

TESTIMONY OF KASCADARE CAUSEYA, PROGRAM MANAGER

CENTRAL CITY CONCERN

PORTLAND, OREGON

UNITED STATES SENATE – COMMITTEE ON FINANCE

“Social Security During COVID:

How the Pandemic Hampered Access to Benefits and Strategies for Improving Service Delivery”

APRIL 29, 2021

Chairman Wyden, Ranking Member Crapo, and members of the Committee:

Hello, my name is Kascadare Causeya. I am the Program Manager for the Benefits and Entitlements Specialist Team(BEST) for Central City Concern, on the Board of Directors for New Narrative (formerly LukeDorf), and a member on SOAR’s National Experts Panel; all organizations serving people experiencing poverty and homelessness . I have been working for Central City Concern and those suffering from severe medical and/or mental health conditions since 2008.

I want to thank Chairman Wyden and this committee for the invitation to present here today, on this topic which impacts many people struggling with homelessness, and those at risk of homelessness, who suffer from severe and persistent conditions. I want to also say that although I will be addressing some of the issues caused by the closure of SSA offices, I have the utmost respect for those within SSA. They are tasked every day, for much of the day, with reading about, listening to and witnessing the pain and suffering that their fellow Americans endure; and so you know, that can, and does take a toll on you, many times in ways you don’t even realize. However, for all of us serving that population, it is our passion to help others that gets us out of bed each morning and takes us to the place where we can assist those needing our help. In the work that my team does, we have been using the SOAR Model for developing and filing our claims to SSA since BEST (Benefits and Entitlements Specialist Team) began in

2008. SOAR, a national project funded by the Substance Abuse and Mental Health Services Administration, was designed to help increase access for SSI/SSDI for people with severe conditions that could not go through the SSA disability process on their own. It teaches social service and mental health providers how to help their clients submit a completed SSA applications, complete with records, testimonies and other supporting documents that show the claimant's difficulties functioning.

Since March of 2020, the barriers for those needing Social Security benefits have increased in various ways.

1). Applicants can't just walk in to the field offices and a pre-arranged appointment is hard to get. This means people have trouble getting help understanding the nuances of going through the disability process: for example, a woman new to homelessness listening to the myths about SSA and disability, suffering from the residual effects of a severe bipolar decompensation, being so disorganized and afraid that she slept on the sidewalks during the day and began using meth to stay awake at night for fear of getting harmed. She is going to struggle until she finds help.

2). That even for those who have access to the various forms of technology needed to complete the application process, there has been an increase in the time demands on the claimant for completing the process, such as technical issues and dropped calls. This is hard for people: an example is a young woman who graduated cum laude from one of the major universities in the land, but suffered from severe depression since her teen years, and underwent over 30 electroconvulsive therapy (ECT) treatments, resulting in a significant loss of IQ points and extreme labile moods, and no longer has the ability to be patient or struggle to complete tasks.

3). For those without the necessary technology and understanding to begin and complete the process, there is limited or no access to SSA staff and information that could help them complete applications and the various other tasks requested of them: we helped a person with an intellectual disability who was estranged from his family and choosing to live on the streets rather than admit to his family he just couldn't understand things, which was a lifelong embarrassment for him.

Also it should be recognized that many in these categories will be applying for SSI, and there is only a pdf application for SSI (which requires printing it out to complete) this creates another barrier because most people are not familiar with the SSA disability process and don't know the difference between SSI and SSDI. And people might not always have a working phone number, a mailing address, a printer or a way to check mail if Social Security tries to get in touch. Also if a person doesn't have enough earned income credits the online SSDI application will be denied, and for many without the knowledge of the disability process, believe that denial is for SSI as well.

4). For those whose conditions prevent them from being mentally and physically capable to respond to SSA requests, the closures of the field offices can cause many to fall through the cracks, such as a man in advanced years suffering from metastasized cancer and having one leg amputated, but continuing to work albeit in a supported employment role, not knowing the option of claiming early retirement benefits while applying for disability,

5). Increased hopelessness and feelings of apathy for those attempting to become more self-sufficient, like an older gentleman suffering from a multitude of conditions, who had been falling through social service cracks for decades, losing trust in systems, that his life will ever have meaning and even losing trust in those who attempt to help him.

Fortunately, the people I have described here were the lucky ones because they were able to get help from BEST, but there are so many more that can't get access to my program, and are just as ill and vulnerable. Unfortunately our capacity is limited and we can only accept referrals from approved sources within our community. People referred are screened by the referral source, then screened by us to see if they meet our criteria for acceptance into the program.

Although these issues exist in all homeless communities, it is particularly true for Blacks, Native Americans and Latinx communities, who disproportionately experience homelessness at higher rates, compared to their white counterparts.

A few statistics from my program related to years prior to the pandemic, compared to during the pandemic:

For the 3 years prior to March 2020 (2017-2019),

We averaged 806 referrals a year

Time to an SSA decision was 79 days.

Since March 2020,

We received 673 referrals,

Time to an SSA decision is 110 days.

I know that a small program serving some of the community doesn't compare with all of those being served by SSA, but I share these numbers to show the impact office closures to walk-in clients has had. SSA closures can be expected to result in a significant impact to the wider community as well. National numbers reflect this local trend—applications are down approximately 15 percent and awards for people with disabilities are at their lowest rate in 20 years. In Oregon, the average number of initial disability claims from 2017-2019 was 2202 a month; in 2020 it was 1907. That's a 13.4% drop. And even as applications went down, the number of people waiting for an initial decision went up 48.4% in Oregon comparing 2020 to the three years before it. SSI-only claims dropped even faster and the backlog rose an even greater percentage. When you consider the initial and reconsideration levels together, 139 more low-income, low-asset Oregonians received favorable disability determinations for SSI each month in 2017-2019 than in 2020. That's 139 children and adults every single month of 2020—we don't have the 2021 data yet. And Oregon is just one state.

National numbers reflect this local trend.

Many people suffering from severe and persistent conditions have nothing in the way of resources to help them survive. Many have a work history but their conditions have persisted for years and in some cases decades, so by the time they can qualify for disability benefits, they are completely dependent on these funds. The \$794 a month they get from SSI is still below the federal poverty level, but can open housing doors, offer the ability to get from place to place using public transportation for things like Primary Care appointments and Counseling, can

offer them some hope for the future and allow them to set their own level of self-sufficiency and quality of life, that previously wasn't available to them. These benefits are needed, appreciated and life changing, we often have people comment how this has changed their lives, saved their lives, and we get to see them with a new sense of hope. A counselor at Central City Concern, who works daily with those with severe and persistent mental illness wrote to us: "I cannot tell you enough how much of a change it makes for people to have secure income, it is often the thing that gets people from being very stuck and really struggling to really quickly making immense progress and improvement."

So here are some possible solutions:

- Safely re-open field offices for drop-in appointments. Many clinics are and have been doing this for many months now.
- Simplify the SSI application and make it more accessible. Many people struggle with SSA terminology and understanding what to the trained person seems a simple question.
- The current My Social Security electronic access is too complicated for most people, and requires an email address that not everyone has, or can remember passwords to. People should be able to access SSA services with their SSN, even if all they can do is schedule a phone call. Please remember that wait times can be very difficult on a person with severe mental health issues. A remedy for this might be kiosks that are located in places like grocery stores, libraries, homeless resource centers, etc., Kiosks located in places where people in poverty and without homes frequent, these would provide a viable option to walking into the local branch. For those with phones, symptoms of mental illness are barriers to having the ability to sit on hold and be hung up on multiple times when calling the general line. People also don't have phone minutes to wait on a 40 minute hold period. People need something between the My Social Security site and the option of walking in the office. This could also be a resource for SSA communicating with people for things like replacement SS cards, reporting additional income, benefit verification letters (often needed for housing) and other services the field offices provide. Communication between SSA and the public is an

absolute necessity, it was time consuming before the pandemic, and now it's become prohibitive for many.

- More funding for nonprofit organizations to help vulnerable people to apply for SSI/SSDI through SOAR. Many people who need SSI will not be able to get through the complex form on their own. There is and will be a backlog of cases this year, due to the delays resulting from the pandemic.
- More flexible and scheduled call in times for the public.
- More access to reliable community based mailing addresses so people have a place that will receive and hold their mail for them.

In the Portland area, SSA has established the Auburn/WSU (Work Support Unit). Many of the disability claims that go to that unit are for people over age 62 and eligible for early retirement benefits, which they could receive while a decision on their disability claim was pending, but because of not being able to communicate directly with staff there, claimants are not able to make an informed decision based on the details of their claim. It would be very helpful if this and other SSA offices were to commit resources to increasing claimants' and their representative's' accessibility to SSA staff; especially since the representatives are doing the work to maintain contact as well as walk these very vulnerable people through the complicated process of applying for disability and other needed resources they may be entitled to.

Another challenge is SSA's tendency now to move away from checks, encouraging claimants to choose direct deposit or Direct Express, or a third-party debit card. Unfortunately, many don't have bank accounts for various reasons, and it's difficult to communicate with customer service staff if they have Direct Express or a third party debit card. Many people suffering from severe mental health issues often do not have the best memories and need help figuring out what they need to do: like a homeless gentleman we had as a client, so disorganized that he couldn't keep track of his important documents, wallet, phone or keys. Remembering his current and past addresses was also a problem which resulted in the inability to prove his identity to the staff at Direct Express so they would help him. It's understood that many of these measures are in place to protect the claimant, but they rely on the person having adequate memory and a certain level of organization.

The Covid pandemic has caused us to rethink how we can do what needs to be done, and what the new normal will look like. Let's consider making things a little easier for those whose abilities are a little more challenged than ours.

Thank you for listening to my testimony today. I look forward to answering any questions you may have.

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