Virginia Public Guardian and Conservator Programs: Evaluation of Program Status and Outcomes

Final Report

Prepared by

Pamela B. Teaster, Ph.D.
Assistant Professor
Kentucky School of Public Health
Ph.D. Program in Gerontology
University of Kentucky

Karen A. Roberto, Ph.D.
Professor & Director
Center for Gerontology
Virginia Polytechnic Institute
and State University

Evaluation Conducted by
The Center for Gerontology
Virginia Polytechnic Institute and State University
Blacksburg, VA 24060

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EXECUTIVE SUMMARY

Introduction

The Virginia Public Guardian and Conservator Programs were established by law in 1997 in § 2.1-373.10 - § 2.1-373.14 of the Virginia Code. The 10 local programs, chosen through a request for proposal (RFP) process, are administered by the Virginia Department for the Aging. A mandated evaluation of the 10 Virginia Public Guardian and Conservator Programs was conducted over a two-year period, 2001-2002. Data were collected at approximately the same time during the fall of 2001 (Year 1) and 2002 (Year 2). Information was gathered from the programs using a password protected, web-based data collection system designed especially for this project. Five unique survey instruments were developed gather information about the administrative structure and functions of the programs, ward characteristics, the interface between the programs and wards. All of the programs participated in the Year 1 data collection; in Year 2, one of the programs chose to submit data in response to only one (i.e., Agency Profile) of the five evaluation tools (i.e., Agency Profile, Ward Assessment, Ward Care Plan, Administrative Time Log, and Ward Time Log).

Program Administration

Administratively supported by the Virginia Department for the Aging (VDA), the programs represent differing organizational models. There are seven 501C3 status non-profit organizations, two having a religious affiliation. One program, Chesapeake Guardianship Program, is housed administratively within a department of social services, and two programs, Mountain Empire Older Citizens, Inc., and District Three Governmental Cooperative, are housed within an Area Agency on Aging. Guardian of Life's Dreams is a stand-alone guardianship agency. The ten programs are contracted to serve a total of 212 wards, with each program serving between 10 and 35 persons.

Staffing of the Public Guardian and Conservator Programs remained similar across both years. The programs use a mix of full-time, part-time, and volunteer staff. At the beginning of the second year of the evaluation, programs reported having a total of 11 full-time staff, 26 part-time staff, and 44 active volunteers. Other positions, such as the program secretary and fiscal manager, were frequently funded by sources other than those provided by the agencies contracted to implement the programs.

Program Administration Time

Across all activities, the programs recorded 121.40 administrative hours in Year 1, and 82.93 administrative hours in Year 2, for an average of 10.12 and 6.91 hours per month, respectively. Consistently, the greatest amount of time was spent on "other" common everyday necessities of program administration (e.g., telephone calls, mail, maintaining files, straightening office) (M = 30.56 hours across years). Participation in program related meetings ranked second (M = 11.49 hours across years), followed by agency-related travel

(M = 11.14 hours across years). No significant differences were found in the amount of administrative time programs spent on each task in Year 1 compared to Year 2.

Costs of Operating Programs

From July 1, 2001 to June 30, 2002, the Public Guardian and Conservator Programs reported a state allotment of $1,000,172 to operate 10 programs. Two programs supplemented their expenses with $15,450 in grants and four programs received $51,582 in in-kind contributions. Within these funding parameters, the average yearly cost of serving a ward across the two years was approximately $2,955. Despite uncertain funding and lack of specific regulation and uniformity of program design implementation, the programs produced a considerable cost savings to the state—over $2,600,000 for each year of the evaluation period. Such a cost savings indicates that the programs not only pay for themselves, but they pay for themselves over three times their funding amount in a single fiscal year.

Quality of Life Actions

Important, intangible costs savings were realized in improving incapacitated persons' quality of life. Across the two years, the majority of programs most often reported re-establishing relationships with family and friends, securing medical care and equipment, and enhancing ward socialization. Other common activities included making appropriate placements from a ward's home to a facility and arranging for wards' funerals.

Ward Characteristics, Needs, and Outcomes

Ward Characteristics

At the beginning of the two data collection periods, the ten programs were serving a total of 239 wards (Table 9). Approximately 67% (158) of the wards remained in the programs across the two years. Of the other wards being served in Year 1, 14% (32) died, and 3% (6) were transferred off the programs' caseloads before the start of Year 2 data collection. The programs served as guardian and conservator for 52.6% (120) of the wards, guardian only for 45.6 % (104) of the wards, and conservator only for 1.8% (4) of the wards.

The majority of the wards (65.0%) served by the programs during the two-year evaluation period were females (58.5%) and Caucasian (72.1 %). They ranged in age from 19 to 99, with an average age of 68.2 years. Nearly half (44.0%) of the wards had less than a high school education. Only 7.0% of the wards held a high school diploma, and less than 2.0% had a college degree. The majority (68.2%) of the wards had annual incomes below $7,000; only 11.2% of the wards had annual incomes of $11,000 or more. Most wards lived in a nursing home (59%), followed by an assisted living facility (22%); only 6% of the wards lived alone.

Health and Functional Abilities

Wards entered the program with an average of six physical and mental health problems. The most common health conditions reported were psychiatric problems (55.9%), speech problems (49.3%), vision problems (46.3%), neurological problems (38.9%), and cardiovascular problems (35.8%).

A little more than one-half (56.0%) of the wards required assistance with at least one activity of daily living (ADL). The most frequent assistance needed was human physical assistance with dressing, followed by bathing. Over 90% of the wards needed assistance with instrumental activities of daily living (IADL), including money management, transportation, shopping, meal preparation, house keeping, and laundry.

The majority of persons served were cognitively disoriented in some spheres (i.e., person, time, and place), and had problems in the areas of judgment and decision making, as well as short- and long-term memory. Almost one-half (48.9%) of the wards had a diagnosis of dementia. Approximately one-third were persons with mental retardation (36.2%) or other types of developmental disabilities (31.1%).

Ward Needs

The programs provided need information for 192 wards from ten programs in Year 1 and for 169 wards from nine programs in Year 2. Over 80% of the wards had needs in the areas of medical and physical health care, ADLs, and IADLs at both Year 1 and Year 2 of the evaluation. Other frequently reported needs were in the areas of financial assistance, nutrition, and mental/emotional assistance. Fewer than 12% of wards had employment related needs.

Overall, the actions of the public guardians consisted of monitoring and arranging for most services. These actions typically occurred at a frequency of once a month or less. Over a month's time, 175 out of 192 (91.1%) wards in Year 1 and 149 out of 169 (88.2%) wards in Year 2 received ward-specific attention or the extent to which planned activities were accomplished.

Programs spent the greatest amount of time addressing financial assistance areas, with medical/physical health ranking second in time. Except for the area of caregiver support, the total number of hours and number of wards helped increased in Year 2, although the mean hours spent per ward remained relatively stable. Across all need areas in Year 1, wards received 652.50 hours of program time, for an average of 4.7 hours per month and 846.00 hours of program time in all need areas in Year 2, for an average of 5.7 hours per month.

During the evaluation period, in Year 1, approximately half the wards had their needs addressed in the need areas with the exception of assistive devices, nutrition, and employment. During the evaluation period, in Year 2, approximately half the wards had their needs addressed in the need areas with the exception of assistive devices, and employment. For both years, some wards of the programs received attention that was not identified as areas of need on their care plans. Programs' estimates of ward face-face-to-face time were consistent with the actual time recorded by the programs across both years.

Recommendations

The 2001-2002 evaluation of the Virginia Public Guardian and Conservator Programs represents the first academic and state-of-the art analysis of one state's public guardianship system in the country. In this respect, the evaluation of the Virginia programs provides a model for the rest of the country. Overall, the public guardian programs in Virginia are

performing reasonably well serving the incapacitated citizens needing their services. Based on the evaluation, the following recommendations will enhance program operations and ward outcomes:

- The public guardian and conservator programs should have statewide coverage in order to adequately serve the citizens of the Commonwealth.
- Either regulations should be promulgated, or they should be organized into standard policies and procedures to which all programs should adhere. Such standard procedures should especially be applied to the use of ward assessment instruments, ward care plans, and time accounting mechanisms.
- A guardian-to-ward ratio needs to be established in statute, regulations, or policy. Without benefit of a specified guardian to ward ratio (written in law or regulation), the programs may fall prey to pressure to increase the number of wards they serve without a concomitant increase in funding.
- Although the reallocation of funds by the VDA is an excellent way to assure that the programs serve citizens needing services, the need for such reallocation suggests that the programs are not necessarily planning the use of their fiscal resources to the best extent possible.
- Increased fiscal support by the Commonwealth is critical to the success of the programs.
- Tangible and intangible cost savings by the programs need to be documented. The programs have produced a considerable cost savings to the state—over $2,600,000 for each year of the evaluation period. The programs not only pay for themselves, but they pay for themselves over three times their funding amount in a single fiscal year.
- Volunteers, while providing an important function, are not without incurring real costs for the programs. The use of volunteers for guardianship services is warranted only when the programs can provide full guardian and conservator services without them.
- Even in times of fiscal constraint, the public guardians should have on-going in-service to allow them to develop and implement standardized and improved practices in the provision of guardian and conservator services.
- Out-migration of younger individuals in rural areas appears to be increasing, leaving older persons aging in place with fewer service options available to them. Meeting the needs of this population will pose new challenges for the public guardians in Virginia and will require resources sufficient to meet the challenge.
- Programs should more closely concentrate their efforts on meeting the wards' needs identified in the care plans, should review how thoroughly they plan for wards' care, and should consider whether the wards needing guardianship are appropriate for the program.
- Rigorous accountability of the programs needs to be maintained through record keeping that includes, at a minimum, standardized assessments, care plans, and time logs.
- Review of ward care plan and related documents should be no less than yearly, and, at regular intervals, each ward should be assessed for his or her continued need for a guardian as well as for the services of the public guardian program.
- Programs should provide standardized administrative information (e.g., administrative profile) yearly, especially information regarding fiscal and quality of life cost savings.
- At regular intervals, the Commonwealth should fund ongoing, independent evaluation of all of the programs to ensure protection of and acceptable outcomes for wards served by the public guardians.

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INTRODUCTION

Public guardianship refers to the appointment and responsibility of a public official or publicly funded entity who serves as a legal guardian in the absence of willing and responsible family members and friends to serve, or without resources to employ, a private guardian. In response to a documented need for guardians of last resort (Teaster & Roberto, 1997), the Virginia Public Guardian and Conservator Programs were established by law in 1997 in § 2.1-373.10 - § 2.1-373.14 of the Virginia Code. The local programs, chosen through a request for proposal (RFP) process, are administered by the Virginia Department for the Aging (referred to as "the Department"). Three of the 10 programs (i.e., Chesapeake Guardian Program, Personal Support Network, and Guardian of Life's Dreams), funded in 1995 and 1996, were originally Guardian of Last Resort (GOLR) demonstration projects.

This report represents a two-year evaluation of the 10 Virginia Public Guardian and Conservator Programs. The evaluation was mandated in § 2.2-712: "the Department shall enter into a contract with an appropriate research entity with expertise in gerontology, disabilities and public administration to conduct an evaluation of local public guardian and conservator programs from funds specifically allocated for this purpose, and the evaluator shall provide a report with recommendations to the Department and to the Public Guardian and Conservator Advisory Board by December 1, 2003."

The evaluation was conducted from General Assembly funding ($15,000) allocated for that sole purpose via a continuing resolution proposed by State Senator Malford "Bo" Trumbo (Botetourt) in 2001. To supplement the allocated amount, the Center for Gerontology at Virginia Polytechnic Institute and State University (Virginia Tech) received a competitive internal technology award of $4,500. In addition, the Center provided in-kind support of two doctoral level students for data entry and analysis and hired a master's level research assistant specifically to assist with data preparation and report writing. The Ph.D. Program in Gerontology at the University of Kentucky also financially supported the master's level research assistant.

The evaluators did not receive any salary support or other financial compensation for their roles in the evaluation. Professor Steven D. Sheetz, a faculty member from the Pamplin College of Business at Virginia Tech, who developed and supported the data collection system, was both compensated for work and contributed additional time on the project.

METHODOLOGY

The evaluation of the Virginia Public Guardian and Conservator Programs was modeled on the research design originally used by Professor Winsor C. Schmidt and colleagues at Florida State University (Schmidt, Miller, Peters, & Lowenstein, 1988) and, approximately ten years later, the evaluation of the first of two of Virginia's pilot programs (Teaster, Schmidt, Abramson, & Almeida, 1999). In addition, the individual programs, the Governor's Public Guardianship and Conservator Advisory Board, and the Virginia Department for the Aging provided important feedback during the development of the initial data collection instrument. Prior to the start of the second year of data collection, input was again sought from these three entities. As a result of the feedback received, additional questions were added to the administrative profile section of the survey instrument.

Data Collection System

Information was gathered from the public guardians in the programs using a password protected, web-based data collection system designed by researchers at Virginia Tech especially for this project. The system was developed using object-oriented systems design methodology that included phases for requirements definition, design of the user-interfaces and database, implementation, field-testing of the system, and revising and installing the system. The system consisted of user-friendly interfaces for creating items with valid responses and a web-based component for collecting information from the guardianship programs. The system used a Microsoft Access database and was developed using Visual Basic, SQL, and Active Server Page Technology that allowed the guardianship programs to submit data remotely using the Internet. It captured the guardianship programs' answers to the survey items in the database using a process for validating the completeness and consistency of the responses. Upon completion of the data collection process, all data were transferred to Microsoft Excel and SPSS for Windows (Statistical Package for the Social Sciences) for analyses.

Data Collection Measures

Five unique survey instruments were designed to gather information about the administrative structures and functions of the programs, ward characteristics, and the interface between the programs and wards[1] (see Appendix A). The ***Agency Profile*** identified program funding sources, staffing patterns, number of wards being served, and cost saving activities. The ***Ward Assessment*** survey drew from preliminary information that the programs were requested to obtain about the wards, drawing primarily from Virginia's Uniform Assessment Instrument (UAI). Information gathered included living arrangements, financial resources, family contact, physical health, sensory functions, functional status, mental health status, use of medical services and procedures, and use of formal services. Ward ***Care Plans*** were designed to parallel the problems identified in the

[1] For brevity, the term "ward" will be used to refer to incapacitated persons or to individuals with diminished capacity.

ward assessment. For each ward, programs were asked to assess the overall care demands and specific care needs. In response to each identified need, the programs indicated what they did to meet this need (i.e., advocate, arrange, monitor, provide service) and estimated the frequency of their actions.

Upon completion of the initial three surveys, the programs were required to maintain and submit administrative and ward specific time logs. Time logs were kept for 20 consecutive working days, and all program specific and ward specific activities were recorded in 15-minute time intervals. The ***Administrative Time Log*** consisted of 11 structured activities typical of programs of this nature (e.g., staff meetings, travel, screening new wards, working with volunteers, promotional activities). The programs also had the opportunity to list other administrative types of activities in which they were involved. The ***Ward Time Log*** consisted of 14 structured activities (e.g., financial tasks, Instrumental Activities of Daily Living tasks, nutrition tasks) related directly and indirectly (e.g., ward assessment, ward-specific travel) to the potential needs of the wards identified on the care plans.

Data Collection Procedures

The evaluation of the Virginia Public Guardian and Conservator Programs took place in 2001 and 2002 for approximately ten weeks each year. Data were collected on-line at approximately the same time period during the fall of 2001 (Year 1) and 2002 (Year 2). All of the programs participated in the Year 1 data collection. In Year 2, District Three Governmental Cooperative (Marion) submitted data in response to only one (i.e., Agency Profile) of five evaluation tools; all the other programs responded to each component of the evaluation.

Data Analysis

The first step in the analysis process was to screen the data for accuracy. The entire data set was examined for reasonable means and standard deviations, inappropriate values, and outliers using standard univariate and bivariate techniques.

Preliminary data analyses examined distributions, means, and standard deviations among variables. Descriptive analyses were used to create a profile of the programs and wards and assess program implementation. Comparisons of subgroups of wards (e.g., older vs. younger, male vs. female, rural vs. urban locations) using t-tests, analysis of variance, and chi-square analyses, were used to determine differences and similarities between the wards. The McNemar test, a non-parametric statistical procedure for repeated, nominal-level data, was used to compare changes from Year 1 to Year 2 in ward needs and actions programs took to address those needs.

Relatively few statistically significant differences were found across program operations or ward characteristics, needs, and outcomes. Where differences were identified, they are noted in the text of the report. The total number of responses for some tables fluctuates slightly due to missing data (e.g., “don’t know” responses).

FINDINGS

The results of the evaluation are organized into two broad sections: program administration and ward characteristics, needs, and outcomes. The first section includes a description of the agencies, data on program staffing and administrative duties, an accounting of program administrative time, and programmatic cost savings. The second section provides an in-depth examination of the wards enrolled in the programs at each year of the evaluation and a comparison of characteristics and outcomes of wards who continued in the programs across the two years: descriptive data from initial assessments, care plan determinations, and implementation of the care plans via an accounting of time specific to each ward and his or her needs.

PROGRAM ADMINISTRATION

Description of the Agencies

Ten public guardianship programs serve incapacitated persons needing guardians. Four of the programs serve wards living in primarily rural communities, and six programs serve wards living in primarily urban areas (Figure 1).

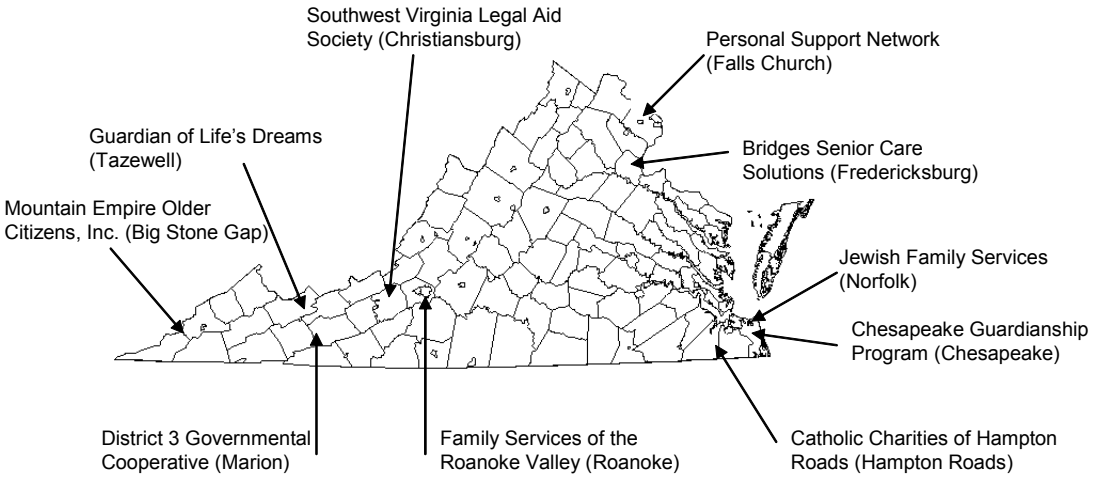

Figure 1: Map of Guardianship Programs in Virginia

As shown in Table 1, two programs (i.e., Bridges Senior Care Solutions, Fredericksburg; and Personal Support Network, Falls Church), serve cities and counties in Northern Virginia. Three programs (Catholic Charities of Hampton Roads, Hampton Roads; Chesapeake Guardianship Program, Chesapeake; and Jewish Family Services, Norfolk), serve wards on the eastern shore. Five programs (i.e., District Three Governmental Cooperative, Marion; Family Services of the Roanoke Valley, Roanoke; Guardian of Life's Dreams, Tazewell; Mountain Empire Older Citizens, Inc., Big Stone Gap; and Southwest Virginia Legal Aid Society, Christiansburg), serve Southwest Virginia.

Table 1: Program Catchment Areas and Number of Wards Contracted to Serve

Program	**Catchment Area**	**Wards Contracted to Serve**	**VDA Contract Year 1**	**VDA Contract Year 2**
Bridges Senior Care Solutions (Fredericksburg) *BSCS*	Stafford, Spotsylvania, King George, Fauquier, Culpeper, Madison, Greene, Orange, & Fredericksburg	20	$46,722	$47,439
Catholic Charities of Hampton Roads (Hampton Roads) *CCHR*	Suffolk, Franklin, James City, York Co., & Norfolk, Newport News, Williamsburg, Virginia Beach, Hampton	18	$42,000	$41,622
Chesapeake Guardianship Program (Chesapeake) *CGP*	Chesapeake	20	$36,604	$36,604
District Three Governmental Cooperative (Marion) *D3GC*	Washington, Smyth, Bland, Carroll, Wythe, & Bristol	35	$80,000	$46,772
Family Services of the Roanoke Valley (Roanoke) *FSRV*	Franklin, Roanoke, City of Roanoke	20	$46,772	$71,174
Guardian of Life's Dreams (Tazewell) *GOLD*	Tazewell & Buchanan	30	$71,174	$45,820
Jewish Family Service of Tidewater, Inc. (Norfolk) *JFS*	Suffolk, Franklin, James City, York, Norfolk, Newport News, Williamsburg, Virginia Beach, Hampton	19	$45,820	$46,772
Mountain Empire Older Citizens, Inc. (Big Stone Gap) *MEOC*	Scott, Wise, & Norton	20	$46,772	$36,869
Personal Support Network (Falls Church) *PSN*	Fairfax, Arlington, & Falls Church	10	$36,350	$46,772
Southwest Virginia Legal Aid Society (Christiansburg) *SVLA*	Montgomery, Pulaski, Floyd, Giles, & City of Radford	20	$46,772	$46,772
TOTALS		**212**	**$498,986**	**$466,616**

Initially, the Commonwealth of Virginia allocated $605,000 per year to the Virginia Department for the Aging (VDA) for the public guardianship programs. It earmarked $100,000 to VDA for administrative costs, $5,000 for a Public Guardian and Conservator Advisory Board, and $500,000 for the local programs. However, for the budget year July 1, 2002, through June 30, 2003, the General Assembly reduced the General Fund appropriation from $500,000 to $400,000. VDA program administration was reduced from $100,000 to $79,000, with the $5,000 for the expenses of the Virginia Public Guardian and Conservator Advisory Board completely eliminated. The Secretary of Health and Human Services authorized reprogramming of VDA funds from programs not yet initiated, in order to move $100,000 to guardianship. Thus, there was no actual decrease in funds available for the advisory board. In the short session of the Legislature (2003), $105,000 of general funds was restored for the programs, $5,000 of which could be used for expenses of the Public Guardianship Board. VDA administration funds remain at $79,000 (T. Raney, personal communication, November 19, 2003).

Contracts for individual programs range in amount from $36,350 (serving 10 wards in Northern Virginia) to $80,000 (serving 35 wards in Southwest Virginia), for an average Commonwealth contribution per program of $49,899. In each operational year, sometime between February and April, the State Public Guardian reviews program disbursements. If a program is not drawing down funds so as to exhaust those allocated under contract by the end of the program year, anticipated excess funds are reallocated to other programs. (T. Raney, personal communication, November 19, 2003).

The VDA contracted with the local programs for a maximum staff to ward ratio of 1:20. An ideal guardian-ward ratio is mandated in (2.1-373.14), and the 1:20 ratio is contemplated in draft regulations. The 1:20 ratio was the result of a recommendation from the evaluation of the two original GOLR programs, Chesapeake (Volunteer) Guardianship Program and Personal Support Network (Teaster, Schmidt, Abramson, & Almeida, 1998). Programs were awarded contracts based on the feasibility of their overall program design, and specifically, their ability to maintain the guardian to ward ratio and the need for guardians in their catchments area (Table 1). Programs serve between 10 and 35 wards.

Administratively supported by the VDA, the programs themselves represent differing organizational models. There are seven 501C3 status non-profit organizations, two having a religious affiliation. One program, Chesapeake Guardianship Program, is housed administratively within a department of social services, and two programs, Mountain Empire Older Citizens, Inc., and District Three Governmental Cooperative, are housed within an Area Agency on Aging. Guardian of Life's Dreams is now a stand-alone guardianship agency.

Program Staffing

Paid Staff. Staffing of the Public Guardian and Conservator Programs remained similar across both years. The programs use a mix of full-time, part-time, and volunteer staff (Table 2). At the beginning of the second year of the evaluation, the programs reported

having a total of 11 full-time staff, 26 part-time staff, and 44 active volunteers. Other positions, such as the program secretary and fiscal manager, are frequently funded by sources other than those provided by the agencies contracted to implement the programs.

Half of the guardians have their salaries fully paid for by state program funds; the salaries of the other five guardians are only partially supported by state program funds. The annual salaries of the guardians ranged from $15,000 to $45,900. The guardians reported that they received from 10 to 21 paid vacation days.

Public Guardians. Over the course of the evaluation period, 11 individuals served in the role of public guardian. Most guardians had at least some years of college education; four held a Bachelors degree, four completed master's degrees, and one guardian had a Juris Doctor degree. Areas of study included business, counseling, education, gerontology, law, social work, and sociology.

Table 2: Program Staffing at Year II

Staff Position	Full-Time	Part-Time	Staffing Funded by GP Grant Fund	Staffing Funded Partially by GP Funds	Staffing Funded Fully by Sources Other Than GP Funds	Program Does Not Have This Position
Public Guardian	7	3	5	5	0	0
Volunteer Coordinator	0	2	0	3	0	7
Secretary/Office Manager	1	3	1	2	2	5
Fiscal Manager	0	6	2	3	2	3
Legal Consultant	0	4	0	1	3	6
Case Manager	1	4	4	2	0	4
Other (e.g., ward advocate, program aide, program director, executive director, social worker)	2	4	1	4	2	3
TOTALS	**11**	**26**	**13**	**20**	**9**	

Volunteers. In Year 1, seven of the programs reported having a volunteer component that included a total of 205 trained, active volunteers. The number of trained, active volunteers ranged from 2 to 109. Of the total number, 108 were assigned to specific wards. Programs with the most volunteers were Catholic Charities (109) and Jewish

Family Services (80). For two programs, the public guardian administers the volunteer program. In one program, a volunteer coordinator administers the volunteers, and other agency staff administers the volunteers in four programs. For these seven programs, supervision of the volunteers is shared among the public guardian, volunteer coordinator, and other agency staff.

In Year 2, an eighth program added a volunteer component. The eight programs recruited a total of 27 new volunteers. Of the 27 new volunteers recruited, 24 were trained by four programs. For the five programs, a total of 34 volunteers were assigned to specific wards. Across the eight programs, 44 trained, active volunteers served in five programs. One program had no trained, active volunteers, although it reported including a volunteer component.

More detailed information about the volunteers was gathered in Year 2. From data provided by four of the eight programs, 17 volunteers were women, nine were men, and the gender of four volunteers was not identified, for a total of 30 specifically identified volunteers. Among these 30 volunteers were four homemakers, ten retirees, six student nurses, two civil servants, seven other professionals (i.e., physician, sales person, occupational therapist, teacher, nurse, and student). Most served as friendly visitors (16); others were involved in providing transportation (6), bill paying (4), assisting with administrative work (4), and shopping (1). The 30 volunteers contributed a total of 1,086 hours, for a yearly average of 36.2 hours per volunteer. Annual hourly contributions ranged from a low of two to a high of 340 hours. The volunteers were rewarded by a recognition ceremony by four programs, by a gift from one program, and in other ways in two programs.

Multidisciplinary Boards

By statute, all programs have a multidisciplinary board. In Year 2, nine programs reported having 119 paid professionals from other agencies serving as members. These professionals contributed 2,773 hours of their time. In addition, five programs reported that 78 volunteers served on their multidisciplinary boards, contributing a total of 2,318 hours. Thus, for Year 2, a total of 5,091 hours were contributed toward the programs' multidisciplinary boards by volunteers and paid professionals from agencies other than the public guardian.

Involvement by the Legal Profession

In Year 2, programs provided additional information about their reliance on the legal profession. Their specific contributions to the program follow.

Consultation by Attorneys. Five programs reported having an attorney to whom they called for advice, *pro bono.* For the year, the five attorneys contributed a total of 53 hours, for an average of 10.6 hours of service. Contributions ranged from a low of four hours to a high of 25 hours. One attorney filed petitions *pro bono,* who contributed six hours of time for the year.

Ward Representation by Attorneys. Only one program had an attorney who represented the programs or the wards in court, *pro bono*. For the year, the attorney contributed six hours of service.

Service on Multidisciplinary Boards. Six programs reported having attorneys serving on their multidisciplinary boards, *pro bono*. Those six attorneys contributed a total of 67 hours, for an average of 11.2 hours of service. Contributions ranged from a low of four hours to a high of 24 hours.

Program Administration Time

Across all activities, the programs recorded 121.40 administrative hours in Year 1, and 82.93 administrative hours in Year 2, for an average of 10.12 and 6.91 hours per month, respectively (Table 3). Consistently, the greatest amount of time was spent on "other" common everyday necessities of program administration (e.g., telephone calls, mail, maintaining files, straightening office) (M = 30.56 hours across years). Participation in program related meetings ranked second (M = 11.49 hours across years), followed by agency-related travel (M = 11.14 hours across years).

No significant differences were found in the amount of administrative time programs spent on each task in Year 1 compared to Year 2. As might be expected, there was a tendency to spend less time participating in in-service and other types of training in Year 2 as compared to Year 1 [$t(8) = 2.12$, $p = .07$].

Table 3: Program Administration Time [a]

	Year 1		Year 2	
Task	Mean Hours	SD (Hours)	Mean Hours	SD (Hours)
Travel	13.74	7.46	8.53	5.95
Meetings	12.39	7.80	10.59	9.73
In-service/other training	10.01	11.06	2.01	2.07
Program evaluation	9.51	6.23	7.46	5.55
Time responding to pager	6.47	9.16	7.52	5.14
Human Resources	6.14	9.13	4.62	8.07
Multidisciplinary board activities	4.79	10.09	6.53	11.66
Screening new wards	4.42	3.65	3.61	3.69
Time working on weekend	4.00	5.02	4.01	3.85
Meeting with volunteers	3.84	9.40	1.26	2.64
Grant work	2.92	3.94	2.70	3.55
Promotion & development tasks	2.01	2.97	4.13	5.88
Other program administration tasks	41.16	32.81	19.96	27.68
TOTAL	**121.40**		**82.93**	

[a] Calculations based on information provided from nine agencies.

Costs of Operating Programs

From July 1, 2001 to June 30, 2002, the Public Guardian and Conservator Programs reported a state allotment of $1,000,172 to operate 10 programs (Table 4). Two programs supplemented their expenses with $15,450 in grants and four programs received $51,582 in in-kind contributions. Within these funding parameters, the average yearly cost of serving a ward across the two years was approximately $2,955.

Table 4: Costs of Program Operations

Year	Total State Funding	All Funding Sources	Estimated Monthly Cost per Program	Estimated Monthly Cost per Ward	Yearly Cost per Ward
2001	$501,186	$577,497	$48,125	$249	$2,992
2002	$498,986	$566,018	$47,168	$243	$2,918
2-Year Total	**$1,000,172**	**$1,143,515**	**$95,293**	**$492**	**$5,910**

The programs reported conducting numerous actions and activities for the wards that resulted in substantial cost savings for the Commonwealth (Table 5). Discharging wards from psychiatric hospitals resulted in the largest cost savings. Across the two years, programs were able to discharge 85 wards to a less restrictive environment, saving the Commonwealth $5,625,514. Cost saving measures included discharge from a state hospital to an assisted living facility, discharge from a state hospital to a nursing home, discharge from medical hospital to assisted living, discharge from medical hospital to skilled nursing facility, move from skilled nursing facility to assisting living facility. Other cost saving measures, saving the Commonwealth an additional $685,340 included arranging for a pre-paid funeral, securing community based services, recovering assets, and finding alternative guardians for the wards (i.e., removing them from program caseloads).

In Year 1, two wards were returned to competency. In addition to the savings described above, seven wards in the program at Year 1 did not need the services of the public guardianship and conservator program in Year 2. Of these individuals, one person was restored to competency and other suitable guardians were located for six people. At an average monthly cost of approximately $250 per ward, moving the seven wards out of the program within a one-year time period saved the Commonwealth an additional $21,000.

Table 5: Cost Savings Activities Conducted by the Programs

	Year 1			Year 2			Total
Action/Activity	**Prgs**	**Wards**	**Cost Savings**	**Prgs**	**Wards**	**Cost Savings**	**Cost Savings**
Discharge from psych hospital	7	18	$2,168,712	8	16	$1,927,744	$4,096,456
Discharge from state hospital to assisted living facility	1	1	$120,484	3	5	$602,420	$722,904
Discharge from state hospital to nursing home	2	4	$429,520	2	3	$214,760	$644,280
Discharge from medical hospital to assisted living facility	0	0	0	8	12	$29,592	$29,592
Discharge from medical hospital to skilled nursing facility	4	17	$40,086	3	7	$16,506	$56,592
Move from skilled nursing facility to assisted living facility	0	0	0	1	2	$13,104	$13,104
Arrange for a pre-paid funeral	8	56	$319,200	10	50	$285,000	$604,200
Secure comm.-based service (to prevent moving to more restrictive environ)	0	0	0	7	27	$2,700	$2,700
Recover Assets	4	25	$2,500	2	15	$1,500	$4,000
Removed from the Program	1	2	$1,500	3	7	$21,000	$22,500
Other [a]	5	19	$51,940	0	0	0	$51,940
Total			**$3,133,942**			**$3,114,326**	**$6,248,268**

[a] "Other" included: stay in ALF rather than NH, move from high cost ALF to lower cost ALF, monitoring medications to prevent a move to an ALF, donation of dental care, outpatient psychiatric care, and discovery of benefits.

Overall, during the evaluation period (2001-02), the programs reported a total cost savings to the Commonwealth of Virginia of over five million dollars (Table 6).

Table 6: Overall Cost Savings

Year	Total State Funding	All Funding Sources	Program Cost Savings[a]	Cost Savings to the State[b]
2001	$501,186	$577,497	$3,133,942	$2,632,756
2002	$498,986	$566,018	$3,114,326	$2,615,340
2-Year Total	**$1,000,172**	**$1,143,515**	**$6,248,268**	**$5,248,096**

[a] Information on the calculation of cost-savings are found in Appendix B.
[b] Represents reported cost savings minus total state funding.

Intangible Cost Savings -- Quality of Life Actions

Important, intangible costs savings were realized in improving incapacitated persons' quality of life. Across the two years, the majority of programs most often reported re-establishing relationships with family and friends, securing medical care and equipment, and enhancing ward socialization (Table 7). Other common activities included making appropriate placements from a ward's home to a facility and arranging for wards' funerals.

Table 7: Programs Implementing Quality of Life Actions in Year 1 and Year 2

Quality of Life Action/Activity	Number of Programs Year 1	Number of Programs Year 2
Provided ward emotional support	10	9
Secured needed medical care and/or equipment	9	10
Enhanced ward socialization (e.g., visits, shopping)	9	9
Re-established relationships with family and friends	7	10
Arranged ward's funeral	7	9
Made appropriate placement from home to facility	6	9
Re-established religious affiliations	6	7
Established residence for homeless person	4	4
Prepared/Executed advance directives [a]	---	2
Other[b]	7	2

[a]Action not recorded in Year 1
[b]Other actions and activities included supporting efforts to stay in own home, and linking with other agencies to support ward needs

In Year 2, the programs were asked to indicate the number of wards for whom they provided specific quality of life actions (Table 8). The most frequent actions taken were enhancing socialization of the wards, providing emotional support for the wards, and securing medical care and equipment for the wards.

Table 8: Number of Wards Receiving Quality of Life Actions Year 2

Quality of Life Action/Activity	Number of Wards	Number of Programs
Enhanced ward socialization (e.g., visits, shopping)	145	9
Provided ward emotional support	143	9
Secured needed medical care and/or equipment	140	10
Re-established relationships with family and friends	49	10
Prepared/Executed Advanced Directives	40	2
Made appropriate placement from home to facility	27	9
Arranged ward's funeral	22	9
Re-established religious affiliations	11	7
Established residence for homeless person	5	4
Other	10	2

SUMMARY: Key Points About Program Administration

- Ten public guardian and conservator programs serve incapacitated citizens, primarily in eastern and western Virginia. The programs are contracted to serve a total of 212 wards, with each program serving between 10 and 35 persons.
- The average yearly state contribution per program is $49,899.
- At the beginning of Year 2 of the evaluation, programs had 11 full-time staff, 26 part-time staff, and 44 active volunteers.
- The majority of programs' administrative time (M = 41.16 hours in Year 1 and 19.96 hours in Year 2) was spent on common office tasks, including telephone calls, mail, and maintaining files). Participation in meetings ranked second for both years.
- Within the funding parameters set by the General Assembly, the average yearly cost of serving a ward was $2,955.
- Estimated total cost savings of the programs was $3,133,942 in Year 1 and $3,114,326 in Year 2.

- The overall cost savings to the state (cost savings minus total state funding) was $2,632,756 in Year 1 and $2,615,340 in Year 2, for a total of $5,248,096 for the two years.
- Significant quality of life savings for wards in Year 2 included all 10 programs securing needed medical care and/or equipment (140 wards); all 10 programs re-establishing of relationships between family and friends (49 wards); and nine programs enhancing socialization (145 wards), providing emotional support (143 wards), arranging appropriate placements from home to facility (27 wards), and making funeral arrangements (22 wards).

WARD CHARACTERISTICS, NEEDS, AND OUTCOMES

This part of the report is divided into three sections. First, information is provided on the number of wards served by all the programs at the two points in time that data were collected for the evaluation. In the second section, background information about the wards served during each evaluation period is provided. Specifically, information is provided about the demographic characteristics of the wards, their health and functional abilities, the wards' use of health care and other community-based services, and their contact with family members and friends. In the final section, the care needs of the wards and the actions of the programs to address these needs are described.

Number of Wards Served

At the beginning of the two data collection periods, the ten programs were serving a total of 239 wards (Table 9). Approximately 67% (158) of the wards remained in the programs across the two years. Of the other wards being served in Year 1, 14% (32) died, and 3% (6) were transferred off the programs' caseloads before the start of Year 2 data collection.

Table 9: Number of Wards Served

Program	**Wards Served**	**Wards Continuing From Year 1 to Year 2**	**Wards Added Year 2**	**Wards Died Year 2**	**Wards Transfer Year 2**
Bridges Senior Care Solutions *BSCS*	19	11	5	3	0
Catholic Charities of Hampton Roads *CCHR*	22	14	4	4	0
Chesapeake Guardianship Program *CGP*	27	16	4	2	3
District Three Govt. Cooperative *D3GC*	37	34	1	2	0
Family Services of the Roanoke Valley *FSRV*	19	10	7	2	0
Guardian of Life's Dreams *GOLD*	37	22	5	10	0
Jewish Family Service of Tidewater, Inc. *JFS*	22	16	3	3	0
Mountain Empire Older Citizens, Inc. *MEOC*	26	13	8	3	2
Personal Support Network *PSN*	11	8	1	1	1
Southwest Virginia Legal Aid Society *SVLA*	19	14	2	2	0
TOTAL	**239**	**158**	**40**	**32**	**6**

Note that the numbers in Table 9 represent the number of wards served by the programs on one specific day of the evaluation period. For most programs, the total number of wards served for the entire year is likely to be higher.

By definition, the public guardian serves as a legally appointed surrogate for the ward. Programs may serve as guardian, as conservator, or both. The programs served as guardian *and* conservator for 52.6% (120) of the wards, guardian only for 45.6 % (104) of the wards, and conservator only for 1.8% (4) of the wards (Figure 2).

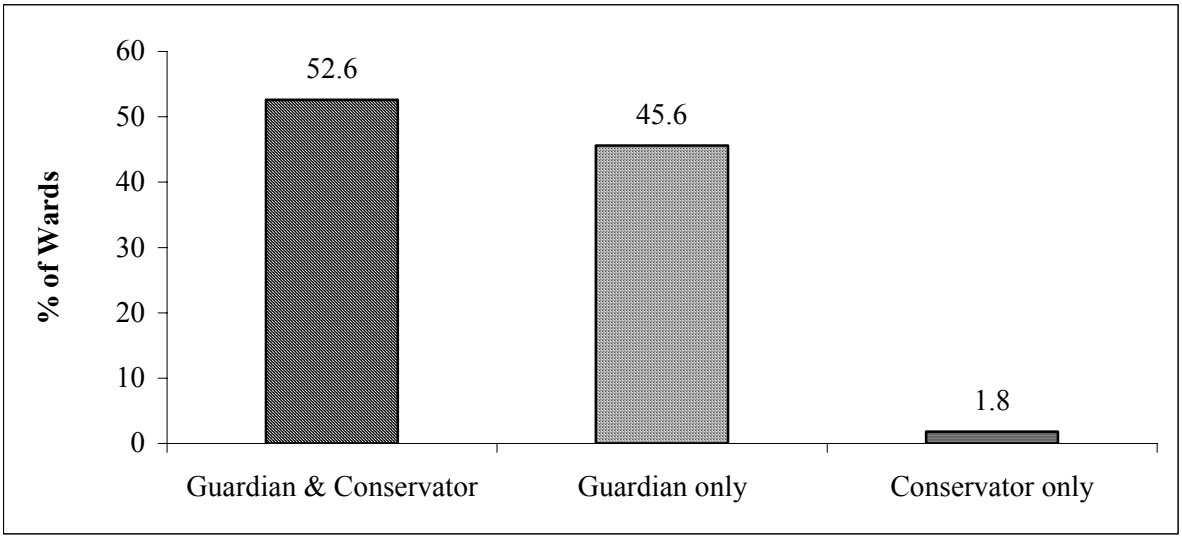

Figure 2: Nature of guardian and conservator appointments

SUMMARY: Key Points About the Number of Wards Served

- The 10 programs served a total of 239 wards, with 158 wards continuing in both years. Forty wards were added from Year 1 to Year 2, 32 wards died before the Year 2 evaluation, and six wards were transferred off the program roles prior to the Year 2 evaluation.
- The programs served as guardian and conservator for approximately 53.0% of wards and for guardian only for 46.0% of wards.

The Wards[2]

Demographic Characteristics

Figures 3 through 9 provide specific details about the characteristics of the wards. The majority of the wards (65.0%) served by the programs during the two-year evaluation period were females (58.5%) and Caucasian (72.1 %). They ranged in age from 19 to 99, with an average age of 68.2 years (S.D. 18.1). Nearly half (44.0%) of the wards had less than a high school education. Only 7.0% of the wards held a high school diploma, and less than 2.0% had a college degree. The majority (68.2%) of the wards had annual incomes below $7,000; only 11.2% of the wards had annual incomes of $11,000 or more.

The majority of wards lived in a nursing home (59%), followed by an assisted living facility (22%). Similar to their habilitation, most wards lived with others in a facility (90%) (e.g., nursing home, assisted living facility, group home); only 6% of the wards lived alone.

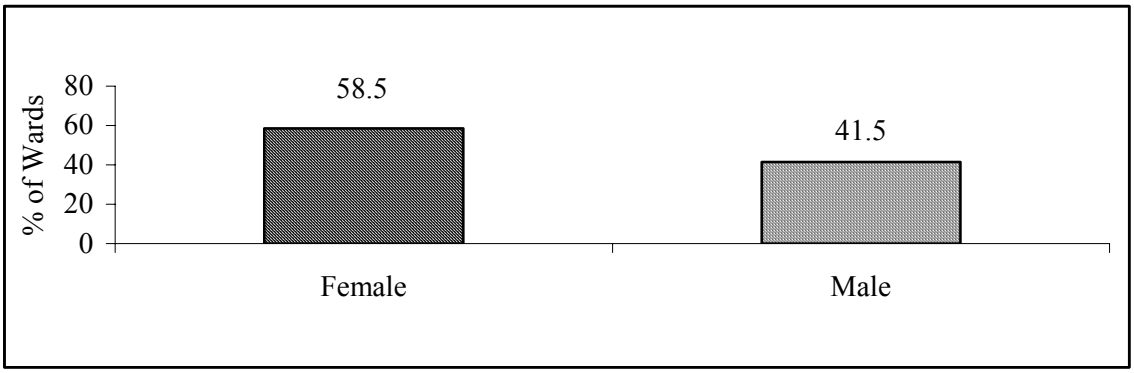

Figure 3: Sex of Wards

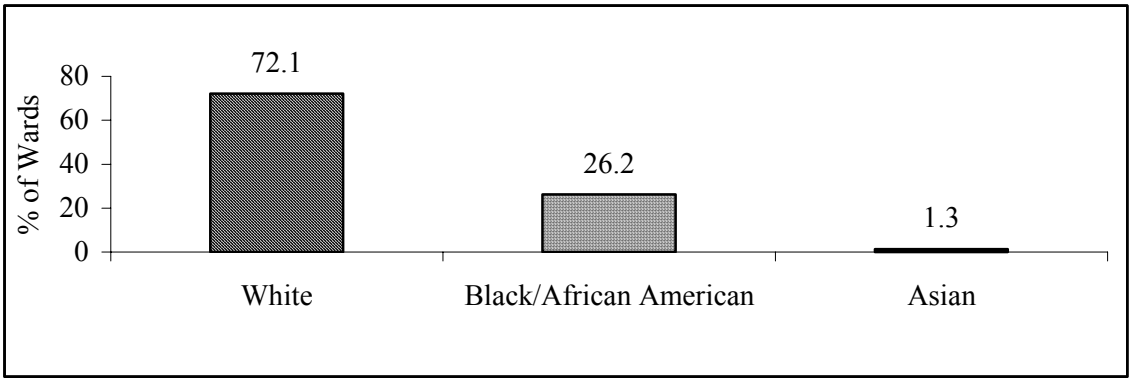

Figure 4: Race of Wards

[2] Unless otherwise noted, the information provided in this section was obtained from the ward assessment surveys provided for 229 of 239 wards over the two years.

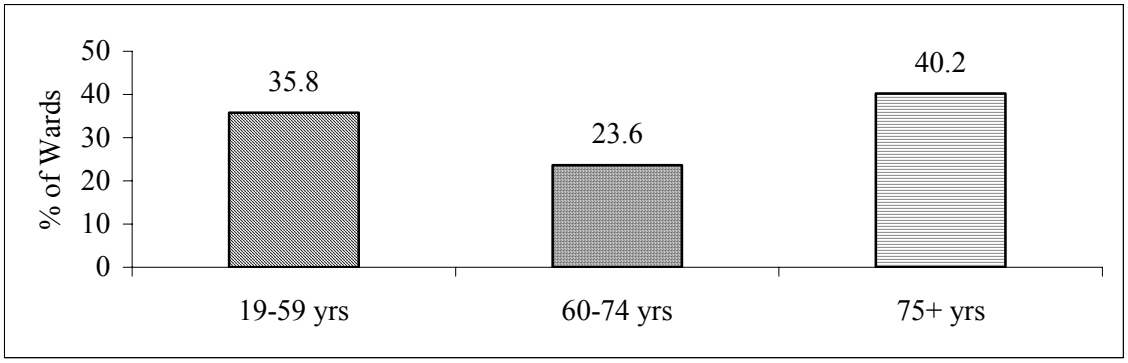

Figure 5: Age of Wards

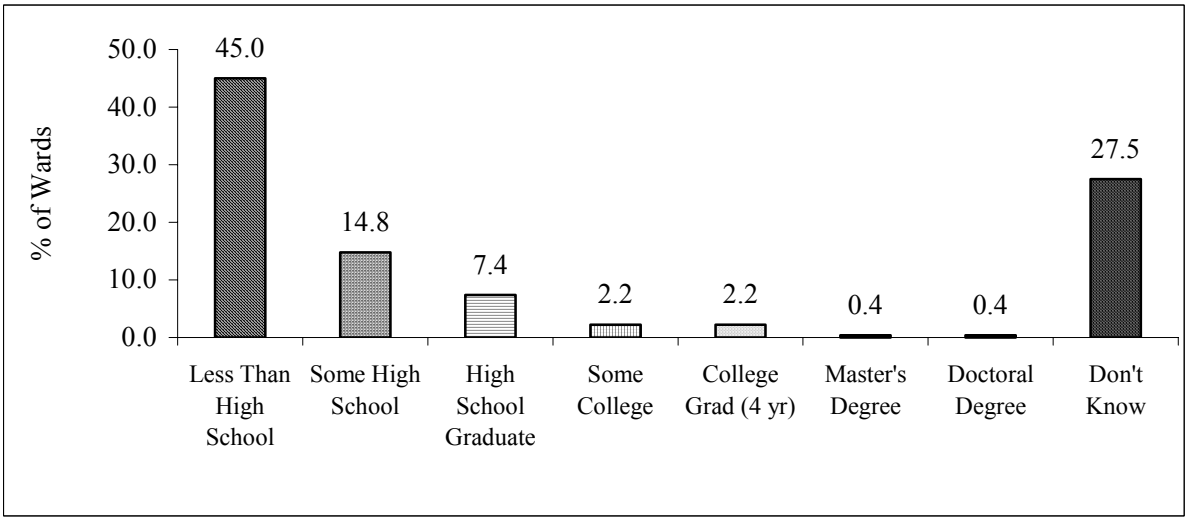

Figure 6: Education of Wards

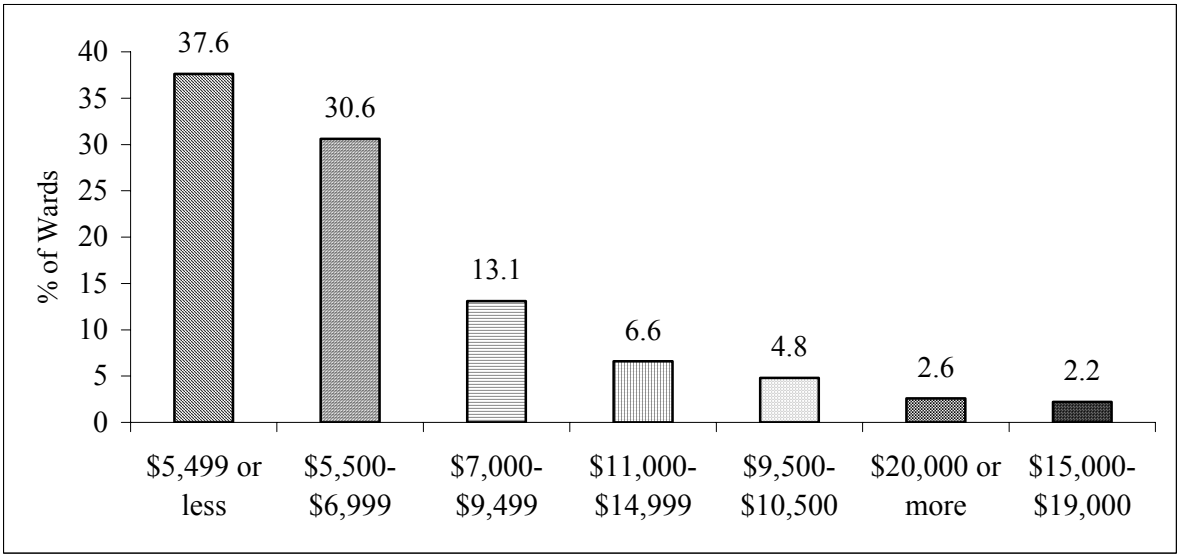

Figure 7: Wards' Annual Family Income Before Taxes

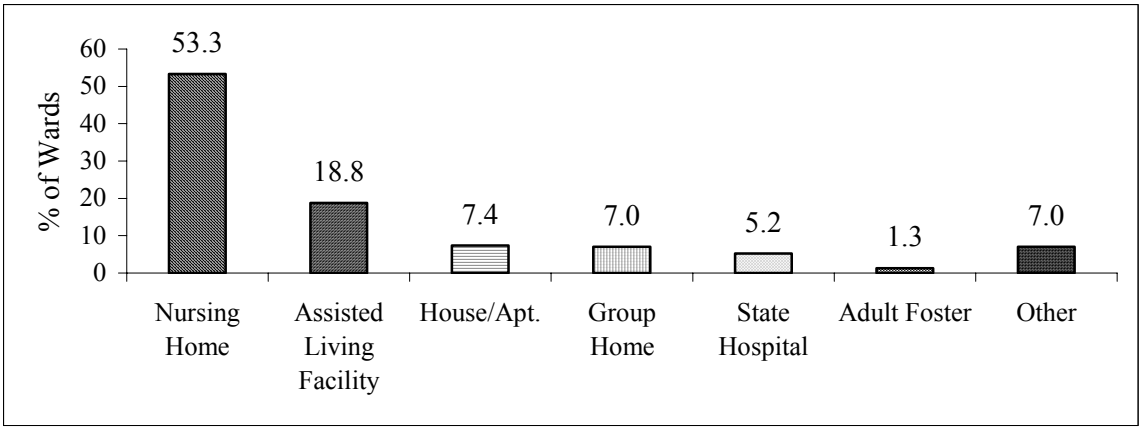

Figure 8: Where Wards Live

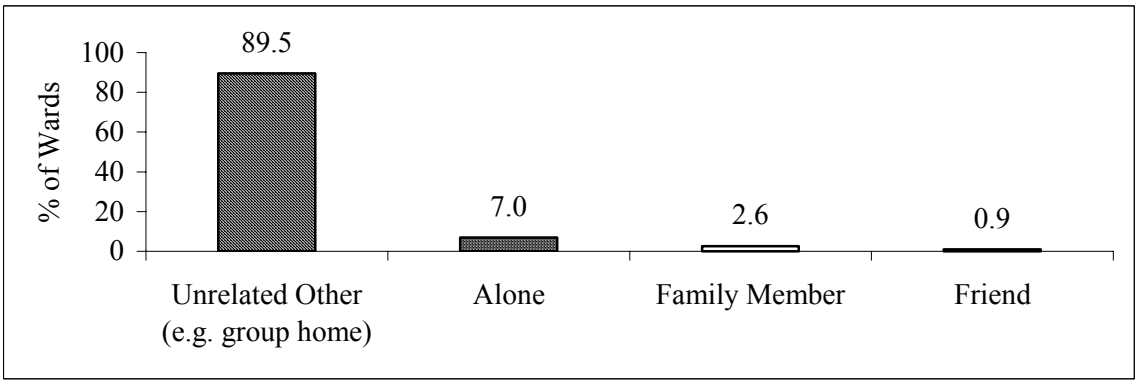

Figure 9: With Whom Wards Live

Health and Functional Abilities

Wards entered the program with an average of six (S.D. = 2.9) physical and mental health problems. The most common health conditions reported were psychiatric problems (55.9%), speech problems (49.3%), vision problems (46.3%), neurological problems (38.9%), and cardiovascular problems (35.8%) (Table 10).

Table 10: Physical Health Problems and Conditions of the Wards Entering the Program

Type of Problem/Condition	**# of Wards**	**% of Wards**
Psychiatric	128	55.9
Speech	113	49.3
Vision	106	46.3
Neurological	89	38.9
Cardiovascular	82	35.8
Muscular-Skeletal	64	27.9
Endocrine	57	24.9
Hearing	56	24.5
Eye Disorders	42	18.3
Respiratory	42	18.3
Digestive/Liver/Gall Bladder	41	17.9
Alcoholism	30	13.1
Urinary/Reproductive	30	13.1
Blood-Related Problems	26	11.4
Cancer	12	5.2
Immune System Disorders	1	0.4
Other Diagnosis	69	30.1

Table 11 shows wards' needs in the area of activities of daily living (ADL). The needs are presented from the least to the most assistance required. A little more than one-half of the wards (56.0%) required assistance with at least one activity of daily living. The most frequent assistance needed was human physical assistance with dressing, followed by bathing.

ADL needs differed significantly based on the age ($F = 6.048$, $df = 129$, $p < .01$) and geographic location ($t = 3.071$, $df = 29$, $p < .01$) of the wards. Wards under 59 years of age reported significantly fewer ADL needs (M = 2.52; S.D. = 1.15) than wards age 60 to 74 (M = 3.08; S.D. = 1.08, $p < .05$), and wards 75 years of age and older (M = 3.27; S.D. = 0.95, $p < .001$). Wards living in rural areas had greater ADL needs (M = 3.30; S.D. = 0.885) than wards living in more urban areas (M = 2.70; S.D. = 1.18, $p < .01$).

Table 11: ADL Needs of the Wards

Level of Assistance	Bath-ing	%	Dress-ing	%	Toilet-ing	%	Trans-ferring	%	Eating or Feed-ing	%
Mechanical Assistance	0	0	0	0	3	1.3	9	3.9	8	3.5
Human Prompting/ Supervision	41	17.9	42	18.3	24	10.5	16	7.0	30	13.1
Human Physical Assistance	104	45.4	107	46.7	77	33.6	52	22.7	65	28.4
Mechanical & Human Prompting/ Supervision	4	1.7	2	0.9	3	1.3	6	2.6	4	1.7
Mechanical & Human Physical Assistance	28	12.2	10	4.4	21	9.2	36	15.7	12	5.2
Mechanical, Human Prompting/ Supervision & Human Physical Assistance	12	5.2	12	5.2	9	3.9	11	4.8	4	1.7
Is Not Performed	0	0	0	0	10	4.4	11	4.8	0	0
None	36	15.7	52	22.7	78	34.1	84	36.7	102	44.5

Over 90% of the wards needed assistance with instrumental activities of daily living, including money management, transportation, shopping, meal preparation, house keeping, and laundry (Table 12).

Table 12: IADL Needs of the Wards

Type of Need	# of Wards	%
Money Management	225	98.3
Transportation	219	95.6
Shopping	218	95.2
Meal Preparation	216	94.3
Housekeeping	214	93.4
Laundry	213	93.0
Home Maintenance	195	85.2
Phone	177	77.3
Other IADL Limitations	51	22.3

The majority of wards were cognitively disoriented in some spheres (i.e., person, time, and place), with 29.7% (68) disoriented in at least one sphere, some of the time; 25.8% (59) disoriented, in at least one sphere, all of the time; and 23.1% (53) disoriented, in all spheres, all of the time (Figure 10). There were significant differences between the wards in terms of their ADL needs (F=8.188, df = 130, $p < .05$). Wards who were "oriented all spheres, all the time" had significantly fewer ADL needs (M = 1.90; S.D. = 1.45, $p < .001$) than wards who were "disoriented-some spheres, all of the time" (M = 3.34; S.D. = 0.91, $p < .001$) and wards who were "disoriented-all spheres, all the time" (M = 3.43; S.D. = 0.82, $p < .001$). In addition, wards who were "disoriented some spheres, all of the time" had significantly more ADL needs than the "disoriented some spheres, some of the time" group (M = 2.57, S.D. = 1.07, $p < .001$).

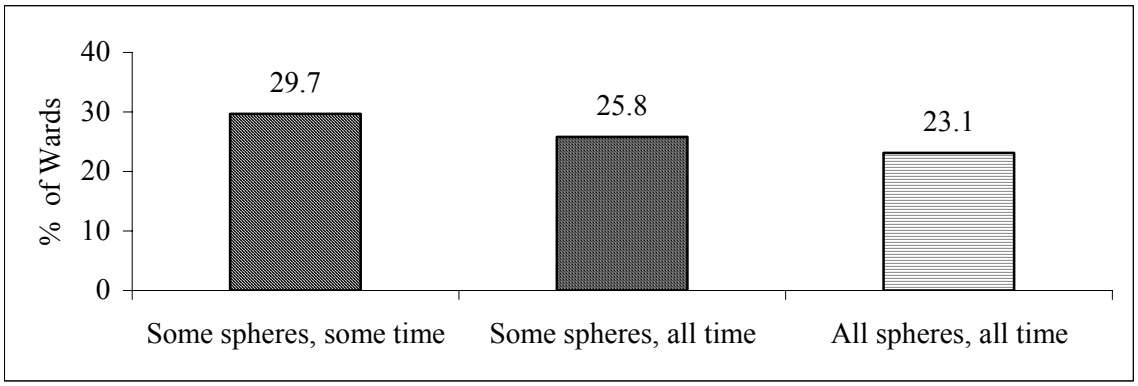

Figure 10: Ward Orientation Level

In addition to orientation deficits, the wards experienced a variety of cognitive impairments and disabilities (Figure 11). The majority had problems in the areas of judgment and decision making, as well as short- and long-term memory. Almost one-half (48.9%) of the wards had a diagnosis of dementia. Approximately one-third were persons with mental retardation (36.2%) or other types of developmental disabilities (31.1%).

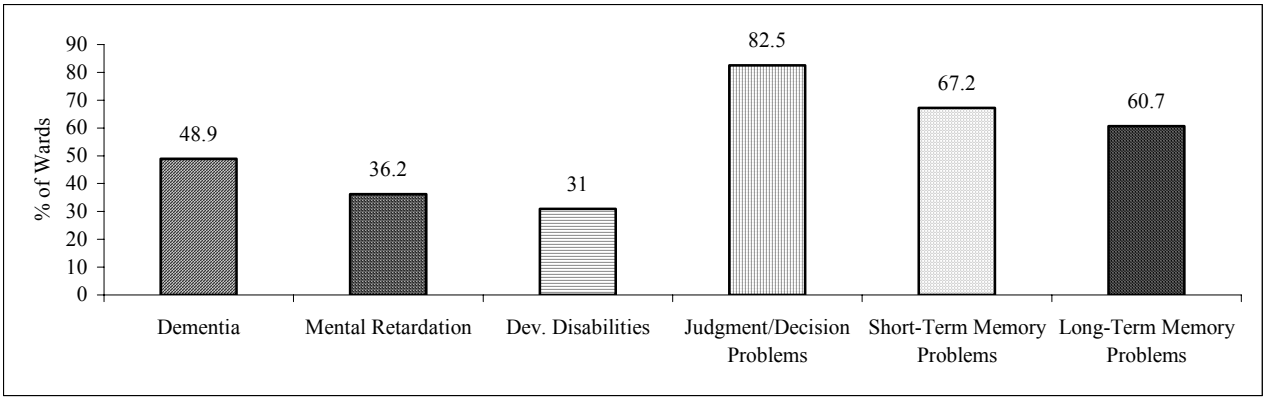

Figure 11: Cognitive Impairments and Disabilities

Health Care and Other Community Services

The wards frequently entered the public guardianship and conservator programs needing special medical procedures and care (Table 13). Restraints were used with approximately one-fifth (22.3%) of the wards. Other wards participated in Range of Motion (ROM) exercises (17.9%) and received assistance with glucose or blood sugar testing (15.7%) and wound care (12.2%). About 11% were receiving bowel/bladder training.

Table 13: Special Medical Procedures Received by the Wards

Type of Medical Procedures	# of Wards	% of Wards
Restraints	51	22.3
ROM Exercise	41	17.9
Glucose/Blood Sugar	36	15.7
Dressing/Wound Care	28	12.2
Bowel/ Bladder Training	25	10.9
Eye Care	16	7.0
Oxygen	16	7.0
Injections/ IV	15	6.6
Pressure Ulcers	9	3.9
Trach Care	5	2.2
Dialysis	2	0.9
Radiation/Chemotherapy	1	0.4

In addition to medical care, 62.4% of the wards were receiving case management services and 31.4% used mental health services. Approximately 14.2% received assistance from Adult Protective Services (Figure 12).

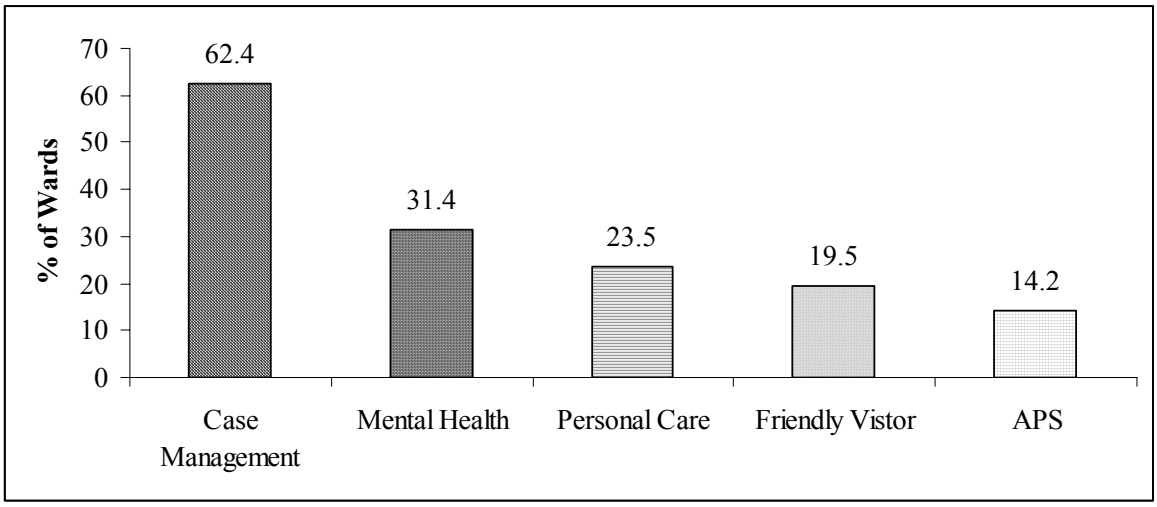

Figure 12: Use of Community Services

The majority of the wards received Medicare and Medicaid (70.0%). Approximately 8.0% receive only Medicare, and slightly over a fifth (20.3%) of the wards had private health care insurance (Figure 13).

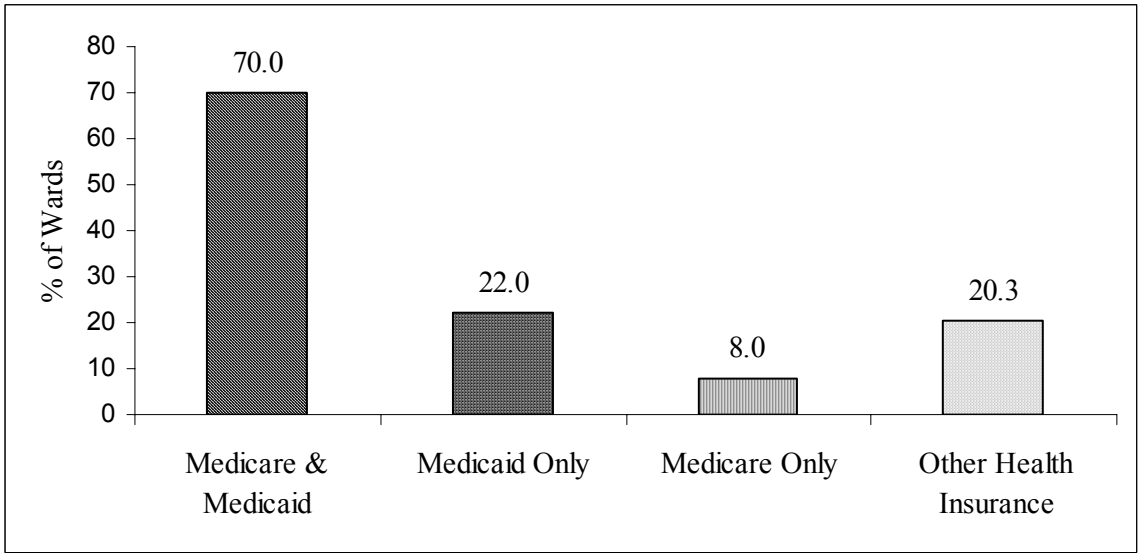

Figure 13: Medical Insurance Coverage

Family Relationships

Only a fourth of wards had children (25.8%). For those with children, contact was infrequent. Approximately 62.0% of the wards had family other than children, and 41.5% had friends or neighbors, but contact with these groups of individuals was also infrequent (Table 14).

Table 14: Contact with Children, Family Members and Friends/Neighbors

Contact - Children	#	%	Contact - Other Family Members	#	%	Contact -Friends or Neighbors	#	%
No Children	170	74.2	No other Family	87	38.0	No Friends or Neighbors	134	58.5
Never	26	11.4	Never	59	25.8	Never	49	21.4
< Monthly	13	5.7	< Monthly	40	17.5	Monthly	17	7.4
Monthly	12	5.2	Monthly	24	10.5	< Monthly	13	5.7
Weekly	4	1.7	Weekly	10	4.4	Daily	8	2.6
Daily	1	0.4	Daily	2	0.9	Weekly	6	3.5

SUMMARY: Key Points About the Characteristics of Wards Served

- Most wards were women (59.0%) and Caucasian (72.0%), with an average age of 68.2 years. Only 7.0% of wards held a high school diploma. The majority of wards (68.0%) had annual incomes below $7,000.
- The majority of wards lived in long-term care facilities. Nursing homes (53.0%) and assisted living facilities (19%) being the most common type of living arrangements.
- More than one-half (60.0%) of wards have psychiatric problems.
- Speech (49.3%) and vision (46.3%) problems were common among the wards.
- Approximately one-half (56.0%) of wards required assistance with ADLs, with the most frequent needs in the areas of human physical assistance for dressing (47.0%) and bathing (45.0%).
- Over 90.0% of wards needed help with IADLs in the areas of money management, transportation, shopping, meal preparation, housekeeping, and laundry.
- The majority of wards were cognitively disoriented in some spheres, with about 30.0% disoriented in some spheres, some of the time.
- Nearly one-half (49.0%) of the wards had a diagnosis of dementia.
- About one-third (36.0%) of the wards were persons with mental retardation or other developmental disabilities (31.0%).
- Upon entering the programs, restraints were used with a little more than one-fifth of wards (22.0%).
- The majority of the wards received Medicare and Medicaid (70.0%).
- Only one-fourth of wards (26.0%) had children, though 62.0% had family other than children.

Ward Needs

Programs reported the type and extent of the needs of the wards they serve. In this part of the report, information is shown regarding the needs of the wards for ten programs providing data in Year 1 and nine of the ten programs providing data in Year 2. Results include the frequency of need and the type of activities in which the programs engaged to meet the identified needs.

Efforts to Meet Wards' Needs

The programs provided a general assessment of the amount of effort required to meet the needs of each ward served, as compared to other wards on their caseloads. Similar findings were found across the two years (Figure 14). Approximately 37% of the wards were regarded as low maintenance, 44% of the wards were viewed as moderate maintenance, and 19% were rated as high maintenance.

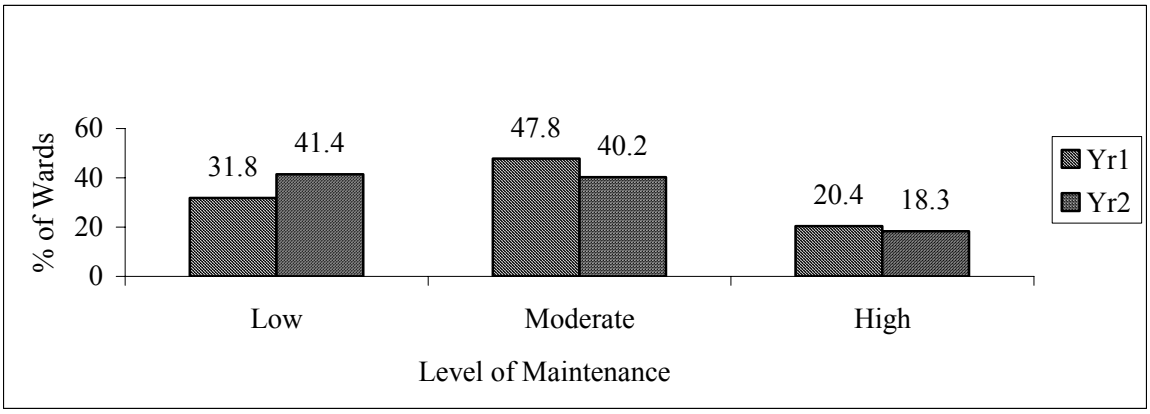

Figure 14: Rating of Effort to Meet Ward Needs

There were significant differences in levels of maintenance and IADL needs ($F = 11.537$, $df = 126$, $p < .000$). Specifically, wards identified as needing moderate level maintenance efforts had significantly more IADL needs ($M = 2.78$, $SD = .89$) than wards rated as requiring low maintenance ($M = 1.88$, $SD = .98$, $p < .001$). Wards needing low maintenance also reported significantly fewer IADLs than wards with higher maintenance ($M = 2.57$, $SD = .92$, $p < .01$).

Areas of Overall Need

As part of the ward care plan survey, programs were asked to identify ward needs in ten areas that paralleled the broad categories included as part of the ward assessment survey. The programs provided need information for 192 wards from ten programs in Year 1 and for 169 wards from nine programs in Year 2. Shown in Table 15 is the number and

percentage of wards with needs in an area, indicating the type of assistance that was required by persons served by the programs in that particular year.

Over 80% of the wards had needs in the areas of medical and physical health care, ADLs, and IADLs at both Year 1 and Year 2 of the evaluation. Other frequently reported needs were in the areas of financial assistance, nutrition, and mental/emotional assistance. Fewer than 12% of wards had employment related needs.

Table 15: Needs of Wards in the Program in Year 1 and Year 2

Area of Need	**Year 1** (10 programs/192 wards)		**Year 2** (9 programs/169 wards)	
	#	%	#	%
Medical/Physical Health Care	185	96.4	167	97.7
ADLs	163	84.9	154	90.1
IADLs	158	82.3	147	86.0
Financial	152	79.2	138	80.7
Nutrition	152	79.2	126	73.7
Mental/Emotional	131	68.2	132	77.2
Home/Environment	121	63.0	115	67.3
Assistive Device/ Medical Equipment	80	41.7	68	39.8
Caregiver Support	40	20.8	38	22.2
Employment	22	11.5	12	7.0

Program Actions to Address Specific Areas of Need

For each of the broad need areas described above, the programs indicated the specific type of needs of the wards, actions performed by the public guardian to meet the identified ward needs (i.e., advocate, arrange, monitor, provide), and how often the program expected to perform the action (i.e., once a week, several times a month, once a month or less). The breakout of each need area by action and evaluation year is provided in Tables 16a through 25b. The number in parenthesis represents the number of wards with specific needs for each area within the larger need category.

Overall, the actions of the public guardians consisted of monitoring and arranging of most services. These actions typically occurred at a frequency of once a month or less. The only substantial change in action appears to be in the area of locating/identifying sources of income and addressing the mental health/emotional needs. Public guardians appear to be more involved in the wards' provision in Year 2. In a similar way for mental and emotional health, public guardians provided greater services in the areas of ward counseling, mental health assessment, medications for mental health problems, and other emotional needs in Year 2.

Table 16a: Actions Taken for Wards with Medical/Physical Health Care Needs

	Dental Care		Foot Care		Vision Care		General Physical Health Care Needs		Medication for Physical Health Problems		Other Medical/ Physical Health Problems	
Action	Yr1 (94)	Yr2 (84)	Yr1 (58)	Yr2 (54)	Yr1 (72)	Yr2 (77)	Yr1 (178)	Yr2 (161)	Yr1 (160)	Yr2 (145)	Yr1 (94)	Yr2 (74)
Advocate	39.4	51.2	25.9	59.3	31.9	46.8	21.9	38.5	18.1	31.7	29.8	47.3
Arrange	37.2	44.0	19.0	31.5	31.9	55.8	19.7	29.2	8.8	15.9	20.2	35.1
Monitor	86.2	84.5	96.6	96.3	84.7	87.0	93.8	96.3	95.0	93.1	91.5	93.2
Provide	0.0	7.1	1.7	9.3	0.0	9.1	1.7	6.8	3.8	7.6	2.1	12.2

Note: The number in parenthesis represents the number of wards with needs in each area.
Percentages do not equal 100 because programs may provide multiple actions.

Table 16b: Frequency of Actions to Address Medical/Physical Health Care Needs

	Year 1 (192)			Year 2 (169)		
	W+	M+	M<	W+	M+	M<
Dental Care	5.3	88.3	6.4	0.0	0.0	94.0
Foot Care	3.4	6.9	84.5	9.3	9.3	75.9
Vision Care	1.4	97.2	1.4	0.0	6.5	88.3
Gen Phys Health	1.7	32.6	64.6	3.7	44.1	52.2
Medications	1.9	31.3	65.6	4.8	25.5	69.7
Other Med/Phys Health Problems	1.1	28.7	66.0	5.3	29.3	65.3

Key: Once a week or more (W+), Several times per month (M+), Once a month or less (M<)

Table 17a: Actions Taken for Wards with Activities of Daily Living

	Basic Hygiene		Healthy Diet		Continence Care		Other ADL Needs	
Action	Yr1 (129)	Yr2 (146)	Yr1 (150)	Yr2 (129)	Yr1 (88)	Yr2 (98)	Yr1 (99)	Yr2 (108)
Advocate	21.7	36.3	21.3	31.8	22.7	26.5	28.3	32.4
Arrange	3.9	15.8	5.3	10.1	4.5	10.2	11.1	18.5
Monitor	98.4	96.6	95.3	96.1	96.6	99.0	93.9	97.2
Provide	0.0	5.5	1.3	7.8	0.0	2.0	2.0	6.5

Note: The number in parenthesis represents the number of wards with needs in each area.
Percentages do not equal 100 because programs may provide multiple actions.

Table 17b: Frequency of Actions to Address Activities of Daily Living Needs

	Year 1 (192)			Year 2 (169)		
	W+	M+	M<	W+	M+	M<
Basic Hygiene	3.9	47.3	48.1	4.1	54.8	41.1
Healthy Diet	3.3	32.0	64.0	6.2	49.6	44.2
Continence Care	2.3	47.7	47.7	4.1	58.2	35.7
Other ADL Needs	2.0	36.4	59.6	2.8	40.4	56.0

Key: Once a week or more (W+), Several times per month (M+), Once a week or less (M<)

Table 18a: Actions Taken for Wards with Instrumental Activities of Daily Living

	Meal Preparation		Shopping		Transportation		Other IADL Needs	
Action	Yr1 (86)	Yr2 (95)	Yr1 (138)	Yr2 (122)	Yr1 (57)	Yr2 (67)	Yr1 (90)	Yr2 (94)
Advocate	20.9	32.6	18.8	31.1	40.4	46.3	20.0	27.7
Arrange	10.5	11.6	63.0	57.4	56.1	56.7	15.6	20.2
Monitor	91.9	95.8	70.3	79.5	64.9	70.1	91.1	94.7
Provide	0.0	5.3	79.7	63.1	31.6	35.8	8.9	18.1

Note: The number in parenthesis represents the number of wards with needs in each area.
Percentages do not equal 100 because programs may provide multiple actions.

Table 18b: Frequency of Actions to Address Instrumental Activities of Daily Living Needs

	Year 1 (192)			Year 2 (169)		
	W+	M+	M<	W+	M+	M<
Meal Preparation	4.7	25.6	65.1	5.3	29.5	64.2
Shopping	2.2	9.4	85.5	6.6	8.2	85.2
Transport. of Ward	1.8	15.8	77.2	7.5	17.9	73.1
Other IADL Needs	1.1	27.8	66.7	4.3	41.5	53.2

Key: Once a week or more (W+), Several times per month (M+), Once a week or less (M<)

Table 19a: Actions Taken for Wards with Financial Needs

	Locate/Identify Sources of Income		Paying Bills		Expend Funds for Wards Needs/Desires		Conserve Funds		Other Financial Needs	
Action	Yr1 (92)	Yr2 (70)	Yr1 (95)	Yr2 (96)	Yr1 (136)	Yr2 (131)	Yr1 (112)	Yr2 (123)	Yr1 (60)	Yr2 (70)
Advocate	28.3	48.6	22.1	18.8	17.6	22.9	14.3	26.0	30.6	35.7
Arrange	29.3	41.4	28.4	26.0	57.4	54.4	20.5	37.4	27.4	38.6
Monitor	76.1	55.7	54.7	54.2	72.1	67.9	68.8	70.7	64.5	57.1
Provide	35.9	80.0	74.7	79.2	83.1	77.9	52.7	55.3	32.3	55.3

Note: The number in parenthesis represents the number of wards with needs in each area.
Percentages do not equal 100 because programs may provide multiple actions.

Table 19b: Frequency of Action to Address Financial Needs

	Year 1 (192)			Year 2 (169)		
	W+	M+	M<	W+	M+	M<
Locating Income	8.7	19.6	71.7	10.0	28.6	61.4
Paying Bills	4.2	30.5	65.3	5.2	45.8	49.0
Expend Funds	2.2	19.9	75.7	5.4	30.2	64.3
Conserve Funds	1.8	12.5	85.7	4.1	15.7	80.2
Other Financial Needs	1.6	16.1	79.0	2.9	21.4	74.3

Key: Once a week or more (W+), Several times per month (M+), Once a week or less (M<)

Table 20a: Actions Taken for Wards with Nutrition Needs

	Diet		Nutrition Services		Other Nutrition Needs	
Action	Yr1 (142)	Yr2 (114)	Yr1 (104)	Yr2 (94)	Yr1 (48)	Yr2 (31)
Advocate	18.3	31.6	22.1	34.0	31.3	67.7
Arrange	3.5	12.3	5.8	12.8	10.4	35.5
Monitor	96.5	97.4	96.2	100.0	85.4	93.5
Provide	2.8	4.4	2.9	7.4	4.2	22.6

Note: The number in parenthesis represents the number of wards with needs in each area.
Percentages do not equal 100 because programs may provide multiple actions.

Table 20b: Frequency of Actions to Address Nutrition Needs

	Year 1 (192)			Year 2 (169)		
	W+	M+	M<	W+	M+	M<
Diet	3.5	31.0	64.8	3.5	47.4	47.4
Nutrition Services	2.9	36.5	59.6	6.4	38.3	55.3
Other Nutrition Needs	4.2	12.5	79.2	9.7	19.4	71.0

Key: Once a week or more (W+), Several times per month (M+), Once a week or less (M<)

Table 21a: Actions Taken for Wards with Mental Health or Emotional Needs

	Ward Counseling		Mental Health Assessment		Medications for Mental Health Problems		Other Mental Health or Emotional Needs	
Action	Yr1 (73)	Yr2 (108)	Yr1 (88)	Yr2 (72)	Yr1 (100)	Yr2 (89)	Yr1 (73)	Yr2 (69)
Advocate	38.4	38.0	21.6	41.7	19.0	30.3	31.5	59.4
Arrange	26.0	36.1	23.9	40.3	12.0	23.6	16.4	44.9
Monitor	76.7	72.2	86.4	75.0	94.0	91.0	91.8	78.3
Provide	42.5	62.0	8.0	29.2	3.0	6.7	5.5	37.7

Note: The number in parenthesis represents the number of wards with needs in each area.
Percentages do not equal 100 because programs may provide multiple actions.

Table 21b: Frequency of Action to Address Mental Health/Emotional Needs

	Year 1 (192)			Year 2 (169)		
	W+	M+	M<	W+	M+	M<
Ward Counseling	2.7	31.5	65.8	4.6	29.6	65.7
Mental Health Assess	1.1	11.4	84.1	4.2	18.1	77.8
Meds for Mental Health Probs	6.0	21.0	72.0	2.2	25.8	71.9
Other Mental/Emotional	5.5	23.3	64.4	5.8	36.2	58.0

Key: Once a week or more (W+), Several times per month (M+), Once a week or less (M<)

Table 22a: Actions Taken for Wards with Home/Physical Environment Needs

	Risk Assessment		Safety Assessment		Move Ward to Appropriate Location		Cleaning and Repairs		Other/Home Physical Environment Needs	
Action	Yr1 (79)	Yr2 (97)	Yr1 (97)	Yr2 (105)	Yr1 (49)	Yr2 (53)	Yr1 (31)	Yr2 (45)	Yr1 (57)	Yr2 (40)
Advocate	31.6	41.2	27.8	34.3	38.8	39.6	19.4	28.9	29.8	57.5
Arrange	15.2	28.9	11.3	20.0	40.8	50.9	16.1	28.9	21.1	50.0
Monitor	81.0	81.4	82.5	87.6	73.5	50.9	93.5	86.7	87.7	85.0
Provide	34.2	49.5	27.8	41.0	38.8	79.2	6.5	22.2	15.8	27.5

Note: The number in parenthesis represents the number of wards with needs in each area.
Percentages do not equal 100 because programs may provide multiple actions.

Table 22b: Frequency of Actions to Address Home/Physical Environment Needs

	Year 1 (192)			Year 2 (169)		
	W+	M+	M<	W+	M+	M<
Risk Assessment	5.1	34.2	59.5	4.1	27.8	68.0
Safety Assessment	5.2	40.2	54.6	4.8	40.0	55.2
Move Ward	4.1	79.6	16.3	5.7	90.6	3.8
Cleaning and Repairs	0.0	54.8	45.2	6.7	60.0	31.1
Other Home/Envir.	3.5	12.3	80.7	10.0	32.5	55.0

Key: Once a week or more (W+), Several times per month (M+), Once a week or less (M<)

Table 23a: Actions Taken for Wards with Assistive Devices/Medical Equipment Needs

	Procure Equipment		Repair Equipment		Other Equipment Needs	
Action	Yr1 (19)	Yr2 (26)	Yr1 (10)	Yr2 (32)	Yr1 (34)	Yr2 (24)
Advocate	47.4	42.3	40.0	37.9	55.9	50.0
Arrange	57.9	42.3	20.0	44.8	38.2	37.5
Monitor	73.7	76.9	80.0	89.7	85.3	91.7
Provide	21.1	30.8	0.0	10.3	0.0	16.7

Note: The number in parenthesis represents the number of wards with needs in each area.
Percentages do not equal 100 because programs may provide multiple actions.

Table 23b: Frequency of Actions to Address Assistive Devices/Med Equip Needs

	Year 1 (192)			Year 2 (169)		
	W+	M+	M<	W+	M+	M<
Procure Equip	0.0	0.0	100.0	0.0	11.5	84.6
Repair Equip	0.0	0.0	100.0	0.0	0.0	100.0
Other Equip Needs	17.6	67.6	14.7	0.0	8.3	91.7

Key: Once a week or more (W+), Several times per month (M+), Once a week or less (M<)

Table 24a: Actions Taken for Wards with Caregiver Support Needs

	Informal Counseling		Formal Supportive Services		Other Caregiver Support Needs	
Action	Yr1 (28)	Yr2 (36)	Yr1 (17)	Yr2 (20)	Yr1 (24)	Yr2 (18)
Advocate	39.3	47.2	52.9	90.0	37.5	94.4
Arrange	21.4	36.1	58.8	55.0	33.3	66.7
Monitor	53.6	47.2	94.1	90.0	87.5	83.3
Provide	75.0	86.1	17.6	40.0	12.5	55.6

Note: The number in parenthesis represents the number of wards with needs in each area.
Percentages do not equal 100 because programs may provide multiple actions.

Table 24b: Frequency of Actions to Address Caregiver Support Needs

	Year 1 (192)			Year 2 (169)		
	W+	M+	M<	W+	M+	M<
Informal Counseling	7.1	32.1	60.7	13.9	27.8	58.3
Formal Support Serv	17.6	76.5	5.9	10.0	15.0	75.0
Other CG Support	4.2	8.3	79.2	22.2	22.2	55.6

Key: Once a week or more (W+), Several times per month (M+), Once a week or less (M<)

Table 25a: Actions Taken for Wards with Employment Needs

	Informal Counseling		Workplace Support		Other Workplace Needs	
Action	Yr1 (10)	Yr2 (12)	Yr1 (10)	Yr2 (8)	Yr1 (16)	Yr2 (5)
Advocate	30.0	50.0	30.0	50.0	43.8	60.0
Arrange	0.0	58.3	0.0	12.5	18.8	60.0
Monitor	80.0	66.7	100.0	100.0	68.8	60.0
Provide	30.0	75.0	30.0	12.5	0.0	80.0

Note: The number in parenthesis represents the number of wards with needs in each area.
Percentages do not equal 100 because programs may provide multiple actions.

Table 25b: Frequency of Actions to Address Employment Needs

	Year 1 (192)			Year 2 (169)		
	W+	M+	M<	W+	M+	M<
Informal Counseling	10.0	80.0	10.0	0.0	41.7	58.3
Workplace Support	10.0	80.0	10.0	0.0	12.5	87.5
Other Workplace Needs	0.0	0.0	81.3	0.0	40.0	40.0

Key: Once a week or more (W+), Several times per month (M+), Once a month or less (M<)

Allocation of Ward-Specific Time for Wards in Year 1 and Year 2 Per Need Area

For 20 working days, the programs provided information on ward-specific time. Over a month's time, 175 out of 192 (91.1%) wards in Year 1 and 149 out of 169 (88.2%) wards in Year 2 received ward-specific attention or the extent to which planned activities were accomplished.

Using information provided by the nine programs in both years, programs spent the greatest amount of time in financial assistance areas, with medical/physical health ranking second in time (Table 26). In Year 1, programs spent a great deal more time with caregiver support issues than in Year 2. Conversely, considerably more time was spent in Year 2 in the need areas of mental emotional support and ADLs than in Year 1. Except for the area of caregiver support, the total number of hours and number of wards helped increased in Year 2, although the mean hours spent per ward remained relatively stable.

Across all need areas in Year 1, wards received 652.50 hours of program time, for an average of 4.7 hours per month and 846.00 hours of program time in all need areas in Year 2, for an average of 5.7 hours per month.

Allocation of Ward-Specific Time in Addition to Need Areas

The programs also reported other ward-related tasks during the 20 days for the assessment period in both years (Table 27). The programs spent the most time on "other" tasks, which included preparing process notes and other documentation and paperwork, making contact with other services and agencies, discussing issues and concerns with family members, and completing errands on behalf of wards. The average direct contact hours with wards increased in Year 2, while travel decreased. As expected with the addition of volunteers in several programs, the amount of time volunteers spent directly and indirectly with wards increased from Year 1 to Year 2.

Table 26: Time Spent Across Need Areas in Year 1 and Year 2

	Year 1 (9 Programs)			Year 2 (9 Programs)		
Need Area	**Total Hours**	**# Wards Helped**	**Mean Hours Per Ward**	**Total Hours**	**# Wards Helped**	**Mean Hours Per Ward**
Financial	136.75	87	1.57	183.00	102	1.79
Medical/Physical Health Care	117.75	96	1.23	165.00	86	1.92
Caregiver Support	107.00	31	3.45	47.25	31	1.52
Home/Physical Environment	73.75	59	1.25	80.00	72	1.11
Mental Health/ Emotional	68.00	58	1.17	101.75	77	1.32
IADLs	49.75	52	.96	69.00	68	1.01
Nutrition	40.50	49	.83	56.75	63	.90
ADLs	39.75	63	.63	111.50	95	1.17
Employment	10.25	7	1.46	9.75	11	.87
Assistive Devices/Equip.	9.00	15	.60	22.00	33	.66

Note: Time was recorded in 15-minute intervals for 20 consecutive working days

Table 27: Additional Activities and Time Spent on Ward-Related Tasks in Year 1 and Year 2

	Year 1 (9 Programs)			Year 2 (9 Programs)		
Need Area	**Total Hours**	**# Wards Helped**	**Mean Hours Per Ward**	**Total Hours**	**# Wards Helped**	**Mean Hours Per Ward**
Direct Contact with Ward	205.00	123	1.67	285.50	131	2.18
Travel	242.25	111	2.18	213.00	112	1.90
Ward Evaluation	102.00	70	1.46	85.00	78	1.09
Care Plans	84.00	82	1.02	102.25	92	1.11
Vol. Time – Direct Contact	46.00	46	1.00	57.75	39	1.48
Other Vol. Time	5.25	8	.66	42.00	26	1.62
Other Ward-Related Tasks	229.00	96	2.39	262.75	92	2.86

Note: Time was recorded in 15-minute intervals for 20 consecutive working days

Programs were asked to estimate the typical amount of weekly face-to-face contact with wards (Figure 15). Based on the information from the nine programs reporting in both Year 1 and Year 2, the programs estimated that more than one-half of the wards were seen several times a month, (57.3% and 54.4%, respectively). About one-third of the wards were seen once a month or less (34.4% in Year 1 and 33.1% in Year 2).

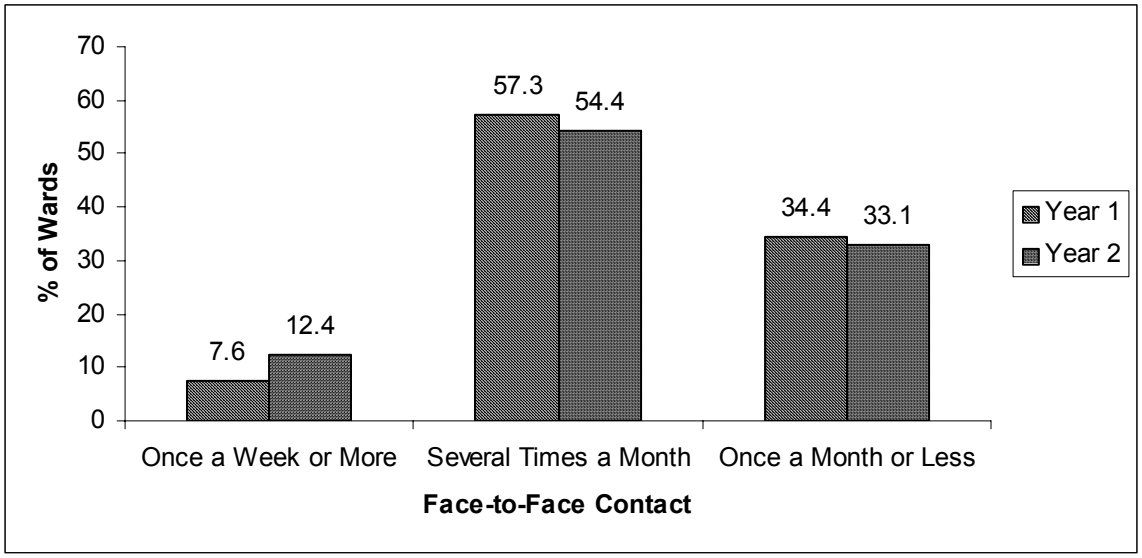

Figure 15: Typical Amount of Face-to-Face Contact with Wards

Ward Needs Identified and Needs Addressed in Year 1 and Year 2

Figures 16 through 19 show a comparison of the number of wards with identified needs compared to the number of wards who had their needs addressed during 20 consecutive working days. During the evaluation period, in Year 1 (Figures 16 and 17), approximately half the wards had their needs addressed in the need areas with the exception of assistive devices, nutrition, and employment. During the evaluation period, in Year 2 (Figure 18 and 19), approximately half the wards had their needs addressed in the need areas with the exception of assistive devices, and employment. It also should be noted that, for both years, some wards of the programs received attention that was not identified as areas of need on their care plans (Figures 16 and 18). The programs' estimates of ward face-face-to-face time (Figure 15) were consisted with the actual time recorded by the programs across both years.

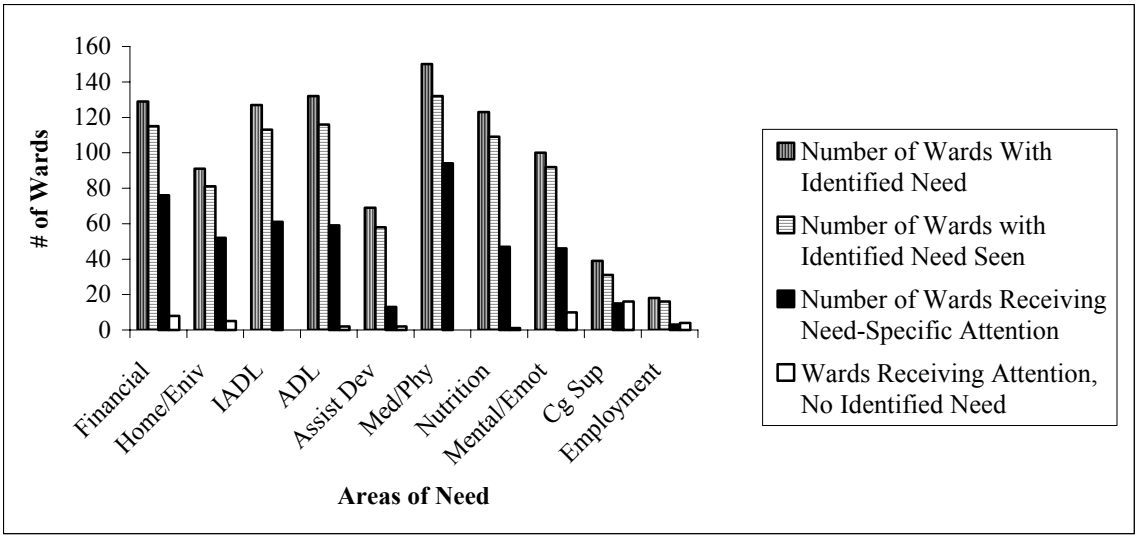

Figure 16: Ward Needs Identified vs. Needs Addressed in Year 1

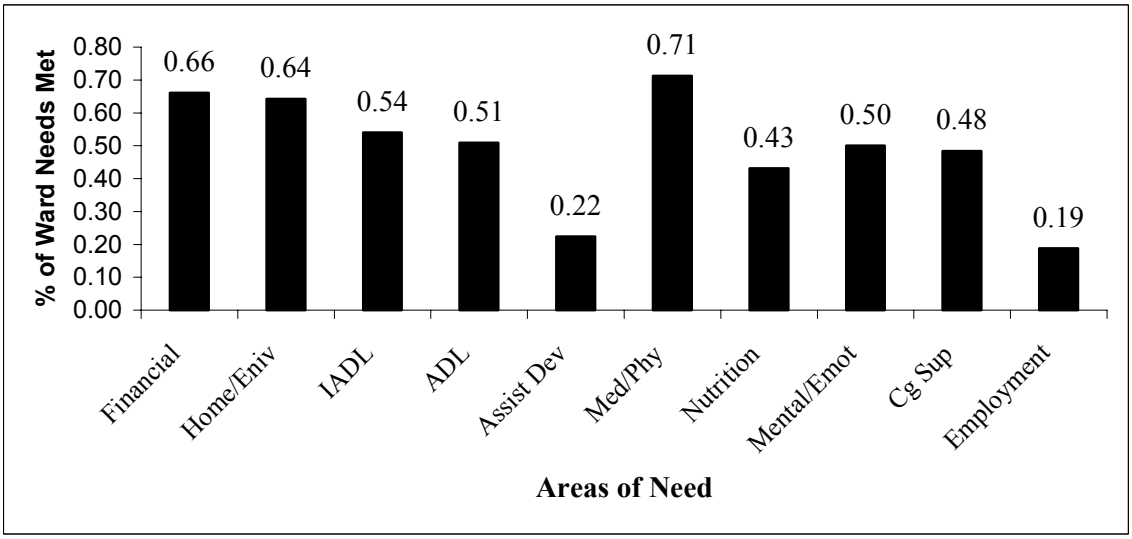

Figure 17: Percentage of Identified Need Met in Year 1

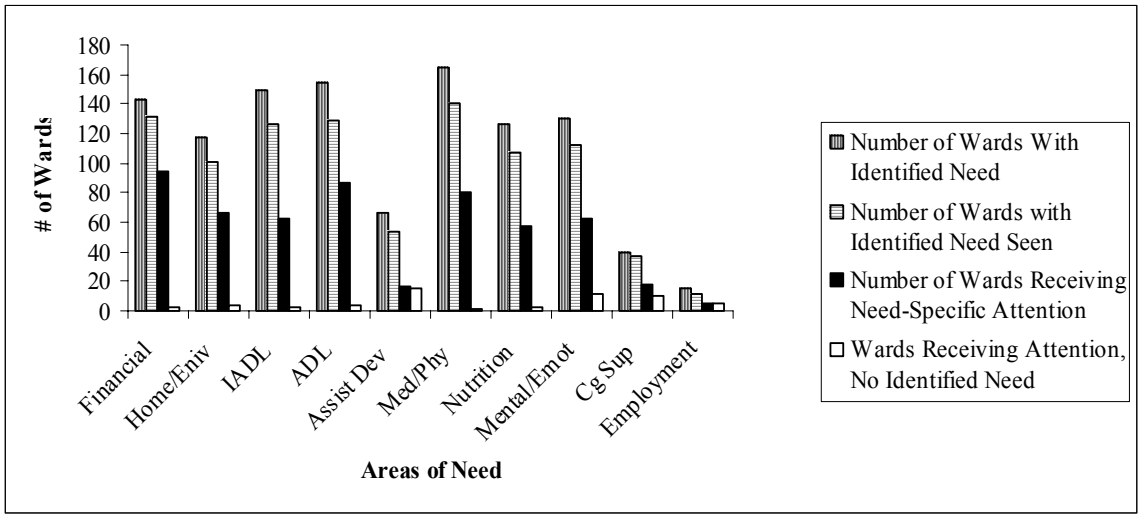

Figure 18: Ward Needs Identified vs. Needs Addressed in Year 2

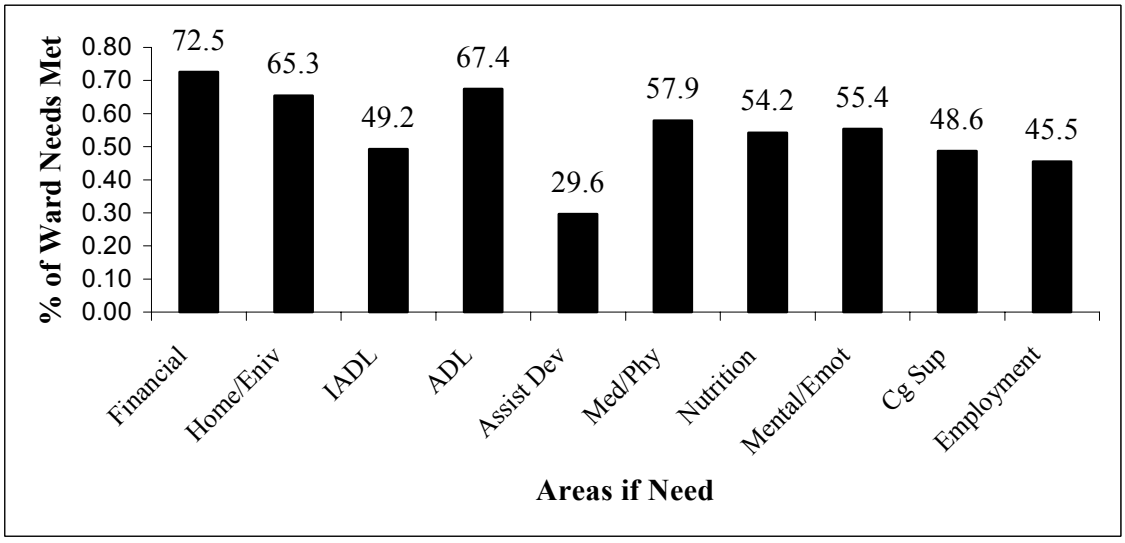

Figure 19: Percentage of Identified Need Met in Year 2

SUMMARY: Key Points About Wards' Needs and Program Actions

- The public guardians regarded most wards as requiring moderate to low levels of effort.
- Over 80.0% of wards had needs in the areas of medical and physical health care, ADLs, and IADLs across both years of the evaluation.
- For the ten need areas, the public guardians generally monitored care, followed by arranging care. Exceptions occurred in Year 2 in the areas of finances and mental health/emotional needs, where guardians tended to increase service provision in these areas.

- Over a month's time, 175 out of 192 (91.0%) wards in Year 1 and 149 out of 169 (88.0%) wards in Year 2 received ward-specific attention (i.e., the extent to which planned activities were accomplished).
- For both years, programs spent the greatest amount of time in financial assistance areas, with medical/physical health ranking second in time, followed by caregiver support.
- During the evaluation period, across the two years, approximately half the wards had their needs addressed in the need areas with the exception of assistive devices and employment.
- For both years, some wards of the programs received some attention, although the attention did not fit into their identified areas of need.

Continuing Wards Characteristics, Needs, and Outcomes

During the course of the evaluation period, 158 of the 239 identified wards continued as part of the programs' caseloads. This part of the report provides a description of the background characteristics and a comparison of needs of the 139 wards (89%) for whom the programs provided data in both Year 1 and Year 2 of the evaluation. The reduction in data provided is due largely as a result of the inability of one program, District Three Governmental Cooperative, Marion, to provide ward data for Year 2.

Demographic Characteristics

Figures 20 through 26 provide specific details about the characteristics of the wards. The majority of the wards who continued to be served by the programs during the two-year evaluation period were females (59.0%), Caucasian (66.0%), and at least 60 years of age (66.0%). More than half of the wards (58.0%) had less than a high school education; only 7.0% of the wards held a high school diploma, and 2.0% had a college degree. The majority of the wards (67.0%) had annual incomes less than $7,000; only 3.0% of the wards had annual incomes of $11,000 or more.

The majority of wards lived in a nursing home (59.0%), followed by an assisted living facility (22.0%). Similar to their habilitation, most wards lived with others in a facility (90.0%) (e.g., nursing home, assisted living facility, group home); only 6.0% of the wards lived alone.

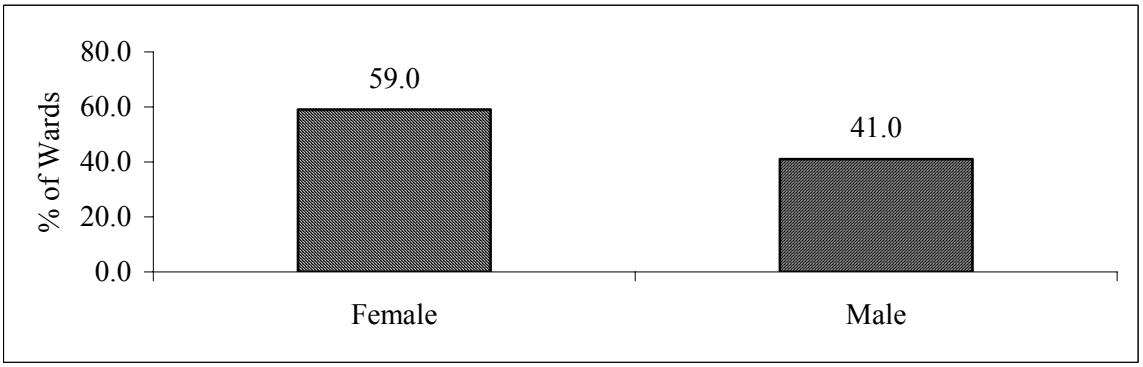

Figure 20: Sex of Continuing Wards

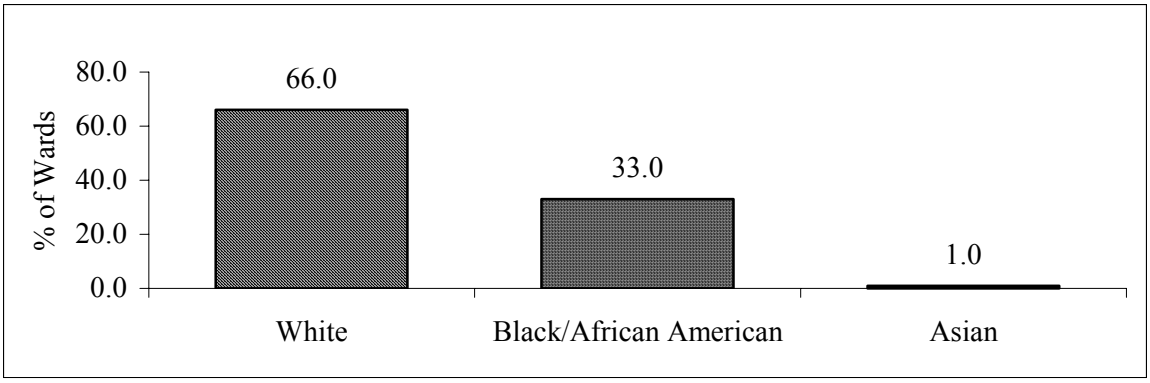

Figure 21: Race of Continuing Wards

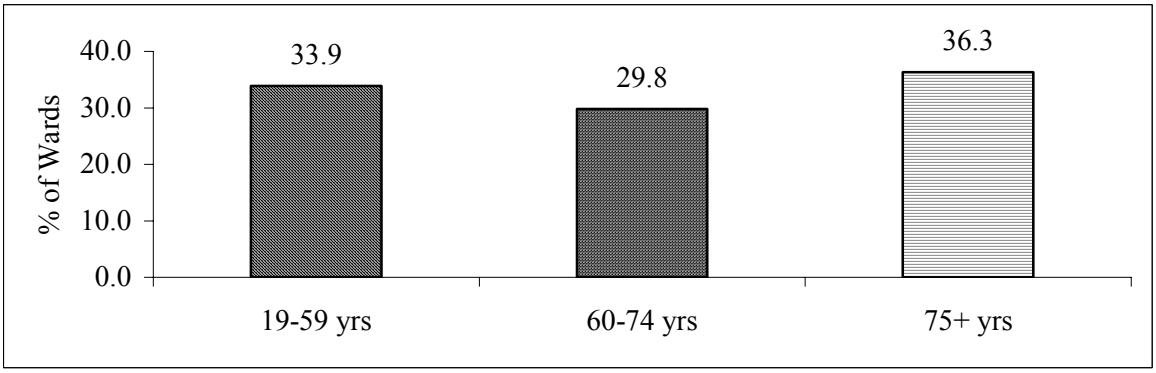

Figure 22: Age of Continuing Wards

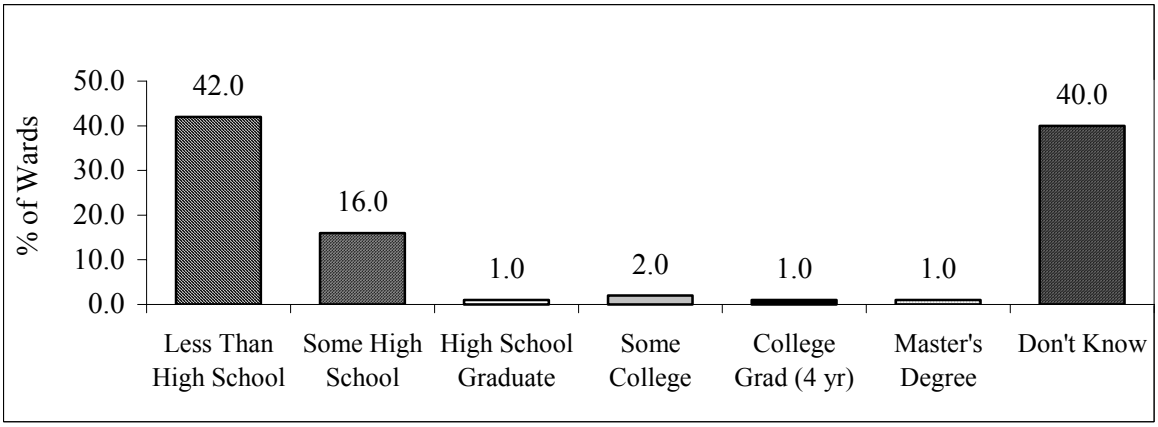

Figure 23: Education of Continuing Wards

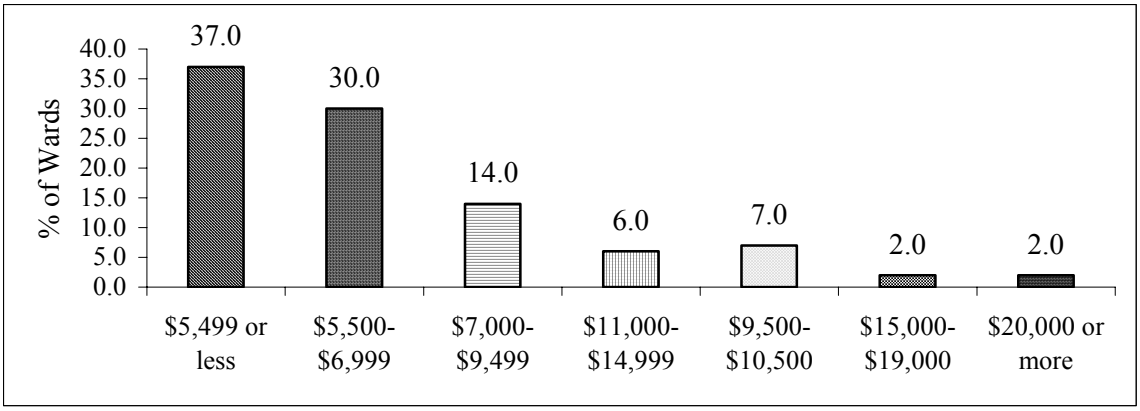

Figure 24: Continuing Ward's Annual Family Income Before Taxes

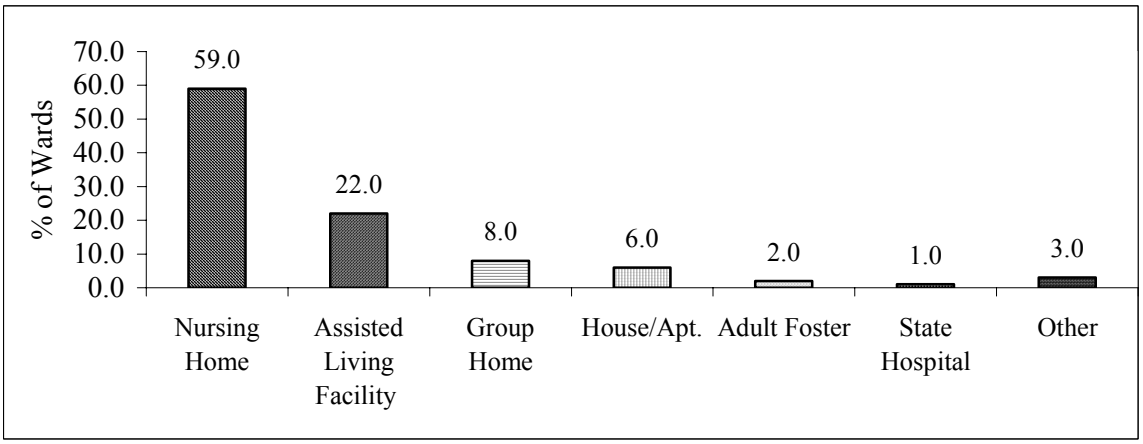

Figure 25: Where Continuing Wards Live

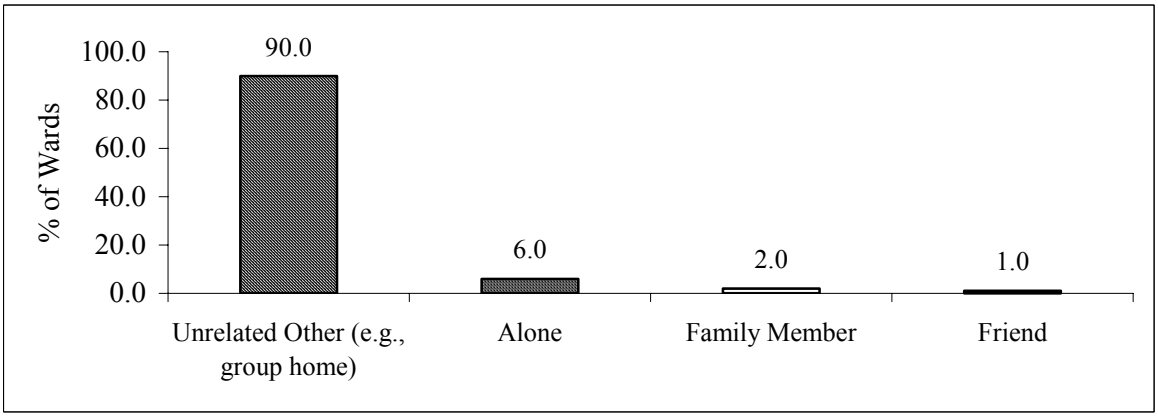

Figure 26: With Whom Continuing Wards Live

Health and Functional Abilities

The wards entered the program with an average of four (S.D. = 2.1) physical and mental health problems. The most common health conditions reported were psychiatric problems (57.6%), speech problems (43.2%), vision problems (42.4%), cardiovascular problems (36.0%), and neurological problems (32.8%) (Table 28).

Table 28: Physical Health Problems and Conditions of the Continuing Wards

Type of Problem/Condition	**# of Wards**	**% of Wards**
Psychiatric	72	57.6
Speech	54	43.2
Vision	53	42.4
Cardiovascular	45	36.0
Neurological	41	32.8
Endocrine	30	24.0
Muscular-Skeletal	28	22.4
Hearing	24	19.2
Eye Disorders	20	16.0
Respiratory	16	12.8
Alcoholism	16	12.8
Digestive/Liver/Gall Bladder	14	11.2
Urinary/Reproductive	14	11.2
Blood-Related Problems	11	8.8
Cancer	6	4.8
Pressure Ulcers	3	2.3
Immune System Disorders	0	0.0
Other Diagnosis	31	24.8

Table 29 shows continuing wards' ADL needs. The needs are presented from the least to the most assistance required. Approximately one-half (53.6%) of the continuing wards required ADLs. The most frequent assistance needs were human physical assistance with bathing, followed by dressing.

Table 29: ADL Needs of the Continuing Wards

Level of Assistance	Bath-ing	%	Dress-ing	%	Toilet-ing	%	Trans-ferring	%	Eating or Feed-ing	%
Mechanical Assistance	0	0.0	0	0.0	2	1.6	3	2.4	5	4.0
Human Prompting/Super-vision	26	20.8	26	20.8	11	8.8	10	8.0	14	11.2
Human Physical Assistance	60	48.0	56	44.8	50	40.0	25	20.0	39	31.2
Mechanical & Human Prompting/Super-vision	1	0.8	1	0.8	1	0.8	4	3.2	2	1.6
Mechanical & Human Physical Assistance	13	10.4	6	4.8	6	4.8	23	18.4	4	3.2
Mechanical, Human Prompting/Super-vision & Human Physical Assistance	5	4.0	5	4.0	4	3.2	5	4.0	3	2.4
Is Not Performed	0	0.0	0	0.0	3	2.4	9	7.2	0	0.0
None	20	16.0	31	24.8	48	38.4	46	36.8	58	46.4

All but one ward (99.2%) needed assistance with at least one IADL. The most common IADL needs were money management, transportation, shopping, meal preparation, housekeeping, and laundry (Table 30).

Table 30: IADL Needs of the Continuing Wards

Type of Need	# of Wards	%
Money Management	124	99.2
Transportation	120	96.0
Shopping	119	95.2
Meal Preparation	117	93.6
Housekeeping	117	93.6
Laundry	116	92.8
Home Maintenance	113	90.4
Phone	92	73.6
Other IADL Limitations	33	26.4

The majority of persons served were cognitively disoriented in some spheres (i.e., person, time, and place), with 34.4% (43) disoriented in at least one sphere, some of the time; 28.8% (36) disoriented, in at least one sphere, all of the time; and 12.0% (15) disoriented, in all spheres, all of the time (Figure 27).

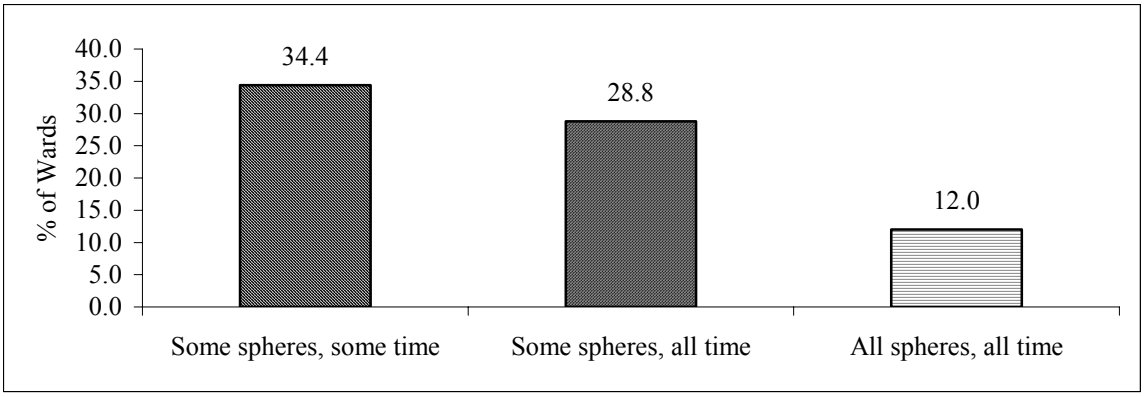

Figure 27: Ward Orientation Level

In addition to orientation deficits, the continuing wards experienced a variety of cognitive impairments and disabilities (Figure 28). The majority had problems in the area of judgment and decision making, as well as short- and long-term memory problems. Almost one-half (46.4%) of the wards had a diagnosis of dementia. Approximately one-third of the wards were persons with mental retardation (36.8%) or other types of developmental disabilities (28.0%)

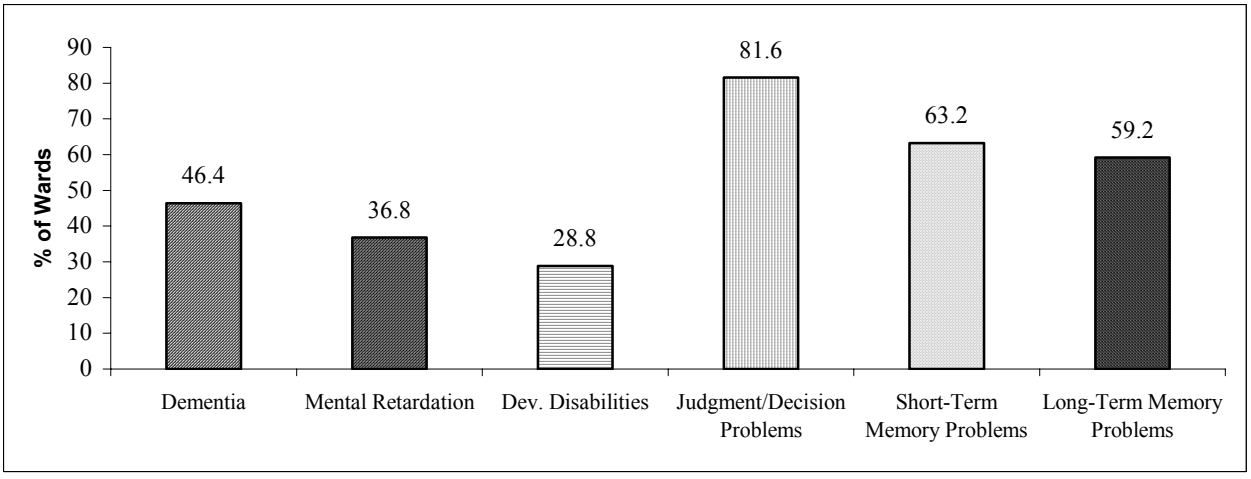

Figure 28: Continuing Wards with Cognitive Impairments and Disabilities

Health Care and Other Community Services

The continuing wards frequently entered the public guardianship and conservator programs needing special medical procedures and care (Table 31). Restraints were used with approximately one-fourth (20.0%) of the wards. Other wards participated in Range of Motion (ROM) exercises (17.6%) and received assistance with glucose or blood sugar testing (15.2%). About 9% were receiving bowel/bladder training.

Table 31: Special Medical Procedures Received by the Continuing Wards

Medical Procedures/Care	# of Wards	% of Wards
Restraints	25	20.0
Glucose/Blood Sugar	22	17.6
ROM Exercise	19	15.2
Dressing/Wound Care	12	9.6
Bowel/ Bladder Training	11	8.8
Eye Care	8	6.4
Oxygen	7	5.6
Injections/ IV	6	4.8
Trach Care	1	0.8
Dialysis	2	1.6
Radiation/Chemotherapy	0	0.0

In addition to medical care, 60.2% of the wards received case management services and 28.9% used mental health services. Approximately 12.0% received assistance from Adult Protective Services (Figure 29).

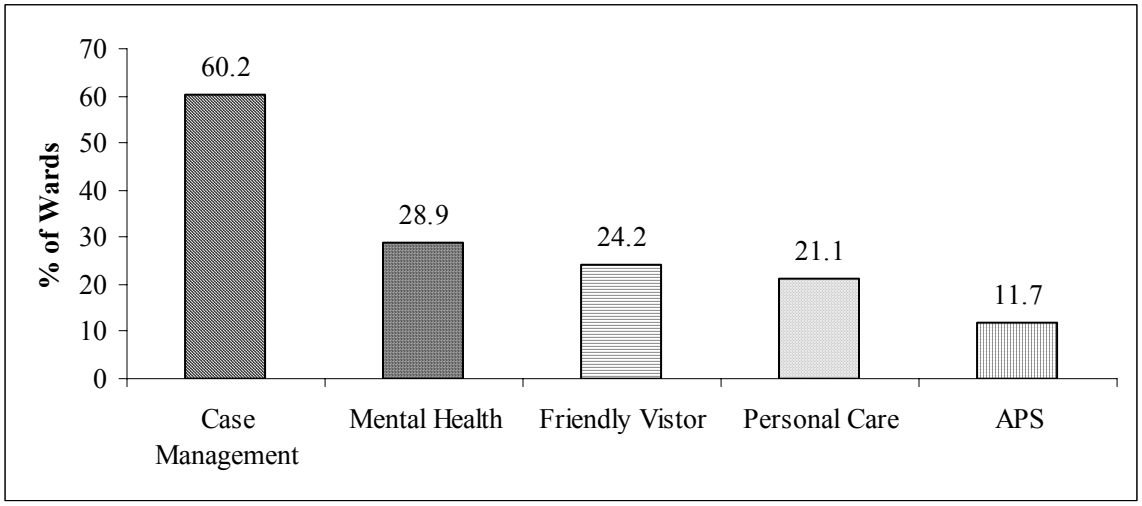

Figure 29: Use of Community Services by Continuing Wards

The majority of the wards received Medicare and Medicaid (72.7%). Approximately one-fifth (20.3%) had Medicaid only. About 8.0% of the continuing wards had private health care insurance (Figure 30).

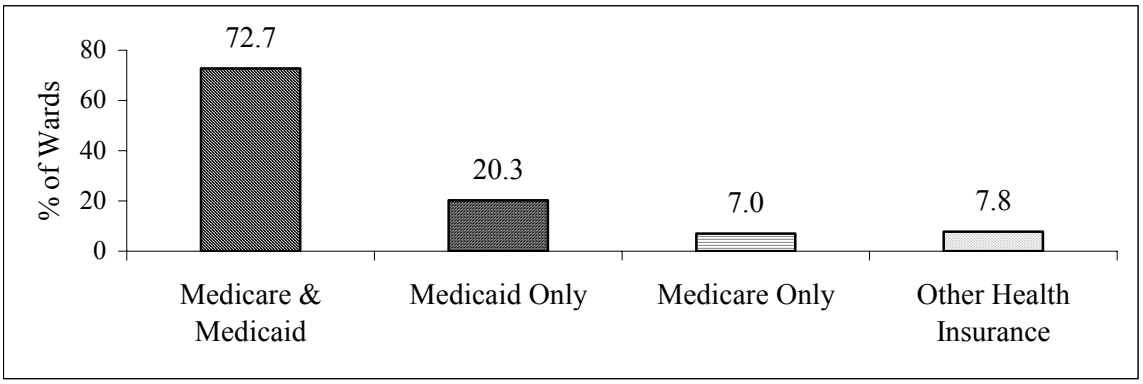

Figure 30: Medical Insurance Coverage of Continuing

Family Relationships

Only a fourth of continuing wards (24.8%) had children. For those with children, contact was infrequent. Approximately 61.0% of the wards had family other than children, and 33.0% reported having friends or neighbors, but contact with these individuals was also infrequent (Table 32).

Table 32: Continuing Wards Contact with Children, Family Members and Friends/Neighbors

Contact - Children	#	%	Contact - Other Family Members	#	%	Contact -Friends or Neighbors	#	%
No Children	94	75.2	No other Family	49	39.2	No Friends or Neighbors	84	67.2
Never	13	10.4	Never	26	20.8	Never	17	13.6
< Monthly	8	6.4	< Monthly	24	19.2	Monthly	13	10.4
Monthly	8	6.4	Monthly	15	12.0	< Monthly	4	3.2
Weekly	1	0.8	Weekly	6	4.8	Daily	4	3.2
Daily	0	0.0	Daily	0	0.0	Weekly	2	1.6

SUMMARY: Key Points About the Characteristics of Continuing Wards Served

- The characteristics of the continuing wards were strikingly similar to the characteristics of all the Year 1 and Year 2 wards.
- Most continuing wards were women (59.0%), Caucasian (66.0%), and were an average age of 60 years. Only 7.0% of wards held a high school diploma. The majority of wards (67.0%) had annual incomes below $7,000.
- The majority of continuing wards lived in long-term care facilities. Nursing homes (59.0%) and assisted living facilities (22.0%) were the most common type of living arrangements.
- Approximately half (58.0%) of the continuing wards had psychiatric problems.
- Speech (43.0%) and vision (42.0%) problems were common among the continuing wards.
- Approximately one-half (54.0%) of the continuing wards required assistance with at least one ADL, with the most frequent needs in the areas of human physical assistance for bathing (48.0%) and dressing (45.0%).
- All but one continuing ward (99.0%) needed help with money management and over 90.0% of the continuing wards needed assistance with other IADLs including transportation, shopping, meal preparation, housekeeping, laundry, and home maintenance.
- The majority of the continuing wards were cognitively disoriented in some spheres, with 12.0% disoriented in some spheres, some of the time.
- Nearly one-half (46.0%) of the continuing wards had a diagnosis of dementia.
- Approximately 37.0% of the continuing wards were persons with mental retardation; an additional 29.0% had some other type of developmental disability.
- Upon entering the programs, restraints were used with one-fifth of the continuing wards (20.0%).
- The majority of the continuing wards received Medicare and Medicaid (73.0%).
- Only a fourth of continuing wards (25.0%) had children, though 61.0% had family other than children.

Continuing Ward Needs

Programs reported the type and extent of the needs of the continuing wards they serve. In this part of the report, information is provided on the needs of the continuing wards for the nine programs providing data in Year 1 and Year 2. Also presented is the frequency of guardians' efforts to meet continuing wards' needs and the type of activities in which they engaged to meet the wards' identified needs.

Efforts to Meet Continuing Wards' Needs

The programs reported that 58% of the continuing wards needed the same amount of effort in Year 2 as in Year 1. Approximately 24% of the wards required less effort in Year 2 than in Year 1, whereas 18% required greater effort in Year 2 than in Year 1.

A comparison of effort necessary to maintain the needs of the continuing wards in Yr1 and Year 2 reveals a higher percentage of wards identified as low maintenance in Yr2 compared to Year 1 (47% vs. 38%). Conversely, a higher percentage of wards were identified as moderate maintenance efforts in Year 1 than in Year 2 (61% vs. 53%) (Figure 31).

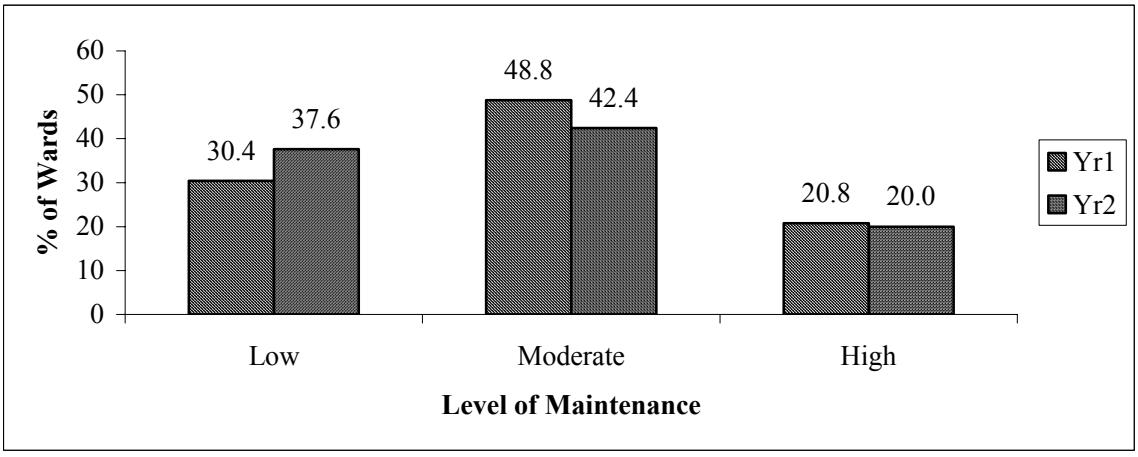

Figure 31: Rating of Effort to Meet Needs of Continuing Wards

Areas of Continuing Wards Overall Need

Shown in Table 33 are the number and percentage of wards with needs in an area at Year 1 and Year 2. No significant changes were found for seven of the ten overall need areas.

The three areas where change occurred were mental and emotional health needs, home and physical environment needs, and assistive device and medical equipment needs. A significantly greater number of wards had mental health and emotional needs in Year 2 than in Year 1 ($p < .05$). Of the 43 wards who did not have mental health and emotional

needs in Year 1, 26 (60.0%) were identified as having needs in this area in Year 2. A significantly greater number of wards needed help with home and physical environment in Year 2 than in Year 1 ($p < .01$). Specifically, programs identified 30 wards (23.0%) as having home and physical environment needs in Year 2 who were not reported to have needs in this area in Year 1. A significantly greater number of wards had identified needs in the area of assistive devices and equipment in Year 2 than in Year 1 ($p < .01$). Approximately 16.0% of the wards (20) had a reported need in this area in Year 1 as compared to 25% (31) in Year 2.

Table 33: Overall Needs of Continuing Wards at Year 1 and Year 2

Area of Need	**Year 1** (n = 125)		**Year 2** (n = 125)	
	#	**%**	#	**%**
Med/Physical Health	124	99.2	123	98.4
ADLs	108	86.4	114	91.2
IADLs	106	84.8	110	88.0
Financial	106	84.8	106	84.8
Nutrition	100	80.0	93	74.4
Mental/Emotional*	84	67.2	98	78.4
Home/Environment*	71	55.5	86	68.8
Assistive Device/ Medical Equipment*	34	27.2	49	39.2
Caregiver Support	31	24.8	29	23.2
Employment	16	12.8	12	9.6

*Note: Significant differences in number of wards having needs in this area

Program Actions to Address Specific Areas of Continuing Ward Need

For each of the specific need areas, the programs indicated the specific type of needs of the wards, actions performed to meet wards' needs (i.e., advocate, arrange, monitor, provide), and how often the program performed the action (i.e., once a week, several times a month, once a month or less). Generally, the actions of the public guardians consisted of monitoring and arranging services. These actions usually occurred at a frequency of once a month or less.

Overall, the needs of the wards and the actions of the programs remained stable. Significant changes were found for only 12 of the 40 specific areas assessed (described below). The breakouts of each need area by action and frequency in which the programs addressed the wards' needs is provided in Tables 34a through 43b.

Medical and Physical Health Care. Significant changes in ward needs for dental care, foot care, and vision care were found from Year 1 to Year 2. A significantly greater number of wards had dental care needs in Year 2 than in Year 1 ($p < .05$). Of the 71 wards not needing dental care in Year 1, 20 (28.0%) needed dental care in Year 2. Programs advocated for foot care for a significantly greater number of wards in Year 2 than in Year 1 ($p < .01$). Of the 95 wards who did not have vision care needs in Year 1, 37 (39.0%) of them had these needs in Year 2 ($p < .001$).

ADL Needs. Thirteen (13) of the 16 wards without basic hygiene needs in Year 1 were reported as having this need in Year 2 ($p < .01$). Programs were more likely to arrange these services for wards in Year 2 than in Year 1 ($p < .01$).

Financial Needs. Significant changes were found in the area of locating and identifying sources of income for wards ($p < .01$). Twelve (12) of the 32 wards (38.0%) not needing this type of assistance in Year 1 were receiving assistance in this area in Year 2. In addition, of the 21 wards who did not need the program to provide income in Year 1, 15 (71.0%) were being provided income in Year 2 ($p < .001$).

A significantly greater number of wards also needed help with "other" financial tasks in Year 2 than in Year 1 ($p < .01$). Twelve (12) of the 15 wards (80.0%) for whom the programs did not provide other financial services to in Year 1 were providing other services in Year 2.

IADL Needs. Of the four areas of IADL assessed, only transportation, showed a significant change in ward need from Year 1 to Year 2 ($p < .05$). Of the 62 wards who had transportation needs in Year 1, only 18 (29.0%) continued to have this need in Year 2.

Mental and Emotional Health Needs. Significantly more wards were identified as needing counseling in Year 2 than Year 1 ($p < .001$). Twenty-eight (28) of the 33 wards (85.0%) not needing counseling in Year 1 needed counseling in Year 2. Programs were providing ward counseling to a greater number of wards in Year 2 than in Year 1 ($p < .001$). Of the 20 wards for whom the programs were not providing counseling in Year 1, 14 (70.0%) were provided counseling in Year 2.

Home/Physical Environment Needs. Significantly more wards had risk assessment needs in Year 2 than in Year 1 ($p < .01$). Of the 20 wards not identified as having risk assessment needs in Year 1, 10 (50.0%) were identified as having this need in Year 2.

Table 34a: Actions Taken for Continuing Wards with Medical/Physical Health Care Needs

	Dental Care		Foot Care		Vision Care		General Physical Health Care Needs		Medication for Physical Health Problems		Other Medical/ Physical Health Problems	
Action	Yr1 (54)	Yr2 (65)	Yr1 (34)	Yr2 (39)	Yr1 (30)	Yr2 2 (57)	Yr1 (117)	Yr2 (121)	Yr1 (103)	Yr2 (108)	Yr1 (61)	Yr2 (56)
Advocate	61.1	49.2	35.3	64.1	66.7	47.4	27.4	34.7	23.3	29.6	36.1	46.4
Arrange	44.4	46.2	29.4	30.8	50.0	52.6	21.4	29.8	10.7	16.7	23.0	33.9
Monitor	77.8	83.1	94.1	94.9	76.7	86.0	92.3	96.7	93.2	93.5	90.2	94.6
Provide	0	9.2	2.9	5.1	0	8.8	2.6	6.6	5.8	6.5	3.3	8.9

Note: The number in parenthesis represents the number of wards with needs in each area. Percentages do not equal 100 because programs may provide multiple actions.

Table 34b: Frequency of Actions to Address Medical/Physical Health Care Needs of Continuing Wards

	YEAR 1 (124)			YEAR 2 (123)		
	W+	M+	M<	W+	M+	M<
Dental Care	0.0	7.4	81.5	0.0	0.0	93.8
Foot Care	0.0	5.9	82.4	0.0	0.0	82.1
Vision Care	0.0	000	96.7	3.5	91.2	5.3

Key: Once a week or more (W+), Several times per month (M+), Once a month or less (M<)

Table 35a: Actions Taken for Continuing Wards with Activities of Daily Living

	Basic Hygiene		Healthy Diet		Continence Care		Other ADL Needs	
Action	Yr 1 (91)	Yr 2 (108)	Yr 1 (97)	Yr 2 (93)	Yr 1 (63)	Yr 2 (73)	Yr 1 (70)	Yr 2 (84)
Advocate	25.3	32.4	27.8	31.2	27.0	24.7	31.4	29.8
Arrange	3.3	13.9	6.2	7.5	3.2	8.2	11.4	17.9
Monitor	98.9	98.1	93.8	97.8	98.4	100.0	94.3	97.6
Provide	0.0	4.6	2.1	4.3	0.0	1.4	2.9	4.8

Note: The number in parenthesis represents the number of wards with needs in each area. Percentages do not equal 100 because programs may provide multiple actions.

Table 35b: Frequency for Actions To Address ADLs Needs of Continuing Wards

	YEAR 1 (108)			YEAR 2 (114)		
	W+	M+	M<	W+	M+	M<
Basic Hygiene	4.4	51.6	42.9	2.8	54.6	42.6
Healthy Diet	3.1	38.1	57.7	4.3	47.3	48.4
Continence Care	1.6	55.6	41.3	2.7	57.5	37.0
Other ADL Needs	1.4	42.9	54.3	2.4	43.5	52.9

Key: Once a week or more (W+), Several times per month (M+), Once a month or less (M<)

Table 36a: Actions Taken for Continuing Wards with Instrumental Activities of Daily Living

	Meal Preparation		Shopping		Transportation		Other IADL Needs	
Action	Yr1 (66)	Yr2 (72)	Yr1 (90)	Yr2 (92)	Yr1 (39)	Yr2 (50)	Yr1 (64)	Yr2 (77)
Advocate	21.2	25.0	25.6	30.4	46.2	44.0	23.4	26.0
Arrange	9.1	4.2	66.7	56.5	61.5	54.0	14.1	18.2
Monitor	90.9	98.6	74.4	79.3	59.0	70.0	90.6	97.4
Provide	0	2.8	76.7	65.2	28.2	40.0	4.7	14.3

Note: The number in parenthesis represents the number of wards with needs in each area. Percentages do not equal 100 because programs may provide multiple actions.

Table 36b: Frequency of Actions to Address Instrumental Activities of Daily Living Needs of Continuing Wards

	YEAR 1 (106)			YEAR 2 (110)		
	W+	M+	M<	W+	M+	M<
Meal Preparation	4.5	24.2	66.7	4.2	30.6	63.9
Shopping	2.2	8.9	84.4	4.3	8.7	87.0
Transportation	000	17.9	76.9	4.0	20.0	74.0
Other IADL Needs	000	31.3	62.5	1.3	45.5	51.9

Key: Once a week or more (W+), Several times per month (M+), Once a month or less (M<)

Table 37a: Actions Taken for Continuing Wards with Financial Needs

	Locate or Identify Inc Sources		Paying Bills		Expend Funds for Wards Need/Desires		Conserve Funds		Other Financial Needs	
Action	Yr1 (70)	Yr2 (50)	Yr1 (67)	Yr2 (69)	Yr1 (95)	Yr2 (97)	Yr1 (86)	Yr2 (91)	Yr1 (39)	Yr2 (51)
Advocate	30.0	50.0	25.4	20.3	22.1	20.6	16.3	24.2	38.5	35.3
Arrange	28.6	40.0	26.9	29.0	55.8	54.6	22.1	37.4	33.3	39.2
Monitor	74.3	56.0	52.2	55.1	67.4	71.1	66.3	73.6	46.2	54.9
Provide	35.7	76.0	80.6	81.2	83.2	74.2	53.5	49.5	46.2	76.5

Note: The number in parenthesis represents the number of wards with needs in each area. Percentages do not equal 100 because programs may provide multiple actions.

Table 37b: Frequency of Actions to Address Financial Needs of Continuing Wards

	YEAR 1 (106)			YEAR 2 (106)		
	W+	M+	M<	W+	M+	M<
Locating Income	8.6	21.4	39.2	6.0	32.0	62.0
Paying Bills	6.0	17.6	32.8	2.9	47.8	49.3
Expend Funds	3.2	18.9	74.7	3.1	33.0	63.9
Conserve Funds	2.3	12.8	84.9	2.2	16.5	81.3
Other	2.6	15.4	79.5	2.0	23.5	74.5

Key: Once a week or more (W+), Several times per month (M+), Once a month or less (M<)

Table 38a: Actions Taken for Continuing Wards with Nutrition Needs

	Diet		Nutrition Services		Other Nutrition Needs	
Action	Yr1 (90)	Yr2 (84)	Yr1 (73)	Yr2 (68)	Yr1 (30)	Yr2 (21)
Advocate	23.3	27.4	26.0	32.4	46.7	76.2
Arrange	5.6	10.7	8.2	11.8	16.7	38.1
Monitor	95.6	97.6	95.9	100.0	80.0	90.5
Provide	3.3	2.4	2.7	5.9	3.3	23.8

Note: The number in parenthesis represents the number of wards with needs in each area. Percentages do not equal 100 because programs may provide multiple actions.

Table 38b: Frequency of Actions to Address Nutrition Needs of Continuing Wards

	YEAR 1 (100)			YEAR 2 (93)		
	W+	M+	M<	W+	M+	M<
Diet	4.4	36.7	57.8	000	45.2	52.4
Nutrition Services	2.7	43.8	53.4	2.9	35.3	61.8
Other Nutrition Needs	3.3	13.3	83.3	9.5	14.3	76.2

Key: Once a week or more (W+), Several times per month (M+), Once a month or less (M<)

Table 39a: Actions Taken for ContinuingWards with Mental Health/Emotional Needs

	Ward Counseling		Mental Health Assessment		Medications for Mental Health Problems		Other Mental Health or Emotional Needs	
Action	Yr1 (42)	Yr2 (86)	Yr1 (52)	Yr2 (56)	Yr1 (62)	Yr2 (68)	Yr1 (40)	Yr2 (49)
Advocate	57.1	36.0	28.8	39.3	27.4	26.5	45.0	61.2
Arrange	38.1	38.4	30.8	42.9	16.1	25.0	25.0	49.0
Monitor	73.8	74.4	78.8	76.8	91.9	91.2	92.5	81.6
Provide	45.2	61.6	9.6	26.8	4.8	8.8	7.5	32.7

Note: The number in parenthesis represents the number of wards with needs in each area. Percentages do not equal 100 because programs may provide multiple actions.

Table 39b: Frequency of Actions to Address Mental Health/Emotional Needs of Continuing Wards

	YEAR 1 (84)			YEAR 2 (98)		
	W+	M+	M<	W+	M+	M<
Ward Counseling	4.8	35.7	59.5	3.5	30.2	66.3
Mental Health Assess	1.9	11.5	80.8	3.6	19.6	76.8
Meds for Mental Health Probs	9.7	24.2	64.5	1.5	26.5	72.1
Other Mental/Emot	10.0	22.5	60.0	4.1	30.6	65.3

Key: Once a week or more (W+), Several times per month (M+), Once a month or less (M<)

Table 40a: Actions Taken for ContinuingWards with Home/Physical Environment Needs

	Risk Assessment		Safety Assessment		Move Ward to Appropriate Location		Cleaning and Repairs		Other/Home Physical Environment Needs	
Action	Yr1 (50)	Yr2 (76)	Yr1 (63)	Yr2 (80)	Yr1 (28)	Yr2 (44)	Yr1 (24)	Yr2 (28)	Yr1 (29)	Yr2 (28)
Advocate	46.0	40.8	38.1	33.8	53.6	38.6	25.0	28.6	51.7	60.7
Arrange	18.0	28.9	12.7	20.0	46.4	54.5	16.7	25.0	34.5	50.0
Monitor	76.0	81.6	79.4	88.8	75.0	54.5	95.8	85.7	82.8	85.7
Provide	42.0	47.4	33.3	40.0	46.4	77.3	4.2	21.4	17.2	21.4

Note: The number in parenthesis represents the number of wards with needs in each area. Percentages do not equal 100 because programs may provide multiple actions.

Table 40b: Frequency of Actions to Address Home/Physical Environment Needs of Continuing Wards

	YEAR 1 (71)			YEAR 2 (86)		
	W+	M+	M<	W+	M+	M<
Risk Assessment	6.0	46.0	46.0	3.9	25.0	71.1
Safety Assessment	6.3	50.8	42.9	5.0	32.5	62.5
Move Ward	3.6	71.4	25.0	2.3	93.2	4.5
Cleaning and Repairs	000	10.4	45.8	3.6	50.0	42.9
Other Home/Phys Environment	6.9	17.2	69.0	7.1	32.1	57.1

Key: Once a week or more (W+), Several times per month (M+), Once a month or less (M<)

Table 41a: Actions Taken for Continuing Wards with Assistive Devices/Medical Equipment Needs

	Procure Equipment		Repair Equipment		Other Equipment Needs	
Action	Yr1 (12)	Yr2 (18)	Yr1 (7)	Yr2 (22)	Yr1 (25)	Yr2 (18)
Advocate	50.0	33.3	57.1	27.3	64.0	55.6
Arrange	50.0	55.6	14.3	40.9	44.0	38.9
Monitor	58.3	77.8	71.4	90.9	84.0	88.9
Provide	25.0	27.8	0.0	4.5	0.0	16.7

Note: The number in parenthesis represents the number of wards with needs in each area. Percentages do not equal 100 because programs may provide multiple actions.

Table 41b: Frequency of Actions to Address Assistive Devices/Med Equip Needs of Continuing Wards

	YEAR 1 (34)			YEAR 2 (49)		
	W+	M+	M<	W+	M+	M<
Procure Equip	0.0	0.0	100.0	0.0	11.1	88.9
Repair Equip	0.0	0.0	100.0	0.0	0.0	100.0
Other Equip Needs	0.0	24.0	60.0	0.0	0.0	94.4

Key: Once a week or more (W+), Several times per month (M+), Once a month or less (M<)

Table 42a: Actions Taken for Continuing Wards with Caregiver Support Needs

	Informal Counseling		Formal Supportive Services		Other Caregiver Support Needs	
Action	Yr1 (22)	Yr2 (27)	Yr1 (15)	Yr2 (13)	Yr1 (18)	Yr2 (13)
Advocate	50.0	44.4	60.0	92.3	44.4	92.3
Arrange	27.3	33.3	60.0	46.2	38.9	61.5
Monitor	59.1	48.1	93.3	100.0	88.9	84.6
Provide	72.7	85.2	20.0	23.1	5.6	53.8

Note: The number in parenthesis represents the number of wards with needs in each area. Percentages do not equal 100 because programs may provide multiple actions.

Table 42b: Frequency of Actions to Address Caregiver Support Needs of Continuing Wards

	YEAR 1 (31)			YEAR 2 (29)		
	W+	M+	M<	W+	M+	M<
Informal Counseling	4.5	31.8	63.6	11.1	33.3	55.6
Formal Support Serv	000	20.0	80.0	7.7	7.7	84.6
Other CG Support	5.6	5.6	88.9	15.4	23.1	61.5

Key: Once a week or more (W+), Several times per month (M+), Once a month or less (M<)

Table 43a: Actions Taken for Continuing Wards with Employment Needs

	Informal Counseling		Workplace Support		Other Workplace Needs	
Action	Yr1 (6)	Yr2 (10)	Yr1 (6)	Yr2 (6)	Yr1 (12)	Yr2 (5)
Advocate	50.0	40.0	50.0	50.0	50.0	60.0
Arrange	0.0	50.0	0.0	16.7	25.0	60.0
Monitor	66.7	60.0	100.0	100.0	58.3	60.0
Provide	50.0	80.0	33.3	16.7	0.0	80.0

Note: The number in parenthesis represents the number of wards with needs in each area. Percentages do not equal 100 because programs may provide multiple actions.

Table 43b: Frequency of Actions to Address Employment Needs of Continuing Wards

	YEAR 1 (16)			YEAR 2 (12)		
	W+	M+	M<	W+	M+	M<
Informal Counseling	0.0	16.7	66.7	0.0	40.0	60.0
Workplace Support	0.0	0.0	83.3	0.0	16.7	83.3
Other Workplace Needs	0.0	0.0	75.0	0.0	40.0	40.0

Key: Once a week or more (W+), Several times per month (M+), Once a month or less (M<)

Allocation of Continuing Ward-Specific Time Per Need Area

For 20 working days, the programs provided information on ward-specific time. For the nine programs providing this information across the two years, 107 of the 125 continuing wards (86.0%).

Using information provided by the nine programs in both years, programs spent the greatest amount of time in financial assistance areas, with medical/physical health ranking second in time (Table 44). In Year 1, programs spent a great deal more time with caregiver support issues and assistive devices/equipment than in Year 2. Conversely, considerably more time was spent in Year 2 on ADLs than in Year 1. For IADLs, the mean number of hours increased in Year 2, while the number of wards helped decreased.

Across all need areas in Year 1, continuing wards received 519.0 hours of program time, for an average of 4.9 hours per month and 566.3 hours of program time in all need areas in Year 2, for an average of 5.3 hours per month.

Table 44: Time Spent Across Need Areas for Continuing Wards

	Year 1 (9 Programs)			Year 2 (9 Programs)		
Need Area	**Total Hours**	**# Wards Helped**	**Mean Hours Per Ward**	**Total Hours**	**# Wards Helped**	**Mean Hours Per Ward**
Financial	114.50	64	1.79	116.50	75	1.55
Medical/Physical Health Care	86.00	76	1.113	100.75	60	1.68
Caregiver Support	68.50	22	2.14	29.75	29	1.03
Home/Physical Environment	65.25	46	1.42	57.25	55	1.04
Mental Health/ Emotional	59.25	46	1.29	77.50	60	1.29
IADLs	43.00	87	.49	46.75	51	.91
ADLs	34.50	50	.69	75.00	73	1.03
Nutrition	30.75	35	.88	37.75	60	.63
Employment	10.00	4	2.50	12.00	17	.71
Assistive Devices/Equip.	7.25	11	.65	13.00	25	.52

Allocation of Continuing Ward-Specific Time in Addition to Need Areas

The programs also reported other ward-related tasks during the 20 days for the assessment period in both years (Table 45). The programs spent the most time on "other" tasks, which included preparing process notes and other documentation and paperwork, making contact with other services and agencies, discussing issues and concerns with family members, and completing errands on behalf of wards. The average direct contact hours with wards increased in Year 2, while travel decreased. As expected with the addition of volunteers in several programs, the amount of time volunteers spent directly and indirectly with wards increased from Year 1 to Year 2.

Table 45: Additional Activities and Time Spent on Continuing Ward-Related Tasks in Year 1 and Year 2

	Year 1 (9 Programs)			Year 2 (9 Programs)		
Need Area	**Total Hours**	**# Wards Helped**	**Mean Hours Per Ward**	**Total Hours**	**# Wards Helped**	**Mean Hours Per Ward**
Travel	194.25	88	2.21	146.50	82	1.79
Direct Contact with Ward	160.00	99	1.62	190.25	99	1.92
Ward Evaluation	75.00	53	1.42	64.25	60	1.07
Care Plans	59.50	61	.98	74.00	69	1.07
Vol. Time – Direct Contact	39.50	36	1.10	41.25	33	1.25
Other Vol. Time	4.25	2	2.13	30.25	26	1.16
Other Ward-Related Tasks	185.50	71	2.61	168.50	73	2.31

Programs were asked to estimate the typical amount of weekly face-to-face contact with the continuing wards (Figure 32). The programs estimated that in Year 1, 62.4% of the wards were seen several times a month, compared to 57.6% in Year 2. About one-third of the wards were seen once a month or less in both Year 1 and Year 2 (30.4% and 32.8%, respectively).

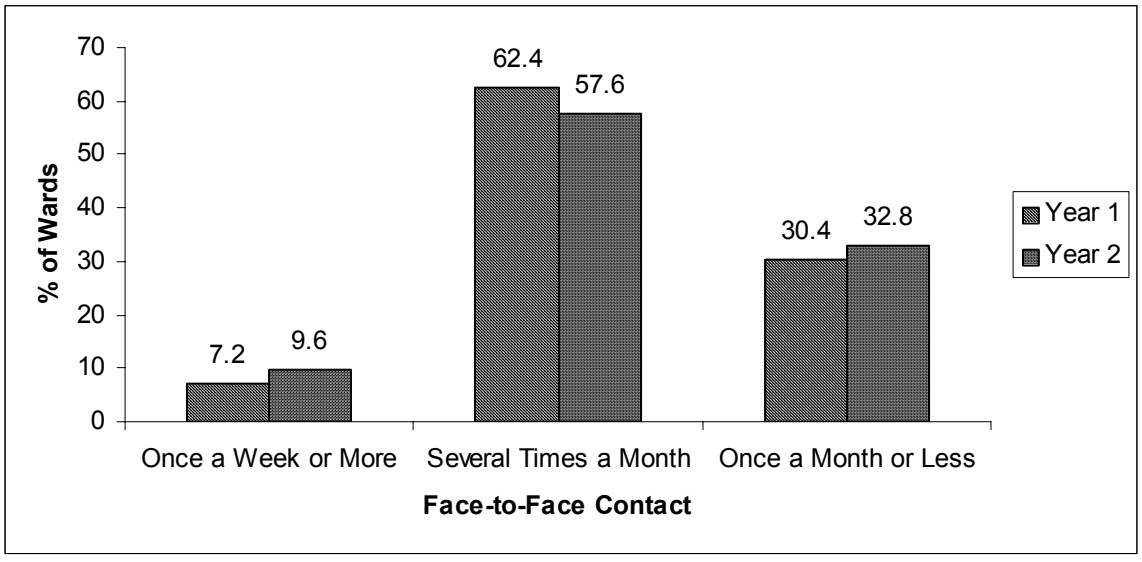

Figure 32: Typical Amount of Face-to-Face Contact with Continuing Wards

Continuing Ward Needs Identified and Needs Addressed in Year 1 and Year 2

Figures 33 to 36 show a comparison of the number of continuing wards with identified needs compared to the number of continuing wards who had their needs addressed during 20 consecutive working days. During the evaluation period, in Year 1 (Figures 33 and 34), approximately one-half the continuing wards had their needs addressed in the need areas with the exception of IADLs, assistive devices, nutrition, and employment. During the evaluation period, in Year 2 (Figures 35 and 36), approximately one-half the continuing wards had their needs addressed in the need areas with the exception of IADLs, assistive devices, and employment. It should be noted that, for both years, some of the continuing wards of the programs received attention in areas not identified as areas of need on their care plans (Figures 33 and 35). The programs' estimates of continuing ward face-face-to-face time (Figure 32) were slightly less than the actual time recorded by the programs across both years.

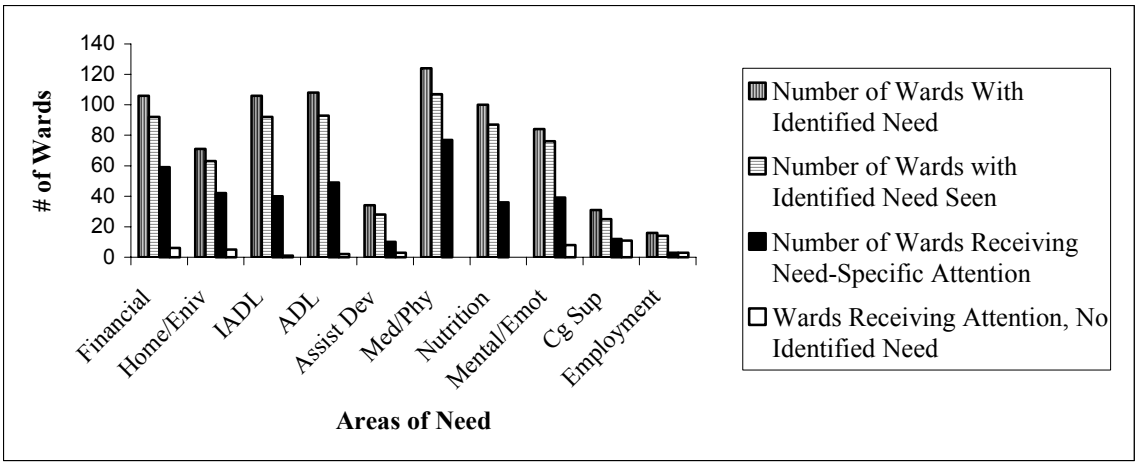

Figure 33: Continuing Ward Needs Identified vs. Needs Addressed in Year 1

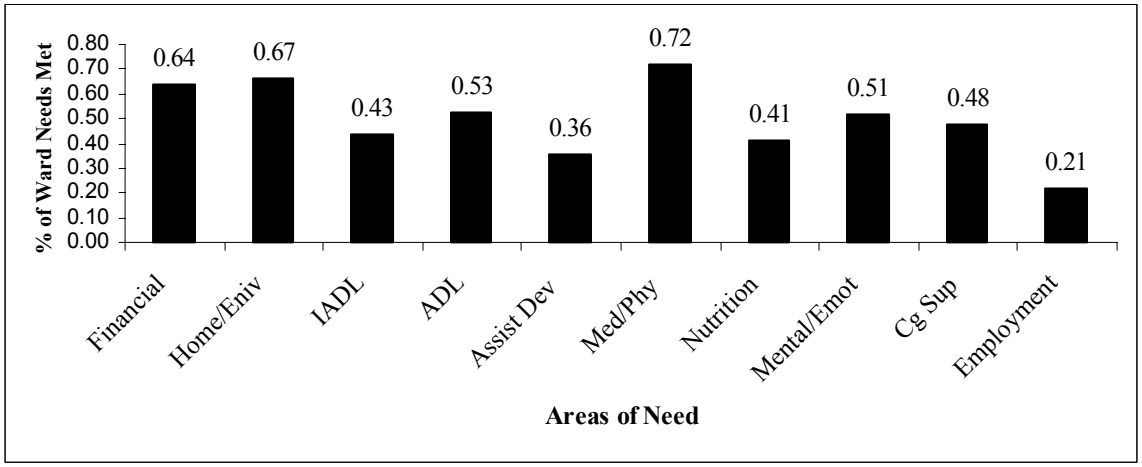

Figure 34: Figure 19: Percentage of Identified Need Met in Year 1 for Continuing Wards

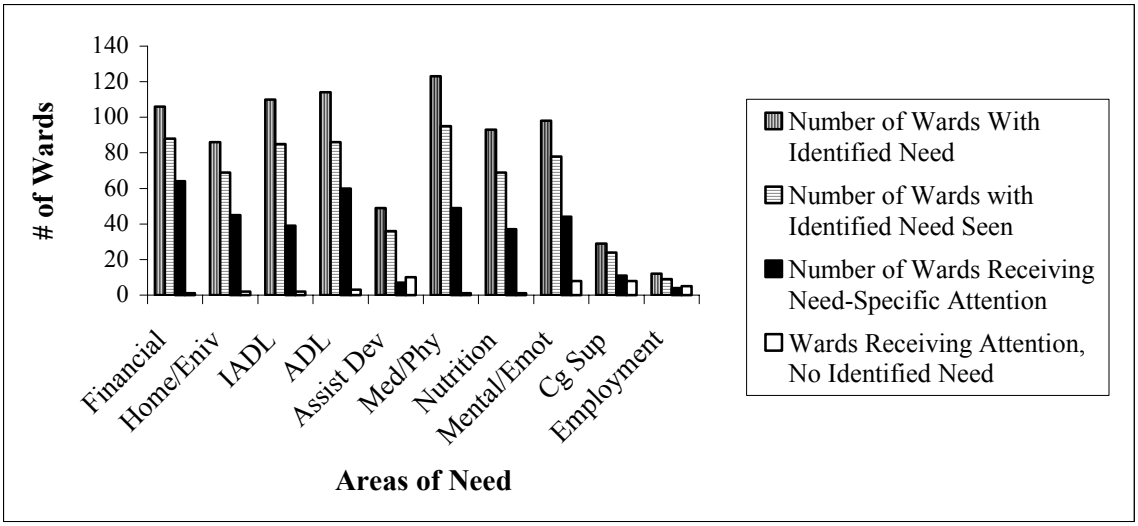

Figure 35: Continuing Ward Needs Identified vs. Needs Addressed in Year 2

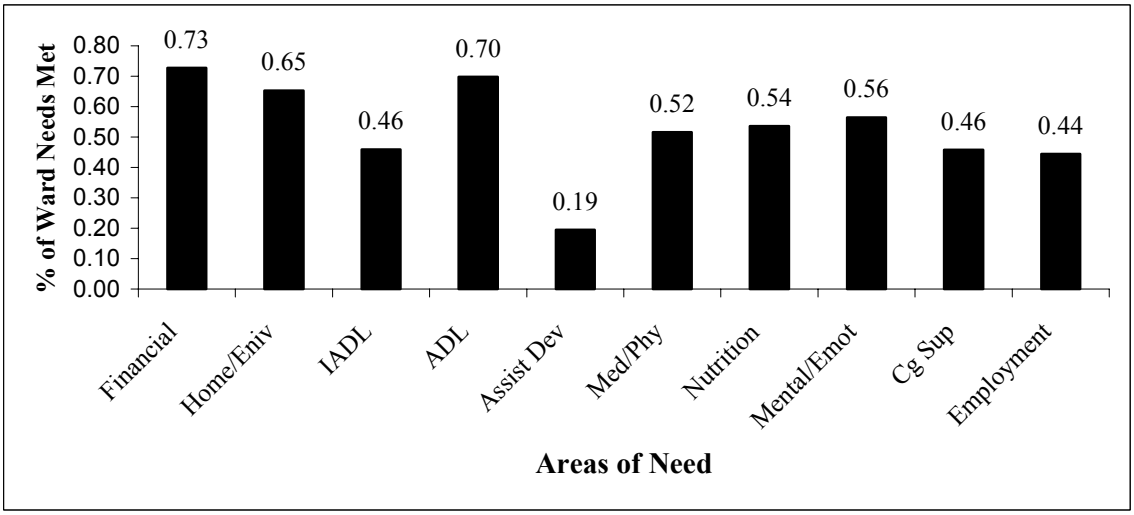

Figure 36: Figure 19: Percentage of Identified Need Met in Year 2 for Continuing Wards

SUMMARY: Key Points About Continuing Wards' Needs and Program Actions

- The public guardians regarded most continuing wards as requiring moderate to low levels of effort. Approximately one-fourth of the continuing wards required less effort in Year 2 than in Year 1, whereas nearly a fifth required greater effort in Year 2 than in Year 1.
- Over 80.0% of continuing wards had needs in the areas of medical and physical health care, ADLs, and IADLs across both years of the evaluation.
- A significantly greater number of continuing wards had mental health and emotional needs in Year 2 than in Year 1.

- A significantly greater number of continuing wards required help with home and physical environment needs in Year 2 than in Year 1.
- Of the approximately one-third of the continuing wards identified as having assistive device and medical equipment needs in Year 2, only two were not identified as having needs in this area in Year 1.
- Significant increases in ward needs for dental care, foot care, and vision care were found from Year 1 to Year 2.
- Thirteen (13) of the 16 wards without basic hygiene needs in Year 1, were reported as having this need in Year 2.
- Significant increases were found in the area of locating and identifying sources of income for continuing wards in Year 2. A significantly greater number of continuing wards needed help with "other" financial tasks in Year 2 than in Year 1.
- Continuing wards' transportation needs decreased in Year 2.
- Significantly more continuing wards were identified as needing counseling in Year 2 than in Year 1.
- Significantly more continuing wards had risk assessment needs in Year 2 than in Year 1.
- For the ten need areas, the public guardians generally monitored continuing wards' care, followed by arranging care.
- Across the two years, 107 of the 125 continuing wards (86.0%) received some ward-specific attention (over a month's time).
- For both years, programs spent the greatest amount of continuing ward time in financial assistance areas, followed by medical/physical health.
- During the evaluation period, across the two years, approximately one-half the continuing wards had their needs addressed in the need areas with the exception of IADLs, assistive devices and employment.
- For both years, some continuing wards of the programs received some attention, although the attention did not fit into their identified areas of need.

CONCLUSIONS AND RECOMMENDATIONS

The 2001-2002 evaluation of the Virginia Public Guardian and Conservator Programs relied on self-report data provided by the programs during two collection periods that occurred at one-year intervals. It represents the first academic and state-of-the art analysis of one state's public guardianship system in the country. In this respect, the evaluation of the Virginia programs provides a model for the rest of the country.

Overall, the public guardian programs in Virginia are performing reasonably well serving the incapacitated citizens needing their services. It is important to note that the evaluation occurred early in the programs' development, which reflects a period of time when some programs were initially adding wards to their caseloads. Because of this, many statements in the evaluation reflect guardians' efforts when bringing in new wards into their programs. Although there was some shifting of wards due to deaths, return to competency, and location of suitable guardians for wards, the programs' caseloads were somewhat stable, with more than one-half of wards remaining in the program from one year to the next. This does not imply, however, that the cases of individual ward might not fluctuate greatly, as some individuals experience enhanced or stabilized health while others, giving their stage in life and prior health history, may experience expected functional declines or incur other conditions requiring different or more intense levels of intervention.

Program Administration

The ten public guardian and conservator programs in Virginia documented serving 239 incapacitated citizens during the evaluation period. The programs operate in a variety of models of organization, largely from non-profit organizations. Geographically, most programs are located in the southwestern and eastern part of the state. There is a wide band running from north to south in the center of the Commonwealth not covered by the existing programs. It is apparent from earlier needs assessment (Teaster & Roberto, 1997; 2003) that the needs of citizens concerning public guardianship are statewide in nature and not centered in any one portion. The public guardian and conservator programs need statewide coverage in order to adequately serve the citizens of the Commonwealth.

Program funding is disparate across the programs, and in some instances, varies widely. The VDA reviews the funds requested by each program and reallocates those funds in an effort to assist programs that appear to require additional dollars for their operation. Although the reallocation of funds is an excellent way to make sure that the programs are able to serve citizens needing services, the need for such reallocation suggests that the programs are not necessarily planning the use of their fiscal resources to the best extent possible.

During the evaluation period, the Commonwealth experienced significant financial challenges. The uncertain nature of funding by the state is a constant and disturbing specter, especially when the programs are in a nascent phase of development. Not only must the programs develop their own guidelines for functioning, without benefit of

regulatory guidance, but they must justify themselves for their survival. Programmatic existence of such a tenuous nature is at once diverting and self-defeating on both local and state levels. In addition, no increases in funding and little allowance for economic and geographic differences among programs create a difficult climate for the programs to flourish. Increased fiscal support by the Commonwealth is critical to the success of the programs.

The Public Guardian and Conservator Advisory Board has struggled, since its inception, with the development of regulations to guide the programs, and, as of this writing, they have not been promulgated. The enabling legislation for the Public Guardian and Conservator Programs contemplated that the programs be afforded the specificity of information and direction provided by regulation. For example, legislation only provides that public guardians maintain an "ideal guardian-ward ratio," but it does not specify a number. The VDA contracted with the local programs for a maximum staff to ward ratio of 1:20 and the programs were able to maintain this ratio, serving between 10 and 35 wards per evaluation year. But, without benefit of a specified ratio, the programs may fall prey to pressure to increase the number of wards they serve without a concomitant increase in funding.

In addition, without a regulatory mechanisms in place, the programs may develop a "mind of their own" regarding how they are to maintain their files and other accountability mechanisms (Teaster, 2003). For example, as data were being collected for the evaluation, many programs informally commented that the initial assessments of the wards were not used beyond getting them enrolled in the program; annual functional assessments did not appear to be conducted. Moreover, although care plans were periodically updated, their format and use across programs was inconsistent. Thus, either regulations should be promulgated, or they should be organized into standard policies and procedures to which all programs should adhere. Such standard procedures should especially be applied to the use of ward assessment instruments, ward care plans, and time accounting mechanisms and are not without precedent in the fields of mental health, education, and social work. Inclusion of these minimal standardized procedures will strengthen the uniformity of the programs without hampering program creativity, and they will protect the programs from threat of lawsuit[3].

Despite uncertain funding and lack of specific regulation and uniformity of program design implementation, the programs have produced a considerable cost savings to the state—over $2,600,000 for each year of the evaluation period. Such a cost savings indicates that the programs not only pay for themselves, but they pay for themselves over three times their funding amount in a single fiscal year, and relatively early in the life of the programs. In addition to the tangible and impressive cost savings the programs have garnered, they have also realized highly important quality of life savings, a part of the evaluation that the programs requested they be allowed to include.

[3] Tenberg v. Washoe County Public Administrator and Washoe County, No. CV99-01770 (Family Court, Second Judicial District Court, Nevada, filed March 15, 1999).

The efforts of all programs to enhance quality of life are impressive. Although quality of life measures are difficult to quantify, they should be given weight equivalent to the two million dollars in cost savings that are quantifiable. Appropriate placements for residences, re-establishment of family and friend networks, and enhanced socialization are empirically proven to both lengthen and improve quality of life. For example, over the course of the evaluation period, three wards were restored to competency, and 13 guardians were located, thus creating opportunities for the programs to serve 16 additional citizens needing public guardianship services. Additional examples of specific quality of life scenarios, provided by the programs, are in Appendix C. Documentation of cost savings and quality of life savings is critical, even in years in which a formal evaluation does not take place.

The programs make use of a complement of paid, contributed, and unpaid staff, including the public guardians, volunteer coordinators, secretary office managers, legal consultants, volunteers, multidisciplinary boards, and *pro bono* involvement by the legal profession (consultation, ward representation, and service on multidisciplinary boards). The mixture of these individuals allows for programmatic creativity and assists the programs when dealing with the often challenging issues that individual ward situations present for public guardians.

Although most programs are operating with their original staff, constant and aggressive training for the public guardians is a necessity given the complex nature of public guardianship. Laws regarding qualification for benefits for social services are constantly shifting, and on-going training and education allow the programs to develop standardized and improved practices in provision of guardian and conservator services.

Programs tend to spend the majority of their administrative time in day-to-day office activities, followed by attending meetings and travel. It was noticeable that hours spent meeting with volunteers was reduced by nearly two-thirds and that the number of volunteers was lower in Year 2 than that reported in Year 1. Programs may have targeted their volunteers for the public programs in Year 2, which would account for the numeric differences, or, programs may have concentrated on activities of the program other than volunteer recruitment (e.g., promotion and development tasks). When recruited and trained, volunteers tended to provide friendly visiting services. The volunteers, while providing an important function, are not without incurring real costs for the programs. The use of volunteers for guardianship services is warranted only when the programs can provide full guardian and conservator services without them.

Ward Characteristics

As with earlier empirical work (see Horstman, 1975; Schmidt, et al., 1981; Teaster et al., 1999), wards tended to be relatively homogenous group of individuals. Most were Caucasian women who were approximately 70 years of age. They were poor individuals who were not educated beyond a high school degree. The majority of the wards were appointed both a guardian and a conservator. Most lived in a facility, in particular, a nursing home. They were individuals with multiple physical and mental health problems,

the overwhelming majority of whom need ADL and IADL assistance (e.g., one-half of wards needed assistance with bathing and dressing). The wards' mental health problems and limited cognitive capacity pose challenges for the programs in communicating with wards to meet their needs. Nearly one-half of the wards had a diagnosis of dementia, and over one-third were individuals with mental retardation. Most wards received both Medicare and Medicaid. Only a fourth had children, and those who did had infrequent contact with them.

Demographic predictions suggest that the Baby Boomers, believed to be an even more independent cohort than their predecessors, may create higher numbers of persons needing public guardianship due to complex and diverse life and family situations, greater geographic distances between family members, higher numbers of older individuals generally and, in particular, as well as increases in persons living longer with chronic disease and other physical and mental challenges such as dementia, head trauma, mental retardation and other developmental disabilities, and HIV/AIDs. Out-migration of younger individuals in rural areas can leave older persons aging in place in rural situations with fewer service options available to them. Meeting the needs of this population will pose new challenges for the public guardians in Virginia and will require resources sufficient to meet the challenge.

Ward Needs and Outcomes

Overall, most wards were regarded by their public guardian as requiring low to moderate levels of effort. The overwhelming majority of all wards, and those wards continuing in the programs across the two years of the evaluation, had needs in the areas of medical and physical health care, ADLs, and IADLs.

For the ten broad areas of need, the public guardians usually monitored care, followed by arranging care. These activities were generally consistent across the ten need areas, and the guardians projected that such services were typically performed monthly or less. A few exceptions were noteworthy. The first is in the area of ward finances. In Year 2 of the evaluation, guardians tended to perform more direct service provision in the areas of bill paying and expending funds for ward needs. In other words, the longer the time in the program, the greater the time public guardians spent on financial tasks. Emphasis on financial tasks is likely the product of triage. Public guardians attend to crisis situations first, such as ward habilitation and immediate medical and mental health needs and then focus on securing additional resources to meet ward needs and building a relationship with the wards where possible. The same finding was borne out regarding ward mental and emotional health needs. In Year 2, more wards had guardians provide services for counseling, mental health assessment, medications for mental health problems, and other mental health or emotional needs. Again, this would suggest that public guardians attend to the most profound needs of the ward before addressing those that are important, but perhaps not life-threatening.

The time spent on needs, however, is not reflected in the identified total needs of the wards. In other words, although the care plans submitted by the programs indicated that the most common needs of all wards, as well as those who continued in the program across the two years, were medical/physical health care, ADLs, IADLs, and finances, the guardians spent the majority of their time in both years addressing finances first and medical care second, followed by ADLs and mental health/emotional support. Time spent on IADLs was sixth among the ten domains. Such information suggests that the programs should better match identified ward needs to identified needs in the care plans.

Further, for the time spent, there are discrepancies in the ward needs identified versus needs actually addressed for both years and across continuing wards, as reflected in the ward-specific time log. Programs spent time on ward-specific activities for which no need was identified. In most cases, at least 50.0% of wards with specifically identified needs had them addressed per need area, and in Year 1, 70.0% of the wards received attention in the area of physical and medical need. The areas of need that consistently received less attention were assistive devices in both years and employment needs in Year 1. Although it was not expected that the wards have all their identified needs addressed in a 20 day period, the findings suggest that programs should more closely concentrate their efforts on meeting the needs identified in the care plans, should review how they plan for wards' care, and should consider whether the wards are appropriate for the program.

Importance of Accountability

As it is critical to meet wards' needs, so it is critical to protect them through rigorous and timely evaluation of each of the programs. Although it may not be feasible to conduct such a thorough evaluation of the programs yearly, it is vital that rigorous accountability of the programs be maintained through record keeping that includes, at a minimum, standardized assessments, care plans, and time logs. Review of these documents for each ward should be no less than yearly, and, at regular intervals, each ward should be reviewed for his or her continued need for a guardian as well as for the services of the public guardian program. In addition, all programs should provide standardized administrative information yearly, especially, information regarding fiscal and quality of life cost savings.

The public guardian programs in Virginia are performing reasonably well serving the incapacitated citizens needing their services. Suggestions for ongoing improvement are best realized through ongoing accountability, of which evaluation is a crucial mechanism. Cited earlier, a recently resolved class action lawsuit in Nevada illustrated the real dangers to wards when public guardians' accountability is not ensured. It is recommended that, like the VDA's review of the programs, the Commonwealth fund ongoing, independent evaluation of all the programs to ensure protection of and acceptable outcomes for the wards served by the public guardians.

SUMMARY: Key Points About the Conclusions and Recommendations

- The public guardian and conservator programs should have statewide coverage in order to adequately serve the citizens of the Commonwealth.
- Either regulations should be promulgated, or they should be organized into standard policies and procedures to which all programs should adhere. Such standard procedures should especially be applied to the use of ward assessment instruments, ward care plans, and time accounting mechanisms.
- A guardian-to-ward ratio needs to be established in statute, regulations, or policy. Without benefit of a specified guardian to ward ratio (written in law or regulation), the programs may fall prey to pressure to increase the number of wards they serve without a concomitant increase in funding.
- Although the reallocation of funds is an excellent way to make sure that the programs are able to serve citizens needing services, the need for such reallocation suggests that the programs are not necessarily planning the use of their fiscal resources to the best extent possible.
- The uncertain nature of funding by the state is a constant and disturbing specter. Increased fiscal support by the Commonwealth is critical to the success of the programs.
- The programs have produced a considerable cost savings to the state—over $2,600,000 for each year of the evaluation period. Such a cost savings indicates that the programs not only pay for themselves, but they pay for themselves over three times their funding amount in a single fiscal year.
- Documentation of cost savings and quality of life savings is critical, especially in years in which a formal evaluation does not take place.
- The volunteers, while providing an important function, are not without incurring real costs for the programs. The use of volunteers for guardianship services is warranted only when the programs can provide full guardian and conservator services without them.
- Even in times of fiscal constraint, the public guardians should have on-going in-service to allow them to develop and implement standardized and improved practices in the provision of guardian and conservator services.
- Out-migration of younger individuals in rural areas appears to be increasing, leaving older persons aging in place with fewer service options available to them. Meeting the needs of this population will pose new challenges for the public guardians in Virginia and will require resources sufficient to meet the challenge.
- The most common tasks of public guardians were to monitor services, followed by arranging for services.
- Public guardians attended to the most profound needs of the ward before addressing those that are important, but perhaps not life-threatening.
- Programs should more closely concentrate their efforts on meeting the wards' needs identified in the care plans, should review how thoroughly they plan for wards' care, and should consider whether the wards needing guardianship are appropriate for the program.

- Rigorous accountability of all the programs needs to be maintained through record keeping that includes, at a minimum, standardized assessments, care plans, and time logs.
- Review of ward care plan and related documents should be no less than yearly, and, at regular intervals, each ward should be assessed for his or her continued need for a guardian as well as for the services of the public guardian program.
- Programs should provide standardized administrative information (e.g., administrative profile) yearly, especially information regarding fiscal and quality of life cost savings.
- Ongoing improvement is best realized through ongoing accountability, of which evaluation is a crucial mechanism. The Commonwealth should fund ongoing, independent evaluation of all the programs to ensure protection of and acceptable outcomes for wards served by the public guardians.

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APPENDIX A

SURVEY INSTRUMENTS

Evaluation of Virginia's Public Guardianship Programs

Agency Profile

1 Name of Agency
- 01 Bridges Senior Care Solutions (Fredericksburg)
- 02 Chesapeake Volunteer Guardianship Program (Chesapeake)
- 03 District Three Government Cooperative (Marion)
- 04 Family Services of Roanoke Valley (Roanoke)
- 05 Guardian of Life's Dream (Tazewell)
- 06 Jewish Family Service of Tidewater, Inc (Norfolk)
- 07 Southwest Virginia Legal Aid Society (Christiansburg)
- 08 Mountain Empire Older Citizens, Inc. (Big Stone Gap)
- 09 Personal Support Network (Falls Church)
- 10 Catholic Charities of Hampton Roads

2 State your local program's mission:

FUNDING SOURCES

Indicate the amount of financial support the Public Guardian Program received from July 1, 2000 through June 30, 2001:

1 Virginia Department for the Aging

2 Community Grants (if none, enter 0)

3 In-kind Contributions (estimate value) (if none, enter 0)

PRGRAM COSTS/SAVINGS

1 Select all actions/activities that resulted in a cost savings to the Commonwealth as a result of your program from July 1, 2000 through June 30, 2001 (If no cost savings, enter none).
- 1 Discharge from psychiatric hospital
- 2 Moving client from a state hospital to an assisted living facility
- 3 Moving a client from a state hospital to a nursing home
- 4 Recovering assets from client who was being exploited
- 5 Arranging for a pre-paid funeral
- 6 Other

2 Describe "other" cost saving actions/activities. If none, enter 0.

3 For each item selected, indicate the number of clients involved (e.g., pre-paid funeral - 4) If none, enter 0.

4 Select all actions/activities that improved or enhanced client quality of
- 01 Made appropriate placement from home to facility
- 02 Established residence for homeless person
- 03 Re-established relationships with family and friends
- 04 Re-established religious affiliations
- 05 Provided client emotional support
- 06 Arranged client funeral
- 07 Attended client funeral
- 08 Secured needed medical care/equipment
- 09 Secured community-based services
- 10 Enhanced client socialization (e.g., visits, shopping)
- 11 Other

5 Describe "other" quality of life actions/activities.

PROGRAM ORGANIZATION

1 Specify under whose direct supervision is the program (e.g., Jewish Family Services, MEOC-AAA)?

2 Does the program have a multidisciplinary board?
- 1 No
- 2 Yes
- 3 Don't Know

3 How often does the multidisciplinary board meet?
- 1 Quarterly or more
- 2 Twice a year
- 3 Yearly
- 4 Less than once a year
- 5 Does not meet

4 Do volunteers serve on your multidisciplinary board? [Question added in Year 2]
- 1 Yes
- 2 No

If so, how many? _____

5 Estimate how much time (in hours) each contributed from July 1, 2001 through June 30, 2002. _____ [Question added in Year 2]

6 How many paid professionals from other agencies serve on your Multidisciplinary Board? _____ [Question added in Year 2]

7 Please estimate (in hours) how much total time was contributed by them from July 1, 2001 through June 30, 2002. _____ [Question added in Year 2]

8 Does the program have other boards or panels (e.g., client screening panel)?

1 No
2 Yes
3 Don't Know

9 Give the title and describe the functions of the program's "other" boards or panels

STAFF POSITIONS

1 Which of the following paid staff positions are associated with the program?

1 Public Guardian
2 Volunteer Coordinator
3 Secretary/Office Manager
4 Fiscal Manager
5 Legal Consultant
6 Case Manager
7 Other

2 List the title(s) of "other" paid staff.

3 For each paid staff position associated with the program, provide the number of hours the person is contracted to work per week (e.g., public guardian - 40 hrs; volunteer coordinator - 20 hrs; fiscal manager

4 How many months has the current Public Guardian been employed by the program? (e.g., if employed 1 Yr and 3 months, enter 15)

5 What is the annual base salary of the Public Guardian?

6 Does the Public Guardian have an employee benefits package (e.g., health insurance, life insurance, disability coverage)?

1 No
2 Yes
3 Don't Know

7 How many days of paid vacation (excluding state holidays) does the Public Guardian receive as an employee benefit? (If none, enter 0)

8 What is the Public Guardian's highest level of education?

1 Less than High School
2 Some High School
3 High School Graduate
4 Some College
5 College Graduate (4 yr)
6 Master's Degree
7 Doctoral Degree
8 Don't Know

9 In what major is the Public Guardian's highest college degree earned? (If did not attend college, enter NA)

VOLUNTEERS

1 Does the program include a volunteer component?

1 No
2 Yes
3 Don't Know

2 Who provides direct oversight for the volunteers?

1 Public Guardian
2 Volunteer Coordinator
3 Other Agency Staff
4 Other

3 In which capacities do the volunteers serve?

1 Friendly Visitor
2 Bill Payer
3 Office Assistant
4 Other

4 How many volunteers has the program recruited from July 1, 2000 through June 30, 2001? (if none, enter 0)

5 How many volunteers has the program trained from July 1, 2000 through June 30, 2001? (if none, enter 0)

6 How many active, trained volunteers serve the program as of August 15, 2001? (if none, enter 0)

7 How many volunteers are assigned to specific clients? (if none, enter 0)

8 How often do the volunteers report their hours?

1 Once a week or more
2 Several times a month
3 Once a month or less
4 Don't know

9 How are the volunteers rewarded or remunerated?

1 None
2 Travel
3 Time
4 Recognition Ceremony
5 Gift
6 Other

10. Excluding time spent on the Multidisciplinary Board, please: a.) estimate the time each volunteer has contributed to the program from July 1, 2001 through June 30, 2002, b.) give the profession for each, and c.) list the capacity in which each serves. Please add rows as needed. [Question added in Year 2]

Volunteer	a. Estimate of Hours	b. Profession	c. Capacity
1.			
2.			
3.			
4.			

PROGRAM STATUS

1 How many clients does your contract specify that your program serve?

2 How many clients did the program serve from July 1, 2000 through June 30, 2001?

3 How many clients were released from your program from July 1, 2000 through June 30, 2001 because other appropriate surrogate decision makers were found? (if none, enter 0)

4 How many clients died from July 1, 2000 through June 30, 2001? (If none, enter 0)

5 As of August 15, 2001, how many clients are currently enrolled in the program?

6 How many clients are on the program's waiting list? (if none, enter 0)

7 Estimate date (MM/DD/YY) the program will be at full capacity. If program is currently full, enter date (MM/DD/YY) capacity was

8 Provide other details about program status. (If none, enter 0)

OTHER FEATURES

1 Describe additional features of the program or program efforts that will assist us in understanding the program. (if none, enter 0)

[Additional Sections Added in Year 2]

INVOLVEMENT BY THE LEGAL PROFESSION

1. Do you have an attorney to whom you call for advice, pro bono?

   ☐ Yes
   ☐ No

2. If yes, how much time did he or she contribute from July 1, 2001 through June 30, 2002 (in hours)

3. Do attorneys in your community file petitions *pro bono?*

   ☐ Yes
   ☐ No

4. If yes, estimate much time they contributed from July 1, 2001 through June 30, 2002 *(in hours)*?

5. Do attorneys in your community represent the programs or the clients in court, *pro bono?*

   ☐ Yes
   ☐ No

6. If yes, please estimate how much time they contributed from July 1, 2001 through June 30, 2002 *(in hours)*?

7. Do attorneys serve on your multidisciplinary board, *pro bono?*

   ☐ Yes
   ☐ No

8. If yes, please estimate how much time they contributed from July 1, 2001 through June 30, 2002 *(in hours)*?

9. What are unique features of your program that provide services beyond the scope of a private attorney?

CASE STUDY

Please provide at least one detailed description of one client's situation before the program was appointed public guardian as well as a description now that the client has a public guardian. Include the ways in which accepting the client into the public guardianship program has improved the quality of life of this person and how the program has saved the Commonwealth money. Provide an estimate of how much was saved to date. *(Although this information may be used an example to educate legislators as to the complexity of cases being served and the value of the public guardianship program, confidentiality will be maintained. No client or program names will be used)*.

Evaluation of Virginia's Public Guardianship Programs
Ward Assessment Survey

1 Name of Agency
- 01 Bridges Senior Care Solutions (Fredericksburg)
- 02 Chesapeake Volunteer Guardianship Program
- 03 District Three Government Cooperative (Marion)
- 04 Family Services of Roanoke Valley (Roanoke)
- 05 Guardian of Life's Dream (Tazewell)
- 06 Jewish Family Service of Tidewater, Inc (Norfolk)
- 07 Southwest Virginia Legal Aid Society (Christiansburg)
- 08 Mountain Empire Older Citizens, Inc. (Big Stone Gap)
- 09 Personal Support Network (Falls Church)
- 10 Catholic Charities of Hampton Roads

2 Client SSN (111-11-1111):

3 Last Date Assessed or Re-Assessed (MM/DD/YY):

4 Estimate the total amount of hours spent by the program prior to accepting the client in the program.

5 Describe the precipitating event(s)/conditions that led to the client needing a guardianship and/or conservatorship by your program.

6 What entity or agency referred the client to your program?

7 Did the client have a guardian prior to entering your program?
- 1 No
- 2 Yes
- 3 Don't Know

8 Did the client have a conservator prior to entering your program?
- 1 No
- 2 Yes
- 3 Don't Know

9 Does your program serve as the client's guardian?
- 1 No
- 2 Yes
- 3 Don't Know

10 Does your program serve as the client's conservator?

1 No
2 Yes
3 Don't Know

11 Qualification date of client into your program (MM/DD/YY):

DEMOGRAPHICS

1 Age:

2 Sex:

1 Male
2 Female

3 Marital Status:

1 Married
2 Widowed
3 Separated
4 Divorced
5 Single
6 Don't Know

4 Race:

1 White
2 Black/African American
3 American Indian
4 Oriental/Asian
5 Alaskan Native
6 Don't Know

5 Education:

1 Less than High School
2 Some High School
3 High School Graduate
4 Some College
5 College Graduate (4 yr)
6 Master's Degree
7 Doctoral Degree
8 Don't Know

CURRENT FORMAL SERVICES

Does the client use any of the following services?

1 Adult Day Care
- 1 No
- 2 Yes
- 3 Don't Know

2 Adult Protective
- 1 No
- 2 Yes
- 3 Don't Know

3 Case Management
- 1 No
- 2 Yes
- 3 Don't Know

4 Chore/Companion/Homemaker
- 1 No
- 2 Yes
- 3 Don't Know

5 Congregate Meals/Senior Center
- 1 No
- 2 Yes
- 3 Don't Know

6 Financial Management/Counseling
- 1 No
- 2 Yes
- 3 Don't Know

7 Friendly Visitor/Telephone
- 1 No
- 2 Yes
- 3 Don't Know

8 Habilitation/Supported Employment
- 1 No
- 2 Yes
- 3 Don't Know

9 Home Delivered Meals
- 1 No
- 2 Yes
- 3 Don't Know

10 Home Health/Rehabilitation
- 1 No
- 2 Yes
- 3 Don't Know

11 Home Repairs/Weatherization
- 1 No
- 2 Yes
- 3 Don't Know

12 Housing (e.g., Section 8; cash supplement)
- 1 No
- 2 Yes
- 3 Don't Know

13 Legal
- 1 No
- 2 Yes
- 3 Don't Know

14 Mental Health (Inpatient/Outpatient)
- 1 No
- 2 Yes
- 3 Don't Know

15 Residential support (e.g., group home; assisted living; in-home)
- 1 No
- 2 Yes
- 3 Don't Know

16 Personal Care
- 1 No
- 2 Yes
- 3 Don't Know

17 Respite
- 1 No
- 2 Yes
- 3 Don't Know

18 Substance Abuse
- 1 No
- 2 Yes
- 3 Don't Know

19 Transportation
- 1 No
- 2 Yes
- 3 Don't Know

20 Vocation Rehab/Job Counseling
- 1 No
- 2 Yes
- 3 Don't Know

21 Other formal services
- 1 No
- 2 Yes
- 3 Don't Know

FINANCIAL RESOURCES

1 Annual Family Income Before Taxes
- 1 $20,000 or More
- 2 $15,000 - $19,999
- 3 $11,000 - $14,999
- 4 $9,500 - $10,500
- 5 $7,000 - $9,499
- 6 $5,500 - $6,999
- 7 $5,499 or less
- 8 Don't Know

2 Number in Family Unit (if no family, enter 0)

3 Does the client have a conservator other than the Public Guardianship Program?
- 1 No
- 2 Yes
- 3 Don't Know

4 Does the client have a Power of Attorney in addition to the Public Guardian Program?

1 No
2 Yes
3 Don't Know

5 Does the client have a Representative Payee other than the Public Guardian Program?

1 No
2 Yes
3 Don't Know

6 Does the client have Medicare?

1 No
2 Yes
3 Don't Know

7 Does the client have Medicaid?

1 No
2 Yes
3 Don't Know

8 Does the client have other public/private health insurance?

1 No
2 Yes
3 Don't Know

PHYSICAL ENVIRONMENT

1 Where does the client usually live?

1 House
2 Apartment
3 Rented Room
4 Adult Care Resident (or ALF)
5 Adult Foster
6 Group Home
7 Nursing Home
8 State Hospital
9 Other

2 With whom does the client live?

- 1 Alone
- 2 Family Member
- 3 Friend
- 4 Other (e.g., group home, nursing home)
- 5 Don't Know

FUNCTIONAL STATUS

Does the client need help with any of the following?

1 Bathing

- 1 No
- 2 Yes, mechanical assistance
- 3 Yes, human promoting/supervision
- 4 Yes, human physical assistance
- 5 Yes, mechanical and human prompting/supervision
- 6 Yes, mechanical and human physical assistance
- 7 Yes, mechanical, human prompting/supervision, and human physical assistance
- 8 Is not performed
- 9 Don't know

2 Dressing

- 1 No
- 2 Yes, mechanical assistance
- 3 Yes, human promoting/supervision
- 4 Yes, human physical assistance
- 5 Yes, mechanical and human prompting/supervision
- 6 Yes, mechanical and human physical assistance
- 7 Yes, mechanical, human prompting/supervision, and human physical assistance
- 8 Is not performed
- 9 Don't know

3 Toileting

1 No
2 Yes, mechanical assistance
3 Yes, human promoting/supervision
4 Yes, human physical assistance
5 Yes, mechanical and human prompting/supervision
6 Yes, mechanical and human physical assistance
7 Yes, mechanical, human prompting/supervision, and human physical assistance
8 Is not performed
9 Don't know

4 Transferring

1 No
2 Yes, mechanical assistance
3 Yes, human promoting/supervision
4 Yes, human physical assistance
5 Yes, mechanical and human prompting/supervision
6 Yes, mechanical and human physical assistance
7 Yes, mechanical, human prompting/supervision, and human physical assistance
8 Is not performed
9 Don't know

5 Eating/Feeding

1 No
2 Yes, mechanical assistance
3 Yes, human promoting/supervision
4 Yes, human physical assistance
5 Yes, mechanical and human prompting/supervision
6 Yes, mechanical and human physical assistance
7 Yes, mechanical, human prompting/supervision, and human physical assistance
8 Is not performed
9 Don't know

6 Bowel

1 No
2 Yes
3 Don't Know

7 Bladder

1 No
2 Yes
3 Don't Know

8 Walking

1 No
2 Yes, mechanical assistance
3 Yes, human promoting/supervision
4 Yes, human physical assistance
5 Yes, mechanical and human prompting/supervision
6 Yes, mechanical and human physical assistance
7 Yes, mechanical, human prompting/supervision, and human physical assistance
8 Is not performed
9 Don't know

9 Wheeling

1 No
2 Yes, mechanical assistance
3 Yes, human promoting/supervision
4 Yes, human physical assistance
5 Yes, mechanical and human prompting/supervision
6 Yes, mechanical and human physical assistance
7 Yes, mechanical, human prompting/supervision, and human physical assistance
8 Is not performed
9 Don't know

10 Stairclimbing

1 No
2 Yes, mechanical assistance
3 Yes, human promoting/supervision
4 Yes, human physical assistance
5 Yes, mechanical and human prompting/supervision
6 Yes, mechanical and human physical assistance
7 Yes, mechanical, human prompting/supervision, and human physical assistance
8 Is not performed
9 Don't know

11 Mobility

1 No
2 Yes, mechanical assistance
3 Yes, human promoting/supervision
4 Yes, human physical assistance
5 Yes, mechanical and human prompting/supervision
6 Yes, mechanical and human physical assistance
7 Yes, mechanical, human prompting/supervision, and human physical assistance
8 Is not performed
9 Don't know

12 Meal Preparation

1 No
2 Yes
3 Don't Know

13 Housekeeping

1 No
2 Yes
3 Don't Know

14 Laundry

1 No
2 Yes
3 Don't Know

15 Money Management

1 No
2 Yes
3 Don't Know

16 Transportation

1 No
2 Yes
3 Don't Know

17 Shopping

1 No
2 Yes
3 Don't Know

18 Using Phone
- 1 No
- 2 Yes
- 3 Don't Know

19 Home Maintenance
- 1 No
- 2 Yes
- 3 Don't Know

20 Other IADL limitations
- 1 No
- 2 Yes
- 3 Don't Know

21 Describe "other" limitations (if none, enter 0)

ADVANCED DIRECTIVES

Prior to adjudication, did the client have:

1 A living will?
- 1 No
- 2 Yes
- 3 Don't Know

2 A durable power of attorney for health care?
- 1 No
- 2 Yes
- 3 Don't Know

3 Some other type of advanced directive?
- 1 No
- 2 Yes
- 3 Don't Know

PHYSICAL HEALTH

Does the client have any of the following diagnoses?

1 Alcoholism/Substance Abuse
- 1 No
- 2 Yes
- 3 Don't Know

2 Blood-Related Problems
- 1 No
- 2 Yes
- 3 Don't Know

3 Cancer
- 1 No
- 2 Yes
- 3 Don't Know

4 Cardiovascular Problems
- 1 No
- 2 Yes
- 3 Don't Know

5 Dementia
- 1 No
- 2 Yes
- 3 Don't Know

6 Developmental Disabilities
- 1 No
- 2 Yes
- 3 Don't Know

7 Mental Retardation
- 1 No
- 2 Yes
- 3 Don't Know

8 Digestive/Live/Gall Bladder Problems
- 1 No
- 2 Yes
- 3 Don't Know

9 Endocrine (Gland) Problems
- 1 No
- 2 Yes
- 3 Don't Know

10 Eye Disorders
- 1 No
- 2 Yes
- 3 Don't Know

11 Immune System Disorders
- 1 No
- 2 Yes
- 3 Don't Know

12 Muscular/Skeletal Problems
- 1 No
- 2 Yes
- 3 Don't Know

13 Neurological Problems
- 1 No
- 2 Yes
- 3 Don't Know

14 Psychiatric Problems
- 1 No
- 2 Yes
- 3 Don't Know

15 Respiratory Problems
- 1 No
- 2 Yes
- 3 Don't Know

16 Urinary/Reproductive Problems
- 1 No
- 2 Yes
- 3 Don't Know

17 Other Diagnoses
- 1 No
- 2 Yes
- 3 Don't Know

SENSORY FUNCTIONS

Does the client have any of the following sensory impairments?

1 Vision
- 1 No
- 2 Yes
- 3 Don't Know

2 Hearing
- 1 No
- 2 Yes
- 3 Don't Know

3 Speech
- 1 No
- 2 Yes
- 3 Don't Know

CURRENT MEDICAL SERVICES: PRESSURE ULCERS

1 Does the client have any pressure ulcers?
- 1 No
- 2 Yes
- 3 Don't Know

CURRENT MEDICAL SERVICES: SPECIAL MEDICAL PROCEDURES

Does the client receive any of the following special nursing care:

1 Bowel/Bladder Training
- 1 No
- 2 Yes
- 3 Don't Know

2 Dialysis
- 1 No
- 2 Yes
- 3 Don't Know

3 Dressing/Wound Care
- 1 No
- 2 Yes
- 3 Don't Know

4 Eyecare
- 1 No
- 2 Yes
- 3 Don't Know

5 Glucose/Blood Sugar
- 1 No
- 2 Yes
- 3 Don't Know

6 Injections/IV Therapy
- 1 No
- 2 Yes
- 3 Don't Know

7 Oxygen
- 1 No
- 2 Yes
- 3 Don't Know

8 Radiation/Chemotherapy
- 1 No
- 2 Yes
- 3 Don't Know

9 Restraints (Physical/Chemical)
- 1 No
- 2 Yes
- 3 Don't Know

10 ROM Exercise
- 1 No
- 2 Yes
- 3 Don't Know

11 Trach Care/Suctioning
- 1 No
- 2 Yes
- 3 Don't Know

12 Ventilator
- 1 No
- 2 Yes
- 3 Don't Know

13 Other Nursing Care
- 1 No
- 2 Yes
- 3 Don't Know

PSYCHOSOCIAL ASSESSMENT

1 Please rate the client's orientation level:
- 1 Oriented - all spheres, all of the time
- 2 Disoriented - some spheres, some of the time
- 3 Disoriented - some spheres, all the time
- 4 Disoriented - all spheres, all the time
- 5 Comatose
- 6 Don't Know

2 Does the client have short-term memory problems?
- 1 No
- 2 Yes
- 3 Don't Know

3 Does the client have long-term memory problems?
- 1 No
- 2 Yes
- 3 Don't Know

4 Does the client have judgment/decision-making problems?
- 1 No
- 2 Yes
- 3 Don't Know

5 Please assess the client's wandering behaviors:
- 1 No Wandering
- 2 Wandering/Passive - Less than weekly
- 3 Wandering/Passive - Weekly or more
- 4 Comatose
- 5 Don't Know

6 Please assess the client's abusive/aggressive/disruptive behaviors:
- 1 No Abusive/aggressive/disruptive behaviors
- 2 Abusive/aggressive/disruptive - less than weekly
- 3 Abusive/aggressive/disruptive - weekly or more
- 4 Comatose
- 5 Don't Know

FAMILY CONTACT

How frequently do you have contact with the client's:

1 Children
- 1 No Children
- 2 Daily
- 3 Weekly
- 4 Monthly
- 5 Less than Monthly
- 6 Never
- 7 Don't know

2 Other Family Member(s)
- 1 No other Family
- 2 Daily
- 3 Weekly
- 4 Monthly
- 5 Less than Monthly
- 6 Never
- 7 Don't know

3 Friends/Neighbors
- 1 No Friends/Neighbors
- 2 Daily
- 3 Weekly
- 4 Monthly
- 5 Less than Monthly
- 6 Never
- 7 Don't know

Evaluation of Virginia's Public Guardianship Programs
Ward Care Plan

1 Name of Agency
- 01 Bridges Senior Care Solutions (Fredericksburg)
- 02 Chesapeake Volunteer Guardianship Program
- 03 District Three Government Cooperative (Marion)
- 04 Family Services of Roanoke Valley (Roanoke)
- 05 Guardian of Life's Dream (Tazewell)
- 06 Jewish Family Service of Tidewater, Inc (Norfolk)
- 07 Southwest Virginia Legal Aid Society (Christiansburg)
- 08 Mountain Empire Older Citizens, Inc. (Big Stone Gap)
- 09 Personal Support Network (Falls Church)
- 10 Catholic Charities of Hampton Roads

2 Client SSN: (###-##-####)

3 Date Care Plan was completed (for this evaluation) (MM/DD/YY)

4 In a typical week, how often does the program have face-to-face contact with the client?
- 1 Once a week or more
- 2 Several times a month
- 3 Once a month or less
- 4 Don't know

5 Compared to the other clients on your case load, would you rate this client as:
- 1 Low maintenance
- 2 Moderate maintenance
- 3 High maintenance

CARE PLAN: FINANCIAL ASSISTANCE NEEDS

1 Financial assistance needs
- 1 Yes
- 2 No (will skip to next section; Press SUBMIT YOUR RESPONSES)
- 3 Don't Know (will skip to next section; Press SUBMIT YOUR RESPONSES)

2 Locate/Identify Sources of Income
- 1 Yes
- 2 No (will skip to next task)
- 3 Don't Know (will skip to next task)

3 Income - Responsibility of Public Guardian
- 1 Advocate for Service
- 2 Arrange Service
- 3 Monitor Service
- 4 Provide Service

4 Income - Frequency of Service by Public Guardian
- 1 Once a week or more
- 2 Several times a month
- 3 Once a month or less
- 4 Don't know

5 Paying Bills (e.g., necessary bills)
- 1 Yes
- 2 No (will skip to next task)
- 3 Don't Know (will skip to next task)

6 Paying Bills - Responsibility of Public Guardian
- 1 Advocate for Service
- 2 Arrange Service
- 3 Monitor Service
- 4 Provide Service

7 Paying Bills - Frequency of Service of Public Guardian
- 1 Once a week or more
- 2 Several times a month
- 3 Once a month or less
- 4 Don't know

8 Expend Funds for Client Needs/Desires (e.g., clothing, allowance)
- 1 Yes
- 2 No (will skip to next task)
- 3 Don't Know (will skip to next task)

9 Expend Funds - Responsibility of Public Guardian
- 1 Advocate for Service
- 2 Arrange Service
- 3 Monitor Service
- 4 Provide Service

10 Expend Funds - Frequency of Service of Public Guardian
- 1 Once a week or more
- 2 Several times a month
- 3 Once a month or less
- 4 Don't know

11 Conserve Funds
- 1 Yes
- 2 No (will skip to next task)
- 3 Don't Know (will skip to next task)

12 Conserve Funds - Responsibility of Public Guardian
- 1 Advocate for Service
- 2 Arrange Service
- 3 Monitor Service
- 4 Provide Service

13 Conserve Funds - Frequency of Service of Public Guardian
- 1 Once a week or more
- 2 Several times a month
- 3 Once a month or less
- 4 Don't know

14 Other Financial Needs
- 1 Yes
- 2 No (will skip to next task)
- 3 Don't Know (will skip to next task)

15 Other Financial - Responsibility of Public Guardian
- 1 Advocate for Service
- 2 Arrange Service
- 3 Monitor Service
- 4 Provide Service

16 Other Financial - Frequency of Service of Public Guardian
- 1 Once a week or more
- 2 Several times a month
- 3 Once a month or less
- 4 Don't know

CARE PLAN: HOME / PHYSICAL ENVIRONMENT NEEDS

1 Home/Physical Environment Needs
- 1 Yes
- 2 No (will skip to next section; Press SUBMIT YOUR RESPONSES)
- 3 Don't Know (will skip to next section; Press SUBMIT YOUR RESPONSES)

2 Risk Assessment (e.g., appropriate placement, support)
- 1 Yes
- 2 No (will skip to next task)
- 3 Don't Know (will skip to next task)

3 Risk Assessment - Responsibility of Public Guardian
- 1 Advocate for Service
- 2 Arrange Service
- 3 Monitor Service
- 4 Provide Service

4 Risk Assessment - Frequency of Service of Public Guardian
- 1 Once a week or more
- 2 Several times a month
- 3 Once a month or less
- 4 Don't know

5 Safety Assessment (e.g., home environment, NH, ALF)
- 1 Yes
- 2 No (will skip to next task)
- 3 Don't Know (will skip to next task)

6 Safety Assessment - Responsibility of Public Guardian
- 1 Advocate for Service
- 2 Arrange Service
- 3 Monitor Service
- 4 Provide Service

7 Safety Assessment - Frequency of Service of Public Guardian
- 1 Once a week or more
- 2 Several times a month
- 3 Once a month or less
- 4 Don't know

8 Move Client to Appropriate Location
- 1 Yes
- 2 No (will skip to next task)
- 3 Don't Know (will skip to next task)

9 Move Client to Appropriate Location - Responsibility of Public Guardian
- 1 Advocate for Service
- 2 Arrange Service
- 3 Monitor Service
- 4 Provide Service

10 Move Client to Appropriate Location - Frequency of Service of Public Guardian
- 1 Once a week or more
- 2 Several times a month
- 3 Once a month or less
- 4 Don't know

11 Cleaning and Repairs
- 1 Yes
- 2 No (will skip to next task)
- 3 Don't Know (will skip to next task)

12 Cleaning and Repairs - Responsibility of Public Guardian
- 1 Advocate for Service
- 2 Arrange Service
- 3 Monitor Service
- 4 Provide Service

13 Cleaning and Repairs - Frequency of Service of Public Guardian
- 1 Once a week or more
- 2 Several times a month
- 3 Once a month or less
- 4 Don't know

14 Other Home/Physical Environment Needs
- 1 Yes
- 2 No (will skip to next task)
- 3 Don't Know (will skip to next task)

15 Other Home/Physical Environment - Responsibility of Public Guardian
- 1 Advocate for Service
- 2 Arrange Service
- 3 Monitor Service
- 4 Provide Service

16 Other Home/Physical Environment - Frequency of Service of Public Guardian
- 1 Once a week or more
- 2 Several times a month
- 3 Once a month or less
- 4 Don't know

CARE PLAN: ACTIVITIES OF DAILY LIVING NEEDS

1 Activities of Daily Living Needs
- 1 Yes
- 2 No (will skip to next section; Press SUBMIT YOUR RESPONSES)
- 3 Don't Know (will skip to next section; Press SUBMIT YOUR RESPONSES)

2 Basic Hygiene
- 1 Yes
- 2 No (will skip to next task)
- 3 Don't Know (will skip to next task)

3 Basic Hygiene - Responsibility of Public Guardian
- 1 Advocate for Service
- 2 Arrange Service
- 3 Monitor Service
- 4 Provide Service

4 Basic Hygiene - Frequency of Service of Public Guardian
- 1 Once a week or more
- 2 Several times a month
- 3 Once a month or less
- 4 Don't know

5 Healthy Diet
- 1 Yes
- 2 No (will skip to next task)
- 3 Don't Know (will skip to next task)

6 Healthy Diet - Responsibility of Public Guardian
- 1 Advocate for Service
- 2 Arrange Service
- 3 Monitor Service
- 4 Provide Service

7 Healthy Diet - Frequency of Service of Public Guardian
- 1 Once a week or more
- 2 Several times a month
- 3 Once a month or less
- 4 Don't know

8 Continence Care
- 1 Yes
- 2 No (will skip to next task)
- 3 Don't Know (will skip to next task)

9 Continence Care - Responsibility of Public Guardian
- 1 Advocate for Service
- 2 Arrange Service
- 3 Monitor Service
- 4 Provide Service

10 Continence Care - Frequency of Service of Public Guardian
- 1 Once a week or more
- 2 Several times a month
- 3 Once a month or less
- 4 Don't know

11 Other ADL Needs
- 1 Yes
- 2 No (will skip to next task)
- 3 Don't Know (will skip to next task)

12 Other ADL Needs - Responsibility of Public Guardian
- 1 Advocate for Service
- 2 Arrange Service
- 3 Monitor Service
- 4 Provide Service

13 Other ADL Needs- Frequency of Service of Public Guardian
- 1 Once a week or more
- 2 Several times a month
- 3 Once a month or less
- 4 Don't know

CARE PLAN: INSTRUMENTAL ACTIVITIES OF DAILY LIVING NEEDS

1 Instrumental Activities of Daily Living Needs
- 1 Yes
- 2 No (will skip to next section; Press SUBMIT YOUR RESPONSES)
- 3 Don't Know (will skip to next section; Press SUBMIT YOUR RESPONSES)

2 Meal Preparation
- 1 Yes
- 2 No (will skip to next task)
- 3 Don't Know (will skip to next task)

3 Meal Preparation - Responsibility of Public Guardian
- 1 Advocate for Service
- 2 Arrange Service
- 3 Monitor Service
- 4 Provide Service

4 Meal Preparation - Frequency of Service of Public Guardian
- 1 Once a week or more
- 2 Several times a month
- 3 Once a month or less
- 4 Don't know

5 Shopping
- 1 Yes
- 2 No (will skip to next task)
- 3 Don't Know (will skip to next task)

6 Shopping - Responsibility of Public Guardian
- 1 Advocate for Service
- 2 Arrange Service
- 3 Monitor Service
- 4 Provide Service

7 Shopping - Frequency of Service of Public Guardian
- 1 Once a week or more
- 2 Several times a month
- 3 Once a month or less
- 4 Don't know

8 Transportation of Client
- 1 Yes
- 2 No (will skip to next task)
- 3 Don't Know (will skip to next task)

9 Transportation of Client - Responsibility of Public Guardian
- 1 Advocate for Service
- 2 Arrange Service
- 3 Monitor Service
- 4 Provide Service

10 Transportation of Client - Frequency of Service of Public Guardian
- 1 Once a week or more
- 2 Several times a month
- 3 Once a month or less
- 4 Don't know

11 Other IADL Needs
- 1 Yes
- 2 No (will skip to next task)
- 3 Don't Know (will skip to next task)

12 Other IADL Needs - Responsibility of Public Guardian
- 1 Advocate for Service
- 2 Arrange Service
- 3 Monitor Service
- 4 Provide Service

13 Other IADL Needs - Frequency of Service of Public Guardian
- 1 Once a week or more
- 2 Several times a month
- 3 Once a month or less
- 4 Don't know

CARE PLAN: ASSISTIVE DEVICES / MEDICAL EQUIPMENT NEEDS

1 Assistive Devices/Medical Equipment Needs
- 1 Yes
- 2 No (will skip to next section; Press SUBMIT YOUR RESPONSES)
- 3 Don't Know (will skip to next section; Press SUBMIT YOUR RESPONSES)

2 Procure Equipment
- 1 Yes
- 2 No (will skip to next task)
- 3 Don't Know (will skip to next task)

3 Procure Equipment - Responsibility of Public Guardian
- 1 Advocate for Service
- 2 Arrange Service
- 3 Monitor Service
- 4 Provide Service

4 Procure Equipment - Frequency of Service of Public Guardian
- 1 Once a week or more
- 2 Several times a month
- 3 Once a month or less
- 4 Don't know

5 Repair Equipment
- 1 Yes
- 2 No (will skip to next task)
- 3 Don't Know (will skip to next task)

6 Repair Equipment - Responsibility of Public Guardian
- 1 Advocate for Service
- 2 Arrange Service
- 3 Monitor Service
- 4 Provide Service

7 Repair Equipment - Frequency of Service of Public Guardian
- 1 Once a week or more
- 2 Several times a month
- 3 Once a month or less
- 4 Don't know

8 Other Equipment Needs
- 1 Yes
- 2 No (will skip to next task)
- 3 Don't Know (will skip to next task)

9 Other Equipment Needs- Responsibility of Public Guardian
- 1 Advocate for Service
- 2 Arrange Service
- 3 Monitor Service
- 4 Provide Service

10 Other Equipment Needs- Frequency of Service of Public Guardian
- 1 Once a week or more
- 2 Several times a month
- 3 Once a month or less
- 4 Don't know

CARE PLAN: MEDICAL / PHYSICAL HEALTH CARE NEEDS

1 Medical/Physical Health Care Needs
- 1 Yes
- 2 No (will skip to next section; Press SUBMIT YOUR RESPONSES)
- 3 Don't Know (will skip to next section; Press SUBMIT YOUR RESPONSES)

2 Dental Care
- 1 Yes
- 2 No (will skip to next task)
- 3 Don't Know (will skip to next task)

3 Dental Care - Responsibility of Public Guardian
- 1 Advocate for Service
- 2 Arrange Service
- 3 Monitor Service
- 4 Provide Service

4 Dental Care - Frequency of Service of Public Guardian
- 1 Once a week or more
- 2 Several times a month
- 3 Once a month or less
- 4 Don't know

5 Foot Care
- 1 Yes
- 2 No (will skip to next task)
- 3 Don't Know (will skip to next task)

6 Foot Care - Responsibility of Public Guardian
- 1 Advocate for Service
- 2 Arrange Service
- 3 Monitor Service
- 4 Provide Service

7 Foot Care - Frequency of Service of Public Guardian
- 1 Once a week or more
- 2 Several times a month
- 3 Once a month or less
- 4 Don't know

8 Vision Care
- 1 Yes
- 2 No (will skip to next task)
- 3 Don't Know (will skip to next task)

9 Vision Care - Responsibility of Public Guardian
- 1 Advocate for Service
- 2 Arrange Service
- 3 Monitor Service
- 4 Provide Service

10 Vision Care - Frequency of Service of Public Guardian
- 1 Once a week or more
- 2 Several times a month
- 3 Once a month or less
- 4 Don't know

11 General Physical Health Care Needs
- 1 Yes
- 2 No (will skip to next task)
- 3 Don't Know (will skip to next task)

12 Physical Health Care - Responsibility of Public Guardian
- 1 Advocate for Service
- 2 Arrange Service
- 3 Monitor Service
- 4 Provide Service

13 Physical Health Care - Frequency of Service of Public Guardian
- 1 Once a week or more
- 2 Several times a month
- 3 Once a month or less
- 4 Don't know

14 Medication for Physical Health Problems
- 1 Yes
- 2 No (will skip to next task)
- 3 Don't Know (will skip to next task)

15 Medication for Physical Health Problems- Responsibility of Public Guardian
- 1 Advocate for Service
- 2 Arrange Service
- 3 Monitor Service
- 4 Provide Service

16 Medication for Physical Health Problems - Frequency of Service of Public Guardian
- 1 Once a week or more
- 2 Several times a month
- 3 Once a month or less
- 4 Don't know

17 Other Medical/Physical Health Care Needs
- 1 Yes
- 2 No (will skip to next task)
- 3 Don't Know (will skip to next task)

18 Other Medical/Physical Health Care - Responsibility of Public Guardian
- 1 Advocate for Service
- 2 Arrange Service
- 3 Monitor Service
- 4 Provide Service

19 Other Medical/Physical Health Care - Frequency of Service of Public Guardian

- 1 Once a week or more
- 2 Several times a month
- 3 Once a month or less
- 4 Don't know

CARE PLAN: NUTRITION NEEDS

1 Nutrition Needs

- 1 Yes
- 2 No (will skip to next section; Press SUBMIT YOUR RESPONSES)
- 3 Don't Know (will skip to next section; Press SUBMIT YOUR RESPONSES)

2 Diet

- 1 Yes
- 2 No (will skip to next task)
- 3 Don't Know (will skip to next task)

3 Diet - Responsibility of Public Guardian

- 1 Advocate for Service
- 2 Arrange Service
- 3 Monitor Service
- 4 Provide Service

4 Diet - Frequency of Service of Public Guardian

- 1 Once a week or more
- 2 Several times a month
- 3 Once a month or less
- 4 Don't know

5 Nutrition Services

- 1 Yes
- 2 No (will skip to next task)
- 3 Don't Know (will skip to next task)

6 Nutrition Services - Responsibility of Public Guardian

- 1 Advocate for Service
- 2 Arrange Service
- 3 Monitor Service
- 4 Provide Service

7 Nutrition Services - Frequency of Service of Public Guardian
- 1 Once a week or more
- 2 Several times a month
- 3 Once a month or less
- 4 Don't know

8 Other Nutrition Needs
- 1 Yes
- 2 No (will skip to next task)
- 3 Don't Know (will skip to next task)

9 Other Nutrition - Responsibility of Public Guardian
- 1 Advocate for Service
- 2 Arrange Service
- 3 Monitor Service
- 4 Provide Service

10 Other Nutrition - Frequency of Service of Public Guardian
- 1 Once a week or more
- 2 Several times a month
- 3 Once a month or less
- 4 Don't know

CARE PLAN: MENTAL HEALTH / EMOTIONAL NEEDS

1 Mental Health/Emotional Needs
- 1 Yes
- 2 No (will skip to next section; Press SUBMIT YOUR RESPONSES)
- 3 Don't Know (will skip to next section; Press SUBMIT YOUR RESPONSES)

2 Client Counseling (formal or informal)
- 1 Yes
- 2 No (will skip to next task)
- 3 Don't Know (will skip to next task)

3 Client Counseling - Responsibility of Public Guardian
- 1 Advocate for Service
- 2 Arrange Service
- 3 Monitor Service
- 4 Provide Service

4 Client Counseling - Frequency of Service of Public Guardian
- 1 Once a week or more
- 2 Several times a month
- 3 Once a month or less
- 4 Don't know

5 Mental Health Assessment (e.g., depression screening)
- 1 Yes
- 2 No (will skip to next task)
- 3 Don't Know (will skip to next task)

6 Mental Health Assessment - Responsibility of Public Guardian
- 1 Advocate for Service
- 2 Arrange Service
- 3 Monitor Service
- 4 Provide Service

7 Mental Health Assessment - Frequency of Service of Public Guardian
- 1 Once a week or more
- 2 Several times a month
- 3 Once a month or less
- 4 Don't know

8 Medications for Mental Health Problems
- 1 Yes
- 2 No (will skip to next task)
- 3 Don't Know (will skip to next task)

9 Medication for Mental Health Problems - Responsibility of Public Guardian
- 1 Advocate for Service
- 2 Arrange Service
- 3 Monitor Service
- 4 Provide Service

10 Medications for Mental Health Problems - Frequency of Service of Public Guardian
- 1 Once a week or more
- 2 Several times a month
- 3 Once a month or less
- 4 Don't know

11 Other Mental Health/Emotional Needs
- 1 Yes
- 2 No (will skip to next task)
- 3 Don't Know (will skip to next task)

12 Other Mental Health/Emotional - Responsibility of Public Guardian
- 1 Advocate for Service
- 2 Arrange Service
- 3 Monitor Service
- 4 Provide Service

13 Other Mental Health/Emotional - Frequency of Service of Public
- 1 Once a week or more
- 2 Several times a month
- 3 Once a month or less
- 4 Don't know

CARE PLAN: CAREGIVER SUPPORT NEEDS

1 Caregiver Support Needs
- 1 Yes
- 2 No (will skip to next section; Press SUBMIT YOUR RESPONSES)
- 3 Don't Know (will skip to next section; Press SUBMIT YOUR RESPONSES)

2 Informal Counseling (e.g., advice, friendly listening)
- 1 Yes
- 2 No (will skip to next task)
- 3 Don't Know (will skip to next task)

3 Informal Counseling - Responsibility of Public Guardian
- 1 Advocate for Service
- 2 Arrange Service
- 3 Monitor Service
- 4 Provide Service

4 Informal Counseling - Frequency of Service of Public Guardian
- 1 Once a week or more
- 2 Several times a month
- 3 Once a month or less
- 4 Don't know

5 Formal Supportive Services
- 1 Yes
- 2 No (will skip to next task)
- 3 Don't Know (will skip to next task)

6 Formal Supportive Services - Responsibility of Public Guardian
- 1 Advocate for Service
- 2 Arrange Service
- 3 Monitor Service
- 4 Provide Service

7 Formal Supportive Services - Frequency of Services of Public Guardian
- 1 Once a week or more
- 2 Several times a month
- 3 Once a month or less
- 4 Don't know

8 Other Caregiver Support
- 1 Yes
- 2 No (will skip to next task)
- 3 Don't Know (will skip to next task)

9 Other Caregiver Support - Responsibility of Public Guardian
- 1 Advocate for Service
- 2 Arrange Service
- 3 Monitor Service
- 4 Provide Service

10 Other Caregiver Support- Frequency of Service of Public Guardian
- 1 Once a week or more
- 2 Several times a month
- 3 Once a month or less
- 4 Don't know

CARE PLAN: EMPLOYMENT NEEDS

1 Employment Needs
- 1 Yes
- 2 No (will skip to next section; Press SUBMIT YOUR RESPONSES)
- 3 Don't Know (will skip to next section; Press SUBMIT YOUR RESPONSES)

2 Informal Counseling (e.g., advice)
- 1 Yes
- 2 No (will skip to next task)
- 3 Don't Know (will skip to next task)

3 Informal Counseling - Responsibility of Public Guardian
- 1 Advocate for Service
- 2 Arrange Service
- 3 Monitor Service
- 4 Provide Service

4 Informal Counseling - Frequency of Service of Public Guardian
- 1 Once a week or more
- 2 Several times a month
- 3 Once a month or less
- 4 Don't know

5 Workplace Support
- 1 Yes
- 2 No (will skip to next task)
- 3 Don't Know (will skip to next task)

6 Workplace Support - Responsibility of Public Guardian
- 1 Advocate for Service
- 2 Arrange Service
- 3 Monitor Service
- 4 Provide Service

7 Workplace Support - Frequency of Service of Public Guardian
- 1 Once a week or more
- 2 Several times a month
- 3 Once a month or less
- 4 Don't know

8 Other Workplace Needs
- 1 Yes
- 2 No (will skip to next task)
- 3 Don't Know (will skip to next task)

9 Other Workplace Needs - Responsibility of Public Guardian
- 1 Advocate for Service
- 2 Arrange Service
- 3 Monitor Service
- 4 Provide Service

10 Other Workplace Needs - Frequency of Service of Public Guardian

1 Once a week or more
2 Several times a month
3 Once a month or less
4 Don't know

CARE PLAN: OTHER NEEDS / INFORMATION

Describe additional needs of the client for which the program is responsible and any other information that will assist us in understanding the care needed by this client. (if none, enter 0)

Daily Time Log
Program Administration

1 Name of Agency
- 01 Bridges Senior Care Solutions (Fredericksburg)
- 02 Chesapeake Volunteer Guardianship Program
- 03 District Three Government Cooperative (Marion)
- 04 Family Services of Roanoke Valley (Roanoke)
- 05 Guardian of Life's Dream (Tazewell)
- 06 Jewish Family Service of Tidewater, Inc (Norfolk)
- 07 Southwest Virginia Legal Aid Society (Christiansburg)
- 08 Mountain Empire Older Citizens, Inc. (Big Stone Gap)
- 09 Personal Support Network (Falls Church)
- 10 Catholic Charities of Hampton Roads

2 Person completing time log
- 1 Public Guardian
- 2 Case Manager
- 3 Volunteer Coordinator
- 4 Other

3 If response to above question is "other" enter position title

4 Person completing time log SSN: (###-##-####)

5 Date activities occurred (MM/DD/YY)

PROGRAM ADMINISTRATION TIME

Round TIME estimates to next higher interval (e.g., if 40 minutes, enter 45 minutes).

1 Meetings (staff or agency related)
- 1 None
- 2 15 Minutes
- 3 30 Minutes
- 4 45 Minutes
- 5 60 Minutes
- 6 75 Minutes
- 7 90 Minutes
- 8 More than 90 Minutes

2 If above task took more than 90 minutes, type in the number of minutes in 15 minute intervals (e.g., use 120 minutes instead of 2 hours)

3 In-service or other training (e.g., conferences)

1 None
2 15 Minutes
3 30 Minutes
4 45 Minutes
5 60 Minutes
6 75 Minutes
7 90 Minutes
8 More than 90 Minutes

4 If above task took more than 90 minutes, type in the number of minutes in 15 minute intervals (e.g., use 120 minutes instead of 2 hours)

5 Travel (agency related)

1 None
2 15 Minutes
3 30 Minutes
4 45 Minutes
5 60 Minutes
6 75 Minutes
7 90 Minutes
8 More than 90 Minutes

6 If above task took more than 90 minutes, type in the number of minutes in 15 minute intervals (e.g., use 120 minutes instead of 2 hours)

7 Screening new clients

1 None
2 15 Minutes
3 30 Minutes
4 45 Minutes
5 60 Minutes
6 75 Minutes
7 90 Minutes
8 More than 90 Minutes

8 If above task took more than 90 minutes, type in the number of minutes in 15 minute intervals (e.g., use 120 minutes instead of 2 hours)

9 Meeting with volunteers
- 1 None
- 2 15 Minutes
- 3 30 Minutes
- 4 45 Minutes
- 5 60 Minutes
- 6 75 Minutes
- 7 90 Minutes
- 8 More than 90 Minutes

10 If above task took more than 90 minutes, type in the number of minutes in 15 minute intervals (e.g., use 120 minutes instead of 2 hours)

11 Promotional or development tasks (e.g., making community
- 1 None
- 2 15 Minutes
- 3 30 Minutes
- 4 45 Minutes
- 5 60 Minutes
- 6 75 Minutes
- 7 90 Minutes
- 8 More than 90 Minutes

12 If above task took more than 90 minutes, type in the number of minutes in 15 minute intervals (e.g., use 120 minutes instead of 2 hours)

13 Multidisciplinary board activities (e.g., preparing for meeting, having meeting, post-meeting follow-up)
- 1 None
- 2 15 Minutes
- 3 30 Minutes
- 4 45 Minutes
- 5 60 Minutes
- 6 75 Minutes
- 7 90 Minutes
- 8 More than 90 Minutes

14 If above task took more than 90 minutes, type in the number of minutes in 15 minute intervals (e.g., use 120 minutes instead of 2 hours)

15 Program evaluation (e.g., in-house evaluation, VT evaluation)

1 None
2 15 Minutes
3 30 Minutes
4 45 Minutes
5 60 Minutes
6 75 Minutes
7 90 Minutes
8 More than 90 Minutes

16 If above task took more than 90 minutes, type in the number of minutes in 15 minute intervals (e.g., use 120 minutes instead of 2 hours)

17 Grant work (e.g., proposal writing, grant report)

1 None
2 15 Minutes
3 30 Minutes
4 45 Minutes
5 60 Minutes
6 75 Minutes
7 90 Minutes
8 More than 90 Minutes

18 If above task took more than 90 minutes, type in the number of minutes in 15 minute intervals (e.g., use 120 minutes instead of 2 hours)

19 Human Resource Activities (e.g., payroll, hiring staff)

1 None
2 15 Minutes
3 30 Minutes
4 45 Minutes
5 60 Minutes
6 75 Minutes
7 90 Minutes
8 More than 90 Minutes

20 If above task took more than 90 minutes, type in the number of minutes in 15 minute intervals (e.g., use 120 minutes instead of 2 hours)

21 Describe "human resource" program administration tasks. (if none, enter “0”)

22 Did you respond to pager (yesterday or weekend)?

1 Yes
2 No (will skip to next task)
3 Don't Know (will skip to next task)

23 Time spent responding to pager (yesterday or weekend):

2 15 Minutes
3 30 Minutes
4 45 Minutes
5 60 Minutes
6 75 Minutes
7 90 Minutes
8 More than 90 minutes

24 If above task took more than 90 minutes, type in the number of minutes in 15 minute intervals (e.g., use 120 minutes instead of 2 hours)

25 Specify client and tasks in response to pager. (enter no more than 250 characters)

26 Did you spend time working on (previous) weekend (not in response to pager)?

1 Yes
2 No (will skip to next task)
3 Don't Know (will skip to next task)

27 Time spent working on (previous) weekend. (Not in response to a

2 15 Minutes
3 30 Minutes
4 45 Minutes
5 60 Minutes
6 75 Minutes
7 90 Minutes
8 More than 90 minutes

28 If above task took more than 90 minutes, type in the number of minutes in 15 minute intervals (e.g., use 120 minutes instead of 2 hours)

29 Specify client and tasks performed on (previous) weekend. (enter no more than 250 characters)

30 Did you spend time on other program tasks?

- 1 Yes
- 2 No (will skip to next task)
- 3 Don't Know (will skip to next task)

31 Other program administration tasks

- 2 15 Minutes
- 3 30 Minutes
- 4 45 Minutes
- 5 60 Minutes
- 6 75 Minutes
- 7 90 Minutes
- 8 More than 90 minutes

32 If above task took more than 90 minutes, type in the number of minutes in 15 minute intervals (e.g., use 120 minutes instead of 2 hours)

33 Describe "other" program administration tasks performed. (enter no more than 250 characters)

Daily Time Log

Ward Specific Time

1 Name of Agency
- 01 Bridges Senior Care Solutions (Fredericksburg)
- 02 Chesapeake Volunteer Guardianship Program
- 03 District Three Government Cooperative (Marion)
- 04 Family Services of Roanoke Valley (Roanoke)
- 05 Guardian of Life's Dream (Tazewell)
- 06 Jewish Family Service of Tidewater, Inc (Norfolk)
- 07 Southwest Virginia Legal Aid Society (Christiansburg)
- 08 Mountain Empire Older Citizens, Inc. (Big Stone Gap)
- 09 Personal Support Network (Falls Church)
- 10 Catholic Charities of Hampton Roads

2 Person completing time log
- 1 Public Guardian
- 2 Case Manager
- 3 Volunteer Coordinator
- 4 Other

3 If response to above question is "other" enter position title

4 Person completing time log SSN: (###-##-####)

5 Date activities occurred (MM/DD/YY)

6 Client SSN: (###-##-####)

CLIENT SPECIFIC TIME

Round TIME estimates to next higher interval (e.g., if 40 minutes, enter 45 minutes).

1 Financial Tasks
- 1 None
- 2 15 Minutes
- 3 30 Minutes
- 4 45 Minutes
- 5 60 Minutes
- 6 75 Minutes
- 7 90 Minutes
- 8 More than 90 Minutes

2 If above task took more than 90 minutes, type in the number of minutes in 15 minute intervals (e.g., use 120 minutes instead of 2 hours)

3 Home/Physical Environment Tasks (e.g., placement, living
- 1 None
- 2 15 Minutes
- 3 30 Minutes
- 4 45 Minutes
- 5 60 Minutes
- 6 75 Minutes
- 7 90 Minutes
- 8 More than 90 Minutes

4 If above task took more than 90 minutes, type in the number of minutes in 15 minute intervals (e.g., use 120 minutes instead of 2 hours)

5 Activities of Daily Living Tasks
- 1 None
- 2 15 Minutes
- 3 30 Minutes
- 4 45 Minutes
- 5 60 Minutes
- 6 75 Minutes
- 7 90 Minutes
- 8 More than 90 Minutes

6 If above task took more than 90 minutes, type in the number of minutes in 15 minute intervals (e.g., use 120 minutes instead of 2 hours)

7 Instrumental Activities of Daily Living Tasks
- 1 None
- 2 15 Minutes
- 3 30 Minutes
- 4 45 Minutes
- 5 60 Minutes
- 6 75 Minutes
- 7 90 Minutes
- 8 More than 90 Minutes

8 If above task took more than 90 minutes, type in the number of minutes in 15 minute intervals (e.g., use 120 minutes instead of 2 hours)

9 Assistive Devices/Medical Equipment Tasks

1 None
2 15 Minutes
3 30 Minutes
4 45 Minutes
5 60 Minutes
6 75 Minutes
7 90 Minutes
8 More than 90 Minutes

10 If above task took more than 90 minutes, type in the number of minutes in 15 minute intervals (e.g., use 120 minutes instead of 2 hours)

11 Medical/Physical Health Care Tasks

1 None
2 15 Minutes
3 30 Minutes
4 45 Minutes
5 60 Minutes
6 75 Minutes
7 90 Minutes
8 More than 90 Minutes

12 If above task took more than 90 minutes, type in the number of minutes in 15 minute intervals (e.g., use 120 minutes instead of 2 hours)

13 Nutrition Tasks

1 None
2 15 Minutes
3 30 Minutes
4 45 Minutes
5 60 Minutes
6 75 Minutes
7 90 Minutes
8 More than 90 Minutes

14 If above task took more than 90 minutes, type in the number of minutes in 15 minute intervals (e.g., use 120 minutes instead of 2 hours)

15 Mental Health/Emotional Tasks

1 None
2 15 Minutes
3 30 Minutes
4 45 Minutes
5 60 Minutes
6 75 Minutes
7 90 Minutes
8 More than 90 Minutes

16 If above task took more than 90 minutes, type in the number of minutes in 15 minute intervals (e.g., use 120 minutes instead of 2 hours)

17 Caregiver Support Tasks

1 None
2 15 Minutes
3 30 Minutes
4 45 Minutes
5 60 Minutes
6 75 Minutes
7 90 Minutes
8 More than 90 Minutes

18 If above task took more than 90 minutes, type in the number of minutes in 15 minute intervals (e.g., use 120 minutes instead of 2 hours)

19 Employment Tasks

1 None
2 15 Minutes
3 30 Minutes
4 45 Minutes
5 60 Minutes
6 75 Minutes
7 90 Minutes
8 More than 90 Minutes

20 If above task took more than 90 minutes, type in the number of minutes
in 15 minute intervals (e.g., use 120 minutes instead of 2 hours)

21 Travel (related to client)

1 None
2 15 Minutes
3 30 Minutes
4 45 Minutes
5 60 Minutes
6 75 Minutes
7 90 Minutes
8 More than 90 Minutes

22 If above task took more than 90 minutes, type in the number of minutes in 15 minute intervals (e.g., use 120 minutes instead of 2 hours)

23 Client Evaluation Tasks (e.g., UAI; other assessments)

1 None
2 15 Minutes
3 30 Minutes
4 45 Minutes
5 60 Minutes
6 75 Minutes
7 90 Minutes
8 More than 90 Minutes

24 If above task took more than 90 minutes, type in the number of minutes in 15 minute intervals (e.g., use 120 minutes instead of 2 hours)

25 Client Care Planning

1 None
2 15 Minutes
3 30 Minutes
4 45 Minutes
5 60 Minutes
6 75 Minutes
7 90 Minutes
8 More than 90 Minutes

26 If above task took more than 90 minutes, type in the number of minutes in 15 minute intervals (e.g., use 120 minutes instead of 2 hours)

27 Agency time spent in direct (face-to-face) contact with client (excluding volunteer-client face-to-face contact)

1 None
2 15 Minutes
3 30 Minutes
4 45 Minutes
5 60 Minutes
6 75 Minutes
7 90 Minutes
8 More than 90 Minutes

28 If above task took more than 90 minutes, type in the number of minutes in 15 minute intervals (e.g., use 120 minutes instead of 2 hours)

29 Volunteer time spent in direct (face-to-face) contact with client

1 None
2 15 Minutes
3 30 Minutes
4 45 Minutes
5 60 Minutes
6 75 Minutes
7 90 Minutes
8 More than 90 Minutes

30 If above task took more than 90 minutes, type in the number of minutes in 15 minute intervals (e.g., use 120 minutes instead of 2 hours)

31 Other volunteer time

1 None
2 15 Minutes
3 30 Minutes
4 45 Minutes
5 60 Minutes
6 75 Minutes
7 90 Minutes
8 More than 90 Minutes

32 If above task took more than 90 minutes, type in the number of minutes in 15 minute intervals (e.g., use 120 minutes instead of 2 hours)

33 Other client specific tasks

1 None
2 15 Minutes
3 30 Minutes
4 45 Minutes
5 60 Minutes
6 75 Minutes
7 90 Minutes
8 More than 90 Minutes

34 If above task took more than 90 minutes, type in the number of minutes in 15 minute intervals (e.g., use 120 minutes instead of 2 hours)

35 Describe "other" client tasks.

APPENDIX B

COST-SAVINGS CALCULATIONS

Cost Savings Calculation Explanation

Cost savings were calculated on the basis of telephone or in-person inquiries made to two facilities in the Commonwealth, a facility in a high-cost region of Virginia (i.e., Northern Virginia) and a low-cost region of Virginia (i.e., Southwest Virginia). The figure used in most calculations was a conservative one, using the lower of the two figures, with two exceptions: the move of a ward from a higher cost assisted living facility to a lower cost one and the acute hospital figures, which were obtained from the University of Kentucky hospital system. In general, Kentucky is regarded as a state in which the economy and cost of living is below that of Virginia, and so the hospital cost estimates are, as with the other estimates, conservative figures.

Action	Calculation	Cost
Discharge (D/C) psychiatric hospital	(PH) 364 days x $409 day=$148,876 (ALF) 364 days x $78= $120,484 PH-NH= $107,380	$120,484 YR
From SH to ALF	$409 PH/day-$78ALF/day=$331 $331 Diff /day x 364 days = $120,484	$120,484 YR
From SH to NH	$409 PH/day-$114 NH/day=$295 $295 Diff /day x 364 days = $107,380	$107,380 YR
Recover assets	$100	$100 1-TIME
Pre-paid funeral	$5,700	$5,700 1-TIME

Action	Calculation	Cost
Stay in ALF rather than NH	$114 NH-$78 ALF = $36 $36 Diff x 364 days = $13,104	$13,104 YR
Move from hi cost ALF to low cost ALF Monitor meds to prevent move (to ALF)	$100 hi ALF-$78 lo ALF =$22 $22 Diff /day x 364 days = $8,008 $78 ALF day x 364 days = $28,392	 $8,008 YR $28,392YR
D/C from private hospital to NH Restored to competency	$900 hosp day-$114 NH day = $786 x 3 days = $2358 Priceless	$2358 1-T
Donated dental care Outpatient psychiatric care D/C from acute hospital Obtained medications	$100 dental $409 SH day-$100 day/visit = $309 $900 hosp day-$114 NH day = $786 x 3 days = $2358 $100 x 3	$100 1-T $1,236 1-T $18,864 $300 1-T
D/C from acute hospital to NH	$900 hosp day-$114 NH day = $786 x 3 days = $2358	$2358 1-T
D/C acute hospital to NH Benefits discovered	$900 hosp day-$114 NH day = $786 x 3 days = $2358 $100 1 Time	$16,506 $800

Assumptions: (unless otherwise noted, based on telephone calls to two facilities in Virginia)

1. Nursing home (NH) day = $114
2. Assisted living facility (ALF) day= $78; high cost ALF $100; low cost ALF $78
3. Acute hospital day = $900 (540 day room charge; 360 labs, physician visits, psych evaluation). Assistance with estimates from University of Kentucky Patient Accounts)
4. State hospital (SH) day = $409
5. Pre-paid funeral = $5,700
6. $100 one time per client for asset recovery for those exploited.
7. $100 one time for out patient psychiatric care
8. $100 one time for dental care
9. Discharge (D/C) from psych hospital (state hospital) move to ALF
10. D/C from acute hospital (state hospital) move to NH
11. D/C acute hospital to NH = three days of cost difference

APPENDIX C

CASE STUDIES

Individual Case Studies by Program

The text and numbers presented in the body of the report explain the public guardian programs through data in the aggregate. Information not captured is the complexity of each individual guardianship case. In FY 2002, to explain the intricacies involved in a single guardianship case, programs provided information on one case. All ward names were changed to respect the confidentiality of the incapacitated persons.

BRIDGES SENIOR CARE SOLUTIONS (BSCS). Lilly was hospitalized after an illness and subsequently placed into a nursing home by a distant cousin. She needed physical assistance and had mild dementia, but very much wanted to return to her home. Medicaid paid approximately $100 per day for her nursing home care. We were made both guardian and conservator and were able to secure a grant from the USDA to refurbish her home. We secured assistance from the Community Services Board for personal care aide 3 hours per day, Monday through Friday. Through our program we provided a friendly visitor, someone to do grocery shopping, repair things in the home, and make her meals on weekends. We also provided transportation to and from doctor appointments, secured medical care, and ensured the delivery of medical supplies and medications.

In May, 2000, Lilly was discharged from the nursing home and returned to her own home. If not for the public guardianship program, she would have remained in the nursing home. We estimate that the program saved the Commonwealth approximately $15,000.

CATHOLIC CHARITIES OF HAMPTON ROADS (CCHR). Francis resided in an adult care residence prior to CCHR serving as his guardian and conservator, as requested by Adult Protective Services (APS). He was neglecting himself, unable to manage his finances, and had incurred great debt. CCHR moved him into an appropriate assisted living facility (ALF), obtained proper medical care, and resolved his debts. Due to Alzheimer's disease and alcohol related dementia, Francis began acting out at the ALF. He urinated on the floor, struck staff, and make inappropriate sexual advances. He was screened for inpatient short-term psychiatric treatment twice, at the request of the facility administrator, prior to being sent via a Temporary Detention Order to a psychiatric facility. He attended the facility's day treatment program after his discharge. Because of inappropriate behaviors, the ALF requested that CCHR move him to another facility. He was moved to the Alzheimer's unit at a skilled nursing facility (SNF). Unfortunately, he continued to exhibit inappropriate sexual behavior.

CCHR attempted to protect other residents by placing a Velcro stop sign across his door; however, the behaviors continued, even when a staff psychiatrist intervened. Finally, CCHR case manager took Francis to an outside psychiatrist who changed his medication. Francis was moved to another ALF, and his inappropriate sexual behavior decreased. He now has the companionship of a male volunteer who watches out for him. Also, because CCHR qualified him for Tri-Care for Life, his medications are provided through the

military.

CCHR prevented Francis from admission to Eastern State Hospital and a SNF. Francis does not require Medicaid reimbursement for his medications.

CHESAPEAKE GUARDIANSHIP PROGRAM (CGP). Kermit is a man with mild mentally retardation, a severe seizure disorder, and an impaired arm. He had lived with his parents into adulthood, and after his father's death, he continued to live with his mother in the home. He had a reported history of violence to his siblings and later to his mother as she aged. His mother always made allowances for his behavior, saying that he was "afflicted" or "crippled." He was unable to read or write more than his name, because he had been taken out of school after the first grade. When his mother died, she left the house to Kermit, intending that he have a place to live the rest of his life. In early 2000, APS became involved due to allegations of financial mismanagement and exploitation. Kermit's house was going into foreclosure. He had amassed large debts against the house that his mother had left, and relatives had apparently exploited him by using his borrowed funds to buy a car, a lawn mower, a computer, clothes, and other items. Kermit's siblings refused to become involved because of his past abuses toward them and his elderly mother. Kermit was suspicious of and accusatory toward anyone who tried to help. His nutrition, hygiene, and housekeeping were poor. He exhibited poor health management, in that he refused to go to the doctor for several years, even though he required ongoing medications to control seizures.

Finally, one sister agreed to become Kermit's power of attorney in an attempt to save his house. At first, he agreed to this arrangement, but he soon became suspicious accused his sister of theft and cheating. Kermit had no comprehension of his finances, as he had mortgaged approximately two-third of the value of his house and still insisted that he "wanted the deed to his house back." He became easy prey to offers of high interest loans, credit cards, and exploitation schemes by his relatives. Kermit was combative and uncooperative with efforts to assist him, and eventually his sister resigned in disgust.

CGP was appointed guardian and conservator in June of 2000 and began to manage Kermit's Social Security so that his bills were brought up to date and his house was no longer in jeopardy. His mail was rerouted so that he no longer received the numerous exploitative solicitations to which he had earlier fallen victim. The public guardian ensured that he had regular food and other necessary items. Eventually, Kermit learned to trust the guardianship staff enough to go to the doctor, and he now receives regular medical attention and essential ongoing medications for his seizure disorder. He is able to call for help when necessary and to adequately convey his needs. In the spring and summer of 2002, he willingly attended a long series of medical appointments and underwent surgery to correct cataracts in both eyes. He obtained new eyeglasses, which have permitted him to see properly for the first time in years. Kermit now lives independently in his own home with moderate support from the guardianship program and church friends. He has become less agitated and less prone to outbursts due to better medical management. He has a good quality of life in the least restrictive environment possible and is relatively safe from further financial exploitation.

Kermit does not live in an ALF or SNF, which would have required the public expenditure of additional Auxiliary Grant or Medicaid funds in the range of $400 to $2500 per month. He has not required a psychiatric admission due to agitation or violence, which would have cost over $300 per day. His limited funds are being appropriately applied to his day-to-day support rather than being siphoned off by exploitative relatives. With proper financial management and other assistance, his monthly income is adequate to maintain him in the house that his mother left to him, and he is happy to remain in that familiar environment.

DISTRICT THREE GOVERNMENTAL COOPERATIVE (DTGC). Ann, 50 years old, was a resident of the Southwest Virginia Mental Health Institute (SWVMHI) for approximately three years. She had a life-long history of institutionalization in a variety of state facilities. D3GC was appointed as her guardian in May of 2000. Since the appointment, Ann lives independently in her own apartment with a variety of community services in place, which are provided on a daily basis. Happier to be on her own, Ann has developed skills such as food shopping and preparation, money management, and laundry skills. With an average daily cost of $309 at the SWVMHI, D3GC established a cost savings of approximately $274,701.00 for the Commonwealth.

FAMILY SERVICES OF ROANOKE VALLEY (FSRV). Bob was living in a deplorable situation, including unsanitary conditions, poor personal hygiene, not taking needed medications (at all or in a timely fashion), and being financially exploited by a "neighbor/friend." Bob was referred to FSRV by a geriatric assessment clinic, and FSRV became his guardian and conservator. Bob was moved to an ALF, where he thrives physically and emotionally. FSRV estimates a savings of $30,000 for the Commonwealth of Virginia for Bob's medical costs alone.

GUARDIAN OF LIFE'S DREAMS (GOLD). GOLD received a referral from a SNF for Shannon, a woman with a fifth grade education with diagnoses of schizophrenia, hypertension, anemia, obesity, and mental retardation. She never married nor had any siblings. GOLD was appointed her guardian and conservator in January 2001. Shannon's health was stable until 2002, when she was placed in the hospital for several weeks and released back to a SNF. When Shannon returned from the hospital with multiple pressure sores, with one was so deep that it could not be staged. GOLD immediately filed a compliant with the local DSS. The next day Shannon died. GOLD contacted DSS about her death, but, because she had died, DSS could not act. GOLD requested that pictures be taken to document the mistreatment before the funeral home arrived. GOLD filed a complaint with the Department of Rights for Virginians with Disabilities. The complaint was assigned a case manager. GOLD staff maintains that thousands of dollars will be saved if proper care is given in the hospitals.

JEWISH FAMILY SERVICES OF HAMPTON, INC (JFS). Anita, a 47-year old mother of two school-aged children (in custody of the father), was diagnosed with uncontrolled diabetes, major depression with attendant mood congruent psychotic

features, and malnutrition with features of anorexia. She had been committed to the state psychiatric facility on more than one occasion. Prior to being accepted into the public guardianship program, she lived in public housing, and because of her medical non-compliance, she had repeated hospitalizations after being found unconscious on city streets. At the time of her adjudication, Anita weighed 85 pounds and was so apparently ill that the Circuit Court judge ordered JFS to hospitalize her immediately.

Since that time, after an unsuccessful trial period of medication management and personal care at home, Anita resides in an ALF. Proper diet, monitoring and medication management has drastically reduced her need for emergency medical intervention. She has gained weight and sees a psychiatrist regularly for treatment of her chronic mental illness. With the help of the agency mentor, Anita has renewed her connection with her children. The mentor has accompanied Anita to school functions and is currently encouraging her to become a more interested parent. Recently, Anita obtained a library card and is currently enrolled in a day program, which may lead to job training.

MOUNTAIN EMPIRE OLDER CITIZENS, INC (MEOC). Gail, 75 years old, was referred to MEOC in mid-winter by APS. Gail was living in an unheated camper with no indoor plumbing or electricity. At least 6 large river rats were counted in the camper with Gail. Gail was malnourished and unclean. She was confused and unable to care for herself. Gail was known to be "eccentric" by many people in the small community where she lived. Many years ago when her family's property was sold to make way for a public road, Gail set up residence beside the road in a small camper. In her younger days she was able to cope without indoor plumbing and electricity. She would hoard her money and buy used campers. She would live in one until it was filled with trash, then she purchased another one. For sustenance, Gail walked a short distance to town for her meals and to check her mail. She was fascinated by sweepstakes and would send most of her SSI check to various companies for a chance to win millions. On her daily trips to town, she passed by trash dumpsters and carried home many articles. When MEOC was appointed guardian and conservator, Gail owned nine campers and an old van.

Gail suffered a mild stroke, which paralyzed her lower extremities. Many individuals, churches, and the local office on aging tried to help her by delivering meals and jugs of fresh water. However, their main concern was that Gail would contract food poisoning. Gail would hoard the food they brought her and consume it over a period of several days. Social Services and the local office on aging tried unsuccessfully to provide support services. Gail would neither cooperate nor take advantage of resources available to her.

When Gail was admitted to the hospital, in addition to the mild stroke with paralysis, she was diagnosed with confusion and malnourishment. She had several rat bites. She refused to relocate to senior housing where she could possibly have received formal services in order to remain in the community. She invented stories about people who were willing to care for her. She told these stories to the attending physician and his case manager in an effort to persuade them that she was competent to make decisions and capable of arranging for her care and could go back home. Since the appointment of a MEOC as public guardian, Gail has been placed in a SNF where she receives necessary 24-hour

care. She has gained weight and willingly participates in physical therapy. Though she is confined to a wheelchair, she can take a few steps with human assistance.

A completely different way of life was extremely difficult for Gail, but with patience from her formal caregivers and her guardians, Gail has adjusted well. She still has periods of confusion and is often combative. She readily admits that it is nice to have a clean, warm, dry place to sleep and three hot meals daily. The quality of her life has improved. According to a statement made by the APS worker to the presiding judge during the guardianship hearing, this was one of the worst self-neglect cases ever reported.

PERSONAL SUPPORT NETWORK (PSN). Andrew suffers from end stage renal disease. His kidneys do not function, and he requires hemodialysis three times weekly in order to live. He has also been diagnosed with paranoid schizophrenia and depression. He had numerous hospital admissions, which were necessary because of medical decompensation, due to his failure to report to the dialysis center for life preserving treatments. When he was discharged from the hospital, a social worker asked him to follow up with several community agencies to seek support. He did not follow up with any of the agencies. His living quarters were unfit for human habitation. Andrew's judgment was impaired, and he was unable to budget his limited assistance income in order to pay for gas and electricity. He did refill his medication prescriptions and would forget to take his medication.

After appointment as guardian, PSN helped Andrew obtain Section 8 funding and move to a new apartment, secured financial assistance for prescriptions; arranged services from the county to provide a public health nurse who visits him weekly, helped pay all of his bills in a timely manner, secured taxi vouchers for him to travel in the community independently, and arranged transportation to and from the dialysis center. Also, PSN helped Andrew take free computer classes weekly, assisted with meal planning and shopping, and monitored and arranged medical and dental care. Andrew is now stable and is so excited about his new computer skills that he would like to try and eventually obtain a part time job. He has joined a church and has established many friendships. Andrew has a small apartment that he maintains impeccably. He now has food in his cabinets and maintains a healthy diet.

SOUTHWEST VIRGINIA LEGAL AID SOCIETY (SVLA). SVLA was appointed conservator for Gena in June 2002. She was diagnosed with delusional disorder. She lived with her mother all of her life. Her mother was diagnosed with Alzheimer's disease and was moved to a SNF. Gena's functioning level deteriorated without the assistance of her mother, and Gena was in jeopardy of losing her community residence. The appointment of SVLA as conservator allowed Gena to have access to Food Stamps, which provides her with basic sustenance. Also, SVLA has assisted Gena in applying for disability benefits to pay for her bills to maintain her home. Although Gena is not "out of the woods" with her mental health status, because of the public guardian, she is assured continued support for remaining in her home. Actions of SVLA have saved the Commonwealth $109,000 for this year alone.