

Coalition to Assist Limited Capacity New Yorkers

A joint project of Project Guardianship and NYLAG's LegalHealth Program

Webinar Event Transcript

Article 81 Guardianships in New York: A Statewide Perspective

Thursday, June 10th, from 5:00 – 6:30 p.m.

Elizabeth S. Fortino, Acting Director, Mental Hygiene Legal Service, 4th Judicial Department (Buffalo, Rochester, Syracuse, and Utica)

Hon. David H. Guy, Surrogate Court Judge, 6th Judicial District (Binghamton/Broome County)

Jesslyn Holbrook, Staff Attorney, Center for Elder Law and Justice (Buffalo, 9 Western NY counties)

Jennifer Jones, Commissioner, Lewis County Department of Social Services (Lowville/Lewis County)

Morgan Thurston, Assistant Welfare Attorney, Onondaga County Department of Law (Syracuse/Onondaga County)

Kimberly George, Project Guardianship: Welcome everybody to tonight's panel on Article 81 guardianships in New York state a perspective across the state, if you joined us for the first panel in this series back in March on guardianship during Covid-19, you know already that I'm Kimberly George President of Project Guardianship, co-sponsor of this webinar series. Project Guardianship was founded in 2005 as a program of the Vera Institute of Justice to fill a gap in the justice system that left unprotected a population of largely low-income aging adults and people living with disabilities and mental illness who lack family and other supports. Since its founding project guardianship has demonstrated that a nonprofit program centered on human dignity can enable people with little resources and support to live more safely and independently, while also saving public dollars. Project guardianship offers a comprehensive model of guardianship each client has a multi-disciplinary team consisting of an attorney, case manager and a finance manager and the teams are supported by a benefits coordinator and a property manager. We specialize in keeping people in their homes and out of institutions, as well as moving people back home. We also have expertise in making end of life decisions in accordance with the law and in accordance with the clients wishes.

We serve as Guardian to clients, regardless of their ability to pay, and we have the capacity to provide services for the most complex cases. We also provide research and recommendations for a better guardianship system and advocate for more equitable responses to providing services for people who need protective arrangements.

This includes working with partners to find solutions that not only improve guardianships but also divert people from the guardianship system when possible.

We are, therefore, very grateful to be partnering with LegalHealth at New York Legal Assistance Group to bring you tonight's panel which is part of a series of webinars events they're intended to be opportunities to hear from experts on different guardianship topics and to begin to form a reform agenda for coalition around article 81 guardianship. A colleague will introduce you to tonight's panel and panelists but first I'm going to pass it over to Sheila Zablow to introduce our cosponsor LegalHealth.

Sheila Zablow

Thank you, Kimberly. The New York legal assistance group or NYLAG provides free civil legal services to new Yorkers who cannot afford a private attorney. Legal health, a division of NYLAG, partners with hospitals and community-based health organizations to provide free onsite legal services to patients needing assistance. We currently have 38 hospital and Community health partners. In 2020 with funding from the Fan Fox and Leslie R Samuels foundation, Legalhealth launched a pilot program to provide free representation in article 81 guardianship hearings in New York City. We also provide trainings to doctors, nurses and social workers on guardianship and guardianship alternatives. My colleague Stu Sherman and I work together on this project.

John Holt

Hey good evening, everyone I'm John Holt. I am the director of legal services and policy at project guardianship and I'm going to share a little bit about our coalition and then introduce our panel. Project guardianship and legal health and join forces to establish the coalition to assist limited capacity new Yorkers. Our aim is to bring together other organizations and stakeholders who regularly work with people with diminished capacity. Putting healthcare providers, nonprofit organizations, Legal Aid providers judges and policymakers to better understand and examine the impact of the guardianship system and alternative supports on this population. In furtherance of our efforts to broaden the scope of knowledge and awareness about the issues and challenges inherent in new york's guardianship system, we're excited to be hosting this evening's discussion, bringing together esteemed panelists representing a variety of geographic regions and areas of practice to talk about the unique conditions in the counties in which they are working. It is our hope that, through our efforts to share information that we will continue to identify service gaps develop practical solutions and draw attention to the need for reform at the state and federal levels.

This is the second of four planned panel discussions the coalition is hosting in 2021 and as you heard from Kimberly our first event featured five New York City judges discussing the impact of Covid 19 and the future of guardianship practice in light of the experiences of the last year. For anyone who was unable to attend or who wishes to view it again, we have the video available through project guardianship and NYLAG's websites. Our upcoming events will continue to explore other facets of guardianship practice, with our next planned event focusing on ethical issues in guardianship. And now it's my pleasure to introduce tonight's panelists.

Elizabeth S. Fortino, is the acting director of mental hygiene Legal Service appellate division fourth department. She is a graduate of the University of buffalo law school and Utica college of Syracuse university summa cum laude it. Ms. Fortino has also completed her master's certificate in human resource management from Villanova university. Ms. Fortino is past President of the Oneida county Bar Association mid York woman's Bar Association and Utica college national alumni Council. Ms. Fortino is a member of the faculty of utica college suny Oswego and SUNY Polytechnic Institute and Ms. Fortino is the proud mother of Thomas and Christopher Fortino.

The Honorable **David H. Guy** has served as Broome county Surrogate court judge since January 2011. Judge Guy also handles the mental hygiene law article 81 guardianship matters in the Supreme Court throughout the sixth judicial district. Judge Guy has presided over more than 500 article 81 and 200 article 17 a guardianship matters and I've had the pleasure of working with him over the years in the New York chapter of the working interdisciplinary networks guardianship stakeholders for WINGS.

Jesslyn Holbrook is a supervising attorney for the Center of elder law and justice in buffalo New York, where she oversees the article 81 guardianship unit. Previously Jesslyn was the project director of CLJ's MedLaw partnership of Western New York **Collided** division. Prior to joining CLJ in 2018 Jesslyn worked in private practice, primarily in the areas of article 81 guardianships, health law, and elder law. She also clerked with the appellate division 4th department. Jesslyn is a member of the New York state Bar Association and the Bar Association of Erie County's health and elder law committees and is a regular presenter for the Alzheimer's association of Western New York. She is a Magna cum laude graduate of university of buffalo dual jd msw program and currently serves as an adjunct professor at the University of buffalo. Jennifer Jones is the Commissioner of the Lewis County department of social services since July of 2015 she has worked at social services in various capacities since May of 1990. Jennifer started her social service career in adult protective services and personal care program during the course of 31 years she has served in child protective services foster care, Medicaid transportation services, as managed care coordinator and as care at home coordinator.

And finally, Morgan R. Thurston is an assistant welfare attorney with the Onondaga county department of law where he represents the adult protective services unit. He's also a partner of **mine** and Thurston a small general practice firm with a primary emphasis on an estate planning probate and income taxation. He is a member of the estate planning Council of central New York New York state bar elder law section and a Co Chair of the Syracuse elder justice coalition. He's an annual presenter at the New York state adult abuse training institute and the Syracuse elder justice coalition annual elder abuse conference is also a trainer for guardianships and adult protective workers in New York state. Welcome panelists and thank you for joining us, I will now turn it over to Beth Williams project guardianship's Deputy Director of legal services who will moderate the panel discussion this evening.

Beth Williams Thanks john what a great panel that we have here I'm so happy that you Guys are here and I'm looking forward to facilitating our discussion, I want to get going because our time

is limited. The first question I have, I want to direct toward judge Guy and I want all of you to feel comfortable weighing in as well on all of the questions that that we're going to. Cover tonight. Judge Guy, we just want to hear a little bit about how Article 81 guardianship works in your jurisdiction, if you could share things like who brings the petitions. Does your court employee court evaluators, who typically serves as guardian, and who provides oversight to guardians and lay guardians?

Hon. David H. Guy

Thanks beth and first let me say that I appreciate the opportunity to be with everybody tonight and to participate in this panel. You may have seen an extra visitor over my shoulder that's one of our custodians in my building, it's after hours here so they're emptying the garbage, but I think that should be the only visitor. it's probably better than when I was working from home and my cat would be walking back and forth or one of my kids so that's...we all know what it's like to practice in the days of Covid and on zoom.

So Broome county is Binghamton New York and the district that I serve in runs West as far as Elmira up to Watkins Glen and then across through Ithaca to Madison county and then down to Delaware county and East and then back so all that area in there, so that's where I sit. Those of you who are familiar with Guardianship practice, and you know, comparing what I do to the what the work that the folks in the city do it's a little bit of a different ballgame here. So with respect to who we see bringing guardianships, it's a mixture of I'll say DSS, or facilities-- nursing homes and the like hospitals. and family or friends. And it's probably about, it might be equal thirds approximately so in the counties where I serve DSS takes a pretty active role in initiating guardianships and they also actively serve as guardians where there isn't anybody else which, of course, is what the statute provides for, but I know in other parts of the state getting DSS to serve as a guardian is a challenge that's not a challenge that I typically face, so I feel very lucky in that way, I've had a lot of good Assistance from the Department of social services in my district.

When covid first hit, and we all went remote initially we of course saw a drop in the number of facilities cases. Two reasons for that, I think, in general, because things were slowing down, and also in my neck of the woods, people were qualified for Medicaid independent of what their financial records might show, so we had a lot of people who just came in nursing facilities were qualified, and so the typical issues of folks being in nursing homes and not getting their Medicaid or their payment arrangements squared away diminished. When things began to loosen up in the fall, we saw a spike in those cases and we're back, since then, here we see an average of about one case a week about 50 a year so we're back, we had a little bit of a slump that a little bit of a surge in the following day kind of on that case, maybe a little higher so.

Most of the cases a large majority of cases I preside over have folks have very modest means so that means that I am very often only appointing a court evaluator OR counsel and to lighten the load on the folks I'm appointing I am more inclined to appoint Counsel than a court evaluator because it's less work leading up to the hearing. My practice has always been to travel to the

county where the case is venued and I would often hold hearings in nursing homes, I would not infrequently have. Hearings in hospitals or in people's homes and I always took the opportunity to meet with the AIPs even where somebody's presence was, had been indicated it was going to be waived, and obviously all that changed when the Covid situation came down so, I am more inclined now to appoint court evaluators than I was because it's harder for me to assess the situation on screen than it is when I have people in front of me, and you know that's no surprise to anybody and we've had some cases recently where we have brought in court evaluators after we've started because it's just harder to assess situations, information comes out that motivates that.

Mental hygiene in my district. is very active in guardianship proceedings, the third department in my district my office out of Binghamton they're down a couple of attorneys so they've been running pretty thin, and so we have for the first time in 11 years I have in a couple of cases this year gone to folks who are active private practitioners in Article 81 and have asked them and have gotten them to agree to serve pro bono but literally this year is the first time I've had to do that, which again very different from the experience of some of our downstate judges who don't have the assistance of mental hygiene, as much as I do.

We are seeing a renewed, let me say this way, we are seeing more cases where a special guardian or limited purpose tenured guardian is indicated and effective. We have a lot of cases of, particularly facility cases, where people need to be placed and their financial affairs need to be squared away. They'll have social security and/or pensions that need to be redirected to a facility. They often will have a home and not much else, so the home has to be dealt with and where there's nobody in the family who's able to do that, often appoint a part 36 guardian to come in, assess the situation, get a household, get income streams redirected.

And as long as there are family members... there are often family members who are able to help with medical decisions but don't have the sophistication to deal with the financial things and so we'll have somebody clean up the financial side as long as there's somebody in the family who is in a position to make medical decision making.

If it's apparent from the hearing that placement is not going to be an issue, in other words, people are trying to get somebody out of facility or it's likely that a change is going to be made, we will very often let the family health care decisions act parameters control medical decision making and, again, as long as I'm comfortable with their family members or friends actively involved, so I know that there's oversight of the person's situation, we'll get the financial matters squared away, discharge the property guardian and then have no guardianship going forward, because we have somebody to deal with the personal decision making.

So that's that is increased, there's increased frequency of that in the cases I'm dealing with. Anybody else want to add anything? There's a couple other things I can chat about, but I want to open it up a little bit and see if this is consistent with what others are seeing.

Beth Williams

I just have a follow up question, you said that it wasn't difficult for people to get on Medicaid when they went into facilities have you seen a shift in that?

Hon. David H. Guy

We have we have heard discussion about that, but it is not yet changed. My understanding is that people are still being qualified routinely and Jenny can speak to this better than I, but is there a date where that's going to change?

Jennifer Jones (DFA)

Thank you no, we have not seen a date specific where that is going to change. Every month we kind of get a notice that month to month, this is going to continue pretty much until the end of the state of emergency, because it has to do with federal funding coming into the Medicaid program that we can have no reductions in Medicaid coverage. So, it's all related to the pandemic. Interestingly enough, it has been very simplified.

But I will tell you in my little county we are still a preponderance of people are still submitting all the documents, because when you're told you're going to have to do that later they're just kind of up fronting and uploading the information to us which is working very well. In the very beginning it was very difficult, especially with the financial institutions to get information that our Medicaid examiners needed to determine eligibility but that's even right out and back to normal.

Morgan Thurston (DFA)

I will say, I represent Medicaid unit in Onondaga county as well as adult protective, and we have seen uh, we're not getting the documents for the most part, so the difference is they can attest to income and resources and not provide 60 months and that's what we're seeing for a large part of our cases. And the last information I heard was that they believe the public health emergency will be lifted January 1, that's the last date that we've kind of been hearing so.

Hon. David H. Guy

And it's difficult enough to get this information. And with the delay associated with Covid it's going to become more difficult. That's what I'm hearing from the departments when they're involved with the facility counsels, they're worried that it's going to be even more difficult than usual to get the information.

So let me just talk briefly about how different it is to have a hearing online versus live. It is always a challenge to communicate with folks who have some level of limitation.

And that is again I'm sure this is consistent, for all of us that is enhanced, exaggerated by having to have these hearings on screen. People are more confused, more people are dispensing with the presence of more people than I would otherwise have done because they can't--You know it's tough enough for all of us and, and you know I guess what I should say is express an apology on behalf of everybody who has to do an article 81 on the Teams format that the office of court administration insists we use, it is not a good format. With other matters I do I'll have 30 40 50 hearings, a month, not all article 81s, but other things, I don't have 1 hearing in 25 where

somebody doesn't have a technical problem. And many of them more than one person so it's a clunky difficult system, and you know it's the best we have, and we make do with it and you know it generates some levity and maybe puts people at ease a little bit, but it's just that it's not a great system. I'm looking forward to being able to go back to courthouses and back in nursing homes and meeting people face to face.

Beth Williams

Are other of our panelists having a similar experience using technology in virtual hearings?

Morgan Thurston (DFA)

Oh, I'd say the same that generally somebody is having a difficulty. It's not unusual and it is hard on the AIPs to, when they're in a nursing home setting to process what's going it's hard enough, I mean the courtroom can be very daunting for them, but this process hasn't been any better. I have hearing on Monday, where we are going back in in person, so I think one attorney is going to appear remotely, but I think everyone else is going to be in person.

Hon. David H. Guy

that's good to hear.

Jennifer Jones (DFA)

On top of that, I think, much less the virtual hearing is getting in to see someone in the nursing home when you know we're closing every other day because of you know Covid protocols. In the nursing homes either (a) to see the people we're guardian for or (b) when the hospital and the nursing home is calling about someone, they think they're going to need a guardianship on, we are not allowed him to see them. It is just incredibly difficult to assess when you can't have a face-to-face visit and that technology, although wonderful for many things, really takes the humanity out of those visits.

Hon. David H. Guy

As a present jurisdictional issue too, because there's a requirement in article 81 that you serve the AIP personally. We've had some cases where we've waived that requirement. We've also honestly, we've had a lot of cooperation from nursing facilities, where their social workers will serve people. I've only had one case where a facility pushback and they express concern about their therapeutic relationship with their resident, which I think is a completely legitimate concern and I'm surprised I haven't heard it before, but I think it's probably indicative of the practicality of the cognition of AIPS and nursing facilities around 81 more generally.

Beth Williams

And you know judge we've had a similar experience just by not having access to the people that we serve and being able to go into a facility and serve them and explain papers to them, so we've also asked nursing homes, social workers to take an email document and print it and give it to our IP so that's definitely been an issue that we have faced for sure.

Jenny, I want to ask you a question I know the way you do things and Lewis county is just so interesting and unique. I understand that a number of years ago, you had a lot more guardianships, than you really could deal with and sort of collectively the county decided to create a lot of pre-guardianship points of intervention. Could you tell us a little bit about how you were able to get your guardianship numbers down so low, I think you maybe have two or so per year in Lewis county.

Jennifer Jones (DFA)

Yes, so it was probably a decade ago, or so and in Lewis county our nursing home and hospital are county owned, so right there we already have you know some cooperation. So, we all got together, we called ourselves the care coordination team or the care consortium and we pulled together department of social services, office for aging, our CHAA services, our adult homes, some senior living facilities in the area, a couple of attorneys including the DSS attorney at the time and started meeting about how are we going to reduce these numbers. We had in little Lewis county at one point 15 petitions pending for guardianship.

Which is an awful lot and what they really were were institutionalized individuals that didn't have capacity to consent to things like a cataract surgery.

And I remember one particular lady needed cataract surgery so significantly that when she was walking down the hall she actually bumped into something fell and broken arm.

And you know we don't need those injuries either, so we started getting together on a pretty regular basis and meeting when you've got you know the county attorney and the DSS attorney really helping to coordinate that, it brings a lot more power and energy. But we were looking at what can we do to help people get their advanced directives done earlier.

Now I'm from adult protective and we're going to deal with people that are going to refuse to do that or don't see any need for that because of their income level, but when we have interventions with them through adult protection, through home delivered meals, through our home care programs, through our CHAA services, someone that starts looking in an adult home, we talk about advanced directives and why they're important.

And a lot of times what has actually worked is you know going to people's houses myself has been, "do you really want someone like me to make decisions for you in where you want to live and how your money gets spent." Most often they really don't right, these are rugged individuals that we're finding that are out there, so that has really helped our office for aging Legal Services, you know they have some local attorneys that they contract with, I'm sure every county does.

And it's very frequently that's what we're sending them to the Office for aging attorney for, is to get their advanced directives done so it was really a collective effort to make sure every person that's in human services that's visiting, is talking about those advanced directives and why they're important.

It's also curious and I'd be interested to hear what Morgan or Judge Guy indicates is at times we find at adult protection that there advanced directives are out there, but the people are choosing not to use them or they're using them I'll say nefariously, are stealing some money, they're borrowing money or they just don't want to make those medical decisions because they find it overwhelming and kind of feel guilty about that.

Beth Williams

That's really sort of an incredible system that you were able to devise. I know your county has about 27,000 people so it's a very small population and the county owns it seems all of the relevant services, which probably makes communication and coordination a lot easier. Do you think that that sort of pre-guardianship intervention is something that could go to scale in a more populated area?

Jennifer Jones (DFA)

Well, I absolutely think that's very possible. I would hearken back to the beginning of DSRIP when we were putting healthcare systems together in different ways.

And one of those collective goals of the DSRIP project was to reduce hospitalizations and readmissions, and this is one of those, you know, getting your advanced directives in place so someone can help you and help you process through the health care system predominantly so that you have appropriate services to not be readmitted. So I think we have some frameworks. and very urban sectors across the way that would you know really facilitate these conversations. We do hear a lot of issues related when we do have what used to be our DSRIP care coordination meetings but that's all the focus, how do we keep people healthy, how do we keep them home. And you know when people start to fail and they're getting nervous about their decision making, or the family or the neighbors are, you know that's the time, maybe we can help them execute some documents.

And, and I guess I'm very lucky that we live in a small area, you know, most of our attorneys have really, they'll go above and beyond. I've seen them, you know come in their vehicles to people's houses. And in places, most of you wouldn't want to go, and you know they're walking in and really taking time in holding hands and really explaining what is necessary. So that's very helpful.

But I think that across the board to hear it from so many different people that are touching in your life really makes a difference, starts sinking in. You leave it on the table, you start leaving forms on the table. "Let's revisit that when I come back next week, let's talk about that again" have you given to the thought", because you need to do it more than once, absolutely.

Beth Williams

Yeah, it sounds like you definitely have created a culture of intervention.

And Morgan, I know, through our discussions that the county that you work in has seen an explosion in guardianship over the last handful of years. Is there something that you can speak to in terms of the need that you are seeing in Onondaga county with respect to guardianship.

Morgan Thurston (DFA)

The need is there, I'm not finding that there are frivolous guardianships, that hasn't been my indication. Now exploring what Jenny said about whether they have healthcare documents or power of attorneys that may avoid that process...the guardianships that we're bringing are typically financial exploitation type guardianships or self-neglect. Those are the ones that we're getting from hospitals and nursing homes which are probably at least half of what we get are

more financial, that they need someone to process and follow through on the Medicaid application.

Our push back on that side is that we want to make sure to not just examine what are all the needs of the person: is there a need for medical making decisions or for making medical decisions, is there a reliable family member that's out there? Those are some of the issues we're facing. Our numbers, when I started in this role 17 and a half years ago, we had three guardianships. Some deceased ones on the books but we're on 50 right now so and that's just consistently it's been an upward trend and I don't see any change in the near future.

Beth Williams

Do you feel that you have the resources that you need to provide all the services for that number of guardianships?

Morgan Thurston (DFA)

Absolutely not. We're just able to hire a supervisor and we need to backfill that supervisor so we're down four caseworkers, we're down in senior caseworkers, we're back up to supervisory staff, but we used to give our guardianship cases to our senior caseworkers. They would do the visits they do the annual reports, I'd review the annual reports. Now we're having to spread the guardianship cases amongst the just regular caseworkers and make them part of the regular caseload, which is a burden that they are not wanting, and they weren't expecting to have and we're undertaking to do some additional training to try and alleviate some of the stress of best presenting. We're hopeful that we're going to be able to hire more staff. The financial, we are in dire straits economically we thought with sales tax last year, but it's kind of corrected and then with some of the federal funds, I think, hopefully, by the end of the year we'll be able to fill some of these slots.

Beth Williams

I'd like to just follow up with a question about financial exploitation, you said that you're bringing a lot of petitions based on seeing that happening in the Community. Are you seeing successful prosecutions of financial abuse of elders?

Morgan Thurston (DFA)

It's not frequent, I would say, I think the landscape is much better than it used to be we've done a great deal of... we've had grants through that we've done training of both law enforcement and service providers. What I think the biggest success has been is our EMDT. The growing of our relationships with the with the district attorney's office, and also with people with higher level law enforcement officers, that we can have a direct link to them. There's still a real difficulty and especially in the city of Syracuse when we try and make a call for caseworkers out in the field, they may be waiting three or four hours for law enforcement to arrive.

And that's real burden, if we can take a financial exploitation case and make a direct referral to a detective level or to the district attorney's office that's been a big benefit and adult protective has

a mandate that we have to, we must make a referral to law enforcement if we suspect the crime has been committed, we don't have a choice. But we've been able to make referrals that are questionable, now we can refer them right to the district attorney's office and that's been.

Hon. David H. Guy

Morgan, are you seeing prosecutions or not?

Morgan Thurston (DFA)

We are. They're not at a level that I'd like to see but, but at least the relationship is there that if they're not going to prosecute something they're going to tell us why. They're going to give us an answer, they're going to give us feedback and then we can say...whether I, like it or not, at least, I have an answer, and we have the communication.

Hon. David H. Guy

Of course, you know, an 81 is designed for the person and so you're looking for a prospective structure that's safe and effective. There's a practicality associated with you know if there was financial abuse in the past, somebody in a nursing facility and has been on Medicaid where the bulk of those dollars are not really coming out of the county, my perspective I get when I talked to county attorney's about this is it's just not a high priority for the county because there's not really much in it for them, it's really more getting these problems addressed so they aren't ongoing.

Morgan Thurston (DFA)

Likely, most of these cases, judge you probably see it too is that the money is not sitting in a bank account, the money that's been stolen is gone and the perspective of getting back from the client is minimal.

Hon. David H. Guy

right

Jennifer Jones (DFA)

The finance the money cash is gone, investments are gone, property is gone, vehicles are gone. It is just really overwhelming at times, and I had told Beth when I originally talked to her, a lot of times we'll get the referrals to adult protection from our Medicaid examiners who are actually looking at those documents on a regular basis at people's application and looking back that five years, so what happened where'd it go and it's a very interesting topic to be revealing all those records.

Morgan Thurston (DFA)

The one change that we've made is that typically if someone's in a nursing home with adult protective gets a referral, we're not going to take it, because you're safe their needs are being met. The one change that we've agreed to take on is that if they're being actively financial exploited in

the nursing home it's really not something that nursing home can look into and then we will take a referral that's what's going on, so that's one change.

Jennifer Jones (DFA)

I think we're all the same with that you know they can keep them physically healthy, but they can't stop the bleed, so to say. And it's interesting having met with people in the nursing home, whose finances are being you know exploited from them that still have legal capacity I would say and not understanding what the power of attorney is doing on the outside, because they're not seen and they're a little bit more hidden in that facility.

In order to you know get revocations in place for them. So that's the lessons learned over the years for people up here, we have a lot of farmers, and we have some very wealthy farmers that have lots of land and property and so they're very land rich and to watch pieces of that property go are pretty upsetting when they find out.

Hon. David H. Guy

And there's really there's kind of two categories there's people who have lost the ability to resist financial abuse and they often are reluctant to acknowledge or help the department. or even law enforcement addresses those issues and then you have people who have lost capacity, whose family or friends are taking advantage of that lack of capacity but I've had kind of an equal mix, I would say, of those.

Beth Williams

Betsy, you've been awfully quiet. I know you probably have a lot to say on this topic, if you would like to share with us any of your thoughts on elder abuse or exploitation that you've seen in your work.

Elizabeth S. Fortino

I mean overall, I think I mean, obviously we work with Morgan and you know we serve Jenny's territory too and Jesslyn's and I know we have a tremendous amount of 81s in Syracuse office that I know I assign them on a regular basis, I see ____ working all the time.

But luckily our staff are very dedicated and are often serving as court evaluator so we do, our thorough investigation and I think we are in all the counties that we are located, we really try to be that reliable source that you know we're going to really dig deep you know I've had one staff person and we had a case one of her first cases, you know she found close to a million dollars, she went from bank to bank to bank and then found you know, a million dollars for this person and then and other times she's had to meet with her, you know the AIP you know we knew they were going to be on a street corner at one o'clock and they were there every day there were homeless, but we went there and we found when we talked with them.

So I mean there definitely is abuse, certainly, you know Morgan and Jenny they're having more of an inside view of what happens, you know we're just providing the information you know, to the Court of what we did what we investigated and discover so whenever kind of really see the other side, so it's interesting for me to hear their perspective because it is so concerning and it

certainly that I want to make sure my staff's aware of, so that we are even more diligent on knowing now the great numbers that they're facing that we were not really necessarily privy to that information before.

Beth Williams

Well see you have a million dollars um what issues, do you see relating to fees for professionals and guardianship proceedings.

Elizabeth S. Fortino

Right, I think it's really difficult I'm so glad that MHLS exists, you know as an agency and we are there for the court system, you know to appoint and to you know many other situations, you know I feel badly for the judiciary, because they don't have somebody who can step up and to serve and know that they're going to get a good product and so I'm once again proud of our staff and the level work they provide this is hard you know, because those fees, we are able to fetch as well, obviously a much lesser rate than Private practitioners, and oftentimes we don't get paid, and that does help us provide for internships in our office and different things so it's going towards good purposes and kind of you know training of new lawyers, as they come up the line so it's difficult that because it's AIP, I wish there was another way you know, because the guardianship are so important it's necessary to protect the IP.

But then it's so difficult that it has to come out of their assets, you know and it's understandable the private bar and what they have, the time that they invest in these cases with her counsel or whatever role they're playing that they deserve their rightly their fee to because they're working so hard.

It's just so difficult when the AIP can add next to nothing, you know it's difficult, you can't always appoint a lawyer, as well as the court evaluator for that very reason, and I would love for every case to be able to provide the Court all the information that they need, and also to give them the AIP an attorney as well, so it's challenging that we don't have some way to be able to provide those services without it having a commodity, it, you know I know there are some situations, I think, in Erie county and Jesslyn maybe you can speak to this but where we've had a couple of cases where they've been able to kind of settle out of court with the nursing home, you know our fees very rare does that take place, but I know it does happen, on occasion, so that's somewhat of a positive but, otherwise, it is a challenge that we that we all face.

Hon. David H. Guy

And I've been you know, like Betsy I feel fortunate to be in the situation I'm in because where I have, you know, often a house or some resources they have to be kind of put in order, that's a that is a fund from which you can pay a professional to resolve the open issues and then let them back out so and I and because I have a department of social services in all these counties willing to serve, they through their repayee work, they can take care of a lot of these things, but the biggest challenges, when you have a family member... and what happens it's difficult for a family member to petition when they don't have resources or access to the parents resources if there aren't any resources and i've seen many of the departments of social services and I wondered if maybe jenny's department is this way too, who will sort of on behalf of a family

bring a petition asking that a family member be appointed because of the department is in the position to put a petition together and get it in front of the Court and that facilitates that happening and I've actually seen I was on a call with John earlier today, where I talked about this, we have a couple of counties, where the nursing homes used to be county-owned facilities and, of course, at that time the county attorney's would bring the petitions on behalf of the facilities. Now those have been sold to private entities, and yet the counties continue to bring the petitions on behalf of the facilities and that, honestly, and I have put this you know, on the record, and that surprises me.

And I would expect that at some point the facilities need to take that responsibility on themselves, I have been very, very reluctant to award fees to nursing home petitioning counsel even when there's some resources because I sort of feel like this is a cost of doing business of a nursing facility and so that's kind of the way I approach it.

I've also let me just say one more thing and then I'll shut up I have in more cases in the last couple years I have sought out and appointed geriatric care managers in cases where it's more services that are required and people do have resources because most of the part 36 lists are attorneys. But an attorney is not equipped to manage care they would go out and retain a geriatric care manager, so you've done that directly and you know, a geriatric care manager charges 100 or \$125 in our area where an attorney is easily two or three times that so I've been very happy with that opportunity in a few cases I had

Jennifer Jones (DFA)

That's interesting, you say, that the county attorney still represents former county-owned nursing homes because in Lewis County, even though we own our nursing homes, if they're the ones making the referral, and we have no knowledge of the individual, we use the Attorney for the hospital and nursing home that are combined. Likely a product of the fact that we have such a small attorney's office in Lewis County so actually the county attorney is also the DSS attorney and Morgan has had to help us out many times with you know some special stuff that we because we're so generic and not quite specialists with a lot of things, but so we kind of draw a line of where the referrals start and who's making us. We find them in the community and we're following them through, and they end up in a hospital then to a nursing home we'll start that petition and do it on our behalf, but if it originates in a hospital or the nursing home they originate the petition yeah.

But obviously we you know, try to work out deals about who's paying for what. And then I think you'd also mentioned something related to you know the cost of that and you're right, that is an issue that really shuts families down, but we have done that what you've suggested probably not a lot we don't have as many guardianships as the two of you, but we have had wonderful long term neighbors that have become the Guardian for someone, and we have done the petition to get them appointed because then we don't have to work on ___ either, so it makes sense to get them say with someone that really knows them and know what their history is and know what they want. And those have worked out very well, as well as family members that have been very hesitant to perform that duty and not understanding, perhaps they won't have the financial obligation, I think that's what holds a lot of family members back is there.

Their fear that they're going to be financially responsible, and they don't have the financial resources.

I had kidded Beth by one particular case I had years ago we brought the petition for an appointed a son, for his mother. And she was in her 80s, so he was in his 60s and I didn't realize for the next 10 years I will be helping them write their reports, because they really just couldn't do that. And so, through the years you know I got to know them very well, they come in every year in May with their folder of stuff for me to help them write the report um, so you do get some wonderful things like that, but I think small communities bring that.

Hon. David H. Guy

And you talked about people being family members being reluctant sometimes to take on the responsibilities that these planning documents, give them without exception if you can take the financial side off their shoulders, they're always willing to step up and make the medical decisions because if you can clear the rest of the plate off they'll continue with that responsibility because they don't want somebody else making medical decisions for their family member.

Jesslyn Holbrook (Center for Elder Law & Justice)

I agree with everything that's been said, I think, at least for as far as Erie County, it's more often than not, there is both the Court evaluator and counsel to the AIP being appointed. I think the courts look to agencies, like the Center for elder Law and Justice or try to find pro bono attorneys who will do it or MHLS, although I know, during the last year, MHLS has been really limited in the in the number of appointments that it will take. And I you know I really think it's unfortunate because the law does contemplate the two very different roles, the Court evaluator and counsel, and so for court staff to feel constrained to choose one or the other, I really think is an issue.

Beth Williams

Jesslyn, I want to ask you a question just in terms of the available, social services and the resources that you have in your region, it sounds like a different differs a little from judge Guy's area. So, what resources and social supports do you have and what resources do you need but aren't available?

Jesslyn Holbrook (Center for Elder Law & Justice)

Okay, well, so let me just start by saying I work for the Center for elder Law and Justice we're based in Buffalo New York so that's on the very western part of the state. But our services cover all the way north to Niagara Falls and down south to the border of Pennsylvania, so all the eight nine surrounding counties of Erie county, which is where buffalo sits so we have in Erie county Buffalo, it's a higher population city population, whereas you know down in the southern tier we're talking much more rural populations. So, we've actually touched on a few of the available resources that I think are real positives. I know Morgan mentioned that MDT so for anybody who doesn't know what that is the enhanced multidisciplinary teams bring together a number of stakeholders so individuals from law enforcement from department of social services senior

services, our agency is involved, so stakeholders involved with investigating prosecuting and trying to stop elder abuse. So, Center for elder law and justice is the hub here in Western New York for the surrounding counties' EMDTs and we also have an elder advocacy program down in Chautauqua and Cattaraugus counties sort of a one single point of entry to try to address victims of financial abuse, so we have found that to be really helpful in ways with respect to article 81

So, for instance, if we are guardian for somebody who's been financially exploited, being able to bring that to the attention of the MDT, perhaps getting a prosecution going, at least demonstrate the efforts that are being undertaken at trying to get assets back for Medicaid purposes has been a great resource, so I would say, you know that's one of the social services, social supports that we have that I think is great.

We also have a big focus here on our medical-legal partnerships so that's where civil legal services attorneys are embedded right in the hospital systems so when Jenny mentioned trying to get people early to do their advanced directives powers of attorney and healthcare proxies. I think hospitals now are starting to make take more notice of trying to refer cases to the medical-legal partnership to try to get documents in place before a guardianship might become an issue down the road. So those are two areas, I think kind of demonstration and interdisciplinary look at how to maybe avoid some guardianships or address some of the issues that come out of guardianships.

Certainly, we have our wish lists, though Center for Elder Law we serve as Guardian for approximately give or take 100 people at any given time, most of whom have very limited assets and resources, and so the available resources in terms of keeping people in the community can be very, very difficult for us. We have a hard time, even if you have a home, finding enough available home care aides, particularly during Covid, it was almost an impossibility, so finding some sufficient supports for home care.

And there's really a gap in services, I would say at the Assisted Living level So while we have a couple of facilities that accept Medicaid funding, really for individuals who maybe are not quite safe to live in the community, but really do not belong and are not at the level that they need a skilled nursing facility, the default really is for them to go into the skilled nursing facility because there's such a lack of available beds at the Assisted Living level that are affordable, so especially if you're talking about somebody needing a secured unit or enhanced dementia care. Most of those facilities are private pay in this area and for our folks it really just isn't attainable so our goal is always the least restrictive alternative and we feel very constrained by people's resources and what's available for them, and so oftentimes unfortunately the default is a skilled nursing facility.

Beth Williams

We actually have seen that too even in New York City, there is sort of this middle ground and finding a Medicaid bed in an assisted living facility is almost impossible. So it does result in the discharging of a lot of people into nursing facilities when they really don't quite belong, that's not

truly the least restrictive setting um. So, it seems like there's this difference in guardianship for people who have assets and for people for people definitely who don't have assets. And I know that that also impacts, you know appoint appointments for people who serve as guardian. Some judges in New York City will word fees based on 18-B. Do you see that happen at all in any of your jurisdictions?

Jesslyn Holbrook (Center for Elder Law & Justice)

No, not here at the panel does not fund the fees for the appointees.

Hon. David H. Guy

I've had two cases where I went to the county and asked if I could and in each case that I had a very, very difficult guardianship that involve the young woman who had some very serious congenital issues and her mom there was disagreement between her mother who had been a lifelong caregiver and local department of social services over the effectiveness of the mother's services and the mother had a lot of her own challenges and it became apparent pretty quickly that the mom really needed legal assistance herself and I went to the county attorney and was able to get the attorney to say that they would allow me to retain some but to appoint somebody to be counsel for the mother of the IP. And then I had one other time in a different county where you know, an issue came up that we just couldn't resolve any other way and in both case cases relatively modest numbers but I, I had the same response and both will approve at this time, but please don't ever do it again.

Beth Williams

So, another question and I guess I'll direct this to Jenny. Do you think a supported decision making program would help fill some of these gaps for elders and people who may be incapacitated?

Jennifer Jones (DFA)

I think that's a great question and I kind of find that akin to the OPWDD surrogate decision-making committees that exists and help make medical decisions. I actually am a surrogate decision maker on one of those committees as an advocate and I do think that is a possibility, I think the structure of how that works really needs to be considered, so that it remains kind of very local people dealing with you know their friends and neighbors, so to say, or in their community because community standards come in play as well in some of these decisions I think it's an interesting concept, and you know the judge earlier talked about you know the repayee and you know we're VA fiduciaries and so a lot of times with the very impoverished we we are able to manage finances because there's other systems in place, but you get down to the medical decisions and that's what the real need is. So, I think that would be an interesting thing to see replicated kind of across and I think that brings you know some of that teamwork around decision making, you know I don't want it to be just me. I had you know I think of people in the past, trying to initiate with their children that are you know disconnected from them now or you know, a sister, who was in her 80s and 90s that doesn't want to make the decisions is, are we making the right decision ,is this what they would have wanted to do so, I think, the more people

and get around the table and agreeing and really discussing would be a great idea we do it with ethics committees, you know it hospitals it's not dissimilar to.

Hon. David H. Guy

There is proposed legislation there's a proposed article 82 of the mental hygiene law, which would be supported decision making that grew out of work that retired judge Kris Glen out of New York City was doing at CUNY and it just ratifies it sort of as a concept, gives a statutory authority, and I think it would be very helpful I you know, there are limits on what a power of attorney can do, and if you look at the statute and analyze it closely, it probably doesn't cover all the things that people accept it for and you look at the health care proxy statute, and you know, neither the power of attorney nor a health care proxy really probably covers placement authority and yet it practically works in our many of our communities when folks have those documents and that's sort of an informal maybe supportive decision making program and to get the I think one of the challenges that they've seen in in the supported decision making work is it's a lot of people it's a lot of time it's a lot of effort and if we can somehow ratify the informal structures that we've got and I think we're doing that in a practical way with allowing people, the powers of attorney and health care proxies when everybody's on the same page to get more accomplished than probably the statute anticipates happening.

Beth Williams

Thanks judge. Morgan, Betsy, Jesslyn, would you like to weigh in on the supportive decision-making question? It's fine if you don't.

Elizabeth S. Fortino

I think actually just past the senate yesterday is my understanding, supported decision making, so I think we will see if it moves forward and looking good so far

Hon. David H. Guy

yeah, I think one house I don't remember which one will.

Morgan Thurston (DFA)

today's the last day. Yes, so.

Hon. David H. Guy

So, there'll be 1000 bills, that pass today right without discussion.

Elizabeth S. Fortino

yeah yeah.

Morgan Thurston (DFA)

If any any way that we could avoid the guardianship process would be beneficial, I mean it's designed to be the least restrictive form of intervention and in the last resort, but we don't have a

lot of other good options to fill the void of what not there, so yeah if we could develop a real supported decision-making format, or if it was statutory that'd be great.

Jesslyn Holbrook (Center for Elder Law & Justice)

I think, to some extent, it kind of goes hand in hand with what judge Guy mentioned about sort of the limited transaction guardianships or really limiting what we're doing instead of these full scope full orders full powers when really maybe it's one healthcare decision that needs to be made or series of healthcare decisions.

And so, I think, you know I agree with you, Morgan that anything we can do to try to avoid the guardianship the article 81 process would be good.

Beth Williams

Agree with all of you, as well as in terms of narrowing the scope of guardianship of it's at all possible. I'm going to turn it over to John Holt who is going to moderate questions from our audience, so thank you Guys so much John take it away.

John Holt

Yeah, we have some interesting questions from the attendees. I'll do my best to paraphrase this first one, which is really for the whole panel there's a lot of concern that people have about oversight of guardianship, abuse by guardians, guardianships that are overly restrictive or are continuing beyond the necessity of the guardianship. What do you see as the role of the court system, of attorneys of, court examiners in ensuring that post-appointment guardianships continue to be a tool to assist people and to do it in the least restrictive manner possible and terminate wherever possible?

Morgan Thurston (DFA)

I just I wrote a paper this last year on abuse by guardians for the National guardianship summit, and one of the big takeaways is we don't know about the abuse side from the standpoint there's never been any real wholesale in depth research into the problem, I still take away that I feel it is a problem, but I can't other than anecdotal cases we can't point say hey this percentage of guardianships are abusing the incapacitated person. We can't do that.

And I know by interviewing judges and judge Guy being one of the judges. They don't mean we don't feel that the system necessarily is failed it's that follow up, I think we could do more, but a lot of its resources, and I know the judges, would like to have additional resources, so they could continue to review these ongoing guardianships.

John Holt

anyone else, like to respond to that judge.

Hon. David H. Guy

I think, by and large, the Court, the Court examiners I think are the first line of defense against that, in theory, and I think in the 10 counties where I serve we have probably five court examiners, so we have a couple of court examiners covering more than one county, so when you

have that kind of consistency, I think you're probably better able to pick up problematic cases. And, and this is, you know, a function of numbers in in the more urban counties the volume mandates more court examiners and I don't know if the protocols are in place so that the same examiners are reviewing the same cases on a consistent basis, and of course there's arguments for both. So, I just think the ... What I have seen is that the cases that the examiners have uncovered, and I've only had a few fortunately were not uncovered in a timely basis or were not addressed in a timely basis.

We have, and part of this may be the smaller town approach to the practice of law and to people's responsiveness but um court examiners will request reports and follow up, but it can be a year from a missed report before compliance motion gets in front of me. And, and even in that case, most of the time it's not problematic, it's just somebody didn't get it done but, if there are problems and it takes that kind of time to get it in front of the Court, then it's really going to be hard to, they're going to be substantial problems and they're going to be hard to recover from.

John Holt

Other question from the attendees relates to people who are entering the guardianship system due to mental health issues. Have you seen a change in terms of the population who's entering into Article 81 guardianships due to mental health issues and is there something unique about that population in terms of the ability to provide interventions and diversion from guardianship?

Morgan Thurston (DFA)

I know Beth could speak to this too, but from our perspective are most challenged, we are seeing more. Our younger guardianships tend to be people with mental health issues and they tend to be our most difficult guardianship cases and it's the article 81 prevents us from, we're not allowed to place someone in a mental health facility and our guardianships, so we have to rely on other professionals if that is what they need, I mean it's going to be a trip to CPAP or maybe it's a law enforcement involvement it's really precarious situations there. They are by far the most difficult cases they make up maybe 10% of our cases but we'd probably spend 25-30% of our time on those cases.

Hon. David H. Guy

And I see it in two ways I see petitions filed by folks who have a family member with mental health issues and as Thurston says article 81 really can't help you if that's the issue that your family members face and we don't have that ability and I want to say they're dismissible typically what we do is we still bring people together will still set it down for hearing and basically have to explain to people what's what and sometimes the attorneys can do that and we don't have to have a hearing, but it's symptomatic of the limitations in an article 81. We can't in an article 81, I can't authorize somebody to go into a house and pull somebody out and put them into a hospital, I can give somebody the authority to make medical decisions or to place, but the Guardian can't make the medical decision on what a safe discharge plan is so a lot of people she's a lot there, There are some situations where a family is looking for an ability to control a person, whether it's mental health or dementia and the person is not cooperative. And an 81 is not going to solve that problem and this is the only area where I see some tension with my department of social

services, there is a procedure under the social services law to remove someone from a house and get him in a facility.

But there are also departments of social services who think that that's what an article 81 will do, and so they won't take that action and that's very challenging.

John Holt

I'm curious how you see those challenges from the standpoint of a guardian, an agency that's been appointed as Guardian for people who have mental health issues.

Elizabeth S. Fortino

Just for mental hygiene legal services, we serve as counsel for some of these folks. We found during Covid, they were just even afraid to even interact with us, so we have a typical person that's in a nursing home, you know we can go with the IP we can go see them, we can talk to them and even during Covid through the iPad or whatever they weren't paranoid. But when we had folks that had mental illness, it was much more difficult, not only during it's tough on a normal day to have them understand the guardianship process and try to work with them and explain and try to find everything all the facts out.

But it was even I think even more dramatic or more difficult during Covid because we couldn't have that face to face meeting with them, we couldn't talk with them about...and we have several examples where they were super scared to even talk to us, to divulge any kind of information and also on one of our cases the Court was very good and allow them to go into the courthouse because they were paranoid about not being in the courthouse.

So they would only want in the courtroom when we were remote and so it was just you know other times they wouldn't even like answer our calls, they were only doing an occasional text with us it was really, really difficult so that folks with mental illness and add Covid on top, that made it really difficult because they were just very scared of what is the guardianship about what it's going to take away from them and their independence and they the folks that we serve take hold on to that pretty dearly even, even though they suffer from mental illness they don't want to lose I think even more than, say, like an elderly person, you know, a person who's elderly.

They were very, very, very, very scared of losing potentially anything you know and were doubting if anybody who's trying to help them or system and a process.

Jennifer Jones (DFA)

It's interesting from being at a department of social services that we've received I wouldn't say a lot but calls from parents that are asking us to be able to intervene when their child is you know, an addict and that cycle of in and out and overdosing and they want us to you know, be able to have the power to take them and place them and trying to convince parents that are very well meaning that we can't do that, no matter what, and I think it goes right along with the mental health one, the addictions and it's very sad to see.

John Holt

I have a question here that I think is best directed to Morgan and Jennifer.

What is going to be the approach of department of social services in revisiting Medicaid applications after that anticipated January 1 date that were approved without the required documentation and do you think there'll be any impact on people who are adjudicated incapacitated after the applications were submitted.

Morgan Thurston (DFA)

We're going to wait for guidance, I have yet another hat I wear is pursuing incorrectly paid Medicaid. So, we have a lot of incorrectly received Medicaid we know we're going to be looking at or possibly looking at. We don't know what we're going to do every at recertifications. We're of the mind, that mindset that maybe the federal government's going to say don't worry about it, move forward reprocess we don't know it's I don't know if Jenny if you have any different ideas.

Jennifer Jones (DFA)

No, I'd say the same thing you know we do wonder about us paying when maybe we shouldn't have because it's all taxpayer money and then what we'll do, but in truth, like that overlay of now if they're incapacitated and they weren't at the time I... no clear direction on, it'll probably be case by case, and what we need to look at.

John Holt

I think we have time for one more question, so I'll put this out here to all the panelists and let you answer. You know if you had a magic wand and there was a reform to guardianship you could see implemented, what would that be and how do you think it would impact the guardianship system. Um let's see Jesslyn, I'll start with you.

Jesslyn Holbrook (Center for Elder Law & Justice)

Oh that's a really great question I think probably it's all going to tie back to resources and so for our program we I think I mentioned that we are guardian for roughly 100 people at a time, and we are constantly balancing the people that we can take, so we have to take a fee on some and then we agree that we can take some that are no fee cases. But we also have to sustain our program and so to have enough available social workers and accountants and paralegals and attorneys to handle these cases, we need dedicated resources and funding. And you know it's more precarious than I would like it to be many days, so if I had that wish list to be the best guardian, that we can be, which is what we strive to be, it would be that to have a dedicated funding source to be able to do that.

John Holt

Elizabeth, you have a..

Elizabeth S. Fortino

Sure, I would love to see more communities have programs like Jesslyn's. We're fortunate to have you in Erie county but then in Rochester we have Catholic charities that does a tremendous job, but certainly you know working our way over to Syracuse on over to Utica and Herkimer and up to Lewis you know I would love for us, you know, even if these virtual

hearings discontinued oh I love for folks like Jesslyn for their program to expand, since they already kind of have an infrastructure to serve the different communities upstate because it's sorely needed.

John Holt

Jennifer, from your perspective.

Jennifer Jones (DFA)

I agree with the previous two speakers it's interesting you know, sometimes in these rural counties like mine we're kind of an island of our own and I mentioned being generic before but having the ability to have a team of specialists that could help because these cases can be very multifactor. You know, and right now we rely on finding an accountant that's a specialist or a doctor that's a specialist you know we're really trying to piece together a team out of nothing. And if you don't have the money to do it, then it just kind of evaporates so be having access to specialist like Jesslyn has mentioned, I think, would be fabulous.

John Holt

Morgan.

Morgan Thurston (DFA)

I agree with what everyone has said, the one thing I would propose this really goes on the guardianship abuse side, abuse by guardian side is that in addition to court examiners I'd like to see New York State have a court visitor type program where you we actually have a person that actually visits with the incapacitated person and sees where they're living sees what conditions they're living in, let's see you to see whether the guardianship is still appropriate, whether their care is appropriate. Because the Court examiner is not going to pick that up because that's not their role, so that that's a change I'd like to see.

John Holt

And Judge Guy will give you the final word.

Hon. David H. Guy

Well, I do think that agencies with the team like Jesslyn's has is the optimum solution for guardianship and you know, like your organization John you have legal aspects of bookkeeping aspects you have social aspects and I think and Jesslyn is also spot on with the dedicated funding stream as an initial step, I would like to see something in place so that guardianship fees could be factored into the NAMI calculation for Medicaid so I know there are places where it happens, but sort of on an informal basis, and you know the counties where it happens don't really want to talk about it because they don't want it to go away, and I think that's a legitimate concern, but I think that would be an excellent start to let us put that into the calculation, so we could fund agencies, for you know my community none of the 10 counties where I serve has an agency like yours John or like Jesslyn's and that would be would just be great.



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John Holt

That about does it for our time this evening, and I want to extend the big thank you to everybody on the coalition team who did a lot of work putting together this incredible event Randy Sheila Stu Kimberly Susan Adela, our legal interns Brad Rebecca and Allison and, of course, our moderator Beth. Thank you to everybody.

Thank you to all the folks who were kind enough to take time to speak with Beth and me about what was going on and guardianship practice in your region.

Especially Shelley Fibeck to the director of New York state office of children and family services, bureau of adult services who was not only incredibly generous with her time and insight but also introduced us to a number of her colleagues across the state who gave us invaluable information which helped guide us in formulating tonight's event.

Thank you to everybody who took the time to join us tonight as attendees I hope you found this as educational and engaging as I did, and reminder that we still have additional panel events upcoming. Next, of which is planned for the end of the summer on ethical issues in guardianship so be on the lookout for that registration.

And we will be sending out a brief survey at the conclusion of this event and I encourage you to give us some feedback as it's extremely helpful to us and ensuring that our audience gets the most out of these discussions.

And last but certainly not least, a huge, thank you to our panelists I learned so much this evening just hearing you Guys speak about your work. And I wish we could continue this for several more hours, and I hope we'll be able to have more of these conversations and build off of this incredible base of knowledge, for the benefit of everybody here in the State of New York, so a huge huge thank you to everyone.