COLORADO
Office of Public Guardianship

2022 Final Report to the Colorado Legislature

The Colorado Office of Public Guardianship (COPG) is a public agency established by the Colorado General Assembly. Pursuant to § 13-94-104(1) C.R.S. (2017), the Colorado General Assembly created the Office of Public Guardianship within the Judicial Department.

The Director and the COPG Commission have the decision-making authority to determine agency policy. The Director serves at the pleasure of the OPG Commission pursuant to § 13-94-104(3) C.R.S. (2019).

The Colorado OPG is a pilot project initially operating in the Second Judicial District and subsequently the Seventh and Sixteenth Judicial Districts conditional upon securing additional funding effective until June 30, 2024, at which time the agency will either continue, discontinue, or be expanded by the General Assembly pursuant to § 13-94-111 C.R.S. (2019).

The Colorado Office of Public Guardianship (COPG) shall provide guardianship services; gather data to help the general assembly determine the need for, and the feasibility of, a statewide office of public guardianship; and that the office is a pilot project, to be evaluated and then continued, discontinued, or expanded at the discretion of the general assembly in 2024.

MISSION

The Mission of the Colorado OPG is to provide guardianship services for indigent and incapacitated adults, within the targeted judicial district, when other guardianship possibilities are exhausted. If Colorado adults lack willing and appropriate family or friends, resources to compensate a private guardian, and access to public service organizations that offer guardianship, the Colorado OPG Pilot Project provides guardianship services to secure the health and safety of these individuals while safeguarding their individual rights and preserving their independence wherever possible.

VALUE STATEMENTS

- *Dignity:* At-risk adults are treated with individual dignity and respect.
- *Self-determination:* The concerns and decisions of at-risk adults are, to the greatest extent possible, considered with the assistance to regain or develop capacities and participate in supported decision-making and person-centered planning.
- *Access and Quality:* At-risk adults should receive timely access to appropriate services, consistent with best practice, to ensure personal safety and well-being.
- *Collaboration:* The Colorado OPG actively seeks collaborative relationships with governmental and community stakeholders to maximize resources and support continuous improvement of policies and processes.
- *Accountability and Transparency:* Outcomes of the Colorado OPG are defined, documented and made available to the Colorado General Assembly and the public, as required by statute, accurately and on a timely basis.

VISION

The Colorado OPG will serve at-risk adults, within the targeted judicial districts, with dignity and collaborate with stakeholders to assist in ensuring individuals receive appropriate public guardianship services. The Colorado OPG Pilot Project will educate stakeholders of the value and dignity of at-risk adults to consistently implement least restrictive alternatives and supportive decision-making to ensure the appropriate level of public guardianship is tailored on an individual basis.

COLORADO OFFICE OF PUBLIC GUARDIANSHIP
FINAL REPORT TO THE COLORADO LEGISLATURE

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EXECUTIVE SUMMARY

The State of Colorado is experiencing a growing population of indigent and at-risk adults who lack sufficient capacity to make decisions on their own behalf and who lack the assets or family support to secure a guardian. Without a guardian, too many of these extremely vulnerable individuals fail to secure stable housing or appropriate access to routine health care, mental health care, adequate nutrition, and other support services. They are more likely than the general population to find themselves unhoused or unsafely housed and at greater risk for abuse and neglect. Similarly, they are also more likely to be placed in inappropriate, costly, and overly restrictive settings such as acute care hospitals, long term mental health facilities and law enforcement institutions. A public guardian can mitigate these risks and promote the health and safety of this vulnerable population.

The issue of unrepresented at-risk adults extends across the United States. The population in need is growing; yet no state has found a comprehensive solution to the challenge of providing for the best interests of these vulnerable citizens. In response, the Colorado Office of Public Guardianship Pilot Project (COPG) was established by the Colorado General Assembly to provide guardianship services for these indigent and incapacitated adults in the 2nd Judicial District and, in the process, to conduct a more comprehensive needs and feasibility assessment for a statewide public guardianship program.

As the pilot project reaches our three-year completion, this report to the General Assembly provides definitions and key concepts in guardianship; an extensive summary of research on the national level regarding existing public guardianship programs and trends; a comprehensive needs assessment and projection for public guardianship in Colorado; a summary of the operational structure, process, services and findings of the pilot project; a detailed profile of the clients that have been served by the COPG along with both tangible and intangible outcomes; a review of lessons learned; and, detailed recommendations for consideration for future action by the General Assembly during the 2023 legislative session.

As of September 30, 2022, the COPG received 288 referrals, with 82 of those referrals from outside of Denver County, so not eligible per limitations of the pilot. The Office has served a total of 102 guardianships, with 84 currently active and 18 accepted but on hold due to current caseload capacity. An additional 3 referrals were pending in court proceedings and 11 were partial or incomplete.

Of the 102 guardianships, 42 clients identified as female and 60 as male. Client ages at time of appointment ranged from their 20s to their 90s, with a median age range of 60-75. Nearly half (45%) of clients have been over the age of 65. The most common primary diagnoses related to the client's loss of capacity are Alzheimer's disease, dementia disorder, or other neurocognitive disorder (33%), followed closely by mental illness or psychiatric conditions (29%). At the time of referral, 89% of clients had additional medical conditions, with 44% suffering from multiple medical conditions. Due to the medical fragility of so many COPG clients, as of November 2022, twenty guardianships have ended upon death of the client. Additional detailed demographics are included in the full report.

An unanticipated but notable achievement of the pilot project is the successful partnership with the Office of Behavioral Health (OBH) and Rocky Mountain Human Services to assist with the Colorado Olmstead Initiative. The OBH provided funding for two COPG guardian-designees to serve clients discharging from the Colorado Mental Health Institutes (CMHI) of Ft. Logan and Pueblo to the Denver County communities, leading to both less restrictive placements for clients as well as substantial cost savings to the State. Other achievements are detailed in the full report.

An in-depth trend analysis revealed a number of nationally recognized trends driving the need for public guardianship including an aging population with increased longevity, growing awareness of mental illness and intellectual and developmental disabilities, military service-related disabilities, and the consequences of advances in medical treatment. These overarching trends are closely interrelated with several other trends in the areas of housing insecurity, health care, law enforcement, criminal justice, mistreatment and neglect, and involuntary mental health treatment.

The history of public guardianship in Colorado dates back at least a decade, with three expert reports calling for establishment of an office of public guardianship. In 2019, Colorado Revised Statute § 13-94-105 enabled the current pilot project, a director was hired, and clients began to be accepted in mid-2020.

The findings detailed in this report represent a combination of research methodologies including basic referral and client data from the case management system, an independently contracted qualitative study of the client, family and provider experience, a multi-focused needs analysis, and a cost analysis.

A statewide needs assessment was conducted via statistical analysis, survey, interviews and focus groups. The statistical analysis conservatively estimates an unmet statewide need of between 2,754 and 3,736 individuals. Survey and interview data revealed substantial agreement among a wide range of stakeholders regarding the need for a statewide program of public guardianship. In a survey of 250 individuals representing all 22 Judicial Districts, nearly 90% of participants indicated that there was a High or Extremely High need for guardianship (89%) and public guardianship (88%) in the communities where they serve. Subsequent in-depth interviews and focus groups also strongly supported this finding. Finally, and most importantly, qualitative interviews with clients, family members and care providers identify the need and report improvements in quality of life for clients being served in the pilot project.

The cost analysis proved the most complex aspect of the pilot project assessment due to the combination of no commonly accepted methodology and limited access to basic cost data; however, the potential for cost avoidance is evident. For example, in line with other published research, substantial cost savings were estimated related to least restrictive housing. In particular, potential cost savings of $4.1 million were estimated for just 13 clients moved from state mental health facilities into other appropriate settings. Examples of related sources of cost avoidance include reductions in 911 calls, emergency department visits, interactions with law enforcement, and time spent in state and local correctional facilities.

A number of serious barriers, challenges and limitations were encountered during the pilot project, and are detailed in the full report. The most pressing challenges were related to the COVID-19 pandemic and among the many barriers faced were delays in court proceedings, access to clients for guardian visitation, and appropriate placements in the context of crisis standards of care. Unfortunately, some of these challenges continue with the ongoing pandemic. Another key limitation is related to Colorado's labor shortage. For example, despite 2022 authorization to establish the pilot in the 7th and 16th Judicial Districts, efforts to fill those guardian positions have not been successful to date. Therefore, the Office was not able to fully assess best practices for delivery of public guardianship services in Colorado's rural areas. However, limitations of the pilot project were offset by numerous opportunities that encompass a variety of partnerships, innovative expansion of services, and community education.

The conclusion drawn from the OPG pilot project is that establishment of a permanent, statewide Office of Public Guardianship is strongly advised based on the need to serve the health and safety of this vulnerable population. The following recommendations are made to the Colorado General Assembly.

Recommendation #1:
Establish the OPG as an independent agency.

Recommendation #2:
Expand the governing body to include a more diverse representation of stakeholders and the state.

Recommendation #3:
Implement a three-year rollout plan for statewide expansion of the COPG.

Recommendation #4:
Continue to operate via a centralized office with remote staff and satellite offices and infrastructure and ensure adequate human resources, information technology and legal support for operations.

Recommendation #5:
Provide adequate infrastructure and flexibility to explore grants and innovative community and state agency partnerships and programs.

Recommendation #6:
Establish COPG accountability and oversight via strong internal and external evaluative systems.

Recommendation #7:
Complete a comprehensive cost-benefit analysis evaluation of the Colorado Office of Public Guardianship with adequate funding to contract with a third-party evaluator.

INTRODUCTION

"We [the client's estranged family] found out that they were in the system through his guardian who located us. [He] had a stroke and had meningitis, and they found him wandering and incoherent. They didn't have anybody to get a hold of. They didn't know who to get a hold of, so we didn't know for about a year – almost a year until the guardian found us."

-Marge (Family/Friend)

The COPG client above is just one of a growing population of indigent and at-risk adults who lack sufficient capacity to make decisions on their own behalf and who lack the assets or family support to secure a guardian. In the medical and legal literature, a common descriptor of these individuals is "unbefriended" or without friends. Whether it is a US veteran suffering from PTSD and combat-related injuries, an elder suffering from dementia, or any adult incapacitated by mental illness, traumatic head injury or other cognitive/behavioral limitations, what they all have in common is that they are without a voice to consistently speak on their behalf. They do not have a relative, friend or any other entity that is able and willing to step into the role of guardian to assist with basic decisions to ensure their safety and well-being.

We know from the literature that the issue of unrepresented at-risk adults extends across all states; that the population in need is growing; and, that no state has found a comprehensive solution to the challenge of providing for the best interests of these vulnerable citizens. Unrepresented adults are more likely to[i]:

- Be socially isolated (single and childless with small social networks)
- Be estranged from family
- Have fewer financial resources
- Experience more cognitive impairment
- Suffer from multiple chronic diseases
- Have a history of housing instability or substance abuse

The result is that too many of these individuals fail to secure stable housing or appropriate access to routine health care, mental health care, adequate nutrition and other support services. They are more likely than the general population to find themselves homeless or in other unsafe housing and at greater risk for abuse and neglect. Similarly, they are also more likely to be caught in inappropriate, costly and overly restrictive settings such as acute care hospitals, long term mental health facilities and law enforcement settings.

In response to this growing challenge, the Colorado Office of Public Guardianship Pilot Project (COPG) was established by the Colorado General Assembly to provide guardianship services for these indigent and incapacitated adults in the second judicial district and, in the process, to conduct a more comprehensive needs and feasibility assessment for a statewide public guardianship program. As the pilot project reaches our three-year completion, this report to the General Assembly provides the following:

- Introduces basic definitions and processes of guardianship;
- Provides a summary of research on the national level regarding existing public guardianship programs as well as trends impacting guardianship in Colorado;
- Completes a comprehensive needs assessment and projection for the public guardianship in Colorado;
- Summarizes the operational structure, process, services and findings of the pilot project;
- Presents a detailed profile of the clients that have been served by the COPG along with both tangible and intangible (quality of life) outcomes;
- Describes the challenges faced as well as potential opportunities and the broad support from a wide range of community stakeholders that were identified; and,
- Proposes detailed recommendations for consideration for future action by the General Assembly during the 2023 legislative session.

It should be noted that this is essentially a technical report filled with facts, figures, background, and recommendations. However, a conscious effort has been made to include case studies throughout so that we keep in sight the challenging circumstances and extreme vulnerability of the individual clients served by the COPG. Although we have altered the facts as required to protect the privacy of clients, the case studies remain highly representative of the clients served and are intended to remind the reader of the dignity, self-determination and quality of life that every individual deserves, and that public guardianship seeks to provide to the greatest extent possible.

> *"It impressed me in many ways. They placed me in a home. They helped me get established in this place I'm living at. They helped me get established with shoes and clothes. I'm waiting for a winter jacket for my birthday, my own winter jacket. I have my own pair of shoes on. I got my own pants, my own shirts. Not at a grab bag. It's really from Amazon and they're really mine. I don't have to dig in grab bags or get second best or anything. I got my own clothes. [My Guardian] helped me with it. I'm impressed and thank her for it. She helped me a bunch."*
>
> -Sam (OPG Client)

GENERAL TRENDS AND FACTORS IMPACTING THE NEED FOR PUBLIC GUARDIANSHIP

Although there is a general consensus in the literature of a growing need for public guardianship, there has been relatively little research regarding the specific numbers of individuals in need or the relative costs and benefits of various models of providing public guardianship services. The studies and reports that do exist are generally specific to individual states and do not employ any standard methodologies making it difficult to compare or extrapolate from them. A 2010 study by the National Center for State Courts (NCSC) used the data from just four states to estimate that there are approximately 1.5 million active pending adult guardianships, but with a range from 1 million to 3 million possible.[ii] The report points out that there is no standard tracking among states and, for our purposes, no consistent differentiation between private and public guardianships.

Despite the relative lack of evidence specific to public guardianship, there are well established national trends regarding a growing need for adult guardianship that are applicable when considering the specific need for public guardianship in Colorado. These trends reflect the sources of those vulnerable populations most often found to be indigent, insufficiently capacitated and in need of guardianship services. Unfortunately, many indigent adults in need of guardianship fall into more than one of these general trend categories.

A 2010 report from the Conference of State Court Administrators posed the following question.

> An increasing number of persons with diminished capacity are poised to transform American institutions, including the courts. What can state courts do to prepare to meet this challenge?[iii]

While this report focuses on the expanding burdens on probate and criminal courts, many public and private institutions will also be challenged to meet the growing need for services and protections for these vulnerable populations. This and other reports commonly identify four specific demographic shifts contributing to the increase. These include an aging population supported by increased longevity, growing awareness of mental illness and intellectual and developmental disabilities, military service-related disabilities, and the consequences of advances in medical treatment.

An Aging Population

The greatest contributor to the number of people with diminished capacity is the aging population and increased longevity along with age-related degenerative disease and disability. The US Census Bureau in a 2020 report, predicts that in the year 2030 all baby boomers will be older than 65 years of age, with one in every five Americans at retirement age.[iv] In 2034, older adults will outnumber children for the first time. The number of people 85 years and older is expected to nearly double by 2035 (from 6.5 million to 11.8 million) and nearly triple by 2060 (to 19 million people).

Of particular concern are the trends related to Alzheimer's disease. The Alzheimer's Association in a 2022 report estimates that 6.5 million Americans age 65 and older are currently living with Alzheimer's, with 73% of those age 75 or older.[v] By 2050, the number of cases is projected to be 12.7 million. Racial disparities in the prevalence of Alzheimer's and other dementias (Blacks twice the rate of Whites, Hispanics one and a half times the rate of Whites) are exacerbated by many other social determinants of health that place these adults at much higher risk.

For example, in 2021, the national poverty rate for people ages 65 and over was 10.3% with adults living in rural settings at higher risk versus metropolitan areas.[vi] Persons without means to afford private guardianship and living in rural areas in which services and settings are limited will be among the most difficult populations to serve.

Finally, the tremendous physical, emotional and financial toll experienced by family and friends in the role of caregivers means that many of these elders suffering from dementia will outlive their caregivers or their caregivers will, at some point, simply be unable to continue to accept responsibility.

According to the 2020 Colorado Census, the 65+ population of Baby Boomers is the fastest growing age group in both total numbers as well as growth rates. This population contributes to 43% of the growth in the state and impacts the growing numbers of retirements and demand for health services. From 2020 to 2030 the 75 to 84 group will grow the most and fastest and from 2030 to 2040 the 85+ group will grow the most. After 2040 the 65+ age groups are forecast to grow at the same rate as the under 65 population.[vii]

Of particular concern in Colorado, 76,000 people aged 65 and older are living with Alzheimer's disease in Colorado. 1.08% of people aged 45 and older have subjective cognitive decline. Just the cost of Alzheimer's disease to Colorado's Medicaid program is estimated at $635 million in 2020 with a 24% increase by 2025, https://www.alz.org/media/documents/alzheimers-facts-and-figures.pdf. More than 110,000 Coloradans are projected to have Alzheimer's disease by 2050.[viii]

Mental Illness and Substance Use Disorders

The combined impact of the opioid crisis and the COVID pandemic have shone a bright light on the prevalence of mental illness and substance use disorders (SUD) in the United States. Both mental illness and SUD contribute to the increasing numbers of unrepresented at-risk adults. In 2020, there were an estimated 52.9 million adults (21%) aged 18 or older in the United States with mental illness. Of these, an estimate of 14.2 million (5.6%) are suffering serious mental illness.[ix]

An estimated 26% of Americans ages 18 and older – about 1 in 4 adults – suffers from a diagnosable mental disorder in a given year. Approximately 9.5% of American adults over the age 18 will suffer from a depressive illness (major depression, bipolar disorder, or dysthymia) each year. Many people suffer from more than one mental disorder at a given time. In particular, depressive illnesses tend to co-occur with substance abuse and anxiety disorders.

Over half (54.7%) of adults with a mental illness do not receive treatment, totaling over 28 million individuals. Almost a third (28.2%) of all adults with a mental illness reported that they were not able to receive the treatment they needed. 42% of adults with acute mental illness (AMI) reported they were unable to receive necessary care because they could not afford it.

Although somewhat lower, the prevalence of substance use disorders is also a primary risk factor for unrepresented at-risk adults. In 2020, 40.3 million people aged 12 or older (or 14.5%) had an SUD in the past year, including 28.3 million with alcohol use disorder, 18.4 million with an illicit drug use disorder, and 6.5 million with both alcohol use disorder and an illicit drug use disorder. The vast majority of individuals with a substance use disorder in the U.S. are not receiving treatment. 15.35% of adults had a substance use disorder in the past year. Of them, 93.5% did not receive any form of treatment. [x]

Finally, an estimated 6.7% of adults aged 18 or older in 2020 (or 17.0 million people) suffered from both a mental illness and an SUD, with 2.2% (or 5.7 million people) experiencing serious mental illness with an SUD in the past year. Among those with a serious mental illness, two thirds (66.4%) of adults received

either substance use treatment at a specialty facility or mental health services in the past year (66.4%), but only 9.3% received both services. [xi]

Mental health and substance abuse disorders place great stress on families and support networks, leaving many unable to cope with the demands of caring for a family member suffering mental illness, substance abuse disorder or some combination. Barriers in accessing treatment further contribute to that stress and the potential for an individual to become unrepresented as an at-risk adult.

According to 2022 Mental Health America report, Colorado ranked last (51st) in the adult category for highest prevalence of mental illness and lower rates of access to care. Although, Colorado's overall ranking improved substantially from the prior report, the change was predominantly related to improvements in prevalence and access to care in the youth category.[xii] The Colorado Health Institute notes that 39 Colorado counties to not have a practicing psychiatrist and 22 Colorado counties do not have an active licensed psychologist.[xiii]

Colorado's rates of substance and alcohol disorders are also well above the national average. According to a Colorado Health Institute 2020 Substance Abuse Brief, 11.9% of people 18 an older in Colorado reported a substance use disorder between 2017 and 2018 compared to the national rate of 7.7%.[xiv] A widely reported 2022 analysis placed Colorado 9th in the nation for highest level of drug use.[xv] According to the National Center for Drug Abuse Statistics, Colorado is the only state with heavy consumption of all four major intoxicants: marijuana, alcohol, cocaine, and opioids.[xvi] In addition, a shortage of providers and high costs will continue to be serious barriers to treatment.

Of particular concern in Colorado is the current crisis related to opioid and narcotics addiction misuse as illustrated by this interview quote:

> *I feel that there's probably going to be a greater and greater need for [the Office of Public Guardianship] and it's not just for the at-risk community, but there's just going to be a lot of people that are unable to take care of themselves anymore. And I'll tell you why, is that the opioid and the narcotics issues that we have in the state. It's going to cause long-term effects, the people that are using the street drugs that are out there right now it's going to have long-term effects, and I don't think any of us really know. Because fentanyl hasn't been here that long, but I spent enough time on the streets when I'm not here in the office to know that there are people that are just ingesting just a lot a lot of fentanyl every day, and it's going to have a long-term effect. And years from now I don't think they're going to be able to function on their own they're going to have to have somebody to take care of them, and I think I think we have to prepare for that.*
>
> -Interview Participant; Law Enforcement Officer Denver

Intellectual and Developmental Disabilities (IDD)

Although there is very little current research on the adult IDD population, most studies estimate between 5 and 7 million persons living in the United Stated with IDD. There is a strong national trend away from guardianship among individuals with intellectual and developmental disabilities (IDD) and toward presumed decision-making capacity and the preservation of legal capacity. Individuals with IDD are presumed competent and able to manage their own affairs, aided by supported decision-making, a network of friends and family, and adequate resources including education and other supportive services.[xvii]

There is a percentage of these individuals whose disability is severe or profound enough, or is combined with other conditions such as a serious behavioral disorder, mental health diagnosis or substance abuse disorder, to necessitate legal guardianship for the benefit and protection of the individual. According to the National Association for the Dually Diagnosed, many children and adults have more than one type of intellectual or developmental disability and 30-35% also have a psychiatric disorder, a significantly higher prevalence than in the general population.[xviii] Similarly, individuals with IDD are also at a higher risk of substance use disorders that the general population, a risk further increased by co-occurring mental health disorders or incarceration. They are more likely to experience adverse effects of substance use as well as greater barriers to treatment.[xix]

Of these individuals, a smaller percentage will need the services of a public guardian because they are indigent and have no one else to act in the capacity of guardian. A 2019 survey that examined who served as guardians found 11.3% were public guardians with Black respondents the most likely group to have a public guardian.[xx] Two trends that increase the need for public guardianship are increased life expectancies for IDD individuals and the aging of their caregivers. The likelihood of older persons with IDD living longer than their family caregivers has increased substantially.[xxi] Additionally, older caregivers may simply no longer be able to serve as guardians due frailty or other health issues of their own. Finally, individuals with IDD and a serious co-existing substance use disorder, behavioral or mental health condition may become estranged from caregivers who are no longer willing or able to provide the needed support. The high costs of caring for children with IDD over the life span further challenge families over time, increasing the potential for IDD individuals to become indigent in adulthood.

According to the 2020-2021 National Core Indicators Colorado State Report, approximately 60% of IDD individuals have a guardian. Of the individuals surveyed, 35% are diagnosed with a mood disorder, 33% are diagnosed with an anxiety disorder, 39% are diagnosed with behavior challenges, 13% are diagnosed with psychotic disorder, and 17% are diagnosed with some other mental illness or psychotic disorder. Individuals surveyed also identified suffering from other disabilities and health conditions, https://idd.nationalcoreindicators.org/wp-content/uploads/2022/08/CO-IPS-20-21-State-Report-508.pdf.

Veterans and Military Service-related Disabilities

The U.S. Census Bureau estimates there are approximately 18 million veterans of the U.S. Armed Forces, roughly 7% of the population.[xxii] Veterans face a number of service-related issues that place them at higher risk for diminished capacity and lack of family members or friends to act on their behalf. They are more likely to suffer from substance use disorders, PTSD, other mental health disorders, and traumatic brain injury (TBI) than the general population. In fact, veterans often suffer from two or more of these risk factors. In addition, they may commonly suffer from co-morbid medical conditions such as chronic pain, amputations and the effects of a variety of hazardous exposures.[xxiii]

In a 2018 study, post-9/11 veterans had a 43% chance of having a service-connected disability which is significantly higher than veterans from other periods. Of this group, post-9/11 veterans had a 39% percent chance of having a disability rating of 70 percent or more, also notably higher than veterans from earlier periods. Medical advances probably account for much of the higher disability ratings because today's veterans are more likely to survive injuries that would have been fatal in past conflicts.[xxiv]

PTSD and Other Mental Health Disorders

Estimates on the number of veterans suffering from PTSD varies by the conflict in which they served with a range from 11-20% in a given year. Veterans suffering from PTSD are at greater risk for problems with drugs and alcohol. Likewise, people with heavy substance use are at higher risk of developing PTSD. Most people with PTSD—about 80%—have one or more additional mental health diagnoses such as depression. They are also at risk for functional impairments, reduced quality of life, and relationship problems.[xxv]

Traumatic Brain Injury (TBI)

The number of veterans with traumatic brain injury has dramatically increased with the conflicts in Afghanistan and Iraq. The Department of Defense and the Defense and Veteran's Brain Injury Center estimate that 22% of all OEF/OIF combat wounds are brain injuries, nearly twice the rate of TBI in Vietnam.

Substance Use Disorder (SUD)

Substance use disorder has long been recognized an issue in the military and among veterans. Alcohol abuse is the most common with higher rates of alcohol use and misuse than in the general population.

Neurocognitive Disorder (NCD) and Dementia

Veterans have also been found to be at higher risk for dementia and other neurocognitive disorders. PTSD, TBI, SUD, dementia and NCD are interrelated with each condition acting as a risk factor for all of the others and frequently co-occurring. The combination of these factors greatly increases the risk of diminished capacity.[xxvi]

The complex combination of risk factors and related behavioral issues such as anger and violence often lead to veterans becoming estranged from family and friends along with financial and housing instability. For example, co-occurring PTSD and alcohol misuse has been associated with a marked increase in violence and aggression in veterans.[xxvii]

Based on 2021 U.S. Census data, Colorado is home to over 348,480 military veterans that served from WWII through the current Gulf War. Colorado's population of veterans is about 20% higher than the rate in the United States.[xxviii]

We know that military veterans are impacted by disparities in access to healthcare, especially those living in rural areas. A 2021 Colorado Health Institute analysis identified that 45% (141,000) of Colorado veterans that were eligible to receive VA health care services in 2021 were not enrolled in the system and this varied greatly across the state.[xxix]

Further, suicide rates among rural veterans tend to be higher compared to veterans that reside in urban areas. Veterans living in highly rural areas that use VA's health care system are 65% more likely to die from suicide than those residing in urban areas.[xxx] In Colorado, the veteran suicide rate was significantly higher than the national veteran suicide rate and significantly higher than the national general population suicide rate.[xxxi]

Advances in Medical Treatment

A fourth major trend involves advances in medical treatment that have increased survival and life expectancy for many medical conditions that may result in or lead to diminished capacity. For example, mortality rates for stroke death in the United States have consistently declined since at least the 1960s due

to improvements in modifiable stroke risk factors and in stroke treatment and care over time.[xxxii] Other examples include head trauma and brain injury, other neurocognitive conditions, and chronic illness. It is generally accepted that chronic illness is a risk factor for mental health disorders. Increased survival with significant physical disability, a co-occurring mental health disorder, or cognitive deficit can lead to financial stress, caregiver burdens and social isolation. This combination of factors places affected individuals at greater risk of becoming unrepresented and in need of a public guardianship option.

In Colorado, traumatic brain injury provides an example of the impact of this particular trend. Colorado ranks 13th in the nation of hospitalizations due to TBI with almost 5,000 individuals. 23,500 emergency room visits each year are due to TBI and, each year, 2,200 individuals continue to experience disability one year after hospitalization for a TBI.[xxxiii]

RELATED TRENDS AND IMPACTS

The need for guardianship generally parallels the increase in the number of adults at risk for diminished capacity and becomes evident in a number of related trends that are often interrelated themselves. As noted previously, many at-risk adults fall into multiple trend categories.

Housing Insecurity

In the time period between 2019 and 2020, the number of people experiencing homelessness nationwide increased by two percent, representing the fourth consecutive year that total homelessness has increased in the United States. On a single night in 2020, roughly 580,000 people were experiencing homelessness in the United States, with six in ten (61%) staying in sheltered locations and four in ten (39%) in unsheltered locations such as on the street or in abandoned buildings. The number of individuals with chronic patterns of homelessness increased by fifteen percent.[xxxiv]

Homelessness and insufficient capacity are closely related. Studies have consistently reported that 25-30% of the homeless population has severe mental illness and one study found that more than half of homeless and marginally housed individuals have traumatic brain injuries. While factors such as mental illness and TBI may contribute to homelessness, the reverse is also true. Homelessness can also lead to or worsen those conditions. Depression, suicidal thoughts, substance misuse and symptoms of trauma are more prevalent among people experiencing homelessness.[xxxv]

On a single night 37,252 of the people experiencing homelessness were US veterans, 8% percent of all homeless adults and 21 of every 10,000 veterans. Twenty seven percent of those veterans have chronic patterns of homelessness.[xxxvi] The National Coalition for Homeless Veterans reports that 50% of homeless veterans have a serious mental illness and 70% and substance use disorders.[xxxvii]

According to the Colorado Coalition for the Homeless 2020 Report, 53,000+ individuals covered by Colorado's Medicaid System in 2019 were without stable housing. 9,600+ Coloradans reported experiencing sheltered or unsheltered literal homelessness on a single night in January during the 2019 Federal Point-in-time Count snapshot, https://colorado-opg.org/wp-content/uploads/2022/12/Colorado-State-Homelessness-Playbook-10_30_2020-829-2.pdf.

Health Care

Individuals with diminished capacity and lacking an advocate are at particularly high risk in the health care system. They frequently lack insurance or other access to primary care, resulting in a lack of preventive care, routine medical care, and higher use of 911 calls and emergency room visits.

There is a growing body of literature on the increased number of unrepresented patients, particularly in emergency departments and acute care hospitals. These patients lack the capacity to make medical decisions and do not have advance directives to guide health care providers. They are more likely to experience undertreatment, delays in treatment, overtreatment and prolonged stays due to the inability to transfer them to a safer and less restrictive setting.[xxxviii] For example, people with co-occurring IDD and mental illness are frequently admitted to emergency departments and it is not unusual for them to remain in the emergency department for several days.[xxxix]

The prevalence of unrepresented patients is increasing and estimated to be as high as 16% in the ICU setting and 4% in the long-term care setting. Overall, unrepresented patents make up 3-10% of hospital and long-

term care populations. However, the commonly cited studies date back twenty years. Demographic and other trends suggest the prevalence is likely to be higher, particularly in long term care settings where some estimates range as high as 30%.[xl]

In a 2021 study focusing on older adults, most clinicians estimated encountering unrepresented patients on a monthly or quarterly basis. Clinicians in the outpatient setting regularly encountered concerns for patient safety, medications management, advance care planning, elder abuse and driving. In the inpatient setting, clinicians identified prolonged hospitalization, delay in appropriately transitioning patients to hospice or end-of-life care, and inability to promote quality of life as common negative consequences to their patients. Prolonged inpatient hospitalizations are associated with higher risk for delirium, pressure ulcers, falls, infections, deconditioning and other risks of hospitalization.[xli]

In addition to concerns regarding quality of care, quality of life and the many risks associated with unrepresented adults in health care settings, the extraordinary costs of using acute care settings as emergency or last resort housing for incapacitated and unrepresented persons are unsustainable. The COVID pandemic provided a clear picture of the inefficiency of using acute care settings to house stable but unrepresented patients awaiting placement in a less restrictive setting when other critically ill patients are competing for space and staff resources.

In Colorado, there is no entity currently tracking the number of unrepresented patients in Colorado health care facilities at any given time nor over time. There have been no specific studies regarding the negative health outcomes or costs associated with this population. However, the OPG Advisory Committee Recommendations for a Pilot Program included a White Paper by the Colorado Collaborative for Unrepresented Patients that highlighted this vulnerable population, calling attention to the fact that there is little or no data on the numbers other than the numbers are trending upward. In fact, hospitals were the primary referral source for the COPG pilot project.

Law Enforcement and Criminal Justice

Law enforcement and the criminal justice system constitute another context in which encounters with unrepresented adults with insufficient capacity are more likely to occur and to result in persons housed in overly restrictive and non-therapeutic settings. In addition, 911 and other law enforcement calls, court proceedings and prolonged periods of incarceration due to the inability to release these vulnerable adults into the community are sources of substantial avoidable costs.

A 2016 meta-analysis of 85 studies, found that one in four persons with a mental disorder have a history of police arrest. In addition, the analysis reports that approximately one in ten individuals encountered police in their pathway to mental health care, and one in 100 police dispatches and encounters involve people with mental disorders.[xlii] Similar to unrepresented patients in emergency departments and acute care hospitals, once an individual is in law enforcement custody, they may remain so even without criminal charges due to lack of safe placement and treatment options.

Incarcerated Americans are more likely to be indigent, have experienced homelessness, or have a serious mental illness, substance use disorder or chronic medical condition.[xliii] Substance abuse, PTSD and a history of traumatic brain injury have all been found to be common in the prison population. Taken together, these risk factors increase the chances of serious cognitive impairment among this already vulnerable population.

The fastest growing demographic among incarcerated persons worldwide is prisoners over the age of 55, with the United States having by far the largest prison population.[xliv] The US criminal justice population is aging much faster than the general population, with the number of older adults more than tripling since 1990.[xlv] In particular, the risk of developing dementia during incarceration is elevated due a combination of risk factors including high prevalence of chronic medical conditions, serious and often untreated mental illness, early-onset of functional impairments, and barriers to timely diagnosis and coordinated health care services. While research is lacking on specific rates of cognitive impairment in the older prison population, at least one study has put the rate as high as 40% among prisoners age 55 and older.[xlvi]

Approximately 95% of all prisoners are released into the community. This population is particularly vulnerable to a range of social and medical challenges including homelessness, employment barriers and chronic medical conditions. They are high utilizers of emergency health care and hospitalization.[xlvii] Former prisoners with serious cognitive impairment and no remaining social network or financial resources are the most vulnerable and may benefit from the ability of a public guardian to secure access to housing, health care and necessary support services in the community.

The Urban Institute and Evaluation Center at the University of Colorado have researched and recognized the cycle of homelessness and jail and barriers facing the formerly incarcerated. Homelessness-Jail Cycle with Housing First, https://colorado-opg.org/wp-content/uploads/2022/12/Urban-Institute-SIB-Report-2021-1.pdf.

Mistreatment and Neglect

Mistreatment of at-risk adults and elder abuse have been recognized as public health & human rights problems.[xlviii] According to the National Council on Aging, approximately one in 10 Americans aged 60+ have experienced some form of elder abuse.[xlix] Some estimates range as high as five million elders who are abused each year, and only one in 24 cases of abuse are reported to authorities, https://www.ncoa.org/article/get-the-facts-on-elder-abuse. However, concerns regarding abuse, mistreatment or self-neglect are not limited to the elderly.

There are noted risk factors associated with being more susceptible to mistreatment and self-neglect and they generally apply to most of the populations in need of guardianship. These risk factors include declining health or cognitive status; social isolation; low social support; physical or functional impairments; and a history of traumatic events.[l]

In Colorado, Colorado Adult Protective Services is the main agency responsible for intervening on behalf of at-risk adults to correct or alleviate situations in which actual or imminent danger of abuse, caretaker neglect, exploitation, or harmful acts (all of which are grouped in the term “mistreatment”), or self-neglect exists. Unfortunately, APS has found the rates of reporting and incidents of mistreatment are increasing.[li] In addition, financial exploitation of adults can lead to a drain of state resources. Additionally, financial exploitation of adults can lead to a drain of state resources.

As Colorado is faced with increasing numbers of at-risk and unfriended adults in all categories, the potential need for guardianship alternatives to prevent or respond to mistreatment and neglect will also increase.

Involuntary Mental Health Treatment

Individuals involved in the Criminal Justice system often intersect with the involuntary mental health treatment system. Involuntary mental health treatment includes court-ordered civil commitment to an inpatient mental health facility and involuntary medications. Civil commitments are provided by state law, in every state.[lii]

Involuntary civil commitments are used when individuals are suspected of, or deemed so after evaluation, of posing a harm to self or others because of mental illness or substance abuse and can be seized, transported, and held in custody at a hospital, inpatient facility or other authorized facility for examination or involuntary treatment.[liii]

According to a 2021 study of 25 state data, in 22 states with continuous data, the average yearly detention rate increased by 13%, while the average state population grew by only 4%. Despite legislation encouraging outpatient and community treatment, the use of civil commitment persists.[liv]

Once established, civil commitments and court-ordered (involuntary) medications can be continued, or renewed, through the court process until the individual is deemed to no longer require court ordered intervention.

The breakdown of Colorado's 2020 Mental Health Proceeding filings as reported by the SCAO Judicial Department are, https://colorado-opg.org/wp-content/uploads/2022/12/FY2020-Annual-Statistical-Report-FINAL-1.pdf.

Emergency Commitment filings – 9 (0.12%)
Evaluation filings – 6,711 (89%)
Involuntary medication filings – 40 (0.53%)
Legal Disability filings – 172 (2%)

Summary

Indigent adults with insufficient capacity, and who are also unrepresented by family, friend or other appropriate third party, present a complex challenge to society. They represent some of our most vulnerable citizens. The combined factors of an aging population, prevalence of mental health disorders and intellectual or developmental disabilities, military service-related disabilities, and advances in medical care ensure that this population will continue to grow in both numbers and need for representation and services. Failure to provide some form of guardianship contributes to equally complex social issues such as homelessness and the inefficient use of scarce health care and law enforcement resources as well as costly burdens on the court system, other state services and the non-profit sector. Colorado is subject to all of these multifaceted and often interrelated trends and will be increasingly challenged to find cost efficient and effective solutions.

THE BASICS OF ADULT GUARDIANSHIP IN COLORADO

Key Definitions

Public Guardianship: The appointment and responsibility of a public official or publicly funded organization to serve as legal guardian in the absence of willing and responsible family members or friends to serve as, or in the absence of resources, to employ, a private guardian.

Public guardianship services: the services provided by a guardian appointed under this article 94 who is compensated by the office. § 13-94-103 (f), C.R.S.

Director: the director of the office appointed by the commission pursuant to section § 13-94-104. § 13-94-103 (c), C.R.S.

Office: the office of public guardianship created in section § 13-94-104. § 13-94-103 (e), C.R.S.

Direct care provider: a health-care facility, as defined in section § 15-14-505 (5), or a health-care provider, as defined in section § 15-14-505 (6). §13-94-103 (b), C.R.S.

Guardianship: a legal arrangement where a person or institution is appointed as a guardian to make decisions for an incapacitated person which may include decisions about housing, medical care, legal issues, and services. In Colorado a guardian may also manage a certain amount of the Ward's funds without the appointment of a conservator. §15-14-314, C.R.S.

Guardian: an individual at least twenty-one years of age, resident or non-resident, who has qualified as a guardian of a minor or incapacitated person pursuant to appointment by a parent or by the court. The term includes a limited, emergency, and temporary substitute guardian but not a guardian ad litem. §15-14-102(4), C.R.S.

Guardian-designee: individual employed by the office to provide guardianship services on behalf of the office to one or more adults. §13-94-103 (d), C.R.S.

Conservatorship: a legal arrangement where a person or institution is appointed to handle the financial affairs for another person. The conservator collects and deposits any income, pays any debts or bills, secures all assets, and handles taxes and insurance. A person appointed as a guardian may also be appointed as a conservator, or a separate conservator can be appointed. Under Colorado law, a professional guardian ordinarily will not be allowed to serve as both guardian and conservator unless the court determines that good cause exists to allow the professional to serve in dual roles.

Conservator: a person at least twenty-one years of age, resident or non-resident, who is appointed by a court to manage the estate of a protected person. The term includes a limited conservator. §15-14-102(2)(2), C.R.S.

Incapacitated person: an individual other than a minor, who is unable to effectively receive or evaluate information or both or make or communicate decisions to such an extent that the individual lacks the ability to satisfy essential requirements for physical health, safety, or self-care, even with appropriate and reasonably available technological assistance. §15-14-102(2)(5), C.R.S.

Protected person: an individual for whom a conservator has been appointed or other protective order has been made. §15-14-102(2)(11), C.R.S.

Respondent: an individual for whom the appointment of a guardian or conservator or other protective order is sought. § 15-14-102(2)(12), C.R.S.

Supported decision-making: the way an adult with a disability or diminished capacity has made or is making his or her own decisions by using friends, family members, professionals, and other people he or she trusts to:
(a) Help understand the issues and choices;
(b) Ask questions;
(c) Receive explanations in language he or she understands;
(d) Communicate his or her decisions to others if necessary; or
(e) Facilitate the exercise of decisions regarding his or her day-to-day health, safety, welfare, or financial affairs. § 15-14-102(2)(13.5), C.R.S.

Ward: an individual for whom a guardian has been appointed. § 15-14-102(2)(15), C.R.S.

Guardianship for Adults

A guardianship for an adult is initiated by a court filing called a petition for guardianship. The petition is filed by a person ("petitioner") interested in the welfare of another person ("respondent"). The petition is filed in the District Court of Probate Court in the County where the respondent resides. The Adults Guardianship Process in Colorado is pursuant to the Colorado Uniform Guardianship and Protective Proceedings Act, C.R.S. §15-14-301, et. seq.

In the petition, the petitioner is requesting that the court make a determination that the respondent is incapacitated. If the court determines that the respondent is incapacitated, the court will appoint a guardian and identify the extent of guardianship authority.

The standard for proving incapacity and appointing a guardian falls on the petitioning attorney and the burden is by "clear and convincing evidence." 15-14-311(1)(a) C.R.S. The court will appoint a specially trained Court Visitor to conduct investigatory and reporting tasks that include speaking with the Respondent and advising them of their due process rights.

The Respondent has the Right to Counsel, the Right to Notice of Hearing, and the right to a professional evaluation at the Respondent's request. The Respondent has full procedural rights to present evidence and witnesses to contest the petition.

Alternatives to Guardianship

Guardianship should be a last resort. Our goal should be to preserve an individual's autonomy and independence. Before considering guardianship for an individual, there are many other less restrictive alternatives to consider when identifying which option is best suited for the individual to support them in making decisions.

- Supported decision making
- Representative payee
- Case/care management with community advocacy systems or community agencies/services
- Trusts
- Durable powers of attorney for property
- Durable powers of attorney for health care
- Living wills

Supported Decision-making

Supported decision-making is codified in Colorado law at C.R.S. §15-14-801 et. seq. Supported decision-making offers adults with disabilities a voluntary method of decision-making that, as appropriate, may also be used concurrently with, but subject to, an existing guardianship, conservatorship, or power of attorney. Supported decision-making facilitates adults with disabilities authority over their own lives while also encouraging these adults to recognize, create, maintain supportive communities, through supported decision-making teams, that can assist adults with disabilities in making informed decisions.

Representative Payee or Fiduciary

A Representative Payee is an individual or organization appointed by the Social Security Administration (or a Fiduciary appointed by the VA) to receive government benefits on behalf of an individual who cannot manage his/her money.

The payee's/fiduciary's responsibility is to use the benefits to pay for the current and foreseeable needs of the beneficiary and properly save any benefits not currently needed.

Case/Care Management with Community Advocacy Systems or Community Agencies/Services

There are state and local agencies that may offer case management services for the incapacitated person. This may allow the incapacitated person to live independently with support. There are national and local advocacy systems and agencies.

Some examples are:

- Rocky Mountain Human Services
- Arc of Colorado
- Area Agency on Aging
- Veterans Administration
- Aging and Disability Resource Center

Trusts

Special needs trusts provide oversight and management of money held in the trust. A special needs trust ensures that the individual's resources are spent for the benefit of the individual.

Durable Powers of Attorney

A Durable Power of Attorney is a legal document executed by an individual with capacity. Generally, the document gives an individual called the "agent" or "attorney in fact," the authority to act on behalf of the individual appointing them.

Powers of attorney may give authority to the agent or attorney in fact to act upon the individual's finances or medical decisions.

A Power of Attorney is a private agreement and not subject to automatic court oversight.

If you regain the ability to make your own medical decisions, your "agent" is no longer allowed to make medical decisions on your behalf.

Living Wills

A living Will is a legal document. It allows a person to state future health care decisions when that person becomes incapacitated to make those decisions.

The living will describes the type of medical treatment the person would want or not want to receive at the end of life or if the person is terminally ill. Before your health care team uses your living will to guide medical decisions, two physicians must confirm that you are unable to make your own medical decisions and you are in a medical condition that is specified by Colorado law as terminal illness or permanent unconsciousness.

Responsibilities of a Guardian

The guardian has specific duties to their client outlined in § 15-14-314 C.R.S., including encouraging the "ward to participate in decisions, act on the ward's own behalf, and develop or regain the capacity to manage the ward's personal affairs." The guardian has a duty and responsibility to develop a relationship with the ward and shall respect "the expressed desires and personal values of the ward to the extent known to the guardian." Further, the guardian, "at all times, shall act in the ward's best interest and exercise reasonable care, diligence, and prudence."

The guardian has numerous powers outlined in § 15-14-315 C.R.S., including "take custody of the ward and establish the ward's place of custodial dwelling, but may only establish or move the ward's place of dwelling outside this state upon express authorization of the court;" "consent to medical care, treatment, or service for the ward." The guardian cannot consent to any care or treatment against the ward's will, such as involuntary inpatient mental health treatment. § 15-14-316 C.R.S.

The guardian must file an Initial Guardian Report within 60 days of the appointment and an Annual Guardian Report thereafter. The report informs the appointing court of the ward's condition and the guardian's personal care plan. Colorado district courts maintain a system for monitoring guardianships, including the filing and review of reports, as required by statute. § 15-14-317(3) C.R.S.

A guardian may be held in contempt for failure to file required reports. § 15-14-317(4) C.R.S. Further, guardians qualify as fiduciaries subject to the Fiduciary Oversight Act, which allows interested persons with legal standing to request that the court review the guardianship, review or amend the powers of the guardian, and/or suspend, remove, and surcharge the guardian for breaches of fiduciary duty. § 15-10-501, 502, 503, and 504 C.R.S.

Private Guardianship

A private guardian is an individual that is court appointed to serve as a guardian. A private guardian can be a family member, friend, or a professional guardian.

Private guardians are entitled to reasonable compensation for his or her services and reimbursement of expenses, payable from the ward's funds. § 15-10-602(1) C.R.S. There is no statutory scheme or regulations of the fees or expenses, but fees and reimbursements must be court approved.

Professional guardians are fiduciaries with special expertise and training and often organized and provide services as a professional entity or agency. Typically, a professional guardian will charge an hourly rate for performing guardianship services that is comparable to the market rate for the service area.

Available Guardianship Services

Family and Friends

When an adult seems to be struggling with cognitive decline or other capacity issues, we often look to family or friends to assist. The same is true once a guardian may be needed. Family and friends are often the first individuals approached to serve as guardian for an adult. Family and friends are often preferred as they have history and knowledge of the individual that needs a guardian. There are instances when family is not available or there is so much family dysfunction that a non-family member may be preferred to serve as guardian. It is likely that family and friends are not trained as guardians and may not be aware of best practices.

Attorneys

Attorneys may be willing to serve as guardians for adults. Attorneys may serve as guardians for an hourly fee or on a pro bono basis. While attorneys are an option, attorneys are not usually trained as guardians and likely charge a higher hourly rate than other available options in the area.

Professional Guardians

Professional guardians are trained fiduciaries available to serve as guardians. A benefit of having a professional guardian is that they are likely trained in National Guardianship Association best practices and standards and are held to fiduciary standards. Depending on the individual or agency, the professional may charge an hourly rate and/or provide services on a pro bono basis.

Department of Human Services Adult Protective Services

In Colorado, some county Department of Human Services (DHS) Adult Protective Services (APS) Case Managers may act as guardian for individuals that meet certain APS criteria. The State Office of DHS APS does not maintain a list of counties that provide guardianship services. APS does not serve as guardian for wards that can be placed in the community.

The Role of Public Guardianship at the End of Life

Among the most important guardianship services provided by the Office of Public Guardianship [pilot project] are those required at or near the end of life, in which a guardian must make important life decisions for persons who may no longer be able to fully express their wishes. All services are provided with a focus on client wishes, least restrictive alternatives, and quality of life and include:

- Placement or transfer to the least restrictive and medically appropriate care setting
- Consent for medical treatment
- Medical decision-making
- Oversight to ensure curative, palliative and other end of life care is received and is consistent with the client's wishes and best interests**
- Assistance, prior to death, with preparation of a funeral/burial plan according to a client's wishes and available financial means when there are no family or friends to assist
- Consistent visitation and companionship

Persons referred for COPG services are very often medically complex. They may already be in a health care facility, require transfer to a different level of care, or require initial placement in a nursing facility or hospice. It is the norm for newly referred clients to suffer from one or more serious acute or chronic medical

conditions in addition to whatever condition may be primarily responsible for their insufficient capacity. As a result, a proportion of clients are already at or near the end of their lives at the time of referral. Too often, it is a health crisis, such as an emergency room visit or hospitalization, that leads to identification of an individual in need of guardianship.

Additional risk factors contributing to the health status of persons of any age referred to the COPG are related to social determinants of health; that is, social factors known to increase a person's risk for poor health. In the case of COPG clients, these risks often include months, years or even decades of homelessness or housing insecurity, food insecurity, social isolation, low income, intermittent employment, substance abuse, and chronic lack of access to primary care, mental health services and other routine health care. For example, adults who experience prolonged homelessness have mortality rates three to four times that of the general population. Lack of access to medical care has long been associated with increased mortality and morbidity in all vulnerable populations.

Legal guardianship terminates upon death of the ward, at which point the guardian no longer has legal authority to make decisions for the client. However, if there is family, the guardian will communicate with them and provide information to assist them in contacting the facility, funeral home, or Public Administrator. When there is no family, the guardian may assist the facility social worker or interested friend in contacting the Public Administrator or other agency that may be appropriate to the individual client's situation.

Despite unavoidable deaths, the COPG does serve a larger role in preventing deaths. The Office serves populations at higher risk of death from acute illness, accidents, violence, and suicide due to many of the same social determinants of health mentioned above. However, guardianship services that help ensure more consistent access to safe housing, routine medical, behavioral and mental health services, part or fulltime employment, and other social supports can ultimately improve health outcomes and reduce the chances of early and avoidable death.

As suggested by the trends described earlier in the report, the need for public guardianship services at the end of life for these vulnerable populations is only likely to increase over time in line with an aging population generally and the aging of particularly at-risk populations including veterans, individuals with IDD and prisoners. Other trends related to advances in medical treatment leading to an increasing incidence of chronic illness, increasing incidence of substance abuse and mental health issues, and ongoing economic challenges will also contribute to the need for public guardianship services at the end of life. No Coloradoan should face death alone, unfriended and without representation or advocacy.

**Although such cases are rare, a guardian will take action on behalf of the client if there is reason to suspect abuse, neglect, or otherwise substandard medical care in a facility. Such actions may include, but are not limited to, requesting investigation by the facility, arranging transfer of the patient, and filing reports with Adult Protective Services and/or the State Ombudsman, Colorado Department of Public Health and Environment, local police department.

Consequences When There is No Guardian

The COPG works to promote the availability of adult guardianship services by providing support for individuals who may need it and for whom these services may not otherwise be available**. There are consequences to at-risk adults when no guardian can be identified.**

HISTORY OF THE COLORADO OFFICE OF PUBLIC GUARDIANSHIP PILOT PROJECT

On June 5, 2017, Governor John Hickenlooper signed **HB 17-1087**, directing the establishment of the Office of Public Guardianship Pilot Program ("OPG") within the Judicial Department. Following the appointment of a five-member commission and the hiring of a director, the pilot program was intended to assess the feasibility of an office of public guardianship through providing legal guardianship services for incapacitated and indigent adults, who have no responsible family members or friends who are available and responsible to serve as guardian, in the 2nd, 7th and 16th Judicial Districts. To the extent possible and based on data and the experience of the pilot program, the final report would:

- better quantify Colorado's unmet need for public guardianship services;
- identify the average annual cost of providing these services;
- estimate net cost or benefit to the state that may result from providing these services; and,
- assess whether an independent statewide office of public guardianship is preferable and feasible.

HB 17-1087 was introduced in response to recommendations from three expert reports that called for some form of public guardianship to address a growing need for adult guardianship services.

S.B. 12-078 – Elder Abuse Task Force Policy Decisions (2012)

Focused on the elder population, the 2012 final report of the Elder Abuse Task Force included an exploration of the many challenges faced by Adult Protective Services (APS) when a guardianship is necessary but there is no available option for a guardian. Challenges included lack of and variability in resources across the state, and conflicts with the statutory authority and ethical scope of APS. The final report recommended examination and consideration of a comprehensive public guardianship and conservatorship program that could eventually replace the APS role of petitioning and acting as guardians and conservators.

Office of Public Guardianship Advisory Committee Recommendations (2014)

In 2013, the Public Guardian Advisory Committee (PGAC) was established by the Chief Justice of the Colorado Supreme Court in order to better understand the approaches to public guardianship that may work best in Colorado. The PGAC was charged to:

- Assess the current system and the unmet need for public guardianship services in Colorado;
- Identify workable options and models to address the need for public guardianship services;
- Analyze the options identified including the cost, availability of viable funding sources, potential staffing needs, ethical considerations, and unintended consequences;
- Recommend a model and implementation strategies that best address statewide public guardianship needs in Colorado.

The Committee agreed strongly that there is a definite need in Colorado for public guardianship and identified what it believed to be viable options for its structure. However, the Committee also

found a lack of available data on which to base an analysis of cost and scope. The final recommendation was the creation of a legislative study to further define and ascertain the cost for an Office of Public Guardianship, modeled on the Office of the Child's Representative (OCR), and whether it should be established as an independent office within the Judicial Branch, an extension of the OCR, or an agency within the Department of Human Services in the Executive Branch.

Office of Public Guardianship Advisory Committee Recommendations for Pilot Program (July 2014)

After consideration of the recommendations, it was decided to pursue the possibility of a public guardianship pilot within the Judicial Branch and to attempt funding of the pilot project through a judicial budget request. The Chief Justice formulated a new charge directing the PGAC to develop a pilot project that would establish an office of public guardianship to provide services to an identified target population and collect data necessary to determine the cost of providing such services statewide. The PGAC reconvened and developed a proposal for a pilot project that could support a legislative proposal.

Despite broad agreement that the need for public guardianship existed, no action was taken on the PGAC reports. In 2016, the **Strategic Action Plan on Aging**, released by the Strategic Action Planning Group on Aging, once again called for implementation of the key recommendations from the Public Guardianship Advisory Committee (PGAC), including establishing a state office of public guardianship, to help ensure that at-risk older adults are free from abuse, neglect and exploitation.

As of 2018, an informal survey revealed that at least 45 other states had statutory provisions for public guardianship, with the majority of those programs employing the model of a state-funded office serving the entire state. This figure was an increase from 35 states just two years earlier. Based on the experience of other state programs, it was anticipated that Colorado could realize cost avoidance in areas including Medicaid, Adult Protective Services and law enforcement. During this time, support from a broad base of community stakeholders included AARP of Colorado, Alzheimer's Association of Colorado, The Alliance, Arc of Colorado, Colorado Bar Association, Colorado Coalition for the Homeless, Colorado Hospital Association, Colorado Senior Lobby, Denver Health and United Veteran's Coalition of Colorado.

In response to continued calls for a public guardianship option, **HB 17-1087** directed the establishment of a pilot project based on the second PGAC report; however, the final version of the act did not appropriate state funding for the project. Instead, the project funding was contingent upon the receipt of sufficient gifts, grants and donations totaling approximately $1.7 million per year for fiscal years 2018-2019 and 2019-2020.

In 2017, pursuant to Section 13-94-104(1), C.R.S., the Office of Public Guardianship Commission was created with three Commissioners appointed by the Colorado Supreme Court and two Commissioners appointed by the Governor. Members of the Commission serve at the pleasure of his or her appointing authority and are not compensated for services. The Commission was charged with initial fundraising and the subsequent appointment of an Office of Public Guardianship Director to establish, develop, and administer a pilot program that would provide legal guardianship services for incapacitated and indigent

adults in the 2nd, 7th and 16th Judicial Districts and produce a final report to the Legislature on the feasibility of a statewide office.

In 2018, the Commission prepared the **Interim Report of the Colorado Office of Public Guardianship Commission** (September 7, 2018) detailing the extensive efforts and subsequent inability of Commissioners to secure external funding via gifts, grants and donations. For example, Commissioners contacted eighty-seven statewide entities and individuals by direct mail; conducted many informational and fundraising events, some at the Commissioners' personal expense; and, submitted an unsuccessful NextFifty Initiative grant request. Barriers included a lack of seed funding for basic supplies or to contract with a professional fundraiser and grant writer. Major grant sources, such as the Colorado Health Foundation, advised the Commission that the project did not align with their current funding priorities and/or technical eligibility criteria. Many grants have very specific restrictions regarding use of grant funds for capital expenditures or salaries, disallow funding of state agencies, or require an established track record of services before funding new initiatives. Community stakeholders, while uniformly in support of the project, consistently expressed the strong opinion that public guardianship is a public need and should be publicly funded. Finally, requesting non-refundable donations from individual private donors for a program that may fail to meet necessary funding targets and ever be enacted proved to be a particularly hard sell.

The Commission concluded that the only viable means of funding the OPG pilot program was through a General Fund appropriation. Accordingly, the Commission submitted a Supplemental Funding Request seeking $597,842, general fund FY 2019, to establish the Office of Public Guardianship and fulfill the requirements of the enabling legislation. To ensure successful completion of the pilot project, the Commission further recommended full funding for the duration of the pilot program, as well as an extension of one year in acknowledgement of the delays experienced due the lack of funding to initiate the pilot in 2018 as directed in the enabling legislation.

The Supplemental Funding Request led to the introduction of **HB19-1045 - Office of Public Guardianship Operation Conditions**. The final act removed the requirement that the pilot project wait for $1,700,000 in gifts grants and donations, replacing it with funding split between general fund and an increase in specified court fees transferred to the OGP cash fund. The act also limited the pilot to the 2nd judicial district unless and until there are sufficient funds to begin operations in the other targeted districts (7th and 16th). Finally, the act extended the reporting deadlines from 2021 to 2023.

OPG PILOT PROJECT

Colorado Revised Statute § 13-94-105 lays out the legislative mandates of the OPG Director to establish, develop and administer the office and the minimum standards. Additionally, § 13-94-105 C.R.S. outlines that the Director shall submit a report concerning the activities of the office and other minimums.

C.R.S. §13-94-105 OPG - DUTIES – REPORT

CRS §13-94-105

1. The director shall establish, develop, and administer the office to serve indigent and incapacitated adults in need of guardianship in the second, seventh, and sixteenth judicial districts and shall coordinate its efforts with county departments of human services and county departments of social services within those districts. The director shall administer the office in accordance with the memorandum of understanding described in section 13-94-104 (4). Notwithstanding any other provision of this section, upon receiving funding sufficient to begin operations in the second judicial district, the office must begin operations in that judicial district prior to operating in any other district.

2. In addition to carrying out any duties assigned by the commission, the director shall ensure that the office provides, at a minimum, the following services to the designated judicial districts:
   a. A review of referrals to the office;
   b. Adoption of eligibility criteria and prioritization to enable the office to serve individuals with the greatest needs when the number of cases in which services have been requested exceeds the number of cases in which public guardianship services can be provided;
   c. Appointment and post-appointment public guardianship services of a guardian designee for each indigent and incapacitated adult in need of public guardianship;
   d. Support for modification or termination of public guardianship services;
   e. Recruitment, training, and oversight of guardian-designees;
   f. Development of a process for receipt and consideration of, and response to, complaints against the office, to include investigation in cases in which investigation appears warranted in the judgment of the director;
   g. Implementation and maintenance of a public guardianship data management system;
   h. Office management, financial planning, and budgeting for the office to ensure compliance with this article 94;
   i. Identification and establishment of relationships with stakeholder agencies, nonprofit organizations, companies, individual care managers, and direct-care providers to provide services within the financial constraints established for the office;
   j. Identification and establishment of relationships with local, state, and federal governmental agencies so that guardians and guardian-designees may apply for public benefits on behalf of wards to obtain funding and service support, if needed; and
   k. Public education and outreach regarding the role of the office and guardian-designees.

3. The director shall adopt professional standards of practice and a code of ethics for guardians and guardian-designees, including a policy concerning conflicts of interest.

4. On or before January 1, 2023, the director shall submit to the judiciary committees of the senate and the house of representatives, or to any successor committees, a report concerning the activities of the office. The report, at a minimum, must:
   a. Quantify, to the extent possible, Colorado's unmet need for public guardianship services for indigent and incapacitated adults;
   b. Quantify, to the extent possible, the average annual cost of providing guardianship services to indigent and incapacitated adults;
   c. Quantify, to the extent possible, the net cost or benefit, if any, to the state that may result from the provision of guardianship services to each indigent and incapacitated adult in each judicial district of the state;
   d. Identify any notable efficiencies and obstacles that the office incurred in providing public guardianship services pursuant to this article 94;
   e. Assess whether an independent statewide office of public guardianship or a nonprofit agency is preferable and feasible;
   f. Analyze costs and off-setting savings to the state from the delivery of public guardianship services;
   g. Provide uniform and consistent data elements regarding service delivery in an aggregate format that does not include any personal identifying information of any adult; and
   h. Assess funding models and viable funding sources for an independent office of public guardianship or a nonprofit agency, including the possibility of funding with a statewide increase in probate court filing fees.

5. In addition to performing the duties described in this section, the director, in consultation with the commission, shall develop a strategy for the discontinuation of the office in the event that the general assembly declines to continue or expand the office after 2023. The strategy must include consideration of how to meet the guardianship needs of adults who will no longer be able to receive guardianship services from the office.

6. Prior to employment, the office of public guardianship, pursuant to section 25-1.5103 (1)(a)(I)(A), shall submit the name of a person hired as a guardian or guardian's designee, as well as any other required identifying information, to the department of human services for a check of the Colorado adult protective services data system pursuant to section 26-3.1-111 to determine if the person is substantiated in a case of mistreatment of an at-risk adult.

Source: L. 2017: Entire article added, (HB 17-1087), ch. 319, p. 1717, § 1, effective June 5. **L. 2019:** (1), IP(4), and (5) amended, (HB 19-1045), ch. 366, p. 3362, § 2, effective July 1. **L. 2020:** (6) added, (HB 20-1302), ch. 265, p. 1274, § 8, effective September 14.

Design and Implementation

COPG Timeline and Background

2012: Elder Abuse Task Force releases its final report, which includes a recommendation to create an office of public guardianship (OPG).

2014: The Public Guardianship Advisory Committee releases two reports to the Chief Justice affirming the need for an OPG and proposing a pilot project to gather data needed to support its establishment.

2016: The Initial Strategic Action Plan on Aging revisits and affirms the earlier expert reports and calls for an OPG in Colorado

2017: HB 17-1087 directs the establishment of a pilot project within the Judicial Department to be funded entirely through gifts, grants, and donations. The Office of Public Guardianship Commission (OPGC) is appointed and charged with Initial fundraising and appointment of a Director.

2018: The OPGC submits the Interim Report of the Office of Public Guardianship Commission detailing the barriers to funding as set out in the original statute and requests re-consideration of dedicated State funding for the pilot project.

2019: HB 19-1045 Continuation of the Office of Public Guardianship Pilot provides funding for the pilot project, limited to the 2nd Judicial District (Denver County)

COPG Timeline (Pilot Project)

Oct. 2019: Director Alvarez is hired and begins to assemble the basic operational infrastructure.

Jan. 2020: One Staff Assistant and Four Public Guardians were hired

Jan.-Apr. 2020: Case management system designed, OPG website established, operating policies and procedures created, staff orientation and training.

March 2020: COVID-19 restrictions close the courts. Policies and procedures are modified to comply with COVID restrictions.

April 2020: The OPG begins accepting and processing referrals

Aug. 2020: First client is appointed following COVID-related court delays

Dec. 2020: 20 active guardianships

July 2021: The Office of Behavioral Health (OBH) provides funding for 1 additional Public Guardian to serve Momentum clients transitioning from CMHI - Ft. Logan and CMHI – Pueblo to the community

Aug. 2021: Statewide Survey to assess Colorado's unmet need to public guardianship services is conducted

Dec. 2021: The Office reaches capacity, serving 78 clients with two referrals pending court proceedings and a waiting list is established

Dec. 2021: Budget request to utilize existing cash fund to expand services to the 7th and 16th Judicial Districts as intended in the original pilot project design

May 2022: Budget request approved to expand services in 2nd, 7th, and 16th Judicial Districts

July 2022: Deputy Director Cantu is hired

Sept. 2022: Additional Public Guardians are hired to again meet the increased demand in the 2nd Judicial District

Oct. 2022: Interviewed and made offers to Public Guardians in the 7th and 16th Judicial Districts

Nov. 2022: Second round of hiring for Public Guardians in the 7th and 16th Judicial Districts

Dec. 2022: Interviews for 7th Judicial District Public Guardian

COPG Structure

Pursuant to § 13-94-104(1), C.R.S. (2017), the Colorado General Assembly created the Office of Public Guardianship within the Judicial Department. The COPG is an independent state agency. The Director and the Governing Body have the decision-making authority to determine agency policy.

The Colorado Office of Public Guardianship (COPG) Commission is the Governing Body of the Colorado OPG. Pursuant to § 13-94-104(1), the Colorado General Assembly created the OPG Commission. The Commission is comprised of 5 members. Three of the members are appointed by the Colorado Supreme Court, of which two must be attorneys admitted to practice law in Colorado and one must be a resident of Colorado not admitted to practice law. The remaining two members are appointed by the Governor, one who must be an attorney admitted to practice law in this state and one who must be a resident of Colorado not admitted to practice law.

Pursuant to HB 19-1045, signed into law on May 30, 2019, effective on July 1, 2019, the Commission is charged with appointing the Director for the Office of Public Guardianship. The Director serves at the pleasure of the Commission pursuant to § 13-94-104(3), C.R.S. (2019).

Organizational Structure

The Colorado Office of Public Guardianship (COPG) operates at arms-length and functions independently from the Judicial Branch and other entities providing direct services and courts having direct decision-making authority.

The COPG operates separately from the services which many wards will need to access. This separation of powers ensures that Public Guardians are not providing services by contract or directly so that no conflict of interest or potential conflict of interest to the possible detriment to the ward.

Structural Overview

Referrals § 13-94-105 (2)(a), (b) C.R.S.

The COPG requires referring parties to seek its approval for nomination as guardian prior to filing a petition. This allows the COPG to ensure that the client and the COPG meet the statutory criteria and eligibility mandates.

The COPG online referral system was incorporated into the Case Management System (CMS) and the website to allow for a seamless and confidential process. To assist with data gathering, a shorter streamlined referral process for non-Denver counties was also created.

Referring parties register for a secure account which allows them to create an unlimited number of referral applications, upload documents, update applications and apply. The CMS is designed to send automated email responses to keep referring parties updated when certain actions occur with the applications. The COPG website "Referral Process" and Referral Checklist" lists out the information the COPG collects during the referral process.

The Staff Assistant reviews applications for completeness and follows up with the referring party for the required information. Once complete the Director reviews for eligibility criteria:

1. An adult aged 21 and over.
2. Indigent, lack resources to compensate a private guardian and pay the costs and fees associated with an appointment proceeding.
3. Incapacitated.
4. No responsible family members or friends who are available and appropriate to serve as a guardian; and
5. Not subject to a petition for appointment of guardian filed by a county adult protective services unit or otherwise authorized by law.

Referrals are reviewed and accepted on a first-come, first-served basis. Prioritization was developed with the COPG Commission for Emergency Guardianship situations. In December 2021, a "Hold Status" was established as the Office reached caseload capacity to ensure the COPG could provide services should capacity open in the future and for data collection purposes.

Description of Services § 13-94-105 (2)(c), (d) C.R.S.

Public guardianship services, duties and authority were addressed in the Basics of Adult Guardianship section.

Public guardianship services, duties and authority were addressed in the Basics of Adult Guardianship section. A list of public guardianship services:

- Intake and initial client assessment
- Monthly face to face client visits
- Completing social history survey with clients
- Ongoing client case management
- Filing of Initial and Annual court reports
- Person-centered care and planning and development of Individualized Guardianship Plans
- Supported decision-making
- Client advocacy
- Assistance with locating appropriate level of housing/placement

- Assistance with establishing appropriate level of housing/placement for client experiencing homelessness
- Assistance securing needed medical care or equipment
- Assistance securing needed health care
- Assistance securing needed mental health care
- Regular communication with medical and healthcare providers
- Support at criminal court case hearings
- Communication with Prosecutors and Public Defenders
- Provide emotional support to clients
- Assist with de-escalation during a client's mental health crisis
- Assistance with securing and maintaining state and federal benefits
- Assistance with securing and maintaining Waiver benefits
- Assistance with securing and maintaining home and community-based benefits
- Involvement with End of Life Decisions and preparations
- Assistance with establishing or renewing client immigration status
- Working with clients in their native language
- Working with challenging families
- Enhancing client socialization
- Re-establishing client relationships with family and friends
- Establishment and coordination of services
- Re-establishing or enhancing religious affiliation
- Providing a safe space for clients to express themselves
- Serving as a fiduciary to the client
- Ensuring clients are safe from substantiated abusers/exploitation
- Modification of Guardianship
- Termination of Guardianship
- Establishing Successor Guardianship

The Individualized Guardianship Plans (IGP) are reviewed bi-annually so that if a client's condition is improving, the guardian-designee can begin to take steps toward obtaining medical opinion to support modification or termination of guardianship. Considerations or steps toward a change in guardianship are indicated in the Annual Report.

Recruitment, Training, and Oversight of Guardian-Designees
§ 13-94-105 (2)(e) C.R.S. and § 13-94-105 (3) C.R.S.

Recruitment

Recruitment for guardian-designees requires Baccalaureate degree from an accredited institution with a focus on social work, counseling, psychology, gerontology, related behavioral science, or client support business services and at least two years' experience in a discipline pertinent to the provision of guardianship services which must include decision-making judgment for the benefit of others in the area of legal, guidance and counseling, healthcare, probation and parole, public administration with a focus on developmental disabilities, and/or persons with mental illness and/or with disruptive behaviors. Equivalent education or experience is also considered.

Preferred Qualifications are a Ph.D. or master's degree in Social Work, Counseling, Clinical Psychology, Gerontology or related behavioral science or equivalent advanced degree which includes a supervised field

placement providing social casework or counseling services to elderly, vulnerable or dependent adults, and their families and National Certified Guardian and/or National Master Guardian Certification through the National Guardianship Association/Center for Guardianship Certification.

The Judicial Branch courtesy posted the job listing on the Career page of its website and the COPG emailed the job listing to various stakeholders.

Upon hiring and annually, all staff must pass the Colorado Adult Protective Services (CAPS) check to ensure a staff has not been substantiated in an APS case of mistreatment of an at-risk adult

Training

In line with the National Guardianship Association (NGA) best practices and standards, the COPG provides the following training on an initial and ongoing. The COPG adopts all NGA standards and practices in our agency standards, policies, and best practices. The COPG aligns its professional standards of practice and code of ethics for all staff and guardian-designees, including a conflict-of-interest policy, as required by § 13-94-105(3) C.R.S. Ref: https://colorado-opg.org/opg-in-depth/

New guardian-designees shadow with seasoned guardian-designees for several weeks to meet clients. The COPG utilizes community, partner and national training resources. Appendix I. COPG Staff Training List

- NGA Standards of Practice for Guardians/ Ethical Principles
- NGA Agency Standards Fundamentals of Guardianship
- Applicable Federal and State Law
- Characteristics of the population served Appropriate Terminology (i.e. “Person First” language, etc.)
- Active Listening Skills
- Overview of State and Local Social Services and Resources
- COPG and Judicial Branch Policies and Procedures
- Protective Services Laws and Requirements
- Confidentiality
- Decision-Making
- Ethics
- Medical decision-making
- End of Life decision-making
- Critical Incident and Reporting System
- Mandatory Reporting
- Fiduciary Responsibilities
- Motivational Interviewing
- Compassion Fatigue and Self-Care

Center for Guardianship Certification

While there is no certification process for guardianship in Colorado, the COPG requires certification through the Center for Guardianship Certification (CGC) https://guardianshipcert.org/.

The Director, Deputy Director, and guardian-designees are required to attain National Certified Guardian certification with the CGC within two years of employment.

The following are certified through the CGC:

Position	Name	Certification Type	Date of Certification
Director	Sophia M. Alvarez	National Certified Guardian	09.28.2021
Deputy Director	Janelle Cantu	National Certified Guardian	05.25.2022
Guardian-Designee	Rhonda Sanchez	National Certified Guardian	05.11.2021
Guardian-Designee	Camille Price	National Certified Guardian	05.18.2021
Guardian-Designee	Erin McGavin	National Certified Guardian	12.28.2021

Oversight

The Director and Deputy Director provide daily direct oversight of staff. The Director and Deputy Director rotate weekly emergency on-call to maintain 24/7 availability to guardian-designees. The Deputy Director meets weekly or every other week with guardian-designees for case reviews and as needed as critical incidents arise.

All client and case management interactions are tracked in the Case Management System and accessible to, and verifiable by, all staff.

Case management oversight includes review of case assignment and weighting to ensure that guardian-designees can effectively manage caseloads and provide appropriate supports and implementation and review of individualized guardianship plans. IGP are updated monthly after client visits and reviewed bi-annually by the Deputy Director.

Critical Incident and Reporting System

In line with NGA standards and best practices, the COPG has a Critical Incident and Reporting System. Guardian-designees are trained to identify a critical incident, immediately report it to the on-call Director or Deputy Director and take appropriate action and reporting steps.

Client Visitation Tracking System

The COPG is in the process of incorporating a Client Visitation Tracking System into the CMS and website structure. This allows the Deputy Director to verify client visits as another occurrence of oversight.

Feedback on COPG Website § 13-94-105 (2)(f) C.R.S.

The COPG website "Feedback" page allows for Compliments and Complaints. The COPG has a formal Feedback and Complaint Process available on the COPG website for complaints against the office, staff, and Director. The formal process is also available by contacting the Office and requesting forms by email and mail. The COPG also allows for informal Feedback and Complaints. Complaints against the Office and Staff are overseen by the Director, and if necessary, may follow Human Resources, Court procedure, legal procedures, https://colorado-opg.org/feedback/feedback-information/.

2022: 1 formal complaint against 1 guardian-designee; 1 formal complaint against 1 guardian-designee

Implementation and Maintenance of a Public Guardianship Data Management
§ 13-94-105 (2)(g) C.R.S.

The COPG worked with SIPA to locate a company to design a Case Management System (CMS) specifically for the COPG. Based on the Director's experience at the Nebraska Office of Public Guardianship and other research, it was decided to implement a SalesForce based system. https://www.salesforce.com/

Design and implementation of the CMS for COPG purposes included:

- CMS development, annual hosting, annual licensing, and maintenance
- CMS updating as new needs arise
- Court form development and annual licensing and updating
- Website development, hosting, and maintenance
- Website/on-line referral submission
- Complete integration between on-line referral submission and CMS client data system

The CMS allows COPG to keep one client data system. Once a referral/application is accepted, the information can be transferred to the case management side so that no additional data entry is required until the court process begins. The initial expenditure of the CMS was $296,304.16 to have the basic system in place to accept referrals and begin serving clients. The remainder of expenditures for licensing, maintenance, hosting, enhancements, and further website development and maintenance and hosting year to date is $110,433.69, for a grant total of $406,737.85. The projected CMS budget in 2018 was estimated at $300.00.00. Appendix II. Case Management System and Website Expenditures

To reduce the reliance on the CMS contractor, the COPG Staff Assistant was trained to complete some maintenance and updates.

The contracted expenditure for the Client Visitation Tracking System is $13,050.00.

Office Management, Financial Planning, and Budgeting for the § 13-94-105 (2)(h) C.R.S.

Funding

After the initial General funding, the COPG's primary source of funding is monies from Probate fees to its Cash Fund.

2020	$1,031,332.00
2021	$1,124,565.00
2022	$ 1,115,056.23
2023 (11.23.2022)*	$361,760.27
Total (11.23.2022)*	**$ 3,632,713.50**

*YTD totals provided by Judicial Department were as of 11.23.2022.

Contracts

Office of Behavioral Health (OBH) provided $89,684.00 in funding for one guardian-designee in FY2021. OBH requested a second guardian-designee for FY2022 and provided $198,810.00 total in funding to the COPG.

OBH is potentially seeking appropriation requests for FY2023: $200,00.00 and FY2024: $210,00.00 to maintain the two guardian-designees. If the Office is expanded statewide, it is possible that OBH will request additional guardian-designees.

Gifts, Grants, and Donations

The COPG Commission raised $950.00 and $1,000.00 in gifts, grants, and donations in 2018 and 2019, respectively. The COPG applied for Statewide Internet Portal Authority microgrant but the grant was not awarded.

Budgeting and Annual Summary Budgets

Fiscal Year 2020 Summary Budget

Total Revenue	1,038,857.00
Total Expenditures	220,886.00
Net Change	817,971.00
Beginning Fund Balance	-
Fund Balance	817,971.00

Fiscal Year 2021 Summary Budget

Total Revenue	1,136,656.00
Total Expenditures	662,072.00
Net Change	474,584.00
Beginning Fund Balance	818,590.00
Fund Balance	1,294,174.00

Fiscal Year 2022 Summary Budget

Total Revenue	1,220,753.00
Total Expenditures	780,395.00
Net Change	440,358.00
Beginning Fund Balance	1,294,174.00
Fund Balance	1,734,532.00

Identification and Establishment of Relationships with Stakeholders and Public Outreach § 13-94-105 (2)(i), (j), (k) C.R.S.

The Director identified and established relationships with numerous stakeholders of many types in various Judicial Districts. The COPG maintains a stakeholder list of over 400 members. The Director conducted numerous outreach and educational events about guardianship and the role and status of the Office.

https://colorado-opg.org/wp-content/uploads/2022/12/COPG-Stakeholders-List.pdf

https://colorado-opg.org/wp-content/uploads/2022/12/COPG-Education-and-Outreach.pdf

METHODS

To most effectively address the research objectives outlined by the COPG state statute, our team utilized a mixed-methodological research design using surveys, interviews, focus groups, and programmatic data. These data help provide a more comprehensive picture of the need for public guardianship in Colorado, some of the potential cost savings, and best practices. The first phase of this research study was the dissemination of an online survey to relevant stakeholders across Colorado. Survey links were sent to hundreds of individuals familiar with the need for guardianship across Colorado. Links to the survey were sent to key stakeholders across Colorado who aided in the dissemination of these surveys within their organizations and teams. Ultimately, over 250 (n=254) individuals took part in the survey, representing a wide range of organizations and sectors including: APS, DHS, HHS, hospitals, legal services, law enforcement, and corrections. Efforts were made to ensure that there was representation of individuals from not only diverse sectors, but also those working in rural settings. Survey participants represented all Judicial Districts.

The next phase of data collection was done through stakeholder interviews. Recruitment for these interviews was done by utilizing the large network of providers who would have familiarity with the need and potential impact of public guardianship. Once again, efforts were made to ensure the input of those living in rural and urban areas, as the availability of services can vary greatly in these contexts. Survey participants were asked if they would be willing to take part in an interview, and the first round of interviews were conducted with those who shared they would like to participate in interviews. After this first round of interviews, more targeted recruitment was undertaken to ensure the voices of numerous relevant groups were included. Special effort was made to incorporate the input of law enforcement, corrections, the judicial branch, and other relevant groups into our data collection and reporting.

Over the course of our interview recruitment, several stakeholders indicated that they knew of larger groups of individuals who would be willing to participate in our study. We determined that several of these groups were of particular importance for understanding the Colorado environment of public guardianship. As such, we determined it would be appropriate to conduct focus group discussions with these parties. Focus groups participants represented several organizations with a deep understanding of guardianship and potential need for public guardianship and included Adult Protective Services, a large nursing home organization, Veterans Affairs, and a legal nonprofit working in rural Colorado. These focus groups helped to triangulate our survey and interview findings and provide further evidence for the data presented in this report.

Data collected as a part of the regular operations of the COPG were also widely utilized in this report. These data were used to demonstrate the current population served by COPG. Consistent with previous research, these data were also used to provide case studies and in the estimation of potential cost avoidance associated with the COPG.

Finally, to better understand the experiences of those currently involved in the COPG, additional interviews were conducted with clients, the families of clients, guardians, and providers working with COPG clients. These interviews were conducted by a third-party research consultant. This was done to ensure that the participants were comfortable discussing public guardianship with someone who was not directly affiliated with the COPG. Participants in this portion of the study were recruited based on the existing roster of clients and guardians. As they are exceedingly familiar with client networks, guardians assisted in the identification of clients, families, and providers working with clients. Only those clients who had the requisite level of verbal communication and criteria identified by the third-party research consultant were recruited to participate as this was necessary for interview participation.

All data collection instruments and consents were initially reviewed by the Colorado Multiple Institutional Review Board. The project was deemed program evaluation and did not necessitate further review from the board. All research was conducted with the highest ethical standards to ensure the protection of the rights of participants and the protection of their identity in the reporting of findings.

Taken cumulatively, the evidence collected as a part of this robust mixed-methodological provide strong evidence for the findings presented throughout this report. All efforts were made to rely on best practices for the research process to ensure the validity of the study findings. Each research section of this report will provide additional details on the research process.

PILOT PROJECT FINDINGS

The enabling statute, § 13-94-105 C.R.S., specifically charged the Director with quantifying, to the extent possible, Colorado's unmet need for public guardianship services for indigent and incapacitated adults (4a); the average annual cost of providing guardianship services to indigent and incapacitated adults (4b); and, the net cost or benefit, if any, to the state that may result from the provision of guardianship services to each indigent and incapacitated adult in each judicial district of the state (4c); with an analysis of potential costs and off-setting savings to the state from the delivery of public guardianship services (4f) and the provision of aggregated data elements regarding service delivery (4g).

This section of the report details key data and analysis related to the direct provision of services, a needs assessment, and an analysis of cost savings and potential cost avoidance.

Case Management and Client Data

Referrals

The COPG accepts referrals from all Colorado counties. For data collection purposes, the COPG accepts shorter streamlined referrals for non-Denver counties and inquiries. Inquiries are defined as an individual seeking COPG services, but do not register for an account on the COPG referral process website. The following referral information is reported as of September 30, 2022.

Referrals to the COPG

288: total number of referrals made to the COPG office including one referral from Nebraska.
83: active guardianships.
3: number of accepted clients that were pending court proceedings.
11: number of referrals in Partial Status. Partial Status: referrals that are incomplete so the COPG cannot determine if the client meets statutory eligibility criteria.
18: total number of accepted clients on Hold Status. Hold Status: status for referrals that have met statutory eligibility criteria and accepted by the COPG but cannot be served due to lack of caseload capacity. Hold Status includes OBH/CHMI-Ft. Logan/Pueblo referrals that are non-OBH/Momentum contract referrals.

Inquiries

The COPG Office and Director fields informal inquiries regarding potential referrals on a regular basis. Twenty-three inquiries have been received, including one from Texas and two from Alaska.

OBH/Momentum Clients

8: active guardianships (out of 12 maximum)
4: number of accepted clients that were pending court proceedings

Declined Referrals

Denver County (2nd Judicial District) referrals are declined for not meeting the statutory-based eligibility criteria. Once the COPG determines that a referral does not meet eligibility, we request that the referring party withdraw the referral. If not withdrawn, the referral will be declined.

A total of 123 referrals from all sources were declined.

A total of 61 Denver County referrals have been declined or withdrawn.

- 6 referrals were declined due to family being able to serve as guardian.
- 1 referral was declined due the alleged incapacitated person being a minor.
- 6 referrals were declined due to being an inappropriate referral and not meeting any of the statutory criteria.
- 4 referrals were declined due to COPG not having caseload capacity. This was early in 2021 before the Hold Status was in place.
- 24 referrals were declined due to being expired and/or incomplete after 90 days and several attempts by the COPG Office for additional information.

Withdrawn Referrals

Referrals may be withdrawn by the referring party for various reasons, such as the alleged incapacitated person regained capacity prior to the hearing upon the guardianship petition. There were five times that COPG requested further information and investigation that led to the referring party locating family or friends to serve as guardian. A total of twenty referrals were withdrawn by referring parties.

- 5 referrals were withdrawn due to family or friends willing, able and available to serve as guardian.
- 2 referrals were withdrawn due to the alleged incapacitated person living outside of Denver County.
- 6 referrals were withdrawn due to not meeting statutory eligibility criteria.
- 3 referrals were withdrawn due to being expired/incomplete.
- 1 referral was withdrawn due to the alleged incapacitated person passing away prior to the hearing upon the guardianship petition.
- 2 referrals were withdrawn due to the alleged incapacitated person regaining capacity.
- 1 referral was withdrawn due to COPG not having caseload capacity.

While the streamlined Non-Denver County referral option was available, it was difficult to inform all potential statewide referring parties of this available system. The goal of the streamlined referral system was to help inform the COPG of the counties most in need of public guardianship services to guide expansion. El Paso County (4th Judicial District) submitted the most referrals outside of Denver County.

82: total number of declined streamlined Non-Denver County Referrals

1. Adams County – 5
2. Alamosa County – 1
3. Arapahoe County – 14
4. Boulder County – 4
5. Broomfield County – 1
6. El Paso County – 17
7. Garfield County – 1
8. Gunnison County – 1
9. Huerfano County – 3
10. Jefferson County – 9
11. Lake County – 1
12. La Plata County – 2
13. Larimer County – 4
14. Las Animas County – 2

15. Mesa County – 1
16. Montrose County – 2
17. Otero County – 3
18. Pueblo County – 4
19. Weld County – 7

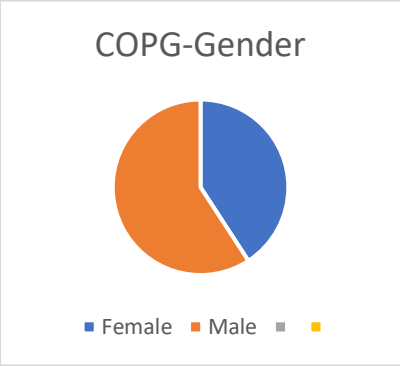
Demographics of the COPG Populations Related to Current Trends

The population of clients served by the COPG were highly consistent with most of the trends described at the beginning of this report. The impacts of the aging population, mental illness and substance abuse, challenges of the IDD population and their caregivers, veterans and military-related service disabilities and the consequences of advances in medical treatment are all evident in the OPG population. Of the 102 clients the COPG has served:

- All but two were unlimited guardianships and two were emergency guardianships.
- 6% (6 clients) of COPG clients are military veterans. According to US Census Tracker 2021 data, Colorado's Veterans population rate of 7.7% is twenty percent higher than the rate in the United States.[lv]

Figure 1. COPG Distribution of Gender Identities

While the COPG is inclusive and the CMS allows clients to self-identify as non-binary, transgender, and intersex, all clients identified themselves as male or female.

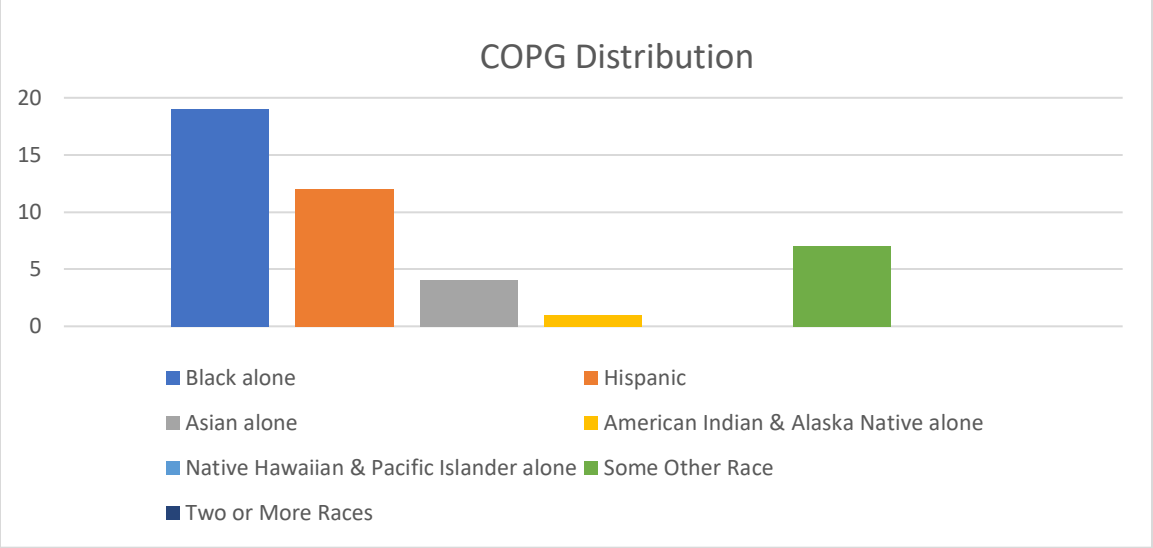


Female (42) 41%
Male (60) 59%

Figure 2. COPG Distribution of Race and Ethnicity

The COPG distribution of race and ethnicity seems to mirror the 2020 Colorado census data, except that the COPG served a higher population of clients that identify as Black alone and served a lower population of Hispanics.

White alone (59)	58%
Black alone (19)	19%
Hispanic (12)	12%
Asian alone (4)	4%
America Indian and Alaska Native alone (1)	1%
Native Hawaiian and Pacific Islander alone	0
Some Other Race (7)	7%
Two or More Races	0



2020 Colorado Census data:

White alone	61.6%
Black alone	12.4%
Hispanic	18.7%
Asian alone	6.0%
America Indian and Alaska Native alone	1.1%
Native Hawaiian and Pacific Islander alone	0.2%
Some Other Race alone	8.4%
Two or More Races	10.2%

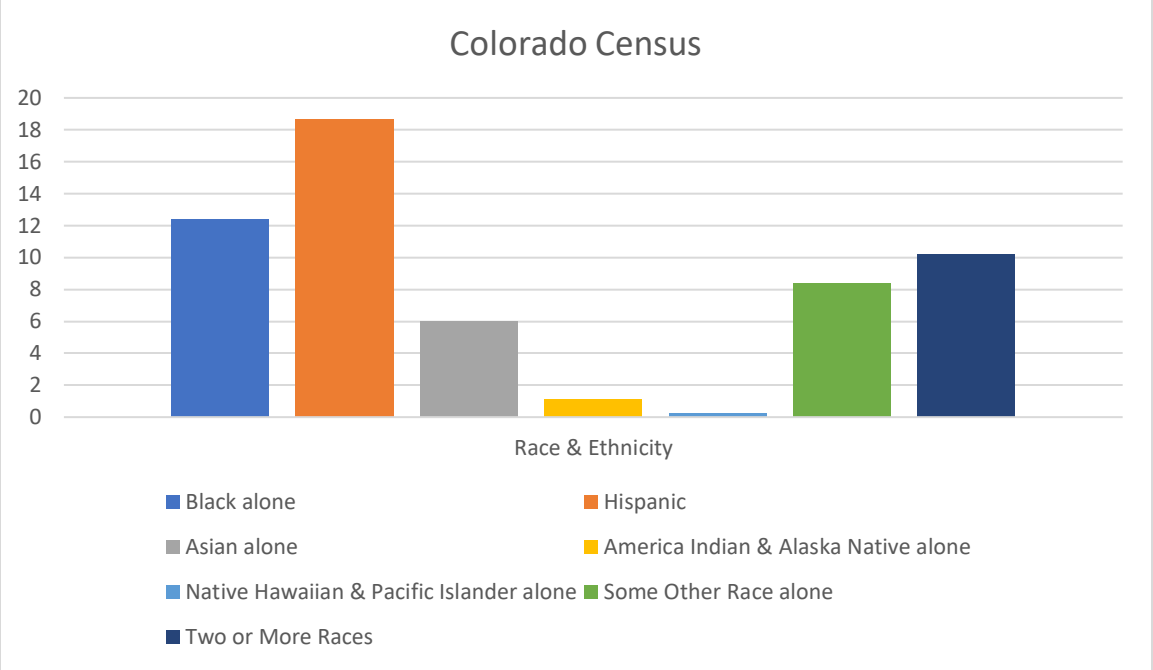
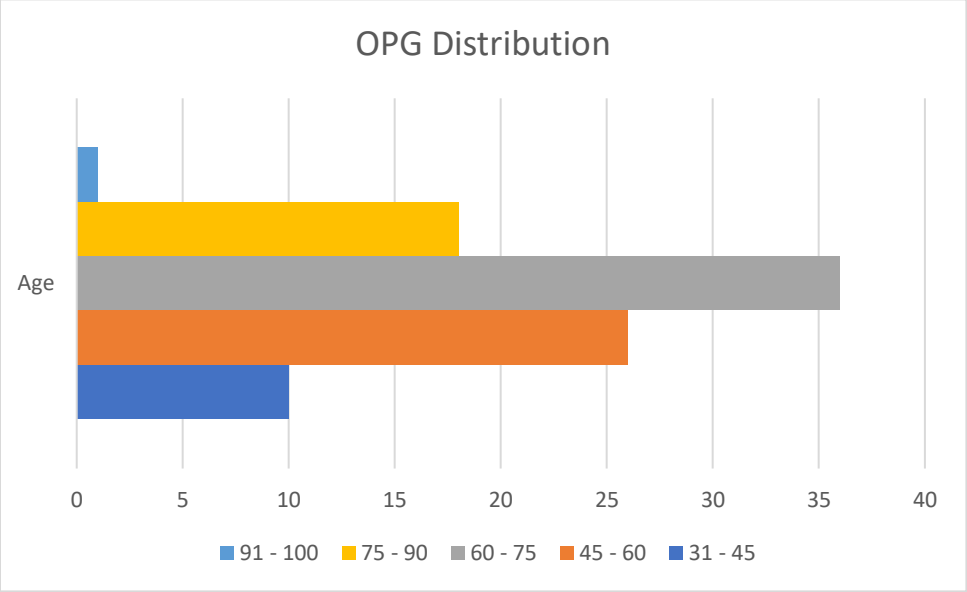


Figure 3. COPG Client Age Distribution

The majority of clients (37) served by COPG fall in the age range of 60 – 75.
45% (46) clients are over the age of 65.

21 – 30: Total 7
31 – 48: Total 13
45 – 60: Total 26
60 – 76: Total 37
75 – 90: Total 18
91–100: Total 1
Total 102



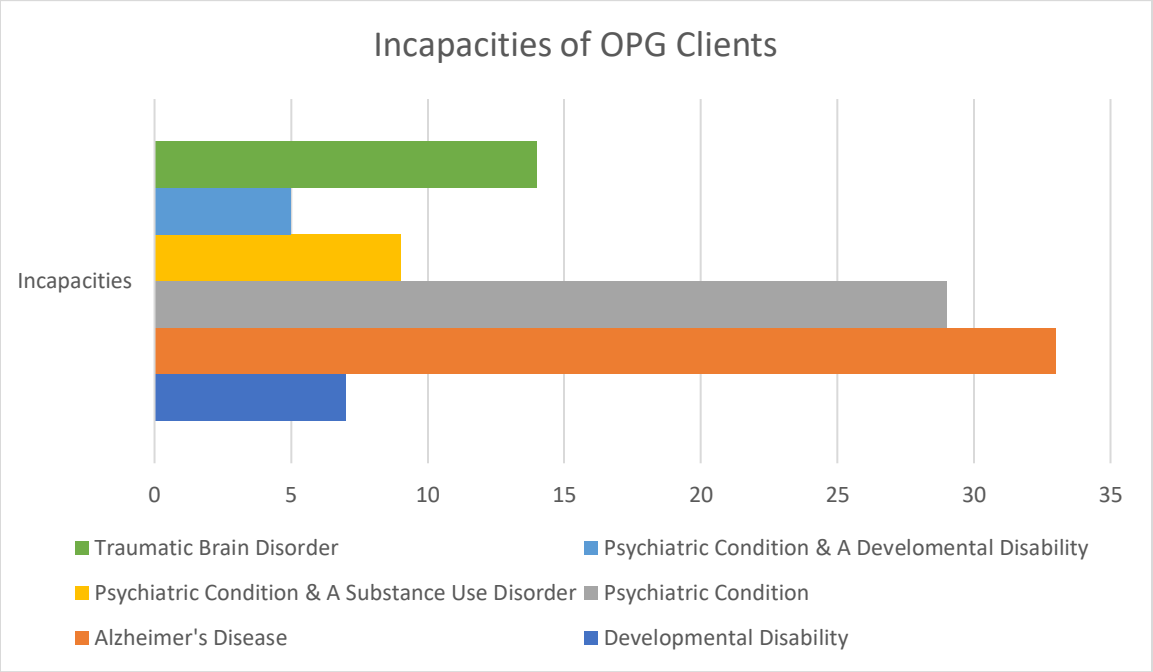
Complex Medical Conditions of COPG Clients

COPG clients suffer from longstanding, complex and often untreated medical conditions. 89% of COPG clients had medical conditions at the time of referral with 44% suffering from multiple medical conditions.

36% (37 clients) with significant co-morbid medical conditions such as hypertension, hyperlipidemia, thyroid disorders, vitamin deficiency, chronic obstructive pulmonary disorder (COPD), and gastro-esophageal reflux disorder (GERD).

Figure 4. Incapacities of COPG Clients

33% (32 clients) with Alzheimer's disease, dementia disorder, or other neurocognitive disorder.
29% (30 clients) with a mental illness or psychiatric condition as a primary diagnosis. The primary diagnosis has been deemed by a medical professional as the primary responsibility for the client's incapacity.
8% (9 clients) with a mental illness or psychiatric condition with a diagnosed substance use disorder.
7% (7 clients) with an I/DD diagnosis.
5% (5 clients) with an intellectual or developmental disability (I/DD) and a mental illness/psychiatric condition.
14% (14 clients) with traumatic brain disorder (TB).
5% (5 clients) with a history of strokes.



Activities of Daily Living Needs of COPG Clients

Seventy-three COPG clients need assistance with at least one activity of daily living (ADL) and 67 clients need assistance with two or more ADLs. Activities of daily living are used to describe the fundamental skills required to independently care for oneself. The major domains of ADLs are feeding, dressing, bathing, and walking. Measurement of an individual's ADL is important as these are predictors of admission to nursing homes, need for alternative living arrangements, hospitalization, and use of paid home care.[lvi]

Below are the top six ranking of the ADLs that require the most assistance. Some clients may require assistance with multiple ADLs:

1. ADL Grooming 89%
2. ADL Eating/Drinking 75%
3. ADL Bathing 75%
4. ADL Dressing/Undressing 74%
5. ADL Transfer 70%
6. ADL Toileting 70%

Instrumental Activities of Daily Living Needs of COPG Clients

Ninety-three COPG clients need assistance with at least one Instrumental activities of daily living (iADLs) and 87 clients need assistance with two or more iADLs. Instrumental activities of daily living are activities that allow an individual to live independently in a community. The major domains of IADLs include cooking, cleaning, transportation, laundry, and managing finances. Occupational therapists commonly assess IADLs in the setting of rehab to determine the level of an individual's need for assistance and cognitive function.[lvii]

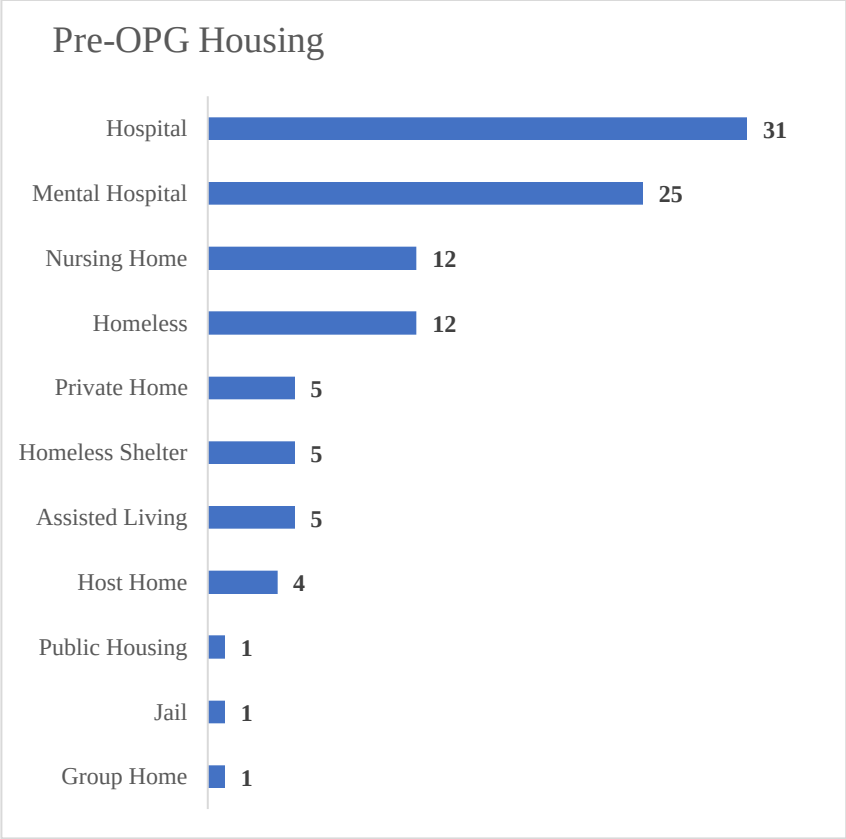
Below are the top six ranking of the iADLs that require the most assistance. Some clients may require assistance with multiple iADLs:

1. iADL Taking Medication 84%
2. iADL Preparing Meals 84%
3. iADL Shopping 83%
4. iADL Housecleaning and Laundry 82%
5. iADL Transportation 80%
6. iADL Communication 71%

Figure 5. Housing/Placement of COPG Referrals and Clients

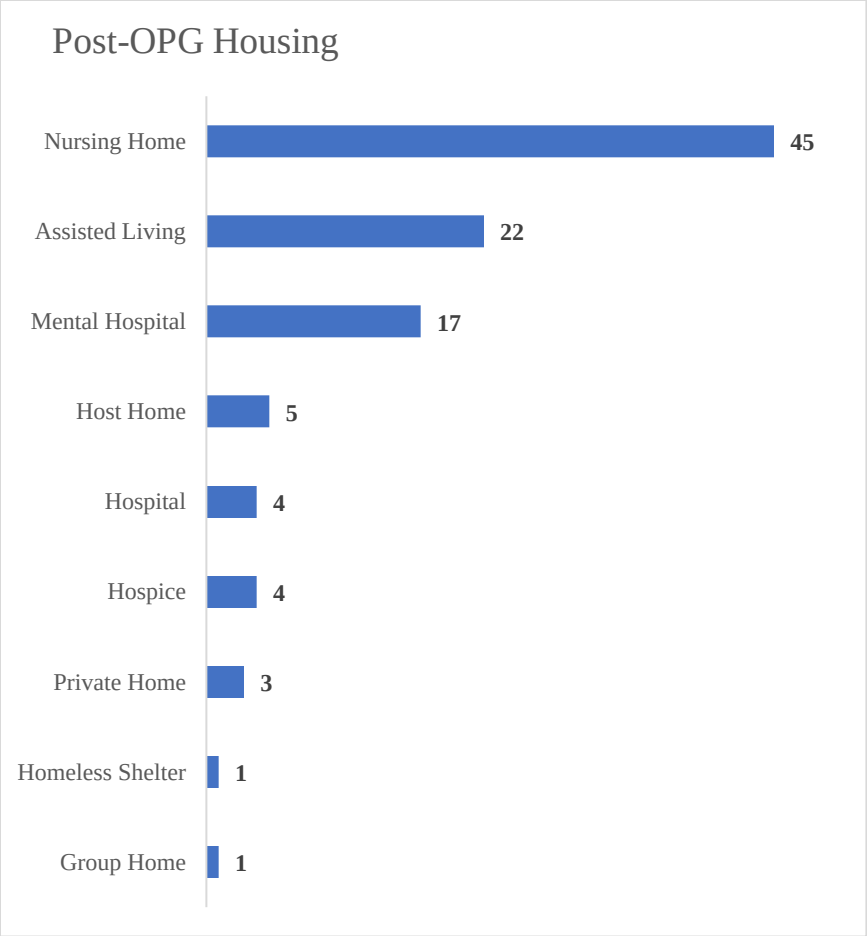
Potential clients (31) at the time of referrals were mostly placed at hospitals with the next population placed at the Colorado Mental Health Institutes (25).

Once appointed, COPG establishing appropriate housing/placement is a primary goal. COPG clients placed in the hospital was reduced to five and COPG was able to place 9 CMHI clients in less restrictive placements in the community.



Hospital	31
Mental Hospital	25
Homeless	12
Nursing Home	12
Assisted Living	5
Homeless Shelter	5
Private Home	5
Host Home	4
Group Home	1
Jail	1
Public Housing	1
Hospital	31
Total	**102***

**Four clients included in these tabulations were recently appointed resided in CMHI.*



Housing After OPG	
Nursing Home	45
Assisted Living	22
Mental Hospital	17
Host Home	5
Hospice	4
Hospital	4
Private Home	3
Group Home	1
Homeless Shelter	1
Nursing Home	45
Assisted Living	22
Total	**102***

**Four clients included in these tabulations were recently appointed resided in CMHI.*

Additional Demographic Information (Marital Status, Education Attainment, Income Types, Annual Income) is available in Appendix III. COPG Client Demographic Information

Mortality in the COPG Client Population

Over the course of the pilot project, from April 2020 to November 2022, the COGP experienced the deaths of twenty (20) clients. Of these clients eleven (11) were male and nine (9) were female. The median age at death was 69, the average age was 70 and the ages ranged from 47 to 93.

According to the CDC, the top five causes of death among people 65 and older are hearth disease, cancer, COVID-19, stroke, and dementia. Deaths among COPG clients are consistent with these national statistics. Per death certificates, the most common causes of death were cardiac and/or respiratory disease (6), end stage dementias and chronic brain disorders (5) and cancer (2), with multiple co-morbid conditions being present in the majority of clients. It is notable that the COPG did not experience any deaths directly attributable to COVID-19.

In 2018, 51.8% (129 million) of civilian, noninstitutionalized adults had been diagnosed with at least one of ten chronic medical conditions. Among people 65 and older, the incidence of one or more chronic conditions rises to 87.6%. At highest risk were persons with no insurance, on public insurance or living in rural areas. The conditions studied included arthritis, cancer, chronic obstructive pulmonary disease, coronary heart disease, asthma, diabetes, hepatitis, hypertension, stroke, and weak/failing kidneys (Boersma, et al, 2018). It should be noted that dementias and mental illnesses were not considered in this particular study despite being among the top ten chronic diseases in the 65+ population. All of these conditions are associated with higher rates of death.

Also consistent with this national data, 80% of OPG clients had medical conditions at the time of referral, with 50% suffering from multiple medical conditions. Most of those medical conditions were chronic. A majority of clients experience chronic medical conditions in combination with behavioral or mental health diagnoses, resulting in high medical complexity. Examples of co-morbid conditions among individual deaths included dementia and other chronic cerebrovascular disease, congestive heart failure, diabetes, traumatic brain injury, hypertension and chronic alcohol abuse.[lviii]

> *Look I mean the reason that the OPG is necessary for these difficult populations is because it's not mental health or Dementia or Huntington's or DD. It's a combination, it's always a comorbidity and there's almost always some type of physical illness or physical issue on top of that. Either through extreme exposure due to homelessness or to drug use or alcohol or just a mismanagement of their needs. So they just didn't know how to do that and the system is so bifurcated there's no way that these people can get help if they wanted to get help without someone helping them, and they don't often have the capacity to either ask for it or to understand it's helpful. So they'll reject a lot, and so a guardian is absolutely necessary to lace the system together and to make sure that we're looking at both sides of the equation and not just mental health or just old age.*
>
> -Interview Participant, Attorney in Denver County

Case Assignment and Weighting

On average, individual guardian-designee caseloads are a maximum of twenty. The twenty-client caseload is supported by several studies, the Model Public Guardianship Act, and other Public Guardianship offices and structures.[lix] It is of note that a 2020 Missouri Report highlights how its public administrator's office is greatly understaffed compared to the nationally recommended standard which leaves staff overwhelmed.[lx]

The National Guardianship Association Standards for Agencies recommend a case assignment and weighting procedure to assure that employees are able to effectively manage their cases and provide

appropriate support for the individuals on their caseload. Appropriate case weighting provides enough support to assure that the individual under guardianship is regularly visited and has access to the most effective support and advocacy when it is needed. For the guardian-designees to have the information to make decisions in line with the client's wishes, including complex informed medical decisions, they must have time available to spend with their clients to cultivate trusting relationships.

As the case studies demonstrate in the ***Intangible Costs Savings*** section, guardian-designees do more than make legal decisions for their clients. While COPG clients and guardian-designees rely on other programs and services there are great systemic gaps and faults. COPG guardian-designees end up filling in those gaps despite having no legal obligation to do so for several reasons: 1. The COPG client has a need that is not being met by another resource, 2. The guardian-designee feels an ethical obligation to meet the client's need that is not being met by another resource, 3. Broader stakeholder's expectations is that the guardian-designee's responsibility to meet every COPG client's need despite true logistical and financial limitations.

Guardian-designees require vast knowledge and expertise of various services systems. Guardian-designees serve and interact with clients with complex needs. Therefore, guardian-designees must know how to successfully communicate with individuals with various disabilities, cultures, and socio-economic backgrounds. Guardian-designees then need to maneuver through intricate services systems: Medicaid, Waivers, Social Security, Behavioral Health systems, Mental Health systems, etc.

Guardian-designees must also be trained in observing a client's health and hygiene and signs of caretaker neglect or mistreatment. One of the most important aspects of a guardian-designees' role is medical decision making. A guardian-designee must be knowledgeable in the standards of medical decision making and medical procedures, standards, best practices, and ethics. It is imperative that guardian-designees have ample opportunities to build trusting relationships with their clients to identify their wishes and desires for medical decision-making purposes.

The COPG Case Assignment and Weighting Procedure bears in mind that when considering the amount of work and involvement in the life of a person under guardianship differs depending on the type of service provided and the personal goals, needs and preferences of the individual these weightings are shown in Appendix II. The weighting of cases is flexible and structured to allow for fairness of caseloads and for data-gathering purposes. A head count of case files is not usually a good indication of the actual work involved.

Many factors are considered, and all affect the difficulty of the caseload:

- Geography and amount of travel involved
- Language barriers and need for interpreter services
- Type of incapacity
- Placement type
- Multiple and complex medical conditions
- Money management services and/or oversight when client funds are discovered
- Number of professionals involved with the client's care team
- Risk and safety level of the client

The COPG Case Assignment and Weighting Procedure allows for ongoing assessment. If a guardian-designee has a caseload with several heightened cases, these cases will be given greater "weight" which may impact the current capacity for the Public Guardian to accept more cases at a certain time. If there is a mix of cases, the "weight" of the incoming case will be considered to determine if there is current capacity.

If there are mostly cases where there are little to no imminent safety concerns, it is likely the pending cases will be accepted.

Other considerations are that guardian-designees are on-call for client emergencies during evenings and weekends. If an emergency or crisis occurs, the guardian-designee must act no matter the time of day or night. This often leads to shifting scheduled work or client visits to another day or time, which can lead to more crisis or stress.

Due to the importance of the Office, there must always be availability and coverage should guardian-designees be out of the office for illness, vacation, or an unexpected issue.

Lastly, the Office needs some flexibility to be available to accept emergency guardianship referrals. Once appointed, an emergency guardianship requires that a guardian-designee immediately meets with the client and begins providing services. Too high a caseload would impede the Office's ability to adequately serve emergency situations.

Colorado can create an optimal Public Guardianship Program that facilitates the opportunity for our guardian-designees to attend to their clients without being overburdened, so that they can comply fully with such fundamental duties as visitation, informed interaction with health-care providers, and care-plan reporting.

Needs Assessment § 13-94-105 (4)(a)(g)

> *You know, there's a there's a large part of the population that needs these [Guardianship] services but can't access them because they aren't affordable and that's why public guardianship is such a great asset.*
> - Interview participant; director non-profit organization Denver

One of the central directives of the CO OPG pilot program was to quantify, to the extent possible, Colorado's unmet need for public guardianship services for indigent and incapacitated adults. § 13-94-105(4)(a) C.R.S. The key challenge in assessing this figure is the lack of available data related to guardianship. The Colorado Judicial Branch State Court Administrator's Office (SCAO) Court Services Department provides information about Colorado State courts.[lxi]

As indicated in the ***Challenges and Barriers*** section, there is very limited data that the SCAO tracks regarding guardianships in Colorado. The SCAO collects no data related to public guardianship. Any data related to public guardianships was gathered solely by the COPG pilot program.

This lack of data makes it difficult to definitively estimate the unmet need for public guardianship; however, there has been research conducted in the past to better assess this unmet need. A comprehensive literature review was conducted to identify an appropriate methodology, and ultimately the research team determined that the approach utilized by Moye et al. (2016) was the most robust way of estimating this need.[lxii] While this estimation method has been previously utilized, it is important to note that these estimates are somewhat conservative. It is possible that the actual need exceeds these estimates, but in the absence of data specific to public guardianship, the research team thought it would be prudent to be conservative in these estimates.

The method utilized by Moye et al. involved the examination of public guardianship programs across the US. Every state that provided some form of public guardianship was thus included in their analysis. They ultimately divided these programs into multiple categories including those who provided services through the courts, county social services, social service agencies, and independent state offices. Consistent with their approach, we will utilize only those estimates from those states with independent state offices, consistent with the model currently under consideration in Colorado. The authors of the Moye et al. study utilized the current service levels of the states that had established independent offices of public guardianship at the time of publication.

There were ultimately four states with independent office models that were used in the calculations (AK, IL, KS, and NM). A detailed breakdown of the calculations for each state are shown in the **Table I**. The per-capita rate of public guardianship used ranged from 1 per 921 individuals (AK) to 1 per 2,393 (IL). This equates to 0.1% of the population (AK) to 0.0004% of the population (IL) respectively. Averaging across each of these offices yields a ratio of 1 public guardianship client per 1,544 individuals (0.06% of the population). These estimates however may be overly influenced by the AK state office given the relatively small population and large number of clients. As such, a weighted average may be a more appropriate estimate, which equates to 1 public guardianship client per 2,097 individuals (.04% of the population). If Colorado were to have a similar rate of public guardianship need, based on the most recent census (2020) estimates of 5,773,714, there would be between 2,754 and 3,736 individuals who require public guardianship in Colorado. Additionally, in **Appendix II** there are estimates for the unmet public guardianship need in each judicial district in Colorado.

2,754-3,736

Estimated number of Individuals Requiring Public Guardianship in Colorado

It is important to reiterate that these estimates could very well be an underestimate of the actual need for public guardianship in Colorado. These calculations are based on estimates from state agencies which most likely have similar challenges in the collection and tracking of data and identification of clients.

Table I: Estimated Per Capita Guardianship for Independent State Offices

State	Number of Clients	State Population	1 Client per/ people	Ratio
Alaska	800	736,732	921	0.001086
Illinois	5,383	12,880,580	2,393	0.000418
Kansas	1,507	2,904,021	1,927	0.000519
New Mexico	1,183	2,085,572	1,763	0.000567
Average			1,544	0.000647
Weighted Average			2,097	0.000477

**Table adapted from Moye et al. (2016)

Survey Data

As mentioned, the only data related to public guardianship was gathered solely by the COPG pilot program. One method was the 2022 COPG statewide assessment survey sent to stakeholders across CO. One of the aims of the survey was to identify the statewide need for public guardianship in Colorado with a diverse set of stakeholders. There were more than 250 individuals who took part in the survey with representation in all 22 Judicial Districts. Findings from this survey may be reported based on their role within the organization. Participants were asked if they serve as "Direct Service" providers (Ex. case manager or social worker) or Administrators (Ex. director or office manager). As individuals in these roles were asked different questions, some data will be reported based on the subsample based on role, and those data will be labeled as such.

Clients Served

Survey participants frequently indicated that they serve clients who may experience certain conditions that put them at higher risk for needing guardianship. Over 90% of participants indicated that they served at least "Some" adult clients who have a serious mental illness, an intellectual or developmental disability, or cognitive impairment. In fact, over 28% of participants indicated that over half of their clients suffered from a developmental disability. An additional 85% of participants shared they served clients with substance use disorders. Most importantly, 100% of participants indicated they serve clients who they believe lack decisional capacity, with over 30% indicating they believed over half of their clients lacked decisional capacity.

All participants serve populations that need and would qualify for COPG services because they lack sufficient decisional capacity related to a serious mental illness, substance use disorder, intellectual or developmental disability, or cognitive impairment.

Condition	% indicating they serve at least "Some" clients with that condition
Serious mental illness	99%
Intellectual or developmental disability	97%
Cognitive impairment	99%
Substance use disorder	85%
Lack decisional capacity	100%

Expressed Need for Public Guardianship Services

88%

Of all participants indicated there was a *High* or *Extremely High* need for public guardianship services in their community.

Survey participants were also asked how great the need for guardianship and public guardianship were in the communities where they serve. Nearly 90% of participants indicated that there was a ***High* or *Extremely High*** need for guardianship (89%) and public guardianship (88%) in the communities where they serve. This illustrates that direct service providers understand the significant need for the COPG in their communities.

Community Issues

Survey participants were asked about several key community issues that are relevant to the need for public guardianship services. First, participants were asked if ***exploitation, abuse, and neglect*** were a significant issue in the populations they serve, with 87% indicating that this was a *Very Significant* or *Significant* issue in their community. Participants were asked if clients being "unfriended" u was a significant issue in the populations they serve, with 87% indicating this was a *Very Significant* or *Significant* issue. The *Very significant* or *Significant* ratings of the individuals experiencing exploitation, abuse, and neglect and unfriended clients further illustrates the populations and demand for the COPG as these are key criteria for qualification for the OPG program.

Finally, participants were also asked about how significant a lack of ***Advanced Directives*** were within the populations they serve, with 73% indicating that this was a *Very Significant* or *Significant* issue. The lack of Advanced Directives is an issue facing clients served by the COPG and demonstrates that there is a need for public guardianship in the communities where survey participants work.

I would recommend against using italics for the response category due to reader distraction; however, if you choose to use it, be consistent. You did not use italics in the prior section.

Obstacles to Establishing Guardianship

(There are) No specific guardianship programs in our counties.

-Survey Participant; Direct service provider; Serving the 8th and 14th Judicial Districts

While trying to establish guardianships, survey participants shared several obstacles. The most-commonly identified obstacles included lack of family/friend support to serve as guardian, lack of available guardians, and lack of funds for legal costs to establish guardianship. The table below shows the frequency with which each obstacle was identified. As can be seen, the top six obstacles reported by stakeholders could all be addressed with the expansion of COPG.

Obstacle	Frequency of identification
Lack of family/friend support	171
Guardianship availability	161
Legal Costs	141
Lack of agency/organization that provides guardianship services	140
Willingness of guardian	138
Cost of ongoing guardianship services	122
Lack of affordable housing/housing services	118
Homelessness/lack of stable living environment	113
Lack of client funds	113
Appropriateness of guardian	110
Lack of appropriate client-centered services	102
No agency/organization capacity to accept new clients	89
Client disagrees with guardianship	88

In the Stakeholder's Own Words:

We have patients come from all over Colorado. If they are not in Denver County, and do not have financial resources and/or family to help pay for a Private Guardian, then we do not have access to Guardians. APS (outside of Denver County) will not accept Guardianship. And now Denver County APS directs us to the Office of Public Guardianship first and will not open a case.
-Survey participant; Direct service provider; serving clients across Colorado

DHS has only taken guardianship of one individual I have worked with over the past 8 years.
-Survey participant; Direct service provider; 9th Judicial District

Available Guardianship Services

Participants were also asked to identify available sources of guardianship services. The most commonly available services were family and friends followed by county adult protective services and private guardians. Ten individuals indicated that there were no guardianship services available within their community.

Source of Guardianship	Frequency
Family/Friend	96
County Adult Protective Services	83
Private Guardians	74
Guardianship agency/org	66
Attorney-Guardians	34
No guardianship services are available	10

Despite the relative infrequency with which these guardianship services were determined to be available, 74% of direct service providers attempted to locate these services in their communities. While attempting to find these services was common, it was also quite common for direct service providers to be unsuccessful in locating these services. In fact, 71% indicated that they were successful on less than half of the occasions they attempted to locate these services. This means that numerous individuals were unable to locate guardians for clients that service providers believed lacked decisional capacity. Considering ***Consequences of When There is No Guardian***, this figure is worrisome.

71%

of direct services providers indicated they were unsuccessful in locating guardianship services.

Trends Identified within the Survey

The survey also included questions about trends identified in the past year to issues that can be addressed through public guardianship services.

- Nearly half of participants (49%) indicated that there was an increase in the frequency of ***exploitation, abuse, or neglect*** in the populations they serve, with only 4% sharing they believed there was a decrease in this issue.
- Nearly a quarter of participants (23%) shared that they believe the number of clients without an ***advance directive*** was increasing compared to only 6% who believed this number was decreasing.
- Nearly half (48%) of participants also believed that the number of ***unfriended clients*** had increased in the past year with only 1% believing the number of unfriended clients had decreased.

Focus Group and Interview Themes Related to Colorado's Unmet Need for Public Guardianship Services

Every individual who took part in interviews and focus groups indicated that there was an unmet need for public guardianship within their community. While the scope of this need varied, the need was universally recognized by the diverse interview and focus group participants. An in-depth analysis of these qualitative data yielded some important themes relevant to need.

> *There's just no formalized process in the state of Colorado for a statewide program for guardianship where other states do have that and there is just a large need in the community for individuals that don't have the funds to pay for private guardians or don't have the available family or social supports to help them navigate their lives once they lose the cognitive ability.*
> -Interview participant; social worker at large hospital network in Denver area

In an interview with a Colorado Magistrate that oversees guardianship cases, he indicates that there are not sufficient guardians in his judicial district and that the current availability of guardians is not keeping up with the increased pace of guardianship filings. Having a COPG in his judicial district would very "impactful in a positive way."

> *I met with our chief judge earlier on this week about the increase in case filings here in [Urban County] I mean we have 3,200 to 3,500 probate case filings a year which include State cases and protective proceedings which are guardianship hearings and our case filings are going up, going up every year. I mean we have our numbers from 2021 coming*

up to now and it's just every year, it's just uptick in numbers. And I don't think that the availability of Guardians is keeping up with the increase in numbers.
-Interview Participant, Magistrate in Urban County

There are Inadequate Resources in Colorado for Individuals Who Qualify for Public Guardianship Services

While some individuals indicated the existence of services for individuals who may need public guardianship services in their communities, they shared that these services were not sufficient.

You know honestly in my perspective we could have the office of the public guardian be five times in size because we just run into so many cases where like we don't have good options.
-Interview Participant; practicing attorney in the Denver area

The need for resources was particularly stark for those individuals working in rural areas, who were often unable to find any resources for the clients that need public guardianship.

I would just add that you know being a rural area, there's a lack of breadth overall in terms of the kinds of services that are accessible out here and it's one of those things where that just means there's even less for people in that kind of position where they would be a candidate for a public guardian. [They] are likely to be even less connected to any services of any kind.
-Focus group participant; employee of legal non-profit in the Western slope

Other participants experienced challenges in locating services and find themselves struggling to identify anyone to serve as a guardian for their clients.

I have about six people right now that are unfriended and I have no ability to get them anyone to be a guardian or proxy or anything. I mean it's just it's a nightmare. There's no resources, basically I've tried calling all guardianship places around see if anybody can take them on, if they have money if they don't. I mean we've done deep dives into like records from like 10 years ago trying to find any family member, any phone number, anything that we can do but at this point, with these six people, I have nobody that can speak for them.
-Focus group participant; employee of a skilled nursing facility

Even if services are available, participants also expressed frustration. This was common for service providers who were seeking out guardianship services from County Adult Protective Services (APS) and the Department of Human Services (DHS). They often expressed frustration at the inability to meet the very specific criteria for guardianship qualification.

I was just really frustrated when I was on a referral call with the Department of Human Services, and they were like "yes we do this under these circumstances" and described like in what situations they'll provide a guardian, and we met all that criteria. It was me and a woman, an advocate from Center for Independence. You have two advocates on a call referring this person to you and saying this person needs a guardian, red flags, red flags, all over the place and they didn't take it, and they don't tell you why. And it's just this completely non-transparent like, "no" you know?
-Focus group participant; employee of legal non-profit in the Western slope

On the other side of this interaction are those individuals working for APS and DHS who are left frustrated by the fact that they are called on to serve as guardians for individuals who do not qualify for their services. They are also challenged by the fact that the guardianship clients are outside of the purview of services, and they are not well positioned to provide these services. Doing so takes away resources from their other, primary functions and serves as a source of frustration. Further, there is concern of a conflict of interest when APS serves as guardian and is the agency responsible for potentially investigating alleged mistreatment by guardians.

> *We have a major need, and I don't think it's even captured by just the APS clients because we get reports on a regular basis from hospitals or various community members wanting us to be guardians but there is no mistreatment so it's not a case we can open so not a person we become involved with.*
> -Focus group participant; direct service provider government social service organization in rural CO

These individuals, often in governmental agencies, that find themselves in the position of serving as a guardian recognize that these are not capacities within their organization and require skills, knowledge and relationships that are not readily available to them.

> *We sort of have to relearn it every time and we have to figure it out anew every time, so we don't do enough of them to develop the skill and expertise that a public guardian who did only that, and we don't do enough of them to have the relationships that a public guardian.*
> -Interview participant; manager of a government agency in Boulder

Generally speaking, participants indicated that the OPG would be a beneficial resource that would be welcomed within their community.

> *I think it's just it's just another great resource to have you know knowing that it's there. It's like having uh having the name and number for a really good plumber, that's a terrible analogy probably nobody wants to be referred to as a plumber, but you know you may not need them very often but it's great to know that you have that that number and you know you can count on them because you've worked with them and you understand their process.*
> -Interview Participant, Law enforcement office Denver County

The benefits of COPG expertise were frequently identified as an important reason for why the office is necessary in the state of Colorado. In the view of these participants, COPG could serve as a vital office for identifying important trends in the need for guardianship, but more importantly providing education to the community about what guardianship is and isn't and helping prepare individuals to serve as guardians. This need for education is one of the important benefits of having an independent office providing guardianship education and outreach.

> *The bigger issue that I really want to get across is there's no payer source and [program name removed] cannot continue to be payer, as the clients grow and we keep doing more. It'll just take away from our program and pretty soon we will not have any money to do the program because it all goes to guardianship.*
> -Interview participant; program manager of a statewide government agency

Participants also highlighted how the COPG was needed to improve the lives of individuals who are living in an extremely precarious position. Many participants articulated how individuals who need guardianship

often find themselves languishing in inappropriate settings that prove to be resource intensive and detrimental to an individual's well-being. This can ultimately lead to them falling back into addiction or being involved with the criminal justice system.

> *It's really hard for those folks that you know don't get connected because then they do make those poor choices. They struggle with addiction, so they relapse, they get re-hospitalized, reincarcerated. You know some of those folks just really need to be connected or under guardianship, and then before we can even get to that point they're either re-hospitalized or re-incarcerated and then that makes it just difficult to even get them under guardianship. So while they're sort of waiting to be matched with those services, or just even in the process of looking for them, they can sort of get back into the system.*
> -Interview participant; social worker in a large statewide social service provider

> *Like once we hear the g word [guardianship] you know we just express pipeline that stuff to a local expert. It's that expertise and training that our community is lacking with regard to the special issues that people who are no longer able to make decisions for themselves are facing; so having a resource for referrals is the number one benefit obviously.*
> -Focus group participant; employee of legal non-profit in the Western slope

Related to improved service provision to clients, participants indicated that having an independent COPG is needed to reduce fears of abuse and exploitation that could exist in more temporary forms of guardianship. Participants shared that the benefits of having the oversight of the COPG would ensure that guardianship services are provided effectively and efficiently to those in the most need in the state.

> *One of the things that I most like about the public guardianship option is that it takes it out of the hands of the people that are doing guardianship for all the wrong reasons and puts a little bit more structure around it. Public guardians are professionals.*
> -Interview participant; program director social service provider Denver

Many participants in the interview believed that the need for guardianship was growing, and that more people would be inclined to utilize these services if they were more widely available.

> *That percentage [of people seeking public guardianship] would be much higher in my mind. People aren't asking or calling that should be because I know they're out there, and usually, we've gotten comments of folks that said, "oh gosh I wish I knew about you guys sooner. My parents just died last year. I wish I knew about these support services that the state offered. I didn't even know there was a public guardianship program." There's people that come back after and say those things so obviously that percentage would go up.*
> -Interview participant; director at a large statewide social service organization.

The need for these services were also particularly relevant for certain populations. Participants mentioned the IDD population, older individuals, individuals with substance use issues, and those with traumatic brain injuries among other groups. Importantly, however, one of the most commonly identified groups were those with low incomes. This population was often identified as a population at higher risk as there are limited to no services available, highlighting the need for the COPG.

> *I mean I think you know there's a large part of the population that needs these services but can't access them because they aren't affordable and that's why public guardianship is such a great asset.*
> -Interview participant; program director in a Denver area social service provider

Another critical aspect of the need for public guardianship is that services are not equally distributed across the state. As previously discussed, those in rural areas often lack access to services that are available in the larger metro areas of Colorado. This absence of services was particularly relevant to guardianship and the provision of those services by APS. Only certain APS offices are able to provide guardianship services in Colorado leaving a patchwork support system across the state and was frequently identified as another reason why the COPG is needed across Colorado.

> *I don't think it's a good thing for Colorado or reasonable or fair for the citizens to have access to public assistance to get a guardianship and to have a guardian in one county but not another. I don't think that makes sense that your ability to access someone to help you be safe with a guardianship should be dependent on where you live and what that county's capacity is or willingness is to take on that responsibility so i think we need a public guardianship program that spans the state.*
> -Interview participant; manager in a Boulder area social service organization

Based on the feedback from individuals seeking and providing guardianship services, there is a tremendous gap that exists in services. The COPG could therefore serve as that bridging organization that helps service providers by providing guardianship services for the most difficult to place clients. This OPG role would also free up resources for those organizations that currently provide guardianship services, though it may not be the primary focus of their organization/program.

> *I mean my agency can only handle so much unless we hire all the guardians in the world and then even then it's not enough, especially when you're looking at an agency that really tries to keep to a certain age demographic. So, I think you know that's why public guardianship such a needed thing; there's got to be there''s got to be a safety net for people.*
> -Interview participant; program director in a Denver area social service provider

Summary

This Needs Assessment and interviews demonstrates the statewide need for all guardianship services, and specifically for public guardianship services. As these trends and vulnerable populations grow, the need for public guardianship services will only increase.

Cost Analysis § 13-94-105 (4) (b)(c)(d)(f) C.R.S.

> *It's well over a thousand dollars a day for clients to stay at the [mental health] institutes and a little bit more at hospitals that aren't the Institute. When you think of the cost for some of those clients that get stuck for decades this is a huge cost saving.*
>
> -Interview participant, Program Manager statewide social service provider

Cost Savings

Throughout all our interviews and focus groups, participants emphasized that they believed the COPG would save Colorado substantial funds. These beliefs are substantiated by the findings of past research on the savings associated with public guardianship, and a preliminary assessment of the cost avoidance which came as a result of the COPG pilot program. Taken in its totality, this evidence suggests that the expansion of the COPG would result in the avoidance of substantial costs in Colorado in addition to improving health and social outcomes for an extremely vulnerable population.

Background

Past research examining the cost benefits of guardianship programming have consistently showed savings.[lxiii] Estimates vary, but some estimates have found these savings to be substantial. One of the more rigorous studies examining these savings, found that providing guardianship programming resulted in $85,808 savings per client in their first year due to the avoidance of psychiatric hospitalizations, emergency department (ED) visits, and incarceration.[lxiv] The authors indicated that these savings may be conservative. Although the program examined in this study did not directly mirror the programming provided by the COPG, it does demonstrate that substantial savings can be realized by providing guardianship for those in need.

While there is not an abundance of research examining the cost-benefit of public guardianship, some states with long established public guardianship programs have calculated these potential savings. Multiple states, including Virginia, Florida, and New York, calculated savings that exceed a million dollars annually. Researchers in Washington, found more modest savings associated with their smaller and relatively new program.[lxv]This study also highlights some important aspects of providing guardianship programming. First, is that the savings associated with the program accumulated over time. It took an initial investment which eventually realized savings after several months. Additionally, when compared to the larger more established programs, the savings were substantially smaller helping illustrate the benefits that can be realized through economies of scale. As the COPG program grows it would most likely have similar trajectories where costs over time decrease relative to increased savings. **Table II** was adapted from a review of studies by the Donahue Institute of Applied Research at UMASS and illustrates the cost savings demonstrated in previous research.[lxvi]

Table II: Research Demonstrating Realized Cost Savings from Public Guardianship Programs in the US

Study	Savings
Virginia: Teaster & Roberto (2003). Studied 239 clients in 10 state-funded programs.	Net savings of $5.2 million were realized in two years. Nearly two-thirds of the savings were due to discharging clients from psychiatric wards.
Florida: Teaster et al. (2009). Studied 2,208 clients in 15 state-funded programs.	Net savings of $1.8 million were realized in one year. 958 clients moved to less expensive residential settings in a 6-month period
Washington: Burley (2011). Studied 49 clients in a state-funded program	Net savings of $224 per client were realized over a 30-month period due to moves to less expensive residential settings.
New York: Vera Institute (2015). Assessed 166 clients in a demonstration project	Net savings of $2.6 million were realized over a 15-month period. Savings were based on maintaining clients in non-institutional settings, delaying Medicaid spend-down, and paying Medicaid liens.

Methodology

There is no universally accepted methodology for determining the cost savings of public guardianship programming. However, across all reviewed studies, the most frequently utilized method for identifying potential savings was through the placement of individuals in less restrictive housing. Specifically, the studies examined the savings associated with removal of an individual from a high resource mental health institute, to a lower resource setting, such as assisted living facilities or nursing homes. Studies in Virginia, Florida, and New York all utilized this cost offset methodology in their estimation of potential cost savings. Given the longstanding nature of these public guardianship programs and the data available for our study, this approach was determined to be the most methodologically defensible option.

While we did our best to adhere closely to these methods, specifically those used in the New York study, some modifications were made to provide the most accurate picture possible of the potential cost savings associated with the COPG.[lxvii] As such, instead of focusing solely on those housing arrangements that resulted in cost savings for the state, we also chose to examine the housing changes which may result in increased costs for the state of Colorado. The research team thought it was important to include not only those clients who resulted in tangible cost savings to the state but also those who may ultimately cost the state money or those whose altered housing arrangements could tangibly impact state funds.

The final calculation for cost savings will utilize a cost avoidance strategy employed by several other states in their estimation of public savings. In this formula, the daily costs of an individual's current housing after being stabilized are subtracted from the daily cost of their previous housing. This value is then multiplied by the amount of time an individual has lived in their current housing situation. A total of 102 housing histories were constructed as a part of this study, incorporating the same individuals who were described in the demographics. For all the housing histories, a cutoff date of September 30th was utilized to ensure adequate time for data analysis. In the following sections, these numbers will be presented as averages instead of showing the housing changes for all individuals included in the study. Calculations for these savings are based on the housing data collected as a part of the intake process. Housing histories were constructed for each client for these calculations. While all efforts were made to ensure the accuracy of these histories, record keeping with this population can often prove challenging.

Cost avoidance=∑ (Daily cost of original housing – Daily cost of current housing)*(End date-start date)

There are some key assumptions on which this study is relying, and they require that the data presented be interpreted with caution. First, there is no way to definitively show that the appointment of a public guardian was the solitary cause of the transition to a less restrictive form of housing. Our qualitative interviews, however, substantiate that this is often the case as individuals remain in restrictive settings due to a lack of a guardian. Relatedly, this approach assumes that an individual would have stayed in the more restrictive setting if there was no guardian in place. The data collected as a part of this study again suggest that people are frequently forced to stay in these restrictive settings well beyond the point of medical necessity. This model also relies on state averages for certain costs instead of institution specific rates. This was done due to the limited availability of cost-related data. It is also important to remember that, as a pilot program, we are utilizing a very small sample size in our calculations. It is possible that the samples we are examining in these analyses are different from the general population of those who need guardianship, but there is no way to know if this is the case. While we feel these are the best estimates for the potential savings, costs can vary depending on setting and geographic location. Despite these assumptions, this approach aligns with the best practice for estimating these savings and provides a picture of the savings which may be associated with the COPG.

COPG Mental Health Institute Cost Avoidance

Let me look, in 2021 we had 3,296 total cases, we 545 protective proceedings which are guardianships and conservatorships, 1,170 mental health cases that were filed in 2021. That's important on those mental health cases because oftentimes those are folks sitting at Mental Health Institute in Pueblo but they live here in [urban center] but they're down at CMHI-Pueblo or Fort Logan, and speaking anecdotally, and not any hard numbers, we have our fair share of cases on the mental health docket where those folks need Guardianship Services also.

-Interview Participant, Magistrate in CO Judicial District

As previously discussed, the placement of clients into less restrictive settings, like assisted living and nursing homes, serves as a primary source of cost savings for states providing public guardianship services. The costs associated with housing an individual in a state mental health institute are extremely high, with Colorado estimates for the CMHI-Fort Logan and Pueblo facilities of nearly $1,400.00 per day (estimates provided directly by the institutes). Many of the individuals served by COPG were on a discharge barrier list which are made up of clients who cannot be released without the approval so some form of guardian. This means that the designation of a guardian can translate to cost savings for the state. Beyond the potential cost savings, individuals on the discharge barrier list may be taking up bed space which would be more effectively used with another patient. There were nine clients in the OPG Pilot Program who moved from CMHI Fort Logan or Pueblo to a less restrictive setting, which may have resulted in over three million dollars in cost avoidance for Colorado. Going forward, it is expected that the number of clients from these settings will continue to grow and result in additional savings for the state. **Table III** shows the potential savings associated with the pilot program.

	Number of clients	Avg. Days in current setting	Cost of initial housing	Cost of new housing	Estimated Potential Savings
State Run Mental Health Institute to Assisted Living	2	481	$1,396	$153	$1,195,766
State Run Mental Health Institute to Nursing Home	6	221	$1,396	$251	$1,523,995
State Run Mental Health Institute to Private Home	1	570	$1,396	$0	$795,720
Total	**9**				**$3,515,481**

COPG Hospital Cost Avoidance

[In reference to hospital costs] There's two-fold with that, it's not just cost savings it's also they're taking up a bed for someone else that really needs it. Then as you know, because everybody's short staffed, so it just makes it even worse to have to have someone somewhere that they don't need to be there anymore.

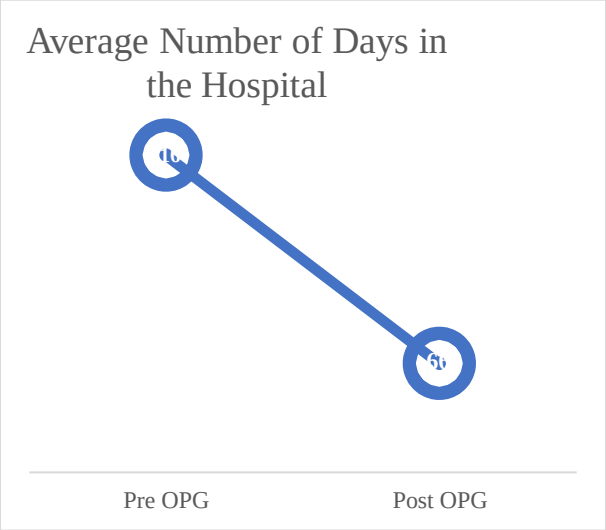
-Interview participant, Program Manager statewide social service provider

Patients who require but are unable to get a guardianship can expect worse outcomes from their time in the hospital including longer stays, higher charges, and more frequent hospital complications[1]. The removal of

[1] Ricotta et al., "The Burden of Guardianship."

individuals from a hospital setting to a less restrictive alternative was a frequently identified source of savings in interview and focus group discussions. Numerous participants had examples of individuals they knew who were stuck living in hospitals for extended periods solely because they had no guardian. Because hospitals are independent entities, it is difficult to precisely determine the direct savings realized to the state from the removal of individuals from these settings. The amount of state funds directed towards hospital stays for these individuals is difficult to estimate because each hospital has different policies and practices related to long term clients. The barriers to disentangling these factors make it difficult to determine the direct savings to the state. There are, however, some state savings realized from the placement of individuals from hospitals into less restrictive settings, specifically in the form of Medicaid reimbursement savings. It is also critically important to consider how the reduction in medically unnecessary days can result in improved efficiency for hospitals providing care to patients in Colorado. All medical institutions are attempting to provide more care with fewer and fewer resources. This is particularly relevant with a growing nursing shortage in Colorado[2]. Finding ways to improve efficiency is critically important and placing patients in the most appropriate setting is one crucial step in this process. While these cost savings may not be directly realized by the state, there were 23 clients who were moved from a hospital setting to a less restrictive environment. Each of these individuals represents improved efficiency in the medical system and potential cost savings to the state in the form of Medicaid reimbursements.

There were 23 COPG clients who were housed in a hospital setting before their enrollment in the COPG. On average, these clients were in the hospital for 116 days before they were matched with a guardian. After being matched with a guardian, these clients, on average, were in a hospital setting for 66 days (Figure 6). This represents a 57% decrease in the average number of days in the hospital before and after enrollment in the COPG. While it is impossible to determine if enrollment in the program was the direct cause of this decrease, it stands to reason that enrollment in the program could result in fewer days in a hospital setting. Further, by matching clients with a guardian, they help ensure safer discharges from the hospital into appropriate settings.



COPG Homelessness Cost Avoidance

Another potential source of cost avoidance is for the placement of individuals experiencing homelessness into stable housing. Those living in a state of homelessness are more likely to require emergency services including hospitals, jails, and emergency shelters, all of which result in added costs for Coloradans. Despite homelessness being a growing challenge in Colorado there are limitations in the availability of cost-related data for homelessness. As such, the estimation of costs avoided due to housing stabilization will differ from those estimations for mental health institutions and hospitals.

Research has consistently showed that the placement of individuals in stabilized housing results in cost offsets for local governments and benefits to those individuals placed in housing. While the exact savings

[2] https://www.coloradonursingcenter.org/colorados-nursing-shortage/

that would be realized in Colorado are unavailable, older research showed the avoidance of $31,454 per person per year.[lxviii] This is in line with more recent national estimates of approximately $35,578 in net savings per person per year.[lxix] A large portion of the clients currently served by the COPG, and who would be served if the COPG were expanded, live in a chronic state of homelessness, defined as those who have experienced homelessness for at least a year. For these calculations, individuals who were chronically homeless but being temporarily housed in a hospital setting, those who were homeless upon enrollment, and those who were living in emergency homeless shelters are used. There were 15 OPG clients who were placed in stabilized housing from a state of chronic homelessness. These individuals were ultimately placed in a variety of more appropriate settings including nursing homes, assisted living facilities, state mental health facilities, host homes, group homes, and private homes.

To estimate the potential costs avoided from those living in a state of homelessness currently enrolled in the program, daily savings were estimated based on the past Colorado estimates ($31,454 ÷ 365 = $86). Those individuals who were previously homeless lived in stabilized housing for an average of 273 days after enrollment in the COPG. Multiplying the average number of days, the average daily savings, and the number of clients yields an estimated total savings of $334,110.

The potential avoided costs for COPG clients are shown in the **Table IV**.

	Number of clients	**Avg. time in stabilized housing (Days)**	**Estimated Savings Per Day**
Clients experiencing Homelessness	15	259	$86
Total Savings	**15**		**$334,110**

COPG Potential Increased Costs

While the majority of clients were moved from more restrictive settings to less restrictive settings, this was not always the case. Depending on various factors in the life of an individual, they may necessitate housing in a more restrictive setting. A person may find their capacities diminished due to a degenerative cognitive condition such as dementia or Alzheimer's. This may mean they are no longer capable of living independently. Additionally, clients upon referral were not in appropriate housing/placement for their recommended higher level of care for their needs. In these instances, placement into a more restrictive setting may be most appropriate for the individual to ensure their health and safety. It is an unfortunate reality that some individuals require stabilization in a restrictive setting like a state-run mental facility. There were eight COPG clients who were placed in a more restrictive settings.

Table V: Costs for placement to more restrictive setting

	Number of clients	Avg days in current setting	Cost of original housing	Cost of New Housing	Estimated Potential Savings
Private Home to Assisted Living	3	163	0	$153	($74,664)
Private Home to Nursing Home	2	421	0	$251	($211,091)
Private Home to Hospice	1	5	0	$286	($1,430)
Jail to State Run Mental Health Institute	1	508	$153*	$1,396	($574,266)
Total	**7**				**($861,451)**

*Estimates calculated from average annual cost per offender across the five security levels

COPG Clients with No Change in Housing

While the placement of individuals into appropriate housing settings is a key function of the COPG, many individuals currently enrolled in the program maintain a similar housing arrangement. There were 48 clients who did not experience a change in their housing arrangement after enrolling in the COPG. Clients may not change housing arrangements for a variety of reasons. Some clients are already in an appropriate housing setting but require an alternative guardian for a variety of reasons. For example, one COPG client had a parent serving as guardian, but this relationship was no longer deemed appropriate and necessitated a new guardian. Thus, a new guardian was appointed, but no housing change was required as this client was in a stable environment.

Clients may also be waiting for a placement in an appropriate setting. Unfortunately, there are often long waitlists for bed space at certain facilities like nursing homes, assisted living facilities, and psychiatric hospitals. This means that clients are forced to remain in their original housing arrangement until an appropriate alternative is secured. One client, for example, had been housed at a Denver area hospital, but had previously been homeless for several years. Releasing them from the hospital would thus result in that client being placed in an unsafe and unsustainable situation. Finding a placement for this type of client can be a time intensive process, and therefore it may necessitate staying in place. These housing arrangements are temporary, and eventually clients will be placed in an appropriate setting, which also results in fewer resources and better outcomes for the clients.

Limitations

As has been outlined in past research examining the cost benefit of public guardianship, there are some methodological challenges faced by those trying to answer these research questions. The gold standard for estimating these savings would be to conduct a randomized controlled trial and assign potential clients into separate control and treatment groups. While this is an excellent approach for determining savings, there are important logistical, financial, and ethical issues associated with this approach. Conducting this type of evaluation was beyond the scope of the research capacity for this small pilot program and would require several years and the investment of substantial financial resources. Additionally, there are also ethical issues in randomly assigning individuals to a condition where they would not receive potentially life altering social services. Given these challenges, the research team determined it most appropriate to demonstrate these

savings utilizing existing public guardianship literature, qualitative and quantitative data collected from stakeholders, and data collected as a part of COPG operations.

Summary

Despite the limitations in calculating the costs avoided as a result of the COPG, there is evidence to suggest that the OPG Pilot Program resulted in substantial cost savings to the state. Based on the methodologies used in previous research on public guardianship, the COPG program may have avoided nearly $3 million dollars in excess costs specifically related to housing. This does not even take into account the improvements in efficiency in the medical and other emergency systems in Colorado. There are other potential savings that could further justify the expansion of the COPG in Colorado, improve systems within the state, and improve outcomes for the most vulnerable citizens of the state.

Other Potential Cost Savings

911 Calls and Public Safety Efficiency

Unnecessary 911 calls places an unnecessary strain on emergency services and service providers. While research surrounding 911 misuse is scant, research by the Vera Institute found that only 62.6% of calls in nine major metropolitan areas in the U.S. involved noncriminal situations.[lxx] In our discussions with emergency service providers in CO, estimating the cost of an unnecessary 911 call is difficult to determine. These calls, however, do represent a misallocation of resources that could ultimately result in added costs for the state of Colorado. Resources used dealing with these unnecessary calls mean there are fewer resources available for those individuals who are in genuine emergency situations. These calls can also result in the deployment of police, firefighters, and EMTs to unnecessary situations, another source of potential costs.

Unfortunately, 911 calls are an exceedingly common occurrence among those individuals served by the COPG. These individuals can find themselves in behavioral health crises which means they feel it is necessary to call 911 for any issue they are facing. Also, individuals often call 911 for non-emergency matters due to their incapacity or because they are not receiving appropriate services. While it is difficult to track the number of 911 calls made before enrollment in the COPG, anecdotal evidence suggests that the placement of individuals in appropriate care settings results in drastic decreases in the number of 911 calls made. One COPG client, for example, was reported to have called 911 over 300 times in 2019. Since this individual was matched with a guardian in 2020, this client has made profound progress and the 911 calls have reduced dramatically. A more detailed case study is included in "The Complex Client" under the ***Intangible Cost Savings – Quality of Life Enhancements*** section.

This example again illustrates how the provision of COPG services can result in improved efficiencies and benefit critical state institutions like emergency services. While estimating the exact cost savings associated with the reduction in 911 calls, these few clients illustrate the benefits that can be realized by COPG services.

Emergency Department Visits

Emergency Department (ED) visits are one of the most resource intensive ways of providing medical care. The use of emergency departments for mental health related services results in millions of dollars of excess spending within the medical system in Colorado.[lxxi] As many of those working in the healthcare field have told us in our interviews, there is no average ED visit, and costs can vary widely based on the tests run and the hospital administering care. The facility payments alone can result in charges of several hundred dollars to several thousands, depending on the severity; this is before considering any required tests or

procedures.[lxxii] Given the potentially substantial costs associated with ED visits, reductions in unnecessary ED utilization could ultimately result in substantial cost savings to the medical systems. Some of those saving could also be realized by the state of Colorado in the form of reduced Medicaid spending.

Estimating the savings that come as a result of reduced ED utilization by COPG clients is currently outside the scope of our data collection procedures and tracking. Anecdotally, however, there are several examples of clients who over utilize ED for non-emergency purposes resulting in higher costs and worse efficiency within the medical system. Unfortunately, before being matched with a guardian, many COPG clients find themselves in a position where they frequently rely on ED for non-emergency purposes. Multiple COPG clients had over ten ED visits in the period immediately before their engagement with COPG. One client, for example, had four ED visits in a 24-hour period before being matched with a guardian. After receiving a guardian, however, these individuals were less inclined to utilize ED services resulting in potentially large savings to the state of Colorado as well as improved system efficiency.

Interactions with Law Enforcement

Minimizing interactions with law enforcement is another important benefit of the COPG. Many COPG clients, and clients who need COPG, are experiencing some form of mental health crisis that puts them at a higher likelihood of interacting with law enforcement. These interactions represent an undue strain not only on the officers themselves, but also the infrastructure that supports them. Further, these interactions with individuals who lack decisional capacity increase the risk of negative consequences for both parties. It is therefore unsurprising that in our discussions with law enforcement they identified the COPG as a benefit to their work specifically in reducing interactions with individuals in crisis.

COPG does not currently collect data on the number of law enforcement interactions before an individual is enrolled in the program. Past research in Colorado, however, has shown that giving an individual appropriate stabilized housing results in fewer interactions with police.[lxxiii] But there are numerous examples of COPG clients who have had frequent contact with police. One client, for example, had over 160 arrests before being matched with a guardian. This client was suffering from significant mental illness and was living in a state of homelessness which put them in constant contact with police. After becoming a client of COPG, this client was placed in appropriate housing which has eliminated their interactions with law enforcement. While this is a somewhat extreme example, it is indicative of the potential benefit of COPG in limiting police interactions. These limited interactions are an important benefit to the clients themselves as well as the police with whom they are interacting. While it is not possible to put an exact dollar amount on the saving realized by avoiding these interactions, there are important improvements in the allocation of law enforcement resources.

Department of Corrections

> *We do have folks that are still incarcerated because there's just not the community resources to support them [they are not still incarcerated] because of their crime because the parole board has said that they could be released.*
> -Interview Participant, Department of Corrections Denver County

Several COPG clients have found themselves involved with the Department of Corrections (DOC) over the course of their life. While housing data is collected as a part of intake, as discussed, these do not capture an individual's housing over the entire course of their life. Therefore, enumerating the exact amount of time spent in DOC facilities is not possible for this pilot. However, past Colorado research has shown that the placement of an individual in stabilized housing is associated with less time spent in jail.[lxxiv] This has important implications for savings to the state of Colorado.

While the DOC was unable to provide the exact cost of a bed night in a DOC facility, annual costs can exceed $50,000.00 per year depending on the level and location of the facility. Therefore, avoiding incarceration is another potential cost benefit of the CO OPG. While we cannot determine the exact number of clients that avoided incarceration, and for what duration, the placement of stabilized housing undoubtedly has an effect on that outcome.

Pre-paid Burial/Funeral/Cremation Arrangements

The arrangement of pre-paid funerals for OPG clients represents another source of cost savings for the state of CO. Several OPG clients have pre-paid for funeral arrangements. The state offers assistance of up to $2,500 for burial arrangements.[lxxv] As the costs of the burial are being paid by the client, these are funds that do not need to be covered by the state. While not a substantial savings, this does represent another potential cost avoided as a result of the COPG.

Of the total 20 clients that have passed:

- COPG established pre-paid arrangements for four clients, potentially saving the state up to $10,000.00 by not requesting Medicaid burial arrangement assistance
- 1 COPG client's family established a pre-paid arrangement
- 1 COPG client had funds available at the time of her death to pay for her cremation
- 1 COPG client's family paid for her funeral and burial arrangements

Summary

Beyond the costs that can be avoided through the placement of COPG clients in appropriate housing settings, there are other potential costs avoided and improved efficiencies that can be realized through participation in the COPG. It is not uncommon for clients, before being matched to a guardian, to overly rely on certain services like emergency departments and 911. This results in the misallocation of time and effort within these departments, as well as increased contact with law enforcement, the department of corrections, and social services providers. While directly estimating the savings associated with the utilization of these resources is not feasible, anecdotal evidence suggests that the COPG helps reduce the utilization of these resources. This is critically important given the current strain on many of these systems. It is also expected that the expansion of the OPG could further reduce the utilization of these systems.

Intangible Cost – Quality of Life Enhancements

> *I have yet to see an individual that's been appointed a COPG guardianship that wasn't treated with respect, that didn't have their ideas listened to and I think that's a misunderstanding in the community [that] guardians come in and make all the decisions and doesn't care at all about what that person says. I think that has been in my experience not true, they're very thoughtful, they're really communicative they're really like in the best interest of the individual.*
> -Interview Participant, Director, mental health service Denver County

While the legislative mandate of the COPG was to quantify the net cost or benefit to the state that may result from the provision of guardianship services, it cannot be denied that the COPG provides immeasurable intangible benefits which translate to improved quality of life of COPG clients. This section identifies case studies of different COPG clients and specific quality of improvement benefits.

Securing Appropriate and Desired Medical Care and/or Equipment

Ms. G is 48 years old with a history of alcohol abuse, traumatic brain injury and a current diagnosis of recurring cancer of the tongue. During a surgical admission, she was referred to the COPG by a Denver Hospital. Her care team was concerned with her family's ability to continue serving as her medical proxy due to her memory impairment and with a history of her family not following through with recommended treatment and placement plans. While working on a plan for placement in a long-term care facility, the medical care team became aware that the family was refusing to agree with the client's wishes that she does not receive further treatment for her cancer other than comfort care.

Following COPG appointment, a palliative care ethics review at the hospital considered her request for comfort care only and determined that further cancer treatment would not result in any improvement of her condition but would result in distress and further discomfort. In agreement with Ms. G's wishes and the medical care team's recommendations, she was placed in a nursing home to receive comfort care from hospice agency.

Ms. G's public guardian worked with her and her care team to make decisions that supported Ms. G's needs and her goals, respecting her spiritual, religious, and cultural preferences. The guardian and hospice agency provided grief counseling and assistance to the family. With the support of her guardian and in support of her religious preferences, Ms. G's family arranged a pre-need funeral plan.

Re-establishing Relationships with Family and Friends

Mr. Q is 69 years old and was living in a nursing home at the time of his OPG appointment. He suffers from dementia with a BIMS score that indicates severe cognitive and memory impairment. He was referred to the OPG by his court-appointed guardian ad litem. The client was refusing much needed dental care and health care. Although Mr. Q has an adult daughter, there was no known contact information for her as they were not in contact with each other for many years.

Mr. Q is Native American, and the public guardian completed some history and genealogy research that helped the client re-learn and re-establish some of his Native American history. Most importantly, she located his daughter in another state. The guardian reached out to the daughter to determine if the daughter was willing to resume contact her father. After a few months, both she and Mr. Q agreed.

Mr. Q and his daughter have had phone contact for a few months now. Mr. Q's demeanor has positively changed, and he seems "younger" & happier. He has also now agreed to much overdue dental care, has gained weight, and is doing well.

Arranging a Client's Funeral or Burial

At the time of OPG appointment Mr. E, who is 91 years old, was living in a home in the community that was neglected by his landlord and had issues with electricity, gas leaks, plumbing. He was referred to the OPG by Adult Protective Services. At the time of referral, Mr. E was diagnosed with vascular dementia, peripheral artery disease, chronic kidney disease, and a history of strokes. He was placed into respite care briefly due to these safety concerns while more permanent placement in a least restrictive setting was sought. A series of elopements occurred as the result of the new living environment and being separated from his cat. Eventually, he settled into a secure memory unit.

H was originally from Poland and lost his parents in WW II. H eventually became a U.S. Citizen and served in the U.S. Army. Mr. E served as a police officer for over 20 years. He was very proud of his law enforcement background, having traveled around the world and often visiting local law enforcement departments where he would sometimes receive a patch. He also gathered patches via letter.

When completing his 5 Wishes document, the guardian learned that Mr. E wanted an Honor Guard and to be buried at Ft. Logan National Cemetery in Denver, Colorado. Mr. E also wanted a full Catholic burial at his former church. Unfortunately, Mr. E did not have funds to arrange for a pre-burial plan and the guardian was advised by the Ft. Logan National Cemetery that pre-arrangements could not be made.

The public guardian was able to re-establish some of Mr. E's former police department relationships so that as he approached the end of his life, he had the presence of some of his friends. Upon Mr. E's death, the public guardian worked with the Public Administrator and persisted in her efforts to arrange, free or by donation, a Catholic service, burial and a service with full honor guard at Ft. Logan National Cemetery. His last wishes would likely not have been fulfilled without the efforts of his public guardian.

Placing a Client in an Appropriate Facility

Mr. N was referred to the COPG by APS due to his very unsafe and unsanitary living conditions, including inadequate plumbing and heat and an abundance of mice and other pests in the space. In his 70s, he had a long-term history of alcohol-abuse and was currently suffering advanced dementia and related cognitive impairments. Daily visits from the guardian showed that he was no longer able to safely care for himself nor could family members continue to assist him or assume guardianship. To ensure immediate safety, he was placed in temporary respite care until he could be transferred to a nursing home.

Although initially successful in the nursing home setting, his dementia led to increasingly aggressive behavior and attempts to elope. Despite strong efforts by the facility to provide a higher level of care, he assaulted one of the staff members and was hospitalized for further care. Attempts to place him back into a nursing home setting failed due to his aggressive behaviors. As his medical condition declined, Mr. N was eventually transferred to an inpatient hospice for the higher level of care appropriate to his end stage dementia. His family members were able to visit, and he received attentive care focused on his individual needs in a safe environment.

Working with Challenging Family Dynamics

Mrs. C is a medically frail elder who was living in her home with adult children. She suffered from dementia in addition to numerous medical problems including adult failure to thrive and malnutrition. Concerns for her well-being and safety were raised after repeated interactions with police and Adult Protective Services over loud family arguments, drunkenness and fighting among her children. At one point, she was sent to the hospital for bruising to her face. Following discharge home, the family refused to allow home health services into the home.

After COPG appointment, the guardian worked with multiple family members to improve conditions, but the family did not follow through with tasks they agreed to and continued to refuse home health services. At the same time, the family was adamant that Mrs. C. remain in their direct care and filed many letters of complaint with the Court against the guardian, guardian ad litem and conservator. During this time the client's medical condition continued to decline and her physician was adamant that she be placed in a skilled nursing facility. After placement, family members arrived intoxicated and often engaged in aggressive or threatening behavior toward facility staff and other residents. They continued to oppose her removal from their direct care.

In an attempt to alter the family dynamics, guardianship was transferred to another COPG guardian. The fresh start with a new guardian helped begin to build a basis of trust with the family. She tried to meet with them and Mrs. C at the facility and checked in with the family to discuss changes or updates on her care and condition. The family has become much more receptive to the guardian and the guardian mediates all communication between the nursing facility staff and the family to avoid misunderstandings. For some

time, the family insisted on becoming successor guardian but never completed the paperwork. They have since accepted that Mrs. C is safe and receiving good care in the facility.

Enhancing Client Socialization – Ms. T

Ms. T was in a psychiatric unit at the time appointment due to a severe psychosis. The client, in her late 50s, had been living with a parent and sibling; however, the sibling was unable to continue caring for the terminally ill parent and the client. Placement into an assisted living facility was a very difficult adjustment for the client and was made more difficult by the passing of her parent and her sibling moving out of state. Attendance in an adult day program three days a week was helpful, but the situation continued to deteriorate for both the client and the facility. Eventually, the client was moved to temporary respite care in a skilled nursing facility. Finally, working with a community partner, the guardian obtained placement in a new assisted living facility.

Since moving to the new facility, the client has greatly improved. She has made friends and joins in with house parties and other social activities. Importantly, she has been able to reestablish contact with her estranged sibling and they talk by phone weekly and go to dinner when the sibling travels to Colorado.

Enhancing Client Socialization – Mr. B

Mr. B, in his early 60s, was appointed during an acute care hospital admission. His family refuses guardianship due to a longstanding history of substance abuse. He suffers from several different medical conditions in addition to dementia. The guardian obtained placement at a skilled nursing facility; however, the client was unhappy with the facility. Despite much encouragement from the guardian, the client refused to participate in social activities or even to make friends. He eloped from the facility and was picked up by law enforcement while intoxicated. Due to his intoxication and belligerent behavior, he was placed in detox by the police.

Another skilled nursing facility placement was found, this time closer to where the client preferred. He met another resident who shares his language and culture and is happy to be able to speak his native language again. In addition, with much encouragement, Mr. B has begun to participate in parties at the facility and even ventures out on some of the facility outings into the community. His general attitude is improved, and he is much more open to social encounters.

Providing Emotional Support to the Client

Mr. G was in his late 20s at the time of appointment to the COPG and had just been released from jail into a host home. He has a complex history of intellectual disability, severe mental illness, substance abuse, traumatic brain injury, and multiple sources of personal abuse and trauma. Soon after appointment, he eloped from the home, stopped taking prescribed psychiatric medications and landed back in jail due to criminal parole violation.

His parents are unwilling to assume successor guardianship due to personal health and age concerns as is a previous mentor. However, both helped the guardian build rapport and trust with the client. The guardian met with them and the client several times to offer emotional support and to better understand their concerns and Mr. G's needs. The guardian was able to arrange for the parent and mentor to visit and provide emotional support to the client and to discuss his options while he was in jail. Over time, the guardian advocated for the client at multiple criminal court hearings, participated in several placements including additional stays in jail, and worked closely with an array of medical professionals to help ensure the best care in the midst of his complex behavioral and medical issues.

The guardian eventually earned Mr. G's trust. The guardian had weekly calls with him to discuss his worries, goals, and coping skills to assist with his emotional distress. The guardian also works with staff to share the best strategies for communication and engagement. For example, his best coping mechanism is journaling, and the guardian provides a steady source of new journals. The consistency of the guardian has helped him feel more comfortable and phone calls are reduced as he becomes more confident with the structure of each new environment.

Phones calls with the guardian continue to provide emotional support, reminding Mr. G of his growth and the importance of his medications. He is currently in a placement where he is receiving appropriate therapy and is able to reach out to staff daily for emotional support and assistance with coping skills. He does still call the guardian for support on occasion when he is upset or feeling overwhelmed. He tells her that he is thankful to have her. His criminal trials are still in progress; however, his improvement has allowed him to be currently waiting placement in an even less restrictive setting.

Establishing a Residence for a Client Experiencing Homelessness

Mr. A was in his early 50s, homeless, on an MM1 psychiatric hold related to his severe substance abuse disorder and waitlisted for admission to Ft. Logan when he was initially referred to the COPG. His history of homelessness included a pattern of seriously damaging apartments with persistent drug use and eviction. Placement in an apartment was finally deemed unsafe due to his failure to take prescribed medication, heavy substance abuse and inability to obtain and prepare meals or maintain a sanitary living space.

The guardian worked with multiple agencies to try to obtain safe and appropriate housing over a period of time in which the client either refused to stay in a shelter or was turned away from shelters due to his active substance use. He was hospitalized with hallucinations and displayed aggressive and threatening behavior to the guardian and others. Recommendations for placement shifted from a mental health institution to 24-hour long term care, but great difficulty was experienced in finding a location that would accept him due to behavioral issues. These issues resulted in an extended acute care hospital stay until placement was finally secured at an assisted living facility with the assistance and collaboration of multiple community partners.

Mr. A has been happy with this placement and is working to improve relationships with his family. He is now receiving needed dental care and has been proudly sober for several months. He often expresses gratitude to the guardian, sharing that he was very close to suicide until the guardian was able to finally help him obtain some sense of control over his life.

Re-establishing Religious Affiliation and Relationships

Ms. D was in her mid-70s and in a psychiatric unit at the time of COPG appointment. With no family for support, she had been evicted from her apartment and admitted to the unit for bipolar disorder, dementia and related behavior disturbance. The guardian was able to obtain placement in a skilled nursing facility where Ms. D began to thrive. The guardian also established contact with a former friend of Ms. D from her church of 20+ years. The friend began to visit the client and communicate with the guardian on her status. A medical emergency resulting in hospitalization initiated a conversation with the friend regarding end of life wishes. Although the client refused to communicate on the subject, the friend had previous knowledge of her wishes and provided assistance as the guardian put cremation and funeral benefits into place that provided eventual internment in the memorial garden of the client's church. The guardian was also able to reach out to the church pastor, who visited Ms. D during her hospital stay. Since recovery and transfer back to the nursing home, the guardian helps arrange for current weekly visits to the client in person or by phone with the friend.

The Complex Client

Mr. J has struggled from childhood with an intellectual and developmental disorder characterized by severe disruptive and assaultive behaviors that were a danger to his siblings and overwhelming to his parents. Eventually Mr. J was relinquished to child welfare services and remained in a facility throughout his childhood. He aged out of the child welfare system but was not provided with the services and support he needed to function independently. Disconnected from his family, he struggled to maintain stable housing and became homeless for several years.

During these years, he had no support services to manage his medications and moved in and out of emergency rooms and jails. Constant changes in his medication worsened his symptoms and, due to his assaultive behaviors, he was banned from all of the homeless shelters in Denver. He had also been evicted from several assisted living facilities and was not receiving appropriate services or support for his safety, health, and wellbeing.

Mr. J was particularly vulnerable to predation and exploitation. He experienced sexual assault and was also hit by a car when he was walking alone in a parking lot at night. The accident resulted in a lengthy hospitalization to recover from a traumatic brain injury while in a coma. During this period of homelessness, he also accumulated numerous criminal charges including theft, assault, and trespassing. His mother paid several thousand dollars in court fees.

In 2020, when he was in his late 20s, a caseworker from a social service agency submitted a referral to the COPG on his behalf after observing that many agencies had been unable to provide for his health and safety. For example, the lack of services and support led him to call 911 more than 300 times in 2019. Upon appointment, the guardian identified many complex needs to be addressed and steps that had to be taken to secure his wellbeing, all of which represented an unusually high workload for the guardian.

When meeting him for the first time, the guardian found him in a hotel to which he had recently been discharged after hospitalization. Observing large amounts of junk food and human feces throughout the room, the guardian quickly determined that he was unable to live independently. She immediately returned him to the hospital, where it was found that he was experiencing respiratory failure and imminent diabetic coma. Routine health services have now been established and he receives ongoing assessments and treatment for several health conditions.

With no immediate options for safe placement, the guardian closely monitored Mr. J in the hotel with check-in calls throughout the day, in-person visits, and assistance with medication management. She had him complete an updated IQ assessment and neuropsychiatric assessment in order to update his diagnoses and treatment plan. A number of new diagnoses included autism, mood disorder and PTSD.

The updated IQ assessment led to obtaining an Intellectual and Developmental Disability Determination that was then used to apply for an emergency Developmental Disability waiver allowing him to receive necessary services. The determination was also used to apply for and receive emergency Mill Levy funds, which led to funding for a host home. Within a month of appointment to the COPG, Mr J. had secure housing, for the first time in many years, in a host home in Denver. The Developmental Disability waiver was granted and now covers his host home, behavioral counseling, and day services three times a week.

The guardian was also able to intervene in Mr. J's pending criminal cases. Connecting with multiple public defenders in several counties, she has succeeded in getting many cases dismissed and secured releases from probation in two counties. There have been no new criminal charges since COPG appointment.

Mr. J has now been in this host home for nine months, the longest period of stability and wellness that he has ever had in his life. His calls to 911 went from 300 times in 2019 to 6 times in 2021. His host home is providing 24/7 care, support, and supervision while teaching him valuable life skills in a family environment. He refers to his new living arrangement as his "forever home". The guardian has worked closely with his psychiatrist to update and modify his complex medication regimen. The result has been improved health and a reduction in the uncomfortable side effects from his prior medications.

Mr. J. reports that he loves his new home, where he is included in all activities within a family environment. He enjoyed the first time he could remember ever having a Thanksgiving dinner and his first Christmas with his host home family. He had even included him in a family vacation out of state, the first vacation that he had experienced in his adult life.

Although many of Mr. J's needs are now being met, he requires a great deal of ongoing monitoring of his services and will continue to need this level of monitoring and intervention throughout his guardianship. His guardian makes a weekly check-in phone call to give him the opportunity to share updates and concerns. He is also visited monthly at his residence to assess the continued safety of his environment. In her opinion, Mr. J's improvement since entering public guardianship has been nothing short of "extraordinary".

Summary

The COPG guardian-designees make great daily impacts in the lives of their clients. These impacts cannot be measured and must be considered given great weight when deliberating the effectiveness and expansion of a statewide COPG.

Qualitative Study Summary

In addition to the qualitative and quantitative data collected from stakeholders across the state, the research team thought it was important to collect data with those directly involved in the COPG program. We wanted to understand the experiences of clients, client's families, and guardians who are currently involved with the COPG. To collect these data, we determined that it would be most appropriate to hire an external third-party researcher to complete this portion of the report. This choice was made in an effort to eliminate any potential bias that may be introduced as a result of our internal research team's affiliation with the program. At the suggestion of experts working in the Denver area we contracted with Congress Park Counseling & Consulting, led by Dr. Kristen Meyers, to complete this portion of the study. After extensive discussion with Dr. Meyers, she outlined three key research objectives: 1) exploring the lived experiences of clients served by the Office of Public Guardianship; 2) exploring the lived experience of the guardians who serve clients through this program; and 3) exploring the lived experience of the client's families and/or support systems with the program.

There were ultimately 20 individual who took part in this portion of the research study. Including eight clients, four COPG guardians, four family and friends of clients being served by the COPG, and four affiliated providers working directly with COPG clients. Relevant demographics of those participants are shown in **Table VI**. These clients were identified and recruited with the assistance of the COPG with special consideration given to the capacity of the client to meaningfully participate. Interviews were conducted using a semi-structured interview protocol. Each of these interviews were audio recorded and transcribed to assist in the identification of key themes.

Table VI: Participant Demographics

Type of Participant	Number of Participants	Participant Description	Age	Race/Ethnicity	Years Involved with OPG
Client	8	A person served by the OPG Guardianship who currently has an OPG guardian.	Range: 52-80 Mean: 61	Native American: 1 African American: 1 Hispanic: 1 Creole: 1 White: 4	6 Months: 2 1 Year: 2 3 Years: 4
Guardian	4	Guardian employed by OPG.	Range: 30-56 Mean: 44	Hispanic/Chicana: 2 White: 2	1 Year: 1 3 Years: 3
Family/ Friend	4	Family or friend of a client served by OPG.	Range: 28-57 Mean: 49	Hispanic: 1 White: 3	6 Months: 1 2: Years: 2 3 Years: 1
Affiliated Providers	4	A person who directly works with clients who have an OPG guardian (e.g. stakeholder agencies, nonprofit organizations, individual care managers, direct care providers).	Range: 35-51 Mean: 43	White: 4	1 Year: 1 3 Years: 3

After conducting the qualitative analysis several key themes emerged. For example, several individuals, including affiliate providers, family/friends and guardians spoke about the tremendous need for guardianship services.

> *Having a guardian specifically in the facilities that I'm at are really important because a lot of them are unable to be their own decision-makers. Specifically, with COPG, I know a few years back they had openings, they could take more clients. For my two facilities that I work in, that was huge. We were able to get some folks who really, really needed someone looking out for their best interests – we were able to get them on the caseload with COPG. It's been a great partnership with them so far. Sometimes cumbersome, only just because there's a lotta paperwork, but overall, very favorable."*
> -Ellie, Affiliate Provider

…How do you make decisions about someone that you never see, and not even talk to the staff about? Then there are people out there that need a guardian but can't get one. Which results in people that like they're lying in hospitals because they can't get consent for something that might treat them because they're not competent and there's no one to make it. It's a huge problem. I think this office is really needed."
-Amanda, Family/Friend

COPG is absolutely a great thing. I think it should continue. But it's a program where, as I said, having more individualized care was going to require quite a bit of a budget increase probably.
-Frank, Family/Friend

Participants also discussed how the COPG have improved the quality of life for clients.

These people have no families, no support systems. They don't necessarily want you involved in their lives. Then once they realize that you're advocating on their behalf and you're really there for them, it's very special and it's very important.
-Amanda, Family/Friend

It's naturally beneficial as it's a source of guardianship for people who really rely on guardianship. Naturally, the goal is the residents, their well-being, the highest level of independence we can cater to them safely, making sure people are treated as people, not as invisible afterthoughts. The COPG definitely helps, especially in terms of legality. It's beneficial for the residents, obviously. The majority of people who get or are appointed guardians naturally aren't very familiar with the ins and outs of the justice system or the legislative system, so it does benefit them having a resource that not only they have rapport with but also understands those ins and outs.
-Fred, Family/Friend

Discussions also covered what life was like for clients before the COPG, and how those without guardians find themselves in inappropriate living environments:

It probably steers [my family member] into a safer lifestyle. If [my family member] was left by themselves would bring folks home that they just met on the street randomly. Who knows who would be living there at the house, or what would've happened to the contents of the house. So a guardian is important from that point of view, I think, to steer people into a safe life.
-Frank, Family/Friend

I think I could go and try to work, but right now I have some really serious health issues going on so it's probably a blessing that I'm on disability and in this situation. I feel blessed that I'm not out on the streets and homeless.
-Carol, Client

I was in transitional housing, and she helped me find a place to stay, an apartment. And I was in the apartment for years.
-Lauriette, Client

I want to make sure they are safe and are not overmedicated or under medicated, that they are eating well… what parents do, I find it more parental like, checking on them, asking

lots of questions or I will call them and check in on them and say you had your doctor's appointment? I couldn't go how did it go, what do you think.
-Chuco, Guardian

Participants also expressed appreciation that the COPG helps clients navigate complicated situations and that guardians are attentive to the needs of the clients.

Well, thinking about [my guardian], she's a real good lady. She comes visiting and makes sure everything's good. If the things I need, she'll help get. Things are going well. And the money's set up. And if I wanna get money, I can get money, and et cetera.
-Nancy, Client

Several participants in this portion of the study also discussed how the need for guardianship far exceeds the number of guardians that are currently available which can lead to some frustrations.

I would love for them to grow and take more. We always need guardians. Even if we saturated and we were able to match a guardian – or a client to every guardian, then we could even lower their case numbers. Gosh, the amount of clients they have, it makes it really difficult sometimes. Especially if one client is in the hospital or really having a changing condition and the guardian has to be super available for that, that pulls away from their other clients. We need more, always more. It's like social workers and mental health. We just need more of it. There's no cap. Just give us more.
-Ellie, Affiliate Provider

I'm not sure what [my family/friend's guardian] caseload is. They try to follow up with things, but they may \ have a dozen clients, I don't know how busy they are, they have been responding, but I just wish that perhaps there'd been a little more attention to [my friend/family member] when she was in the throes of losing ambulatory abilities and falling, and all that.
-Frank, Friend/Family

Participants also expressed appreciation for the guardianship service:

It's terrific. It is just marvelous. She's a sweetheart. [Guardian name]'s a sweetheart. We get along just fine. I don't cause any problems. She's [my guardian] like a guardian angel, she's like a real guardian angel.
-Lauriette, Client

A lot of people need a counselor like [my guardian] to help 'em. Most of the majority of the people that I deal with need a counselor like her. Just they're very short handed. I was very fortunate to have [my guardian], so that's a blessing in my life. [My guardian] blessed me with a whole bunch. I'll be so proud when I get my coat. I can't wait to get it.
-Sam, Client

Some clients did express a concern about their ability to connect with family being difficult under a guardianship:

Just that I'm used to my own guardianship and stuff and everything and saying and doing what I do on my own. And I have children – I have one child here, and I got grandchildren and everything. And just – like, having a guardian is undercutting my time with them.
-Albert, Client

There were also discussions about the misconceptions of the role of a guardian:

> *I wish that most people really understood – like I said, that they understood guardianships and the importance of it. A lot of people think that conservators and guardians are the same thing and they're not. I think people just really need to be more educated about how the importance is, and it's just very needed. I wish people understood how much it truly is needed and how many people are really out there without advocacy and without – that are older and that are really poor, have really poor judgment.*
> -Amanda, Family/Friend

Finally, participants recognized the potential cost savings that could arise from the COPG:

> *Our patients struggle with longstanding psychiatric illness, substance abuse, trauma. They oftentimes lack insight into those issues and, without a guardian, wouldn't consent to the level of care that is needed to help keep them out of the emergency rooms, out of the hospitals, and in the community. It works especially well when we can work together and get to that – signing them in and – that helps the nursing homes feel supported, and so we can get patients out of the hospital faster.*
> -Kanga, Affiliate Provider

> *A lot of these folks, if you look at kind of state money versus federal money, they don't have the capacity to respond to the 8 million questions that government programs ask, like Social Security or Medicaid. If there isn't someone doing that for them, and if they don't have family, there has to be a guardian; if someone isn't doing that for them, they're going to fall off of these programs. So like they'll fall off of SSI, then they don't have anything to eat. Then they're at the food banks, or then they get evicted, and now they can't find housing again because they have an addiction. Then they can't really stay in the shelter because they have all these medical needs. So not taking care of folks is costly unless you're going to just say, 'Let them die'*
> -Amanda, Family/Friend

Summary

The findings from this piece of the research study confirm many of the thoughts that were expressed at other data collection points. Those individuals directly involved in the COPG frequently discussed the need for the COPG and the benefits the program has on the lives of individuals involved in the program. It was not uncommon for clients to express appreciation for participation in the program, while simultaneously having reservations on the limitations to their freedoms. This was not a wholly unexpected outcome as many are used to making decisions on their own behalf and struggle with the adjustment. There were many stories about the difficult living situations experienced by those individuals prior to being matched with a guardian, with many experiencing homelessness prior to being placed in stabilized housing with the assistance of a guardian. The findings of these interviews further demonstrate the need for the COPG and the potential benefits associated with its expansion.

CHALLENGES, BARRIERS, LIMITATIONS & OPPORTUNITIES § 13-94-105 (4) (d)

Once the Director started in October of 2019, the COPG was able to accept referrals and offer services within six months. The COPG's first appointment was four months later, in August 2020, despite many challenges and barriers during that time.

Implementation and Administrative Services

The Pilot Project began with no permanent physical location or established access to basic state services including phone service and email service, as well as very limited IT and HR support.

The COPG Commission negotiated a Memo of Understanding with the SCAO/Judicial Branch. Legal services support through the Attorney General's Office was provided at an annual direct cost. The SCAO/Judicial Branch was to provide the COPG the following basic services at no direct cost:

- Office and conference space in the Ralph L. Carr Colorado Judicial Center
- Human resources (limited)
- Budgeting and accounting
- IT support and access

As previously mentioned, during the Pilot Project, the Memo of Understanding with the SCAO/Judicial Branch was found to be inadequate. The COPG was never housed within the Carr Colorado Judicial Center. For a short time, the Denver Probate Court offered the COPG temporary space at no charge. The COPG was eventually forced to rent off-site office space. IT support ceased once the COPG was housed off-site.

The COPG was established as a remote working Office for the guardian-designees. Since the COPG is a Pilot Project and needed to rent office space off-site, the Director sought a small office share space to keep expenses low. The current location has additional office space that can be rented should the Office be expanded, to house more administrative staff. However, it is preferred that the SCAO/Judicial provide office and/or conference space at no, or minimum, expense.

The remainder of services have been limited and insufficient for the needs of establishing a state agency, which is one reason the FY23 Budget Request included the call for a Deputy Director. Should the COPG be established permanently and expanded, the Office requires more extensive full-time services as outlined in the Recommendations section.

Covid-19 Pandemic Declared in March 2020

The COVID-19 pandemic was declared one month before the COPG announced its ability to provide services in April of 2020. While the COPG received referrals, there were many challenges the COPG faced while seeking appointments.

Delays in Court Appointments

During this time the Supreme Court and Denver Probate Court Administrative Orders Regarding Court Operations under COVID-19 were issued and limited court proceedings. Due to the COVID-19 pandemic, Denver Probate Court heard only emergency guardianship petitions. The COPG initially accepted only permanent guardianship petitions. The Denver Probate Court was unable to address petitions for permanent

guardianship for at least three months, which delayed the appointment of the Colorado OPG as guardian. Once a petition for guardianship is filed, a hearing on the appointment of guardianship is typically scheduled within 30 – 60 days, depending on the Court's docket.

Client Visitation During COVID-19 Pandemic

The COVID-19 pandemic delayed guardian-designees' ability to make initial contact with Respondent's prior to the hearing on the petition as well as the initial client visit after appointment. COPG guardian-designees are required to see clients face to face monthly. This proved especially challenging during the COVID-19 pandemic as hospitals and facilities were shut down and not allowing visitors. As we know, hospitals and facilities quickly rose to the challenge and started using technology and other avenues to allow for client visits. While adhering to the CDC, state, and local health guidance, the COPG guardian-designees continued to visit clients creatively.

The COPG used virtual visits, phone calls, and window visits, sometimes in combination to ensure the safety and welfare of our clients during this unprecedented time. In fact, while other agencies delayed seeing clients face to face, the COPG was immediately seeing clients as soon as Colorado lifted the Shutdown Restrictions.

The COPG did not experience any client deaths due to COVID-19.

Hospitals and Facilities Dealing with COVID-19 Pandemic

Hospitals, facilities, and institutions faced exceptionally difficult situations during the COVID-19 pandemic. As these bodies were struggling to keep up with the influx of COVID-19 patients and keeping clients and patients healthy, they put other services on hold.

Hospitals stopped seeking guardianship. Facilities such as CMHI, nursing homes and assisted living facilities were not accepting new patients and stopped seeking guardianship. Therefore, there was a delay for several months in submitting referrals to the COPG.

New Challenges of the Fall 2021 Omicron Variant

The COVID-19 pandemic and the omicron variant especially exacerbated pre-existing systemic challenges. Assisted living facilities and nursing homes were short-staffed and experiencing continuous COVID-19 outbreaks. These conditions again limited guardian access to clients as well obtaining even basic medical and treatment information from providers in a timely manner.

Hospitals were short-staffed as well as dealing with overcrowded emergency rooms and closing wards/units. Healthcare systems were discharging patients without COPG guardian-designee notice and consent, leading to multiple issues: unknown whereabouts of the COPG client, inappropriate placement of the COPG client, and delays in or lack of services provided to the COPG client. This situation significantly impacted the ability of COPG guardian-designees to safeguard our clients' rights and dignity and to provide appropriate services.

The effects of the pandemic have not fully resolved and could return in full force at some point in the future. It is hoped that the working relationships developed with facilities over the course of the pandemic will help mitigate the worst of the impacts on clients moving forward.

Lack of Funds for Legal Representation and Costs of Court Fees

Delays in the Colorado OPG appointment as guardian were also related to referring parties facing barriers due to a lack of funds.

There were two referrals withdrawn due to the referring party not having funds to hire legal counsel and/or pay the filing and court fees. There were eight situations where the referring party declined to file a referral due to not having funds to hire legal counsel and/or pay the filing and court fees. The Director reached out to the Denver Bar Association as well as other attorneys and organizations to help facilitate the referring parties to obtain legal representation.

Eventually, two resolutions were reached:

- The Denver Probate Court, working with the Chief Justice's Office, created a Statement of Indigency court form that allows for the Colorado OPG to request waiver of court filing and fees based up on the alleged incapacitated person's indigency status; https://colorado-opg.org/wp-content/uploads/2022/12/COPG-Statement-of-Indigency-Form.pdf
- Colorado OPG could contract with external attorneys and agencies and pay for the legal representation. However, this solution is reserved for situations that show a strict financial need or criteria. To date, the contracted attorneys and agencies have not billed the COPG for services, so an exact cost is not available at the time of publication.

Lack of Capacity for Full Research and Data Project

Statutorily, while the Pilot Project was extended, there was little time to run a full research project as called for via CRS 13-94-105. Additionally, there was not a full research staff or budget line item for a fully developed research staff and project.

For a full research project to be completed in such a short time contemporaneously with establishing a state agency from the ground up and serving clients during a pandemic within 6 months, and limited staff, is near impossible. The project hired a Research Assistant and began meeting with stakeholders to collect data. Other data, we found, is too complex for our small team to synthesize and analyze. For example, we attempted to quantify an average cost of an emergency room visit. Our team met with many groups to gather this data, such as Public Safety, hospitals, CDPHE officials, etc. and no group could identify an average because there are too many variables to an emergency room visit.

Additionally, availability of data was a major hurdle. The Office of the State Court Administrator gathers and provides basic court data related to guardianship. However, this data is limited to the number of guardianships filed, closed, and monitored. Specific data such as whether the appointed guardian is a family member, is not identified.

Tracking and availability of guardianship data is a nationwide issue as a recent presentation at the 2022 NGA 2022 Annual Conference demonstrated.[lxxvi] The Department of Justice and Department of Health and Human Services are leading a study to improve state's courts guardianship data tracking and collection.

Lack of Rural Representation

The original intent of § 13-94-105 C.R.S. provided for a pilot project that would encompass three areas of Colorado representing metropolitan, rural and frontier populations respectively: 2nd, 7th, and 16th Judicial Districts. Due to the initial funding limitation of the Pilot Project to Denver County, we have a limited pool of urban clients from which to gather data. We did not have the ability to gather data from rural and frontier areas. Although we were able to obtain spending authority to expand services into these two originally targeted districts in July of 2022, difficulties in staffing the positions have slowed our ability to initiate services. Importantly, these difficulties are among the factors it would have been helpful to include in the pilot project so options for addressing them could have been tested over the pilot.

While we have recommended a statewide expansion with a three-year roll-out, we must allow for some flexibility as we learn more about these areas' needs and challenges.

Stakeholder Expectations

In general, the COPG pilot project has met or exceeded the expectations of most stakeholders. However, limitations of the project were reflected in some of our stakeholder interviews. For example, a downside of being a pilot program located only in Denver County is managing stakeholder expectations outside of Denver County. Only being able to serve individuals within Denver County hampers our ability to place clients and limits our caseload capacity.

As our Office follows person-centered planning, our goal is to match the client's need with the appropriate services and placement for the client to meet their goals and best life. However, the most appropriate services and placements are not always within Denver County. For example, a client with a traumatic brain injury (TBI) may require a TBI rehabilitation placement and the most appropriate TBI placement may be in another county. The impact of a statewide office means that clients will have the opportunity to reach maximum person-centered care and advocacy.

Several stakeholders outside of the Pilot Program service area shared disappointment that the COPG could not serve their area and clients. At most, the Director encouraged stakeholders to make referrals using the streamlined online referral process to enhance the Needs Assessment data collection.

Involuntary Mental Health Proceedings

Involuntary mental health proceedings under Title 27 Article 65 (Care and Treatment of Persons with Mental Health Disorders) do not automatically recognize guardians of adults as a legal party, therefore guardians do not receive notice of filings related to their wards/clients. Guardians are allowed to intervene, and if granted, may then present evidence, etc.

Usually, involuntary mental health proceedings are invoked when there is a mental health crisis. By not receiving notice and not being a part of the proceedings immediately, the COPG has not been able to prove critical client background to the mental health providers in a timely manner. Further, the COPG has encountered multiple situations where hospitals have transferred our clients to a facility without our knowledge or consent, leaving the client's whereabouts unknown for a period of time.

Due to the difficulties encountered the COPG would like to see a statutory change to the involuntary mental health proceedings in Title 27 Article 65 to automatically recognize guardians of adults as a legal party.

The COPG has had discussions with Denver Police Department and the Judicial Department to potentially establish a Guardian-Ward notification system for law enforcement. The purposes of a system are: 1). Notify law enforcement that they are interacting with a vulnerable or at-risk adult, 2). Allow law enforcement to notify the guardian that their ward/client is having law enforcement interaction. The goals are to limit and deescalate the situation and prevent the ward's incarceration and/or involuntary mental health proceedings.

Misperceptions of Guardian's Role and Responsibilities

The COPG encounters a lack of awareness and misperception about guardianship in general. Oftentimes, the public assumes that guardian-designees take the place of an individual's family and are responsible for the individual as a family member. The public believes that once a guardian-designee is in place, that the guardian will "fix" all the problems.

Guardian-designees must educate clients, family, and providers of the scope of their roles and responsibilities and the limitations. Further, public perception can be misinformed due to media reports which tend to portray guardians/guardianship in a negative light, such as the Britney Spears case, or cases where protected persons have been financially exploited.

Identifying and Coordinating Client Housing/Placements

Identifying and coordinating client housing/placements is a major challenge for guardian-designees. There is a lack of available and appropriate housing and placements for many of the COPG clients. Clients with significant mental illness lack housing and what is available is not appropriately staffed to truly serve the clients' needs. Clients often get terminated or kicked out for not following the rules. However, not following the rules is usually a result of a symptom of their mental illness.

Clients with IDD and behavioral issue lack housing and services as they are often stuck between the IDD and Behavioral Health systems – as neither system wants to be responsible. Hospitals and the CMHI systems do not provide the guardian-designees with a recommended level of care or placement because they do not want to be limited to whatever placement first becomes available, nursing home or assisted living facility.

Coordination of placement is another challenge. Our experience has been that nursing homes, hospitals and the CMHI systems have discharged COPG clients ***without COPG knowledge and consent***. This is a barrier to COPG providing care and services and a true safety concern.

Moving clients is also challenging especially when moving a client from their community home to a nursing home or assisted living facility. Guardian-designees have only the client's financial resources and any community resources available to downsize and move a client. Not to mention the emotional toll it takes on a client who is not ready to "give up" their belongings. There may be clients that are in temporary housing due to a crisis or needing short-term rehabilitation. For these reasons, the guardian-designee may need to hire a moving company, or if the client does not have the funds, all the guardian-designees pitch in to help.

Crisis Management

As noted throughout this report, guardian-designees are on-call for client emergencies during evenings and weekends. If an emergency or crisis occurs, the guardian-designee must act no matter the time of day or night. This often leads to shifting scheduled work or client visits to another day or time, which can lead to more crisis and stress.

Colorado Labor Shortage

According to a Colorado Public Radio article, there are more jobs in Colorado than pre-COVID-19. However, this suggests that there are two job openings for every unemployed person in Colorado, resulting in employers struggling to find employees.[lxxvii]

The COPG hired and maintained Denver County staff throughout the COVID-19 pandemic and in 2022. However, the COPG struggled to hire public guardians in the 7th and 16th Judicial Districts. The COPG made offers to individuals for both positions, but the individuals eventually declined, due to accepting another position and the other citing inadequate salary.

The COPG is in the second round of posting in both judicial districts. The COPG is in the process of interviewing for the 7th Judicial District Public Guardian. During both rounds, it was difficult to find qualified individuals to apply for the positions, which is not unexpected given the results of the Needs Assessment data showing the primary issue across the state being a lack of qualified guardians and individuals willing to serve as guardian.

Additional Client Languages

The COPG serves clients whose native language is not English. The COPG seeks out opportunities to communicate with these clients in their native language by utilizing interpreter services. Additionally, the COPG first seeks language appropriate services, programs, providers, and placements. However, these are limited, especially depending on the language sought.

Guardian designees have served clients whose native languages are: Spanish (4); Korean (3); Polish (2).

The COPG utilizes the Judicial Department approved interpreters and contracts with Language Line Services in order to use virtual and live interpreter services.

Opportunities

Despite the barriers and limitations experienced during the pilot project, many opportunities were also made evident. These opportunities encompass a variety of partnerships and innovative expansion of services.

Partnerships

<u>Community Partners</u>

During the Pilot Program, the COPG established many community partnerships. This is indicative of its intent and ability to not only build upon those relationships, but to expand those relationships throughout the state. The COPG intends to work with community partners to understand their needs, challenges, and available services in order to provide better outcomes and results.

Some current community partnerships have led to funding opportunities, potential funding opportunities, and some cost savings to the COPG.

Denver Probate Court

The assistance of the Denver Probate Court has been invaluable. The Honorable Elizabeth D. Leith and court staff facilitated local and statewide stakeholder introductions, provided temporary office space, assisted in the development of COPG court processes and court forms that will translate to all Judicial Districts, and provided data and information for this report. Throughout the Pilot Project, the Denver Probate Court has shown how crucial the success and expansion of a statewide OPG is to Colorado.

Working with the Honorable Elizabeth D. Leith provided a new opportunity as well. Because of a partnership between the Denver Probate Court and Denver District Court they are seeking funding for a COPG guardian-designee to serve criminal defendants who are incompetent to proceed on their criminal cases.

Colorado Department of Human Services - Adult Protective Services

The COPG and Adult Protective Services (APS) of the Department of Human Services (DHS) have robust collaborations at both the local and state levels. APS is a statutorily based program and investigates allegations of physical and sexual abuse, caretaker neglect, exploitation, and harmful acts (collectively referred to as "mistreatment") and self-neglect of at-risk adults.[lxxviii]

Individual county APS departments have the ability to serve as guardian of at-risk adults that may have substantiated allegations of mistreatment, but most decline to serve as guardian. An APS representative informed the COPG that that State no longer maintains a list of which county APS departments serve as guardian as it is "prone to change at counties' discretion and some counties who have never done guardianship in the past may take on here or there when there are absolutely no other options."

Denver County APS works closely with COPG to refer eligible clients to COPG. COPG eligibility criteria does not overlap with Denver APS guardianship criteria. An APS representative indicated that a benefit of the COPG as guardian is helping to maintain the client with least restrictive intervention as possible by placing or maintaining the client in the community, which is an "option not available to us at DHS."

The DHS leadership and the COPG Director worked together on HB 20-1302, Concerning Changes to Improve the Protection Services for At-Risk Adults, to include COPG as a required agency to request a Colorado APS data system check prior to employing a guardian to determine if certain individuals have been substantiated in an APS case of mistreatment of an at-risk adult.

The Denver City Attorney's Office

Working with Denver County APS and DFC, a natural relationship formed with the Denver City Attorney's Office Human Services Section. The Denver City Attorney was instrumental in the partnership with Denver Probate Court, Denver County APS, and COPG. While the Denver City Attorney's Office was unable to capture statistics of the benefits of the COPG to its Office now, the current Denver City Attorney Head of the Human Services Section expressed that she and APS recognizes COPG as an ally and appreciates how critical our mission is, especially for the significant population in the community with limited resources who can still make it in the community with just a little help from OPG. She also stated that APS "[has] been so happy having you and your office helping them shoulder the burden of so much demand!"

Denver Forensic Collaborative for At-Risk Adults (DFC)

The Denver Forensic Collaborative is a multidisciplinary team of experts who examine high risk cases of elders being physically abused, neglected, or financially exploited. The DFC was formed out of the Denver District Attorney Office's Elder and At-Risk Adult Abuse Unit. The COPG Director was asked to become a member of the DFC, which allowed the COPG to collaborate with the team as well as be a resource for the team. Guardian-designees have staffed cases with the DFC for assistance. DFC members make referrals and inquiries to the COPG and many were survey and interview participants. Many DFC members are "go-to" resources for guardian-designees.

Hospitals

The OPG developed relationships with various local hospitals as hospitals are the number one referral source, submitting a total of 75 referrals. Denver Health is the main referral source. Denver Health is Colorado's primary safety-net institution and serves the needs of the low-income, uninsured, people addicted to alcohol and other substances, victims of violence and the homeless. As noted in our report, the COPG serves many of these populations. In addition, as presented in the trend analysis, indigent and unrepresented adults represent an increasing challenge for hospitals that are too often serving as placement of last result with all of the costs and risks associated with prolonged and unnecessary hospitalization.

The COPG Director and the Denver Health Manager of Hospital Care Management have worked closely to develop a mutually beneficial partnership. The Director and University of Colorado (UC) Health Hospital have a similar relationship as UC Health employs a Guardianship Support Program. SCL Health Hospital is also a strong referral source, referring 24 clients, and we look forward to building a stronger partnership.

Additionally, hospitals have partnered with the COPG to improve processes to identify and coordinate client housing and placements.

Rocky Mountain Regional VA Medical Center

The Rocky Mountain Regional VA Medical Center has the only guardian social worker in the United States. The COPG works closely with this individual for referrals to the COPG and as a guardianship community resource. The VA Guardian Social Worker referred one client to the COPG. As the VA Medical Center is located outside of Denver County, the opportunity for direct client services during the pilot were limited.

The VA Guardian Social Worker recently presented at the 2022 National Guardianship Association National Conference in October 2022. She reported that, since 2019, the use of this position has saved the VA Hospital over $6 million by assisting families in obtaining guardianship, when necessary, and decreasing veterans' lengths of stay in the VA Hospital. While not a savings to the State, if the COPG were expanded to assist in providing guardianship and housing/placement assistance to Colorado Veterans, the COPG could mirror savings to the VA system.

Colorado Olmstead Initiative - Office of Behavioral Health and RMHS Momentum Program

The COPG has successfully partnered with the Office of Behavioral Health (OBH) and Rocky Mountain Human Services to assist with the Colorado Olmstead Initiative, born after the Supreme Court decision *Olmstead v. L.C.* Various Colorado Departments and agencies developed the Colorado Community Living Plan that calls for community-based services and supports and housing for people with disabilities who live in long-term care facilities and wish to return to the community, or wish to return to their homes.

The OBH provided funding for two COPG guardian-designees to serve clients discharging from the Colorado Mental Health Institutes (CMHI) of Ft. Logan and Pueblo to the Denver County communities.

The OBH requests COPG expansion to increase COPG guardianship availability and client placement options across the state. As previously stated, the impact of a statewide office means that clients will have the opportunity to reach maximum person-centered care and advocacy. https://colorado-opg.org/opg-in-depth/

Colorado Fund for People with Disabilities

The COPG is guardian of the person and does not handle the funds of the person. Therefore, very early on, the COPG established a partnership with Colorado Fund for People with Disabilities (CFPD). CFPD is a trusted fiduciary provider that primarily provides SSA Representative Payee Services to COPG clients.

The COPG contracts with CFPD to serve as Representative Payee for a minimal fee for each client that CFPD serves. As each client's SSA benefits are very minimal, paying for Representative Payee services would leave them with approximately $45.00 per month to spend on personal items, such as clothing. The COPG pays this fee to allow our clients to use their monthly "personal needs allowance" as they wish.

During the Pilot Program, the COPG provided a Letter of Support for a NextFifty Grant that CFPD applied for to supplement their Representative Payee services program. CFPD was awarded the grant and a portion covered COPG clients. Ref: https://colorado-opg.org/opg-in-depth

Medical Legal Partnership Colorado

Medical Legal Partnership (MLP) Colorado provides legal services to vulnerable populations to address sources of their health and health care problems. While addressing the public guardianship needs of Denver Health patients the COPG and MLP established a natural partnership. MLP has assisted the COPG and client's needs and we continue to partner. MLP MOU: https://colorado-opg.org/opg-in-depth/

Vivage

Vivage is an established operator, manager, and business consultant for skilled nursing and senior community living centers nationwide. Vivage has twenty-nine communities across Colorado.

Vivage has been a compassionate partner to the COPG and our clients, helping to place some of the most complex COPG clients.[lxxix]

The COPG Director was invited to be a member of the Long Term Care Community Ethics Committee, hosted by Vivage, which allows the Director to better understand the issues that impact Vivage communities and COPG clients.

Additionally, Vivage has partnered with the COPG to improve processes to identify and coordinate client housing and placements.

Department of Corrections

The COPG developed relationships with varying levels of the Department of Corrections (DOC). The COPG Director was asked to become a member of the DOC Long Term Care/Guardianship Committee. The Director has worked with the DOC regarding the guardianship process and referrals for DOC clients.

The DOC has clients at varying levels that may require guardianship. However, DOC is not equipped for establishing guardianship for clients. Therefore, DOC established a Guardianship Committee to address this issue.

At the pre-adjudication level, clients may be held due to competency issues. Competency in criminal law is a different standard than capacity in probate/guardianship law. However, the DOC, attorneys, and other programs such as Diversion or other Special Courts, have sought the COPG to serve as guardian if capacity is questioned. Oftentimes, once guardianship is established the criminal charges are dismissed.

Post-adjudication, the DOC clients may still face competency issues while they are awaiting sentencing. DOC clients may be harmed while incarcerated and suffer a disability as a result. Two main factors for DOC seeking out COPG services are clients aging while serving out their sentences and clients suffering from medical conditions. Unfortunately, as noted in the opening trend analysis, neither population can be fully served while being jailed.

Examples of these populations are those on dementia units and those lacking sufficient capacity with medically complex care needs, traumatic brain injuries, and significant mental health diagnoses, IDD diagnoses, and other high behavioral needs.

For these clients that have mandatory release dates, either from completing their sentences or completing parole, there are limited housing or placement options.

Due to recent Special Needs Parole legislation, SB21-146, a client, due to complex medical needs may be eligible for release, with certain safeguards in place, if they have not finished a sentence yet. DOC finds that those individuals sometimes need guardians.

Currently, the DOC is facing a backlog of about three to four cases each quarter of clients that require a guardian and at least one client approaching the Parole Board or discharge per month. Additionally, DOC clients almost never have the financial resources to hire a private guardian. As one DOC representative said, “OPG could be a game changer. Providing an additional opportunity to access the community that they otherwise would not be able to. And to have that advocate agency and individual for the duration of their life is really critical. This is a population that never had advocacy, they’ve been institutionalized. Knowing where to go for the correct resources, it is just really valuable.”

Silver Key Senior Services and Pikes Peak Elder Abuse Coalition

Silver Key Senior Services and Pikes Peak Elder Abuse Coalition in El Paso County have been strong supporters of the COPG from the beginning. Leadership from both organizations provided experience and knowledge of their volunteer guardianship program, prior public surveys, data, and stakeholder outreach. Silver Key Senior Services also offered to assist the COPG with training curriculum for a potential COPG volunteer group.

WellPower

Many COPG clients with mental health diagnoses are patients of WellPower, formerly the Mental Health Center of Denver. The COPG Director worked with the WellPower Director of Clinical Services to allow medical records to be free of charge to our clients during the Pilot Program. Fees will go into effect once our office becomes permanent. MCHD MOU: https://colorado-opg.org/opg-in-depth/

The Director collaborated with the Associate Director of Clinical Services and the Co-Responder Program Manager to aid the guardian-designees during client crises. WellPower’s STAR and Co-Responder Programs have consistently intervened on behalf of COPG clients when having a significant mental health crisis.

COPG Expansion During the Pilot

Office of Behavioral Health and Rocky Mountain Human Services/Momentum

Some public guardianship offices limit the populations they serve. The COPG serves clients with any type of incapacity. From our inception, the COPG served complex individuals at the CMHI-Ft. Logan. The Office of Behavioral Health (OBH) Community Transitions Program reached out to COPG and requested an expansion of our public guardianship services. This resulted in a Memorandum of Understanding (MOU) between the agencies wherein OBH provides funding for a designated public guardian. The COPG guardian-designee was hired in 2021 and serves as the court-appointed guardian for twelve clients discharging/discharged from CMHI-Ft. Logan and Pueblo. Due to the success of this partnership, the OBH requested a second designated public guardian. An updated MOU was executed, and another guardian-designee was hired in 2022 to serve an additional twelve clients.

2nd Judicial District

Due to the demand for public guardianship services in the 2nd Judicial District, the COPG hired an additional Guardian-designee in 2021.

7th & 16th Judicial Districts and Colorado Labor Shortage

In the Spring of 2022, the JBC approved the COPG's FY23 Budget Request to hire a public guardian for the 7th and 16th Judicial Districts. The COPG has been making every effort to advertise and hire these positions. The Director has contacted the Court staff and multiple stakeholders to keep the judicial districts apprised and identify additional avenues for hiring practices. The COPG made offers for both positions. Initially, the 7th Judicial District position was accepted and then declined. The 16th Judicial District position was declined due to the candidate accepting another position. There were no other viable candidates for either position. After a second round of advertising, the COPG is interviewing candidates for the 7th Judicial District position.

Education

Educating the state about the COPG was also an opportunity to educate the state about guardianship. Education and outreach is important address the misperceptions about guardianship. The Director provided extensive education as outlined in *Identification and Establishment of Relationships with Stakeholders and Public Outreach* section.

Guardianship Data Collection

The COPG endeavors to be a part of the improved guardianship data collection management for the state by sharing data and collaborating with the SCAO as appropriate.

Case Management Aid

The COPG FY24 Budget Request was approved allowing us to hire a Case Management Aid (CMA). The CMA will assist the guardian-designees with follow-up client visits and administrative tasks. The goal is to give the guardian-designees more time to focus on client relations and crisis management.

Summary

There will always be practical limitations faced by a statewide Office of Public Guardianship, not least of which include available funding and workforce challenges. However, amidst the growing need for public guardianship, the opportunities for improved efficiencies and cost savings, innovation among community and agency partnerships, and educational services that allow the State to shift guardianship back to the community and least restrictive options, when possible, far outweigh the barriers. The most important lesson learned is that it is possible to cost effectively meet the needs and improve the quality of life and well-being of many of Colorado's most vulnerable citizens. The final recommendations of the pilot project reflect both the constraints and the opportunities faced during the pilot project.

FEASIBILITY § 13-94-105 (4) (e)(f) C.R.S.

It is our position that a permanent office of public guardianship, serving all areas of the State is preferable and feasible.

The COPG is aware of a limited number of non-profit agencies offering no cost or pro bono guardianship services including Guardianship Alliance of Colorado, Silver Key Senior Services, and Lutheran Family Services Rocky Mountains. The pro bono guardianship programs tend to be smaller programs within larger non-profit agencies.

- Guardianship Alliance of Colorado has been a mainstay of guardianship services in Colorado. Guardianship Alliance is part of a larger non-profit agency, Ability Connection Colorado. This program relies on both volunteer guardianship services and private guardianship services and often has a waiting list and/or is unable to take additional clients.

- Silver Key Senior Services is based in Colorado Springs. Silver Key serves clients aged 60 and older. While Silver Key offers pro bono and volunteer guardianship services, they also provide private guardianship at a cost and are considering alternative avenues to supplement its pro bono program.

- Lutheran Family Services (LFS) Rocky Mountains Older Adult Guardianship Program is based in Denver. LFS works directly with hospitals to place clients in the community. This is a small program within LFS.

These programs have never been in a position to fully meet the statewide need for guardianship, indicating that a fully independent non-profit guardianship program is not feasible.

Further, as the initial Commission appropriation request in 2018 demonstrated, seeking donations, grants and gifts from individuals, foundations, and corporations to establish an agency to serve only three judicial districts was not feasible. Consistent with prior Public Guardianship Advisory Committee reports, our review of other public guardianship programs found, the non-profit model has not been implemented for any other state public guardianship program.

FUNDING MODELS § 13-94-105 (4) (h) C.R.S.

It is our position that a permanent independent statewide office of public guardianship is preferable and viable and should be primarily funded by directly allocated-government funds.

As noted, a private or fully non-profit agency has not been utilized for a statewide public guardianship office. Potential sources of funding include government allocated funds (federal, state, and local funding), individual contributions, corporate donations, foundation grants, and earned income. However, in all cases, the primary type of available funding for a statewide office is currently directly allocated government funds. § 13-32-102 C.R.S. established funding to the COPG through probate proceedings fees. With these fees as the primary source of funding for the pilot project, the COPG has not requested general fund monies since 2021. It should be noted that additional funding is also obtained through the dedicated Office of Behavioral Health and RMHS Momentum Program MOU, indicating a potential for innovative funding via agency partnerships.

In reviewing funding types and models, one must consider whether the funding is renewable for the next three to five years; whether the funding types are diversified; and the COPG's current fundraising abilities and capacity. Once guardianship is established, funding must continue to ensure client safety and well-being. Therefore, a funding model that ensures ongoing operating funds is necessary. However, it is reasonable that, as part of the Office's Strategic Planning once the Office is statewide, it would seek opportunities to diversify and include more individual contributions, corporate donations, foundation grants and innovative community partnerships.

As outlined earlier in this report, a grant and research specialist is requested to focus on securing additional funding. Fundraising for a non-profit or an agency is time-consuming and may require additional FTE or staff to have the desired fiscal impact.

RECOMMENDATIONS FOR ESTABLISHMENT OF A PERMANENT OFFICE

The purpose of the pilot project was to generate recommendations on the feasibility and need for a statewide office. The strong conclusion drawn from the COPG pilot project is that establishment of a permanent, statewide Office of Public Guardianship is justified based on need, cost savings, and potential cost avoidance. Specific recommendations for establishing a statewide office and services follow.

Recommendation #1: Establish the OPG as an independent agency.

The *2014 Advisory Committee Recommendations for a Pilot Program* recommended an independent agency in the style of the OCR, Office of the Child's Representative. Based on the experience of the truncated Pilot Program, this model still holds to be the most effective form for the COPG and the majority of other state statutory and pilot public guardianship programs.

The County model is the other prevalent COPG model across the United States. This model seems to be a piece-meal strategy without cohesion for standards of practice and services. Having a centralized "Office" allows for uniformity in communication, training, education, and services, as well as economies of scale and coordination of the administrative infrastructure.

Recommendation #2: Expand the governing body to include a more diverse representation of stakeholders and the state.

Pursuant to § 13-94-104(1) C.R.S. (2017), the COPG Pilot Project operated under the oversight of a five-member commission, with three members appointed by the Colorado Supreme Court (two attorneys and one non-attorney) and two members appointed by the Governor (one attorney and one non-attorney). While sufficient to the task of the pilot project, the Commission recommends expansion of the number and scope of members of a permanent board of directors as the governing body of the permanent office as follows:

Establishment of a seven-member board of directors composed of the following:

- Three attorneys admitted to practice law in CO who have experience in adult guardianship.
- Three citizens of Colorado not admitted to practice law in this state who have expertise and experience in advocating for at risk adults and representing a cross section of the at-risk adult population, including but not limited to advocacy in the areas of aging, mental health, substance use disorders, homelessness, veterans, intellectual and developmental disabilities, health care, law enforcement or criminal justice.
- One community member at-large who is a citizen of the state who is not an attorney and who has not served directly in an advocacy role for at-risk adults.

Three attorneys should be appointed by the Colorado Supreme Court and the other four members should be appointed by the Governor through the Governor's Office of Boards and Commissions. Based on our experience with Board recruitment during the pilot project, the Commission believes the Colorado Supreme Court is best suited to the timely recruitment and appointment of Colorado attorneys while Governor's Office is uniquely well positioned to the timely recruitment and appointment citizens actively involved in the wide range of advocacy organizations and activities across the state.

The Board should represent a mix of congressional districts insofar as it is feasible with a balance of Republican, Democrat and Unaffiliated members. A diversity of urban and rural residence, gender, race and ethnic background should be considered.

Members of the Board should serve an initial term of four years with the option of appointment to a second term. Initially, at least two members of the current Commission who are willing and able to serve should be appointed to a first term of four years to ensure continuity and expertise of leadership. Two members should serve an initial term of two years, two members should serve an initial term of three years and three members should serve an initial term of four years. Vacancies occurring other than by expiration of term should be filled expeditiously by the appointing authority for the unexpired term.

The Commission recommends that members of the board serve without compensation but with reimbursement for actual and reasonable expenses incurred in the performance of their duties. Any expenses incurred for the board should be paid from the general operating budget of the Office of the Public Guardianship.

Finally, the Commission recommends the following minimum responsibilities for the Board:

- Establish bylaws and operating policies for the Board;
- Recruit, appoint, and discharge for cause, a person to serve as the director of the Office of the Public Guardianship and to fill subsequent vacancies of the position.
- Work collaboratively with the director to provide governance to the Office of the Public Guardianship, to provide fiscal oversight of the general operating budget of the Office, and to provide programmatic oversight as established in the bylaws and operating procedures of the Board.

Recommendation #3: Implement a three-year rollout plan for statewide expansion of the COPG.

A three-year rollout plan for the Colorado Office of Public Guardianship statewide expansion is recommended. A phased rollout is a cost-effective and efficient method to assess and ensure that the program is adequately meeting the needs of Coloradans.

Colorado is a diverse state with rural, urban, and frontier counties. A phased rollout plan allows for all areas to be accounted for and served during the expansion. A phased rollout also allows for the various and diverse needs for each type of county to be understood and maximized so that COPG services are delivered in a cost-effective manner.

All costs are projected by the Judicial Budget Manager and assume that Public Guardians will work remotely. Costs are subject to change based on the ongoing assessment of whether a Judicial District will be best served by a local COPG Public Guardian or an alternative approach such as organizing a Guardianship Academy to train local community members to serve as guardians.

The United States is currently experiencing a serious workforce shortage. The OPG pilot project struggled to locate and hire guardians in the rural areas. The rollout plan provides flexibility should this trend continue.

Expansion of the COPG will also assist the State of Colorado compliance with the Colorado Olmstead Initiative. In a letter dated March 3, 2022, Colorado was found to be in violation of Title II of the ADA in its compliance with the state' long-term care system for adults with physical disabilities, as interpreted by

the Supreme Court in *Olmstead*, https://colorado-opg.org/wp-content/uploads/2022/12/DOJ-Letter_Olmstead-Colorado.pdf. The COPG demonstrably places clients in less restrictive housing and in the community when appropriate.

Multiple rollout options were considered with the following option recommended.

Rollout Year 1: FY24-25

The Office of Public Guardianship requests $1,117,374 and an additional 11.0 FTE for the initial rollout year. Total budget request of $3,014,409.

- 6 – Public Guardians
- 1 – Training Director
- 1 – In-House Counsel
- 1 – Staff Assistant
- 1 – Grant and Research Specialist
- 1 – Benefits Specialist
- 6 - Fleet cars

- **17th Judicial District**: 1 Public Guardian with an approximate caseload of 20 clients will serve Adams County, the home of the VA Eastern Colorado Healthcare System. Adams County is an urban county.

- **3rd and 10th Judicial Districts**: 1 Public Guardian with an approximate caseload of 15 clients will serve Huerfano, Las Animas, and Pueblo Counties. These areas are an expansion from the 16th Judicial District. These counties are a mix of urban and frontier.

- **4th Judicial District**: 1 Public Guardian with an approximate caseload of 15 clients will serve El Paso and Teller Counties. This area flows from the 10th Judicial District. El Paso County guardianship agencies will partner with OPG for Guardianship Academy training. Both counties are urban.

- **21st Judicial District**: 1 Public Guardian with an approximate caseload of 20 clients will serve Mesa County, the home of the VA Western Colorado Healthcare System. This area flows from the 7th Judicial District. Mesa County is an urban county.

- **6th and 22nd Judicial Districts**: 1 Public Guardian with an approximate caseload of 15 clients will serve Archuleta, La Plata, San Juan, Dolores, and Montezuma Counties. This area flows from the 7th Judicial District. These counties are a mix of frontier and rural.

Training Director. This individual is responsible for creating, implementing, and maintaining COPG statewide employee training and wellness program curriculum.

In-House Counsel. This individual is responsible for day-to-day review of contracts, required initial and annual court reports, and other necessary court filings.

Grant and Research Specialist. This individual is responsible for the development of a grant and research program to expand the COPG's funding resources, conducting research, writing grant proposals, and to serve as the main point of contact for the evaluation project outlined in Recommendation #7.

Benefits Specialist. This individual is responsible for obtaining and maintaining all types of state and federal benefits for all OPG clients and monitoring clients' eligibility for benefits. This position allows the guardians to focus on client relations.

Public Guardians in rural areas and covering several counties will likely have lower caseloads due to the extensive travel involved in meeting with clients on a monthly basis, attending client and team meetings, attending necessary medical/healthcare appointments with clients, attending crisis intervention meetings, and attending court hearings.

Rollout Year 2: FY25-26

The Office of Public Guardianship requests $820,169 and an additional 8.0 FTE for the 2nd rollout year. Total budget request is $3,770,778.

- 6 - Public Guardians
- 1 – Case Management Aid for the 1st and/or 18th Judicial District(s)
- 1 – Public Guardian Supervisor
- 6 - Fleet cars

- **1st Judicial District**: 1 Public Guardian with an approximate caseload of 20 clients will serve Gilpin and Jefferson Counties. This area flows from the 2nd Judicial District. These are urban counties.

- **18th Judicial District***: 1 Public Guardian with an approximate caseload of 15 clients will serve Arapahoe, Douglas, Elbert, and Lincoln Counties. This area flows from the 2nd Judicial District. These counties are a mix of urban and frontier counties.

- **11th Judicial District**: 1 Public Guardian with an approximate caseload of 15 clients will serve Chaffee, Custer, Fremont, and Park Counties. This area completes a portion of the remaining urban, rural, and frontier counties in middle to southern Colorado. These counties are a mix of urban, frontier, and rural counties.

- **12th Judicial District**: 1 Public Guardian with an approximate caseload of 15 clients will serve Alamosa, Conejos, Costilla, Rio Grande, Saguache, and Mineral Counties. This area completes the remaining rural and frontier counties in middle to southern Colorado. These counties are a mix of frontier and rural counties.

- **8th Judicial District**: 1 Public Guardian with an approximate caseload of 15 clients will serve Jackson and Larimer Counties. These counties are a mix of urban and frontier counties.

- **9th Judicial District**: 1 Public Guardian with an approximate caseload of 15 clients will serve Garfield, Rio Blanco, and Pitkin Counties. These counties are a mix of frontier and rural counties.

*During this year, HB 20-1026 splits 18th Judicial District to Arapahoe and creates 23rd Judicial District to Douglas, Elbert and Lincoln Counties and elections will be held.

Public Guardian Supervisor. This individual will assist the Deputy Director in supervising, monitoring, and overseeing the Public Guardians.

Rollout Year 3: FY26-27

The Office of Public Guardianship requests $900,193 and an additional 9.0 FTE for the 3rd rollout year. Total budget request is $4,624,571.

- 7 - Public Guardians
- 1 - Training Director
- 1 – Benefits Specialist
- 7 - Fleet cars

- **19th Judicial District**: 1 Public Guardian with an approximate caseload of 15 clients will serve Weld County. Weld County is an urban county.

- **5th Judicial District**: 1 Public Guardian with an approximate caseload of 15 clients will serve Clear Creek, Eagle, Lake, and Summit Counties. These counties are a mix of urban and rural counties.

- **20th Judicial District**: 1 Public Guardian with an approximate caseload of 20 clients will serve Boulder County. Boulder County is an urban county.

- **23rd Judicial District**: 1 Public Guardian with an approximate caseload of 15 clients will serve Douglas, Elbert and Lincoln Counties. These counties are a mix of urban and frontier counties.

- **13th Judicial District**: 1 Public Guardian with an approximate caseload of 15 clients will serve Kit Carson, Logan, Morgan, Phillips, Sedgwick, Washington, and Yuma Counties. These counties are a mix of frontier and rural counties.

- **15th Judicial District**: 1 Public Guardian with an approximate caseload of 15 clients will serve Baca, Cheyenne, Kiowa, Prowers Counties. These counties are a mix of frontier and rural counties.

- **14th Judicial District**: 1 Public Guardian with an approximate caseload of 15 clients will serve Grand, Routt, and Moffat Counties. These counties are a mix of frontier and rural counties.

Total statewide caseload capacity availability at the end of three-year roll out, including current capacity and appropriated budgeting for additional FTE, allows for a minimum caseload capacity of 405 clients with a total of 28 public guardians.

The anticipated ongoing budget request for the COPG is $4,572,371.00

Recommendation #4: Continue to operate via a centralized office with remote staff and satellite offices and infrastructure and ensure adequate human resources, information technology and legal support for operations.

Location(s) and Office Space

As indicated, the COPG will be a centralized Office. The COPG intends to have limited regional office space for staff use. COPG clients do not typically come to our offices as staff visit our clients in the field. Therefore, minimal office space is needed except for COPG staff meetings, trainings, and activities. Ideally, COPG's goal is to partner with the Judicial Department and local community partners to use court space for meetings, trainings, and activities.

Service Agreements

During the Pilot Program, the Memo of Understanding with the SCAO/Judicial Branch was found to be inadequate. Therefore, the COPG requests that service agreements are set in place to keep the COPG budget as efficient as possible. Recommendations for service agreements wherein the SCAO/Judicial Branch provide full-time services to the COPG:

- Office and conference space and security within the State system in all judicial districts
- Human resources
- Budgeting and accounting
- Administrative support to the COPG Board
- IT Support and access: access to the VPN, ESS, JudicialNet, etc.
- Legal services support for the COPG may continue apart from the 1.0 FTE request for in-house counsel

Case Management System and IT Support

During the pilot project, once the Case Management System (CMS) was created, there were many customized enhancements that were added for data tracking and management for advanced case management purposes. Moving forward, there should be limited CMS enhancements needed unless data driven needs are identified through Recommendation #7, but we will continue contracting with the designers for hosting of the COPG website and maintenance of the CMS and Client Visitation Tracking System.

Additionally, the COPG contracts for separate IT support for maintaining our hardware, software and COPG cloud system.

Employee Wellness Program

Highlighted throughout this report are the varied experiences, trauma, compassion fatigue and secondary trauma that the COPG staff face daily. Additionally, guardians are on-call 24/7 for emergencies, which take a toll mentally and physically. Because of this ongoing trauma, it is imperative to provide a programmatic wellness program and a statewide on-call System. Investing in tools to reduce stress and trauma and increase wellbeing and work productivity will benefit COPG and our clients' care.

Additionally, the Judicial Budget Manager suggested a pay differential option for on-call staff.

Statewide On-Call System

Currently, each guardian is on-call 24/7 during the week for their individual caseload. Guardians rotate weekend and holidays on-call for emergencies. As the office grows, there will be more down-time between being on-call for weekends and holidays. However, being on-call 24/7 throughout the week, with only two days "off," is demanding.

Other public guardianship programs use an answering service to screen for emergencies after hours, weekends and holidays. Other state and county public guardianship programs use such systems and report that it helps cut down on guardians dealing with unnecessary calls.

Additionally, the Judicial Budget Manager suggested a Pay Differential Option for On-Call staff.

Recommendation #5: Provide adequate infrastructure and flexibility to explore grants and innovative community and state agency partnerships and programs.

Funding Opportunities

Grants

Due to the importance and focus of the duties and responsibilities of establishing an office, offering services and research (see § 13-94-105 C.R.S.) during the Pilot Program, there has been very limited time to research and apply for grants.

The COPG requests a 1.0 FTE Grant and Research Specialist in FY24-25 as described in Recommendation #3.

Community Partners

During the Pilot Program, the COPG established many community partnerships. Many community partners have expressed willingness to provide continued and/or new funding to the COPG:

- **Office of Behavioral Health and RMHS Momentum Program**
- **Department of Corrections**
- **Hospitals**

Recommendation #6: Establish COPG accountability and oversight via strong internal and external evaluative systems.

The COPG has established both internal and external oversight systems during the pilot phase:

Outside Evaluation and Accountability

- The COPG adopted all National Guardianship Association (NGA) policies and standards. National Guardianship Association Policy 2 - Standards for Agencies and Programs Providing Guardianship Services.
    - Quality Improvement.
        - Once permanent, the Board will partner with a disability group to create a person-centered survey to evaluate the COPG services. The initial survey will require a funding source.
        - As part of the Director's annual performance evaluation, the Board oversees a stakeholder survey, and this will continue.
        - As part of the Director's annual performance evaluation, the Board oversees a staff survey, and this will continue.
        - The Director will arrange for an external program audit by an objective third party on a biennial basis. These reviews will require an additional funding source.

- National Guardianship Association NGA Standard 24 - Quality Improvement. Independent review must include, but not limited to, a review of agency policies and procedures, a review of records, and a visit with the person and the individual providing the direct service to the person. An independent review may be obtained from a court monitoring system, an independent peer, or a CGC national master guardian.

- The COPG is subject to annual Financial Oversight under the Judicial Branch by the State Office of the State Auditor.

- Stakeholder Advisory Panel (SAP). Once the Office is fully established, The goal of the SAP is to create an environment of understanding that actively involves clients and stakeholders in a timely manner and to give ample opportunity for clients and stakeholders to voice opinions and concerns that may influence the COPG.

Internal Evaluation and Accountability

- National Guardianship Association Policy 2 - Standards for Agencies and Programs Providing Guardianship Services.
    - Upon hiring and annually, all staff must pass the Colorado Adult Protective Services (CAPS) check to ensure a staff has not been substantiated in an APS case of mistreatment of an at-risk adult.
    - Certification Requirements for Program Staff from the Center for Guardianship Certification.
    - Program design and operation follow the tenets of the NGA "Ethical Principles" and NGA Standards of Practice.
    - The Case assignment and weighting procedure is established and reviewed to ensure that employees are able to effectively manage caseloads and provide appropriate supports.
    - The guardian plan procedure is established. Guardians update the guardian plans monthly after client visits and review the plans bi-annually with the Deputy Director.
    - Guardian supervision is weekly or bi-weekly by the Deputy Director and/or Director.

- Feedback and Complaint Process. The COPG has a formal Feedback and Complaint Process available on the COPG website for complaints against the office, staff, and Director. The formal process is also available by contacting the Office and requesting forms by email and mail.[lxxx]
    - Complaints against the Office and staff are overseen by the Director, and if necessary, may follow human resource policies, court procedures, or legal procedures.
    - Complaints against the Director are overseen by the COPG Commission/Board, and if necessary, may follow human resource policies, court procedures, or legal procedures.

- Critical Incidents. The COPG has a procedure defining how staff respond to and track Critical Incidents, https://colorado-opg.org/about-us/opg-commission/.
    - The COPG staff are trained and comply with mandatory reporting of adult mistreatment (physical abuse, neglect, and exploitation) to law enforcement.

- COPG Commission/Board oversees Financial and Program Oversight[lxxxi]
    - Please refer to Commission/Board Policies, https://colorado-opg.org/about-us/opg-commission
    - Monthly reports of the Director, https://colorado-opg.org/about-us/opg-library/?eeFolder=Published/5-OPG-Director-Reports&eeFront=1&ee=1&eeListID=1
    - Critical Incident Policy and Reporting Procedure, https://colorado-opg.org/about-us/opg-commission/
    - Complaints against the Director, https://colorado-opg.org/feedback/feedback-information/

Recommendation #7: **Complete a comprehensive cost-benefit analysis evaluation of the Colorado Office of Public Guardianship with adequate funding to contract with a third-party evaluator.**

As noted in this report, there are limited public guardianship studies. What studies do exist were completed by major governmental offices or university research laboratories. Based on the limited data regarding early cost savings and potential cost savings, the COPG is committed to building evidence for a more thorough and formal evaluation.

SUMMARY OF PROPOSED BUDGET

Summary of Proposed Budget – Fiscal Year 2025

PERSONAL SERVICES		Public Guardian	Training Director	Staff Attorney	Staff Assistant	Grants & Research Specialist	HR Analyst I	FY25 Total	Year 2 Total (FY26)
Number of FTE per class title		6.00	1.00	1.00	1.00	1.00	1.00	11.00	11.00
Monthly base salary		$ 5,310	$ 5,864	$ 7,318	$ 4,449	$ 6,322	$ 5,310	$ -	$ -
Number of months charged		12	12	12	12	12	12	12	12
Salary		$ 382,320	$ 70,368	$ 87,816	$ 53,388	$ 75,864	$ 63,720	$ 733,476	$ 733,476
PERA (Staff, GF)	11.57%	$ 44,234	$ 8,142	$ 10,160	$ 6,177	$ 8,777	$ 7,372	$ 84,862	$ 84,863
Medicare (Staff, GF)	1.45%	$ 5,544	$ 1,020	$ 1,273	$ 774	$ 1,100	$ 924	$ 10,635	$ 10,635
Subtotal Base Salary/PERA/Medicare		$ 432,098	$ 79,530	$ 99,249	$ 60,339	$ 85,741	$ 72,016	$ 828,973	$ 828,975
SUBTOTAL PERSONAL SERVICES		$ 432,098	$ 79,530	$ 99,249	$ 60,339	$ 85,741	$ 72,016	$ 828,973	$ 828,975
FTE		6.0	1.0	1.0	1.0	1.0	1.0	11.0	11.0
OPERATING									
Phone (staff)	$ 450	$ 2,700	$ 450	$ 450	$ 450	$ 450	$ 450	$ 4,950	$ 4,950
Supplies (staff)	$ 500	$ 3,000	$ 500	$ 500	$ 500	$ 500	$ 500	$ 5,500	$ 5,500
Fixed Vehicle Cost								$ 18,000	$ 18,000
Vehicle Operating Cost								$ 12,672	$ 12,672
SUBTOTAL OPERATING	$ 950	$ 5,700	$ 950	$ 950	$ 950	$ 950	$ 950	$ 41,122	$ 41,122
CAPITAL OUTLAY									
Office Furniture (staff)	$ 4,000	$ 24,000	$ 4,000	$ 4,000	$ 4,000	$ 4,000	$ 4,000	$ 44,000	
Computer/Software (staff)	$ 2,200	$ 13,200	$ 2,200	$ 2,200	$ 2,200	$ 2,200	$ 2,200	$ 24,200	$ 4,400
SUBTOTAL CAPITAL OUTLAY:	$ 6,200	$ 37,200	$ 6,200	$ 6,200	$ 6,200	$ 6,200	$ 6,200	$ 68,200	$ 4,400
TOTAL REQUEST (if 20.0 FTE or Under):		$ 474,998	$ 86,680	$ 106,399	$ 67,489	$ 92,891	$ 79,166	$ 938,295	$ 874,497
CENTRAL APPROPRIATIONS (non-add)									
Health/Life/Dental	*$ 10,042*	*$ 55,231*	*$ 9,205*	*$ 9,205*	*$ 9,205*	*$ 9,205*	*$ 9,205*	*$ 101,257*	*$ 101,257*
Short-Term Disability	*0.16%*	*$ 612*	*$ 113*	*$ 141*	*$ 85*	*$ 121*	*$ 102*	*$ 1,174*	*$ 1,174*
Family Medical Leave	*0.45%*	*$ 1,720*	*$ 317*	*$ 395*	*$ 240*	*$ 341*	*$ 287*	*$ 3,301*	*$ 3,301*
*AED**	*5.00%*	*$ 19,116*	*$ 3,518*	*$4,391*	*$2,669*	*$3,793*	*$3,186*	*$ 36,674*	*$ 36,674*
*SAED**	*5.00%*	*$ 19,116*	*$ 3,518*	*$4,391*	*$2,669*	*$3,793*	*$3,186*	*$ 36,674*	*$ 36,674*
Central Appropriations Subtotal: (non-add)		*$ 95,795*	*$ 16,671*	*$ 18,522*	*$ 14,870*	*$ 17,254*	*$ 15,966*	*$ 179,079*	*$ 179,079*
GRAND TOTAL ALL COSTS:		***$ 570,793***	***$ 103,352***	***$ 124,922***	***$ 82,359***	***$ 110,145***	***$ 95,132***	***$ 1,117,374***	***$ 1,053,575***

	Fund	Estimated Approp FY24	FY25 Estimated New Costs	Total FY25 Program Cost (includes annualizations)	FY25 Budget Amendment	FY25 Revised Request	FY26 Increment
TOTAL ALL LINE ITEMS	Total	$1,897,035	$1,117,374	$3,014,409	$0	3,014,409	(63,800)
	FTE	14.0	11.0	25.0	-	25.0	25.0
	GF	-	1,117,374	1,117,374	-	1,117,374	(63,800)
	CF	1,699,778	-	1,699,778	-	1,699,778	-
	RF	197,257	-	197,257	-	197,257	-
	FF	-	-	-	-	-	-
OPG	Total	1,897,035	1,031,174	$2,928,209	-	2,928,209	-
	FTE	14.0	11.0	25.0	-	25.0	-
	GF	-	1,031,174	1,031,174	-	1,031,174	-
	CF	1,699,778	-	1,699,778	-	1,699,778	-
	RF	197,257	-	197,257	-	197,257	-
	FF	-	-	-	-	-	-
(B) Capital Outlay	Total	-	68,200	$68,200	-	68,200	(63,800)
	FTE	-	-	-	-	-	-
	GF	-	68,200	68,200	-	68,200	(63,800)
	CF	-	-	-	-	-	-
	RF	-	-	-	-	-	-
	FF	-	-	-	-	-	-
Fixed Vehicle	Total	-	18,000	$18,000	-	18,000	-
	FTE	-	-	-	-	-	-
	GF	-	18,000	18,000	-	18,000	-
	CF	-	-	-	-	-	-
	RF	-	-	-	-	-	-
	FF	-	-	-	-	-	-

Fixed Vehicle (6)	18,000
Vehicle Operating Costs	12,672
	30,672

Summary of Proposed Budget – Fiscal Year 2026

PERSONAL SERVICES		Public Guardian	Case Management Aide	Public Guardian Supervisor	FY26 Total	Year 2 Total (FY27)
Number of FTE per class title		6.00	1.00	1.00	8.00	8.00
Monthly base salary		$ 5,310	$ 4,215	$ 8,322	$ -	$ -
Number of months charged		12	12	12	12	12
Salary		$ 382,320	$ 50,580	$ 99,864	$ 532,764	$ 532,764
PERA (Staff, GF)	11.57%	$ 44,234	$ 5,852	$ 11,554	$ 61,640	$ 61,641
Medicare (Staff, GF)	1.45%	$ 5,544	$ 733	$ 1,448	$ 7,725	$ 7,725
Subtotal Base Salary/PERA/Medicare		$ 432,098	$ 57,165	$ 112,866	$ 602,129	$ 602,130
SUBTOTAL PERSONAL SERVICES		$ 432,098	$ 57,165	$ 112,866	$ 602,129	$ 602,130
FTE		6.0	1.0	1.0	8.0	8.0
OPERATING						
Phone (staff)	$ 450	$ 2,700	$ 450	$ 450	$ 3,600	$ 3,600
Supplies (staff)	$ 500	$ 3,000	$ 500	$ 500	$ 4,000	$ 4,000
Fixed Vehicle Cost					$ 18,000	$ 18,000
Vehicle Operating Cost					$ 12,672	$ 12,672
SUBTOTAL OPERATING	$ 950	$ 5,700	$ 950	$ 950	$ 38,272	$ 38,272
CAPITAL OUTLAY						
Office Furniture (staff)	$ 4,000	$ 24,000	$ 4,000	$ 4,000	$ 32,000	
Computer/Software (staff)	$ 2,200	$ 13,200	$ 2,200	$ 2,200	$ 17,600	$ 3,200
SUBTOTAL CAPITAL OUTLAY:	$ 6,200	$ 37,200	$ 6,200	$ 6,200	$ 49,600	$ 3,200
TOTAL REQUEST (if 20.0 FTE or Under):		$ 474,998	$ 64,315	$ 120,016	$ 690,001	$ 643,602
CENTRAL APPROPRIATIONS (non-add)						
Health/Life/Dental	$ 10,042	$ 55,231	$ 9,205	$ 9,205	$ 73,641	$ 73,641
Short-Term Disability	0.16%	$ 612	$ 81	$ 160	$ 852	$ 852
Family Medical Leave	0.45%	$ 1,720	$ 228	$ 449	$ 2,397	$ 2,397
*AED**	5.00%	$ 19,116	$2,529	$4,993	$ 26,638	$ 26,638
*SAED**	5.00%	$ 19,116	$2,529	$4,993	$ 26,638	$ 26,638
Central Appropriations Subtotal: (non-add)		$ 95,795	$ 14,572	$ 19,801	$ 130,168	$ 130,168
GRAND TOTAL ALL COSTS:		$ 570,793	$ 78,887	$ 139,817	$ 820,169	$ 773,769

	Fund	Estimated Approp FY25	FY26 Estimated New Costs	Total FY26 Program Cost	FY26 Budget Amendment	FY26 Revised Request	FY27 Increment
TOTAL ALL LINE ITEMS	Total	$3,014,409	$820,169	3,770,778	$0	3,770,778	(46,400)
	FTE	25.0	8.0	33.0	-	33.0	33.0
	GF	1,117,374	820,169	1,873,743	-	1,873,743	(46,400)
	CF	1,699,778	-	1,699,778	-	1,699,778	-
	RF	197,257	-	197,257	-	197,257	-
	FF	-	-	-	-	-	-
OPG	Total	2,928,209	752,569	3,680,778	-	3,680,778	-
	FTE	25.0	8.0	33.0	-	33.0	-
	GF	1,031,174	752,569	1,783,743	-	1,783,743	-
	CF	1,699,778	-	1,699,778	-	1,699,778	-
	RF	197,257	-	197,257	-	197,257	-
	FF	-	-	-	-	-	-
(B) Capital Outlay	Total	68,200	49,600	54,000	-	54,000	(46,400)
	FTE	-	-	-	-	-	-
	GF	68,200	49,600	54,000	-	54,000	(46,400)
	CF	-	-	-	-	-	-
	RF	-	-	-	-	-	-
	FF	-	-	-	-	-	-
Fixed Vehicle	Total	18,000	18,000	$36,000	-	36,000	-
	FTE	-	-	-	-	-	-
	GF	18,000	18,000	36,000	-	36,000	-
	CF	-	-	-	-	-	-
	RF	-	-	-	-	-	-
	FF	-	-	-	-	-	-

Fixed Vehicle (6)	18,000
Vehicle Operating Costs	12,672
	30,672

Summary of Proposed Budget – Fiscal Year 2027

PERSONAL SERVICES		Public Guardian	Training Director	HR Analyst I	FY27 Total	Year 2 Total (FY28)
Number of FTE per class title		7.00	1.00	1.00	9.00	9.00
Monthly base salary		$ 5,310	$ 5,864	$ 5,310	$ -	$ -
Number of months charged		12	12	12	12	12
Salary		$ 446,040	$ 70,368	$ 63,720	$ 580,128	$ 580,128
PERA (Staff, GF)	11.57%	$ 51,607	$ 8,142	$ 7,372	$ 67,121	$ 67,121
Medicare (Staff, GF)	1.45%	$ 6,468	$ 1,020	$ 924	$ 8,412	$ 8,412
Subtotal Base Salary/PERA/Medicare		$ 504,115	$ 79,530	$ 72,016	$ 655,661	$ 655,661
SUBTOTAL PERSONAL SERVICES		$ 504,115	$ 79,530	$ 72,016	$ 655,661	$ 655,661
FTE		7.0	1.0	1.0	9.0	9.0
OPERATING						
Phone (staff)	$ 450	$ 3,150	$ 450	$ 450	$ 4,050	$ 4,050
Supplies (staff)	$ 500	$ 3,500	$ 500	$ 500	$ 4,500	$ 4,500
Fixed Vehicle Cost					$ 21,000	$ 21,000
Vehicle Operating Cost					$ 14,784	$ 12,672
SUBTOTAL OPERATING	$ 950	$ 6,650	$ 950	$ 950	$ 44,334	$ 44,334
CAPITAL OUTLAY						
Office Furniture (staff)	$ 4,000	$ 28,000	$ 4,000	$ 4,000	$ 36,000	
Computer/Software (staff)	$ 2,200	$ 15,400	$ 2,200	$ 2,200	$ 19,800	$ 3,600
SUBTOTAL CAPITAL OUTLAY:	$ 6,200	$ 43,400	$ 6,200	$ 6,200	$ 55,800	$ 3,600
TOTAL REQUEST (if 20.0 FTE or Under):		$ 554,165	$ 86,680	$ 79,166	$ 755,795	$ 703,595
CENTRAL APPROPRIATIONS (non-add)						
Health/Life/Dental	$ 10,042	$ 64,436	$ 9,205	$ 9,205	$ 82,847	$ 82,847
Short-Term Disability	0.16%	$ 714	$ 113	$ 102	$ 928	$ 928
Family Medical Leave	0.45%	$ 2,007	$ 317	$ 287	$ 2,611	$ 2,611
*AED**	5.00%	$ 22,302	$ 3,518	$3,186	$ 29,006	$ 29,006
*SAED**	5.00%	$ 22,302	$ 3,518	$3,186	$ 29,006	$ 29,006
Central Appropriations Subtotal: (non-add)		$ 111,761	$ 16,671	$ 15,966	$ 144,398	$ 144,398
GRAND TOTAL ALL COSTS:		$ 665,926	$ 103,352	$ 95,132	$ 900,193	$ 847,993

	Fund	Estimated Approp FY26	FY27 Estimated New Costs	Total FY27 Program Cost	FY27 Budget Amendment	FY27 Revised Request	FY28 Increment
TOTAL ALL LINE ITEMS	Total	$3,770,778	$900,193	4,624,571	$0	4,624,571	(52,200)
	FTE	33.0	9.0	42.0	-	42.0	42.0
	GF	1,873,743	900,193	2,727,536	-	2,727,536	(52,200)
	CF	1,699,778	-	1,699,778	-	1,699,778	-
	RF	197,257	-	197,257	-	197,257	-
	FF	-	-	-	-	-	-
OPG	Total	3,680,778	823,393	$4,504,171	-	4,504,171	-
	FTE	33.0	9.0	42.0	-	42.0	-
	GF	1,783,743	823,393	2,607,136	-	2,607,136	-
	CF	1,699,778	-	1,699,778	-	1,699,778	-
	RF	197,257	-	197,257	-	197,257	-
	FF	-	-	-	-	-	-
(B) Capital Outlay	Total	54,000	55,800	63,400	-	63,400	(52,200)
	FTE	-	-	-	-	-	-
	GF	54,000	55,800	63,400	-	63,400	(52,200)
	CF	-	-	-	-	-	-
	RF	-	-	-	-	-	-
	FF	-	-	-	-	-	-
Fixed Vehicle	Total	36,000	21,000	$57,000	-	57,000	-
	FTE	-	-	-	-	-	-
	GF	36,000	21,000	57,000	-	57,000	-
	CF	-	-	-	-	-	-
	RF	-	-	-	-	-	-
	FF	-	-	-	-	-	-

Fixed Vehicle (7)	21,000
Vehicle Operating Costs	14,784
	35,784

STRATEGY FOR DISCONTINUATION § 13-94-105 (5) C.R.S.

The director, in consultation with the commission, shall develop a strategy for the discontinuation of the office in the event that the general assembly declines to continue or expand the office after 2023. The strategy must include consideration of how to meet the guardianship needs of adults who will no longer be able to receive guardianship services from the office. § 13-94-105(5) C.R.S.

The current legislation wind down period is through June 30, 2024. If the Pilot Project is not continued during the 2023 legislative session, the Pilot Project will institute the following Discontinuation Plan as early as June 2023 to ensure that current COPG clients are successfully and safely transferred to appropriate successor guardians. § 13-94-111 C.R.S.:

(1) This article 94 is repealed, effective June 30, 2024. Prior to such repeal, the general assembly, after reviewing the report submitted by the director pursuant to section § 13-94-105 (4), shall consider whether to enact legislation to continue, discontinue, or expand the office.

(2) If the general assembly has adjourned the legislative session beginning in January of 2023 sine die without enacting legislation to continue or expand the office, the office shall notify the joint budget committee that the office will not be continued and that court fees may be reduced by the amount deposited to the office of public guardianship cash fund, implement its discontinuation plan developed pursuant to section § 13-94-105, and wind up its affairs prior to the repeal of this article 94.

Budget Requests and Corresponding Legislation

If the Pilot Project is not continued, a FY 23-24 Budget Request, with corresponding legislation, will be introduced to maintain the current FTE through FY23-24, FY24-25, and FY25-26. The budget request will be to maintain the current Cash Fund system, for the purposes of maintaining the current guardianship services until successor guardianships are finalized for all COPG clients and to allow for the current administrative staff to continue in their current roles.

In order for the Pilot Project to transfer COPG clients to successor guardians, successor guardians will need to be identified and be willing to serve, petitions for guardianships will need to be filed, hearings to appoint the successor guardians will need to be held, Letters of Guardianship will need to be issued by the Court, and then the COPG will need to transfer funds to the successor guardian for the guardianship. The successor guardian process will include considerations of the suitability of the client and successor guardian as well as the appropriateness of the successor guardian to meet the Court standards. The COPG will not accept new referrals as soon it is determined that the program is not renewed.

The need for at least three years to wind down the Pilot Project is required because there is a lack of guardians across Colorado, as this report highlights. We anticipate that it will take several months to years to not only locate guardians, but to also vet and train successor guardians, and to complete the process of appointing successor guardians.

The Pilot Project will need legal representation for filing Petitions for Successor Guardianship. It is likely that COPG will need the Attorney General's Office to file Petitions for Successor Guardian. The COPG annually pays the Attorney General Office for legal representation. In the alternative, the OPG will need to contract with outside counsel at an additional cost.

The Pilot Project will be responsible for ensuring that all OPG clients are successfully and safely transferred to appropriate successor guardians. A one-time fund transfer, amount to be determined per client, will be transferred to the successor guardian after Letters of Guardianship are issued by the Court.

Discontinuation Plan Projected Timeline

I. Proposal and Call for Successor Guardians to stakeholders, guardians, and guardianship agencies – August 1, 2023
II. Initial Application deadline for Successor Guardians – September 30, 2023
III. Ongoing fund transfer to Successor Guardians occurs upon issuance of Letters of Guardianship
IV. Continuous stakeholder outreach and limited activities for Successor Guardians

Staff Reductions and Capital Items Return

As successor guardianships are finalized, remaining clients will be transferred to single guardians. Public Guardians will be laid off as public guardianship services decrease. Case transfers and reductions will depend on the location of the remaining clients.

As successor guardianships are finalized and public guardianship services decrease, Administrative Staff will be laid off in this order: Case Management Aid, Staff Assistant, Deputy Director, and Director.

As staff is laid off, Administrators will secure access to the Case Management System, email, cell phone, etc. Staff is expected to return all client files and documentation to the OPG Office, as well as, capital items and hardware, such as laptops, cell phones, printers, office keys, badges, etc.

The Director will request a Memorandum of Understanding with the State Court Administrators' Office for Judicial Department assistance from Human Resources and other necessary departments.

Consideration of Early Termination of Contractual Obligations and Associated Costs or Fees

The Pilot Project's only current ongoing contractual obligation is its rental agreement which is renewed every October. There is a $1,900.00 security retainer as an early termination fee.

Current service agreements are invoiced monthly for costs and services incurred and there are no early termination fees.

Costs are subject to change if/when new contractual obligation or service agreement occurs. Should contracts or service agreements need to be renewed or newly established due to the ongoing need to provide public guardianship services, consideration and advice from the Commission will occur.

A final step of the wind down is for the Director to ensure all property and materials of the Pilot Project are retained as per the Pilot Program's retention policies or returned to the Judicial Department. This includes the Case Management System, case files, emails, hardware, and remaining fleet cars.

Additionally, the Director, with the Judicial Accounting Department, will reconcile financial matters as required.

Communication Plan

The Director will continue monthly reports to the Commission and include reporting on the status of the Discontinuation Plan. The Director will continue to submit annual Budget Requests to the Joint Budget Committee and reports to the Legislature as required by law.

The COPG electronic newsletter will be distributed regularly and with status updates.

The COPG website will be updated regularly and with status updates.

If necessary, the COPG will conduct periodic in-person and virtual Q&A Sessions regarding the Discontinuation Plan and wind-down process.

Continuous stakeholder outreach and limited activities will continue as needed in efforts to identify and locate Successor Guardians.

Once the Pilot Project is completely closed, a final communication to the Commission, Joint Budget Committee, stakeholders, and media, if necessary, will occur.

Summary

While the Strategy for Discontinuation provides a method should the COPG Pilot Project not be continued, it is imperative to be aware that the COPG exists due to the current lack of available guardians for indigent and incapacitated adults. This report highlights the success and need of the Pilot Project. Should the project not be continued, there should be great consideration and flexibility given to a discontinuation strategy that focuses on the vulnerability, safety, and needs of the clients.

REFERENCES

Appendix I. COPG Staff Training List

DATE	TRAINING	GUARDIAN / DIRECTOR
2.2020	NGA Standards for Agencies and Programs Providing Guardianship Services; COPG Policies and Procedures	Jacquelyn Beal Erin McGavin America Paz Pastrana Camille Price Rhonda Sanchez
2.2020	NGA Standards of Practice	Jacquelyn Beal Erin McGavin America Paz Pastrana Camille Price Rhonda Sanchez
2.2020	NGA Ethical Principles	Jacquelyn Beal Erin McGavin America Paz Pastrana Camille Price Rhonda Sanchez
02.20.2020	SEC Fraud Prevention training, by Rebecca L. Franciscus, Senior Counsel for Regional Operations, Enforcement Division, U.S. Securities and Exchange Commission	Sophia Alvarez, Director Jacquelyn Beal Erin McGavin America Paz Pastrana Camille Price Rhonda Sanchez
03.06.2020	Mental Health First Aid training/certification by Mental Health First Aid Colorado	Sophia Alvarez, Director Jacquelyn Beal Erin McGavin America Paz Pastrana Camille Price Rhonda Sanchez
Various dates	Series with Tracy L. Hutchinson, MS Community Counseling, licensed Professional Counselor, Master Addictions Counselor, Colorado Addictions Counselor (CAC) III, https://mindfulalchemist.org/ a. 03.09.2020: Trauma informed care b. 03.23.2020: Vicarious trauma c. 04.15.2020: Decision-making and self-care d. 05.20.2020: Verbal de-escalation	Sophia Alvarez, Director Jacquelyn Beal Erin McGavin America Paz Pastrana Camille Price Rhonda Sanchez
05.05.2020	Cross-training with Rocky Mountain Human Services: Successful communication with individuals with intellectual and/or developmental disabilities, by Melissa Emery, CCB Relations Specialist	Sophia Alvarez, Director Jacquelyn Beal Erin McGavin America Paz Pastrana Camille Price Rhonda Sanchez
Various dates	Colorado Coalition on Elder Rights and Abuse Prevention: The CO OPG and Crisis Standard of Care and COVID-19 Colorado Gerontological Society Webinars:	Sophia Alvarez, Director Jacquelyn Beal Erin McGavin America Paz Pastrana

	• Assisted Living Residences and COVID-19 • Older Adults and the Colorado Coronavirus Opinion Survey • Advance Care Planning • Financial Advance Directives: Financial Power of Attorney Representative Payee and Advance Designation • Complete Your Living Will	Camille Price Rhonda Sanchez
05.21.2020	Training with Lifelong, Inc.: Successful communication with individuals with cognitive impairments, by Lindsey Spraker, Executive Director, http://lifelonginc.com/	Sophia Alvarez, Director Jacquelyn Beal Erin McGavin America Paz Pastrana Camille Price Rhonda Sanchez
06.10.2020	Project Visibility - Person-Centered Care for Our Lesbian, Gay, Bisexual & Transgender Community Manager Training	Sophia Alvarez, Director Jacquelyn Beal Erin McGavin America Paz Pastrana Camille Price Rhonda Sanchez
6.15.2020 – 6.18.2020	WordPress Bootcamp, Comprehensive training of fundamental processes from WordPress setup, to updating WordPress sites as needed, using Media in WordPress, installing WordPress themes, and troubleshooting common WordPress issue, By The American Graphics Institute	America Paz-Pastrana
Various Dates	CU Anschutz Multidisciplinary Center on Aging Series a. 07.24.2020: Talk with a Doc: Marijuana & Aging b. 07.31.2020: Talk with a Doc: Hearing & Auditory Changes as We Age c. 08.07.2020: Talk with a Doc: Nutrition & Healthy Aging d. 08.21.2020: Talk with a Doc: Preventing Falls as We Age	
08.12.2020	Cross-training with Center for Trauma and Resilience	Sophia Alvarez, Director Jacquelyn Beal Erin McGavin America Paz Pastrana Camille Price Rhonda Sanchez
08.21.2020	Salute to Seniors, by the Colorado Gerontological Society	Sophia Alvarez, Director
08.31.2020	Rocky Mountain Human Services Medicaid Waiver Training, by Melissa Emery, CCB Relations Specialist	

09.17.2020	Practical Approaches to Race-Based Stress and Trauma in Older Adults webinar, by CU Anschutz Multidisciplinary Center on Aging and Veteran's Community Partnership	Sophia Alvarez, Director Jacquelyn Beal Erin McGavin America Paz Pastrana Camille Price Rhonda Sanchez
10.01.2020	Brothers Redevelopment presentation about Brothers Redevelopment by Abby Bugas, Grants & Special Projects Manager	Sophia Alvarez, Director Jacquelyn Beal Erin McGavin America Paz Pastrana Camille Price Rhonda Sanchez
10.02.2020	Colorado Fund for People with Disabilities training, by Megan Brand about CFPD and trusts	Sophia Alvarez, Director Jacquelyn Beal Erin McGavin America Paz Pastrana Camille Price Rhonda Sanchez
10.19.2020 – 10.20.2020	2020 National Guardianship Association Annual Conference, held virtually	Sophia Alvarez, Director Jacquelyn Beal Erin McGavin America Paz Pastrana Camille Price Rhonda Sanchez
10.26.2020 - 10.27.2020	Legal and Legislative Review, National Guardianship Association Annual Conference Parts 1 and 2, held virtually	Sophia Alvarez, Director
Various Dates	Trauma-informed training with Intricate Roots, by Jessica Pfieffer a. 11.09.2020: Part 1 Trauma-informed training b. 11.30.2020: Part 2 Trauma-informed training	Sophia Alvarez, Director Jacquelyn Beal Erin McGavin America Paz Pastrana Camille Price Rhonda Sanchez
01.12.2021	Serving as Fiduciary for Individuals Experiencing Homelessness/IDDEAS Program, by the Colorado Guardianship Association	Sophia Alvarez, Director Jacquelyn Beal Erin McGavin America Paz Pastrana Camille Price Rhonda Sanchez
01.29.2021	PACE Services, with Innovage, by Leslie Mader, Strategic Accounts Executive, Colorado Denver Region	Sophia Alvarez, Director Jacquelyn Beal Erin McGavin America Paz Pastrana Camille Price Rhonda Sanchez
02.26.2021	Health Inequity: 911 Generated Responses to Community Mental Health Crisis, a Colorado Mental Health Ethics Forum	Sophia Alvarez, Director Jacquelyn Beal Erin McGavin America Paz Pastrana

		Camille Price Rhonda Sanchez
03.02.2021	Disability Cultural Competency training by Julie Reiskin – Director, Colorado Cross Disability Coalition	Sophia Alvarez, Director Jacquelyn Beal Erin McGavin America Paz Pastrana Camille Price Rhonda Sanchez
03.09.2021	Colorado Guardianship Association webinar, Creating Resilience in the Age of COVID	Sophia Alvarez, Director Jacquelyn Beal Erin McGavin America Paz Pastrana Camille Price Rhonda Sanchez
03.12.2021	Mental Health Proceedings presenation by Katie Donohue – City of Denver City Mental Health Attorney	Sophia Alvarez, Director Jacquelyn Beal Erin McGavin America Paz Pastrana Camille Price Rhonda Sanchez
03.25.2021	Covell Care & Rehabilitation Training with Megan Butler and Peggy Roling	Sophia Alvarez, Director Jacquelyn Beal Erin McGavin America Paz Pastrana Camille Price Rhonda Sanchez
04.16.2021	Ethical Framework for Medical Decision-Making and Case Examples, by Dr. Jackie Glover, CU Anschutz Professor, Department of Pediatrics and the Center for Bioethics and Humanities, Director of the Humanities, Ethics and Professionalism (HEP) thread in the School of Medicine curriculum	Sophia Alvarez, Director Jacquelyn Beal Erin McGavin America Paz Pastrana Camille Price Rhonda Sanchez
Various Dates	CU Anschutz Emotional and Mental Health in Older Adults Spring webinar series a. 04.15.2021: Mindfulness: A Practical Approach for Savoring Moments in Each Day b. 04.22.2021: Connect & Engage: Understanding Loneliness and Forging Deeper Relationships c. 04.29.2021: Adding Structure to Life with Flexibility and Purpose d. 05.06.2021: Maintaining Healthy Cognitive Living	Sophia Alvarez, Director Jacquelyn Beal Erin McGavin America Paz Pastrana Camille Price Rhonda Sanchez
Various Dates	Colorado Gerontological Society Aging in Place webinar series: a. 04.15.2021: Using Technology to Stay in Your Home b. 05.20.2021: Living with Someone – Family, Friends of Roommates	Sophia Alvarez, Director Jacquelyn Beal Erin McGavin America Paz Pastrana Camille Price Rhonda Sanchez

	c. 06.17.2021: Downsizing to a Smaller Home d. 07.15.2021: Bringing Services into the Home	
Self-Paced 03.16.2021 – 04.01.2021	Equity, Diversity, and Inclusion Training: received approval from Department of Personnel and Administration	Jacquelyn Beal Erin McGavin America Paz Pastrana Camille Price Rhonda Sanchez
04.30.2021	Benefits in Action an Overview, Jane Barnes from Benefits in Action	Sophia Alvarez, Director Jacquelyn Beal Erin McGavin America Paz Pastrana Camille Price Rhonda Sanchez
06.18.2021	Social Security Administration training – Eric Gonzalez, Benefits in Action	Sophia Alvarez, Director Jacquelyn Beal Erin McGavin America Paz Pastrana Camille Price Rhonda Sanchez
08.27.2021	Presentation about Sunshine Home Share Colorado by Alison Joucovsky – Executive Director, Sunshine Home Share Colorado	Sophia Alvarez, Director Jacquelyn Beal Erin McGavin America Paz Pastrana Camille Price Rhonda Sanchez
Various Dates	CU Anschutz Emotional and Mental Health Webinar Series in Older Adults: a. 09.02.2021 Undue Influence: Conflicts of Interests Among Physicians and Patient Organizations b. 09.09.2021: Ethics Grand Rounds webinar – Does the Tempo of CODEs Matter? The Ethics of Slow Codes c. 09.17.2021: Exploring the Impact of Arts and Cultural Engagement on Population Health Outcomes d. 09.23.2021: Activating Wellness: Linking Lifestyle to Quality of Life e. 09.30.2021: Living with Pain as an Older Adult: Maintaining Vitality and Activity with Chronic Pain f. 10.21.2021: The Influence of Lifestyle Activities on Cognitive Well-Being g. 10.28.2021: Fall Prevention: A Balancing Act Emotionally & Mentally	Sophia Alvarez, Director Jacquelyn Beal Erin McGavin America Paz Pastrana Camille Price Rhonda Sanchez

	h. 11.11.2021: Enjoying a Nip, Without Doing "Too Much" i. 11.18.2021: Hearing Well and How it Keeps Us Connected	
09.13.2021	Center for Public Health Practice webinar - Moral Distress in the Public Health workforce	Sophia Alvarez, Director Jacquelyn Beal Erin McGavin America Paz Pastrana Camille Price Rhonda Sanchez
09.14.2021	Colorado Guardianship Association webinar - Enriching Our Clients' Lives Through Restored Social Connection	Sophia Alvarez, Director Jacquelyn Beal Erin McGavin America Paz Pastrana Camille Price Rhonda Sanchez
10.08.2021	Veterans Community Living Supports, by Elizabeth Mullins, Colorado Department of Human Services	Sophia Alvarez, Director Jacquelyn Beal Erin McGavin America Paz Pastrana Camille Price Rhonda Sanchez
10.24.2021 – 10.26.2021	2021 National Guardianship Association Annual Conference	Rhonda Sanchez Cynthia Wells
Self-paced Dates	Arc of Aurora THINK+CHANGE I/DD Online Training Course: Cultivate Learning That Advances Everyone; People with Intellectual and Developmental Disabilities (IDD) and You	Jacquelyn Beal Erin McGavin Camille Price Rhonda Sanchez Cynthia Wells
11.09.2021	CGA private screening of Fast Forward – A Conversation with Millennials and Baby-Boomers About Caregiving	Sophia Alvarez, Director Jacquelyn Beal Erin McGavin America Paz Pastrana Camille Price Rhonda Sanchez
01.11.2022	CGA Cognitive Tests: What they are, what they will tell you, and how to use this information, Erin Forinash, MA Occupational Therapy, CMC	Sophia Alvarez, Director Jacquelyn Beal Erin McGavin America Paz Pastrana Camille Price Rhonda Sanchez
02.25.2022	Pooled Trusts Presentation by Chanda McQueen, Colorado Fund for People with Disabilities, Intake and Board Coordinator	Sophia Alvarez, Director Jacquelyn Beal Erin McGavin America Paz Pastrana Camille Price Rhonda Sanchez Cynthia Wells

04.19.2022	How to Advocate for and Talk about Home and Community-Based Services webinar, by Justice in Aging	Jacquelyn Beal Erin McGavin Camille Price Rhonda Sanchez Cynthia Wells
04.28.2022	National Guardianship Association – Aging in Place webinar	Sophia Alvarez, Director
05.06.2022	Compassion Fatigue Workshop, by Center for Trauma and Resilience	Sophia Alvarez, Director Erin McGavin Camille Price Rhonda Sanchez Cynthia Wells
05.10.2022	Brain Injury webinar, Jaime Horsfall of Brain Injury Alliance, Colorado Guardianship Alliance	Sophia Alvarez, Director
06.09.2022	Addressing the Needs of Transgender and Gender Diverse Communities webinar, by National Guardianship Association –	Sophia Alvarez, Director
06.15.2022	Developmental Disabilities Resource Center (DDRC) Behavioral Health Team Training - Learn to Motivate Positive Behaviors	Camille Price Erin McGavin Rhonda Sanchez Cynthia Wells
06.15.2022	Senior Summit, by Silver Key Senior Services, Inc. Member of Protective Proceedings presentation	Sophia Alvarez, Director
07.06.2022 – 07.07.2022	Staff Training a. Introducing Leadership & Communication, Agency Expansion, by Kathy Young b. Introducing Unique Team Contributions and Creative Decision-Making, by Mike Iskandar c. Introducing Trauma-Informed Psychologically Safe Workplaces, Craig Simms d. Introducing Grief/Bereavement & a Team Approach of Support During Critical Incidents, by Chaplain Jan Bishop Review and updates of COPG policies and procedures by Sophia Alvarez, Director and Janelle Cantu, Deputy Director	Sophia Alvarez, Director Janelle Cantu, Deputy Director Jacquelyn Beal Erin McGavin America Paz Pastrana Camille Price Rhonda Sanchez Cynthia Wells Jacquelyn Beal Erin McGavin America Paz Pastrana Camille Price Rhonda Sanchez Cynthia Wells
08.18.2022	Mental Health First Aid	Janelle Cantu, Deputy Director
08.25.2022 – 08.27.2022	Colorado Bar Association Elder Law Retreat	Sophia Alvarez, Director

09.16.2022	Brain Injury Training by Jaime Horsfall, Brain Injury Alliance of Colorado	Sophia Alvarez, Director Janelle Cantu, Deputy Director Jacquelyn Beal Erin McGavin America Paz Pastrana Camille Price Rhonda Sanchez Cynthia Wells
09.27.2022	Motivate Positive Behavior by DDRC	Cynthia Wells
10.06.2022	Dementia Dialogues by CU Multidisciplinary Center on Aging	Cynthia Wells
10.23.2022 – 10.25.2022	2022 National Guardianship Association Annual Conference	Sophia Alvarez, Director
10.22.2022	2022 National Guardianship Association Legal and Legislative Review Parts 1 and 2	Sophia Alvarez, Director
11.04.2022	Access to SSI – Ensuring Access to Assistance from State to Local – by Justice in Aging	Nancy Bowden Loretta Vigil Teresa Esquibel Jacquelyn Beal Erin McGavin America Paz Pastrana Camille Price Rhonda Sanchez Cynthia Wells
Ongoing	NGA Standards for Agencies and Programs Providing Guardianship Services; NGA Standards of Practice; NGA Ethical Principles; COPG Policies and Procedures	Nancy Bowden Loretta Vigil Teresa Esquibel Jacquelyn Beal Erin McGavin America Paz Pastrana Camille Price Rhonda Sanchez Cynthia Wells

Appendix II. Case Management and Website Expenditures

Fiscal Year 2020

Invoice		Paid Date
Inv 5999 Task Order 1	**$ 555.00**	01.06.2020
Inv 6042 SF Licenses	**$ 1,155.60**	01.16.2020
Inv 6065	**$ 24,096.25**	02.05.2020
Inv 6104 SF licenses	**$ 11,592.31**	06.02.2020
Inv 6112 Task Order 2	**$ 40,145.00**	03.09.2020
Inv 6124 Task Order 2	**$ 52,540.00**	03.10.2020
Inv 6262 Task Order 2	**$ 32,606.25**	06.09.2020
Inv 6263 Task Order 2	**$ 15,447.50**	06.09.2020
Inv 6321 Task Order 2	**$ 37,740.00**	07.01.2020
Inv 6334 Task Order 3 - Hosting	**$ 1,200.00**	07.07.2020
Inv 6333 Task Order2	**$ 25,807.50**	07.07.2020
Inv 6192 Task Order 2	**$ 53,141.25**	07.21.2020
Inv 6194 Task Order 2	**$ 277.50**	07.21.2020
Inv 6469 Task Order 2 Enhancements	**$ 7,677.50**	10.07.2020
Inv 6546 Task Order 2 Enhancements	**$ 2,821.25**	11.04.2020
Inv 6585 Task Order 2 Enhancements	**$ 2,960.00**	11.16.2020
Inv 66935 Task Order 2 Enhancements	**$ 2,775.00**	12.09.2020
	$ 312,537.91	

Fiscal Year 2021

Invoice		Paid Date
Inv 6705 Task Order 2 Enhancements	**$ 2,960.00**	01.14.2021
Inv 6726 SF Licenses	**$ 9,853.44**	01.28.2021
Inv 6766 Task Order 2 Enhancements	**$ 4,532.50**	02.22.2021
Inv 6860 Task Order 2 Enhancements	**$ 2,590.00**	03.30.2021
Inv 6860 Task Order 2 Enhancements	**$ 8,093.75**	04.14.2021
Inv 6927 Task Order 2 Enhancements	**$ 3,237.50**	05.20.2021
Inv 6968 Task Order 2 Enhancements	**$ 3,653.75**	06.14.2021
Inv 7077 Task Order 2 Enhancements	**$ 2,265.25**	07.19.2021
Inv 7113 Task Order 2 Enhancements	**$ 5,318.75**	08.10.2021
Inv 6491 Task Order 2 Enhancements	**$ 10,683.75**	08.21.2022
Inv 6469 Task Order 2 Enhancements	**$ 7,667.50**	10.07.2021
Inv 7185 Task Order 2 Enhancements	**$ 3,746.25**	10.05.2021
Inv 7228 Task Order 2 Enhancements	**$ 1,202.50**	10.15.2021
Inv 7265 Task Order 2 Enhancements	**$ 92.50**	11.04.2021
Inv 6546 Task Order 2 Enhancements	**$ 2,821.25**	11.04.2021
Inv 6585 Task Order 2 Enhancements	**$ 2,960.00**	11.16.2021
Inv 7334 Task Order 2 Enhancements	**$ 3,515.00**	12.09.2021
	$ 75,193.69	

Fiscal Year 2022 (YTD)

Invoice		Paid Date
Inv 7468 Task Order 2 - Hosting	**$ 1,200.00**	02.08.2022
Inv 7467 Task Order 2 Enhancements	**$ 1,341.25**	02.08.2022
Inv 7498 Task Order 2 Enhancements	**$ 1,896.25**	02.18.2022
Inv 7528 Task Order 2 Enhancements	**$ 2,451.25**	03.07.2022
Inv 7592 Task Order 2 Enhancements	**$ 185.00**	04.13.2022
Inv 7653 Task Order 2 Enhancements	**$ 323.75**	05.09.2022
Inv 7762 Task Order 2 Enhancements	**$ 2,173.75**	06.15.2022
Inv 7812 Task Order 2 Enhancements	**$ 7,908.75**	07.08.2022
Inv 8027 Task Order 2 Enhancements	**$ 1,526.25**	11.02.2022
	$ 19,006.25	

Grand Total **$ 406,737.85**
CMS, Website, Licensing,
Enhancements, Hosting

Appendix III. COPG Client Demographic Information

COPG Client Income Information
102 clients have an **average monthly income of $703.01**
102 clients have an **average annual income before taxes of $8,436.09**
2022 Federal Poverty Guideline for an individual is $13,950.00

Figure 7. COPG Client Types of Income

SSI	47
SSDI	40
VA	6
Pension	10
Other*	5

*Other-Pension, Annuity, Trust, Earned Income, Alimony, Liquidation of property

31 COPG clients do not receive any income at all

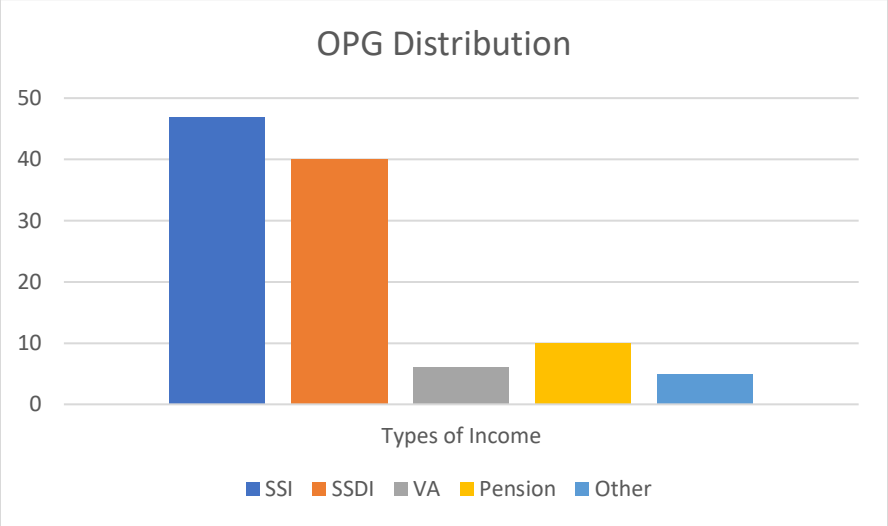


Figure 8. COPG Client Education Attainment

No High School (4)	4%
Some High School (24)	24 %
High School Graduate (36)	35%
Some College (12)	12%
College Graduate (11)	11%
Education -Unknown (15)	15%

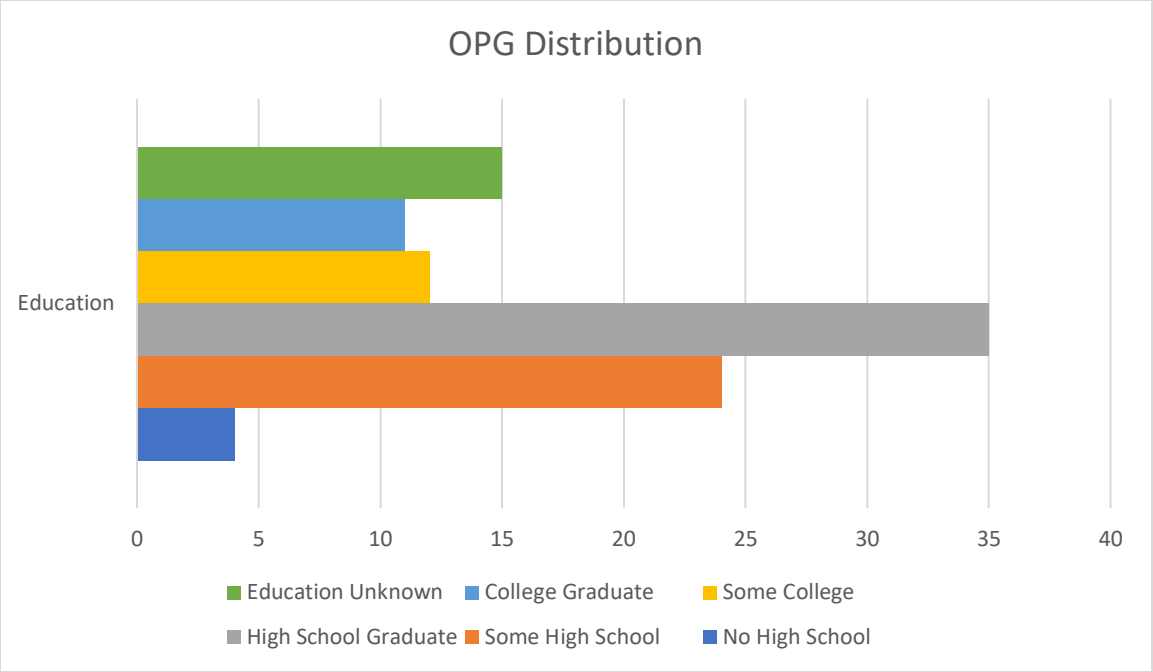
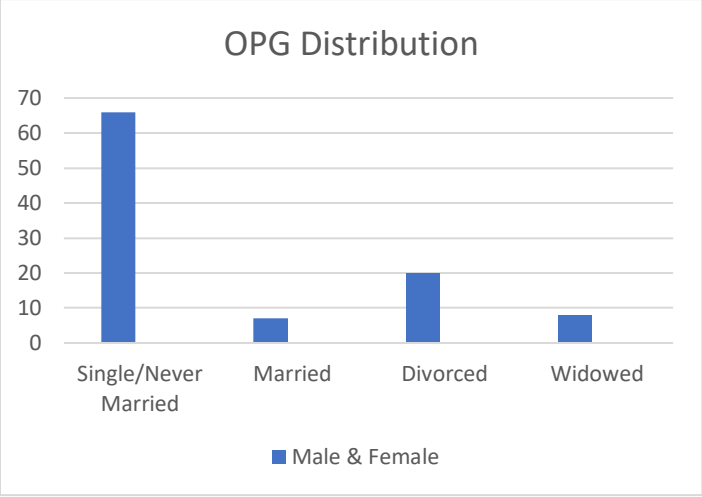


Figure 9. COPG Client Marital Status (by Heterosexual Identity)

Single/Never Married (67)	66%
Married (7)	7%
Divorced (20)	20%
Widowed (8)	8%



Appendix IV: COPG Case Assignment and Weighting Procedure

C. Case Assignment and Weighting Procedure: The agency/program managers shall identify in writing the process used for assigning caseloads to staff.

1. The assignment process shall be designed to assure that employees are able to effectively manage the cases and provide appropriate support for the individuals on that caseload.

2. The agency/program managers shall establish a caseload ratio and/or weighting system and make the commitment to maintain it.

3. The agency/program managers shall also have a plan to address what will be done if the ratio is exceeded. [Intent Statement]: The amount of work and involvement in the life of a person under guardianship differs depending on the type of service provided and the personal and financial goals, needs and preferences of the individual. Factors such as geography, the type of case required, whether the person lives in a group setting, or in the community independently, all affect the difficulty of the caseload. Multiple, complex medical conditions may require more time from the guardian caseworker advocating for an individual than for someone whose health is stable. The time required in money management services can be extensive if bookkeeping and clerical functions are also included. One key to the dilemma of case overload is to identify duties that can be delegated to well-trained support staff. It may be possible to assign functions to a bookkeeper or hire a property manager to free the time of the guardian caseworker and provide more individualized service to the person under guardianship. A pool of volunteers may be used to provide support services or to act as guardian for stable, uncomplicated cases. Guardian assistants may be used for some functions. However, the case assignment system is designed, it is critically important that the organization identify the best use of the time of its employees and provide enough support to assure that the individual under guardianship is regularly visited and has access to the most appropriate support and advocacy when it is needed.

Policy 6.6. Case Assignment and Weighting Procedure

a. The amount of work and involvement in the life of a person under guardianship differs depending on the type of service provided and the personal goals, needs and preferences of the individual. Factors such as geography, the type of case required, whether the person lives in a group setting, or in the community independently, all affect the difficulty of the caseload. National Guardianship Association Standards of Practice for Agencies and Programs Providing Guardianship Services Standards I - III, V, and VI; National Guardianship Association Ethical Principles; National Guardianship Association Standards of Practice 1 – 5, 10, 12 – 13, 23, and 24.

b. Multiple, complex medical conditions may require more time from the individual Public Guardian advocating for an individual than for someone whose health is stable. The time required in money management services can be extensive, if bookkeeping and clerical functions are also included. One key to the dilemma of case overload is to identify duties that can be delegated to well-trained support staff. A pool of volunteers may be used to provide support services for stable, uncomplicated cases. However, the case assignment system is designed, it is critically important that the Colorado OPG identify the best use of the time of its employees and provide enough support to assure that the individual under guardianship is regularly visited and has access to the most appropriate support and advocacy when it is needed.

c. Documents and information to assist in determining case assignment, case weighting, and caseload capacity:

1. Referral information;
2. Court Visitor Report and/or Guardian ad Litem Report;
3. Collateral information and documentation; and
4. The ongoing assessment documentation, including the Individualized Guardianship Plan (IGP), within the Case Management System (CMS).

d. Court Visitor Report. The Court Visitor Report will be analyzed in the weighting process. The more documentation regarding issues of concern will likely result in a heavier "weight" to the case. As such, the Colorado OPG will consider this weight to determine whether the Public Guardian has capacity to accept the case at that time. This will be in relation to the other cases currently on the Public Guardian's caseload.

e. Ongoing Assessment. Similar to the initial Court Visitor Report, the Public Guardian will continue to monitor imminent risk and safety concerns within the CMS on cases to which he or she is already assigned. Information with be recorded and tracked within the CMS track progress made on such cases and to be aware of when such concerns are either heightened or lessened. If the Public Guardian has a caseload with several heightened cases, these cases will be given greater "weight" which may impact the current capacity for the Public Guardian to accept more cases at that time. If there is a mix of cases, the "weight" of the incoming case will be considered to determine if there is current capacity. If there are mostly cases where there are little to no imminent safety concerns, it is likely the pending cases will be accepted.

f. The weighting of cases will be flexible and structured to allow for fairness of caseloads and for data-gathering purposes. A head count of case files is not usually a good indication of the actual work involved (adapted from Social Care Institute for Excellence, Managing Practice, https://www.scie.org.uk/publications/guides/guide01/managing-work/caseload.asp).

g. Three categories of Public Guardian work input will be considered:
    a. **Complexity**: this includes the number of other professionals involved with the Public Guardian and client. It recognizes the Public Guardian's role in identifying and collaborating with professional networks, stakeholders and helping a client to make decisions about the client's care, goals, and maintenance.

    b. **Risk**: this considers the professional judgment required of the Public Guardian: decisions are to be made based on risk and safety assessment (IGP); the client's situation may be a fast changing one; the work may be at a stage where professional anxiety is heightened because of lack of information or experience.

    c. **Travel**: this considers the whether the Public Guardian has to travel appreciable distances to undertake the work with a particular client.

h. Caseload definitions and weighting:
    a. **Complexity**
        i. **Tier 1 – Low Complexity**: Contact with other agencies and stakeholders is minimal, unproblematic or standard.
        ii. **Tier 2 – Medium Complexity**: Contact with other agencies and stakeholders is changeable, requires initiation and/or ongoing maintenance.

iii. **Tier 3 – High Complexity**: Multiple or complex contact with other agencies and stakeholders requiring careful negotiation, advocacy, plan development or other high input.

b. **Risk**:
   i. **Tier 1 – Low Risk**: No current risk involved, risk and safety assessment (IGP) is known and understood by all parties, including contingency plans negotiated.
   ii. Tier 2 – Medium Risk: Risk and safety assessment (IGP) in process with options for action and decisions ready to be put into place.
   iii. **Tier 3 – High Risk**: Current risk and safety are not assessed or a change in circumstances requires a new risk and safety assessment (IGP).

c. **Travel**:
   i. **Tier 1 – Low Travel**: No travel outside of Denver County/2nd Judicial District on a monthly basis.
   ii. **Tier 2 – Medium Travel**: Travel outside of Denver County/2nd Judicial District on more than a monthly basis. Unexpected travel outside of Denver County/ 2nd Judicial District more than 3 times a year.
   iii. **Tier 3 – High Travel**: Travel outside of Denver County/2nd Judicial District on more than a monthly basis. Unexpected travel outside of Denver County/ 2nd Judicial District more than 6 times a year.
   iv. Tiers will change if the Colorado Office of Public Guardianship is expanded outside of the Denver County/2nd Judicial District.

d. Caseload weighting
   i. Low Weight: Combined Tier scores of 3
   ii. Medium Wight: Combined Tier scores between 4-6
   iii. High Weight: Combined Tier scores between 7-10

i. The weighting of cases is designed to be flexible. The Colorado OPG acknowledges that cases will likely change over time and this will impact the "weight" of the case. As such, the ongoing assessment capability, will assist in determining capacity from time-to-time as new cases are presented for potential acceptance. Further, the Colorado OPG acknowledges that all cases and persons served must be considered individually in order to truly determine the capacity of the Public Guardian at any given time.

Appendix V: Estimated Unmet Need by Judicial District

Judicial District	Population	Weighted Average (1 per 2,097)	Unweighted average (1 per 1,544)
		0.0004769	0.0006475
1	588,718	280.7596142	381.194905
2	715,522	341.2324418	463.300495
3	21,375	10.1937375	13.8403125
4	755,105	360.1095745	488.9304875
5	103,619	49.4159011	67.0933025
6	69,702	33.2408838	45.132045
7	104,527	49.8489263	67.6812325
8	360,445	171.8962205	233.3881375
9	85,572	40.8092868	55.40787
10	168,162	80.1964578	108.884895
11	90,509	43.1637421	58.6045775
12	46,108	21.9889052	29.85493
13	79,465	37.8968585	51.4535875
14	53,838	25.6753422	34.860105
15	18,699	8.9175531	12.1076025
16	30,262	14.4319478	19.594645
17	593,684	283.1278996	384.41039
18	1,044,785	498.2579665	676.4982875
19	328,981	156.8910389	213.0151975
20	330,758	157.7384902	214.165805
21	155,703	74.2547607	100.8176925
22	28,175	13.4366575	18.2433125
Colorado Total	5,773,714	2,753.484207	3,738.479815

Appendix VI. Anonymized Interview Participant List

Data Type	Service Area	Role	Anonymized Org
Focus Group	Western Slope	Varied	Legal Organization
Interview	Jefferson County	Supervisor	Governmental Social Service Org
Interview	La Plata County	Supervisor	Governmental Social Service Org
Interview	Statewide	Program Manager	Governmental Social Service Org
Interview	Denver	Judge	Judicial Branch
Interview	Denver	Social Worker	Hospital
Interview	Statewide	Program Officer	Non-profit Organization
Interview	Denver	Director	Non-profit Organization
Interview	Denver	Program Director	Non-profit Organization
Interview	Statewide	Social Worker	Non-profit Organization
Focus Group	Statewide	Service Providers	Nursing Home Organization
Interview	Statewide	Director	Non-profit Organization
Interview	Denver	Probate Attorney	Attorney
Focus Group	Eastern CO	Varied	Veterans Organization
Interview	Boulder	Manager	Governmental Social Service Org
Interview	Denver	Magistrate	Judicial Branch
Interview	Denver	Sergeant	Police Department
Interview	Denver	Lawyer	Law Firm
Interview	Denver	Director	Mental Health Organization
Interview	Denver	Case Manager	Department of Corrections
Interview	Denver	Physicians Assistant	Health Care Organization
3 Focus Groups	Statewide	Case Workers	Governmental Social Service Org

Appendix VII. COPG Interview Protocol

The Colorado Office of Public Guardianship (OPG) is a public agency established by the Colorado General Assembly. The mission of the OPG is to provide public guardianship services for indigent and incapacitated adults who have no responsible family members or friends who are available and appropriate to serve as guardians and who lack resources to compensate a private guardian and pay the costs associated with an appointment proceeding. C.R.S. 13-95-102. The OPG does not handle financial services for its clients. The Colorado OPG must also provide specific data to the General Assembly to evaluate the need and effectiveness of the program.

You are being asked to participate in this interview because you are a professional working in a field relevant to public guardianship. This survey will ask questions about the need for public guardianship services in your community. The information you provide will be extremely valuable in assessing the need for public guardianship in Colorado.

1. Tell me about your organization and your role?
    a. Service Area
2. What population does your organization serve?
    a. Serious Mental Illness?
    b. Intellectual or Developmental Disabilities?
    c. Cognitive impairment related to dementia-type diagnosis?
    d. Substance use disorder?
    e. Veterans?
    f. Is there a general age range for your clients?
3. How many clients does your organization serve
4. How many of your clients do you believe lack decisional capacity?
5. Do you, or your organization, seek out guardianship services for your clients? What is that process like in your service area?
6. Are there sufficient services in your community for those who may need guardianship services?
7. Are there sufficient services in your community for those who may need guardianship services, but can't afford to pay for these services?
    a. Including pro-bono attorneys, volunteers etc.
8. What happens to those individuals who are not able to afford/access guardianship services?
    a. Do you have any specific examples? What happened to that individual?
9. How many of the clients that your organization serves do you believe would benefit from public guardianship services?
10. Do you see a need for public guardianship services in your service area?
    a. Do you have an estimate of how many?
11. What are your thoughts about public guardianship services?
    a. Potential benefits?
        i. In regards to services provided
    b. Or concerns?
        i. Hesitation from existing service organizations
    c. Potential challenges?
    d. Do you envision any cost savings?
    e. Education-Knowledge of about alternatives
12. What would an organization working in your service area need to know about your community to successfully provide guardianship services?

13. What would an ideal public guardianship program look like?
14. Can you identify other stakeholders in your service area that should be included in a successful public guardianship program?
15. Do you have an (some) example(s) of a client that could benefit from public guardianship services or an example of a client that was unable to access/afford guardianship services?
16. Example of a success story of an individual you were able to find a guardian for?

Appendix VIII. COPG 2021 Needs Assessment Stakeholder Survey

The Colorado Office of Public Guardianship (OPG) is a public agency established by the Colorado General Assembly. The mission of the OPG is to provide public guardianship services for indigent and incapacitated adults, over the age of 21, who have no responsible family members or friends who are available and appropriate to serve as guardians and who lack resources to compensate a private guardian and pay the costs associated with an appointment proceeding. C.R.S. 13-95-102. The OPG does not handle financial services for its clients. The Colorado OPG must also provide specific data to the General Assembly to evaluate the need and effectiveness of the program.

We appreciate your interest in taking part in this survey, and the information you provide will be extremely valuable in assessing the need for public guardianship in Colorado. You are being asked to be in this research study because you are a professional working in the state of Colorado who may have insights into the need for guardianship services in the state.

If you join the study, you will be asked to take part in a brief, anonymous, survey about your organization, the clients your organization serves, and the service needs in Colorado. You may also be asked to take part in the same survey in the future to identify important trends.

This study is designed to learn more about the need for public guardianship services in Colorado. There is a risk of minimal psychological discomfort associated with this survey. There may be risks the researchers have not thought of.

This study is not designed to benefit you directly, but the information you provide will help inform how guardianship services are conducted in the future. Every effort will be made to protect your privacy and confidentiality by not connecting any identifying information you provide to your responses on the survey.

You have a choice about being in this study. You do not have to be in this study if you do not want to be.

The data we collect may also be important for future research. Your data may be used for future research or distributed to other researchers for future study without additional consent if information that identifies you is removed from the data. If you have questions, you can contact Grant Yoder at grant.yoder@ucdenver.edu. You can ask questions at any time.

You may have questions about your rights as someone in this study. If you have questions, you can call COMIRB (the responsible Institutional Review Board) at (303) 724-1055.

Please choose all the judicial districts that include your service area:
- ○ 1st (Gilpin and Jefferson Counties) (1)
- ○ 2nd (Denver County) (2)
- ○ 3rd (Huerfano and Las Animas Counties) (4)
- ○ 4th (El Paso and Teller Counties) (5)
- ○ 5th (Clear Creek, Eagle, Lake, and Summit Counties) (6)
- ○ 6th (Archuleta, La Plata, and San Juan Counties) (7)
- ○ 7th (Delta, Gunnison, Hinsdale, Montrose, Ouray, and San Miguel) (8)
- ○ 8th (Jackson and Larimer Counties) (9)
- ○ 9th (Garfield, Pitkin, and Rio Blanco Counties) (10)
- ○ 10th (Pueblo County) (11)
- ○ 11th (Chaffee, Custer, Fremont, and Park Counties) (12)
- ○ 12th (Alamosa, Conejos, Costilla, Mineral, Rio Grande, and Saguache Counties) (13)
- ○ 13th (Kit Carson, Logan, Morgan, Phillips, Sedgwick, Washington, and Yuma Counties) (14)

- 14th (Grand, Moffat, and Routt Counties) (15)
- 15th (Baca, Cheyenne, Kiowa, and Prowers Counties) (16)
- 16th (Bent, Crowley, and Otero Counties) (17)
- 17th (Adams and Broomfield Counties) (18)
- 18th (Arapahoe, Douglas, Elbert, and Lincoln Counties) (19)
- 19th (Weld County) (20)
- 20th (Boulder County) (21)
- 21st (Mesa County) (22)
- 22nd (Dolores and Montezuma Counties) (23)

What is the name of your agency/organization?

_____
_____
_____
_____
_____

Which most closely describes your role at your organization?
- Administrator (Ex. Director, office manager) (1)
- Direct Service (Ex. Case manager, social worker) (2)

In this section, we want to know more about your organization. The information that you provide through this survey could result in the expansion of the program in your service area so we appreciate your insights.

In 2021, approximately how many clients has your agency/organization served?
- 1-99 (1)
- 100-499 (2)
- 500-999 (3)
- 1,000+ (4)

How many of your agency/organization's clients are diagnosed with a **serious mental illness?**
Serious Mental Illness is defined as someone over the age of 18 who has (or had within the past year) a diagnosable mental, behavioral, or emotional disorder that causes serious functional impairment that substantially interferes with or limits one or more major life activities.
- All (100%) (1)
- Most (51-99%) (2)
- Some (1-50%) (4)
- None (0%) (5)

How many of your agency/organization's clients are diagnosed with an intellectual or developmental disability?
Intellectual disability is a disability characterized by significant limitations in both intellectual functioning and in adaptive behavior, which covers many everyday social and practical skills. This disability originates before the age of 22.

Developmental disabilities are a group of conditions due to an impairment in physical, learning, language, or behavior areas. These conditions begin during an individual's developmental period, may impact day-to-day functioning, and usually last throughout a person's lifetime.
- All (100%) (1)
- Most (51-99%) (2)
- Some (1-50%) (3)
- None (0%) (4)

How many of your agency/organization's clients are diagnosed with a cognitive impairment related to a dementia-type diagnosis or traumatic brain injury?
Cognitive impairment is when a person has trouble remembering, learning new things, concentrating, or making decisions that affect their everyday life. Cognitive impairment ranges from mild to severe. With mild impairment, people may begin to notice changes in cognitive functions, but still be able to do their everyday activities. Severe levels of impairment can lead to losing the ability to understand the meaning or importance of something and the ability to talk or write, resulting in the inability to live independently.

A traumatic brain injury is an injury that effects how the brain works.
- o All (100%) (1)
- o Most (51-99%) (2)
- o Some (1-50%) (3)
- o None (0%) (4)

How many of your agency/organization's clients are diagnosed with a substance use disorder?
Substance use disorder is a disease that affects a person's brain and behavior and leads to an inability to control the use of a legal or illegal drug or medication. Substances such as alcohol, marijuana and nicotine are considered drugs.
- o All (100%) (1)
- o Most (51-99%) (2)
- o Some (1-50%) (3)
- o None (0%) (4)

How many of the clients served by your agency/organization do you believe lack decisional capacity due to their diagnosis? (Ex. serious mental illness, intellectual or developmental disability, cognitive impairment, or substance use disorder)
Decisional capacity can be defined as the ability of individuals to make and understand their medical decisions.
- o All (100%) (1)
- o Most (51-99%) (2)
- o Some (1-50%) (3)
- o None (0%) (4)

What tools does your organization use to assess decisional capacity? Please choose all that apply.
- o Brief Interview for Mental Status (1)
- o Montreal Cognitive Assessment (2)
- o Saint Louis University Mental Status (4)
- o Neuropsychological Evaluation (5)
- o Psychological Evaluation (6)
- o Third Party Professional Assessment (7)
- o Early Childhood Development Assessment (9)
- o Other (Please Specify) (3) _____

For those clients that you believe lack decisional capacity, does your organization attempt any of the following less restrictive alternatives? Please choose all that apply.
- o Social Security Administration Representative Payee (1)
- o Veterans Affairs Fiduciary (2)
- o Medical Proxy Decision Makers (4)
- o Case/Care Management with Community Advocacy Systems (5)
- o Supportive Decision Making Networks (6)

o Family/Friend Support (8)
o Medicaid/Medicare Authorized Representative (9)
o Power of Attorney (Prior to decisional capacity determination) (10)
o Other (Please specify) (7) _____

Approximately, how many of your agency/organization's clients do you encounter that have an advanced directive or a guardian established by a will? (Ex. living will, power of attorney, medical order for scope of treatment (MOST), or CPR directive)?
o All (100%) (1)
o Most (51-99%) (2)
o Some (1-50%) (3)
o None (0%) (4)

These next questions are about guardianship.
Guardianship: A court appoints a guardian for an adult who is deemed incapacitated. The court gives the guardian authority to make legal decisions related to the physical health, safety, or self-care on behalf of the individual.

In 2021, of your agency/organization's clients who have been determined to lack decisional capacity, how many do you believe would benefit from guardianship services?
Decisional capacity can be defined as the ability of individuals to make and understand their medical decisions.
o All (100%) (1)
o Most (51-99%) (2)
o Some (1-50%) (3)
o None (0%) (4)

In total, in 2021, approximately how many of your agency/organization's clients who have been determined to lack decisional capacity do you believe would benefit from public guardianship services?

Public Guardianship: A court-appointed guardian, provided by the Colorado Office of Public Guardianship, at no cost to an adult who is indigent, unfriended, and lacking decisional capacity. *Decisional capacity can be defined as the ability of individuals to make and understand their medical decisions.*
o 1-9 (1)
o 10-19 (2)
o 20-49 (3)
o 50-100 (4)
o More than 100 (5)

For the year 2021, in total, approximately how many of your agency/organization's clients who have been determined to lack decisional capacity do you believe would benefit from guardianship services?
Decisional capacity can be defined as the ability of individuals to make and understand their medical decisions.
o 1-20 (1)
o 21-40 (2)
o 41-100 (3)
o 101-200 (4)
o More than 200 (5)
o Unsure (6)

In 2021, has your agency/organization tried to locate guardianship services in your service area?

o Yes (1)
o No (2)

In general, in 2021, how successful has your agency/organization been in locating guardianship services in your service area for those who lack decisional capacity?
o Very successful (75-100%) (1)
o Successful (50-74%) (2)
o Unsuccessful (25-49%) (4)
o Very unsuccessful (0-25%) (5)

What types of guardianship services are available in your service area?
o No guardianship services are available (8)
o County Adult Protective Services (1)
o Private Guardians (2)
o Attorney-Guardians (3)
o Guardianship agency/organization (4)
o Family/Friend (7)
o Other (Please Specify) (6) _____

These next questions are about trends you may have seen in 2021.
How significant of an issue is exploitation, abuse, or neglect within the population your agency serves?
o Very significant (1)
o Significant (2)
o Insignificant (3)
o Very insignificant (4)

In 2021, have you seen a change in the frequency of exploitation, abuse, or neglect within the population your agency/organization serves?
o Increase (1)
o Decrease (2)
o No change (3)

How significant of an issue is a lack of advanced directive within the population your agency serves?
o Very significant (1)
o Significant (2)
o Insignificant (3)
o Very insignificant (4)

In 2021, have you seen a change in the number of individuals without advanced directives, the medical scope of treatment (MOST), or wills within the population your agency/organization serves? (specific to medical decisions).
o Increase (1)
o Decrease (2)
o No change (3)

How significant of an issue are clients being unfriended within the population your agency serves?
Unfriended clients refers to an individual who lacks family, friends, or other support in the decision-making process.
o Very significant (1)
o Significant (2)
o Insignificant (3)

○ Very insignificant (4)

In 2021, have you seen a change in the number of unfriended clients within the population you or your agency/organization serves?
Unfriended refers to an individual who lacks family, friends, or other support in the decision-making process.
○ Increase (1)
○ Decrease (2)
○ No change (3)

These next questions are about the need for guardianship services in your service area.
What obstacles, if any, have you observed when trying to establish a guardianship for a client that may lack decisional-capacity?
○ Legal costs (i.e. retaining counsel and court fees) (1)
○ Guardianship availability (2)
○ Willingness of guardian (3)
○ Appropriateness of a guardian (4)
○ Cost of ongoing guardianship services (5)
○ Lack of agency/organization that provides guardianship services (6)
○ No agency/organization capacity to accept new clients (7)
○ Client disagrees with the need for a guardian (9)
○ Homelessness/lack of stable living environment (10)
○ Lack of affordable housing/housing services (11)
○ Lack of appropriate client-centered services (Ex. behavioral, mental health, rehabilitation) (12)
○ Lack of client funds for personal needs and services (13)
○ Lack of family/friend support (14)
○ Other (Please specify) (8) _____

How would you rate the need for guardianship services in your service area?
○ Extremely High (1)
○ High (2)
○ Low (3)
○ Extremely Low (4)

How would you rate the need for public guardianship services in your service area?
○ Extremely High (1)
○ High (2)
○ Low (3)
○ Extremely Low (4)

Is there anything else you would like to share about your area's need for guardianship services (please specify below)?
_____
_____
_____
_____

Would you be willing to complete a brief interview on the topic of public guardianship in your service area? If yes, please click on the link below to be redirected to another form to provide your contact information. This is done to ensure the anonymity of your responses on this survey.
https://ucdenver.co1.qualtrics.com/jfe/form/SV_2ogjqI9T8GkwhlI

In this section, we want to know more about the clients you work with directly. The information that you provide through this survey could result in the expansion of the program in your service area so we appreciate your insights.

In 2021, approximately how many clients have you served?
- o 1-50 (1)
- o 51-100 (2)
- o 101-150 (3)
- o Over 150 (4)

How many of your direct clients are diagnosed with a serious mental illness?
Serious Mental Illness is defined as someone over the age of 18 who has (or had within the past year) a diagnosable mental, behavioral, or emotional disorder that causes serious functional impairment that substantially interferes with or limits one or more major life activities.
- o All (100%) (1)
- o Most (51-99%) (2)
- o Some (1-50%) (3)
- o None (0%) (4)

How many of your direct clients are diagnosed with an intellectual or developmental disability?
Intellectual disability is a disability characterized by significant limitations in both intellectual functioning and in adaptive behavior, which covers many everyday social and practical skills. This disability originates before the age of 22.
Developmental disabilities are a group of conditions due to an impairment in physical, learning, language, or behavior areas. These conditions begin during an individual's developmental period, may impact day-to-day functioning, and usually last throughout a person's lifetime.
- o All (100%) (1)
- o Most (51-99%) (2)
- o Some (1-50%) (3)
- o None (0%) (4)

How many of your direct clients are diagnosed with a cognitive impairment related to a dementia-type diagnoses or traumatic brain injury?
Cognitive impairment is when a person has trouble remembering, learning new things, concentrating, or making decisions that affect their everyday life. Cognitive impairment ranges from mild to severe. With mild impairment, people may begin to notice changes in cognitive functions, but still be able to do their everyday activities. Severe levels of impairment can lead to losing the ability to understand the meaning or importance of something and the ability to talk or write, resulting in the inability to live independently. A traumatic brain injury is an injury that effects how the brain works.
- o All (100%) (1)
- o Most (51-99%) (2)
- o Some (1-50%) (3)
- o None (0%) (4)

How many of your direct clients are diagnosed with a substance use disorder?
Substance use disorder, is a disease that affects a person's brain and behavior and leads to an inability to control the use of a legal or illegal drug or medication. Substances such as alcohol, marijuana and nicotine are considered drugs.
- o All (100%) (1)
- o Most (51-99%) (2)
- o Some (1-50%) (3)
- o None (0%) (4)

How many of your direct clients do you believe lack decisional capacity due to their diagnosis? (Ex. serious mental illness, intellectual or developmental disability, cognitive impairment, or substance use disorder)
Decisional capacity can be defined as the ability of individuals to understand and make their own medical decisions.
o All (100%) (1)
o Most (51-99%) (2)
o Some (1-50%) (3)
o None (0%) (4)

What tools does your organization use to assess decisional capacity? Please choose all that apply.
o Brief Interview for Mental Status (1)
o Montreal Cognitive Assessment (2)
o Saint Louis University Mental Status (4)
o Neuropsychological Evaluation (5)
o Psychological Evaluation (6)
o Third Party Professional Assessment (7)
o Early Childhood Development Assessment (9)
o Other (Please Specify) (3) _____

For those clients that you believe lack decisional capacity, have you attempted any of the following less restrictive alternatives? Please choose all that apply.
o Social Security Administration Representative Payee (1)
o Veterans Affairs Fiduciary (2)
o Medical Proxy Decision Makers (4)
o Case/Care Management with Community Advocacy Systems (5)
o Supportive Decision Making Networks (6)
o Family/Friend Support (8)
o Medicaid/Medicare Authorized Representative (9)
o Power of Attorney (Prior to decisional capacity determination) (10)
o Other (Please specify) (7) _____

Approximately, how many of your direct clients do you encounter that have an advanced directive or a guardian established by a will? (Ex. living Will, power of attorney, medical order for scope of treatment (MOST), or CPR directive)
o All (100%) (1)
o Most (51-99%) (2)
o Some (1-50%) (3)
o None (0%) (4)

These next questions are about guardianship.
Guardianship: A court appoints a guardian for an adult who is deemed incapacitated. The court gives the guardian authority to make legal decisions related to the physical health, safety, or self-care on behalf of the individual.

In 2021, of your clients who have been determined to lack decisional capacity, how many do you believe would benefit from guardianship services?
Decisional capacity can be defined as the ability of individuals to make and understand their medical decisions.
o All (100%) (1)
o Most (51-99%) (2)

○ Some (1-50%) (3)
○ None (0%) (4)

In total, in 2021, approximately how many of your clients who have been determined to lack decisional capacity do you believe would benefit from public guardianship services?

Public Guardianship: A court-appointed guardian, provided by the Colorado Office of Public Guardianship, at no cost to an adult who is indigent, unfriended, and lacking decisional capacity. *Decisional capacity can be defined as the ability of individuals to make and understand their medical decisions.*
○ 1-9 (1)
○ 10-19 (2)
○ 20-49 (3)
○ 50-100 (4)
○ More than 100 (5)

For the year 2021, in total, approximately how many of your clients who have been determined to lack decisional capacity do you believe would benefit from guardianship services?
Decisional capacity can be defined as the ability of individuals to make and understand their medical decisions.
○ 1-20 (1)
○ 21-40 (2)
○ 41-100 (3)
○ 101-200 (4)
○ More than 200 (5)
○ Unsure (6)

In 2021, have you tried to locate guardianship services in your service area?
○ Yes (1)
○ No (2)

In general, in 2021, how successful have you been in locating guardianship services in your service area for those who lack decisional capacity?
○ Very successful (75-100%) (1)
○ Successful (50-74%) (2)
○ Unsuccessful (25-49%) (4)
○ Very unsuccessful (0-25%) (5)

What types of guardianship services are available in your service area?
○ No guardianship services are available (8)
○ County Adult Protective Services (1)
○ Private Guardians (2)
○ Attorney-Guardians (3)
○ Guardianship agency/organization (4)
○ Family/Friend (7)
○ Other (Please Specify) (6) _____

Office of Public Guardianship Qualitative Report - October 26, 2022

Abstract

Clients served by the Office of Public Guardianship (OPG) are among the most vulnerable populations in Colorado. For a variety of reasons, clients are unable to make sound medical decisions on their own. Prior to the creation of the OPG, many of these clients were in inappropriate housing for their unique needs, experiencing (or on the verge of) homelessness, and were not receiving adequate medical care. To evaluate the effectiveness of the OPG, Congress Park Counseling and Consulting interviewed 20 participants involved with the OPG, including eight clients, four OPG guardians, four family and friends of clients being served by OPG, and four affiliated providers that work with OPG guardians. The qualitative data presented in this program evaluation indicate the critical services guardians provide to their clients and the larger community. The demand for OPG guardians is higher than the capacity and number of guardians. The clients, their family and friends, and affiliated providers depend on the services of OPG guardians. Although some differences existed in participant experiences with the OPG (some positive, some negative), there is a clear need to continue and expand the OPG was evident across all participant types and all seven themes. The following report contains the results from a qualitative program evaluation and implications for future directions based on the participant's experiences with OPG.

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Introduction

The Colorado General Assembly established the Colorado Office of Public Guardianship (OPG) as a public agency in 2020, Pursuant to § 13-94-104(1), C.R.S. (2017). The Colorado OPG has been in the pilot phase for the last three years and is initially operating in the 2nd, 7th, and 16th judicial districts with conditional funding until June 30, 2023. The mission of the Colorado OPG is to provide guardianship services for indigent and incapacitated adults, within the targeted judicial district, when other guardianship possibilities are exhausted. If Colorado adults lack willing and appropriate family or friends, resources to compensate a private guardian, and access to public service organizations that offer guardianship, the Colorado OPG office provides services to secure the health and safety of individuals while safeguarding their individual rights and preserving their independence whenever possible.

The Colorado OPG serves at-risk adults with dignity and collaborates with stakeholders to assist in ensuring client's receive appropriate public guardianship services. During the last three years, the OPG established partners and educated stakeholders about the value and dignity of at-risk adults to consistently implement the least restrictive alternatives and supportive decision-making to ensure the appropriate level of public guardianship is tailored on an individual basis.

This program evaluation report is intended to highlight the accomplishments and challenges the OPG has encountered during its first three years based on the lived experiences of four types of participants: clients served by OPG, OPG guardians, family/friends of clients, or an affiliated provider such as a medical, social service, or employee of a facility where clients reside. This report contains an overview of seven major themes that emerged from the data participants provided. The following sections include a description of the design of the evaluation, participant demographics, data analysis and detailed findings, implications of the data collected, and a conclusion.

Description of the Evaluation

Purpose of Office of Public Guardianship (OPG) Qualitative Program Evaluation

The overall purpose of this qualitative program evaluation is to examine the efficacy and statewide need for public guardianship programming in Colorado by: 1) exploring the lived experiences of clients served by the Office of Public Guardianship; 2) exploring the lived experience of the guardians who serve clients through this program; and 3) exploring the lived experience of the client's families and/or support systems with the program. This qualitative evaluation was intended to elicit discussion of multiple aspects of the OPG program and the implications for client's, guardians, and client's families/support systems who have had similar experiences.

The lived experiences of participants provide critical context for understanding successes and challenges OPG endured in its first three years. The participant experiences provide first-hand knowledge of what it is like to engage and be served by OPG. The voices of those served, and those who serve, this office are important to highlight in understanding what is working well and what needs to be expanded in the office. See Appendix A for questionnaires used in this study.

Methods

Evaluation Questions

The research questions guiding the qualitative aspect of this evaluation are as follows:
Q1 What are the lived experiences of clients, guardians, and families/support systems with the Office of Public Guardianship program?

Q2 How do clients, guardians, and families/support systems describe their experiences and interactions with various aspects of the Office of Public Guardianship program?

Q3 How do clients, guardians, and families/support systems perceive the impact of the Office of Public Guardianship program.

Participants

Sampling procedures. A purposeful criterion-based sampling strategy was used to seek participants who are experts on their individual experiences with OPG. Creswell (2007) described purposeful sampling as the process of selecting participants who are able to contribute to a further understanding of the phenomenon being studied[3]. In this case, multiple stakeholders involved in OPG provided a list of potential participants involved with OPG (e.g. clients, guardians, family members and close friends of clients).

Characteristics of sample. All participants are over the age of 18. The participants had the ability to communicate verbally and have the capacity to recount their experiences with the OPG program. Specific criteria included:

(1) A client who was served, or is currently being served, by the Office of Public Guardianship.
(2) A guardian who provides services to clients through the Office of Public Guardianship.
(3) A family member or a person who is deemed to be a part of the client's support system.
(4) Affiliated providers that work closely with clients, guardians, and/or friends or family members.
(5) Participants are able to communicate verbally and had the capacity to consent to providing a recoded interview.

Each interview was audio recorded and transcribed into written form. Participant names in this report are pseudonyms in order to protect their identity. Potentially identifying information has been removed from quotes in order to maximize participant privacy.

Coding strategy

Phenomenological methodology involves exploring lived experiences of people as experts in their own lives. This type of methodology involves taking a holistic view of the data to understand the phenomenon being studied, in this case lived experiences with OPG. In this program evaluation process, the evaluator captured the essence of what it was like to work with the OPG during the first three years of the program. The coding process in this research approach involves the following methods: epoche, phenomenological reduction, horizontalization, imaginative variation, and synthesis of meanings and essence[4]. Each of the following steps occur in order, as the steps are intended to build upon one another, and one cannot happen before the previous step is achieved[5].

Epoche

This first step means to refrain from holding dogmatic views of the phenomenon being studied. In order to accomplish this step, the evaluator evaluated any previously held biases, understandings, or judgements regarding the Office of Public Guardianship.

[3] Creswell, J.W., & Clark, V.L.P. (2007). *Designing and conducting mixed methods research*. Thousand Oaks: SAGE Publications
[4] Moustakas, C. (1994). *Phenomenological research methods* (2nd ed.). Thousand Oaks: SAGE Publications.
[5] Moustakas, C. (1994). *Phenomenological research methods* (2nd ed.). Thousand Oaks: SAGE Publications.

Phenomenological Reduction

The phenomenological reduction process involves viewing all participant statements in an open way and aiming to recognize any bias that may hinder the evaluators in fully understanding the participant experience. Methods used to address this were evaluator journals, listening to recorded interviews multiple times, and carefully reviewing interview transcripts.

Horizontalization

This process involves giving each participant's statement equal importance by setting aside evaluator bias or opinion. To accomplish this, the evaluator reviewed transcripts independently and worked with an external auditor to evaluate accuracy.

Imaginative Variation

Each evaluator coded transcripts according to the codebook. The evaluator carefully considered the possible underlying causes or influences that may have impacted people in their experiences with OPG. The evaluator selected salient participant statements to represent the textural essence of the phenomenon that was studied.

Synthesis of Meanings and Essences

This final step in phenomenology is intended to synthesize the meaning and essence through a rich description of the phenomenon. This step is represented in the results section by integrating participant quotes.

Trustworthiness

One evaluator conducted the interviews and evaluated the transcripts. In order to reduce bias, the evaluator consulted with an external auditor to reduce bias and subjectivity in the data analysis process (35,36). The evaluator used five criteria to address trustworthiness: credibility, transferability, dependability, confirmability, and authenticity.[6]

Credibility

Credibility refers to the importance of viewing each participant as an expert in his or her own life and experiences[7].

Transferability

Transferability is the extent to which the results of an study, or in this case evaluation, can be applied in other contexts[8]. The quality of transferability depends on the evaluator's ability to describe the evaluation process and findings[9]. In this evaluation, findings were represented with direct quotes that support the findings.

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[6] Schwandt, T. A. (2001). *Dictionary of qualitative inquiry* (Vol. 31, pp. 439-448). Thousand Oaks, CA: SAGE Publications.
[7] Merriam, S. B., & Tisdell, E. J. (2015). *Qualitative research: A guide to design and implementation*. John Wiley & Sons.
[8] Mertens, D. (1998). *Research methods in education and psychology: Integrating diversity with quantitative and qualitative approaches*. Thousand Oaks: SAGE Publications.
[9] Guba, E. G., & Lincoln, Y. S. (1985). *Naturalistic inquiry*. Beverly Hills, CA: SAGE Publications.

Dependability

In qualitative research and evaluation, the concept of dependability is related to whether the data collected is stable over time[10]. This was achieved through documenting all decisions made by the evaluator to the OPG.

Confirmability

Confirmability refers to ensuring the data and interpretations are accurate. In this evaluation, the findings and interpretations were directly linked to raw data.[11]

Authenticity

Authenticity is seen as the ability to represent multiple perspectives in data interpretation. [12]This was accomplished through use of an external auditor to review the evaluator's interpretation of data.

[10] Merriam, S. (2009). *Qualitative research: A guide to design and implementation* (2nd ed.). San Francisco, Calif: Jossey-Bass.
[11] Schwandt, T. A. (2001). *Dictionary of qualitative inquiry* (Vol. 31, pp. 439-448). Thousand Oaks, CA: SAGE Publications.
[12] Mertens, D. (1998). *Research methods in education and psychology: Integrating diversity with quantitative and qualitative approaches*. Thousand Oaks: SAGE Publications.

Demographics of Participants

Type of Participant	Number of Participants	Participant Description	Age	Race/Ethnicity	Years Involved with OPG
Client	8	A person served by the OPG Guardianship who currently has an OPG guardian.	Range: 52-80 Mean: 61	Native American: 1 African American: 1 Hispanic: 1 Creole: 1 White: 4	6 Months: 2 1 Year: 2 3 Years: 4
Guardian	4	Guardian employed by OPG.	Range: 30-56 Mean: 44	Hispanic/Chicana: 2 White: 2	1 Year: 1 3 Years: 3
Family/ Friend	4	Family or friend of a client served by OPG.	Range: 28-57 Mean: 49	Hispanic: 1 White: 3	6 Months: 1 2: Years: 2 3 Years: 1
Affiliated Providers	4	A person who directly works with clients who have an OPG guardian (e.g. stakeholder agencies, nonprofit organizations, individual care managers, direct care providers).	Range: 35-51 Mean: 43	White: 4	1 Year: 1 3 Years: 3

Data Analysis and Detailed Findings

All 20 participants interviewed described unique stories and experiences regarding their involvement with the OPG. The evaluator found that there is a clear need for the OPG to continue and grow. Guardians are working across systems to maximize client care and efficiency. Clients are vulnerable and their lives would be negatively impacted if the OPG is disbanded. Clients and friends/family members have a deep appreciation for guardian services. Clients and their support networks show a desire for clients to have more connectedness with family and in the community. Participants indicated they believe the OPG is potentially saving money in the larger community due to guardians finding appropriate services for clients and working across systems. Finally, there is a misconception in the larger community about the role of guardians at OPG and the services they provide.

The following section contains seven major themes that emerged from the qualitative data collected during participant interviews between all participant populations—clients, guardians, family/friends, and affiliated

providers that work closely with clients, guardians, and/or friends or family members. The themes include data that supports the need for the OPG to continue and recommendations for quality improvement in existing systems. Each theme is presented below with supporting quotes from participants, key findings include:

1. Need for guardian services
2. Guardians help navigate complicated systems
3. The need for guardians is higher than the number of guardians available.
4. Appreciation of guardian services
5. Desire for Connectedness and relational health
6. Misconception of the guardian role
7. The guardianship program is potentially saving money in the larger community.

Theme 1: Need for Guardian Services

All participants highlighted the continued need for guardian services and many fear what would happen if the office no longer existed. Even participants who noted various challenges or negative experiences with OPG clearly expressed the need for this program to continue. The OPG has impacted the client's lives in a way that is more cohesive and efficient compared to services (or the lack of services) clients received before OPG was created. The data is presented in 4 sub-themes that emerged in this overall theme of the need for guardian services, which includes: *Why an independent statewide Office of Public Guardianship is needed, why the OPG is an appropriate entity to continue services, how OPG guardians improve the quality of life for their clients, and what life was like for clients before OPG existed*.

Why an Independent Statewide Office of Public Guardianship is Needed

Participants noted the need for government oversight as opposed to a non-profit agency that would not have the necessary authority to oversee complaints and compliance. Participants from affiliate providers noted the partnership is stronger with OPG than they have with private guardians.

> " How many other people [without OPG guardians] have some of these other guardians who acutely hate all of their people and got court-appointed and no one's looking over their shoulders? There is no oversight of those people. I know they have to file a report once a year. But the court is appointing these people and the court doesn't seem to care. Like with this other guardian, my friend even went to the court and said, "Please get me away from this person." And they didn't care. There's no way to file complaints"—Amanda—Family/Friend

> "It's an honor to be an advocate and the middle person from the courts to be that check and balance…I don't want my client to suffer, I don't want my client to be impacted."—Arianna—Guardian

> "Having a guardian specifically in the facilities that I'm at are really important because a lot of them are unable to be their own decision-makers. Specifically with OPG, I know a few years back they had openings, they could take more clients. For my two facilities that I work in, that was huge. We were able to get some folks who really, really needed someone looking out for their best interests – we were able to get them on the caseload with OPG. It's been a great partnership with them so far. Sometimes cumbersome, only just because there's a lotta paperwork, but overall, very favorable."—Ellie—Affiliate Provider

> "At least with this office – again, I haven't filed complaints. I haven't had a reason to, but because it's run by the government you can at least do something if something goes very wrong… How do you make decisions about someone that you never see, and not even talk to the staff about? Then

there are people out there that need a guardian but can't get one. Which results in people that like they're lying in hospitals because they can't get consent for something that might treat them because they're not competent and there's no one to make it. It's a huge problem. I think this office is really needed."—Amanda—Family/Friend

"I love how they really geographically locate their guardians. I have one primary guardian who covers both of my facilities, and there are a few that are also assigned to other guardians. It's nice to be like, okay, I've got seven people under this guardian. It's almost like a weekly phone call, "Hey, I saw all your folks." It's really nice when you can cluster like that because that really goes to foster that partnership with the – between the guardian and the provider."—Ellie—Affiliate Provider

"Sometimes homeless communities try to take care of each other. But, I think for the most part when they're placed in a care facility that's where – the risk are minimal. Not saying that they don't happen, that's why we have an ombudsman. I think that they're very limited than to have someone living on the street who is developmentally delayed. I have a client that is Spanish speaking and his mom went into a nursing home. Him being developmentally delayed he ended up living on the street. During the winter time and he had toes that were frostbitten and he had to have them amputated. So, now he's living in a care facility and he really in thriving where he's aging in place."—Joanna—Guardian

Why OPG

In addition to the need for government oversight, participants recognized the need for the guardianship program to continue and fear what will happen if the program does not exist. Participants provided multiple examples of how client's lives vastly improved once they became involved in the guardianship program. As a whole, participants report the services provided are adequate and could benefit from expansion.

"I think the challenge would arise if OPG didn't exist anymore because then we're down to maybe one or two other agencies I know of. A challenge would definitely arise if it didn't exist. Naturally, staying the course, it faces its own challenges being short staffed and spread so thinly, but better to have it than not have it."—Fred—Affiliate Provider

"If OPG did not exist, where will our clients go? Who will take over? Who will be the person they call when they have no one to make medical decisions for?"—Chuco—Guardian

"I know all services available in Colorado. Whether it be Medicaid, social security, non-profits, United Way, I'm going to look for every possibility for a client. Then also, due diligence to determine if the client, for example, needs extra resources, needs that extra $750.00 especially in doing your diligence to not be wasteful. Be mindful that it's taxpayers' money…thinking about taxpayers, is this going to be wasteful?"—Joanna—Guardian

"I think as it [OPG] grows, it'll have a bigger impact. I think the other part, though, is to look at some of the competing interests that occur when we're saying that this is maximum benefit and we need to look at nursing home placement or some sort of structured setting – that innately will put more responsibility on the guardians – and that we have to be thinking about the clients' ability to reintegrate and taking those risks. If we don't take the risk, then they stay institutionalized, and that risk to the guardian is prevalent."—Kanga—Affiliate Provider

I want to make sure they are safe and are not overmedicated or under medicated, that they are eating well… what parents do, I find it more parental like, checking on them, asking lots of questions or

I will call them and check in on them and say you had your doctor's appointment? I couldn't go how did it go, what do you think."—Chuco—Guardian

"Moneywise, I don't know how exactly it works there, but it's needed. Funds are needed to continue to have this service because there's just not enough of them and there's not enough people that will do it for free without this funding. There's not enough guardianship companies to serve this population."—Amanda—Family/Friend

"In the state of Colorado you've got 22 districts. I think the benefits is that, and, I've heard this from adult protection workers of the second judicial district. They're overwhelmed in investigating neglect and abuse so, guardianship is something they would love to pass the torch. I think the benefit there is it can help adult protective services do the things that they're so skilled in doing and, again, investigating abuse and neglect. Sometimes those things definitely go unnoticed."—Joanna—Guardian

I got at least eight of our clients guardians during COVID and it was really important because – it was always important, but we pushed for it more even so with COVID because if they had no families and to make that really major medical decisions are hard when there's no one. Do you know what I mean? You have a proxy, and you have someone that is family, I can at least get family as a proxy, but when these people have absolutely no one, it's so important to have a guardianship involved for that reason."?—Amanda—Family/Friend

"Benefits [of the OPG] are that we can shape it how we see fit, we can fine tune it so as we can grow and we can have a better system of doing things." Chuco—Guardian

"OPG is absolutely a great thing. I think it should continue. But it's a program where, as I said, having more individualized care was going to require quite a bit of a budget increase probably."—Frank—Family/Friend

Guardian services improve the quality of life of their clients.

Participants noted several examples of where guardians noticed the little things that make a big difference for the client. Participants noted examples where clients felt de-humanized by people in systems meant to support them. Guardians focus on advocating for clients through ensuring the client's voice is heard in decisions that impact their daily life and functioning and overall health.

"I helped a veteran get a burial plan and be buried. I was with him for two years and, I miss him. Doing that for him when he had no one and that was a big honor. It took four months but he got his will completed. He wanted to be buried at [a specific cemetery] and it happened and it was a beautiful ceremony and his previous commander was there."—Arianna—Guardian

"OPG guardians are individuals that are looking out for the welfare of compromised patients."—Kanga—Affiliate Provider

"I love that [my client] presented to the team, you know, in support of the decision I was trying to speak up for the client that, the individual has rights. Quality of life looks different for everyone. And so, we shouldn't try to minimize what quality of life would mean to him. It could mean smoking a cigarette as opposed to traveling to Europe. So, it was a difficult decision at the time because I felt that some of the professionals around me were concerned about the financial piece. But, I'm so glad that it did save his life when getting him out of the nursing home. He's pretty happy even if it is smoking a cigarette."—Joanna—Guardian

“These people have no families, no support systems. They don't necessarily want you involved in their lives. Then once they realize that you're advocating on their behalf and you're really there for them, it's very special and it's very important.” –Amanda—Family/Friend

“I think it’s different in the sense that they are alive, some of these were in really bad spots, they couldn’t handle their medication and their bodies were shutting down, now they are alive because we got involved, or I think it also like I give a lifeline, his family didn’t know where he was, they thought he was just gone, so I connect families together and even if they don’t have families, I become a surrogate family, and we have good conversations, get them out of their environment, I take them down memory lane and I listen to their stories, I feel like it gives them a lifeline out and it helps them live in other circumstances.”—Choco—Guardian

“Humanizing people who are otherwise dehumanized. That's – that is the best way just to narrow it all down into what guardians do.”—Ellie—Affiliate Provider

“I am an advocate for the clients that I serve. All 19 clients are probably those that probably have capacity to share that with you. Most of my clients can't remember my first name and some of them confuse me with their family. So, it's really advocating, it's protecting them as vulnerable individuals. Which would mean helping them make sound decisions because they lack the ability to make decisions. So, sometimes I'm a sounding board for some of my clients. Or, others that have advanced stage of dementia, for those individuals I have to make those difficult decisions when it comes to end of life.”—Joanna—Guardian

“It's naturally beneficial as it's a source of guardianship for people who really rely on guardianship. Naturally, the goal is the residents, their well-being, the highest level of independence we can cater to them safely, making sure people are treated as people, not as invisible afterthoughts. The OPG definitely helps, especially in terms of legality. It's beneficial for the residents, obviously. The majority of people who get or are appointed guardians naturally aren't very familiar with the ins and outs of the justice system or the legislative system, so it does benefit them having a resource that not only they have rapport with but also understands those ins and outs.”—Fred—Family/Friend

“There are a lot of people like this out there. There are a lot of people that don't have the ability to make – and it's not even good decisions, because that sounds really judgmental. To make decisions. This person [my friend] loves life. He doesn't want to be dead. He's not saying that he's done with his life. And he's certainly not old enough to be done with his life, it's very obvious that he wants to be alive. If left to his own devices he will engage in behaviors that will make that not happen or not stay the case. He needs to be kept safe…There isn't any perfect handbook to say this is exactly how it has to be done. There also aren't services out there for people like him.”—Amanda—Family/Friend

“We focus on client centered planning. Which, is very different as an adult protection worker I did serve as guardian for clients but, this is very different in that, an individual say, that's developmentally delayed. We're looking for what is going to be suitable for the individual. And, that could mean anywhere from someone who's age 27 but mental capacity of 15 year old, you know, them wanting to make money and explore what's going on in the world but yet, they're so vulnerable.”—Joanna—Guardian

Life Before Guardianship

Participants described what life was like before the OPG existed. Many clients were receiving subpar services and some were experiencing (or at risk of experiencing homelessness). The following quotes speak to how life was like before and after clients were served by an OPG guardian.

> "It probably steers [my family member] into a safer lifestyle. If [my family member] was left by themselves would bring folks home that they just met on the street randomly. Who knows who would be living there at the house, or what would've happened to the contents of the house. So a guardian is important from that point of view, I think, to steer people into a safe life."—Frank—Family/Friend

> "We [the client's estranged family] found out that they were in the system through his guardian who located us. They had a stroke and had meningitis, and they found him wandering and incoherent. They didn't have anybody to get a hold of. They didn't know who to get a hold of, so we didn't know for about a year – almost a year until the guardian found us." —Marge—Family/Friend

> "It is way better than that other, awful guardian [private guardian not affiliated with OPG], who was just like hateful, and mean, and wouldn't communicate with anyone, and was openly kind of contemptuous of him. She was just like – this person should not be allowed to be a guardian. And unfortunately, she's a guardian for a lot of people. So 1,000 times better than that."—Amanda—Family/Friend

> "I think [my family member's guardian] also recognized that their medications may be adversely affecting them. [My family member] decompensated to the point where she had trouble with their ambulatory skills – could barely get up and navigate using a walker, had trouble dressing, just getting up and out of bed. They fell multiple times, and then fell a second time, and then they transported her over to the hospital, where they spent some time where they were evaluating them and they determined that they needed to have a change in her medications. And it has made a huge difference. It's been a tough road. I think it's unfortunate that [my family member] had to fall twice, and spent that time at the hospital before they were able to focus enough on their situation to change medications, because I thought they were headed to skilled nursing situation, and from there it's usually not a – the prognosis isn't good when you're at the skilled nursing level. But [my family member] turned around."—Frank—Family/Friend

> "You see somebody healthy, their symptoms are being managed, and they are being cared for, it's a pretty big, ok you are doing the right thing, you're healthier, you're better. Before the families couldn't deal with them anymore, they are dealing with addictions to the point where they are homeless and then you come in and help them and basically save their lives and then their families come in and they are so different now and they want a relationship with them now and you are building families now, I think it is a win/win."—Chuco—Guardian

Theme 2: Guardians Help Navigate Complicated Systems

Clients often get lost in other systems without OPG services and intervention. Participants across groups noted examples of inadequate services, particularly in relation to medical services.

> "It upsets me because some of the hospitals will even just discharge people that have traumatic brain injuries to the streets if they don't want to come back to a nursing home which could have kept them safe. Then those people end up dying, which is unnecessary."—Amanda—Family/Friend

"It's pretty huge, one of my clients had a stroke and could not speak, very young, no one could figure out his family, so I got him into a facility, we got him started with therapy, I did some Facebook digging and I found his family and had I not done that, they would not know where he is. Some people just lose contact with their loved ones and so being able to help my clients get into a home or they are in a home and they can't take care of it or take care of themselves, I find them a place to go, I clean out their apartment, I take care of all their items, and make sure they get everything that they want. I move people from a hotel to Section 8 housing and they couldn't have done it, so I hire the crews and help move their stuff, so I think I make a tremendous impact on my clients and they look forward to me as someone who has their best interests at heart."—Chuco—Guardian

"There's a lot of inefficiencies in a system and there's always going to be inefficiencies in the system, but, when people stop caring or minimizes my client's experience"—Arianna—Guardian

"I had a client in a facility for 14 years and I became guardian and they died in 6 months. I found out they got their name wrong and I couldn't believe that. That hospital, they were horrible they were like, "She's already been abused, there's no point." They tried sending her back and I said, "No, no…but, they discharged her in the middle of the night without telling me. I yelled at that doctor, I said, "You failed to protect my client.". You just do all that you can. I'm glad I got to be there to help her in those moments. I'm glad I got to find out they switched her name…I came every day and she hugged me before she passed. I was there for her, I was her family when she had no one and I did the best I could. I just wish I did more.—Arianna—Guardian

"I'm still learning how to communicate with social workers or doctors who are apathetic because they're tired, they're exhausted with the system and don't want deal with me and just want do what's convenient for them rather than what the clients wants. Sorry but, it's a lot, it's a gift. We're [OPG] just tiny and new, we're helping fill a need.—Arianna

"Sometimes that's really difficult because the doctors kind of make changes sometimes without calling the guardian. That's kind of been difficult because our doctors are contracted, so we don't just have – we have doctors there, yes, but they're contracted doctors. Sometimes these doctors make these changes before I even know what's going on."—Amanda—Family/Friend

"I applied for social security disability on his behalf, which, fortunately, we were able to get that approved in a timely manner. But, you know, he will say Thank you for getting that approved'. There are so many years that I tried to get this in place' He was, you know, in elementary school he had special education classes which, somewhere along the line he probably should have had a diagnosis which would've allowed him to receive social security. But, he was in the foster care system so, I don't know that he really had an opportunity to grow. Now, at least he's looking at the [a local community agency] to do a step down from a nursing home into assisted living. Now he's looking at a possible step down with social security benefits and potentially either assisted living or living in an apartment, really based on what the evaluators believe he has the ability to live semi independently. He'll always need care. So, again, I think success for him was getting the social security in place. Secondly, getting a Colorado ID which I helped him with just this past week." —Joanna—Guardian

Without guardians many clients would be in inadequate and/or inappropriate living environments. Before the guardianship program, many clients were in a program that had a level of care that was inappropriate for the client's needs (e.g. nursing homes when assisted living is more appropriate). Clients often had a lack

of access to services and basic needs. This was primarily due to the client not having the capacity or skills to navigate difficult systems such as Medicare/Medicaid or Adult Protective Services (APS).

> "It is life or death. I can protect my people when they're in the facility. It's hard because once you're in a facility – this is the other problem. You have APS, who has been involved with – the reason Adult Protective Services is involved at all with any guardianship is because they were out in the community already. The problem is our nursing homes need more support for guardianships because they get older, they start having impairments. Elderly people end up growing old without any families, any advocacy. Then all of a sudden, there's nothing. APS will not get involved because they're not in the community. What am I supposed to do? Discharge people that have dementia to the streets and let them die? No. It's really important to have OPG that can help the people who are in nursing homes that don't have that opportunity. Most guardianships, unless you're private pay, they're not going to take them. Yeah. It's not fair because they could end up dead. It's an unnecessary death."—Amanda—Family/Friend

> "I think I could go and try to work, but right now I have some really serious health issues going on so it's probably a blessing that I'm on disability and in this situation. I feel blessed that I'm not out on the streets and homeless."—Carol—Client

> "I was in transitional housing, and she helped me find a place to stay, an apartment. And I was in the apartment four years."—Lauriette—Client

> "As far as some I have gotten into a skilled nursing facility and can see on their face how it changed them they have changed, they are healthy, they're eating, they gained a little weight, they're not at death's door, their getting their meds, they are eating, they have a place to sleep, they no longer have access to drugs or alcohol so it helps them live and they are not cutting their life short. They have an opportunity to grow. Some of my clients come from not having possessions to having family connected and clothing and I have others where the family didn't want to lose them, I was able to bridge the gap between the family who wants custody of the adult and the facility so they are not at each other's throats. They are happy."—Chuco—Guardian

> "That's a biggie because I'm not out on the street. What other benefits? My health needs are addressed and some of the people where I live complain. They feel like they're prisoners or little children. I think that's said with sarcasm. It's frustrating for all of us at times but it's not that bad. It could be worse."—Carol—Client

> "I know that it would do them so much well. A lot of them have such a hard time because of the COVID-19 problem, because of the weather conditions. I know that some people are suffering… Before I had a guardian I had a lot of stress and strain, a lot of worry. Wondering where I was going to live."—Lauriette—Client

> "I'll give an example, I had a client that was homeless. He moved as a homeless person from another state. He was released from being incarcerated. Say, he's in his late 40s or early, I'm sorry late 30s. He was using street drugs and ended up having a stroke so, advancing it we became guardian. Six months into it he required several brain surgeries because of a hemorrhage and at one point was taken back that one of the social workers said, "Well, he's not going to survive this. We should let him go." I'm glad that at the beginning of the guardianship that I did ask him what are his choices? Does he want to be resuscitated, does he want artificial nourishment? I reported him saying that and he specifically said, "Yes." So, it really as one of those ethical questions when the social worker made that statement. And then, replaying the recording from the client and specifically knowing he

> wanted life, regardless if he's, the socio economics, you know, that's he's on Medicaid. I informed the doctor that, yes, we should proceed with the medical treatment. So, in congratulating him surviving ten different brain surgeries he was able to discharge from the hospital to the nursing home."-Joanna-Guardian

Guardians move between systems efficiently on behalf of their clients. Guardians are knowledgeable of multiple systems that clients need to access to live (e.g. Medicare/Medicaid, public support programs, Veterans Administration, etc.). OPG guardians have secured critical community partnerships to best serve their clients. Guardians connect multiple pieces of the systems simultaneously in order to maximize efficiency.

> "We do wear multiple hats. We are emotional support, we are the social worker, even the benefit specialist"—Chuco—Guardian

> Well, thinking about [my guardian], she's a real good lady. She comes visiting and makes sure everything's good. If the things I need, she'll help get. Things are going well. And the money's set up. And if I wanna get money, I can get money, and et cetera.—Nancy—Client

> "Well, I was confused and when people asked me or told me I couldn't make out because I didn't get enough education in school. And she helped to correct that."—Henry—Client

> "These people have no families, no support systems. They don't necessarily want you involved in their lives. Then once they realize that you're advocating on their behalf and you're really there for them, it's very special and it's very important." –Amanda—Family/Friend

OPG and Critical Partners

> "We have so many people who – it's a disenfranchised population, and we don't have enough guardians to go around. It's important, when they need that service, that we're able to get it for them and not have this ridiculously long waitlist. When I was a new provider, I know that we just couldn't find guardians anywhere. And so people – there was a social worker at one of my facilities who would be proxy if you needed it, at a different building, so there was no conflict of interest. But if we – if I was at another facility and I really needed somebody to help with decision-making, she would sign on as proxy, which – at huge personal cost to her. But having a government-paid one like this is so needed."—Ellie—Affiliate Provider

> "I collaborate with them a lot. Some of them have multiple clients that are on my caseload. It gets to a point where I'm calling them every day, which is kind of fun, and we become close partners in their care. They play a huge role in my day-to-day work. I – not a day goes by where I'm not reaching out to a guardian, either with OPG or a private guardian or the other guardian companies that are out there. But I was actually counting, and probably 45 percent of my caseload has a guardian. So it's a daily interaction."—Ellie—Affiliate Provider

Theme 3: The need for guardians is higher than the number of guardians available.

Guardian caseloads are high and the demand on guardian's time is disproportionate to time available. Participants indicated that clients require a high need of care and the guardian's time is stretched thin despite having lower caseloads than other providers.

> "She [my guardian] can always improve on her part, but I have to wait. I don't wanna wait and I have to wait, but I don't wanna wait to do the things I wanna do and go to places I wanna go."—Rob—Client

"I'm not really sure how many times I've seen her, but then it's only for 10 or 15 minutes, and then she's out the door again. I understand that I'm not the only one that she's watching, and she's court obligated to – with the guardianship." —Eric—Client

A lot of people need a counselor like [my guardian] to help 'em. Most of the majority of the people that I deal with need a counselor like her. Just they're very short handed. I was very fortunate to have [my guardian], so that's a blessing in my life. [My guardian] blessed me with a whole bunch. I'll be so proud when I get my coat. I can't wait to get it.—Sam—Client

"They're trying to give me everything I need or everything I want, but it's taking forever and I don't have a lot of time left, so I'm waiting."—Rob—Clien

Participants in the guardian and affiliated provider group recognize there is a greater need in the community to expand the guardianship program. Specifically, guardians and affiliated providers gave examples of witnessing other people in facilities who could benefit from a guardian but do not have access to the program. The guardians and affiliated providers noted the number of clients on guardian caseloads demand more time than the guardians are able to provide.

"I would love for them to grow and take more. We always need guardians. Even if we saturated and we were able to match a guardian – or a client to every guardian, then we could even lower their case numbers. Gosh, the amount of clients they have, it makes it really difficult sometimes. Especially if one client is in the hospital or really having a changing condition and the guardian has to be super available for that, that pulls away from their other clients. We need more, always more. It's like social workers and mental health. We just need more of it. There's no cap. Just give us more."—Ellie—Affiliate Provider

"I think sometimes they are spread thin, and that's why I say we need more, or there's not enough guardians to even get assigned. That's usually more the issue, is this person really needs a guardian, but there's waitlists everywhere. It's not that they're not providing adequate care. It's just that there's not enough. The demand is higher than the supply."—Ellie—Affiliate Provider

Family and Friends of clients recognized the guardian efforts to adequately serve their loved ones; however, all four friend/family participants noted a need for lower caseloads. Participants expressed the desire to have more contact from guardians to know how their friend/family is doing to know their medical needs are being met. One Family/Friend participant also works in the field as an affiliate provider. This participant spoke to the critical need for guardianship, noting it could be the difference between life and death for people who are in need of a guardian.

"I'm not sure what [my family/friend's guardian] caseload is. They try to follow up with things, but they may \ have a dozen clients, I don't know how busy they are, they have been responding, but I just wish that perhaps there'd been a little more attention to [my friend/family member] when she was in the throes of losing ambulatory abilities and falling, and all that."—Frank—Friend/Family

"It's a benefit for their clients to help them as best they can. For them to move forward, I really think that they're going need more guardians and more one on one with their patients. They need to have more time instead of just a couple of hours a week or every two weeks. They should be able to spend a day or two, a whole eight hours and help them and be with them. That way, they have that help. I know his guardian is swamped. I know she is. It's new to them like it's new to us."—Marge –Friend/ Family

> "Being in the field, I know we always see our clients, our patients first and take care of their ongoing issues. I would hope that they could create a program that the guardian could have the ability and time to reach out to interested parties and family more frequently."—Mary—Friend/Family

> "It's a little frustrating, I know [my family/friend] in good hands and I know he's not able to function highly. He's functioning, but he's not highly functioning. I just wish somebody would take a little time and help him a little more to contact his family."—Marge—Friend/Family

> "I don't think people are aware how many people are really truly impaired. I was kind of stressing right around the holidays because they were on hold and I was like, "Oh, my gosh. How am I going to get a guardianship for this person?" He would have died if I didn't get a guardianship. If they said no, that man would be dead. He would be dead if I didn't have a guardianship for him. It wasn't through OPG, but I tried to call OPG, but they were on hold, and that's not okay. You shouldn't be on hold. Then people get sent out and then they end up dying. That's not okay. Just because they don't have the cognitive awareness and ability to really keep themselves safe. They have poor judgment, lack insight. They are very sick individuals." —Amanda—Friend/Family

Participants across categories noted the improvement in client's lives and circumstances as a result of the development of the OPG. Although quality of life and medical care has improved, the quotes above highlight the importance of keeping and expanding the OPG. The demand in the field is high and the services OPG guardians provide a critical service to those they serve.

Theme 4: Appreciation of Guardian Services

Clients and family/friend's appreciation of guardians quickly emerged as a theme during the interviews. Clients in particular noted the little things that guardians do for them that go a long way in regards to their quality of life. While this is not an official role of a guardian, it is worth mentioning the ways in which guardians have gone out of their way to know their clients and establish a trusting relationship.

> "It's terrific. It is just marvelous. She's a sweetheart. Erin's sweetheart. We get along just fine. I don't cause any problems. She's [my guardian] like a guardian angel, she's like a real guardian angel."—Lauriette—Client

> "My guardian, I really love. She's great and I think we're a good match. It's just been very hard because I'm living in assisted living and there are limitations on my life. My dreams are not my own."—Carol—Client

> "On my birthday, she helped me with a few things. And being comfortable – more comfort."—Henry—Client

> "It impressed me in many ways. They placed me in a home. They helped me get established in this place I'm living at. They helped me get established with shoes and clothes. I'm waiting for a winter jacket for my birthday, my own winter jacket. I have my own pair of shoes on. I got my own pants, my own shirts. Not at a grab bag. It's really from Amazon and they're really mine. I don't have to dig in grab bags or get second best or anything. I got my own clothes. Erin helped me with it. I'm impressed and thank her for it. She helped me a bunch."—Sam—Client

> "If have a mental illness or another serious illness, it helps to have someone there to manage things financially, to be an advocate for you, to take your best considerations and rights and protect them. Jackie has done all of that. She's served me very well."—Carol—Client

> "I get some good attention [from my guardian]. That somebody really cares about me."—Rob—Client

> "She's like the sister I never had. I miss that. I really like her friendliness, her personality, and her kindness… She amazes me. In many ways, she's a role model and I wish I had her independence and spunk because she's not afraid to do things in life and I like her very much. She's great. We're a good match."—Carol—Client

Even clients who did not think they need a guardian had appreciation for the guardian as a person. Their family/friends also demonstrated appreciation of the guardian, despite their desire to have more time and attention for their loved one in the guardianship program. The family/friends highlighted below speak to their individual stories and unique needs for guardians.

> "I think they're very involved, which is good. They're there for all the case management positions. I have one guardianship that's a private guardian. I never see that lady ever. I don't even know why she's guardian for somebody only because she's just honestly never at the care meetings. She barely answers the phone. I like the professionalism for some of the – the ones with the families, they just don't have that care management piece of it."—Amanda—Family/Friend

> "She is wonderful when she has time with him. I don't know how often she gets to go to see him or is with him, but she's doing well with him. He's getting the best treatment possible right now because he has nothing. He was homeless and she's doing everything she can to help him get his SSD or SSI, whatever it is that they're gonna get for him. Getting him treated and stuff, medical and all that. The only thing I'm a little disappointed in is I went and bought him a tablet so he can get a hold of me and nobody's helping him to get a hold of me."—Marge—Family/Friend

> "The benefits are that he has somebody overseeing his care because I am not able to because of things in my life, and they're able to attend chair conferences and they're able to be in touch with the PCP, and all the things that I just cannot put on my plate right now as a single mom working 60 hours a week. I'm excited and glad that there is a program like this because I – my plate was overflowing and it was nice that [my family/friend] was assigned a guardian to advocate for him."—Mary—Family/Friend

> "This [having an OPG guardian] is way better than what he had before, and I feel bad that I can't do it. But my job requires a lot of travel, and I just think it's not really responsible for me to take on that role when I have just days and sometimes weeks at a time when I'm not available.—Marge—Family/Friend

> "The role is one, she visits him to check on – to make sure he's getting adequate care, which was nice to take off of my plate. I was dealing with my mom who had Alzheimer's and her guardian. [The guardian] That role is that they are my eyes and ears 'cause I'm not able to be there consistently. Very inconsistently as of the last year. And to advocate such as not having his teeth pulled. To look for other solutions for his care."—Mary—Family/Friend

> "The first year the guardian actually brought him Christmas gifts, which I thought was really wonderful. And he was so appreciative of any kind of attention or anything. Just like those little things, it was huge. So that certainly could be something that could be kind of a thing. You know,

maybe like just like visits once in awhile, and like bringing him something."—Amanda—Family/Friend

Clients served by the OPG have unique circumstances that require care beyond what a friend and/or family member can provide regarding medical care. There are a variety of reasons a friend or family member is unable to make medical decisions on behalf of their loved ones. For some, they are unable to provide care due to the severity of medical needs for their family/friend as the needs require quick decisions from someone who attends regular meetings about their client's care, some are residing out of state and unable to be present for the required time and attention needed to fully care for their loved one. Regardless of the circumstances, family and friends were consistently appreciative of guardians.

Theme 5: Desire for Connectedness and Relational Health

Similar to guardian appreciation, this theme was primarily prevalent in the client and family/friend group of participants. These themes were not salient in the guardian or affiliate provider groups of participants, which could be due to their unique role involves making medical decision making and not arranging social connectedness or activities for clients. Clients had a desire to participate more in society and have more connectedness with family and friends. Clients also indicated they wish they had a broader life that allowed for more freedom and autonomy. The overall need to attend to relational health was apparent in the data.

"Just that I'm used to my own guardianship and stuff and everything and saying and doing what I do on my own. And I have children – I have one child here, and I got grandchildren and stuff and everything. And just – like, having a guardian is undercutting my time with them."—Albert—Client

"I'm a good person. I really – I'd like to go out with – well, go out and eat more often. It doesn't have to be all 80 of us. I'm teasing about the number of people. It's just we haven't got to go out together by ourselves. But I smile and truck on."—Nancy—Client

"My driver's license expired, and I can no longer drive. Even if I had my license, I do not own a car and I miss driving and being independent. I miss food, like going out to a restaurant or having fast food or something like that. What other things do I miss? Oh, love. I miss dating and being in a love relationship. That's all over for now. I wish I could be married, and have a family, and live in a house, and have a garden, and a dog. That hasn't happened at all. It's just the way my life turned out. I am living a slow death due to a rare illness I have. If I could just take it one day at a time, that's good too."—Carol—Client

"I don't have a husband yet, that I would let's get married and have a husband, we adopt children. So a good business firm like this, it helps me get on with my business life. It helps me reach certain goals that I have, that I need to reach prior to getting, wanting to get married."—Lauriette—Client

"I just would like to know if I can go see my relatives, who are in [out of state]. If we have a pass to go, or just a pass for a few days. I don't mind coming back here. I don't even mind it. I just want to be with all my relatives. I miss seeing them. I keep dreaming about them so much."—Lauriette—Client

"I wish I could go places I wanna go without having supervision. I can manage in my own life. I wanna get a one-bedroom apartment. That's what I've been fighting for is to get my own place, my own apartment."—Pete—Client

Family and friends also hoped to see client's quality of life improve through more opportunities for social connectedness and increased access to hobbies. These themes were less connected to guardians and more aligned with greater systemic change. Additionally, clients and family/friends were not clear about the unique role of an OPG guardian.

> "He's bored, his whole life is like when does he get to smoke his like four cigarettes a day? And he's totally bored. I wondered about a day program or something to do? There's supposed to be activities for people with mental disabilities in facilities. The facility he's at is better than the one he was at before. But there isn't really much to do. And they haven't found him a day program. And it's just been like the COVID excuse, but everyone else is out and about. It just feels like more could be done."—Amanda—Family/Friend

> "Spending more time one on one with their clients and being able to have the hands on to help them move forward. And help them facilitate their medical and their social needs. Right now, I know he's getting all of his medical needs met, but I don't think he's getting his social needs met. That's my thing right now. Because we are so far away, I'm here. My daughter's in [out of state]. My son's in [out of state]. We're the only family he has left 'cause my sister won't talk to him. My niece and nephew won't talk to him. Me and my daughter and my son are the only ones that he has.—Marge—Family/Friend

> "I don't think they've [the guardian] done anything wrong. I just think that he needs more time and more relationships. It would be good if they could set up like even like some buddy programs, like to have other people. He's, again, spending long amounts of time with him would be challenging. He just loves being with people, being out. I know the few times when they have trips, like from a facility, like they go to gamble, or they've been to a Rockies game; he just loves – he's like so happy when he can do those kinds of things."—Amanda—Family/Friend

> "It'd be nice if [my family/friend] could get involved more at some sort of activity where she could maybe volunteer her skills and abilities, and I think she could derive some enjoyment from that and get some – something satisfying out of that. Working with people with art – older folks or something –[My family/friend] is very knowledgeable about all that. But it has to be in sort of a non-stressful setting where – it'd have to be tailored to what she might be able to offer."—Frank—Family/Friend

Theme 6: Misconception About the Guardian Role

Guardians and affiliated providers noted the misconception they encounter regarding the role of a guardian. Some noted general misunderstanding, while others mentioned the Netflix fictional movie, "I Care a Lot." This was in reference to the severe inaccuracies and misperceptions the movie depicted about guardians. Guardians want people to understand they are not there to take the client's money or scam them in some way. The guardians noted the need for a greater understanding in their community and in the legislature regarding the critical and essential role of a guardian.

> "I wish that most people really understood – like I said, that they understood guardianships and the importance of it. A lot of people think that conservators and guardians are the same thing and they're not. I think people just really need to be more educated about how the importance is, and it's just very needed. I wish people understood how much it truly is needed and how many people are really out there without advocacy and without – that are older and that are really poor, have really poor

judgment. The only way you can really truly get a guardianship is if you have a major need for services, that you have been deemed incompetent, and you have to really show a lot to the judge to be able to be deemed incompetent. You're not just getting it just to get it. You're not just going to get a guardianship just because you think somebody needs a guardian. You're going to have to prove that that guardianship is needed by the courts. I think that's important for people to understand. If there's a guardianship in place, it's because it's needed. It takes almost an act of God to get rid of the guardianship once it happens, but there's a reason. It happened because that person is really, really impaired mentally or physically. Mental illness is out of it, but as far as their cognitive impairments, that it's really there because they cannot cognitively really, truly make those decisions, if that makes sense."—Amanda—Family/Friend

"I think that that makes – there's already such a bad reputation for nursing homes out there. And now they just tainted guardianships and nursing home administrators in one fell swoop. Not to mention they villainized an LGBTQ person, which I also have a problem with. But there – there's a lotta issues with that movie. But I wish that that idea wasn't put out there. I wish that the idea that is more along the lines of, these are surrogate family members and they truly have that person's best interest at heart – they may not have the familial line to really tie them to it, but a lotta these guardians have been their guardians for years. Exactly. And we're not in – long-term care, nursing homes, aren't in popular media a lot. So, I'm super critical about how we're represented. And that movie really bothered me."—Ellie—Affiliate Provider

"I, as a guardian, really educating people in that, not only people with dementia, you know, clearly they lack the capacity to make decisions. When you're looking at developmentally delayed folks or people with traumatic brain injury. I think it's such a wide range that I don't think the general public really understands when an honorable judge deems someone's incapacitated what that actually means."—Joanna—Guardian

"No one really knows what a guardian is, the few who have watched this Network Special, I Care A lot, it gives a terrible portrayal of guardianship. When I take the time to explain what I do, they say oh that's awesome how come I haven't heard of it? We are new we are a pilot program and so now we are starting to branch out. I think it would be great like a public service announcement, this is what exists we're not trying to take your money and put you in a home and all that weirdness but we are here to help and that I think would be great for people to know that's what we are here for."—Chuco—Guardian

Theme 7: The guardianship program is potentially saving money in the larger community.

Participants provided multiple examples where a client may access inappropriate services (e.g. going to the emergency room for something that was not an emergency). After these clients were assigned a guardian, they had access to appropriate services (e.g. regular mental health services, access to regular health care services, etc.). Participants provided examples of having access to preventative physical and mental health care that catch issues before a becoming a crisis. Participants made it clear that guardians advocate for clients across systems resulting in efficiency and time saved for professionals in other systems. For example, clients, guardians, and physicians can work together on health care decisions and planning that make sense for the client without involving multiple people in multiple agencies.

"I think a lot of people that need guardians are the ones that cycle in and out of emergency rooms and hospitals because they're not getting their basic needs met. Like someone who can't manage their insulin is going to be in and out of ERs all the time. Whereas if they can be in a setting where their insulin's getting managed, and where they're getting something to eat on a regular basis. I don't

think that should be the motivation for this, though. Because there might be some people, to be really blunt; there might be some people – and I think my friend is one – if you leave him on his own, he's just going to die pretty quick, and then he's not going to cost the system anything. And if he's taken care of, then we're covering medical care, and housing, and all that."—Jane—Guardian

"I see the benefit of continuing the program as helping people and making sure – I think a good example is my client who had been to this task for a little over 15 years, continuously homeless, continuous ERs. I would argue we are saving many and not only have the compassioned human piece but, they're not going to ER anymore, they haven't used in like, a while even though relapse is normal. They have a home that's safe, they're getting food. I would say – because they were going to the ER weekly, not even calling me when they should have. They haven't gone to the ER since February. I would say that's saving money when they went at least three or four times a month. I also think we are probably saving nursing homes money because if someone can't sign the paperwork, we can sign the paperwork for Medicaid, you don't have to wait, less complexity. I would argue we're probably saving other systems like nursing homes, hospitals money. —Arianna—Guardian

"[Regarding a client who cannot verbally communicate] imagine displacing him to a hospital where they would use probably soft restraints and medications to sedate him to provide that medical care. Because we're able to have that and have that kind of ethical discussion, we changed him to a "do not hospitalize." So in the long run, that's probably saving the government money because we're not going to inappropriately hospitalize this gentleman."—Ellie—Affiliate Provider

"Our patients struggle with longstanding psychiatric illness, substance abuse, trauma. They oftentimes lack insight into those issues, and without a guardian, wouldn't consent to the level of care that is needed to help keep them out of the emergency rooms, out of the hospitals, and in the community. It works especially well when we can work together and get to that – signing them in and – that helps the nursing homes feel supported, and so we can get patients out of the hospital faster."—Kanga—Affiliate Provider

"I suppose it's keeping people out of jail potentially, keeping people out of the hospital – you're trying to sort of safeguard their wellbeing. Without a guardian in place, I think people are at risk. And that ultimately probably costs society more money."—Frank—Family/Friend

"What is sad is that there's these individuals that are vulnerable that are getting moved from one camp to the other so many resources are going into the homeless people and they just leave their stuff behind and it gets thrown into a dumpster. I think when we're looking at orchestrating certain agency involvement and partnering with other agencies we'll be less wasteful. It's not going to create, you know, a fix to everything but, I'm sure it will minimize some of our money going into areas and spaces for people who are indigent so that we're better able to articulate how this is going to work, how it'll benefit."—Joanna—Guardian

One participant had a different take on cost savings to the larger community based on her past with her family/friend and work within the community in a professional capacity. The participant shared about the cost of keeping people alive and in appropriate programs. The client might be in an appropriate setting because of guardianship, but without the guardianship program, the participant saw people die due to a lack of services provided at all.

"I think we have to be very – I get a little nervous when thinking about cost-savings because I think that these are people's lives, and that shouldn't be the goal. Now generally, again, if you believe

that some people are expendable, no, this is going to cost money. If you believe that it's okay to let some people die and that some people don't have any value, don't do this program, because a lot of people will just die, and that's cheaper. I mean, if you want to be very, very blunt about it. For a lot of people if you say, 'Well, we're going to save people's lives no matter what', people generally do better when the have stability and cost less when they're getting their needs met than if they're just left out there on their own. A lot of these folks, if you look at kind of state money versus federal money, they don't have the capacity to respond to the 8 million questions that government programs ask, like Social Security or Medicaid. If there isn't someone doing that for them, and if they don't have family, there has to be a guardian; if someone isn't doing that for them, they're going to fall off of these programs. So like they'll fall off of SSI, then they don't have anything to eat. Then they're at the food banks, or then they get evicted, and now they can't find housing again because they have an addiction. Then they can't really stay in the shelter because they have all these medical needs. So not taking care of folks is costly unless you're going to just say, 'Let them die'."—Amanda—Family/Friend

Implications

As a government agency, the OPG is better positioned than non-profits to serve the needs of clients, given their authority for oversight and the need for checks and balances related to complaints. OPG's clients are among the most vulnerable Coloradans and the OPG fills a much-needed gap in an overwhelmed system. Despite forming during the COVID-19 pandemic, the OPG has established a functioning and effective office during its first three years. The participants interviewed for this evaluation represent multiple community stakeholders and universally appreciate the Guardians' tireless efforts.

All participant groups in this qualitative evaluation alluded to OPG guardians needing more time to provide the best possible service to the clients on their caseload. While OPG guardians have clearly made the most out of the time they do have, clients, guardians, affiliate providers, and family/friend participants identified the need for smaller caseloads.

During the first three years of the program, OPG built partnerships with affiliate providers and the larger community. These partnerships are in the growing phase and the OPG has an opportunity to strengthen existing relationships. OPG can continue to educate the larger public about the role of a guardian to dispel rumors and misconceptions of the role as noted in participant interviews.

The client and family/friend participants in this evaluation highlighted the need for all stakeholders who serve clients could focus on social and relational health of clients in order to serve the whole person. Client's, family/friends, and guardians noted how a small effort or extra attention can go a long way in boosting morale for clients served in the program. Continuing to create partnerships between agencies could assist in creating better services for clients.

While there is an associated cost in creating and maintaining the OPG, the participants indicated the need and services provided outweigh the cost. It is possible the guardians bringing systems together efficiently and identifying proper care could reduce unnecessary emergency room visits or a client being served by multiple doctors. Participants noted the quality of care provided when a medical decision maker is involved helps clients receive appropriate services and allows for their voice to be heard as a part of a team.

Conclusion

Participants in this qualitative program evaluation made it clear that OPG is serving a need to the community that was not there prior to the inception of the office. While the OPG is not perfect and still has

room for improvement, the impact the OPG has made in three years has gone beyond justifying the cost of the program. All types of participants in this evaluation (client, guardian, family/friend, or affiliate provider) noted the need for this program and the desire to build on the framework that has been developed over the past three years. Even with large caseloads, OPG has made an impact in Colorado. For some clients, their services have meant life or death, and for others it has meant client's quality of life was vastly improved as a result of having an OPG guardian advocate on their behalf.

Appendix A—Questionnaires

The following questionnaires were used to guide the interview:

Demographic Questionnaire

1. What is your name?
2. As a reminder, your identity will be protected in the results of this study. What pseudonym (made up name) would you like to use in this study?
3. How old are you?
4. What is your ethnicity?
5. About how long have you been involved with the Office of Public Guardianship?
6. What best describes your involvement in the Office of Public Guardianship?
    a. Client
    b. Guardian
    c. Family or friend of a client served by the Office of Public Guardianship.
    d. Affiliated provider that works closely with clients, guardians, and/or friends or family members.

Semi- Structured Interview Protocol

1. Think about your experiences with the Office of Public Guardianship and take some time to reflect. When you are ready, tell me about what this was like for you, example prompts:

    - What experiences stand out to you while being involved in this program? What about these experiences makes them stand out to you?
    - What experiences with this program would you want to experience again? Share what it is about these experiences that makes them meaningful to you.
    - What do you wish people better understood about your experience?
    - Do you see a need for public guardianship in your community, why or why not?

2. Tell me about your experiences with (your guardian, your client, your family member) while being served by the Office of Public Guardianship.

    - What role did (your guardian, your client, your family member) in your life now?

3. What impact does the Office of Public Guardianship have on your life now?

    - What is different about your life because of the Office of Public Guardianship?
    - How would you say that you (or your client/family member/friend) have grown as a result of being involved in the Office of Public Guardianship?
    - Do you feel the services you (receive, provide) are adequate, why or why not?
    - What thoughts or feelings stood out for you when you were telling me about your experiences?

4. I would like to gather some of your specific thoughts about having a Office of Public Guardianship in Colorado. What do you see as the:

    1. Potential benefits
    2. Potential challenges
    3. Do you envision any potential cost savings

- What would an ideal public guardianship program look like in your community

- What else would you like to share that we have not talked about related to your involvement in the Office of Public Guardianship?

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Literature Review

As the Colorado OPG progressed in its research efforts, it relied on several existing studies to help guide the research process. While public guardianship is not a widely researched topic, there are several seminal studies and state reports that were instrumental in this process. **The Literature Review** shows some of these studies, as well as their key findings, and how they were incorporated into our research process. This is not a comprehensive literature review, but an overview of sources relevant to the research process.

State Reports	Findings	Contribution to CO OPG Research
Program, K. G. (2020). *Kansas Guardianship Program 2020 Annual Report*.	• During fiscal year 2020, the KGP volunteers provided guardianship or conservatorship services to 1387 different individuals • On June 30, 2020, approximately 775 volunteers were serving in the program. Over the years, approximately 5000 Kansans have been recruited to serve as volunteers in the program.	• This report provided valuable insights into an office operating under a volunteer public guardian model • This report also included budgetary information for a volunteer-based model
Moye, J., Wood, E., Teaster, P., Catlin, C., Kwak, J., (2016). *Examining the need for public guardianship services in Massachusetts: Phase 1*.	• Based on information from other states, we estimate that approximately 4,100-4,700 adults in Massachusetts may lack decisional capacity and need a surrogate but do not have one. • Massachusetts provides state-funded guardianship to approximately 900 adults meaning 3,200-3,800 adults have a surrogate need that is not addressed through a state funded program.	• This study was foundational in our approach to identifying statewide need • Provided valuable insights into existing PG programs in the US, and need estimates • Provided insights the cost savings and budgetary information for various guardianship organization
Moye, J., Catlin, C., Wood, E., Teaster, P., & Tech, V. (2016). *Guardianship for Adults without Surrogates in Massachusetts*.	• An expansion of the existing Phase 1 Study of the need for Public Guardianship in Massachusetts. • Authors created a survey for clinicians, legal counsels, guardians.	• Several recommendations identified in this portion of the study were useful for illustrating how to best provide services for different stakeholders. • Survey recruitment techniques were useful
Policy, W. S. I. for P. (2011). *Public Guardianship in*	• Average residential costs per client decreased by	• Insights into the methods used by Washington State to

Washington State Costs and Benefits.	$8,131 over the 30-month study period. The average cost for providing a public guardian was $7,907 per client during that time. • Personal care decreased by an average of 29 hours per month for public guardianship clients, compared with an increase in care hours for similar clients.	estimate the cost savings of their public guardianship program. • Highlights cost savings from other guardianship programs
Mendiondo, M. S., Ph, D., Marcum, J., Wangmo, T., & Ph, D. (2009). *The Florida Public Guardians Programs: An evaluation of program status and outcomes.*	• Thoroughly document tangible and intangible cost savings by all programs. The programs produce substantial cost savings to the state—$1,883,043 for one year. The programs pay for themselves in a single year. • Forty- seven of 67 Florida counties (70%) have no public guardian service, no improved IP quality of life, and no cost savings associated with public guardianship.	• A comprehensive assessment of the statewide need and cost savings in Florida, this report provided useful insights into both identifying needs and understanding costs.
Teaster, V. (2016). *UMass Donahue Institute Applied Research & Program Evaluation*.	• Annual costs per client varied widely by program, with the New York program costing the most but also reportedly providing the highest level of services. • Savings also varied substantially by program. The Virginia, Florida, and New York studies all reported net savings of millions of dollars per year • Moreover, these programs served only a fraction of the individuals needing guardians in their states, which suggests that meeting a higher level of need would result in additional savings.	• A comparative analysis of the costs and savings of various public guardianship programs across the US • Useful for identifying additional reports to examine costs • A useful point of reference for comparing cost savings findings.

Virginia, T., Guardian, P., Programs, C., Profile, A., Assessment, W., Plan, W. C., Log, A. T., Guardianship, C., Empire, M., Citizens, O., & Governmental, D. T. (2002). *Virginia Public Guardian and Conservator Programs: Evaluation of Program Status and Outcomes*.	• The public guardian and conservator programs should have statewide coverage in order to adequately serve the citizens of the Commonwealth • A guardian-to-ward ratio needs to be established in statute, regulations, or policy. • 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.	• Insights into savings for PG programming • Useful recommendations for best practices in providing services
Vera Institute of Justice (2015). *The Guardianship Project Medicaid Savings Estimate 2014-2015*.	• 2,581,431.62 Net Savings to Medicaid	• Ideas about potential savings associated with PG • How to operationalize savings
Schmidt, W. C. (2013). *Guardianship for vulnerable adults in North Dakota: Recommendation regarding unmet needs, statutory efficacy, and cost effectiveness.*	• Therefore, a projected total population-based need for plenary public guardian services in North Dakota is 751 individuals.	• Alternative methodology for identifying need based on estimates from Tennessee report (1988)
Teaster, P. B., Schmidt, W. C., Lawrence, S. A., Mendiondo, M. S., & Wood, E. F. (2010). *Public guardianship: In the best interests of incapacitated people?*. ABC-CLIO.	• Public guardianship programs serve younger individuals with more complex needs than 25 years ago. • Very little data exists on public guardianship. • Public guardianship programs should limit their functions to best serve individuals with the great-est needs.	• A follow-up to a previous study on public guardianship programming • Information on various state models • Methodological insights for surveys, interviews, etc.
Sloan, E. (2019). *Help! I've Fallen and I Can't Get a Guardian: Rethinking South Carolina's*	• Moreover, assuming that the process to retain a guardian was initiated for	• A thoughtful examination of different public guardianship models

Need for a Public Guardianship. South Carolina Law Review, 71(4), 943–970.	0.1% of the state's population, a rough estimate would suggest that 1,300 incapacitated adults in South Carolina began the process in 2017.	• Alternative method for estimating need
Teaster, P. B., Wood, E. F., Karp, N., Lawrence, S. A., Schmidt, Jr., W. C., & Mendiondo, M. S. (2005). *Wards of the State: A National Study of Public Guardianship.*	• Many public guardianship programs serve as both guardian of the person and property, but some serve more limited roles.	• Useful overview of different state models • Insights into funding models for offices of public guardianship
Berzonsky, E. N. (2021). *DigitalCommons @ UNMC Nebraska public guardianship of unbefriended patients: a preliminary review of health outcomes and cost savings.*	• Despite evolving legislation, the unbefriended patient population and public guardianship is a relatively unstudied population and intervention	• Comprehensive literature review on public guardianship • Insights into cost savings calculations
Washington State Institute for Public Policy for P. (2009). *Public Guardianship in Washington State: Pilot Program Implementation and Review.*	• Preliminary report that highlighted some of the qualitative benefits of a public guardianship office. • The clients highlighted in case studies had improved outcomes after participation in the program	• This study provided insights into how to approach an evaluation of a public guardianship pilot program • Report included case studies and demographic trends that helped frame how we approached our report
Administrators, P. (2020). *Missouri public guardianship report.*	• There has been an increased number and severity of cases in Missouri's Public Guardianship System, and it is expected to grow in the coming years. • Lack of state funding and coordination leaves Missouri with a fragmented public guardianship system • Many Public Administrator offices are understaffed. • Lack of appropriate placements is the leading frustration among ALL those who interact with	• The data for this report was primarily collected via interviews with guardians and provided information about their experiences in administering guardianship • This report provides a useful framework for the incorporation of guardians in the research and the presentation of data from interviews

	Missouri's public guardianship system, not just PAs.	
Catlin, C. C., Connors, H. L., Teaster, P. B., Wood, E., Sager, Z. S., & Moye, J. (2022). Unrepresented adults face adverse healthcare consequences: The role of guardians, public guardianship reform, and alternative policy solutions. *Journal of Aging & Social Policy*, *34*(3), 418-437.	• This research study conducted surveys with clinicians (N=81) and attorneys/guardians (N=23) in MA. • A lack of a guardian was reported to be associated with longer health care stays, delays in treatment and other negative outcomes.	• This research study provided further evidence supporting the idea that a lack of a guardian results in worse health outcomes for patients.
UMASS Donahue Institute (2017). *Fiscal Implications of Establishing a Public Guardianship Agency in Massachusetts: Evidence from Four State Studies*.	• Multiple states experienced multi-millions of dollars in savings as a result of public guardianship programs. • Costs for public guardianship programs varied depending on	• This report helped in the identification of different methodologies for understanding the cost savings associated with public guardianship. • Helped highlight the common issues in data access in the determination of the impact of public guardianship programming.

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