



Written Testimony for the 2023 JOINT LEGISLATIVE BUDGET HEARING
Senate Finance Committee, Chair Liz Krueger
Assembly Ways and Means Committee, Chair Helene E. Weinstein

PUBLIC PROTECTION
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Submitted by Kimberly George, President and CEO, Project Guardianship

Thank you, Chairs Krueger and Weinstein, and Committee Members, for the opportunity to submit testimony today. My name is Kimberly George, and I am the President and CEO of Project Guardianship.

We are a spinoff program of the Vera Institute of Justice and a non-profit organization providing comprehensive, person-centered, court appointed guardianship services to hundreds of limited capacity New Yorkers. Our clients are living with disability, serious mental illness, dementia, substance misuse, Traumatic Brain Injury, and other conditions that negatively impact their ability to make decisions. We serve clients regardless of their ability to pay and provide services for some of the most compelling and complex cases in New York City. We also share research and policy recommendations for a better guardianship system and advocate for more equitable service provision for people in need of surrogate decision-making supports or protective arrangements.

For New Yorkers with limited capacity, the NYS Mental Hygiene Law provides for the appointment of a guardian to help manage their personal and/or property needs. Guardianship is a critical link to supportive services for New Yorkers whose functional limitations have prevented them from accessing those services. And while New York is fortunate to have strong legal protections that entitle individuals access to guardianship services, this mandate is underfunded and there is currently no direct, sustainable funding stream to ensure statutory compliance. If a family member cannot serve as guardian, non-profit organizations, county social services districts and private attorneys must step in to provide these critical legal and social services in a patchwork manner, but the demand for assistance greatly outpaces capacity. In some regions, there is no access to these resources, especially for low-income individuals without family and unable to hire a private attorney.

In November 2022, New York City Mayor Adams announced a new directive pursuant to NY State Mental Hygiene Law Section 9.41, which provides that:

Any peace officer, when acting pursuant to his or her special duties, or police officer who is a member of the state police or of an authorized police department or force or of a sheriff's department may take into custody any person who appears to be mentally ill and is conducting himself or herself in a manner which is likely to result in serious harm to the person or others.



The directive would also apply to and authorize the removal of a person who displays an inability to meet basic living needs, even when no recent dangerous act has been observed, and would be carried out regardless of whether those individuals consented to medical treatment or hospitalization.

In doing so, the mayor indicated a need for additional resources not only for hospitals, but first responding agencies as well. The administration indicated that first responders will update their policies and protocols and will train NYPD officers, MTA PD officers, and FDNY EMTs and paramedics accordingly. According to a CNN report, these responders are to get additional training to help them make evaluations and mental health technicians will be available to help them determine whether a person needs to be taken to a hospital for further evaluation.¹

This is not just a New York City issue. Across New York State, under the authority of Mental Hygiene Law Sections 9.41 and 9.45, police and peace officers can take into custody for the purpose of a psychiatric evaluation those individuals who appear to be mentally ill and are conducting themselves in a manner which is likely to result in serious harm to self or others. Therefore, it is possible that we will see increased psychiatric hospitalizations statewide, which will have a ripple effect on a variety of related human services providers, including guardianship providers like ours. This is because, according to the NYS Office of Court Administration, hospitals and nursing homes together account for nearly 40% of guardianship petitioners in New York State. This occurs largely in cases where a patient cannot consent to services or arrange the financial components of a safe discharge and lacks familial support. According to a recent report by the American Bar Association, mental illness is the reason for guardianship appointments in approximately 20 percent of cases nationwide.

Considering this data and our own experience serving as a legal guardian over the past 18 years, we know that an increase in hospitalizations will lead to an increase in guardianship petitions and appointments, and that – just like our first responders and hospitals – guardianship providers will also need more resources to meet that imminent need. Our services encompass civil legal services, financial management and healthcare coordination, among other vital tasks to promote the overall health, safety, well-being, and stability of the individual. Not only are most of our clients poor, over half of them (54 percent) have diagnosed mental health disorders, such as schizophrenia, bipolar disorder, or post-traumatic stress disorder.

We stand ready to respond to the imminent uptick in guardianship petitions and appointments, but we will need additional funding to adequately and comprehensively meet the needs of these clients. As a mission-driven organization whose bottom line is the health, safety, and dignity of our clients, it is critical that our client-to-case manager ratio remain manageable so that the quality of our services remains high.

We are therefore requesting a \$15 million appropriation to non-profit community guardianship organizations so that services may be expanded to 1,500 people annually across the state. This funding would also help to provide technical assistance, quality assurance, data collection, and to pilot a statewide Guardianship Prevention and Support Helpline, which is presently being developed by Project

¹ <https://www.cnn.com/2022/11/29/us/new-york-mayor-nypd-fdny-mental-health/index.html>



Guardianship. Due to the court process for ordering and commissioning guardianship appointments, an immediate investment would allow existing nonprofit programs to staff up and expand or build new programs in counties without a current provider.

We ask that you include funding for guardianship services in your budget bills so that that providers can offer interdisciplinary services for more New Yorkers who will undoubtedly enter guardianship arrangements as involuntary hospitalization is executed, not only in New York City, but potentially statewide.

Thank you again for the opportunity to submit testimony today.

Please contact Kimberly George at kgeorge@nycourts.gov with any questions or requests for additional information.