



2013-2014 SANTA CLARA COUNTY CIVIL GRAND JURY REPORT

PROBATE CONSERVATORSHIP: A SAFETY NET IN NEED OF REPAIR

SUMMARY

The 2013-2014 Santa Clara County Civil Grand Jury (Grand Jury) received a complaint alleging the “mishandling” of a client’s case referred to the Office of the Public Administrator/Guardian/Conservator (PAGC). Adult Protective Services (APS) had referred the client to PAGC. The individual’s medical condition deteriorated significantly over five months, and the client died before being conserved. The Grand Jury sought to examine the actions or inactions of the PAGC in the matter. The Grand Jury’s inquiry into this case led to a broader examination of the safety net provided by Santa Clara County for seniors who are not able to advocate for themselves, have no one else to advocate for them, and whose cognitive abilities are severely compromised.

The Grand Jury explored the process of conservatorship for seniors, age 65 or older, from Adult Protective Services (APS) through PAGC to Probate Court. The management of the client’s needs during this prolonged time and the efficiency of handling the referrals to a final legal judgment of conservatorship by the Probate Court were investigated. The specific areas within APS and PAGC upon which the Grand Jury focused its attention are the following:

- The procedure of assigning an account/case number at the initial contact,
- Decisions prior to the acceptance of referrals to PAGC,
- Incomplete or insufficient information sharing between APS and PAGC,
- The Capacity Declaration,
- Training for new and current deputy public guardians,
- Updated Policies and Procedures Manual for PAGC not reflecting current practices,
- Background checks for APS workers and deputy public guardians, and
- Lack of PAGC statistics for case management.

BACKGROUND

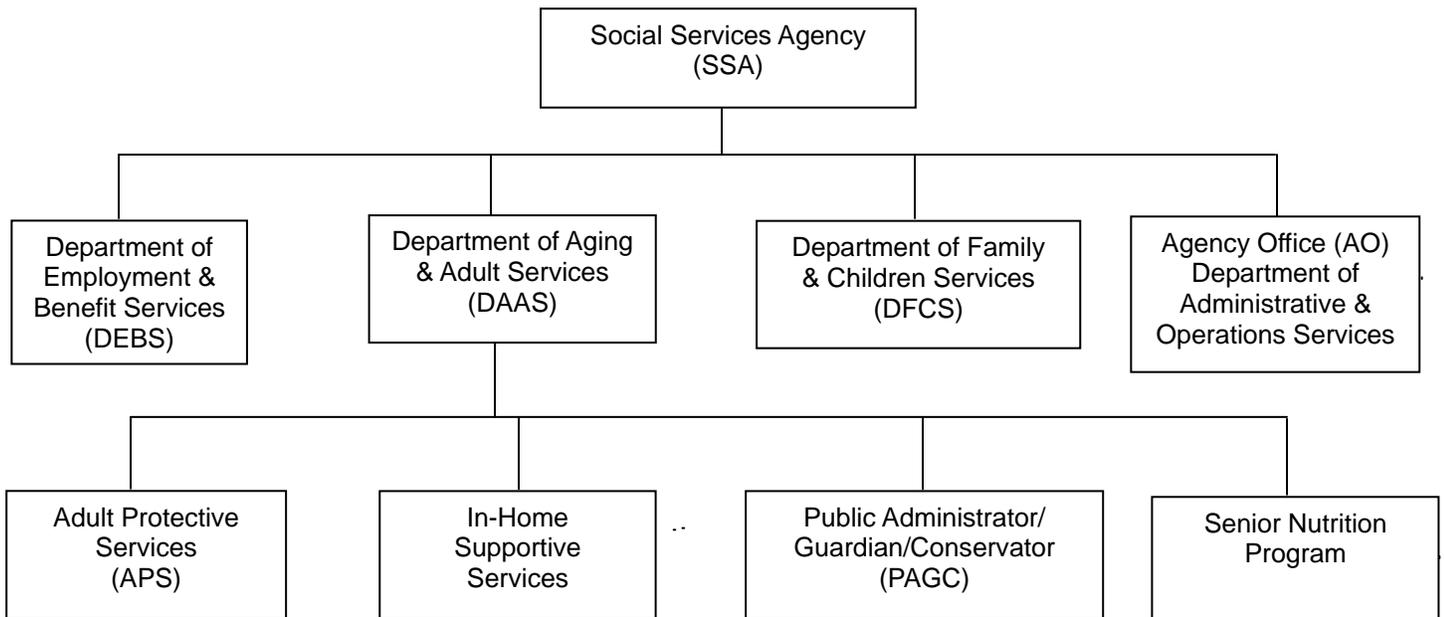
Santa Clara County is home to a population of approximately 1.8 million residents (2012 United States census estimate), of which 11.7 % are identified as over the age of 65, about 213,000 individuals.¹ Most of these elderly citizens will eventually require some level of support and assistance as they advance toward the end of their lives. A few will have limited

¹ <http://quickfacts.census.gov/qfd/states/06/06085.html>.

or no support system available within their family circle to execute their affairs.

The Department of Aging and Adult Services (DAAS), a division of the Santa Clara County Social Services Agency (SSA), was formed in 1997. DAAS consolidated several separate and distinct divisions to improve coordination among In-Home Supportive Services, the Senior Nutrition Program, the Office of the Public Administrator/Guardian/Conservator (PAGC), and Adult Protective Services (APS). The stated goals include coordinating and enhancing services for seniors that are delivered under county programs and strengthening partnerships in the community and among these departments.²

SSA Organization Chart (Abbreviated)



The Grand Jury examined the roles of APS, PAGC, and Office of the County Counsel (County Counsel).

ADULT PROTECTIVE SERVICES (APS)

APS is a department whose activities are defined by the California Welfare & Institutions Code. APS serves two population groups: elders (age 65+) and dependent adults (age 18-64) who are suspected of being abused and neglected. Types of abuse that are investigated include physical, sexual, financial, neglect or self-neglect, and isolation. Reports of abuse are taken on a 24/7 basis.³ The mission of APS is to provide preventative and remedial interventions, such as investigation, assessment, counseling, development of a service plan, case management on a time-limited basis, and referrals to community resources. The law mandates the availability of these services through APS, but since the client is not conserved, acceptance of the services is voluntary.

²Adult Protective Services Handbook of Santa Clara County, n.d., 2-2.

³Welfare and Institutions Code section 15763.

The primary goal is to maintain the client in his/her home, while securing his/her ongoing health and safety as much as possible, using existing community-based services.⁴ When the client is no longer able to make personal, health, or financial decisions without great risk to his/her well-being, or is in danger of being abused by others, and when other family members or other individuals are not willing, able, or appropriate to step into a formal caregiver role, APS makes a referral to PAGC for further investigation. The outcome of this investigation could lead to a permanent conservatorship.⁵

APS together with PAGC, the District Attorney, County Counsel, and other law enforcement entities staff the rapid response Financial Abuse Specialist Team (FAST). The team, established in 1999 by DAAS, allows a multi-disciplinary approach to take quick action and intervene in situations where the elderly person is in imminent risk of financial abuse. The team then also addresses the client’s broader issues.⁶ Non-FAST cases (clients not at imminent financial risk) do not have the same level of information sharing and cooperation among the departments.

OFFICE OF THE PUBLIC ADMINISTRATOR/GUARDIAN/CONSERVATOR (PAGC)

“The Office of the Public Guardian insures the physical and financial safety of persons unable to do so on their own, and when there are no viable alternatives to a public conservatorship. The Superior Court determines whether a conservatorship should be established. The court process includes petitioning the court and notifying the proposed conservatee and his/her family of the proceedings. A conservatorship is established only as a last resort through a formal hearing. The Superior Court can appoint the Public Guardian as a conservator of the person only, estate only (for probate), or both person and estate.”⁷

The PAGC serves several groups of clients: elderly and dependent adults (probate conservatorships) and the severely mentally ill under the State of California Lanterman-Petris-Short Act of 1967 (LPS conservatorships – CA Welfare & Institutions Code §5000 et seq.). Probate and LPS conservatorships have separate divisions within PAGC, and each operates its own intake and ongoing units. The intake unit case manages the client who is awaiting conservatorship; the ongoing unit assumes management after the granting of conservatorship. The Public Administrator handles the closing of estates of the deceased, when no other alternatives such as wills and trusts exist.



⁴ *Id.* at 15750 et. seq.

⁵ Adult Protective Services Handbook of Santa Clara County, n.d., 9-5

⁶ “Financial Abuse Specialist Team Practice Guide Santa Clara County,” Version 1.0, 12/2010, 3

⁷ <http://www.sccgov.org/sites/ssa/Department%20of%20Aging%20-20%Adults%...Services/Public%20Guardian/Pages/Office-of-the-Public-Guardian.aspx>.

The Probate Intake Unit receives referrals from APS, skilled nursing facilities, hospitals, the court, and the community when there is concern about the cognitive and/or physical ability of the elderly person to function competently on his/her own, or for protection from outside abuse (financial, physical, emotional), and long-term intervention appears to be warranted. (See Appendix A.) Following an extensive investigation, the Public Guardian (PG) may decide to petition the Probate Court to request appointment of the PG as the legal conservator of record. This occurs only after extensive exploration for less restrictive alternatives such as willing and available family members or friends, and no one is found.

The individual can be conserved in the following ways, as determined in Probate Court:

Conservatorship of the person: The conservator assures that all personal care, medical care, and services needed to maintain a safe and comfortable living environment are provided for the conservatee.

Conservatorship of the estate: The conservator bears the responsibility for locating, managing, and protecting all assets of the conservatee's estate. She/he also applies for all income and benefits to which the conservatee is entitled, pays all just debts, and keeps separate records of all the funds received and disbursed on the conservatee's behalf.

An individual may have both his/her person and estate conserved, based on the judgment of the court after careful consideration of all of the facts in the case.

There are two types of probate conservatorship, permanent and temporary. The first step for both is to determine if the client is a candidate for referral for conservatorship. According to the Policies and Procedures Manual of the PAGC (Procedure 704.0), PAGC has 30 days to respond to the referring party; e.g., APS, hospital, or nursing home about accepting the referral. Once the referral is accepted, the deputy public guardian investigates the need for conservatorship and assembles a packet of documents including the Capacity Declaration, a physician's evaluation of a person's ability to handle his/her well-being and affairs. (See Appendix B.) A completed Capacity Declaration is mandatory to obtain a conservatorship. Then the deputy public guardian sends the packet to County Counsel. If the packet is complete, County Counsel prepares the petition for conservatorship, and a court date is initially calendared for 10 weeks in the future. After the Probate Court receives the petition, the Superior Court investigator independently reviews the documents and further investigates so that she/he can make a recommendation to the judge on conservatorship.

If time is of the essence, a temporary conservatorship can be sought. The temporary conservatorship has a limited term of one month. PAGC may petition the Probate Court to extend the temporary conservatorship, if needed.⁸ This conservatorship has limited powers necessary to ensure the health, safety, and support of the proposed conservatee and protection of his/her property. It protects the client in the moment (a medical or financial emergency) before going forward with a permanent conservatorship.⁹ A permanent

⁸ Probate Code section 2257

⁹ Probate Code section 2252

conservatorship is petitioned at the same time as the temporary conservatorship with the client being charged a fee for both petitions. Temporary conservatorships are filed with the court for a hearing date within three weeks. Unlike the permanent conservatorship, the temporary conservatorship does not allow decisions concerning the conservatee's real estate, routine medical care, or financial matters, unless urgent.

For purposes of this investigation, the Grand Jury chose to focus only on the portion of PAGC that deals with non-LPS probate conservatorships for the elderly from the point of referral to the Probate Court naming the Public Guardian as legal conservator. The process of moving a client through conservatorship is complicated and prolonged.

In the process of probate conservatorship, clients can spend as much as four to six months in a holding pattern, between PAGC'S acceptance of a case and the Probate Court's formal granting of temporary and/or permanent conservatorship. During this period, the client has already been deemed to lack the capacity to make good decisions for him/herself, as established by a physician via the Capacity Declaration. Further, the deputy public guardian assigned to the client has not been granted any legal authority to conduct business on behalf of the client.

Until permanent conservatorship is completed, the deputy public guardian must confront the clients' day-to-day issues without having the legal capacity to make decisions for the clients. The Grand Jury found that deputy public guardians, by necessity, bring their own personal skills and creativity into play to respond to clients' inability to care for their own needs under these precarious circumstances.

A temporary conservatorship may be sought to alleviate a crisis and is only a stopgap solution. It is limited in time, thirty days, and scope, a medical or financial emergency. Once the permanent conservatorship is in place, PAGC officially assumes the ongoing legal and physical responsibility for attending to all business and personal decisions surrounding the clients, and they will be case-managed accordingly.

The Grand Jury concludes that this legal limbo in which the deputy public guardians find themselves underscores the need to eliminate any delays within the conservatorship process that are easily correctable.

OFFICE OF THE COUNTY COUNSEL

The Office of County Counsel (County Counsel) is the legal advisor to the County of Santa Clara. Within this department are attorneys representing various practice areas, and according to County Counsel, the "Probate Section represents and advises the PAGC in almost 1,000 conservatorship, decedent estate and trust proceedings each year."¹⁰ The deputy county counsel assigned to probate prepares the petition for conservatorship, based on documents received from PAGC. The County Counsel staff calendars the case for a Probate Court hearing. Prior to the hearing in Probate Court, a court-appointed individual, the court investigator, does an additional independent examination of the facts. The investigator independently evaluates the need for conservatorship and recommends whether the court

¹⁰ <http://www.sccgov.org/sites/cco/Pages/Office-of-County-Counsel.aspx>.

should grant a conservatorship.

METHODOLOGY

In preparing this report, the Grand Jury conducted 17 interviews, received email responses to questions, did web searches, attended a demonstration of the PAGC Panoramic Case Management System (PANO) and examined various documents. The Grand Jury subpoenaed and reviewed financial, medical, and case management records of the deceased client mentioned in the complaint.

Interviewed employees from the following:

- Adult Protective Services (APS),
- Office of the Public Administrator/Guardian/Conservator (PAGC),
- Office of the County Counsel, and
- Superior Court of California.

Emailed communications with the following departments of Santa Clara County:

- Social Services Agency (SSA) which includes the Department of Aging and Adult Services (DAAS), APS, and PAGC,
- Office of County Counsel,
- Employee Services Agency (ESA), and
- Superior Court of California.

Web searches (See Appendix C.1.)

Manuals and codes (See Appendix C.2.)

Statistics for APS, PAGC, and Superior Court of California (See Appendix C.3.)

Forms and documents not included in the above (See Appendix C.4.)

DISCUSSION

The Grand Jury began its investigation in response to a complaint that PAGC delayed establishing a conservatorship over a client who was referred to PAGC by APS. The client's medical condition deteriorated over five months with the client dying without a conservatorship in place. The Grand Jury reviewed this specific case and did not conclude that there was mishandling. Nevertheless, this case directed the Grand Jury's efforts to review and to evaluate the processes involved in determining conservatorship for the elderly.

The following sections outline what legal, procedural, and communication processes/factors

contribute to such a lengthy process for conservatorship. The Grand Jury also notes deficiencies and obstacles, which must be addressed in order to better the process.

Process for Receiving, Formally Recording, and Accepting Referrals

The Grand Jury found that when a referral is taken from a referring party, there are inconsistencies as to when the information is logged into the Panoramic Case Management System (PANO) and assigned an account/case number. The Grand Jury learned of instances where the inputting of data had been delayed, and therefore the client was not being tracked in the system, essentially lost and not receiving services. In those cases, the issue was brought to light when the referring party made inquiry as to the status of the client, and hard copies of the documents had to be hunted down. Procedure 709.1, updated January 21, 2014, requires that client data be entered when the referral is received, and this process is not followed in each and every case. As a result, the Grand Jury also learned that because of these past issues, a new PANO screen dedicated to the entry of referral data was going to be developed, along with clearer guidelines as to when and who would input data and assign an account number. The new screen, along with a new PAGC Procedure 709.2, dated May 20, 2014, is to be implemented.

Regarding the PAGC determination process for accepting or rejecting a client for conservatorship, which involves the removal of civil rights, the Grand Jury learned that a formal change is planned for the near future that will restructure how incoming referrals are reviewed. Currently, recommendations for acceptance or rejection of a client are at the discretion of one employee, and that decision is passed on to the Public Guardian for concurrence. The proposed new process will create a three-person panel to discuss and evaluate the merits of each case prior to the decision to accept or reject. It is intended to allow differing staff perspectives to be presented and considered collaboratively. This panel will convene bi-weekly. This one-year trial project was given a March 1, 2014 start date, but had not been implemented as of May 1, 2014.

Communication between APS and PAGC/Incomplete Information Sharing

The Grand Jury's investigation revealed that information sharing between APS and PAGC is critical for evaluating a client for possible conservatorship and for knowing when the conservatorship is completed. Complicating the situation, APS and PAGC have different computer systems that can be accessed only by the respective employees of each division. The investigation revealed that information sharing between APS and PAGC needs improvement.

APS completes and sends an interdepartmental form to PAGC entitled Request to Establish a Probate Conservatorship (SC-1). This form provides only basic client information including contacts, income, physician, and reason for conservatorship. PAGC cited a need for more information in SC-1 including relevant details contained in previous referrals to APS and potentially dangerous situations (aggressive dog, gun in the home, or resistant individuals). The lack of information results in the deputy public guardian having to discover the details on his/her own versus just reconfirming the veracity of the facts. If a situation is known to be potentially dangerous, the deputy public guardian would obtain appropriate backup when visiting the client in the home. As a result, with information that is more detailed, the deputy

public guardian would be able to proceed more safely, effectively, and with a clearer understanding of the client's situation.

After receiving a referral for evaluation of conservatorship from APS, the deputy public guardian is required within thirty days per PAGC Procedure 704.0 to contact APS as to the acceptance of the referral for conservatorship investigation. This notification is important to assist the APS worker in his/her further case planning for the referred client. The Grand Jury found that once PAGC acknowledges the referral and undertakes further evaluation of the client, little or no additional information about the client is shared. Since not all referred clients are conserved, it is important for the APS worker to be kept in the loop so that they will know if the client is still being actively evaluated and is receiving services from PAGC. This information influences the APS worker's decision when to close the case.

The Grand Jury was told that the lack of two-way communication between the departments is an issue. Clearly, a more collaborative approach between APS and PAGC would greatly benefit their shared clients.

Capacity Declaration

In every request for a formal conservatorship through the Probate Court, the client's physician must complete a Judicial Council of California Form GC-335, the Capacity Declaration. (See Appendix B.) The physician renders his/her professional opinion about the cognitive capacity of the individual to manage his/her own affairs and to perform activities of daily living. An additional attachment to the Capacity Declaration for dementia evaluation allows placement in a secured facility and the use of psychotropic medication (Probate Code §2356.5). The APS social worker, during the initial investigation, or the PAGC deputy assigned to manage the case is responsible for coordinating with the physician to complete this form. It is the responsibility of the PAGC deputy to ensure that the form is complete when sending the referral to County Counsel to petition the court for conservatorship. Since the Capacity Declaration is the basis for a formal judgment to conserve and legal proof of the need for a conservatorship, incomplete forms are returned to the PAGC deputy who then has to contact the physician again. Without a completed Capacity Declaration, a court hearing cannot be set, and the case is unable to advance through the Probate Court system. This results in a delay in the conservatorship process.

Staff Training

The 2012-2013 Santa Clara County Civil Grand Jury identified that the PAGC lacked a formal training plan for new employees and interoffice transfers.¹¹ As of March 1, 2014, the PAGC has made only minimal progress towards resolving this problem. There continues to be no formal written training manual or program to address this problem; the preferred method seems to be shadowing more experienced employees and obtaining information from a supervisor. It is important that PAGC address this, particularly since staff turnover in the PAGC Probate Intake Unit has been greater than 50 percent in the past two years.

A specific example of lack of training is in the use of a computerized case management

¹¹ 2012-2013 Santa Clara County Civil Grand Jury, *Improvements Are Needed in the Office of the Public Administrator/Guardian/Conservator*.

system. In 2009, PAGC implemented a new computerized system, Panoramic Case Management System (PANO), for managing its work. The PANO vendor describes it as a case management system designed to handle cases from investigation and opening to case closure. PANO tracks clients, their assets, heirs, and maintains case notes.¹² The 2012-2013 Grand Jury found that PAGC personnel were not utilizing PANO consistently, and PAGC had no clearly delineated personnel responsible for problem solving, maintenance, and training for the software system.¹³ The 2013-2014 Grand Jury investigation has revealed that PAGC staff training on PANO consists of informal training with a supervisor and peers. The Grand Jury was told that PAGC has hired an employee to receive training from the PANO vendor with the intent that this person will then instruct the employees of PAGC how to use PANO. While this may appear to be progress, it has been five years since PANO was implemented, and the lack of formal training continues to prevent it from being utilized to its fullest capacity.

A formal job training program including the use of PANO results in a consistent, competent, and accountable staff, ultimately benefitting the client.

Policies and Procedures for PAGC

The basic guide to the day-to-day operations of PAGC is its Policies and Procedures Manual (P&Ps) that directs employees through the various processes required to serve their clients and provides step-by-step details for each task.

The 2012-2013 Santa Clara County Civil Grand Jury reviewed the PAGC's P&Ps and found that as of August 2012 nearly two-thirds of the policies and procedures had not been reviewed or updated for five years or more.¹⁴ As a result, an effort has been undertaken over recent months to have the manual reformatted, updated, and made available to staff on the PAGC intranet. The Grand Jury was informed that the process has now been completed for the entire manual, and the P&Ps are now up to date.

The Grand Jury learned that the content of many of the P&Ps was not updated; only the dates on the pages were changed. For instance, old job titles and references to a former computer case management program have not been removed raising concern as to how much attention was given to the updates of the procedures themselves.

This leaves the Grand Jury to wonder how effective the P&Ps are in guiding new staff, or serving as a reference for all staff in conducting the work of the department. The Grand Jury determines that there is still much work to be done in this area including updating current job titles and responsibilities.

Background Checks

The employees of APS and PAGC have access to frail and cognitively impaired clients' homes and frequently handle personal property, financial assets, and household goods. According to the Annual Report of PAGC on August 8, 2013, PAGC manages a financial

¹² <http://www.panosoft.com>.

¹³ 2012-2013 Santa Clara County Civil Grand Jury, *Improvements Are Needed in the Office of the Public Administrator/Guardian/Conservator*.

¹⁴ *ibid*.

inventory of clients' assets totaling \$62,787,998.25.¹⁵ Additionally, personal property and valuables are kept in storage at a warehouse and a locked property room, accessed by select PAGC employees.

The Grand Jury found that employees of APS and PAGC are not fingerprinted. The current background check for a potential new hire searches only the last seven years for felonies and misdemeanors. It does not include Live Scan, a computerized fingerprinting system that searches nationally for criminal activity from 18 years of age to the present. Live Scan is no more expensive than the more limited background check presently done for prospective APS or PAGC hires. The increase in the level of background checks to include Live Scan review requires the concurrence of county management and county labor bargaining units. The Grand Jury contends that these new personnel should be subjected to fingerprinting and additional scrutiny from age 18 forward to current age when hired by the county to safeguard and minimize the risk to this vulnerable population and their assets.

Inadequate Statistics

The Social Services Agency (SSA) publishes statistics both quarterly and annually. The quarterly document is called the Vital Signs Report,¹⁶ and the annual report is presented to the Board of Supervisors (BOS) Children, Seniors and Families Committee of Santa Clara County.¹⁷

In the preface of the Vital Signs Report, the importance of statistics is well stated: "Performance Management in the SSA is an interactive process that includes setting and clarifying goals; developing targets and measures to assess progress; meet reporting requirements, monitor program outcomes, evaluate program and management effectiveness; and to increase the use of performance indicators to [produce] informed [ed] programmatic decisions."¹⁸

However, looking at the quarterly Vital Signs Report, the Grand Jury was unable to evaluate the magnitude of the workload of the Probate Intake Unit because the following statistics were combined with the LPS unit:

- number of PAGC cases managed monthly (Appendix D.1 and D.2),
- initial evaluation completed by PAGC within seven days (Appendix D.1 and D.2), and
- percentage of face-to-face contacts with all conservatees within 90 days (Appendix D.2).

¹⁵ Office of the Public Administrator Guardian/Conservator 2013 Annual Report, Social Services Agency Department of Aging and Adult Services, 11.

¹⁶ Vital Signs Report-A Review of Key Performance Indicators; quarterly, published by Santa Clara County Social Services Agency Division of Data Analysis, Program Integrity and Research-Office of Research and Evaluation, July-September. 2013.

¹⁷ Office of the Public Administrator Guardian/Conservator 2013 Annual Report, Social Services Agency Department of Aging and Adult Services.

¹⁸ Vital Signs Report-A Review of Key Performance Indicators; quarterly, published by Santa Clara County Social Services Agency Division of Data Analysis, Program Integrity and Research-Office of Research and Evaluation, July-September. 2013, i.

In addition, the accuracy of the combined statistics is in question because the Probate Intake Unit does not track initial referrals in a consistent manner according to their own procedures. Combined with the lack of formal training on PANO and the resultant lack of uniformity in recording the case data, the Grand Jury questions the validity of all the PAGC combined statistics.

Also in the quarterly Vital Signs Reports, there are two categories of data that are listed without numbers because the “data [is] unavailable.”¹⁹ This data has not been available for several past quarterly reports. The categories are:

- file conservatorship inventories with the court within 90 days (Appendix D.2), and
- complete annual LPS reappointments within court time guidelines (Appendix D.2).

In the latest Vital Signs Report (October 2013 through December 2013), these categories are deleted.

When the Grand Jury asked for further statistics for the Probate Intake Unit such as source of referral and number of referrals accepted and rejected, a report was produced that showed the number of referrals in 2012 was 73 and in 2013 was 89. (See Appendix A.) However, the number of referrals to the Probate Intake Unit provided by PAGC in their annual report to the Children, Seniors and Families Committee of the BOS averaged 200 per year.²⁰ PAGC admitted that the information provided to the BOS committee was incorrect, overstated by more than 100%. In summary, the Probate Intake Unit does not actively track their referrals as to number or source although PANO, their computerized system, has that capability.

The Grand Jury concurs with the SSA's Vital Signs Report that performance measurement statistics would facilitate effective management of PAGC including staffing and budgeting. However, the statistics need to be accurate, meaningful, and complete.

CONCLUSIONS

The Grand Jury investigated Adult Protective Services (APS) and the Office of the Public Administrator/Guardian/Conservator (PAGC) from the point of conservatorship intake referral to PAGC to completion of the conservatorship process in Probate Court. The Grand Jury conducted interviews and reviewed documents.

Over the past several years in spite of ongoing scrutiny from various sources including an internal audit manager, Santa Clara County Board of Supervisors, and the 2012-2013 Grand Jury, many issues remain unresolved within PAGC. The Grand Jury learned that PAGC has an understanding of several existing problems, and PAGC has offered reasonable solutions for them, but is failing to meet their own deadlines.

PAGC does not consistently follow the procedure as outlined in their Policies and Procedures

¹⁹ Ibid, 21.

²⁰ Office of the Public Administrator Guardian/Conservator 2013 Annual Report, Social Services Agency Department of Aging and Adult Services, 4.

Manual that requires the Probate Intake Unit to record all referrals (APS and community) by giving each an account/case number. This makes the referral nearly impossible to track prior to acceptance because there is no account/case number assigned. This is an area where a proposal for improvement--a new intake screen in the Panoramic Case Management System (PANO) dedicated to entering and tracking incoming referrals--is in the process of being implemented.

The decision to accept or reject each new referral presently is at the discretion of one employee; a three-person panel will replace this process. The purpose of the panel is to review the merits of each incoming referral, determine whether the client will be accepted by PAGC for continuing investigation, and create an open forum for the decision-making process that does not currently exist. The Grand Jury learned that this proposal for improvement has recently been initiated.

Two-way communication between APS and PAGC needs to be improved. Both entities are under the auspices of the Social Services Agency's Department of Aging and Adult Services. This department was formed in 1997 in order to facilitate interaction among staff of various units serving seniors and thereby improving the flow of services for these clients. The Grand Jury found that APS and PAGC work cooperatively on urgent cases involving financial risk to the elder (called the FAST team). However, in non-FAST cases, they sometimes provide less than complete information to each other that could make their work more efficient and effective as they serve this very vulnerable and isolated population.

No court hearing date can ever be set without a complete Capacity Declaration. This form, filled out by the client's physician, is used to justify the reasons for seeking conservatorship (lack of physical/mental capacity for managing the client's own affairs). It is the responsibility of the PAGC Probate Intake Unit to ensure this form is complete and accurate. However, the Grand Jury identified it as a document that is not consistently filled out properly or is incomplete and must be returned to the physician causing delays in the conservatorship process. Reviewing the form for accuracy and completeness, prior to sending it to County Counsel, would greatly benefit the client by reducing the time to conservatorship.

The 2012-2013 Grand Jury identified the lack of PAGC training, including the use of PANO, as an issue. It is an ongoing problem. There is a high staff turnover rate within the Probate Intake Unit, and as of March 1, 2014, there was no formalized training plan in place to train replacement staff. Additionally, the Policies and Procedures Manual of PAGC still has incorrect information and therefore is a questionable training and reference tool.

Also of concern to the Grand Jury is the way new hires to APS and PAGC are screened by the Employee Services Agency (Human Resources). The employees of APS and PAGC have access to the homes and property of frail and possibly cognitively impaired individuals, exposing these clients to potential outside abuse. The Grand Jury concludes that all new employees of both departments should receive a higher level of screening, including Live Scan fingerprinting.

Very few statistics are routinely kept and reported by PAGC's Probate Intake Unit. In response to the Grand Jury's request, PAGC had difficulty, but did provide basic statistics (number and sources of referrals, acceptance and rejection rates) for their Probate Intake

Unit. The Grand Jury has noted discrepancies in the number of referrals provided to them by PAGC compared to the number of referrals PAGC referenced in the Office of the PAGC 2013 Annual Report. There is a concern that without correct client counts, well-informed decisions regarding staffing and funding cannot be reasonably made.

The Grand Jury concludes that there are many hardworking, dedicated employees in PAGC who put forth their best efforts on behalf of their clients. However, they are working at a distinct disadvantage because of the operational deficiencies described in this report.

Some of the concerns noted in this report are currently being addressed as a result of the Grand Jury's investigations. The Grand Jury strongly suggests that the County continue to focus on improving the conservatorship process. Thus, for some of the county's most vulnerable citizens, the current path to conservatorship may eventually become streamlined to maximum efficiency.

FINDINGS AND RECOMMENDATIONS:

FINDING 1

By not assigning account/case numbers immediately upon receipt of referrals, PAGC does not follow Procedure 709.1 updated January 21, 2014, "Screening of Referrals," of the PAGC's Policies and Procedures Manual.

RECOMMENDATION 1

The County should require PAGC to follow its new Procedure 709.2 dated May 20, 2014, "Probate Unit Referral Process," in PAGC's Policies and Procedures Manual.

FINDING 2

Acceptance of referrals to PAGC for evaluation for conservatorship, which removes a person's civil liberties, is decided by one person with the concurrence of upper management-

RECOMMENDATION 2

The County should implement the proposed pilot project of a three-person panel for evaluation of conservatorship referrals in accordance with the new Procedure 709.2 dated May 20, 2014.

FINDING 3

Poor communication and incomplete information sharing from APS to PAGC in non-FAST cases result in inefficiencies and duplication of work.

RECOMMENDATION 3

The County should require APS and the PAGC to develop efficient and effective methods of communication and information sharing.

FINDING 4

In non-FAST cases, PAGC does not always inform APS about the status of the referral after acceptance of the referral for conservatorship investigation.

RECOMMENDATION 4

The County should require PAGC to inform APS of any pertinent changes in the client's status and when conservatorship is granted.

FINDING 5

The Capacity Declaration, a mandatory Judicial Council of California form, is not always completed correctly by the attending physician, resulting in the delay of the conservatorship process.

RECOMMENDATION 5

The County should devise a process to improve identification of errors and omissions on the Capacity Declaration prior to the acceptance of it.

FINDING 6

As of March 1, 2014, there are no formalized written training programs for new and current PAGC staff.

RECOMMENDATION 6a

The County should develop and implement a formal written case management training program for new and current PAGC staff.

RECOMMENDATION 6b

The County should develop and implement a formal written training program for the use of PANO for new and current PAGC staff.

FINDING 7

The current PAGC Policies and Procedures Manual does not reflect current job titles and responsibilities.

RECOMMENDATION 7

The County should require PAGC to correct its Policies and Procedures Manual to reflect current job titles and responsibilities.

FINDING 8

Background checks of prospective APS personnel, prior to the time of hire into the department, do not include Live Scan screening.

RECOMMENDATION 8

The County should require all prospective personnel of APS to receive Live Scan screening prior to the time of hire into the department.

FINDING 9

Background checks of prospective PAGC personnel, prior to the time of hire into the department, do not include Live Scan screening.

RECOMMENDATION 9

The County should require all prospective personnel of PAGC to receive Live Scan screening prior to the time of hire into the department.

FINDING 10

PAGC case management statistics are often incomplete, limited in scope, and inaccurate, leading to SSA management's inability to make effective management and budget decisions.

RECOMMENDATION 10

The County should require PAGC to research, identify, and report complete, comprehensive, and accurate case management statistics.

Appendix A

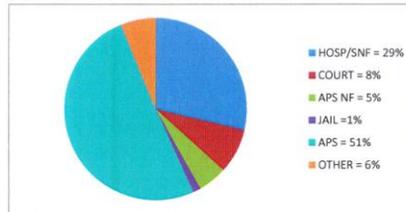
PROBATE REFERRALS RECEIVED, CY 2011 - 2013

Sources	1st 6 Mo	2nd 6Mo	2011	Sources	1st 6 Mo	2nd 6Mo	2012	Sources	1st 6 Mo	2nd 6Mo	2013
HOSP/SNF	26	12	38	HOSP/SNF	14	3	17	HOSP/SNF	15	13	28
COURT	4	2	6	COURT	3	5	8	COURT	4	5	9
PGO	0	0	0	PGO	0	0	0	PGO	0	0	0
APS NF	2	2	4	APS NF	4	2	6	APS NF	3	2	5
JAIL	2	2	2	JAIL	0	0	0	JAIL	0	2	2
APS	50	25	75	APS	29	7	36	APS	18	17	35
OTHER	1	1	2	OTHER	5	1	6	OTHER	2	8	10
Totals	85	42	127	Totals	55	18	73	Totals	42	47	89

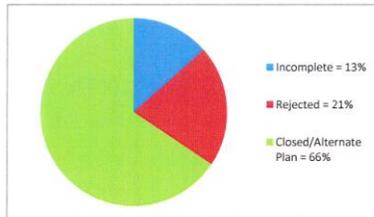
Rejected	2011	2012	2013	Totals
Incomplete	0	3	6	9
Rejected	1	6	7	14
Closed/Alternate Plan	11	10	23	44
Total	12	19	36	67

Total Accepted	222
Total Rejected	67
Total Referrals	289

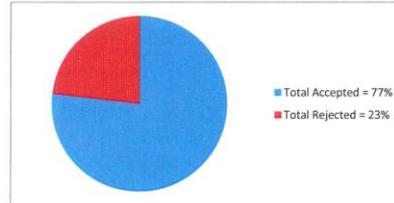
Source of Probate Referrals, CY 2011 - 2013



Rejected Referrals, CY 2011 - 2013



Accepted and Rejected, CY 2011-2013



Deaths prior to completion of conservatorship process and number forwarded to County Counsel will require a case by case analysis during the three year period.

Appendix B

GC-335

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i> TELEPHONE NO.: _____ FAX NO. <i>(Optional):</i> _____ E-MAIL ADDRESS <i>(Optional):</i> _____ ATTORNEY FOR <i>(Name):</i> _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF <i>(Name):</i> <input type="checkbox"/> CONSERVATEE <input type="checkbox"/> PROPOSED CONSERVATEE	
CAPACITY DECLARATION—CONSERVATORSHIP	CASE NUMBER
<p style="text-align: center;">TO PHYSICIAN, PSYCHOLOGIST, OR RELIGIOUS HEALING PRACTITIONER</p> <p>The purpose of this form is to enable the court to determine whether the (proposed) conservatee <i>(check all that apply)</i>:</p> <p>A. <input type="checkbox"/> is able to attend a court hearing to determine whether a conservator should be appointed to care for him or her. The court hearing is set for <i>(date)</i>: _____ <i>(Complete item 5, sign, and file page 1 of this form.)</i></p> <p>B. <input type="checkbox"/> has the capacity to give informed consent to medical treatment. <i>(Complete items 6 through 8, sign page 3, and file pages 1 through 3 of this form.)</i></p> <p>C. <input type="checkbox"/> has dementia and, if so, (1) whether he or she needs to be placed in a secured-perimeter residential care facility for the elderly, and (2) whether he or she needs or would benefit from dementia medications. <i>(Complete items 6 and 8 of this form and form GC-335A; sign and attach form GC-335A. File pages 1 through 3 of this form and form GC-335A.)</i></p> <p><i>(If more than one item is checked above, sign the last applicable page of this form or form GC-335A if item C is checked. File page 1 through the last applicable page of this form; also file form GC-335A if item C is checked.)</i></p> <p>COMPLETE ITEMS 1–4 OF THIS FORM IN ALL CASES.</p>	

GENERAL INFORMATION

1. *(Name):*
2. *(Office address and telephone number):*
3. I am
 - a. a California licensed physician psychologist acting within the scope of my licensure with at least two years' experience in diagnosing dementia.
 - b. an accredited practitioner of a religion whose tenets and practices call for reliance on prayer alone for healing, which religion is adhered to by the (proposed) conservatee. The (proposed) conservatee is under my treatment. *(Religious practitioner may make the determination under item 5 ONLY.)*
4. (Proposed) conservatee *(name)*:
 - a. I last saw the (proposed) conservatee on *(date)*:
 - b. The (proposed) conservatee is is NOT a patient under my continuing treatment.

ABILITY TO ATTEND COURT HEARING

5. A court hearing on the petition for appointment of a conservator is set for the date indicated in item A above. *(Complete a or b.)*
 - a. The proposed conservatee is able to attend the court hearing.
 - b. Because of medical inability, the proposed conservatee is NOT able to attend the court hearing *(check all items below that apply)*
 - (1) on the date set *(see date in box in item A above)*.
 - (2) for the foreseeable future.
 - (3) until *(date)*:
 - (4) **Supporting facts** *(State facts in the space below or check this box and state the facts in Attachment 5):*

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
 Date: _____

 (TYPE OR PRINT NAME)

 (SIGNATURE OF DECLARANT)

Page 1 of ____

CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name):	CASE NUMBER:
<input type="checkbox"/> CONSERVATEE <input type="checkbox"/> PROPOSED CONSERVATEE	

6. EVALUATION OF (PROPOSED) CONSERVATEE'S MENTAL FUNCTIONS

Note to practitioner: This form is *not* a rating scale. It is intended to assist you in recording your *impressions* of the (proposed) conservatee's mental abilities. Where appropriate, you may refer to scores on standardized rating instruments.

(Instructions for items 6A–6C): Check the appropriate designation as follows: **a** = no apparent impairment; **b** = moderate impairment; **c** = major impairment; **d** = so impaired as to be incapable of being assessed; **e** = I have no opinion.)

A. Alertness and attention

- (1) Levels of arousal (lethargic, responds only to vigorous and persistent stimulation, stupor)
 - a b c d e
- (2) Orientation (types of orientation impaired)
 - a b c d e Person
 - a b c d e Time (day, date, month, season, year)
 - a b c d e Place (address, town, state)
 - a b c d e Situation ("Why am I here?")
- (3) Ability to attend and concentrate (give detailed answers from memory, mental ability required to thread a needle)
 - a b c d e

B. Information processing. Ability to:

- (1) Remember (ability to remember a question before answering; to recall names, relatives, past presidents, and events of the past 24 hours)
 - i. Short-term memory a b c d e
 - ii. Long-term memory a b c d e
 - iii. Immediate recall a b c d e
- (2) Understand and communicate either verbally or otherwise (deficits reflected by inability to comprehend questions, follow instructions, use words correctly, or name objects; use of nonsense words)
 - a b c d e
- (3) Recognize familiar objects and persons (deficits reflected by inability to recognize familiar faces, objects, etc.)
 - a b c d e
- (4) Understand and appreciate quantities (deficits reflected by inability to perform simple calculations)
 - a b c d e
- (5) Reason using abstract concepts. (deficits reflected by inability to grasp abstract aspects of his or her situation or to interpret idiomatic expressions or proverbs)
 - a b c d e
- (6) Plan, organize, and carry out actions (assuming physical ability) in one's own rational self-interest (deficits reflected by inability to break complex tasks down into simple steps and carry them out)
 - a b c d e
- (7) Reason logically.
 - a b c d e

C. Thought disorders

- (1) Severely disorganized thinking (rambling thoughts; nonsensical, incoherent, or nonlinear thinking)
 - a b c d e
- (2) Hallucinations (auditory, visual, olfactory)
 - a b c d e
- (3) Delusions (demonstrably false belief maintained without or against reason or evidence)
 - a b c d e
- (4) Uncontrollable or intrusive thoughts (unwanted compulsive thoughts, compulsive behavior).
 - a b c d e

(Continued on next page)

CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name):	CASE NUMBER:
<input type="checkbox"/> CONSERVATEE <input type="checkbox"/> PROPOSED CONSERVATEE	

6. (continued)

D. **Ability to modulate mood and affect.** The (proposed) conservatee has does NOT have a pervasive and persistent or recurrent emotional state that appears inappropriate in degree to his or her circumstances. (If so, complete remainder of item 6D.) I have no opinion.

(Instructions for item 6D: Check the degree of impairment of each inappropriate mood state (if any) as follows: a = mildly inappropriate; b = moderately inappropriate; c = severely inappropriate.)

Anger	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>	Euphoria	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>	Helplessness	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>
Anxiety	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>	Depression	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>	Apathy	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>
Fear	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>	Hopelessness	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>	Indifference	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>
Panic	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>	Despair	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>				

E. The (proposed) conservatee's periods of impairment from the deficits indicated in items 6A-6D

(1) do NOT vary substantially in frequency, severity, or duration.

(2) do vary substantially in frequency, severity, or duration (explain; continue on Attachment 6E if necessary):

F. (Optional) Other information regarding my evaluation of the (proposed) conservatee's mental function (e.g., diagnosis, symptomatology, and other impressions) is stated below stated in Attachment 6F.

ABILITY TO CONSENT TO MEDICAL TREATMENT

7. Based on the information above, it is my opinion that the (proposed) conservatee

a. has the capacity to give informed consent to any form of medical treatment. This opinion is limited to medical consent capacity.

b. lacks the capacity to give informed consent to any form of medical treatment because he or she is **either** (1) unable to respond knowingly and intelligently regarding medical treatment **or** (2) unable to participate in a treatment decision by means of a rational thought process, **or both**. The deficits in the mental functions described in item 6 above significantly impair the (proposed) conservatee's ability to understand and appreciate the consequences of medical decisions. This opinion is limited to medical consent capacity.

(Declarant must initial here if item 7b applies: _____.)

8. Number of pages attached: _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

 (TYPE OR PRINT NAME) ▶ _____
 (SIGNATURE OF DECLARANT)

Conservatorship of the <input type="checkbox"/> Person <input type="checkbox"/> Estate of <i>(Name)</i>	Case Number
<input type="checkbox"/> Conservatee <input type="checkbox"/> Proposed Conservatee	

PROFESSIONAL DECLARANT'S ATTACHMENT TO FORM GC-335

ABILITY TO ENTER INTO FINANCIAL TRANSACTIONS

1. Based on the information on pages 1-3 of this declaration, it is my opinion that the (proposed) conservatee
 - a. has the capacity to enter into financial transactions and should not have his or her right to enter into contracts terminated by the Court.
 - b. lacks the capacity to enter into financial transactions because the mental deficits indicated above significantly impair the (proposed) conservatee's ability to understand and appreciate the consequences of his or her actions such that the (proposed) conservatee lacks the capacity to understand and/or enter into any contracts or agreements regarding property. *(If this paragraph applies, declarant shall initial here: _____.)*

2. Additional Comments:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
Date:	
..... (TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): _____	CASE NUMBER: _____
_____ <input type="checkbox"/> CONSERVATEE <input type="checkbox"/> PROPOSED CONSERVATEE	

**ATTACHMENT TO FORM GC-335, CAPACITY DECLARATION—CONSERVATORSHIP,
ONLY FOR (PROPOSED) CONSERVATEE WITH DEMENTIA**

9. It is my opinion that the (proposed) conservatee HAS does NOT have dementia as defined in the current edition of *Diagnostic and Statistical Manual of Mental Disorders*.

a. **Placement of (proposed) conservatee.** (If the (proposed) conservatee requires placement in a secured-perimeter residential care facility for the elderly, please complete items 9a(1)–9a(5).)

- (1) The (proposed) conservatee needs or would benefit from placement in a restricted and secure facility because (state reasons; continue on Attachment 9a(1) if necessary):

- (2) The (proposed) conservatee's mental function deficits, based on my assessment in item 6 of form GC-335, include (describe; continue on Attachment 9a(2) if necessary):

- (3) The (proposed) conservatee HAS capacity to give informed consent to this placement.
- (4) The (proposed) conservatee does NOT have capacity to give informed consent to this placement. The deficits in mental function assessed in item 6 of form GC-335 and described in item 9a(2) above significantly impair the (proposed) conservatee's ability to understand and appreciate the consequences of his or her actions with regard to giving informed consent to placement in a restricted and secure environment.
- (5) A locked or secured-perimeter facility is is NOT the least restrictive environment appropriate to the needs of the (proposed) conservatee.

b. **Administration of dementia medications.** (If the (proposed) conservatee requires administration of psychotropic medications appropriate to the care of dementia, please complete items 9b(1)–9b(5).)

- (1) The (proposed) conservatee needs or would benefit from the following psychotropic medications appropriate to the care of dementia, for the reasons stated in item 9b(1) (list medications; continue on Attachment 9b(1) if necessary):

- (2) The (proposed) conservatee's mental function deficits, based on my assessment in item 6 of form GC-335, include (describe; continue on Attachment 9b(2) if necessary):

- (3) The (proposed) conservatee HAS capacity to give informed consent to the administration of psychotropic medications appropriate to the care of dementia.
- (4) The (proposed) conservatee does NOT have the capacity to give informed consent to the administration of psychotropic medications appropriate to the care of dementia. The deficits in mental function assessed in item 6 of form GC-335 and described in item 9b(2) above significantly impair the (proposed) conservatee's ability to understand and appreciate his or her actions with regard to giving informed consent to the administration of psychotropic medications for the treatment of dementia.
- (5) The (proposed) conservatee needs or would benefit from the administration of the psychotropic medications listed in item 9b(1) because (state reasons; continue on Attachment 9b(5) if necessary):

10. Number of pages attached: _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

(TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

Appendix C

Documents Reviewed

C.1 Web Searches

- Prior Santa Clara County Grand Jury report of PAGC from 2012-2013
- Grand Jury reports from other counties dealing with concerns about PAGC
- California Advocates for Nursing Home Reform (CANHR) probate conservatorships in CA
- Live Scan fingerprint service
- Official website for the county government of Santa Clara County for the departments of APS, PAGC, and County Counsel
- Hiring flow sheet for Santa Clara County
- United States Department of Census Bureau – January 6, 2014

C.2 Manuals and Codes

- APS Procedures Manual from the state of California (CA) – no publication date
- Adult Protective Services Handbook of Santa Clara County – no publication date
- Financial Abuse Specialist Team Practice Guide, Santa Clara County – December 2010
- Policies and Procedures Manual of the PAGC – 2013-2014
- County of Santa Clara Superior Court of CA Probate Division Procedures Manual – June 2012
- Superior Court Investigator Training Manual from 2006 prepared by CA Association of Superior Court Investigators
- County of Santa Clara Human Resources Practices Manual – updated January 14, 2009
- California Welfare & Institutions Code Sections (W&I) related to the process of conservatorship
- California Probate Code related to probate conservatorship

C.3 Statistics

- APS and County Services Block Grant Monthly Statistical Report SOC 242 from October 2013
- Internal Audit Report of PAGC, Santa Clara County – August 5, 2010, with follow up audit done August 28, 2013
- Office of the PAGC 2012 Annual Report to Children, Seniors, and Families Committee – November 21, 2012
- Office of the PAGC 2013 Annual Report to Children, Seniors, and Families Committee

- Vital Signs Report, A Review of Key Performance Indicators for April – June 2013
- Vital Signs Report, A Review of Key Performance Indicators for July – September 2013
- Vital Signs Report, A Review of Key Performance Indicators for October – December 2013
- Probate Intake Tracking Log with the names redacted for 2013 – received by the Grand Jury January 2014
- Probate Referrals received for the calendar years 2011-2013 provided at the request of the Grand Jury – received by the Grand Jury January 2014
- Temporary and Permanent Probate Conservatorship Petitions filed from 2011- 2013 provided at the request of the Grand Jury – received by the Grand Jury April 2014

C.4 Forms

- Forms used in the conservatorship process
 - Capacity Declaration GC335 – January 1, 2004
 - Request to Establish Probate Conservatorship SC-1 – no date
 - Probate/LPS Referral Disposition Request – no date
 - Confidential Supplemental Form (Probate Conservatorship) GC312 – January 1, 2001
 - Conservatorship Evaluation Report /Recommendation – no date
 - Referral for Court Investigator – Conservatorship – January 2008
- Other forms and documents
 - APS organizational work chart – August 7, 2012
 - PAGC organizational work charts – August 7, 2012 and January 23, 2014
 - PAGC training update letter – January 23, 2014
 - Graphics for conservatorship process – no date
 - ESA updated January 14, 2009

Appendix D.1

Performance Indicator	Fiscal Year Change ¹			Quarter Change ¹		Sep 13 (End Point)	24-month Trend (October 2011 – September 2013)
	FY 13	FY 14	% Change from Last FY	Current Qtr	% Change from Last Qtr		10 11 12 1 2 3 4 5 6 7 8 9
#31- Assessments completed within 21 days of initial face-to-face with clients	172	188	9%	188	1%	167	
#41- Number of PAGC Cases Managed Monthly	1,075	1,007	-6%	1,007	-3%	1,017	
#37- PAGC Initial Evaluations within 7 Days	70.4%	91.0%	21%	91.0%	42%	89.0%	

¹ Change is based on monthly average.

Note: Blue shaded areas denote notable changes (+/- Ten percent).

Appendix D.2

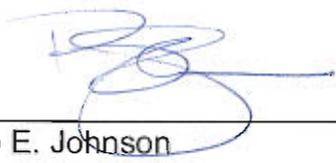
Data Matrices: Department of Aging and Adult Services

Vital Signs Report

DAAS Indicator ID	Indicator Type	Indicator Name	FY13 Monthly Average	Quarterly Reporting				% Change from Last Qtr	FY14 Monthly Average	% Change from Last FY	Monthly Reporting			
				Oct- Dec 2012 Monthly Average	Jan- Mar 2013 Monthly Average	Apr- Jun 20123 Monthly Average	Jul- Sep 2013 Monthly Average				Jul-13	Aug-13	Sep-13	
33	SSA	Number of service plans completed 30 days from initial in-person contact with the clients	185	194	190	194	193	-1%	193	4%	204	198	177	
34	SSA	Number of in-person client visits conducted once every 30 days	199	196	210	204	207	1%	207	4%	200	213	207	
35	SSA	Number of reports evaluated without initial face-to-face investigation (NIFFI's)	40	26	26	47	62	32%	62	55%	53	70	63	
Adult Protective Services & Public Administrator Guardian / Conservator Indicator														
36	SSA	Losses Prevented and/or Monies Recovered by the Financial Abuse Specialist Team (Accumulative total since 2000. In millions)	\$220.41M (through Jun 2013)	\$220.79M	\$220.79M	\$220.41M	\$221.32M	0.4%	\$220.32M (through Sep 2013)	NA	\$221.32M (through Sept 2013)			
Public Administrator Guardian / Conservator														
37	SSA	Conduct initial evaluations within 7 days	70.4%	69.7%	75.3%	49.3%	91.0%	41.7%	91.0%	21%	90.0%	94.0%	89.0%	
38	SSA	File conservatorship inventories with the court within 90 days	NA	Data unavailable				NA	NA	NA	NA	Data unavailable		
39	SSA	Conduct face-to-face contacts with all conservatees in 90 days	93.7%	90.7%	95.7%	97.0%	96.7%	-0.3%	96.7%	3%	96.0%	98.0%	96.0%	
40	SSA	Complete annual LPS reappointments within court time guidelines	NA	Data unavailable				NA	NA	NA	NA	Data unavailable		
41	SSA	Number of Public Administration/Guardian cases managed monthly												
		Combo (LPS & Probate conservatorship)	24	24	22	23	22	-4%	22	-6%	22	22	22	
		LPS	473	465	472	476	472	-1%	472	0%	469	471	476	
		PA	254	260	251	232	222	-4%	222	-13%	222	217	226	
		Probate	330	333	334	326	313	-4%	313	-5%	312	312	315	
		Total	1,075	1,082	1,079	1,034	1,007	-3%	1,007	-6%	1,003	1,000	1,017	
		Trust	93	92	94	93	93	1%	93	0%	94	93	93	
Trust-Outside	17	17	17	17	18	4%	18	4%	18	18	18			

* Monthly average unless otherwise noted in comments.

This report was **PASSED** and **ADOPTED** with a concurrence of at least 12 grand jurors on this 11th day of June, 2014.



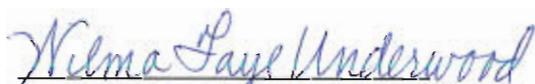
Bob E. Johnson
Foreperson



Michael M. López
Foreperson pro tem



Anita A. Robles
Secretary



Wilma Faye Underwood
Secretary