

REPORT TO THE LEGISLATURE

SUPPLEMENTAL SECURITY INCOME ADVOCACY PROGRAMS FOR CASH ASSISTANCE PROGRAM FOR IMMIGRANTS FOR RECIPIENTS AND APPLICANTS

Reporting Period 2005-2009



STATE OF CALIFORNIA
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EXECUTIVE SUMMARY

Pursuant to Welfare and Institutions Code (W&IC) section 18939, the California Department of Social Services (CDSS) released a report to the Legislature in July 2007 on the outcomes of the Supplemental Security Income Advocacy Program (SSIAP). That report covered Cash Assistance Program for Immigrants (CAPI) data and information from the 2005/06 fiscal year. The intent of this report is to update the previous report and fulfill the Legislative Analyst's Office (LAO's) request for a study, included in the Supplemental Report of the 2008 Budget Act, Item 5180-111-0001.

This report documents the results of surveys and data requests sent to 14 participating counties about the operation of their SSIAP and answers the questions requested in the Supplemental Report, which are:

- (a) The total CAPI caseload,
- (b) The number of Supplemental Security Income (SSI) applications filed by CAPI recipients through the SSIAPs,
- (c) The number of SSI applications filed through SSIAPs that were approved, and
- (d) The amount of savings resulting from the CAPI SSIAPs.

The CAPI program was established in 1998 as a 100 percent state-funded program to provide cash benefits to aged, blind and disabled non-citizens who were no longer able to become eligible for Supplemental Security Income/State Supplementary Payment (SSI/SSP) due to a change in federal law. (The Welfare Reform Act of 1996 (Public Law 104-193) eliminated SSI/SSP eligibility for most non-citizens. Some exceptions to the ban were later established in federal law, but many non-citizens were still ineligible.) As of December 2009, there were about 8,525 non-citizens receiving CAPI benefits in California, of which about 1,500 entered the United States prior to August 22, 1996, and are the target group for the SSIAPs in each county.

Senate Bill (SB) 1104 (Chapter 229, Statutes of 2004) amended section 18939 of the California W&IC, by requiring counties with a CAPI caseload of 70 or more recipients to establish an advocacy program to assist CAPI recipients and applicants who appear eligible to apply for SSI/SSP. Counties with a CAPI caseload of less than 70 were also encouraged to establish a SSIAP, but were not required to do so. The SSIAP was originally scheduled to sunset in 2007. It was extended to July 1, 2011, by Assembly Bill (AB) 1279 in 2008.

Fourteen counties originally were identified with a caseload of 70 or more. These counties were: Alameda, Contra Costa, Fresno, Los Angeles, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Mateo, Santa Clara, Solano, and Ventura. These counties were instructed to implement SSIAPs in September 2004 by CDSS in All-County Letter (ACL) No. 04-37.

These counties were also instructed to target their advocacy efforts on the CAPI cases most likely to meet the SSI/SSP eligibility criteria (as described in the background section of this report). The overall goal of the SSIAPs is to reduce the targeted portion of the state-funded CAPI caseload through advocating for their eligibility for SSI/SSP (SSI is federally funded and comprises the vast majority of the SSI/SSP grant; SSP is state funded). Transfer of cases from CAPI to SSI/SSP resulted in savings to the state. CDSS strongly recommended that counties use the successful SSIAP methods used in the Los Angeles model for establishing their own advocacy programs. However, there is no statutory requirement for counties to do so.

At the time of the July 2007 report, five counties reported implementation of an SSIAP in 2004 (or earlier). All 14 counties have now implemented SSIAPs.

CDSS issued an SSIAP survey to update the July 2007 report information and collect specific data to assist in the continued measurement of the efficacy of the program. Surveys were sent to the 14 counties with 70 or more CAPI recipients. A separate questionnaire collected data from the period January 2005 through December 2009 on the number of cases referred and transferred to SSI/SSP.

Participating counties were asked a total of six questions regarding implementation dates, staff resources, interview and application techniques, and the level of interaction with their local Social Security Administration (SSA) office. Detailed county responses to these questions are provided in the county survey questions and responses section of this report. There were a wide range of responses regarding how counties operated their SSIAPs. Overall, the survey revealed that the counties have continued to successfully administer their SSIAPs.

Statewide, approximately 58 staff members are dedicated to the SSIAP implementation effort (32 solely dedicated, plus 26 partially dedicated). Seven of the 14 counties have 32 fulltime staff solely dedicated to the implementation of SSIAP. The remaining participating counties have 26 partially dedicated staff that, in addition to providing advocacy for CAPI clients, also perform advocacy and other functions for other programs such as General Assistance (GA)/General Relief (GR), Welfare-to-Work, Medi-Cal, and California Work Opportunities and Responsibility to Kids (CalWORKs). San Diego contracted with the San Diego Legal Aid Society which has five staff members to work on both CAPI and GA advocacy. Ventura reported that their SSIAP staffs are also CAPI eligibility workers.

Twelve of the 14 targeted counties conduct face-to-face interviews with targeted cases in order to assist with the possible identification of overlooked existing disabilities that might lead to SSI/SSP eligibility. Thirteen of the 14 targeted counties reported provision of assistance with SSI/SSP and medical history forms. Nine counties file applications on behalf of their clients. Six counties accompany their clients to the local SSA office to apply for SSI/SSP. Ten counties assist clients with setting up appointments with SSA for SSI/SSP. Ten counties issue a written referral to apply for SSI. Four counties have a liaison or a single point of contact at the SSA office.

All the targeted counties responded as having CAPI cases transferred to SSI/SSP as a result of their SSIAPs. These counties reported 5,421 CAPI cases transferred to SSI/SSP and a total of 9,229 SSI/SSP applications filed through the county SSIAPs between January 2005 and December 2009. These transferred cases resulted in an estimated \$26,520,387 of net General Fund savings. (Note: Los Angeles County transferred over 4,000 cases to SSI/SSP through its SSIAP prior to November 2005.)

BACKGROUND

This report was requested to determine the effectiveness of the SSIAPs in reducing CAPI caseload by transferring CAPI recipients to SSI/SSP and the cost savings that can be attributed to SSIAPs. The CAPI SSIAP had a sunset date in statute of July 1, 2011 and was not proposed to be extended by CDSS or the Legislature.

The Welfare Reform Act of 1996 (Public Law 104-193) eliminated SSI/SSP eligibility for most non-citizens and, although ensuing federal law established a number of exceptions to the ban on SSI eligibility, a considerable number of non-citizens remain ineligible for SSI/SSP. Thus, CAPI was established in 1998 as a 100 percent state funded program to provide cash benefits to aged, blind and disabled non-citizens who were no longer eligible for SSI/SSP due to the change in federal law. The program grew faster than expected and due to a budget shortfall, the CAPI program was at risk of elimination or reduction. As a consequence, the state and counties sought ways to limit or reduce the CAPI caseload, including the preferred alternative of transferring CAPI cases to federally funded SSI.

Los Angeles County recognized the need to provide assistance beyond a simple referral in order for the targeted CAPI recipient to be successfully transferred to SSI/SSP, and implemented the first SSIAP in 2002. Over 80 percent of the SSI/SSP applications filed under their procedure have been approved.

As a result, SB 1104 (Chapter 229, Statutes of 2004) required CDSS to require counties with a caseload of 70 or more CAPI recipients to establish advocacy programs to help CAPI recipients become eligible for benefits under the SSI/SSP program.

CAPI is administered by counties or county consortia with oversight by CDSS. The maximum SSP payment for the typical SSI/SSP recipient is less than one-third the maximum CAPI payment for that same recipient. (A single person with no other income receives a monthly CAPI grant of \$835. If the case transfers to SSI/SSP, the grant amount increases to \$845, of which \$674 is the federally funded SSI portion and \$171 is the state funded SSP portion.)

SSI/SSP is a program that provides cash benefits to needy aged, blind, and disabled people so that they can meet their basic living expenses for food, clothing, and shelter. SSI is a federally funded benefit; SSP is state funded and added on to the SSI benefit. The SSA administers SSI and SSP as one program in local SSA offices throughout

California. California W&IC section 18939 authorizes and requires any person who CDSS finds to be eligible for federally funded SSI to apply for SSI benefits. Consequently, confirmation of ineligibility for SSI/SSP has always been required before CAPI is granted and counties have always been required to direct a CAPI recipient to apply for SSI/SSP whenever the county feels a recipient may be eligible for those program benefits. Due to a number of factors, however, many CAPI recipients received informal denials from the SSA or were being denied formally but without going through the disability determination process normally associated with SSI/SSP applications.

A CAPI recipient can be eligible for SSI/SSP if he or she meets the following criteria:

- 1) Meets the federal definition of “qualified alien,” which under Public Law 104-193 includes any non-citizen who is:
 - a. Lawfully Admitted for Permanent Residence (LAPR)
 - b. Granted Cuban/Haitian entrant status (section 501(e) of the Refugee Education Assistance Act of 1980)
 - c. A refugee who entered the United States under section 207 of the Immigration and Nationality Act (INA)
 - d. Granted status as an asylee under section 208 of the INA
 - e. A non-citizen whose deportation is being withheld under section 243(h), or whose removal is being withheld under section 241(b) (3) of the INA
 - f. A non-citizen paroled into the United States for a period of at least one year under section 212(d) (5) of the INA
 - g. A conditional entrant admitted to the United States under section 203(a) (7) of the INA as in effect before April 1, 1980
 - h. A battered non-citizen, child of a battered spouse or parent of a battered child (as defined in Manual of Policies and Procedures (MPP) section 49-005(b) (1) above) with a petition pending under section 204(a) (1) (A) or (B) or 244(a) (3) of the INA
- 2) Is lawfully residing in the United States on August 22, 1996
- 3) Is blind or disabled as defined for purposes of SSI/SSP eligibility

Cases that meet criteria 1 and 2 above are separately identified in CDSS’ CAPI caseload reports with a tracking code of 1A. CAPI recipients in this category are all age 65 or older but have not been determined to be blind or disabled (criteria 3). Unless they meet a different SSI exception, most non-citizens in the other CAPI categories would not be eligible for SSI/SSP regardless of their disability status because they are not “qualified aliens” or they entered the United States after August 22, 1996.

Due to a budget shortfall and the CAPI program being at risk of elimination or reduction, Los Angeles County implemented the first CAPI SSIAP in the state in 2002.

Los Angeles County recognized that the key component to having a CAPI recipient approved for SSI/SSP benefits was getting the 1A CAPI recipients to file an SSI/SSP application as a disabled individual (over age 65) so that the case would go through SSA's disability determination process. To this end, under a negotiated arrangement with the local SSA offices, Los Angeles County staff conducts an in-depth, face-to-face interview with targeted CAPI recipients or applicants to complete the SSI/SSP application and associated medical history and disability forms and submits the application package to its local SSA office. Over 80 percent of the SSI/SSP applications filed under this procedure have been approved. This process resulted in Los Angeles County's caseload for the targeted CAPI recipients being reduced by 73 percent from March 2002 through June 2004.

SB 1104 (Chapter 229, Statutes of 2004) amended section 18939 of the W&IC, by requiring CDSS to require counties with a CAPI caseload of 70 or more recipients to establish an advocacy program to assist CAPI recipients and applicants who appear eligible to apply for SSI/SSP. Those counties were instructed by All-County Letter (ACL) No. 04-37, to implement an SSIAP. SB 1104 also required that CDSS reimburse counties for legal fees incurred by attorneys or other authorized representatives during the appeal phase of the SSI application process but only in cases where the represented CAPI recipient is approved for SSI/SSP benefits.

CHRONOLOGY OF ACTIONS

AB 2779 (Chapter 329, Statutes of 1998) established the CAPI. It also included a provision (W&IC section 18939) that required any person CDSS found to be eligible for federally funded SSI to apply for SSI.

ACL No. 99-21, dated April 7, 1999 – CAPI, SSI/Naturalization Advocacy – advised counties of the criteria and allowable activities related to SSI advocacy for CAPI recipients.

ACL No. 99-106, dated December 16, 1999 – CAPI Redeterminations of Eligibility – advised counties to make mandatory SSI referrals if a medical condition was indicated at redetermination.

All-County Information Notice - No. I-05-01, dated January 10, 2001 – Revisions in the disability evaluation procedures for persons age 65 and older in the SSI/SSP Program – advised counties of the relaxed disability criteria for those 65 or older and reminded counties to refer CAPI recipients as appropriate.

SB 1104, (Chapter 229, Statutes of 2004) required CDSS to establish advocacy programs to help CAPI recipients and applicants become eligible for benefits under the SSI/SSP program; and report to the Legislature on the efficacy of the SSIAPs by July 1, 2007. The section authorizing SSIAPs was to become inoperative on July 1, 2009.

CDSS distributed ACL No. 04-37, dated September 17, 2004, to all County Welfare Directors and CAPI Program Managers. The ACL outlined necessary county requirements for establishing advocacy programs to help CAPI recipients and applicants become eligible for benefits under the SSI/SSP program and other provisions of SB 1104.

AB 1279 (Chapter 759, statutes of 2008) extended the requirement for SSIAPs until July 1, 2011.

STUDY METHODOLOGY

The CDSS developed a SSIAP survey to collect specific information to assist in the measurement of the effectiveness of the SSIAP programs. Surveys were sent to all of the 14 targeted counties. Participating counties were asked a total of six questions regarding implementation dates, staff resources, interview and application techniques, and the level of interaction with their local SSA office. Detailed county responses to these questions are provided in the county survey questions and responses section of this report. There were a wide range of responses regarding how counties operated their SSIAPs. A separate questionnaire collected data from the period January 2005 through December 2009 on the number of cases referred and transferred to SSI/SSP. The data from this questionnaire, as analyzed by the CDSS' Estimates Branch, provided the estimated savings realized through the cases transferred to the SSI/SSP program through the SSIAPs.

FINDINGS AND CONCLUSIONS

Survey Narrative

The survey contains six basic questions designed to appraise the quality of SSIAP's delivery:

1. When was your SSIAP implemented?
2. Do you have SSIAP staff dedicated solely for CAPI recipients and applicants? If yes, how many? If no, who is doing it?
3. Do you conduct face-to-face interviews with 1A cases to determine if a medical condition exists which would indicate potential eligibility for SSI? If no, how do you determine potential eligibility for SSI?
4. Do you complete the SSI application and/or medical history form, or assist in completing the forms as part of your SSIAP referral process? If no, briefly describe your form completion process.
5. Which of these services do you provide?
 - a. File the SSI application on behalf of client?
 - b. Accompany the client to SSA to help apply for SSI?
 - c. Assist the client in setting up the appointment with SSA?
 - d. Issue a written referral to the client to apply for SSI?
6. Do you have a liaison or single point of contact at your local SSA office for processing SSIAP cases?

The first question is to determine which of the 14 targeted counties is implementing SSIAP and when the implementation began. All 14 targeted counties are currently operating an SSIAP.

The intent of the second question is to quantify the number of staff each participating county has dedicated solely to executing SSIAPs. The answer to question number two is divided into two groups (fulltime and partial). A total of 58 staff is dedicated to the implementation of SSIAPs. Seven of the 14 counties have 32 full-time staff solely dedicated to the operation of SSIAPs. The remaining 7 participating counties have 26 partially dedicated staff who work with the SSIAP and other programs such as General Assistance (GA), General Relief (GR), Welfare to Work, Medi-Cal, and CalWORKs. San Diego contracted with the San Diego Legal Aid Society which has five staff members to work on both CAPI and GA advocacy.

The remaining four questions (3, 4, 5, and 6) are designed to evaluate the quality of service delivery and how effective the delivery is in each targeted county. As it relates to question number 3, 12 of the 14 targeted counties conduct face-to-face interviews with 1A cases in order to assist with the possible identification of overlooked existing disabilities that might lead to possible SSI/SSP eligibility. San Mateo County conducts face-to-face interviews in some but not all situations.

Question number 4 probes into both the quantity and the quality of assistance clients receive regarding the SSI and the medical history forms. This is a critical area of service because both the SSI and the medical history forms can be intimidating to some clients. Therefore, any assistance with the completion of these forms is an invaluable part of the SSI/SSP application process. Thirteen of the 14 targeted counties reported providing assistance with SSI and medical history forms with the exception of Riverside County. Riverside does not provide this service; however, it makes an arrangement with an SSA representative to provide such assistance if requested by a client. Secondly, San Francisco indicated that this service is provided only upon request from clients. Clients may not know to ask for this type of assistance. The other partial exception is Fresno County, which does assist with the medical history form but reports that SSA prefers taking applications over the phone.

Question number 5 has four subsections dealing with the filing of applications on behalf of clients, accompanying clients to SSA offices to assist them in applying for SSI, assisting clients in setting up appointments with SSA and writing referrals for clients to apply for SSI. It assesses the support provided to clients during the application process, because some clients are intimidated in their dealings with federal offices such as SSA. In terms of filing applications on clients' behalf, 9 of the 14 targeted counties took part in this effort. Two of the remaining five accompanied the clients to SSA to assist them in applying for SSI. Two others helped clients in setting up appointments with SSA and provided written referrals to apply for SSI. One county provided written referrals only.

Question number 6 is designed to review the quality of existing collaboration between each participating county and its local SSA office in expediting SSIAP cases. Counties are asked if they have a liaison or a single point of contact at its respective SSA office for the processing of SSIAP cases. Only 5 out of 14 counties have a liaison or a single point of contact at the SSA office.

COUNTY SURVEY QUESTIONS AND RESPONSES

SURVEY RESPONSE TABLE CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI) Supplemental Security Income Advocacy Program (SSIAP)

County	Question 1	Question 2
	When was your SSIAP implemented?	Do you have SSIAP staff dedicated <u>solely</u> for CAPI recipients and applicants? If yes, how many? If no, who is doing it?
	Answer	Answer
Alameda	2007	No - 2 SSI Advocacy Workers in the North County office. Additional duties include: providing evaluations for SSI advocacy, refers or completes advocacy, evaluations for domestic violence, disability, and other referral services.
Contra Costa	2005	No - 3 Social Workers working on SSIAP for CAPI and Cal-WORKs.
Fresno	2005	No - 1 Eligibility Worker (EW) assigned to SSIAP and advocacy for CAPI, GR, and other programs. All EWs are allowed to make referrals to SSIAP.
Los Angeles	2002	Yes - 10 staff members
Orange	2005	Yes - 4 staff members
Riverside	2005	Yes - 1 staff member assigned to SSIAP, Medi-Cal intake, and continuing.
Sacramento	2005	Yes - 1
San Bernardino	2004	No - 14 EWs SSIAP assigned to Advocacy, GA and Welfare-to-Work case management.
San Diego	1998	No - Contract with Legal Aid Society of San Diego to perform advocacy for CAPI and GA. They have 5 staff performing this function.
San Francisco	2006	Yes - 8 CAPI EWs
San Mateo	2005	Yes - 1
Santa Clara	2005	Yes - 8 Social Workers
Solano	2005	No - 3 County SSI Advocates assist both CAPI and non-CAPI in applying for SSI benefits. Services range from initial application to hearing process, assist clients with appointments, documentation, referrals, follow-ups, and responding to Social Security administration request and requirements.
Ventura	2002	No - 3 staff members assigned to SSIAP and other CAPI related activities.

SURVEY RESPONSE TABLE (continued)

County	Question 3	Question 4
	Do you conduct face-to-face interviews with 1A cases to determine if a medical condition exists which would indicate potential eligibility for SSI? If no, how do you determine potential eligibility for SSI?	Do you complete the SSI application and/or medical history form, or assist in completing the forms as part of your SSIAP referral process? If no, briefly describe your form completion process.
	Answer	Answer
Alameda	Yes	Yes
Contra Costa	Yes	Yes
Fresno	Yes	Yes – They assist with medical history, but SSA prefers to take applications over the phone.
Los Angeles	Yes	Yes
Orange	Yes	Yes
Riverside	Yes	No
Sacramento	Yes	Yes
San Bernardino	Yes	Yes
San Diego	Yes	Yes
San Francisco	Yes	Yes (upon request)
San Mateo	No - SSI Disability packages are mailed to client and reviewed for disability upon return. If a disability is stated, then a face-to-face interview is conducted. If no disability is reported, then a follow-up call is made to the client to ask if there are any existing medical conditions overlooked by client that may constitute a disability. However, if any existing condition was over looked, then a face to face interview is requested.	Yes
Santa Clara	Yes	Yes
Solano	Yes - Interviews with those who state they want to use the advocacy services.	Yes
Ventura	No	Yes

SURVEY RESPONSE TABLE (continued)

County	Question 5	Question 6
	<p>Which of these services do you provide?</p> <p>a. File the SSI application on behalf of client?</p> <p>b. Accompany the client to SSA to help apply for SSI?</p> <p>c. Assist the client in setting up the appointment with SSA?</p> <p>d. Issue a written referral to the client to apply for SSI?</p>	<p>Do you have a liaison or single point of contact at your local SSA office for processing SSIAP cases?</p>
	Answer	Answer
Alameda	a, b, c, d	No
Contra Costa	a, b, c, d	Yes
Fresno	b, c, d	No
Los Angeles	a, c, d	Yes
Orange	a, c, d	No
Riverside	b, c, d	No
Sacramento	a	Yes
San Bernardino	c, d	No
San Diego	a	Yes
San Francisco	c, d	No
San Mateo	a,	Yes
Santa Clara	a, b, c, d	No - Not officially but work closely with an individual in an SSA district office.
Solano	a, b, c	No
Ventura	d	No

CONCLUSIONS

The primary purpose of this report is to determine the effectiveness of SSIAPs, including the number of cases transferred to SSI/SSP and the ensuing savings. The overall effect of the SSIAPs seems to have been positive. Some counties' SSIAPs were more effective than others but all showed some positive effects in transferring CAPI cases to SSI/SSP. The declining number of new 1A cases in the last two years was also a factor and raises a question as to whether the SSIAP will continue to be cost effective for a diminishing caseload. Only 3 of the initial 14 counties have a remaining targeted (1A) caseload of more than 70 cases.

While the SSIAPs were instrumental in reducing the targeted portion of the CAPI caseload, there are now not enough of these cases left for the SSIAPs to remain cost effective. Since the targeted group entered the United States prior to August 22, 1996, we expect this group to remain static or slowly decline. Additionally, elimination of the mandate for SSIAPs should result in a reduction of administrative costs, estimated at \$3.5 million annually in future years. Consequently, CDSS did not recommend an extension of the sunset of the SSIAP mandate.

The survey results show that, as a result of SSIAPs in the selected counties, 5,421 new CAPI cases were transferred to SSI/SSP eligibility from January 2005 through December 2009. This resulted in estimated General Fund (GF) savings of \$26,520,387 broken down by year as follows:

Grants and Administrative Savings	
Calendar Year	General Fund Savings
2005	\$3,378,804
2006	\$3,797,198
2007	\$2,699,913
2008	\$2,900,099
2009	\$13,744,373

It should be noted that the savings identified above do not include cumulative year-to-year savings that could be assumed if recipients who transferred to SSI/SSP in a given year would have otherwise remained on CAPI during subsequent years. It, therefore, does not reflect all of the savings associated with the SSIAP.

Below are the sources, assumptions and methodology used to arrive at the above listed cost savings to GF:

Sources:

Average SSP grants based on SSA 8700 and SSP 107 monthly reports.

Average CAPI grants based on CA 800 monthly expenditure reports.

Average SSI/SSP administration cost per case based on SSA 8700.

Average CAPI administration cost per case based on county expense claims.

Assumptions:

The annual number of transfers from CAPI to SSI/SSP was staggered over a 12 month period, with the exception of calendar year 2009. It was assumed that the bulk of the 2009 transfers were done from January through June 2009, due to Public Law 110-328 which temporarily extended the SSI eligibility time limit for refugees and other humanitarian entrants from seven to nine years.

Methodology:

The average SSP and average CAPI grants for the applicable month and year were used to calculate the net GF savings. Likewise the average administrative cost for SSP and CAPI for the applicable month and year were also included.

The difference between the average SSP grant plus administrative cost and the average CAPI grants plus administrative cost was multiplied by the number of transferred cases in a particular period to arrive at the combined savings amount.

Tables 1 and 2 show the number of cases referred and transferred to SSI/SSP by each county. An average of 59 percent of referred cases was successfully transferred. Five counties fell below that average, while the rest had over 70 percent of their referred cases transferred to SSI/SSP. The number of transfers increased substantially in 2009. The increase was largely due to the temporary transfer of refugee cases to SSI (as a result of Public Law 110-328) that began in October 2008 and will end October 2010 or 2011 if the person has applied for naturalization.

**Table 1
CAPI RECIPIENTS TRANSFERRED TO SSI/SSP BY YEAR
THROUGH THE SSI ADVOCACY PROGRAM**

SSIAP Counties Names	2005		2006		2007		2008		2009		Total	Total
	Ref	App	Ref	App								
Alameda	0	0	0	0	0	0	57	32	30	21	118	53
Contra Costa	79	52	39	62	19	19	26	25	17	8	180	166
Fresno	13	13	9	9	6	6	20	20	92	69	140	117
Los Angeles	449	508	509	372	483	227	442	223	2,583	1,976	4,466	3309
Orange	6	6	49	59	167	97	68	78	49	25	339	265
Riverside	152	10	128	6	118	5	350	5	285	26	1,033	52
Sacramento	51	25	20	10	31	18	9	4	35	4	146	61
San Bernardino	27	25	12	8	18	1	31	0	69	1	157	35
San Diego	49	26	29	40	18	13	23	11	14	19	133	109
San Francisco	0	0	406	60	456	75	374	106	313	94	1,549	335
San Mateo	33	12	35	27	14	16	14	10	30	40	126	105
Santa Clara	230	218	230	219	150	126	170	152	28	31	808	746
Solano	24	24	3	3	4	4	0	0	3	0	34	31
Ventura	22	21	17	2	6	0	5	2	2	12	52	37
Total	1,135	940	1,486	877	1,484	607	1,589	668	3,550	2,329	9,229	5,421

Ref=Referred

App=Approved

Alameda County started in 9/2007

San Francisco County started implementation in 4/2006

Table 2

CAPI SSIAP REFERRAL AND TRANSFER TO SSI JAN-2005 TO DEC-2009			
County	Referred	Approved	% of Approval For SSI
Alameda	118	53	49%
Contra Costa	180	166	92%
Fresno	140	117	84%
Los Angeles	4,466	3,309	74%
Orange	339	265	78%
Riverside	1,033	52	5%
Sacramento	146	61	41%
San Bernardino	157	35	22%
San Diego	133	109	82%
San Francisco	1,549	335	22%
San Mateo	126	105	83%
Santa Clara	808	746	92%
Solano	34	31	91%
Ventura	52	37	71%
Total	9,229	5,421	59%

Source: CDSS 2009 SSIAP Survey

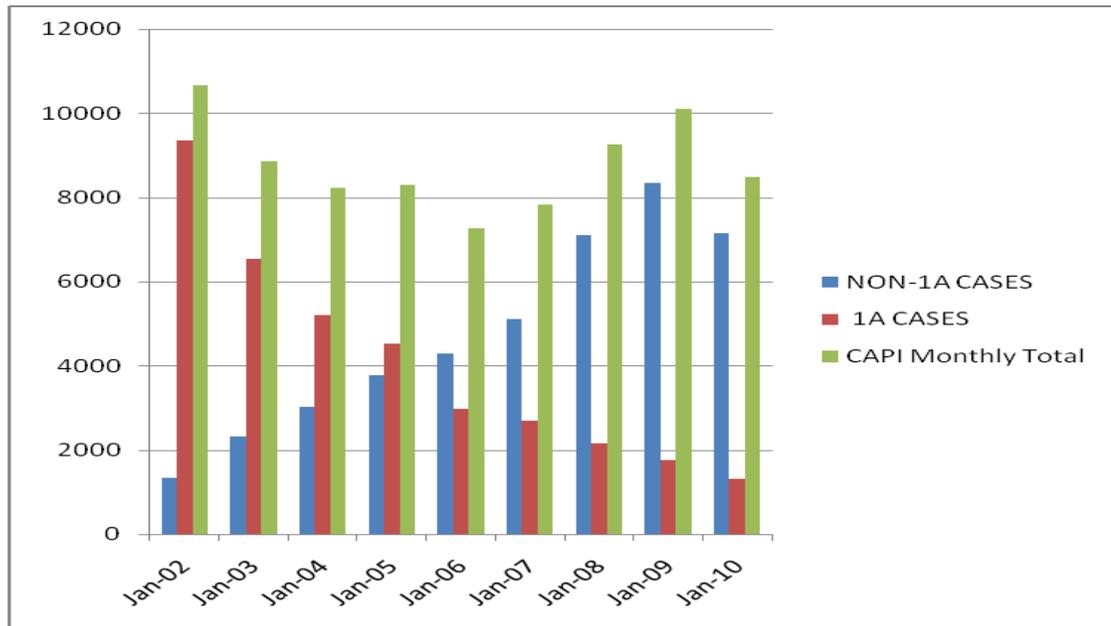
On the next page, Table 3 and Chart 1 show a substantial reduction in the targeted portion of the CAPI caseload most likely to benefit from SSI advocacy (code 1A cases) as a percentage of total caseload since 2002. In January 2002, the 1A cases represented 88 percent of the CAPI caseload. However, this percentage was down to 16 percent (as of January 2010). This reduction is from the overall decrease of 1A cases due to SSIAPs and other factors (e.g., naturalization, leaving the state, increased income or death of recipient) plus the increase in extended CAPI caseload. The decrease in the 1A caseload has been largely offset by an increase in non-1A cases. The overall caseload had remained fairly constant for several years until beginning to increase in 2008 and early 2009. The caseload then decreased later in 2009. The decline was largely due to the temporary transfer of refugee cases to SSI (as a result of Public Law 110-328) that began in October 2008 and will end October 2010 or 2011 if the person has applied for naturalization. This federal law extended the SSI eligibility time limit for refugees and other humanitarian entrants from seven to nine years. This federal law sunsets on September 30, 2011.

Table 3

CAPI CASELOAD BREAKDOWN JAN 2002 TO JAN 2010				
Month/Yr	Total CAPI CASES	NON-1A CASES	1A CASES	1A CASES % OF TOTAL
Jan-02	10,673	1,331	9,342	88%
Jan-03	8,862	2,324	6,538	74%
Jan-04	8,218	3,020	5,198	63%
Jan-05	8,286	3,770	4,516	55%
Jan-06	7,262	4,284	2,978	41%
Jan-07	7,821	5,117	2,704	35%
Jan-08	9,259	7,097	2,162	23%
Jan-09	10,093	8,343	1,750	17%
Jan-10	8,474	7,152	1,322	16%

Source: CA 1037

**Chart 1
GRAPH OF CAPI CASELOAD
Jan 2002 to Jan 2010**



Source: CA 1037

Table 4 illustrates the decrease in the 1A caseload for the 14 counties that were required to implement an SSIAP. This table shows that the 14 selected counties have demonstrated overall success in decreasing their targeted CAPI caseload.

Since implementation of the SSIAP late in 2004, the selected counties collectively have experienced a decrease in their targeted caseload by 72 percent. This table also shows a net decrease in the 1A caseload of 3,116 cases even though new 1A cases are added each month. Since January 2008, an average of about 54 new 1A cases have been added each month to the statewide CAPI caseload.

**Table 4
DECREASE IN 1A CASELOAD BY PERCENTAGE
FROM JAN 2005 TO JAN 2010**

County	January 2005 1A cases	January 2006 1A cases	January 2010 1A cases	% of Decrease in 1A caseload from January 2005
• Alameda	714	617	231	(68%)
• Contra Costa	174	119	10	(94%)
• Fresno	28	30	22	(21%)
• Los Angeles	973	631	318	(67%)
• Orange	270	257	49	(82%)
• Riverside	79	61	33	(53%)
• Sacramento	62	45	24	(58%)
• San Bernardino	88	71	28	(61%)
• San Diego	180	116	41	(68%)
• San Francisco	581	517	242	(77%)
• San Mateo	240	153	51	(58%)
• Santa Clara	757	542	70	(79%)
• Solano	98	79	58	(41%)
• Ventura	89	70	40	(55%)
Total	4,333	3,308	1,217	(72%)

Source: CA 1037 Reports

The 2007 Report to the Legislature reported a 41 percent reduction in the targeted caseload. It also reported an average of 100 new 1A cases being added each month, a number that has been cut nearly in half over the last two years.

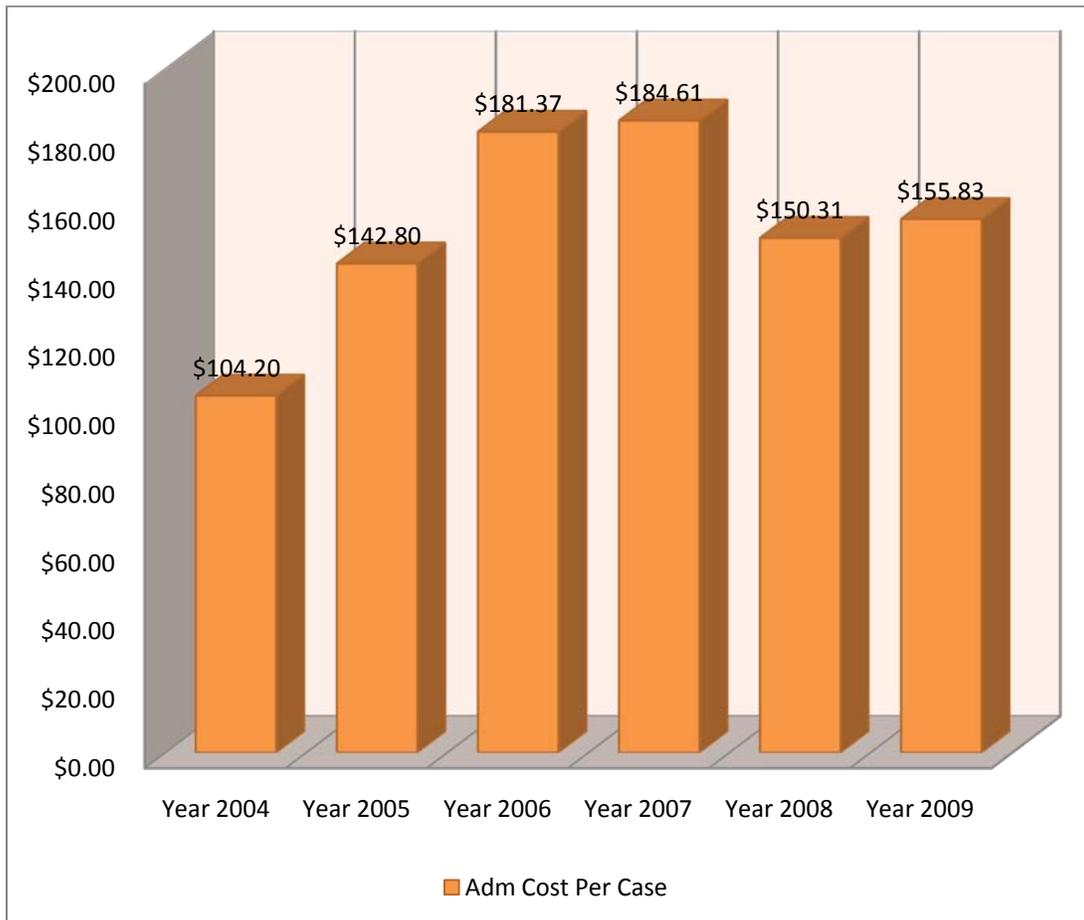
As shown on the next page in Table 5 and Chart 2, the monthly administrative cost per CAPI case increased substantially between 2004 and 2006, from \$104.20 to \$181.37. SSIAPs are not separately budgeted from CAPI, so specific SSIAP spending is not available. It is therefore impossible to say how much of the increase, if any, is due to implementation of SSIAPs; but the increase does seem to generally correlate to the same timeframes during which SSIAPs were being implemented and operated. SSIAPs, with the exception of Los Angeles County, were first implemented in 2005 with most counties fully operational by 2006. The administrative cost per case did

decrease somewhat in 2008 and 2009. The exact reasons for this are unclear, but could be related to the declining targeted caseload.

Table 5
CAPI Monthly Administrative Cost per Case

Calendar Year	Administrative Cost Per Case Per Month
Year 2004	\$104.20
Year 2005	\$142.80
Year 2006	\$181.37
Year 2007	\$184.61
Year 2008	\$150.31
Year 2009	\$155.83

Chart 2
Graph of Administrative Cost per Month 2004 to 2009



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