
STARTING A PUBLIC GUARDIANSHIP PROGRAM



Wynn Gerhard, Esquire

Elder Justice Fellow

Massachusetts Guardianship Policy Institute

Public Guardian Services

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
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PILOT PROGRAM BEGINS



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
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OTHER FUNDING OPTIONS

to Consider



- 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



- ✓ 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
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Initial Training & Coaching for Pilot Program



✓ 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 meet 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



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
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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



- ✓ 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
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