCDSS can launch a pilot program which only serves a small number of SSI applicants. The benefit of this approach is that BCDSS could save the money once spent on driving clients to different appointments, while the potential cost is that approval rates could decline. BCDSS can conduct a cost-benefit analysis to assess whether the pilot program is working. If the costs exceed the benefits, BCDSS can reinstitute the previous strategy of DRU employees driving clients to appointments.

This recommendation is consistent with the value of sustainability in the field of public administration. Providing more bus passes and paying for taxi fees can save DRU staff members' time in taking clients to different appointments so that they can focus on other duties such as

writing disability reports. As a result, the costs associated with the SNA program will decrease, which can make BCDSS and Broome County more financially solvent in the long term.

Recommendation 2: Collaborate and contract with community agencies.

According to Finding 4, five counties either contract out services related to the SSI application or appeal process or have established strong partnerships with community agencies, which increased the number of approved SSI applications. Cross-sector collaboration is increasingly assumed to be both necessary and desirable to help “tackle tough social problems and achieve beneficial community outcomes” (Bryson, Crosby & Stone, 2006, p.44). Therefore, I recommend that not only should BCDSS communicate closely with its clients, but it should also increase communication and collaboration with community agencies such as local Legal Aid or other advocacy groups. This recommendation reflects the value of community engagement in the field of public administration. Collaborations between government agencies and community organizations may give community members greater opportunities to be involved in the government decision-making process.

BCDSS may also want to consider contracting out some of the tasks involved in the SNA to SSI transition process. Contracting out has become increasingly popular because “it can simultaneously reduce government expenditures and improve the efficiency of government services” (Prager, 1994, p.176). By contracting with community agencies, DRU staff may have more time to spend handling other duties within the agency which corresponds with Finding 5. Finding 5 indicates that the SNA to SSI transition is only part of staff members’ duties in the six counties which directly manage the transition process. However, as highlighted in Finding 3, Broome County’s SSI success rate is actually higher than other counties. This may be because

DRU staff members manage both SSI applications and appeals by themselves rather than simply contracting out these duties. Thus, I recommend that BCDSS be cautious if it plans to contract with local legal or medical agencies. For example, it can contract out part of the services it currently provides in-house such as managing the initial application process or the appeal process and then track the impact on application and appeal approval rates. If the approval rates drop dramatically when the services are provided by a contractor, BCDSS can reinstitute its former strategy of managing both SSI applications and appeals in house.

Recommendation 3: Participate in the SOAR program

According to Finding 4, participating in the SOAR program can provide clients valuable information on how to collect required documentations and train staff members on how to write more detailed reports for clients. Therefore, I recommend that SSI applicants and all three DRU staff members take part in the SOAR training program. In addition, DRU staff members can take turns holding informal training sessions for clients who miss the initial training session or who need more clarifications about the application process.

Recommendation 4: Improve the screening mechanism for SNA recipients who plan to apply for SSI benefits during the initial eligibility period.

Finally, based on the Finding 4, one county actively encourages clients to find jobs instead of waiting for their SSI applications to be approved. I recommend that BCDSS follow this county's example and be stricter with the screening mechanism for SSI applicants during the initial eligibility period. It should encourage people with limited disabilities to join work-limited programs.

BCDSS can also require each client to do a minimum number of job searches and turn in completed logs each week unless he or she has documents proving that he or she cannot work. In

addition, there should be a specific employee checking the reliability of those completed logs. For example, this employee can randomly call the employers on the logs. If he or she finds that the log is falsified, the client may be denied SSI benefits. By improving the screening mechanism, DRU employees can spend more time and energy on obtaining SSI benefits for the truly disabled clients who really need this assistance. In addition, the caseload will not increase as quickly, and the county can allocate the saved money to other programs.

Conclusion

Helping clients successfully transition from SNA to SSI is important to both BCDSS and Broome County as a whole. The findings and recommendations that emerged from this study can be used to help BCDSS reduce the size of the SNA population and help Broome County reduce the money it spends on the SNA program. However, since Broome County's SSI approval rate is higher than other counties in my study, BCDSS should consider some of the recommendations with caution before adopting them. Other county DSS programs that are experiencing similar problems helping clients successfully transition from SNA to SSI can also use the results of this study.

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Appendix A

Email Notification

Dear (Organization Name) staff member(s),

My name is Qu Zhang, a summer intern in Broome County Department of Social Services (BCDSS), and a MPA student in Binghamton University, the State University of New York. I am conducting a research project about how social services can improve processes by which we assist Safety Net recipients with applications for Supplemental Security Income when deemed incapacitated to the point at which they cannot work.

As a part of my research, I would like to arrange a short telephone interview with someone from your department who is responsible for the disability review process in your district. You are invited because you are one of the 20 counties close in population size with Broome County. The interview would last approximately 20 to 30 minutes, and the data collected would help the BCDSS find the most desirable way to reduce the number of people receiving a safety net grant and increase their recipient of SSI. If you are not knowledge on the topic of my study, would you please forward my interview request to members from their department who have backgrounds in assisting SNA recipients transition to SSI?

Your name and your county name may be used in the research and my Capstone presentation. But data collected will only be used for research purpose. If you choose to participate, we would like to share research results with you so that your agency can also benefit from the knowledge gained.

If your agency would like to help, please inform me via email at qzhang22@binghamton.edu or by phone at 607-821-8265. Also, if at any time you have questions or concerns regarding your rights as a research subject you can contact the Human Subjects Research Review Committee in Binghamton University at [607-777-3818](tel:607-777-3818). Thank you so much for your consideration of this request.

Sincerely

Qu Zhang

Appendix B

Interview Protocol

Thank you for participating in this interview. Your responses will be very useful to help Broome County Department of Social Services identify the most effective ways to transition more SNA recipients to the SSI program. Your participation is voluntary, and I will keep your responses confidential. Our conversation will be recorded. Do you consent to participate in this interview?

General Questions:

1. How does your county work with the disabled SNA population with regards to moving them to SSI? From whom you get referrals, and how do you work with both applications and appeals?

Specific questions:

2. Does the cost of SNA ever exceed your budgeted amount? If yes, how much?
 - a. Are you expecting the budget for the SNA program to increase in the future?
 - b. How does the cost of SNA impact your county?
3. What strategies has your county used that you didn't use before to help SNA recipients transition from SNA to SSI?
 - a. By using these strategies, approximately how many more applications and appeals have been successful?
4. Does your county consider this transition a strategy to reduce county cost?
5. Some Counties, like Broome, work with the recipients to gather the documentation and sent it to the State but others just let the state social security do it. How about your county?
 - a. If the state social security agency does it,
 - i. How many applications and appeals does it file each month?
 - ii. How many people get approved the first time, and how many through appeals?
 - b. If your county does it,
 - i. how many applications and appeals does your county department file each month?
 - ii. How many people get approved the first time, and how many through appeals?
 - c. If your county does it, do you have a disability review unit/team similar to Disability Review Unit in BCDSS which specifically aims at helping community members get approved by SSI through applications and appeals?
 - i. If yes, how many employees are there in this team/ unit?

- ii. What are their positions?
 - iii. Are they full-time or part-time workers?
- 6. BCDSS has decided to use laptops to save the time used in filing disability reports and appeals, because they used to record information on paper during interviews with clients and input the same information to computers when they come back to the agency. This is a double job.
 - a. So what strategies have you adopted to increase the efficiency and help more community members get disability requests approved?
- 7. What is the biggest challenge you had in helping people transition from SNA to SSI? And how does your agency plan to overcome it?
- 8. Other than those we have already discussed, do you have any other suggestions that BCDSS can consider for the transition?
- 9. How is your agency's relationship with social security?

Appendix C

Binghamton University Institutional Review Board Approval Letter

Date: October 4, 2013

To: Qu Zhang, CCPA

From: Sharon A. Bryant, Chair

Human Subjects Research Review Committee

Subject: Human Subjects Research Approval

Protocol Number: 3040-13

Protocol title: *Strategies to transition SNA recipients to SSI*

Your project identified above was reviewed by the HSRRC and has received an expedited approval pursuant to the Department of Health and Human Services (DHHS) regulations, 45 CFR 46.110(7). The Informed Consent document has been approved – for a period of one year – with the following Waivers: 46.116 (4) Waiver alternate treatment, 46.116 (6) Waiver of requiring whether medical treatments are available if injury occurs

An expedited status requires that you will be required to submit a Continuing Review application annually as outlined by Federal Guidelines: *46.109 (e) An IRB shall conduct continuing review of research covered by this policy at intervals appropriate to the degree of risk, but not less than once per year, and shall have authority to observe or have a third party observe the consent process and the research.*

If your project undergoes any changes these changes must be reported to our office prior to implementation, using the form listed

below: http://humansubjects.binghamton.edu/2009_Forms/012_Modification%20Form.rtf

Principal Investigators or any individual involved in the research must report any problems involving the conduct of the study or subject participation. Any problems involving the recruitment and consent processes or any deviations from the approved protocol should be reported in writing within five (5) business days as outlined in Binghamton University –Human Subjects Research Review Office - Policy and procedures IX.F.1 Unanticipated problems/adverse event/complaints. We also require that the following form be submitted. <http://humansubjects.binghamton.edu/Forms/Forms/Adverse%20Event%20Form.rtf>

University policy requires you to maintain as a part of your records, any documents pertaining to the use of human subjects in your research. This includes any information or materials conveyed to, and received from, the subjects, as well as any executed consent forms, data and analysis results. These records must be maintained for at least six years after project completion or termination. If this is a funded project, you should be aware that these records are subject to inspection and review by authorized representative of the University, State and Federal governments.

Please notify this office when your project is complete by completing and forwarding to our office the following form: <http://humansubjects.binghamton.edu/Forms/Forms/Protocol%20Closure%20Form.rtf>

Upon notification we will close the above referenced file. Any reactivation of the project will require a new application.

This documentation is being provided to you via email. A hard copy will not be mailed unless you request us to do so.

Thank you for your cooperation, I wish you success in your research, and please do not hesitate to contact our office if you have any questions or require further assistance.

cc: file

Kristina Lambright

Diane Bulizak, Secretary

Human Subjects Research Review Office

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