STARTING A PUBLIC GUARDIANSHIP PROGRAM

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MASSACHUSETTS DOES NOT HAVE
A STATEWIDE PUBLIC GUARDIAN PROGRAM

MASSACHUSETTS
Guardianship Policy Institute

2014 Task Force Massachusetts Policy Institute

1. Identified stakeholders & allies for steering committee
   - ✓Other advocacy groups
   - ✓Legislators
   - ✓State agencies
   - ✓Universities
   - ✓Hospitals
   - ✓Courts
   - ✓Elder Law Attorneys
2. Identified unmet needs and cost savings
   - ✓Collaboration with Harvard Medical School found 3000-4000 at risk adults in need of guardianship with no decision-makers
   - ✓Study revealed patient health crisis
   - ✓Study revealed cost overruns for hospitals

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6-Year Effort Massachusetts Policy Institute

3. Advocacy through education
   - ✓Organized conferences to share public guardian program models from other states, alternatives to guardianship and diverse populations
   - ✓Filed bills to establish and fund statewide public guardianship
   - ✓Held legislative briefings, recruited sponsors for Medicaid funding bill
   - ✓ Law enacted requiring DPH to study and report on need for public guardians

PILOT PROGRAM BEGINS

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2020 Pilot Public Guardian Services

- ✓Non-profit with private funding
- ✓Board included stakeholders
- ✓Operating in 3 counties
- ✓Model for the state
- ✓Adequate funding
- ✓Good guardianship

Structural Options for Your Start-Up

- Government as guardian by state or county
- Government contract to non-profit partner
- Public agency appoints private individuals
- Private funded non-profit

OTHER FUNDING OPTIONS
to Consider

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- Hospitals
- Nursing Homes
- Government
  - ✓ Area Agency on Aging,
  - ✓ Older Americans Act Funding
  - ✓ Administration for Community Living Elder Justice Innovation Grants

Possible Ethical Issues

- ✓ Potential conflict of interest If funding comes from an entity that provides services to your clients

Staffing & Standards for Pilot Program

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- ✓Established standard for capacity, 20 cases per case manager
- ✓Hired 4 experienced social workers with diverse backgrounds
- ✓Each guardian brought work experience with 1+ populations we serve
- ✓Person-centered social work methodology for understanding clients, client needs, client preferences and best practices for surrogate decision-making
- ✓Executive Director/Legal Director
- ✓Clinical Director
- ✓Office Manager

Initial Training & Coaching for Pilot Program

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✓Trainers include MA Probate & Family Court Chief Lawyer, Center for Guardianship Excellence, Former Attorney General

✓Training Topics:

- MA Guardianship Law and Court Process
- Court Reporting Requirements
- Rights of Adults with Guardians -decision-making standards, least restrictive alternatives
- NGA 25 Standards

Development of Tools -Options for Case Management

Depends on needs of each program

✓Our group did not find existing software robust enough to met our documentation & tracking needs

✓Custom software includes:

- Personal data about individuals, current situation, needs, and goals
- MA Court requirements - reporting
- Timelines
- Deadlines

✓Creation of "Acuity Scale" Software Program

✓Case need levels including staffing and support to determine impact of new cases on staff time, budget and ability to fully meet the needs of the client

✓Identify any specialized skills that can determine which case manager to assign

$5,000,000 SPENT ON PILOT SO FAR

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ANNUAL BUDGET $950,000

- ✓$10,000 per client per year x 80 cases

✓CASES **Age 60+ = 58 clients**

- ✓Guardian 78 (Guardian of the Person)
- ✓Conservator 28 (Guardian of the Estate)

✓LIVING ARRANGEMENTS

- ✓SNF 57
- ✓Assisted Living 1
- ✓Community 11
- ✓Hospital 3

CHALLENGES & Ethical Issues

Client-Related Challenges

- ✓ People with complex social & medical cases
- ✓ People who are difficult to find homes for
- ✓ Geographic issues using time
- ✓ Family dynamics that involve anger, etc.
- ✓ Unexpected necessary expenses
  - Example: $20,000 costs for litigation with family members

Ethical Challenges

- ✓ Decision-Making standards
- ✓ End of Life decisions including DNR/DNI

MEET RICH, 56

2021 Referral

- Unhoused and living with Schizophrenia diagnosis
- Initial meeting during 1 of many hospitalizations
- Guardian spent time building trust while Rich was in the hospital. Learned about his life. Learned his concerns about meds. Not interested in housing.

2023 New Diagnosis

- Cancer diagnosis with nursing home recommendation. Rich refused. Finally agreed to group home with support for taking meds
- Guardian took him to medical appointments, encouraged treatment

2025 Remission & Stability

- Safe and comfortable home and proper medications

LESSONS LEARNED

10-Year Review & Recommendations

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- ✓ Social work, person centered guardianship
- ✓ Secure dedicated and sufficient funding to ensure sustainability
- ✓ Recognize the strong potential of cost savings in other areas
- ✓ Learn from successful models in other states
- ✓ Need for strong organization and leadership
- ✓ Foster collaboration and leadership among stakeholders to promote a unified and effective approach to policy reforms