



August 2009

## PUBLIC GUARDIANSHIP SERVICES IN WASHINGTON STATE: PILOT PROGRAM IMPLEMENTATION AND REVIEW

Guardians serve as surrogate decision-makers for individuals who are legally incapacitated and can no longer manage their personal or financial affairs. Accidents, disability, illness, or old age may diminish an individual's ability to make important personal decisions. In the years ahead, elderly individuals will make up a greater percentage of our population, and the need for guardianship services is likely to expand. The state's Office of Financial Management tracks demographic and population trends and notes:

*Washington's population will age rapidly over then next two decades. The state's elderly population, age 65 and older, is expected to grow from 662,000 (or 11.2 percent of the population) in 2000, to 1.66 million (or 19.7 percent of the population) in 2030.<sup>1</sup>*

As the population ages, the role of the professional guardian may become more visible. In addition to elderly clients, individuals with developmental disabilities or mental health diagnoses may also require the services of a guardian advocate.

This paper aims to:

- Explain the role and requirements of guardianships
- Describe the guardianship process
- Outline statewide guardianship trends
- Discuss the role of public guardians
- Review the implementation of the Office of Public Guardianship

### Summary

In 2007, the Washington State Legislature established an Office of Public Guardianship within the Administrative Office of the Courts. The office is intended to "promote the availability of guardianship services for individuals who need them and for whom adequate services may otherwise be unavailable."

The Legislature also directed the Washington State Institute for Public Policy (Institute) to "analyze the costs and off-setting savings to the state from the delivery of public guardianship services." The Institute's final evaluation report will be completed by December 2011.

Public guardianship services are available in six pilot counties throughout Washington State. By June 2009, 71 cases had been referred to public guardians. At the time of this report, detailed assessments were available for 11 clients. This report summarizes these assessments and discusses the implementation of the public guardianship pilot program.

The final evaluation will examine the impact of the program on subsequent hospitalizations and emergency department visits, changes in residential settings, and other measures of well-being.

Suggested citation: Mason Burley. (2009). *Public Guardianship Services in Washington State: Pilot Program Implementation and Review*. Olympia: Washington State Institute for Public Policy, Document No. 09-08-3901.

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<sup>1</sup> <http://www.ofm.wa.gov/economy/longterm/2008/lt08ch2.pdf>

## Section I: A Guardianship Primer

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### ***What is a guardianship?***

A guardianship is a legally established relationship where a court of law grants one person (the guardian) the authority to make personal, medical, and financial decisions for another. Following a hearing on the guardianship petition, the court may establish the extent and duration of the guardian's power as a decision-maker for the incapacitated person. A limited guardianship may cover only decisions in one area (such as estate or property matters). A full guardianship, on the other hand, transfers authority for all major decisions to the appointed legal guardian.

When a guardianship has been established, incapacitated persons may lose the right to:

- Marry or divorce
- Vote
- Enter into a contract
- Have a driver's license and drive
- Buy, sell, own, or lease property
- Consent to or refuse medical treatment
- Decide who will provide care

Guardianships are meant to provide proper care and advocacy for vulnerable adults, while granting extended responsibility to the guardian. Given the scope of the guardian's authority, several measures exist to ensure that guardians are accountable for their decisions. In Washington State, regulatory oversight of professional guardians comes from the Washington State Supreme Court's Certified Professional Guardian Board.<sup>2</sup> The Board has the authority to review and approve applications for certification, set standards for ethics and training, hear grievances, and issue sanctions.

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<sup>2</sup> [www.courts.wa.gov/programs\\_orgs/guardian](http://www.courts.wa.gov/programs_orgs/guardian)

### ***Why do some individuals need a guardian?***

Washington State law sets clear guidelines on the criteria for declaring an individual as legally incapacitated and in need of a guardian advocate. For the purpose of establishing guardianship, a person must be found...

*...incompetent by reason of mental illness, developmental disability, senility, habitual drunkenness, excessive use of drugs, or other mental incapacity, of either managing his or her property or caring for himself or herself, or both.*<sup>3</sup>

The court must also find that the individual is at a...

*...significant risk of personal harm based upon a demonstrated inability to adequately provide for nutrition, health, housing, or physical safety.*<sup>4</sup>

Finally, the statute notes...

*...a determination of incapacity is a legal not a medical decision, based upon a demonstration of management insufficiencies over time in the area of person or estate. Age, eccentricity, poverty, or medical diagnosis alone shall not be sufficient to justify a finding of incapacity.*<sup>5</sup>

The need for guardianship filing may be the result of an investigation by Washington State Adult Protective Services, a determination by the Division of Developmental Disabilities, a hospital or care facility social worker, or the intervention from a friend or family member.<sup>6</sup>

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<sup>3</sup> RCW 11.88.010 (e)

<sup>4</sup> RCW 11.88.010 (a)

<sup>5</sup> RCW 11.88.010 (c)

<sup>6</sup> See RCW 11.88.030 for petition requirements

## ***How are guardians appointed?***

Any interested individual or entity with concerns for the well-being of the alleged incapacitated adult may file a guardianship petition. The attorney general may file a petition when no other party is willing and able to file and there is cause to believe a guardianship may be necessary.<sup>7</sup> Once a petition has been filed, the following steps take place:

- 1) **Within five days** after a court petition has been filed, the alleged incapacitated person should be served with a guardianship proceeding notice.
- 2) A hearing can be held **no sooner than ten days** after the alleged incapacitated person is served with notice of the petition. Hearings are usually held 45 to 60 days after service.
- 3) Prior to the hearing on the petition, a *guardian ad litem (GAL)* is temporarily appointed by the court to investigate the need for a guardianship. The GAL is required to obtain a medical/psychological evaluation regarding incapacity and present recommendations to the court.

The GAL fees are allocated by the court to the petitioner, alleged incapacitated person and/or other parties to the petition. If the court finds that these fees would result in hardship to the alleged incapacitated person, the county bears responsibility for these costs.

4) **Within 45 days** of the petition and at least 15 days prior to the hearing on the petition, the GAL must file the final report. The report can recommend dismissal of the petition, a less restrictive option to guardianship, or the appointment of a full or limited guardian. Copies of the report are provided to the following individuals:

- a) the alleged incapacitated person and his or her counsel,
- b) the person's spouse or domestic partner,
- c) the person's children (who do not reside with him/her), and
- d) other persons who have filed a request for special notice.

Guardianships can be modified or terminated at any time by the court after the petition has been granted. Anyone, including the incapacitated person, may ask the court for a change in the guardianship arrangement. Guardians are required to report back to the court on the status of their cases.

## ***What are the responsibilities of a guardian?***

The scope of the guardian's duties is determined by the "Letters of Guardianship" that are outlined by the court at the time the petition is granted. Within the guidelines specified by the court, a guardian is responsible for the care and custody of the incapacitated individual during the guardian's appointment. A guardian, however, is not a caretaker, but oversees the provision of treatment and care. A guardian is also charged with advocating for the best interest of the incapacitated person, while adhering to his or her values and preferences.<sup>8</sup>

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<sup>7</sup> RCW 11.88.030(2)(a); The state attorney general typically files a guardianship petition when there is a request from Adult Protective Services or the Division of Developmental Disabilities.

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<sup>8</sup> See Washington State Certified Guardian, Standards of Practice: [http://www.courts.wa.gov/committee/?fa=committee.child&child\\_id=30&committee\\_id=117](http://www.courts.wa.gov/committee/?fa=committee.child&child_id=30&committee_id=117)

Guardians may perform a wide range of tasks on behalf of their clients, including the following:

- Financial management,
- Healthcare decision-making,
- Residential placement,
- Providing status updates to family members and the court, and
- Coordinating services (such as household maintenance).

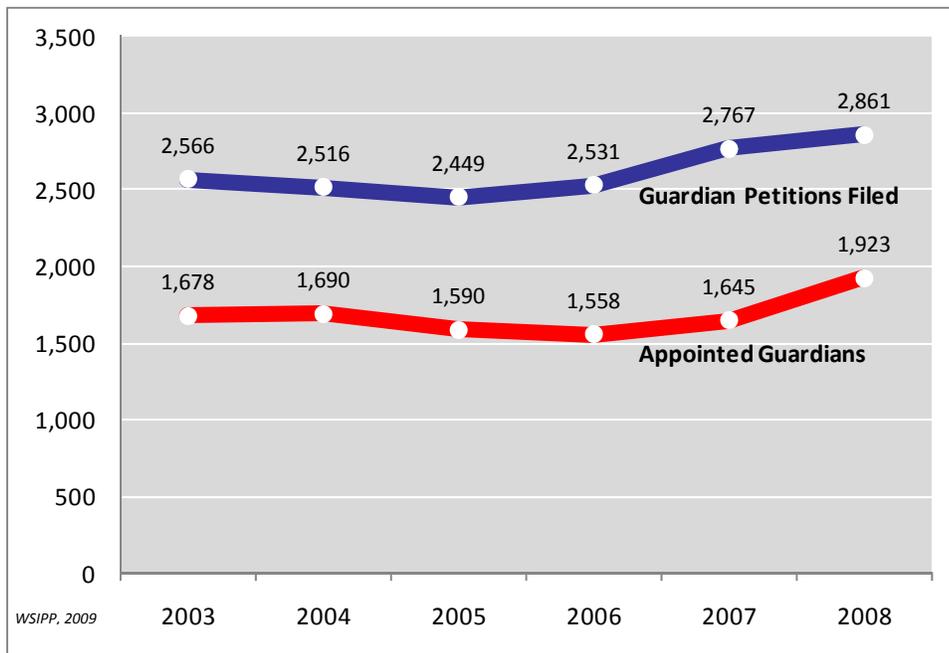
While a guardian maintains broad authority to make decisions on behalf of the incapacitated person, his/her decision-making power is limited in some areas. A guardian may not place the incapacitated person into a nursing home against the person’s will and cannot consent to the commitment of an incapacitated person for mental health treatment.

**How common is guardianship?**

Most guardianship records are maintained at the county level, so it is difficult to determine the number of active guardianships. The Administrative Office of the Courts tracks guardianship filings and completed cases. Exhibit 1 displays the trend in guardianship petitions filed and appointments between 2003 and 2008.

In 2008, 2,861 petitions for guardianship were filed in Washington State Superior Courts (up from 2,449 in 2005).<sup>9</sup> These petitions can be dismissed by the court, but in about two-thirds of the cases, a guardian is appointed. In 2008, 1,923 guardianships were approved by the court, a 40 percent increase from the 1,590 guardians appointed in 2005.

**Exhibit 1  
Guardianship Petitions: 2003–08**



<sup>9</sup> These petitions include guardianships for both children and adults. Court records do not track the number of guardianships for adults separately. In a recent survey of certified guardians, however, only 7 percent of all clients served were age 18 or under.

### **How many professional guardians work in Washington State (who are guardians)?**

The Washington State Certified Professional Guardian (CPG) Board oversees approximately 270 professional guardians licensed to do business in the state. In 2007, the CPG Board conducted a survey of professional guardians, with 117 guardians responding. The survey results described the following profile of certified professional guardians in the state.<sup>10</sup>

- 73 percent were female
- 95 percent were white
- Averaged 5.1 years serving as a professional guardian
- Educational background included:
  - ✓ 19 percent some college, no degree
  - ✓ 7 percent Associate's degree
  - ✓ 24 percent Bachelor's degree
  - ✓ 27 percent Master's degree
  - ✓ 17 percent Professional degree (e.g., attorney)

The Washington Association of Professional Guardians<sup>11</sup> serves as the professional organization for guardians in Washington State.

### **What is the background of the Office of Public Guardianship?**

Prior to the establishment of the Office of Public Guardianship, individuals could receive the assistance of a guardian if:

- a friend or family member was able and willing to serve as a guardian;
- their assets or income were sufficient to pay for the services of a professional guardian, or a guardian provided pro-bono guardian services; or
- they were eligible and received Medicaid benefits, and a guardian was willing to receive the stipulated \$175 per month set forth in Medicaid guidelines as an allowable income deduction.

In many cases, an individual may not qualify for Medicaid and may not have the resources or assistance necessary to find a guardian. In 2005, the Washington State Bar Association formed a Public Guardianship Task Force to determine the unmet need for guardianship services in the state. Using rates derived from other studies, members of the task force concluded that *“there are probably approximately 4,500 Washington residents who need guardianship services and who, because of their poverty and lack of volunteer resources, are currently without them.”*<sup>12</sup>

The 2007 Washington State Legislature passed SSB 5320, which established an Office of Public Guardianship within the Administrative Office of the Courts. The office is intended to *“promote the availability of guardianship services for individuals who need them and for whom adequate services may otherwise be unavailable.”*

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<sup>10</sup> [http://www.courts.wa.gov/content/publicUpload/Guardian%20News/The%20Certified%20Professional%20Guardian%20Board%20Survey%20Results%20\(July%202007\).pdf](http://www.courts.wa.gov/content/publicUpload/Guardian%20News/The%20Certified%20Professional%20Guardian%20Board%20Survey%20Results%20(July%202007).pdf)

<sup>11</sup> [www.wapg.org](http://www.wapg.org)

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<sup>12</sup> Washington State Bar Association. (2005, August 22). Report of the Public Guardianship Task Force to the WSBA Elder Law Section Executive Committee. Seattle, WA, p. 2.

## **What is the role of the Office of Public Guardianship?**

The Office of Public Guardianship contracts with one individual or organization in each pilot county to provide guardianship services.<sup>13</sup> In June 2008, the initial implementation of public guardianship services began in five counties:

- Clallam
- Grays Harbor
- King<sup>14</sup>
- Okanogan
- Pierce
- Spokane

To be eligible for a public guardian, individuals must have incomes under 200 percent of the federal poverty level or be receiving long-term care services through DSHS. A public guardian can be appointed when there is no one else qualified, willing, and able to serve. The Office of Public Guardianship approves referrals for guardianship services made in the pilot counties.

The Office also provides support and assistance for public guardians and monitors compliance with recordkeeping and client reporting requirements. Finally, the Office of Public Guardianship will issue annual reports<sup>15</sup> on program progress and will help educate interested individuals and organizations about public guardianships.

## **How is Washington's Office of Public Guardianship different from similar organizations in other states?**

A recent review by the American Bar Association's Commission on Law and Aging found that "in 2008,

at least 15 states passed a total of 18 adult guardianship bills—as compared with 14 states and 27 bills passed in 2007."<sup>16</sup> In 2007, Washington was one of three states to establish a new program for public guardianship.<sup>17</sup> Washington's Office of Public Guardianship is unique in several respects:

- *The office is located within the judicial branch.* In other states, public guardianship services are directly connected to the state social services agency. This can create a potential conflict when the guardian applies for or contests benefits administered through the agency.
- *Public guardians must be certified by the Professional Guardian Board.* The training and certification of guardians in Washington State provides uniform standards for professional practice. The requirement that public guardians also achieve this certification ensures that public-pay clients will receive a consistent level of service.
- *The Office of Public Guardianship cannot petition the court for guardianship cases.* Only a few states have provisions (like Washington's) that expressly prohibit the guardianship office from actively pursuing cases. In Washington, a special court investigator (guardian ad litem) makes a recommendation to the court about the most suitable long-term guardian. Barring the Office of Public Guardianship from the petition process helps ensure that pressures to increase or decrease a caseload do not interfere with decisions granting a guardianship.
- *A public guardian cannot have more than 20 active cases at any time.* Only a handful of states have laws that specify caseload limits for public guardians. In Washington State, this caseload ratio is meant to ensure that public guardians have the time and resources to provide support and advocacy for the clients they serve.

<sup>13</sup> The Washington State Legislature appropriated \$1,483,000 for the Office of Public Guardianship in the 2008–09 biennium.

<sup>14</sup> King County was added as a pilot site in January 2009.

<sup>15</sup> For the 2007–08 annual report, see: <http://www.courts.wa.gov/content/publicUpload/Office%20of%20Public%20Guardianship/2007-2008%20Annual%20Report%20for%20OPG.pdf>

<sup>16</sup> [http://www.abanet.org/aging/legislativeupdates/docs/dir\\_of\\_reform\\_2008.doc](http://www.abanet.org/aging/legislativeupdates/docs/dir_of_reform_2008.doc)

<sup>17</sup> The other two states were Nevada and Arkansas.

### **What are the requirements for public guardians?**

As noted above, public guardians may not carry caseloads above 20 persons (including private- and public-pay guardianships).<sup>18</sup> This requirement and other expectations established by legislation and the program manager are designed to help incapacitated individuals receive the most appropriate care in the least restrictive setting.

Public guardians are also expected to visit with their incapacitated clients at least once per month. Every month, guardians must provide a status report to the Office of Public Guardianship on the physical and mental condition of their clients and the necessity of continued guardianship. Case studies presented in the next section show examples of situations guardians are presented with after being appointed by the court.

### **How will we know if the public guardianship program saves money and is effective?**

The Legislature asked the Washington State Institute for Public Policy (Institute) to “analyze the costs and off-setting savings to the state from the delivery of public guardianship services.”<sup>19</sup> This report provides background on guardianship services and describes the implementation of the program. The final report on the Office of Public Guardianship (December 2011) will examine the impact of this program for program participants and taxpayers.

Potential clients for public guardianship services will have varied needs and circumstances. The Public Guardianship Taskforce (2005) described the following examples of persons who may lack access to guardianship services:

- Individuals who appear to have Alzheimer’s disease and who are without family support and alone.

- Developmentally disabled adults whose aging parents are no longer able to serve as guardians because of their own deteriorating health conditions.
- Individuals who, under the Involuntary Treatment Act, have faced extended hospitalization and repeated detentions because of crises that might have been avoided with the assistance of a guardian.
- Individuals with mental illnesses who face avoidable evictions from their apartments or foreclosures on home loans.
- Individuals for whom significant medical-treatment decisions need to be made, who lack the capacity to make them, and for whom there is no one else with legal authority to make such decisions.

The circumstances of individuals referred to the public guardianship program may greatly affect the types of outcomes we can expect. For example, clients with certain developmental disabilities or mental deterioration may not be able to achieve the same level of independence as clients with milder impairments.

Following an accepted referral, public guardianship clients are assessed in the areas of:

- health,
- nutrition,
- functioning,
- financial well-being,
- social interaction, and
- living environment.

The remainder of this report describes the characteristics of public guardianship cases from this assessment. The final report will evaluate the program’s impact, as measured by changes in health status, hospitalizations, and living arrangements.<sup>20</sup>

<sup>18</sup> There is no statutory or regulatory limit to the number of cases for a professional guardian not contracting with the Office of Public Guardianship.

<sup>19</sup> SSB 5320, Chapter 364, Laws of 2007

<sup>20</sup> For more detail about the Institute’s evaluation plan, see: <http://www.wsipp.wa.gov/OPGEvalSummary.pdf>

## Section II: Public Guardianship Implementation and Outcomes Monitoring

In June 2008, the Office of Public Guardianship (OPG) started contracting for guardianship services in five pilot counties (King County was added as a pilot site in January 2009). With the help of the OPG manager, public guardians visited hospitals, adult family homes, court officers, and other community partners in their regions to increase awareness about the availability of public guardianship services. In October 2008, the first case was referred to a public guardian.

In early 2009, we conducted interviews with the six public guardians throughout the state. While still early in the implementation of the pilot, these interviews provided detail about the background of public guardians and the nature of the assigned cases. Public guardians in the pilot counties have prior experience as paralegals, attorneys, elder care professionals, hospice care workers, and care advocates. These guardians have a wide array of skills reviewing medical records and conditions, determining suitability and availability of insurance and benefits, assessing clients' financial status and needs, and finding resources to ensure basic needs are met. The circumstances surrounding guardianship cases vary considerably, and guardians are often required to perform multiple and simultaneous tasks to help meet the needs of the incapacitated persons they serve. This section discusses the number and types of public guardianship cases in the early stages of the pilot program.

As of June 2009, public guardians had 71 court referrals and 62 accepted cases. Cases were referred from hospitals, adult family homes, DSHS Adult Protective Services, and DSHS Division of Developmental Disabilities. Exhibit 2 details case activity for each pilot county.

**Exhibit 2**  
**Public Guardianship Cases**  
**July 2008–June 2009**

County	Total Referrals	Accepted	Denied	Cases Closed*
Clallam	5	4	1	0
Grays Harbor	3	2	1	0
King	11	10	1	1
Okanogan	4	3	1	0
Pierce	24	20	4	6
Spokane	25	23	2	5
<b>Total</b>	<b>72</b>	<b>62</b>	<b>10</b>	<b>12</b>

\*Cases could be closed as a result of client death, guardianship modification, terminations, or transfers.

After public guardianship cases are accepted, a registered nurse (contracted by the Office of Public Guardianship) performs an assessment of the incapacitated person. This assessment documents the client's functional status, medical needs, and the extent and type of services that may be required.<sup>21</sup>

### **Public Guardians' Client Characteristics**

Assessments will be performed approximately once every year, or at major changes in client circumstances or conditions. By mid-2009, 16 clients in the public guardianship pilot program had received an initial assessment. Obtaining personal information from incapacitated persons often requires the assistance of individuals or organizations familiar with the case. Among the 16 clients assessed, seven could provide information directly; the others could not understand questions or could not speak.

<sup>21</sup> Assessments for OPG clients are based on the Comprehensive Assessment and Reporting Evaluation (CARE) tool created by the DSHS Aging and Adult Services Administration ([www.aasa.dshs.wa.gov/professional/care](http://www.aasa.dshs.wa.gov/professional/care)).

In order to preserve client confidentiality, this analysis only includes a general overview of these assessments.<sup>22</sup> Nevertheless, this review provides a first look at the characteristics of these incapacitated persons and the types of activities carried out by the public guardians.

Among the first 16 public guardianship clients assessed, the following could be summarized:

**Exhibit 3**  
**Public Guardianship Cases:**  
**Client Characteristics and Housing**

Characteristic	Total
Gender	
Female	9
Male	7
Age	
18 – 40	5
41 – 60	5
61 – 80	6
Usual Housing	
Adult Family Home	5
Nursing Home	5
Private Residence	6

Assessment for incapacitated persons also involved several measures of a client’s mental health status, including orientation, memory, and functioning. Orientation involves the awareness of time, place, and person. Ten clients of public guardians were disoriented in one or more of these dimensions.

Client assessments also determined the number of times that individuals had been admitted to a hospital or visited the emergency department. In the six months prior to the assessment:

- Seven had a hospital admission, and
- Eight visited the emergency department.<sup>23</sup>

<sup>22</sup> The DSHS Human Research Review Section reviewed and approved the research protocols for this study.

<sup>23</sup> Four clients had at least one emergency department visit and hospital admission.

Future analyses will examine residential changes and hospitalization rates over time for public guardianship clients compared with a similar group of incapacitated individuals who do not receive these services.

Although public guardians are appointed by the court to serve as an incapacitated person’s decision-maker, guardians must try to ascertain the wishes and desires of clients when acting in their interests. Washington’s guardianship law affirms that, “liberty and autonomy should be restricted through the guardianship process only to the minimum extent necessary to adequately provide for their own health or safety, or to adequately manage their financial affairs.”<sup>24</sup>

Exhibit 4 displays public guardianship clients’ decision-making capacity at the time of assessment. Five clients were either moderately or severely impaired and may require more assistance with decision-making. A few clients, however, were considered independent and may only temporarily require the services of a guardian.

**Exhibit 4**  
**Public Guardianship Clients:**  
**Decision-Making Ability**

How Client Makes Decisions	Number of Clients
Independent	2
Difficulty with new decisions (modified independence)	4
Poor decisions and/or unaware of consequences (moderately impaired)	5
No or few decisions and/or preferences (severely impaired)	5

<sup>24</sup> RCW 11.88.005

## **Public Guardian Client Case Studies**

The client assessments discussed in the previous section capture those outcomes and characteristics that can be readily measured. These measures, however, do not always provide a complete picture of what guardianship cases may involve. This section includes a description of several cases, based on information provided by the assessor. The profiles have been edited to protect client confidentiality, but give an example of the types of issues handled by public guardians.

### **Case Study 1**

Client X has several long-standing health problems (diabetes, skin issues) and also experiences dementia. Prior to placement, this client lived in an apartment, but sanitation, lack of food, and hygiene issues were noted as significant problems in this independent arrangement. Family members did not provide proper care during this period, and DSHS/Adult Protective Services investigated claims of mistreatment.

Improper care (medication mismanagement, lack of physician care) resulted in a hospital admission. These health problems improved and stabilized after Client X was moved to a skilled nursing facility. Ultimately, these health issues did not require the level of care available at a skilled nursing facility. The public guardian representing this client was able to oversee the implementation of a suitable care plan and financial arrangements for Client X. The public guardian also helped this client relocate to an Adult Family Home that could provide the level of care needed in a more appropriate environment.

### **Case Study 2**

Client Y has a long term history of homelessness. An accident in the community resulted in a hospitalization and then transfer to a skilled nursing facility for recovery. This client has multiple heart issues, as well as mental health difficulties and muscular-skeletal problems.

Since staying at the skilled nursing facility, this client has gained weight and become more independent. The public guardian for this client has assisted with locating monthly social security payments and providing needed clothes and other personal items. The client assessment concluded that this individual could live in an adult family home and the public guardian was investigating appropriate arrangements.

### **Case Study 3**

Client Z currently resides in an adult family home. Previously, the client was cared for by family members, and there were allegations of abuse and neglect during this period as well. Care and treatment problems led to a history of multiple emergency department visits and hospitalizations.

Client Z has a history of seizures and suffered a traumatic brain injury prior to placement at the adult family home. This injury resulted in cognitive impairments which interfere with communication and decision-making. A court investigator attempted to locate a suitable professional guardian to take this case, but no paid guardian was available. Eventually, a public guardian was appointed to represent Client Z.

While at the adult family home, this client has received consistent and proper care, according to the public guardian. The client receives state assistance from the General Assistance-Unemployable (GA-U) program and Medicaid. The public guardian is currently determining if Client Z might be eligible for federal Social Security and Medicare benefits.

### **Public Guardianship: Early Implementation**

In 2008, the University of Washington began the first program in the state offering a certificate of guardianship.<sup>25</sup> This program educates prospective guardians on professional responsibilities, available resources and benefits for clients, legal and regulatory guidelines, and business operations. Individuals selected to serve as public guardians are required to obtain this certification. This requirement ensures that all public guardians have a certain level of training and education in common to help meet the needs of their clients.

Outcomes for clients served by public guardians cannot be reliably assessed this early in the program's implementation. There are, however, some variations among the pilot counties that could play a role in expected outcomes. These variations include:

- **Population differences:** The presence of state psychiatric hospitals or institutions serving developmentally disabled clients in certain counties may affect the types of cases referred to public guardians in these areas. If the types of public guardianship cases differ across pilot counties, expected outcomes may also differ.
- **Experience of public guardians:** Many public guardians have years of experience as certified professional guardians, while others are relatively new to the field. Training and mentorship opportunities are available to the public guardians to help bridge gaps in experience.

- **County court procedures:** In many cases, the county pays for court investigations meant to recommend the need for a guardian. Reimbursement rates and time allotted for these investigations, however, vary from county to county.

The amount of detail provided in this initial assessment is also not consistent, since counties have different forms and procedures for documenting medical/psychological issues, the nature of incapacities, and living conditions of the allegedly incapacitated person. Oversight for court investigators takes place at the county level.

- **Local services and resources:** The availability of residential facilities, the size and proximity of medical treatment centers, and the network of social service resources nearby could influence treatment outcomes and care plans for clients of public guardians.

### **Conclusion**

Public guardians in all six pilot counties are now representing low-income incapacitated persons for whom help would otherwise be unavailable. While it is too early to estimate the costs and benefits of this program, this report provides the background and implementation summary necessary for this later assessment. The final evaluation report on the public guardianship pilot program will be completed in late 2011.

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<sup>25</sup> [http://www.extension.washington.edu/ext/certificates/grd/grd\\_gen.asp](http://www.extension.washington.edu/ext/certificates/grd/grd_gen.asp)

 *Washington State  
Institute for Public Policy*

The Washington Legislature created the Washington State Institute for Public Policy in 1983. A Board of Directors—representing the legislature, the governor, and public universities—governs the Institute and guides the development of all activities. The Institute's mission is to carry out practical research, at legislative direction, on issues of importance to Washington State.