A Series Examining Social Security's Service to the Public

Decisions Regarding Field Office Closures

Social Security Advisory Board

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Foreword from the Board

It should be noted that this paper was written prior to the outbreak of the COVID-19 pandemic. The Social Security Advisory Board ("Board") acknowledges the unprecedented environment the Social Security Administration (SSA) is facing as a result of COVID-19. We appreciate that the agency is taking steps to respond to the pandemic, while remaining committed to carrying out its mission-critical operations. This paper is not intended to comment on the agency's emergency actions to meet the COVID-19 crisis. The Board recognizes the agency's need to modify service in response to public health guidance and in consideration of employee and public safety. The Board remains committed to supporting the agency during this challenging time and will be available to discuss the findings of this report with the agency and others upon request.

<center>Kim Hildred, Chair</center>

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Introduction. Decisions Regarding Field Office Closures

In this paper, the first in the series on SSA's service to the public, the Board examines field office closures. Part I describes the history of the network of field offices, as well as its phone and online services. Part II reviews SSA's response to repeated Congressional concerns about the agency's process for deciding to close field offices. Part III addresses the implications of SSA's decisions in the context of recent research that analyzes the impact of field office closures on the quality of and public's access to SSA's services.[1]

In the past, SSA was known for providing excellent service to the public.[2] Box 1 describes the role of SSA field offices. In recent years, however, the agency's service in its network of over 1,200 field offices has been characterized by congestion and increased wait times.[3] Congress – through hearings, discussions in Committee reports accompanying legislation, and comments by individual members – has expressed concern regarding the public's access to in-person services at SSA field offices and SSA's responsiveness to telephone inquiries, where callers have been met with increasing hold times and busy signals.[4]

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[1] Congresswoman Gwen Moore requested the Board examine the impact of closures on access and quality of service to the American people, especially those most vulnerable. Moore 2018.

[2] Advisory Council on Social Security 1965, 39-40; Wilson 1989, 34-35.

[3] Miller 2018; Pear 2014.

[4] Rogers 2014a, H1044; Senate Aging 2014; Rogers 2014b, H9842; Frelinghuysen, 2018 H2707; Collins and Casey 2018; Lowey 2019.

> **Box 1: The Role of SSA Field Offices**
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> Field offices are an integral component of SSA's service to the public. Each business day, around 173,000 people visit and 233,000 call SSA's field offices, on average.[5] Currently, field office staff take claims for benefits, process applications for Social Security cards, enroll people in Medicare, determine and redetermine eligibility for Supplemental Security Income (SSI) payments, and initiate continuing disability reviews,[6] among other workloads. Field office managers use management information to identify peak times and days and adjust staffing and other administrative resources as needed.[7]
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> SSA encourages in-person field office visits for people who have difficulty communicating by phone, understanding program rules, or accessing the internet.[8] If SSA employees suspect that people are unable to manage or direct the management of their benefits, SSA must develop evidence, often in face-to-face interviews, to determine whether a representative payee must be appointed for the beneficiary.[9]

Periodically, SSA monitors its field offices to ensure that service delivery is consistent with the needs of the area.[10] More recently, the public – through members of Congress – has called for an improved field-office-review process. These calls are timely; research suggests that changes in service delivery, such as field office closures, have pervasive effects and differential impacts by socioeconomic status and other measures.[11] As the agency deliberates future changes about service delivery, SSA should consider the impact on the distribution of services provided across population groups and measure its costs to the public.

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[5] SSA 2020a, 5.

[6] SSA performs required continuing disability reviews on selected intervals to determine if any individual entitled to disability benefits continues to be disabled.

[7] Jones 2020.

[8] SSA 2014a.

[9] The Board has examined the representative payee program extensively in recent years. See: SSAB 2019; Hildred 2019; SSAB 2018a; SSAB 2018b.

[10] See Figure 4 and Part II. The full policy is provided as Appendix A. SSA 2017a.

[11] Deshpande and Li 2019, 213-248; Herd and Moynihan 2018, 234-236.

Part I. History of SSA's Service Channels and Changing Workloads

SSA has found innovative ways to administer its programs and to meet the public's changing needs as its mission has expanded.[12] The Social Security Act of 1935 established a three-person Social Security Board, the predecessor of today's Social Security Commissioner, to administer the just-enacted Social Security legislation. The Board, in turn, established a Field Office Committee ("Committee") and charged it with recommending the best sites for opening field offices.[13] The Committee suggested opening 606 field offices primarily in urban and densely populated areas where most workers initially covered under the Social Security Act resided and worked.[14]

Between 1937 and 1975, the number of field offices increased to 1,285 as Congress expanded Social Security's protections and the number of eligible beneficiaries increased (see Figure 2).[15] The enactment of disability insurance (DI) in 1956 and means-tested SSI in 1972 increased the need for time-consuming face-to-face administration because the newer benefits required more information on health, income, net worth, living arrangements, and individual circumstances than had old-age insurance and survivors' insurance.[16] The complexity of the SSI program

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[12] For a more exhaustive historical review of SSA service delivery, see Puckett 2010 and GAO 1986.

[13] The Committee studied population densities, geographical accessibility, trading and shopping patterns, number of wage earners, types of employment, costs, and space availability. Puckett 2010, 27-28; GAO 1986.

[14] The Committee's suggestions were based on ease in administration, convenience to the public, and uniformity in the distribution of workloads. On the other hand, two of the three first field offices were in the then territories of Alaska and Hawaii, and the first field office opened in Austin, Texas because of political influence. DeLisle 2019. Due to budget constraints, the Social Security Board only planned to open two-thirds of the recommended number of offices. Shortly after, SSA increased the number of field offices when the Social Security Amendments of 1939 expanded protections to families. GAO 1986, 5.

[15] The Social Security Amendments of 1939 extended cash benefits to wives, widows, and dependent children of workers. The Social Security Amendments of 1950 and 1954 extended coverage to a number of workers, including farmers and domestic workers. The Social Security Amendments of 1956 added disability insurance, and the Social Security Amendments of 1960 made disability benefits available to workers under age 50 and their dependents. The Social Security Amendments of 1965 established Medicare and provided benefits to divorced spouses under certain conditions. While not in this time period, the Social Security Amendments Act of 1983 extended coverage to where it is today. Breslauer and Morton 2019.

[16] GAO 1986, 6; Derthick 1990, 24.

continues to challenge SSA's administrative capacity and is difficult for the public to understand.[17]

Starting in 1965, SSA reintroduced branch offices (smaller, full-service offices), which it had used during World War II, to bring services closer to more people, particularly disadvantaged populations and those reluctant to travel outside their communities. Between 1970 and 1975, SSA opened 524 offices, a 67 percent increase. This expansion included opening 243 branch offices in 1973 in preparation for administering SSI.[18]

In 1972, Congress designated the General Services Administration (GSA) as the primary real property and asset management agency for the Federal government.[19] GSA and SSA developed a Memorandum of Understanding (MOU) that establishes rental payments for all buildings occupied by SSA, including trust fund buildings.[20] The MOU also established a process for GSA to secure office space for SSA use. It has remained SSA's decision, however, whether and how to make changes to the way the agency provides services, including whether to close a field office. It should be noted though, that in 2018, SSA pointed to GSA's inability to secure alternative space when existing buildings were deemed unusable or were not renewable as the reason for field office closures, a matter discussed in Part II of this brief.

In the mid-1980s, SSA announced that regional offices would review the number, location, and types of SSA's field offices based on current workloads, population

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[17] SSAB 1999, 14; SSAB 2015.

[18] GAO 1986, 6.

[19] Public Buildings Amendments of 1972; Smith 2008, 1.

[20] These are buildings that have been constructed or purchased with funds dedicated to Social Security and held in trust. In the 1960s to early 1980s, SSA built approximately 91 trust fund buildings to house field offices, payment centers, and its headquarters. Between 2000 and 2011, SSA replaced 50 facilities with non-trust fund buildings. As of December 2019, 32 remain. Prior to the first MOU in 1993, SSA and GSA followed Congressional intent outlined in reports accompanying the Second Supplemental Appropriations Act of 1975 that trust funds would only pay for actual rent costs, and not any user charges or additional costs. Callahan 2019. A longstanding disagreement between GSA and SSA regarding whether proceeds from the sale of trust fund buildings should be retained by GSA or transferred to the Social Security Trust Funds was resolved by a December 17, 2010 Department of Justice memorandum in favor of GSA. Koffsky 2010. This remains a matter of controversy with Congress, however. For example, in 2012, OIG issued a response to a letter from the then-chairman of the House Ways and Means Social Security Subcommittee. The 2004 – 2013 MOU, which the agencies still follow and are currently in the process of revising, appends that report. See OIG 2012, Appendix C; SSA 2019i.

changes, and distances to nearby SSA facilities.[21] Each office received a service delivery review every five years by its corresponding regional office.[22,23] Part II describes how SSA conducts periodic reviews under a new process, known as service area reviews (SARs).

Since the 1980s, SSA has reduced the number of field offices (see Figure 2). The most substantial reduction during any five-year period occurred between 2010 and 2014 when SSA eliminated 64 field offices.[24] These field office closures helped SSA comply with OMB's 2012 *Freeze-* and 2015 *Reduce the Footprint* mandates.[25] In 2018, SSA permanently closed four more offices due to extenuating circumstances.[26] Part II describes these circumstances, and how, over the past decade, closures occurred despite Congressional concerns that SSA insufficiently justified its decisions to close field offices and that these decisions may not have been in accordance with SSA's own process.[27]

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[21] The agency concurrently announced plans to reduce staff by 21 percent, eliciting speculation that SSA planned to close many offices. In a 1986 response to a request from House Ways and Means, GAO issued a report reviewing the history of the field office structure, examining the adequacy of the structure, and assessing the first set of reviews. GAO concluded that most offices would remain operational, but periodic inspection is needed to identify ways to reduce costs, increase productivity, and improve services. GAO 1986, 4, 17.

[22] GAO 1986, 4.

[23] Reviews were staggered.

[24] Senate Aging 2014, 13.

[25] SSA reduced its footprint by 5.2 percent between 2012 and 2016. In 2015, OMB and GSA recategorized over half of SSA's facilities as "public-facing" and exempted these from the baseline and targets. GAO 2017, 8; Mader 2015.

[26] The Mitchell Street office in Milwaukee, Wisconsin was closed for safety concerns and unresolved building maintenance issues. The Baltimore North office in Maryland and Arlington, Virginia office was closed for lease expiration. The Chicago, Illinois field office was not reviewed by the OIG, but public reports reference closure due to lease expiration. An office in Decorah, Iowa reportedly may be closing. OIG 2018b; OIG 2018c; Finkenauer 2019.

[27] See Rogers 2014a and 2014b; Senate Aging 2014; Frelinghuysen 2018; Collins and Casey 2018; Lowey 2019.

Figure 1: Number of SSA Field Offices, Years 1937 to 2018
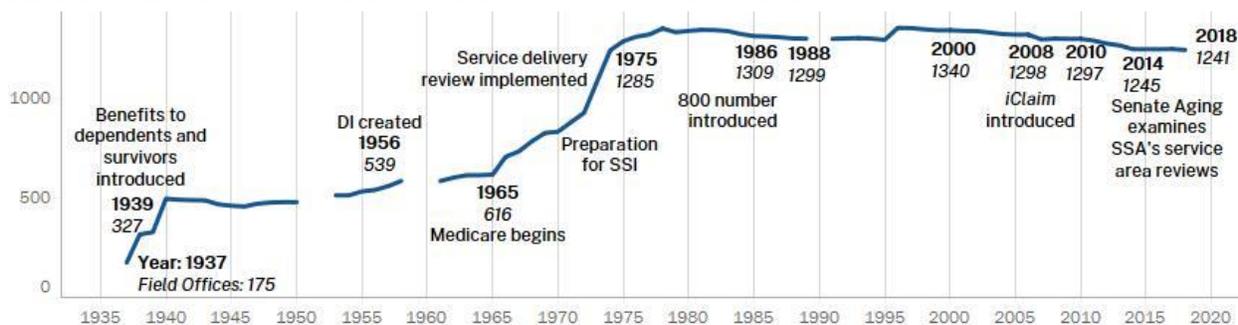
Notes: In 1996, SSA changed the definition of a field office to include resident stations and then in 2009, Social Security card centers were also added to the definition. Data for 1937-1980 are as of June 30th; 1981-1993 are as of September 30th; 1994-2018 are as of December 31; data for years 1951-1952, 1959-1960, 1990 are missing. Source: SSA Office of the Historian; *Social Security Annual Report* (1937-1958, 1991-1993); *Executive Handbook* (1994-2009); Senate Special Committee on Aging, SSA (2010-2014); Annual Statistical Supplement (2015-2019).

Other Changes to In-Person Service

Field office closures over the last decade have occurred in tandem with reductions to in-person service, including a hiring freeze, reduced field office hours, and the elimination of contact stations.[28] In 2011, SSA instituted a hiring freeze until 2013 that reduced the number of field office employees by nearly 14 percent.[29]

From 2011 through 2019, SSA reduced the number of hours that field offices were open, noting budget constraints as justification.[30,31] From 2010 to 2014, SSA first reduced the number of contact stations and then eliminated them.[32] SSA justified closing contact stations on the grounds that off-site work takes longer, exposes clients to an increased risk that personally identifiable information will be inadvertently released, and that SSA personnel may be at physical risk because of a

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[28] Since the first field offices, SSA operated a network of temporary contact stations, which provide a limited suite of services in borrowed spaces like community centers and hospitals in remote communities where travel was difficult. Puckett 2010, 30.

[29] SSAB 2013, 7.

[30] Colvin 2013.

[31] In 2010, field offices were open 35 hours per week. In August 2011, SSA closed field offices 30 minutes earlier each day. In November 2012, those office hours were reduced by another 30 minutes, thus open for 31 hours per week. In January 2013, SSA began closings offices at noon on Wednesdays. While, in 2015, SSA resumed normal hours on each day except for Wednesdays, offices remained closed to the public on Wednesday afternoons. As of January 8, 2020, the new Commissioner of Social Security resumed normal Wednesday hours, returning field offices to 35 hours open per week. OIG 2014; SSA 2019g.

[32] Colvin 2013; Berryhill 2014.

lack of guards. Finally, SSA noted that more "convenient" online and phone alternatives exist, as compared to contact stations.[33]

As the number of offices fell, staff were reduced, and hours shortened, service delays in field offices increased.[34] From 2010 to 2017, the number of visitors who waited longer than one hour increased 78 percent to 4.1 million, and the average individual wait time increased 37 percent to 24.9 minutes.[35] Compared to 2010, there are fewer physical spaces to access SSA services, and the service in those facilities takes longer.[36] OIG recommended that SSA improve technology for workload transferring to address these issues. SSA delayed implementing this recommendation on the grounds that it is investing its resources in redesigning its business process through its Information Technology Modernization Plan.[37]

Online and Telephone Service Alternatives

In 1988, SSA instituted a national 800 number to relieve field offices and better serve the public.[38] Unfortunately, the 800 number has developed its own service issues. The proportion of callers hearing a busy signal rose from 5 percent to 14 percent between October 2018 and September 2019.[39] Hold times to speak with a live agent increased from 3 minutes in 2010 to 20 minutes in fiscal year 2019.[40,41] Callers to local field offices have also confronted delays – between October 2018 and September 2019, 8 percent of callers received a busy signal, and 23 percent of calls went unanswered.[42]

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[33] Berryhill 2014.

[34] Senate Aging 2014, 6; OIG 2018a.

[35] OIG attributed field office wait times to high volume of visitors, complex workloads, SSA's hiring freeze between 2011 and 2013, and shortened public hours. OIG 2018a.

[36] Senate Aging 2014; OIG 2018a.

[37] OIG 2018a, 8–10; SSA 2017b.

[38] SSAB 1999, 34.

[39] SSA 2020b.

[40] SSA 2020c.

[41] For fiscal years 2020 and 2021, the new Commissioner of Social Security elevated reducing the average speed of answer on the national 800 number as one of three agency priority goals. SSA 2020a.

[42] SSA 2020d.

SSA has promoted the use of online services to reduce field office congestion and respond to consumer demand.[43] In its 2018-2022 Agency Strategic Plan, SSA cited expanding the available online services and increasing their use as key strategies to meet its first strategic goal: to deliver services effectively.[44] Since 1994, SSA has introduced various online services. SSA launched the *iClaim* application in 2008 and *my* Social Security in 2012 to offer the public the ability to apply for and manage their benefits.[45] Online access to benefit verification letters grew significantly in 2014. Since 2016, SSA has rolled out online replacement Social Security Number cards to states incrementally.[46] Figure 3 shows the proportion of these workloads completed online versus in person or over-the-phone.

Figure 2: Share of Transactions in Person and Over-the-Phone vs. Online
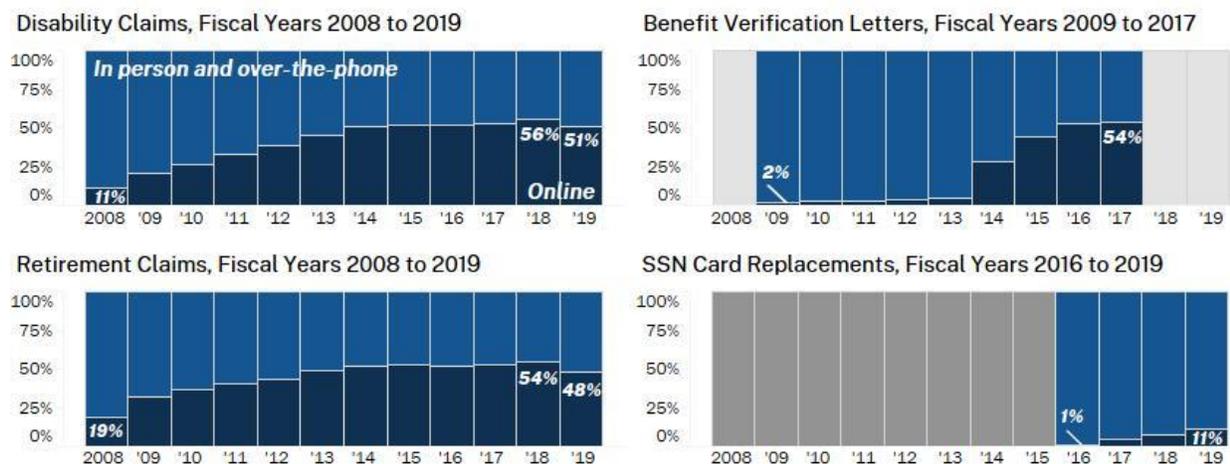
Notes: Dark grey bars denote years where the service was not available online, whereas light grey bars denote years where data are unavailable. SSA data do not distinguish between in person and phone applications. Retirement benefit applications do not include survivors or spousal benefits. **Source:** SSA, Data for Retirement Insurance Applications Filed via the Internet; SSA, Data for Initial Disability Insurance Applications Filed via the Internet; SSA, Data for Social Security Number Replacement Card Applications Filed via the Internet; GAO, *Improvements Needed in Facilities Planning and Service Delivery Evaluation* (2017).

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[43] OIG 2018a, 6.

[44] SSA 2018, 5-6.

[45] SSA had earlier online applications available. There are no differences in requirements for filing retirement claims online, in person or over-the-phone. Until 2017, only DI disability applicants could apply online; applications for SSI were introduced in April 2017, but the ability to electronically apply for SSI benefits is limited. Moreover, there are significant differences between filing disability appeals online compared to a paper form (whether faxed, mailed, or submitted in person). SSA 2019d; SSA 2019e; SSA 2019f; Borland 2017.

[46] Benefit verification letters are available to individuals needing proof of receipt or non-receipt of benefits. SSA has expanded online social security number replacement card applications to 40 states and the District of Columbia since 2016. Non-US citizens, individuals under age 18, individuals without a US mailing address, and individuals requesting a name change cannot get a replacement card online. SSA 2017c; SSA 2020a, 10; SSA 2019a.

Recent surveys raise questions regarding the ability of online services to substitute for face-to-face contact in certain situations. Inability to use or access the internet increases the need for face-to-face assistance. A 2015 survey of SSI recipients found that only 34 percent use the internet.[47] In a 2017 survey of adults ages 65 and older, fewer than half of those with no education beyond a high school degree or, income under $30,000 have access to the internet, compared to over 90 percent for those with a college degree or income over $75,000.[48] And in rural areas, roughly one fourth of residents say that lack of access to high-speed internet is a major problem.[49,50] To address the lack of internet access, SSA established access points for internet services in libraries and field office lobbies. GAO found, however, that SSA's remote services are not adequately evaluated and lack performance goals. SSA also lacks appropriate data to track a case to completion.[51] Even those who have online access sometimes prefer to conduct at least some of their business in a field office.

It is challenging for people to complete specific processes for DI and SSI online. SSA staff, managers, and executives agreed that it was especially difficult for disability applicants, who must detail their medical and work histories in more than ten separate web pages.[52] Despite anecdotal evidence that these claims contain errors, SSA does not track data on the number and nature of errors in online claims.[53]

Moreover, the rise in Social Security imposter scams has eroded public trust and increased field office calls and visits.[54] The need for stricter identity authentication measures for *iClaim* and *my* Social Security has further exacerbated online complexity and access issues.[55] While complete satisfaction is not an achievable

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[47] The 2015 survey also revealed that 74 percent were not very or not at all comfortable with providing their Social Security number online, which is required to authenticate for my Social Security. GAO 2017, 31.

[48] Anderson and Perrin 2017.

[49] Anderson 2018.

[50] As compared to 13 percent of urban residents and 9 percent of suburban residents.

[51] GAO 2017.

[52] Some processes, such as change of addresses or direct deposit were more suited for online use, according to several SSA staff who GAO interviewed. GAO 2017, 28-29.

[53] GAO 2017, 30.

[54] Collins 2019; That's Not the Government Calling 2020.

[55] Senate Aging 2014; SSA 2019c, 11, 19-20; GAO 2019.

goal, SSA should make clear how it incorporates customer experience measures into decisions to change its business processes.

Part II. Concerns over SSA's Process for Reviewing Field Offices

Since the first field office opened on October 14, 1936 in Austin Texas, Congress has provided oversight concerning the number and location of field offices.[56] After SSA formalized periodic reviews in the mid-1980s, members of Congress have expressed concern that the review process for field office closures lacks transparency and community engagement.[57] SSA has responded to these concerns by citing challenges in balancing changes in customer expectations, workload volume, and budget.[58]

In recent years, members of Congress have introduced, though not enacted, legislation that would impose a temporary moratorium on field office closures until SSA implements more transparent guidelines, such as requiring advance public notice, opportunities for stakeholder comment, public justification for its decisions, and plans to minimize the impact on the public.[59] Moreover, Congress has included temporary moratorium language and other directives in reports accompanying legislation specifying SSA's Limitation on Administrative Expenses.[60] But this language does not have the force of law, and despite these expressed concerns, SSA has yet to develop a transparent process for determining which field offices should be closed.

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[56] The first field office opened in Austin, Texas when the Chairman of House Appropriations, James Buchanan, who represented the city, intervened. SSA n.d.; DeWitt 1999, 7.

[57] Senator Paul Sarbanes of Maryland in 1993: "… many of my colleagues are aware of situations in their own states in which a service office was closed or downgraded without community groups and without adequate consideration of public interest" (Sarbanes 1993); see also: Senator Susan Collins of Maine in 2014: "I am concerned that SSA has not sought public input, and it is not taking into account the impact on the beneficiaries they are supposed to be serving." Collins 2014.

[58] Berryhill 2014.

[59] See the Maintain Access to Vital Social Security Services Act of 2019, SSA Accountability Act of 2018, SSA Fairness Act of 2018, Good Neighbor Social Security Office and Community Protection Act of 2012, and To Restrict the Closing and Downgrading of Field Offices of the SSA Act of 1991.

[60] See Rogers 2014a, H1044; Rogers 2014b, H9842; Frelinghuysen 2018, H2707; Lowey 2019.

SSA's Attempts to Improve its Process with Service Area Review

After the agency's notable reduction in field offices between 2010 and 2014, the House Committee on Appropriations ("House Appropriations") expressed concern that SSA lacked comprehensive and transparent policies regarding field office closures, including data on affected populations and plans to mitigate the effects of closures. The Joint Explanatory Statement to the Consolidated Appropriations Act of 2014 required the Commissioner to provide Congress a report on SSA's policies, procedures, and metrics for assessing community impact as well as on cost savings. The statement also directed the agency to provide public notice and an opportunity for public input on proposed closures.[61]

In an April 2014 letter and a May 2014 report to Congress, SSA explained its new process for reviewing field offices, called service area reviews (SARs). SSA stated that the agency instituted SARs in November 2013 to "ensure a thorough review and documentation of all consolidations".[62] SSA explained that it considers the demographics and geography of service areas, proximity to other offices, staffing, expiration of the lease, and impact on the public, stakeholders, and employees when making decisions about closing offices.[63] SSA's new process for reviewing field offices seems to have changed little other than who conducts the reviews and how the reviews are triggered. See Figure 4 below for how these processes compare.[64]

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[61] Rogers 2014a, H1044.
[62] Senate Aging 2014, 4.
[63] SSA 2014b; see also Berryhill 2014, 4.
[64] OIG 2010, Appendix G; Senate Aging 2014, 15-17; SSA 2017a.

Figure 3: Comparison of Service Delivery Assessments (SDAs) and Service Area Reviews (SARs)

	SDAs through November 2013	SARs beginning November 2013
Purpose	Used to assess whether a field office adequately addresses local service needs	
Definition	Ensures service delivery is consistent with the needs of the area being served	Determines service needs, best methods of delivering service to the community
Process	Collection of relevant data and recommended changes as appropriate	Narrative analysis of the service area and recommended changes as appropriate
Conducted by	Field office managers	Area directors
Factors/criteria considered	Includes demographics, workloads, accessibility, and special needs	
Frequency per office	At least every 5 years	At least every 10 years
Unscheduled reviews	Reasons include changes in workload, demographic, staffing, or space considerations	Reasons include findings from an area director's annual review, expiration of a lease, or changes in population, workloads, or health and safety

Notes: Area directors, who oversee groups of field offices and their managers, can trigger a SAR in their annual reviews. Each field office must have a SAR at least once every 10 years. Previously, field office managers, who report to the area director, conducted SDAs. Under SDAs, 20 percent of field offices were reviewed annually in a five-year cycle. **Source:** OIG, *SSA's Facilities Management*, Appendix G, November 2010; Senate Committee on Aging, *Reduction in Face-to-Face Services*, June 2014, pp. 15 – 17; SSA, AIMS GAM 12.05, "SARs," January 12, 2017, pp. 1 – 12.

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In June 2014, the Senate Special Committee on Aging ("Senate Aging") spent seven months examining the impact and written rationale behind all of the 25 field office closures – 5 SDAs and 19 SARs – between February 2013 and April 2014. Based on a review on the written justifications, Senate Aging found that both types of review used to justify office closures were insufficient and that these justifications lacked data needed to make a "sound decision".[65]

One concern was that SSA rarely assessed the impact of the closing office on in-person traffic to neighboring offices. SSA also did not consult with any local

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[65] Senate Aging 2014, 16.

stakeholders or field office managers in advance of agency decision-making about closure.[66]

Senate Aging recommended that SSA create a more comprehensive and uniform policy that is more transparent, uses better data, and builds in resources to mitigate closure effects.[67] House Appropriations echoed Senate Aging's findings and recommendations. The Joint Explanatory Statement to the Consolidated Appropriations and Further Continuing Appropriations Act of 2015 directed SSA to engage the public before deciding to close an office and make detailed information about any closure widely available.[68]

In 2015, SSA's OIG examined a subset of 18 office closures from the Senate Aging report and assessed agency compliance with its SAR process. OIG found that SSA did not include some information that was required by its guidance for SARs when deciding to close an office. Half of the office closures lacked a required justification for why the change would improve service delivery.[69] OIG also reviewed SSA's planned changes to its SARs process and determined that it "should address the Senate Aging's five recommendations." SSA's planned changes were to review and revise criteria, notify community stakeholders at least 180 days before the proposed closure date, allow 30 days for public feedback before closure, and incorporate transition planning for those affected by closures.[70]

Issues identified by Senate Aging remain unresolved. SSA's revised 2017 guidance for SARs still does not address approaches to engage local leaders, managers, and community members in the decision-making process, and continues to lack the

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[66] Senate Aging 2014, 3, 16-18, 20, 25.

[67] Recommendations included to (1) delineate essential criteria, (2) use standard metrics, and (3) expand existing criteria that is documented in the SAR; and (4) include the public and other stakeholders, such as managers, employees, and elected officials, in the closure decision-making process. Once SSA decides to close an office, Senate Aging recommended that SSA (5) implement transition planning for impacted communities. Staff of Senate Aging 2014, 24-25; Reduction in Face-to-Face Services at Social Security Administration 2014.

[68] Rogers 2014b, H9842.

[69] OIG 2015, 2-4.

[70] The audit published SSA's 2014 technical guidelines on the SAR process. OIG 2015. However, Board review of SSA's revised 2017 policy provided in Appendix A raises questions to whether SSA has implemented its planned changes regarding stakeholder notification, public input, and transition planning.

specificity necessary to evaluate the impact of proposed closures (see Figure 4).[71] A new software application adopted by SSA may generate some standard demographic reports, but it is not described in SSA's policy.[72] Nor does SSA's policy define variables, such as "unique characteristics and special needs."[73] Further, SSA's policy neither addresses internet usage in the local area nor adoption of alternative delivery methods to communities affected by the closure.[74]

In early 2018, SSA closed four offices. House Appropriations expressed concern that these closures may not have followed SSA's procedures or considered the impact on the community. The Joint Explanatory Statement to the Consolidated Appropriations Act of 2018 directed SSA to freeze further closure decisions until OIG reviewed the reasons, effects, and adherence to policies in the recent closures.[75] OIG reviewed three closures: Milwaukee Mitchell Street in Wisconsin, Baltimore North in Maryland, and Arlington, Virginia. In all three, SSA did not cite SARs as the justification for closure; instead, the agency reported that GSA was unable to find a suitable alternative location, given SSA's requirements.[76]

It should be noted that the missions of SSA and GSA are different.[77] The relationship between GSA's role and SSA's decision-making with SARs and its leasing specifications is unclear and requires further examination.[78] Moreover, the impact of the different missions on office locations requires additional study.

Lack of community input also appears to be problematic. In the case of the Milwaukee Mitchell Street closing, public officials said that they could have helped locate unused public buildings, if they had known of the planned closing.[79] In SSA's

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[71] However, SSA discusses how the Office of Legislative and Congressional Affairs should manage the Congressional and public reaction after approval from the Deputy Commissioner of Operations. SSA 2017a.

[72] SSA 2015.

[73] These variables include: high risk locations, bilingual and minority population needs, community organizations, advocacy groups, and major institutions. See Figure 4. SSA 2017a.

[74] See Figure 4. SSA 2017a.

[75] Frelinghuysen 2018, H2707.

[76] OIG 2018b, 2-3; OIG 2018c, 3-4.

[77] GSA's mission is to deliver value and savings in real estate, acquisition, technology and other mission-support services across government. GSA 2019.

[78] Collins and Casey 2018.

[79] OIG 2018b, 6.

response to OIG's review of that closure, the agency said it would in the future inform local Congressional delegations when GSA has difficulty and needs to expand its search area for a given relocation.[80] However, to date, the Board's inquiry of SSA did not yield information about policy changes that involve local public officials and other stakeholders in the decision-making process. Another challenge in the relationship between the two agencies is the extent to which GSA deviates from the local market rate given that SSA's use is non-standard with heavy foot traffic.[81]

The Joint Explanatory Statement to the Further Consolidated Appropriations Act of 2020 directed SSA to include a plan for improved field office service. The Statement also strongly encouraged the agency to give at least 120 days' advance notice for field office closures and to include in that notice an explicit rationale for the closure and evaluation of its effects.[82] In response, SSA's Congressional Justification pointed to investments in frontline staff, IT modernization, automated services, and the restoration of Wednesday hours as steps to improve field office service but did not address Congressional concern over the process it used for closing field offices.[83]

In summary, SSA's core mission is to serve the public within the limits Congress imposes on SSA's administrative budgets. Historically, SSA has relied on and benefited from good relations with the public.[84] SSA undermines that relationship when it closes field offices without giving adequate justification or consulting affected communities. Congress expects transparency in these decisions.[85] Consistent with federal initiatives to support open government, SSA should involve the public, including Congress, during its decision-making process for field office closures. Transparency supports more robust debates about evidence and trade-offs.[86] Public discussion around decisions to close a field office not only helps engage the public, but also helps build a better understanding by SSA of the

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[80] OIG 2018b, Appendix C.

[81] GSA uses several tools to establish ranges of market rates, including a proprietary GSA Bullseye report. GAO 2016, 9; Matthews 2018, 7.

[82] Lowey 2019, 158.

[83] SSA 2020a, 101.

[84] Advisory Council on Social Security 1965, 39-40.

[85] Collins 2014; Nelson 2014.

[86] Herd and Moynihan 2018, 248-249.

consequences of its actions. Ultimately, this public discussion may prevent suboptimal decisions that, among other costs, exclude particularly vulnerable groups from receiving adequate access to services.

Part III. An Evidence-Based Approach to Field Office Decisions

Effective agency administration should consider both the costs and benefits of a decision before it is made and reassess the costs and benefits after the decision is implemented. If SSA were transparent on why it decides to close a field office rather than achieve efficiencies in other aspects of program administration, it would be possible to examine such decisions. To the extent its pre-closure decision-making is shared publicly, SSA appears to lack the specificity necessary for program evaluation. Similarly, despite decades of calls for a more rigorous and open process, SSA lacks, or fails to make public, any post-closure evaluation and fails to formally incorporate efforts to mitigate the effects of closures on affected communities. Moreover, the Board is not aware of any analytical effort that SSA has undertaken to understand the links between population profiles and service demands.

SSA's policy for field office closures and its approach to implementing other changes in service delivery should be based on evidence and that evidence should be shared with the public.[87] To inform its decision making, SSA should consider existing research and conduct its own analysis of the varied service needs of its constituents. The impact of field office closures on people with low income and little education is disproportionate as these population groups have particular difficulty learning about a program and proving eligibility.[88] The finding that field office closures affect whether citizens obtain disability benefits for which they are eligible heightens the importance of such research.[89]

Impact of Field Office Closures on Disability Applicants

While SSA has not published a comparative analysis of the factors that discourage applicants or measured whether its service delivery network meets public demand,

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[87] Foundations for Evidence-Based Policymaking Act of 2018; Commission on Evidence-Based Policymaking 2017.
[88] Herd and Moynihan 2018, 30-31.
[89] Deshpande and Li 2019, 213-248.

Professors Manasi Deshpande and Yue Li (2019) provide data on the impact of field office closings on the public.[90] The researchers used SSA administrative data to determine whether anyone is discouraged from applying for disability benefits when SSA closes a field office, and to what degree.[91] The authors used differences in the number of applications for benefits and approvals between areas with a closure and similar areas without a closure.[92]

Deshpande and Li find that field office closures "disproportionally discourage" application for disability benefits, particularly among those who would have received disability benefits had they applied. This finding holds despite the option of online filing.[93] Field office closures were associated with a persistent 10 percent decline in disability applications but a 16 percent decline in approved applications.[94] These effects persisted for at least two years after closing, and likely longer.[95] The reductions are largest for people with more limited education and lower earnings histories. By screening out relatively more impoverished people, field office closings partially reverse the distributional intent of disability programs.[96]

Closures also affect neighboring offices that remain open. Deshpande and Li find that walk-in wait times in nearby offices increase 36 percent (4.8 minutes), processing times increase 12 percent (3.4 days), and the number of people waiting longer than 40 days for a decision increases 70 percent (5.1 applicants). More than

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[90] If field offices reduce application burdens, such as the time and effort spent completing an application, then a field office closure may affect whether an individual decides to apply and, as a result, whether they receive benefits.

[91] Deshpande and Li 2019, 213-248.

[92] Based on analyses comparing closing, neighboring, and unaffected ZIP codes by characteristics including the population and population density of the service area, number of disability applications, application processing time, number of offices within 20 km of that office, and wait times for that office, the authors determine that while the closings themselves are not random, the timing of the closings is random. Treatment and control ZIP codes are determined to have "parallel trends in the number and composition of the applicants prior to closing" and do not have changes in macroeconomic trends that might affect the type or number of applications around the time of closing. Deshpande and Li 2019, 233.

[93] Deshpande and Li 2019, 215.

[94] Affected areas are ZIP codes whose nearest office was closed or the second or third nearest field office of a closing ZIP prior to the closing (Deshpande and Li 2019, 215).

[95] While unpublished, the author indicated these trends continue at least four years after closure. Deshpande 2019.

[96] Deshpande and Li 2019, 247.

half of the drop in disability applications from a field office closure is because of increased wait times in nearby offices. Only four percent was due to increases in driving distance.

While the savings from field office closures might finance greater benefits if deployed elsewhere, Deshpande and Li found that the losses from office closures exceeded the gains, although they failed to include possible gains from deploying savings to other administrative uses. They estimate a ratio of social costs to social benefits of 5.4-to-1 in 118 field office closures between 2000 and 2014.[97] The authors take one possible approach. They estimate the loss of social welfare by including lower receipt for "deserving" individuals in closing and neighboring ZIP codes, the increased time required to apply, and earnings decay.[98] The benefits considered are government savings from discouraging "undeserving" applicants, processing fewer applications, and closing field offices, as well as the saving of application costs by discouraged applicants.[99]

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[97] This estimate uses the legal definition of who should be allowed benefits. The authors consider five other scenarios. This ratio is positive only in the scenarios where "deserving" individuals are those who are allowed at the initial level and labelled "medical improvement not expected." Under the legal definition, "deserving" individuals include those who are denied initially and allowed at appeal and those allowed initially and labeled either medical improvement "expected," "possible," or "not expected." The authors assume taxpayers have medium risk aversion.

[98] The total loss of benefits is dependent on the estimated decline in DI and SSI recipients, the assumption that discouraged applicants will receive two fewer years of benefits, the value of disability insurance to the average taxpayer, and the value of health insurance (-$10.9 million). The increase in application costs depends on an implied value of time, which the authors assume as $20 per hour based on Alatas et al. (2016). For about half of the applicants who don't file online or by phone, they assume a 15 hour increase in application time and a 12-minute increase in travel time (-$1.7 million). The authors estimate earnings decay by assuming a third of the applicants will be rejected. They use Autor et al.'s (2015) estimated reduction in employment due to a one-day increase in processing time and further assume that this decay lasts ten years and the average annual earnings is $20,000 (-$0.2 million). Deshpande and Li 2019, 242-243, online appendix 4-7.

[99] Without changing the legal definition of disability, there are no savings to the government from discouraging "undeserving" applicants as all individuals who are allowed are considered "deserving" ($0 million). The authors estimate government savings based on their calculation of the average cost to process an application and the estimated reduction in applications ($1.4 million). Because SSA employees are given the option to relocate, the only savings to the agency from closures are the reported savings in leasing costs ($0.5 million). Cost savings from time not spent applying is considered a benefit. The authors assume 40 hours to complete an application and use the $20 per hour implied value of time for discouraged individuals ($0.5 million). All calculations account for the marginal cost of public funds. Deshpande and Li 2019, 242-243, online appendix 4-7.

The authors do not address whether and how government savings were reinvested to improve service delivery across field offices and other channels. Cost savings from local field office closings may be used by SSA in other ways, such as improving services in other field offices or to accomplish other agency workloads unrelated to field offices. It remains unknown if those service improvements would partly, fully, or more than fully offset the 5.4-to-1 social loss ratio estimated by Deshpande and Li.

Despite its scope being limited to the local costs and benefits of field office closures, this study illustrates how careful research could inform decisions on office closures. The findings underscore the importance of considering people on the margin of applying for disability benefits when assessing changes in service delivery. Academic research on disability application costs is expanding with promising efforts using SSA administrative data.[100] SSA should also analyze whether the population and spatial densities of potential beneficiaries match the distribution of field office locations and relative resource allocations.

A General Framework for Assessing the Impact of SSA Decisions on the Public

Professors Pamela Herd and Donald P. Moynihan have developed a conceptual framework useful in informing SSA's decision-making around field office closures and other contemplated changes in service. Their work clarifies the costs that people incur in their dealings with government.[101] Some burdens are inescapable; others can be reduced without sacrificing key values of public service, such as program integrity and accessibility.[102] As the authors explain:

> *Ultimately, administrative burdens are the fine print of the social contract between citizens and their government. They are the nuts and bolts of policy design. The presence of administrative burdens makes the difference as to whether government is experienced as accessible or opaque, simple or bewildering, respectful or antagonistic.[103]*

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[100] Armour 2018, 1-41; Foote et al. 2018.

[101] Herd and Moynihan 2018; see also Sunstein 2019; Heinrich and Brill 2015; Moynihan et al. 2014.

[102] The authors assume that encounters resulting from bureaucratic rules and processes incur burdens – or onerous experiences – which are distributed between the government and the public. Herd and Moynihan 2018, 248 – 249.

[103] Herd and Moynihan 2018, 2.

The authors describe three sorts of administrative burden. The first is learning costs, the time and effort people must spend to learn about the program or ascertain eligibility status. If one lives farther from the administrative center, has limited education, or experiences language barriers, the burdens on people who may be affected by the program are increased.[104] The second is compliance costs. These include resources and efforts required to initiate and sustain program participation, such as travel. Access to online materials and access to assistance for applications can increase program participation.[105] The third kind of administrative costs is psychological, reduced autonomy, stress, and uncertainty associated with compliance and learning costs.[106] Seemingly minor institutional barriers, real or perceived, reduce access to program benefits.[107]

Herd and Moynihan point out that the organizational design of old-age and survivors' insurance successfully places burdens on the government that, if designed differently, would otherwise fall onto beneficiaries and deter participation. In contrast, determining eligibility based on disability or financial need is complex in the DI and the SSI programs and creates costs for SSA, as an administrator of public programs, funded with Trust Fund and tax dollars, respectively, and for program applicants. SSA must decide whether it should bear the costs associated with that complexity or pass them along to people seeking benefits as compared to contributors and taxpayers funding SSA's administration of DI and SSI.[108] In this context, the framework highlights how field office closures that are not balanced by service improvements in other areas would increase DI and SSI administrative burdens on the public through the channels noted earlier.[109] The

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[104] See Elder and Powers 2006; Food and Nutrition Service 2007; Kroft 2008; Sommers et al. 2012; and Rossin-Slater 2013.

[105] See Kopczuk and Pop-Eleches 2007; Schwabish 2012; Aizer 2003; and Schanzenbach 2009.

[106] Less is empirically known on how changes in psychological costs affect program take-up. See Pinquart and Sörensen 2003.

[107] Insufficient knowledge, hassle, and procrastination are key reasons for non-take-up of welfare programs. Bertrand et al. 2006.

[108] Individuals must be unable to engage in any substantial gainful activity due to any medically determinable physical or mental impairment that is expected to last for at least one year or result in death. Social Security Act; "Basic definition of disability".

[109] Herd and Moynihan 2018, 215.

Board will use the administrative burdens framework in future papers to evaluate the role of service channels in creating, maintaining, or alleviating burdens.[110]

Conclusion

From the start, SSA's field offices have played a central role in delivering service to the public. Unfortunately, the reasoning behind SSA's decisions to close field offices remains opaque. SSA has not adequately engaged with public stakeholders, despite repeated requests from Congress that they do so. SSA should clarify its decision-making, increase its transparency, and involve the public in advance of completing deliberations about field office closures. Whenever a field office is closed, SSA should transparently disclose how costs to the public from the lost services balance against the public benefits from reallocating the resulting savings to other workloads. The time for SSA to generate data necessary to make these decisions on a transparent and rational basis and consult with the public is long overdue.

Appendix A. Service Area Review Guidelines (SSA 2017a, 1-12)

SSA provided the Board with its technical guidelines for completing service area reviews. The Board is releasing the full guidance (attached below).

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[110] For example, disability claims filed in-person can benefit from field office worker observations and be flagged for an additional impairment. Senate Aging, 11.

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