

FACT SHEET

State Augmentation of County Spending for Public Administrator, Public Guardian and Public Conservator Offices

A joint proposal by the

California State Association of Public Administrators, Public Guardians and Public Conservators (CA PAPGPC), the California State Association of Counties (CSAC), the County Behavioral Health Directors Association (CBHDA), SEIU-California, the California Elder Justice Coalition (CEJC), the California Commission on Aging (CCoA), the California Long Term Care Ombudsman Association (CLTCOA), the County Welfare Directors Association, and the Urban Counties of California (UCC).

PURPOSE

County Public Administrator, Public Guardian and Public Conservator (PA|PG|PC) programs provide critical safety net services without state or federal funding to the most vulnerable adult Californians and their assets. PA|PG|PC programs serve adults who are unable to act in their own best interests as a result of psychiatric disorder, cognitive impairment, or death. Through appointment by the local Superior Court, county PA|PG|PC programs become the legal decision maker with regard to psychiatric care, medical care, placement and financial management.

All 58 California counties are operating PA|PG|PC programs at full capacity and are struggling to meet the needs of target populations within their communities. In total, California counties are spending approximately \$194 million annually to provide critical safety net PA|PG|PC services to California's most at risk adults and decedent estates.

THE NEED

Legislative acts, beginning with the Omnibus Conservatorship Act in 2006, through changes in the laws regarding elder and dependent adult abuse, to the recent changes to Penal Code 1370; actions intended to improve the lives of impaired adults, including criminal offenders, have heavily impacted the size and complexity of county PA/PG/PC workloads. As a result, PA/PG/PC programs have exceeded maximum capacity and will not be able to keep up with the steady growth in target populations.

For example, changes to Penal Code section 1370 which targets individuals who have been found incompetent to stand trial; shortening the competency training period and requiring that if they are subsequently determined to be unable to be restored to competency the individual is immediately returned to the charging county. By law those individuals cannot be indefinitely incarcerated and are, as a result, referred by the Superior Court to the county Public Guardian. In the time period between 2011/12 to 2016/17 the number of defendants entering into the State Hospital system as incompetent rose from 1981 to 3178.¹ That steep increase has resulted in a significant growth in workload complexity.

FAST FACTS

- California Counties are spending app. \$194 million to provide PA|PG|PC services
- Across the State county PA|PG|PC programs are on average short staffed by 50% or more
- County PA/PG/PC programs are the only major California critical service programs that do not receive dedicated State funding

¹ Break Down in California's Mental Health System Explained; Incompetent to Stand Trial, 2019

As the Legislature considers further reforms and policies to deal with the growing number of untreated severely mentally ill Californians who are homeless; the growing number of underserved mentally ill Californians, the growing rate of crime against the estates of elders, and the growing numbers of abuse against unrepresented older and dependent adults the referrals and workload for PA/PG/PC programs will certainly grow.

Individuals served by PAPGPC programs are most often dependent upon Medi-Cal for psychiatric and/or medical care, are housing insecure and do not have sufficient resources to be able to afford anything but congregate housing and often end up homeless or in skilled nursing facilities, not as a result of care needs but as a result of Medi-Cal rules. Outside of the hospital system operated by the State of California for the treatment of criminal offenders, all facilities providing long term care to dependent adults are privately owned and operated for profit.

The California Health Care Foundation reports that the number of adults receiving psychiatric treatment through the State's Medi-Cal program rose by 50% from 2012-2015; in that same time period the number of involuntary fourteen-day forced treatment admissions to acute care psychiatric hospitals increased by 30%². Additionally, in 2017 1,400 severely mentally ill offenders were in need of intensive psychiatric care in a community acute care setting; the provision of such care in the community is facilitated through a county PAPGPC program³.

Concurrently, the Alzheimer's Association reports that between 2011 and 2021 the number of Californians age 65 or over suffering from a decline in cognitive function severe enough to cause the loss of independence in daily functioning will rise to 1.1 million⁴. Additionally, the California State Department on Aging reports that in 2014 11.1% of Californians over 60 were poor and by 2019 that figure grew to 20.7%⁵. Ergo by 2021 approximately 22,220 persons over 60 will be severely cognitively impaired and eligible for Medi-Cal services. When these individuals are unrepresented, they are referred to a county Public Guardian.

PROPOSED SOLUTION

Provide state funding to annually augment county spending by 70% or \$120 million; thereby increasing spending for statewide PA|PG|PC services to currently identified core populations from, approximately \$194 million to \$314 million. Augmented funding will provide counties the ability to increase the number of direct services staff thereby improving emergency response time, ensuring housing security, asset protection and provision of consistent services across the state.

The clients of a county PAPGPC program become, through a Court order, a dependent of that program. In assessing best practices for caseload size per worker, CAPAPGPC considered client population: severity/acuity of client needs; complexity of cases investigation through ongoing case management; regulatory and administrative requirements and availability/access of auxiliary services. Additionally, CAPAPGPC reviewed Child Welfare caseload best practices, the only other California county program whose clients, through a Court order, are the program's dependents. In reviewing the literature on best practices for Child Welfare caseload CAPAPGPC found that the results mirrored those of CAPAPGPC in that the individual worker began to exceed maximum capacity for effective case management in all areas at 30 cases. The Child Welfare research determined that a worker was most effective with 16.59 cases per month.⁶

²2.CHCF.org: *Mental Health Care in California: For Too Many, Care Not There* March 28, 2018. Wendy Holt, DMA Health Strategies

³3. law.stanford.edu: *The Prevalence and Severity of Mental Illness Among California Prisoners on the Rise* (2017) Stanford Justice Advocacy Project

⁴4 Alz.org >facts: *California State plan for Alzheimer's Disease: An action plan for 2011-2021*

⁵5 https://www.aging.ca.gov/Data_and_Reports/ State of California Department on Aging

⁶6 California Department of Social Services SB 2030 Study;

IV. Child Welfare Services Workload Study—Results and Findings

<https://www.cdss.ca.gov/cdssweb/res/cws/sb2030final/pdf/section5.pdf>

As a result, the CAPAPGPC assessment of best practice workload, dependent on complexity, for county PA/PG/PC staff falls between 17-30 cases. Based upon the aforementioned 2019 CAPAPGPC survey, currently the mean caseload of a PA/PG/PC case carrying staff person is 52 cases, regardless of complexity of case load. Presuming a high case load of 30 cases per worker; county PA/PG/PC staff persons' workloads are approximately 58% beyond maximum capacity.

As per California Probate code sections §7605; §2923 and §1456.2 county PAPGPC programs must comply with the continuing education requirements established by CAPAPGPC. The underlying code sections that govern PA/PG/PC service provision, i.e. estate and conservatorship management, have so little variance between programs that administration of training standards is most efficaciously served by one association. CAPAPGPC maintains a Standards and Certification plan and a Best Practices Guide.

Without meaningful, ongoing, augmented funding, counties will not be able to keep up with the growing demand for core PA|PG|PC services. Should California be unable to keep up with the demand for PA|PG|PC services, the likely result will be increased homelessness, abuse and neglect, increased financial crimes against decedent estates, as well as increased unmet medical and psychiatric needs for cognitively and psychiatrically impaired adult Californians.

State augmentation of county PA|PG|PC program funding will result in:

- **Strengthened core safety net services for psychiatrically and cognitively impaired adults:**
- **Strengthened core safety net services to protect assets at risk of loss or theft;**
- **Improve consistency of PA/PG/PC services across the state.**
- **Improve PA|PG|PC emergency response**
- **Improve PA/PG/PC ability to ensure health and welfare of clients through more frequent in-person visits**
- **Reduced housing insecurity for PA|PG|PC clients through improved advocacy**
- **Stabilize PA|PG|PC client long-term psychiatric treatment and placement**
- **Stabilize PA/PG/PC client long-term elder care and placement**
- **Ensure PA|PG|PC client assets are properly returned to government funders, such as Medi-Cal, upon the death of benefit receiver**
- **Ensure that restitution owed by convicted perpetrators of financial abuse is paid**

FOR MORE INFORMATION CONTACT

Scarlet D. Hughes
 Executive Director-CA PA|PG|PC
shughes@capapggpc.org
 (916) 449-9909

Chris Koper
 Legislative Analyst-CA PA|PG|PC
ckoper@capapggpc.org
 (916) 449-9908

Farrah McDaid Ting
 Leg Rep, Health & Human Srv-CSAC
fmcdaid@counties.org
 (916) 327-7500 ext. 559

Our
Partners

