

**VIRGINIA PUBLIC GUARDIAN AND CONSERVATOR ADVISORY BOARD  
MEETING**

Department for Aging and Rehabilitative Services  
1610 Forest Avenue, Suite 100, Henrico, VA 23229

**June 13, 2013, 10 a.m.-2 p.m.**

**MEETING MINUTES**

**Members Present**

Kate C. Mason, Chair, Dr. Paul Aravich, Debbie Burcham, Debra Holloway, Lisa Linthicum, Demaris Miller, Gail Nardi, Kathryn Pryor, Cynthia Smith, Dana Traynham, Thelma Bland Watson.

**Members Absent**

John Powell, Eileen Reinaman, Karen Fortier

**DARS/Virginia Division for the Aging Staff**

Amy Marschean, JD, Senior Policy Analyst  
Janet James, Public Guardian Program Coordinator  
Cecily Slasor, Administrative Assistant  
Annette Sherman, NWD Business Analyst  
Kathy Miller, Director of Programs  
Ben Sharpe, Summer Legal Intern

**Guests**

Melissa Mitchell, Commonwealth Catholic Charities  
Portia Green, Chesapeake Dept. of Human Services  
Thom Butcher, Richmond Dept. of Social Services  
Donna Smith, Richmond Dept. of Social Services

**Welcome and Introductions**

The Chair called the meeting to order at 10:15 a.m., welcomed members and guests, and asked that they introduce themselves.

**Review/Approval December 2012 Meeting Minutes**

Ms. Mason asked if members had reviewed the March meeting minutes and if there were any corrections. Ms. Burcham moved to approve and accept the minutes. Ms. Watson seconded the motion. The members voted unanimously to accept the minutes.

## **Commonwealth Catholic Charities**

**Melissa Mitchell, NCG**

Commonwealth Catholic Charities (CCC) administers a Public Guardian and Conservator Program serving the metro Richmond and District 19 area. The multi-disciplinary panel (MDP), consisting of twelve members, is made up of a diverse group of individuals. Some examples of the persons serving on the MDP include a public health nurse, a representative from the local Community Service Board (CSB), an elder law attorney, and a priest. CCC's primary clients are adults with an intellectual disability (ID) or mental health (MH) diagnosis. The MDP will evaluate the person-centered plan in place, the UAI, level of function form, report of any changes, and family involvement.

Dr. Aravich commented that it may be time for another board survey of the public guardian programs. Previous surveys have found a lack of healthcare professionals on panels. Ms. Mitchell stated that the CCC's MDP had a medical doctor member until recently. Dr. Aravich recommended board members attend at least one MDP deliberation to understand the needs of persons who are incapacitated. He felt that MDP training in certain areas, such as bio-ethics, is needed for issues such as feeding tubes and use of medication for challenging behaviors. Dr. Aravich discussed the complexity of handling certain issues at the end of life. Ms. Mitchell noted that her program used the Values History Form. Dr. Aravich then related the opportunity he had to observe Jewish Family Services (JFS) and CCC panels in Tidewater and that he was very impressed with the programs. He noted that they provided person-centered planning.

Ms. Traynham suggested getting Michael Gillette who is an excellent ethicist to do MDP training. Ms. Pryor asked whether CCC uses the MDP to help the program with end of life decisions and Ms. Mitchell noted she accesses the MDP and the executive board for such decisions.

## **Chesapeake Department of Human Services**

**Portia Green**

**Handout**

Ms. Green has been with the Chesapeake Public Guardianship Program (CPGP) for nine years. The program's MDP is made up of seven people: the city health nurse, the city attorney, a Sheriff's department representative, an adult protective service (APS) supervisor, a human rights advocate from the CSB, a retired, adult services worker and a representative from the faith-based community. There was a health care ethicist on the panel some years ago and they have been unable to refill the spot. A physician felt

he couldn't commit, but he serves on an on-call basis. Public guardianship referrals come from DSS, APS, and community service boards (CSBs).

Dr. Aravich asked whether CPGP has conversations with the incapacitated person about their needs. Ms. Green answered that she has those conversations. Ms. James, commenting on Ms. Green's response, argued that because the public guardians know their clients so well, they know their clients' desires, such as end of life decisions and organ donation. Ms. Green noted that CPGP uses a health care decision-making form and a values history form.

Dr. Aravich commented that everyone should have a "Goals of Care" plan and that local program staff should attend a bio-ethics conference at a hospital and consider short-term goals of care. Such a plan is a more ethical approach to working with incapacitated persons. Ms. Traynham commented that the values history form is a good tool and that communication is key with guardianship clients.

Mrs. Burcham commented the public guardianship program has improved over time and that it is now evident that the training has worked because the guardianship programs are truly providing person-centered care. Gail Nardi commented that a growing population of older prisoners, who are released into the community, are another population that sometimes needs a public guardian.

### **Public Guardian Program Update**

#### **Janet James, Esq., (Handout)**

Ms. James thanked Ms. Mitchell and Ms. Green for their good work and for their presentations. Ms. James reported that she does program monitoring once a year for the fifteen programs and she noted the individuals are being well taken care of. The programs are currently about 19% under-funded. Many programs subsidize the funding they receive from the state. Several programs are negatively impacted due to lack of funding. These budget issues cause programs to lose good staff. Some staff members earn approximately \$20,000 annually. In the past year and a half, clients have continued to require more supervision, resulting in more difficult cases for the programs. Ms. Burcham noted the Department of Behavioral Health and Developmental Services (DBHDS) has a crisis intervention program for persons with intellectual disability (ID) called START in five areas of the state to assist with difficult cases.

Ms. Miller reported that Ms. James will present on the Public Guardianship programs at the national NASUAD conference in September.

## **Public Guardian Person-Centered Procedures Draft**

### **22 VAC 30-70-30 (Handout)**

**Amy Marschean**

Members continued their discussion of the phrasing of the above regulations. Ms. Marschean stated that she would like to put together a stakeholder group to look at this draft before submitting it to Town Hall and receiving public comments.

### **Nominating Committee Report**

**Debbie Burcham**

Ms. Burcham reported that the nominating committee met June 11 to discuss a slate of officers for the board. Ms. Burcham, Ms. Holloway, Ms. Marschean, and Mr. Sharpe were present. Ms. Linthicum joined the meeting by telephone. The following slate of officers was chosen by the committee:

Chair - Demaris Miller

Vice-Chair - John Powell

Secretary - Debra Holloway

Ms. Nardi moved that the slate be accepted. Dr. Aravich seconded that motion. The board voted unanimously to accept the slate of new officers.

Dr. Aravich proposed sending the new Chair of the Board to the national guardianship conference to view best practices.

### **Legislative Committee Report**

**Debra Holloway**

**(Handout)**

Ms. Holloway reported the Legislative Committee met this morning before the full board meeting. The Committee approved the submission of a request for additional funding for the guardianship program. According to the handout, in FY 2012, the Virginia Public Guardian and Conservator Program had a capacity to serve 601 persons in the Commonwealth. Currently, the Public Guardianship and Conservator Program receives \$2 million. The Need for Public Guardians in the Commonwealth of Virginia – Final Report, Center for Gerontology, Virginia Polytechnic Institute and State University, Roberto, Duke, Brossoie and Teaster Report (2007) projected a need for 1,707 public guardians by 2010 and that number was projected to rise to 1,939 in 2020 and 2,170 in 2030.

Ms. James reported that she has documented unmet need for an additional 580 persons who could be served for approximately \$3.2 million. But since the projected unmet need is actually 1200 slots, Dr. Aravich suggested the request be for \$5 million. This

budget request would have three goals: grow the program statewide, hold harmless the 19% deficiency, and request additional funding. Ms. Burcham moved that the proposal for additional funding be accepted and Ms. Pryor seconded the motion. The board voted unanimously to request the additional funding, to both grow the program statewide and add more slots and provide the 19% under-funding of programs.

Ms. Traynham noted that, effective January 1, 2014, Virginia Office for Protection and Advocacy (VOPA) will become a private, non-profit organization. The new name will be the disAbility Law Center of Virginia. The legislative change may affect the inclusion of a representative on the Virginia Public Guardianship and Conservator Advisory Board (VPGCAB). Dr. Aravich made a motion that the new disability advocacy agency be formally represented on the VPGCAB and Ms. Miller seconded the motion. Ms. Traynham abstained from voting. The motion passed.

### **APS/Adult Services Merger with DARS**

#### **Annette Sherman**

Ms. Sherman presented the PeerPlace system to Richmond area staff and showed the differences between (Peerplace) PP and the Adult Services/ Adult Protective Services database ASAPS. ASAPS users liked what they heard and appeared to view a move to PP favorably. Over time, APS reporting and guardianship report tracking may be migrated to PP. The time frame will be 1.5-2 years and will involve a user advisory group. Ms. Sherman will be meeting initially in July with ASAPS users.

### **Public Comment Period**

There were no public comments received.

### **New Business**

Ms. Marschean reported that in July, Ms. James will provide training for two and a half days for public guardians. This annual training will feature Dr. Aravich as the keynote speaker on Thursday at the conference held in conjunction with the VGA and VERC. Ms. James said that there will be a panel of fourteen experts, including an elder law attorney, a representative from DBHDS, and an Emergency Medical Technician (EMT), among others, to talk about crisis intervention and stabilization using a hypothetical case.

Ms. Burcham is leaving the board but offered her thanks and appreciation to past and present board members.

The Chair adjourned the meeting at 1:55 p.m.