ATTACHMENT

County of Los Angeles
Chief Executive Office
Service Integration Branch

A QUALITATIVE PROCESS EVALUATION OF THE DEPARTMENT OF PUBLIC SOCIAL SERVICES' SUPPLEMENTAL SECURITY INCOME ADVOCACY EFFORTS

Research and Evaluation Services

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County of Los Angeles, Department of Public Social Services
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September 2013

PREFACE

The Department of Public Social Services (DPSS) is currently working with the Chief Executive Office (CEO) to restructure the General Relief (GR) Program, which provides cash assistance and social services to indigent adults in Los Angeles County. One of the key goals of the restructuring process is to enhance the Supplemental Security Income (SSI) advocacy services delivered to permanently disabled GR participants. This report examines the SSI advocacy process, both in order to provide DPSS and the CEO with an evaluation of the current state of advocacy efforts from a procedural point of view, and to offer guidance to the ongoing work involved in improving SSI advocacy. The analysis presented here is based on focus group interviews that the CEO's Service Integration Branch (SIB) conducted in February and March of 2012 with DPSS staff working in the department's Supplemental Security Income and Medi-Cal Advocacy Program (SSIMAP). In particular, SIB interviewed SSI Advocates and Supervisors; GR Eligibility Workers and Supervisors; and General Relief Opportunities for Work (GROW) Workers and Supervisors. The substance of these interviews falls into four general categories: *(i) Program flow: coordination, communication and collaboration; (ii) challenges involved in working with a disabled population; (iii) program enhancements made to SSIMAP; and (iv) staffing issues and large caseloads.* Findings in these areas give an overview of both the points within the SSIMAP process that are working effectively and areas where the functionality of the program process needs further enhancement and/or alteration. The findings are especially valuable and reliable because they are based on the everyday work experiences of staff who contribute directly and indirectly to the provision of SSI advocacy. Their insights and suggestions form the basis for the policy recommendations offered at the conclusion of this report. Given the difficult budgetary environment existing within the County, boosting the proportion of disabled participants who move from GR to SSI has taken on heightened urgency. DPSS administrative records reveal that approximately half the current GR caseload is disabled. These participants are not mandated to engage in Welfare-to-Work activities, and their receipt of monthly cash assistance is not time limited. However, when GR participants gain eligibility for SSI, their $221 monthly cash grant is replaced with a federally-funded cash grant of $854 for a single-person household and $1,444 for a two-person household. SSI-eligible participants also become eligible for Medi-Cal so that health care costs previously paid for by the County are now paid for by the State. Moreover, the Social Security Administration reimburses the County for all cash payments and health and housing costs incurred over the period during which an SSI-approved participant was assessed for eligibility. The County and the GR participants for whom DPSS advocates therefore have considerable incentives to build the strongest possible cases for SSI eligibility. With these stakes in mind, the authors of this report have sought to provide information that will help DPSS and the CEO make the SSI advocacy process more efficient and effective.

Key Findings Presented in this Report

- The collaborative relationship between DPSS' Eligibility Workers and SSI Advocates is generally supportive and collegial, but program flow problems emerge in the SSIMAP program when there are not enough mental health workers to conduct same-day assessments. When this occurs, advocacy workers are asked to conduct screenings for the 'overflow' of GR participants, which divert them from their regular duties.

- Some GROW Workers suggested that a liaison system in each District between GROW Workers and SSI Advocates would improve communication and coordination within SSIMAP.

- Some members of DPSS eligibility staff for GR suggested that the guidelines for referral of participants to SSI Advocates need to be clarified and more clearly defined.

- Program flow is hindered by incompatibilities across the different computer systems used by the various levels of staff working in SSIMAP, as well as by gaps in the capabilities of these systems, and/or lack of access to systems.

- Working with an often severely-disabled population is one of the most difficult aspects of the work SSI Advocates and Eligibility Workers do with potentially SSI-eligible GR participants.

- SSI Advocates and EWs noted that mentally disabled participants frequently have little or no documentary evidence of their mental health problems, and that when work begins with these participants, their disabilities are as-yet undiagnosed.

- Participants often resist applying for SSI due to the perceived stigma attached to mental illness.

- GROW staff drew sharp contrasts between the enhanced mental health evaluations GROW participants receive and the considerably less thorough assessment participants receive at GR intake.

- GROW Workers and Eligibility Supervisors noted that GROW participants often have to wait several weeks before they can be seen by a mental health clinician. Staff indicated that this lag time is the result of a shortage of clinicians and the large volume of GROW participants in need of mental health assessments.

- Perceptions of the usefulness of SSIMAP's enhanced record retrieval procedures were mixed. Some interviewed advocacy workers indicated that the procedures are duplicative in terms of building cases for SSI eligibility because the State independently requests the necessary documents directly from providers.

- Both intake Eligibility Workers and Eligibility Workers handling approved cases have experienced significant increases in their caseloads. Many of those interviewed pointed out that these increases have affected the degree and quality of service they are able to provide to disabled GR participants.

- Large eligibility staff caseloads have an impact on other staff working with potentially SSI-eligible participants. One example of this is that when Eligibility Workers have more work than they can handle within their working hours, they sometimes fail to update the employability status of participants within their caseloads, which can cause difficulties for GROW staff and confusion for participants who may go into noncompliance through no fault of their own.

- Staffing shortages, not only among eligibility staff but also among contracted mental health evaluators, affect the work conducted by SSI Advocates, some of whom noted that they regularly deal with GR participants who have not been properly screened beforehand.

- Interviewed GROW Workers credit DPSS for being responsive to concerns about the size of their caseloads. In some offices these caseloads reportedly peaked at approximately 500 participants but have since fallen to between 300 and 350, depending on the district.

Policy Recommendations Presented in this Report

- Create a regular forum or series of forums within which GROW, eligibility and SSI advocacy staff can communicate with each other directly regarding challenges they face in providing service to GR participants potentially eligible for SSI.

- Further evaluate DPSS' guidelines for referring GR participants to SSI advocacy, both how they are codified in official policy directives and how they are applied by eligibility staff. Additionally, take steps to ensure that there is consistency in the interpretation of these guidelines across all levels of staff working in SSIMAP.

- Conduct a detailed evaluation of all the computerized data systems involved in SSIMAP, placing particular emphasis on analyses of (i) staff that need but do not have access to systems, (ii) gaps in compatibility across systems, and (iii) critical deficiencies in the capabilities of systems.

- Explore steps that can feasibly be taken to make the data management systems involved in SSIMAP more seamless and uniform.

- Offer additional training on strategies for working with disabled participants to all staff providing service to potentially SSI-eligible GR participants.

- Further evaluate the mental health screenings and assessments conducted at GR intake and take necessary steps to improve their thoroughness.

- Work with DMH to review current practices and availability of the mental health workers who conduct assessments of GR participants claiming mental health disabilities at GR intake, and explore the feasibility of adding additional workers if necessary.

- Explore the feasibility of shortening the amount of time participants must wait to see a clinician when they are found to have mental health issues.

- Examine the State DDSD's record retrieval procedures to determine whether they duplicate record retrieval efforts carried out in SSIMAP.

- Further evaluate the GR Program's enhanced medical evaluation process and take steps to improve its effectiveness.

- Explore the feasibility of increasing the size of eligibility staff in districts where the size of their caseloads causes delays and negatively affects the flow of participants through GR and SSIMAP, as well as the services EWs provide to program participants.

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BACKGROUD

The purpose of this report is to provide the Department of Public Social Services (DPSS) with a qualitative evaluation of the effectiveness and efficiency of the enhanced Supplemental Security Income and Medi-Cal Advocacy Program (SSIMAP) for disabled General Relief (GR) participants. The information presented here is based on interviews conducted in February and March of 2012 with DPSS staff working in SSIMAP, while a second report will look at GR participants and the SSI eligibility process quantitatively through a statistical analysis of administrative records for the GR Program.

SSIMAP – and, in particular, the Supplemental Security Income (SSI) advocacy work DPSS undertakes on behalf of permanently unemployable GR participants – is a critical component of the County's GR restructuring efforts. The overall goal of GR restructuring is to decrease dependency on the program by boosting its emphasis on employment and self-sufficiency. However, approximately half the program's current caseload is categorized as unemployable due to mental and/or physical health disabilities. These participants are not required to take part in the General Relief Opportunities for Work (GROW) Program, which is the Welfare-to-Work component of GR. Permanently disabled participants also do not face time limits on receipt of monthly cash assistance. For these reasons, an additional effort is being made to increase the effectiveness with which DPSS advocates on behalf of permanently disabled participants attempting to gain eligibility for SSI.

When GR participants gain eligibility for SSI, the County avoids costs at three levels:

1. The $221 monthly GR cash grant, paid for entirely out of the County General Fund, is replaced by a federally-funded monthly cash grant of $854 for a single-person household and $1,444 for a two-person household.

2. SSI-eligible participants additionally become eligible for the Medi-Cal health insurance program, where health services previously paid for with County funds are now paid for by the State.

3. A direct benefit of SSI eligibility is reimbursement by The Social Security Administration (SSA) to the County for all cash payments and health and housing costs incurred over the period during which an approved case was assessed for eligibility.[1]

This report identifies areas within SSIMAP where, according to interviewed staff, inefficiencies and operational barriers impinge on the effectiveness of SSI advocacy and

[1] An additional advantage of SSI is that, as a Federal Program, it enables mobility on the part of recipients, freeing them to relocate anywhere in the United States if they wish to be closer to family, friends and/or the appropriate medical facilities. By contrast, receipt of GR requires that participants reside in Los Angeles County. The monthly assistance offered through SSI can differ from one state to the next, but recipients are likely to have eligibility for the Supplemental Nutrition Assistance Program (formerly the food stamps program) in states that do not pay the SSI Supplemental Payment.

related work conducted on behalf of disabled GR participants. Additionally, SSI-related practices that are working well are identified and discussed. Recommendations for steps that can be taken to enhance and improve the effectiveness of SSIMAP are offered at the end of this report.

RESTRUCTURING GR

In response to concerns raised by the Los Angeles County Board of Supervisors regarding the growing costs associated with continued expansion in GR participation, DPSS is working in collaboration with the CEO to restructure the program in ways that promote work readiness, employment, and self-sufficiency. Among the changes and program enhancements implemented in connection with the restructuring process, DPSS has expanded its housing subsidy program for employable participants, as well as for those who are disabled and potentially eligible for SSI. DPSS has also created a new participant category – *employable with restrictions* – for employable participants with minor work restrictions. Additionally, DPSS has implemented a number of significant policy enhancements to the SSI advocacy efforts the department undertakes for permanently disabled and fully unemployable GR participants.

EVALUATING DPSS' ENHANCED SSI ADVOCACY FOR UNEMPLOYABLE GR PARTICIPANTS

The enhancements made to SSIMAP in connection with the restructuring of GR include steps to strengthen the evidence DPSS' advocacy workers gather on behalf of GR participants attempting to gain eligibility for SSI. Among the steps taken to support the SSI advocacy process, DPSS has:

- Implemented new record retrieval procedures designed to locate and obtain physical and mental health records more quickly and efficiently.
- Worked with the Departments of Mental Health (DMH) and Health Services (DHS) to implement more thorough and intensive mental and physical health evaluations for SSI applicants in order to create documentary evidence of disabilities where none already exist.
- Provided disabled participants with limited funds for needed ancillary items during the period when their SSI applications are under review by the SSA. These funds are intended to help stabilize the lives of the applicants and are reimbursed by the SSA if SSI eligibility is granted.
- Improved communication with the SSA in order to ensure that SSI applications are complete and processed as quickly and efficiently as possible.

This report evaluates SSIMAP qualitatively through an analysis of focus group interviews conducted with SSI Advocates and SSI Supervisors, GR Eligibility Workers (EWs), GR Eligibility Supervisors (ESs), and GROW Workers and GROW Supervisors, all of whom are DPSS employees. Taken as a whole, the focus groups offer a ground-

level picture of the main program and person-level factors that affect the process of providing SSI advocacy to GR participants.[2]

RECURRENT TOPICS AND THEMES

The information gathered in the focus group interviews conducted for this report falls into four general categories:

- Program flow: coordination, communication and collaboration;
- Working with a disabled population;
- SSIMAP Enhancements; and
- Staffing issues and large caseloads.

These topics and themes emerged during the interviews in response to specific questions developed for the focus group interviews, as well as in the course of open discussion with interviewees about the work involved in attempting to assist disabled GR participants gain eligibility for SSI. Each of the categories represents an area where staff said they faced challenges in performing their duties. Staff additionally identified practices that have made SSI-related work more effective.

EMPLOYABLE AND UNEMPLOYABLE PARTICIPANTS

For employable individuals who meet the GR eligibility criteria, receipt of monthly cash assistance is contingent on participation in GROW, which is the Welfare-to-Work component of GR. Cash aid is limited for employable participants to six months within a 12-month period, though the time limit can be extended an additional three months when a participant is willing to continue GROW activities after six months. Those who are unemployable due to mental health or physical disabilities are not mandated to participate in GROW and do not face time limits on their receipt of monthly cash assistance. In order to be eligible for SSI advocacy through SSIMAP, a GR participant must be classified by DPSS with a temporary physical or mental disability for 12 out of 18 months or longer, or classified as a Need Special Assistance (NSA) case, a classification given to those with permanent mental health disabilities. As part of the efforts to restructure GR, DPSS additionally implemented a new participant category in May 2011, *employable with restrictions*, for those who are employable but with certain restrictions.

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[2] The Service Integration Branch (SIB) within the CEO conducted the focus group interviews informing this report in February and March of 2012. One focus group consisted of seven GR EWs who were working on both approved cases and on intake, and who had significant numbers of disabled participants in their caseloads. A second interviewed group consisted of six GR ESs with experience working with disabled participants. A third interviewed group consisted of a mix of three GROW Supervisors and three GROW Workers (for a total of six interviewees). A fourth interviewed group consisted of mix of six SSI Advocates and three SSI Supervisors (for a total of nine interviewees). In recruiting for each of these interview sessions, an attempt was made to obtain geographic diversity among the participants in order to ensure that viewpoints were offered from as many of DPSS' service-providing regions as possible.

THE PATHS TO SSI ADVOCACY

A participant's first encounter with DPSS is the initial eligibility interview with an EW. If, in the course of this interview, participants indicate that they have a physical or mental health disability, or if such a disability is readily apparent to the EW, a referral for an evaluation is made. Participants can also be referred later in the GR process, by a GROW Worker, if the disability is not identified at intake or develops subsequent to the intake interview.

The two possible points in time at which a mental health assessment can take place are significant because each is conducted by different types of evaluators. When the disability is identified at intake and redetermination, the evaluation is conducted by a co-located DMH clinician. But if the disability is identified or develops after referral to GROW, the participant is referred out to a DMH licensed clinician for evaluation. The latter type of evaluation is more comprehensive than the evaluation conducted at intake, but either path to evaluation can in turn lead to a referral to an SSI Advocate. Moreover, after participants have been classified with temporary physical or mental disabilities for 12 out of 18 months or longer, they are automatically referred to SSI advocacy.

PROGRAM FLOW: COORDINATION, COMMUNICATION AND COLLABORATION

The provision of SSI advocacy to disabled GR participants requires communication between DPSS and the participants seeking to gain eligibility for SSI, as well as communication and collaborative work efforts among different types of DPSS employees – e.g. eligibility staff (EWs and ESs), GROW staff (GROW Workers and GROW Supervisors), and advocacy staff (SSI Advocates and SSI Supervisors). Additionally, staff at DPSS communicate and coordinate to varying degrees with workers at the SSA and with the medical and mental health evaluators who assess participant disabilities and generate the documentary evidence used in building cases for SSI eligibility with the SSA. This section examines various aspects of coordination, communication and collaboration within SSIMAP and the effects they have on the functionality of the program. Each subsection represents areas that emerged repeatedly in focus group interviews.

SSI Advocates, EWs, and Mental Health Evaluations

The collaborative relationship between DPSS' eligibility and advocacy staff is mutually supportive and collegial at most District offices. One ES stated that Advocates are available and coverage at the District office is adequate. An EW shared a similar sentiment by stating that SSI Advocates are flexible and will assist clients "at the last minute" if necessary.

In a few offices, however, the collaboration between eligibility and advocacy staff is more contentious mainly due to the large numbers of GR participants in need of mental health assessments on a given day and the limited number of mental health workers available to conduct assessments. When this type of situation emerges – i.e. when

there are more participants in need of same-day mental health evaluations than can be assessed by the available co-located mental health workers - the SSI Advocates are asked to conduct mental health screenings for the 'overflow' of GR participants. This is a relatively new development that has come about as the number of persons on GR has rapidly grown over the past few years. One EW asserted that the overflow of participants to be seen for mental health screenings is directly related to GR restructuring. The EW stated that mental health workers now conduct a detailed mental health screening which limits the clients they can screen, typically to four or five per day. SSI Advocates now must assist with any additional screenings that need to be conducted.

This change is seen by SSI Advocates and SSI Supervisors as an added burden to their proper advocacy duties. One SSI Supervisor remarked that all participants who are being screened for mental health have their GR cases on hold and that this caused Advocates to volunteer to provide assistance to the NSA unit once a week. In some cases, the issue of evaluating the overflow has created conflict between the eligibility and advocacy staff. In the case of at least one District office, the conflict required the intervention of management. An ES in this office noted that the intervention by management occurred due to SSI Advocates unwillingness to evaluate NSA participants. Moreover, even in offices where SSI Advocates are more amenable to conducting mental health assessments, the overflow can be overwhelming and participants are asked to return on another day for their assessments. This can lead to operational difficulties when participants don't show up for the scheduled assessment.

Additionally, eligibility staff from some districts described periodic disagreements with SSI Advocates over cases involving both mental health and substance abuse issues. One EW described the issue by stating that "mental health issues should take priority over drug abuse." But some SSI Advocates do not grant a temporary disability and instead send the participants in question to for substance abuse assessment.[3]

GROW Workers, EWs and Referrals to SSI Advocacy

GROW staff generally have good working relationships with other DPSS workers involved directly and indirectly in the provision of SSI advocacy. One GROW Supervisor mentioned that communication between EWs, GROW Supervisors, and SSI Advocates is very good and has recently been enhanced with email access. Speaking specifically of the SSI Advocates, a GROW Worker stated that the experience the SSI Advocates have in working with disabled GR participants is especially valuable and improves the quality of the services provided. Similarly, interviewed eligibility staff mostly expressed confidence in the competence and responsiveness of the GROW staff members with whom they work.

[3] However, in its review of this report, DPSS indicated that SSI Advocates are not authorized to grant a temporary disability when a participant is identified as having substance abuse issues. Under GR program guidelines, a substance abuse assessment and treatment take precedence over being given temporary disability status. Furthermore, DPSS notes that any disability caused by or accompanied by a substance abuse issue is less likely to qualify for SSI, unless the participant in question has a terminal illness.

While GROW Workers generally depicted their relationships with the advocacy and eligibility staff in positive terms, some nevertheless felt that communication could be further enhanced. A GROW Worker suggested the implementation of a liaison system in offices in order to facilitate communication between staff working in GR and SSI Advocates, which would enable more effective follow up on missing cases.

Several GROW Workers and GROW Supervisors noted that the departmental push to boost the number of GR participants qualifying for SSI initially increased referrals. One GROW Worker commented that the number of referrals was high two years ago and "then the figures dropped." The GROW Worker believed the decrease in referrals occurred due to "losing focus" and suggested that EWs need to be referring participants who have been receiving GR for extended periods of time.

However, a GROW Supervisor in the same focus group acknowledged that screening participants for potential SSI eligibility, particularly when there may be a question of mental illness, is challenging because such disabilities are not always readily apparent. The GROW Supervisor pointed to the difficulties involved in identifying mental illness when the clients are on medication. In response to this, a GROW Worker added that additional training of GROW intake staff in the identification of mental illness would be beneficial. The worker also noted that large caseloads, which place limits on the amount of time that can be spent with participants, can hinder the identification of mental health problems.

One ES suggested that the guidelines for referrals from EWs to SSI Advocates need to be more clearly defined. The ES stated that the compatibility of different computer systems could be the problem for low referrals.[4]

A second Eligibility Supervisor remarked that eligibility staff is sometimes unaware of the full range of SSI procedures. The Supervisor mentioned that "if we refer [a participant] to an Advocate and [the Advocate] tells them they don't qualify for SSI, or they were already denied, we don't know what the process is after that." The options available to the participant after the advocacy interview are not entirely clear to the eligibility staff.

SSI Advocates and the SSA

The working relationship between DPSS' SSI Advocates and the SSA is strong and has improved significantly over the past few years. One advocate who serves as a liaison with the SSA in his/her District Office said staff used the telephone and email to maintain communication. In addition, the advocate believed the constant communication has led to a decline in the number of missing cases.

An SSI Supervisor added to this by noting that the relationship between DPSS' advocacy staff and the SSA is mutually supportive. The SSI Supervisor noted that improvements made to Los Angeles Eligibility, Automated Determination, Evaluation

[4] The issue of compatibility across computerized data management systems will be discussed in more detail below.

and Reporting (LEADER) in November 2011 contributed to a 30 percent increase in SSI appointments. The SSI Supervisor stated that, "they are happy about us increasing their numbers."

Another SSI Advocate made remarks suggesting that advocacy staff work well with other outside agencies such as the Disability Determination Service Division (DDSD).

Challenges Related to Computer Systems

DPSS' eligibility, advocacy and GROW staff each utilize computerized data management systems that are critical to their work processes. These systems often provide channels through which different groups of workers coordinate the tasks involved in providing disabled GR participants with SSI advocacy. However, some of the most frequently cited challenges in the focus groups conducted for this study result from either incompatibility across computer systems, gaps in the capabilities of these systems, and/or a lack of access to systems.

LEADER and SSIMAP

Several SSI Advocates and SSI Supervisors discussed issues related to computer systems, noting that the LEADER system is not fully equipped to support SSIMAP. In particular, advocacy staff said that the LEADER system is not set up to send out letters to disabled participants for appointments with SSI Advocates. One SSI Advocate characterized the problem as a "big disconnect" between the system and program. One area cited by the advocate was LEADER's inability to reliably print and mail appointment letters. Once printed, the letters frequently display the incorrect date and hour.

When asked whether the appropriate personnel had been made aware of the limitations of the LEADER system, an SSI Advocate said that LEADER has been modified but the changes have triggered additional problems. The SSI Advocate believed that advocacy staff does not have a useful computer system that can be deployed to track applicants. This SSI Advocate mentioned that the lack of a system has made it necessary to use an Excel spreadsheet to keep track of all cases. However, an SSI Supervisor noted that DPSS' Line Operations have been told about LEADER's scheduling problems and that there are plans to make improvements to the system.

Medi-Cal Eligibility Data System (MEDS) and SSI Advocacy

SSI Advocates also rely on the State-run MEDS system, which holds records on Medi-Cal participants and features SSI-related information, such as the status of SSI applications, pay status, appeal stages, and missing documentation. The SSI Advocates and SSI Supervisors interviewed for this report were generally in agreement that MEDS is infrequently updated, and files held in the system are often inaccurate as a result. One SSI Supervisor said she had to always contact the Social Security Office for any case status. Other SSI Advocates agreed that MEDS is not a reliable source of information on SSI applicants.

WORKING WITH A DISABLED POPULATION

The quantitatively measurable results of the SSI application processes will be evaluated in an accompanying report focusing on statistical outcomes. However, these statistical results must be interpreted within a specific context. The challenges involved in working with a disabled population are an important element of the interpretive context with respect to the question of whether or not disabled GR participants gain eligibility for SSI, and they emerged repeatedly as topics of discussion in the focus groups conducted for the present report.

Both advocacy and eligibility staff spoke at some length about the difficulty of building cases for participants who, largely due to prolonged and undiagnosed mental illnesses, have little or no paper or electronic record of their disabilities. An EW noted that there are GR participants who have been continuously disabled for many years yet have no documented medical history to support the disability.

For participants who are clearly disabled but possess insufficient medical records, advocacy workers are often faced with the difficult task of building cases for SSI eligibility from scratch. One SSI Advocate noted that, "If [participants with mental health issues] don't have any documentation at the time, we refer them to a mental health facility." A SSI Supervisor added that that "observation is very important" and that thoroughly informing the SSA of the applicant's situation is crucial for approval. The SSI Supervisor continued by stating that documentation of the observation helps support the applicant's claim when there is no medical record.

A second challenge for staff working with disabled GR participants is that some are uncomfortable with the potential stigma attached to mental illness and, as a result, resist applying for SSI. A GROW Worker interviewed for this report noted refusal to submit to a clinical assessment is a reoccurring problem in participants with severe mental health problems. The GROW Worker added that staff is often unsure of the proper procedure when applicants refuse the referral to a mental health clinical assessment. The same worker stated "the [participants] are willing to participate in GROW, but they are not able to find a job. We know they are not employable."

A GROW Worker offered the following remarks about participants who have mental health problems but are hesitant to apply for SSI: "There is a stigma because they say, 'I am not crazy.' It takes time to tell that person the resources available to [them], and some get it and some do not." Another GROW Worker agreed and added that some participants do not want to receive SSI because of the stigma and declare their wish to be employed. Additionally, several SSI Advocates said that some participants resist collecting benefits after they gain eligibility for SSI. As one advocate explained, "It is very difficult trying to get someone who has been approved for SSI [and] who is mentally challenged to leave the GR office. He wants money on that [EBT] card." Another advocate agreed, saying, "It's out of habit, it's all they know." A third advocate added the following:

"A lot of NSA participants don't see why it is better to get SSI. They don't care about the amount of money they get. They don't care if it's $221 [per month on GR] or $854 [per month on SSI]. They don't care that they can qualify for Section 8 and get Medi-Cal services. They don't go claim their money because they don't visit the SSA office."

PROGRAM ENHANCEMENTS MADE TO SSIMAP

DPSS has recently made enhancements to SSIMAP in an effort to increase the number of disabled GR participants gaining eligibility for SSI. Focus group participants were asked questions about their experiences with these program changes and primarily discussed enhancements made in two areas: (i) *medical and mental health evaluations*; and (ii) *record retrieval procedures*.

Enhanced Medical and Mental Health Evaluations

The eligibility, advocacy, and GROW staff interviewed for this report generally acknowledged the potential value of the enhancements made to SSIMAP's medical and mental health evaluation procedures. One GROW Worker, for example, said that these more intensive evaluations are needed both in order to prevent participants from remaining in the unemployable (and therefore non-time-limited) category after their disabilities have subsided, and to direct long-term unemployable participants to SSI advocacy. Several GROW Workers and SSI Advocates also noted that the enhanced evaluations have the added advantage of creating a record of disabilities when none already exist, which is critical for participants seeking to gain eligibility for SSI.

GROW staff members also contrasted the enhanced mental health evaluations GROW participants receive with the less thorough assessment conducted at GR intake. Two GROW Workers had the following exchange:

GROW Worker 1: "With the mental health assessment at intake, at the time of application, it is like serving fast food, whereas the mental health evaluation in the GROW program is like slow food. It's a very detailed assessment. At the intake stage, [they are] always rushing, because their primary function is to determine whether the participant is fit to look for jobs."

GROW Worker 2: "Rather than having this fast food and slow food, I would like to see one type of service to participants at intake and beyond. They should be subject to the same kind of evaluation. The evaluation at intake is cursory."

However, while the enhanced mental health evaluations of GROW participants are more intensive and rigorous than the assessments conducted at GR intake, several members of the GROW and eligibility staff noted that GROW participants often have to wait several weeks before they can be seen by a clinician. One GROW Worker noted the time frame for mental health appointments was five weeks after the initial referral. The GROW Worker believed the licensed mental health assessors would assist in the timeliness of the scheduled appointments. The worker also noted that the long waiting time for the participant was a contributing factor in missed appointments and the misuse of funds provided for transportation by the participant.

Staffing and caseload issues will be discussed in more detail below, but it is important to underscore here that interviewees across all the focus groups said that the long lag time between mental health referral dates and the dates when the evaluations take place are the result of an insufficient number of clinicians available to handle the volume of GROW participants in need of assessments. One GROW Worker said that, "the main issue with mental health is staffing. In our office we have an assessor that comes in maybe once every two weeks. Our appointments are backed up so if we have a person in our office who was evaluated with the four point questions and is determined to be in need of a mental health evaluation, it takes about a month before that person is seen."

Focus group participants also generally viewed the enhanced medical examinations as potentially improving the effectiveness of SSIMAP, but a number of interviewees indicated that some of the providers conducting these evaluations fail to conduct thorough assessments. A few EWs and ESs additionally said that providers who exempt participants often fail to refer participants to treatment for their disabilities and to schedule the required follow-up evaluation at the conclusion of the exemption period.

Enhanced Record Retrieval Procedures

SSI advocacy staff spoke in some detail about the new record retrieval procedures DPSS has implemented in connection with the efforts to enhance SSIMAP. Perceptions of the usefulness of these procedures were mixed. Several advocacy workers said that, while the procedures provide them with information to help build cases for SSI eligibility, the procedures are duplicative insofar as DDSD independently requests the same documentation directly from medical and mental health providers.

Another SSI Advocate went further and suggested that the SSA does not consider the records to be valid unless they come directly from the providers, as opposed to first going through DPSS and then to the SSA. However, this same SSI Advocate also said that a number of advocacy workers see the beneficial aspects of the new procedures, particularly in cases when the SSA has difficulty obtaining certain necessary documents.

The cost and timeliness of the record retrieval process is cause for concern for some advocacy workers. One SSI Advocate noted that SSI applications sometimes are denied while the advocacy staff is still awaiting a response from record retrieval. The SSI Advocate believes the intent of the record retrieval project was to "speed up the process" but there have been few instances where medical records were received in a timely fashion.

STAFFING AND LARGE CASELOADS

Interviewees across all the focus groups conducted for this report discussed issues related to staffing and caseloads – particularly EW caseloads – and drew connections between these issues and other challenges identified above. In other words, a number of problems that workers face in serving disabled GR participants are seen as consequences of large caseloads and eligibility staffing shortages.

EW Caseloads

As the unemployment rate has worsened in Los Angeles County since the start of the current downturn, intake EWs have seen a significant increase in their monthly caseloads. One such EW said caseloads have increased from between 40 and 60 applications to between 90 and 100-plus applications per month. Another eligibility staff member noted that transitions from CalWORKs to GR have contributed to the growth in GR caseloads.

EWs handling approved cases have also experienced significant increases in their caseloads, from 300 to 700 participants at any given time in some offices, an increase of well over 100 percent. An ES stated that caseload increases of this magnitude have had an impact on the service that can be provided to individual participants.

An EW working GR intake added to this picture by stating that the number of clients waiting to be interviewed can overwhelm the EWs and place additional pressure on the length of time given to each interview. The same EW noted the lack of space to file cases in the approved section contributes to stress and causes some workers to take sick leave.

Caseload growth has had an impact on other staff working in GR eligibility as well. One ES who supervises eligibility screeners said that, "time is crucial. We have to see everybody the same day because we are screeners, not intake. We need more time in order to evaluate applicants as accurately as possible."

The Impact of Large Caseloads and Staffing Shortages

Caseloads for GROW Workers in some offices reportedly peaked at approximately 500 participants but have since fallen to roughly between 300 and 350, depending on the district. Interviewed GROW Workers and GROW Supervisors credit DPSS for being responsive to their concerns about the size of their caseloads. One GROW Worker said that, "The GROW Program at Crossroads [DPSS headquarters] always follows up to see what our caseload is. We brought to their attention that our caseload was unmanageable, so they got involved and we recently got new workers who transferred from the GAIN program [in CalWORKs] to the GROW program."

However, several GROW Workers and GROW Supervisors also noted that their work routines are affected by large caseloads and staffing shortages elsewhere within the SSIMAP process. One GROW Worker stated that the staffing for DMH assessors needs to be increased. The GROW Worker noted that "appointments are backed up so if we have a person in our office that needs a mental health evaluation, it takes about a month before that person is seen." Several other GROW Workers said that large EW caseloads force eligibility interviews to be more cursory and can cause mental health problems to go undetected as a result.

Large eligibility staff caseloads can also lead to other omissions as EWs scramble to remain up-to-date with their caseloads but have more work than they can handle within their working hours. One example of this cited several times in interviews is the failure

of EWs to update the employability status of participants within their caseloads, which in turn can cause difficulties for GROW staff. One GROW Worker described the challenges involved as a "breakdown in communication." The GROW Worker stated the overwhelmed eligibility staff do not update the participant's employment/disability status after receiving a 2012 form and it can cause the participant to receive a noncompliance notice. This can generate a termination, without the EW's knowledge, and forces participants to reapply.

Eligibility caseloads, as well as staffing shortages among the contracted mental health evaluators, also affect the work performed by SSI Advocates, several of whom said that they deal with many participants who have not been properly screened beforehand. One SSI advocate said the following:

"The [mental health] contractors need to differentiate the real permanent disabled participants from the participants in the young age group, who are disabled for GR regulations but not really disabled for SSI. Right now there are too many participants getting picked up for SSI referral. It is causing so much traffic in our District to see so many clients. We are spending way too much time screening the people who don't qualify."

POLICY RECOMMENDATIONS

Each focus group conducted for this report produced a series of policy recommendations for steps that can be taken to deal with work process issues that render the provision of SSI advocacy more difficult, both for staff who provide this advocacy directly and for staff indirectly involved in the process. The recommendations offered in this concluding section come either directly from staff who participated in the focus groups or are inferred from remarks they made in the interviews.

1. ***Create a regular forum or series of forums in which GROW, eligibility and SSI advocacy staff can communicate with each other directly regarding challenges they face in providing service to GR participants potentially eligible for SSI.***

Although communication and collaboration between the different types of staff involved in SSIMAP are generally positive and functional, there are points within the program where the coordination of work efforts can be improved. For example, the responsibilities of SSI Advocates in relation to same-day mental health assessments – in particular, the overflow of participants who cannot be evaluated by co-located mental health workers – need to be clarified. A number of SSI Advocates view this responsibility as a task that must be attended to in addition to their advocacy duties. These advocacy workers were unsure as to whether changes could be made to their workloads to make room for the added burden, and several EWs and ESs noted that some SSI Advocates resist conducting mental health evaluations. Additionally, several GROW Workers noted that referrals of disabled participants to SSI advocacy have recently declined, and they suggested that the criteria for such referrals should be clarified for EWs. While this places the onus of the referrals on EWs, eligibility staff

interviewed for this report suggested that significant numbers of the referrals they make are told upfront by the SSI Advocates that they do not qualify for SSI.

Periodic forums among the different types of staff working in SSIMAP would clarify work roles and responsibilities, and could also bolster collaboration, mutual collegiality, and the sense of shared goals for the program.

2. ***Further evaluate DPSS' guidelines for referring GR participants to SSI advocacy, both how they are codified in official policy directives and how they are applied by eligibility staff. Additionally, take steps to ensure that there is consistency in the interpretation of these guidelines across all levels of staff working in SSIMAP.***

The focus groups with eligibility staff and SSI Advocates suggest that the two groups of workers may be operating with differing understandings of the criteria for referrals to SSI advocacy. EWs indicated that they refer disabled participants to the SSI Advocates after the participants have been classified with temporary physical or mental disabilities for 12 out of 18 months. However, several SSI Advocates said that a significant portion of their time is spent screening referred patients who are unemployable based on GR criteria but who don't qualify for SSI, and that this work diminishes the amount of time they can spend working with participants who have a reasonably good chance of qualifying for SSI. At the same time, some EWs feel that some permanently disabled GR participants are not receiving services they are supposed to receive from SSI advocacy staff and suggested that a clarification of the referral criteria would be helpful.

Given this disagreement between eligibility and advocacy staff, DPSS may wish to evaluate the referral criteria and to clarify any areas of ambiguity. Such an evaluation could entail both an examination of how the guidelines are written in Administrative Directives and how the content impacts the work conducted by EWs and SSI Advocates. DPSS may also wish to provide additional training, jointly attended by eligibility and advocacy staff, for the purpose of clarifying the conditions under which disabled GR participants are to be referred to SSI advocacy.

3. ***Conduct a detailed evaluation of all the computerized data systems involved in SSIMAP, placing particular emphasis on analyses of (i) staff that need but do not have access to systems, (ii) gaps in compatibility across systems, and (iii) critical deficiencies in the capabilities of systems.***

Focus group participants pointed to a number of difficulties that result from a lack of access to computer systems, insufficient compatibility across systems, and deficiencies in the capabilities of systems. DPSS might consider conducting a more exhaustive evaluation of all the computerized systems utilized in SSIMAP, including a needs assessment, in order to identify systems or components that require upgrades and areas where compatibility across systems should be improved. SSI Advocates, for

example, noted that their work processes would be facilitated if LEADER was better aligned with SSIMAP.[5]

4. ***Explore steps that can feasibly be taken to make the data management systems involved in SSIMAP more seamless and uniform.***

The more general objective in conducting an evaluation of the computer systems utilized in SSIMAP would be to examine the feasibility of more effectively integrating the systems and access to them. In connection with this, an evaluation might look in more detail at barriers staff face in working with computer systems. For example, a number of GROW Workers suggested that EWs often do not update the employability status of participants in their caseload on LEADER in a timely manner. This raises the question of whether there are procedural steps that could be implemented that would facilitate making updates in LEADER. Similarly, several SSI Advocates and SSI Supervisors said that their jobs would be easier if the MEDS system were updated more frequently by staff at the SSA. Insofar as MEDS is a State system and therefore outside the jurisdiction of Los Angeles County, DPSS is limited in its ability to make updates occur more frequently. However, focus groups revealed that the working relationship between DPSS and the SSA is generally positive and mutually supportive, and policymakers at DPSS might be able to communicate with their counterparts at the SSA specifically about the importance of making more frequent updates in MEDS.

5. ***Offer additional training on strategies for working with disabled participants to all staff providing service to potentially SSI-eligible GR participants.***

Focus group interviewees emphasized the practical difficulties involved in working with disabled participants, especially those who have mental health issues. GROW Workers noted that considerable numbers of these types of participants resist applying for SSI due to the stigma attached to mental illness and/or their fear that applying for SSI on the basis of mental illness will prevent them from ever being able to gain employment. SSI Advocates similarly noted that some participants who gain eligibility for SSI resist collecting the benefits because doing so compels participants to deviate from routines that have become familiar and comfortable.

DPSS could potentially boost the number of participants transitioning from GR to SSI by offering training to all appropriate staff on effective approaches to providing services to disabled participants, especially GR participants with mental illnesses. Training of this kind could place special emphasis on strategies to counteract the perceived stigma attached to mental illness and the resistance to applying for and collecting SSI benefits.

6. ***Further evaluate the mental health screenings and assessments conducted at GR intake and take the steps necessary to improve their thoroughness.***

[5] According to DPSS, a number of concerns about LEADER have now been addressed. For example, LEADER is now continuously updated in order to ensure that the system accurately captures all data relating to SSIMAP. Additionally, LEADER has now been programmed to automatically schedule an SSIMAP referral for GR participants who have been disabled twelve out of 18 months.

Several GROW Workers and GROW Supervisors said that the mental health assessments GR participants receive at intake are cursory and fail to capture significant numbers of participants with mental health issues. DPSS might consider examining the screening and assessment processes in an effort to make them more thorough and effective. Such an examination would likely reveal the extent to which the screenings are affected by the large size of EW caseloads, as well as whether or not steps can be taken to enhance the assessments provided by co-located mental health workers.

7. ***Work with DMH to review current practices and availability of the mental health workers who conduct assessments of GR participants claiming mental health disabilities at GR intake, and explore the feasibility of adding additional workers if necessary.***

DPSS might consider working with DMH to evaluate the current practices and availability of mental health workers conducting assessments of GR participants who claim mental health disabilities at GR intake. Additionally DPSS and DMH might explore the possibility of adding to the number and/or availability of the co-located mental health staff. These workers are currently charged with doing detailed evaluations which limit the number of participants they can see to four or five per day, and in some districts SSI Advocates are asked to conduct mental health screenings for the overflow of participants in need of same-day assessments. Some SSI Advocates contend that this is added work that diverts them from their proper duties.

8. ***Explore the feasibility of shortening the amount of time participants must wait to see a clinician when they are found to have mental health issues.***

Some GROW staff members contrasted what they see as the cursory mental health assessments GR participants receive at intake with the more rigorous examinations they receive from licensed clinicians if they develop mental health issues after their referral to GROW. However, due to staffing shortages the wait time to see a licensed clinician can be five weeks, and many participants fail to show up for these appointments either because the haphazard events in their lives make it difficult to plan so far in advance, or they lack the transportation to get to the site of the examination.

The work that the licensed clinicians conduct with respect to the GR population is critical to the movement of participants through the program and, additionally, their examinations provide important documentary evidence to the applications GR participants make for SSI benefits. For these reasons, DPSS might consider working with DMH either to make additional clinicians available for the evaluation of GR participants or to add to the hours the currently-available clinicians have committed to GR.

9. ***Further evaluate the GR Program's enhanced medical evaluation process and take steps to improve its effectiveness.***

Several EWs and ESs said that the recently implemented and enhanced medical evaluation process for physically disabled GR participants is often insufficiently

thorough. Staff noted that, in some districts, basic medical tests are not conducted and participants are given cursory assessments. Additionally, some members of the eligibility staff said that some medical providers exempt participants from Welfare-to-Work activities but then fail to refer participants for treatment and to schedule follow-up evaluations.

DPSS might consider evaluating the medical examination process more closely and taking steps to ensure that providers conduct adequately thorough assessments. Insofar as physically disabled participants are exempted from employment-related activities and GR time limits, it would also be important to ensure that the providers refer participants to the appropriate type of treatment for their medical issues, and that the providers schedule follow-up evaluations to determine when participants can resume looking for employment and working towards self-sufficiency.

10. Examine the State DDSD's record retrieval procedures to determine whether they duplicate record retrieval efforts carried out in SSIMAP.

Some SSI Advocates and SSI Supervisors questioned the usefulness of the enhanced record retrieval procedures DPSS has implemented for SSIMAP, noting that DDSD independently requests the same records, thereby making DPSS' efforts to obtain the records redundant. DPSS might consider examining DDSD's procedures to determine whether they duplicate those carried out through SSIMAP. One possibility is that DDSD requests records directly from providers only when the agency does not receive the records in a timely manner. If this is the case, DPSS may be able to evaluate its record retrieval procedures for SSI advocacy and implement measures designed to quicken the process. However, one interviewed SSI Advocate asserted that the SSA does not consider records valid unless they come directly from providers, in which case DPSS' record retrieval procedures, as currently practiced, may be unnecessary.[6]

11. ***Explore the feasibility of increasing the size of eligibility staff in districts where the size of EW caseloads causes delays and negatively affects the flow of participants through the program and the service EWs are able to provide to the program's participants.***

With the onset of the recession, intake workers in some districts have seen their caseloads increase from between 40 and 60 intakes per month to between 90 and 100 per month. Moreover, some EWs handling approved cases say that their caseloads have increased from 300 to 700 cases at any given time, though others report that their caseloads peaked at roughly 500 and have since decreased to about 350 at any given time. A number of interviewed EWs spoke about how these increases have affected the quality of service they are able to provide to individual GR participants, especially those who are disabled and potentially eligible for SSI. DPSS might consider conducting an assessment of caseloads across all districts and adding staff where the size of these caseloads is found to be incompatible with the provision of adequate service to disabled

[6] According to DPSS, quarterly meeting have now been scheduled with SSA staff, and this forum will be used to clarify whether DPSS' medical record retrieval procedures are duplicative of SSA's responsibilities.

GR participants. This recommendation takes on added significance because EW caseload size not only affects the work performed by the EWs themselves but also the work carried out by other staff working with disabled GR participants. For example, focus group interviews suggest that significant numbers of participants with mental health problems are not captured at intake and that this adds another layer of work to the responsibilities that must subsequently be met by GROW staff and SSI Advocates.

CONCLUSION

SSI advocacy is integral to the joint efforts DPSS and the CEO are making to restructure GR in ways that decrease dependency on the program in Los Angeles County. Insofar as the recommendations offered here represent suggestions from on-the-ground staff as to how to improve the SSIMAP process, they also can be viewed as ways to save scarce County resources by boosting the number and proportion of permanently disabled individuals who move from the County-funded GR program to the Federally-funded SSI program.

Although focus group participants interviewed for this report identified a number of challenges with respect to their work in SSIMAP, there is nevertheless a general sense among all the levels of involved staff that the program is effective and provides an important service to permanently disabled GR participants. A GROW Worker expressed the prevailing view in saying that, "[SSIMAP] is very effective. I have been working with our SSI Advocates and I hear comments from participants saying, 'the advocates helped me apply for SSI. I didn't know how to do it.' So I think the program is effective. Participants are getting help."