

Colorado Office of Public Guardianship

2024 Annual Report



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EXECUTIVE SUMMARY

The Colorado General Assembly passed Senate Bill 23-064 in 2023 based on the Colorado Office of Public Guardianship pilot project's 2022 Final Report to the Colorado Legislature. The 2022 Final Report was a comprehensive report detailing the history and need for the COPG and outlines the statewide and national complex trends that intersect with adult guardianship. These trends continue and the complexity has increased with placement scarcity or no appropriate placement being issues, communication with providers an issue, leading to increased stress and compassion fatigue, etc.

Pursuant to § 13-94-105(1)(a), C.R.S. (2023) the COPG is a permanent and statewide office to provide guardianship services to indigent and incapacitated adults who are not subject to a petition for appointment of guardian filed by a county adult protective services unit or otherwise authorized by section 26-3.1-104. The Office shall maintain operations in each judicial district and shall begin operating in other judicial districts beginning July 1, 2025, and statewide no later than December 31, 2030. SB23-064 establishes a Board of Directors and establishes minimum guardian training requirements and standards of practice of the Office.

This 2024 Annual Report is a statutory requirement of SB23-064 to summarize the activities of the office as it continues to serve some of the most vulnerable Coloradans. For this initial annual report, we continue with the reporting period of October 1, 2023, through September 30, 2024. The COPG received 43 referrals. The Office served a total of 82 guardianships, with 72 currently active and 8 newly accepted but on hold due to current caseload capacity, bringing the total of hold referrals to 34. Twelve referrals were partial or incomplete. During this reporting period, the COPG terminated a guardianship due to the client regaining capacity and filed a successor guardianship for another client.

Of the 82 guardianships, 32 clients identified as female and 50 as male. Client ages range from their 20s to their 90s, with an average age of 59. Nearly half (46%) of clients are over the age of 65. The most common primary diagnoses related to the client's loss of capacity are serious mental illness, with 61% of participants having a diagnosis including schizophrenia, bipolar disorder, or other serious mental conditions, followed by 43% having diagnosis of neurocognitive conditions (e.g., Dementia, Parkinsons disease, etc.). Of our 82 clients, 96% of clients had additional medical conditions. Due to the medical fragility of so many COPG clients, during this reporting period, six guardianships have ended upon death of the client. Additional detailed demographics are detailed in the report.

Achievements reached were initiating an On-Call system to help ease guardian stress and contracting for Human Resources support to assist with guardian turnover and labor shortage. Obstacles incurred were the continued stress and trauma incurred with guardian turnover with the widespread labor shortage which prevented the Office from increasing caseload capacity in all judicial districts. The COPG made is making strides and expects to be at staff capacity by the end of December 2024.

The COPG looks forward to continued growth and expansion by implementing measures for effective recruitment and retention that allows guardians to provide guardianship services to the most vulnerable Colorodans.

INTRODUCTION

The Colorado Office of Public Guardianship (COPG) is a public agency established by the Colorado General Assembly. Pursuant to § 13-94-104(1)(a)I and § 13-94-105(1)(a), C.R.S. (2023) the COPG is created within the judicial department to serve indigent and incapacitated adults in need of guardianship.

The Director and the COPG Board of Directors have the decision-making authority to determine agency policy. The Director serves at the pleasure of the COPG Board of Directors pursuant to § 13-94-104(1)(a)IIA(3)(a), C.R.S. (2023).

Pursuant to §13-94-105(1)(a)(c)(i), C.R.S. (2023) the COPG shall maintain operations in the 2nd (Denver County), 7th (Delta, Gunnison, Ouray, San Miguel, Gunnison, Hinsdale Counties), and 16th (Bent, Crowley, and Otero Counties) judicial districts and shall begin to operate in other judicial districts beginning July 1, 2025; and shall operate in every judicial district in the state no later than December 31, 2030.

MISSION

The Mission of the COPG is to provide guardianship services for indigent and incapacitated adults 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 COPG 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 COPG 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 COPG 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 COPG 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 COPG 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.

CLIENT DEMOGRAPHICS

Case Management and Client Data

Referrals

The COPG accepts referrals from all Colorado counties. For data collection purposes, the COPG accepts shorter streamlined referrals and inquiries for counties outside of the 2nd, 7th and 16th Judicial Districts. 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, 2024.

Referrals to the COPG

43: total number of referrals made to the COPG office.
82: active guardianships.
0: number of accepted clients that were pending court proceedings.

Hold Status

34: total number of accepted clients on Hold Status with 8 added during this reporting period. 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 Executive Director fields informal inquiries regarding potential referrals on a regular basis.

Twenty (20) inquiries have been received during this reporting period.

OBH/Momentum Clients

12: active guardianships (out of 12 maximum).

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 19 referrals have been declined or withdrawn.

- 0 referrals were declined due to family being able to serve as guardian.
- 0 referrals were declined due the alleged incapacitated person being a minor.
- 7 referrals were declined due to being an inappropriate referral and not meeting any of the
- statutory criteria.

- 12 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-seven referrals were withdrawn by referring parties.

A total of three referrals were withdrawn by referring parties.

- 1 referral were withdrawn due to family or friends willing, able and available to serve as guardian.
- 0 referral was withdrawn due to not meeting statutory eligibility criteria.
- 0 referrals were withdrawn due to being expired/incomplete.
- 0 referrals were 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.
- 0 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. Montrose, Crowley, and Otero County referrals were declined prior to the COPG serving clients in those jurisdictions.

13: total number of declined streamlined referrals

1. Adams County –1
2. Alamosa County – 0
3. Arapahoe County –1
4. Baca County - 1
5. Boulder County –3
6. Broomfield County – 0
7. Crowley - 0
8. Delta - 1
9. El Paso County – 0
10. Fremont - 0
11. Garfield County – 0
12. Gunnison County – 0
13. Huerfano County – 0
14. Jefferson County –0
15. Lake County – 0
16. La Plata County – 0
17. Larimer County –1
18. Las Animas County – 0

- 19. Mesa County – 0
- 20. Montrose County – 0
- 21. Otero County – 2
- 22. Pueblo County – 3
- 23. Weld County – 0

Client Death with Dignity

Six clients passed during this reporting period. 3 males and 3 females with the median and average ages of 73.5. Five out of the six clients had primary diagnoses of dementia or other cognitive degeneration of the brain and another client developed a fast-growing cancer. All six clients passed at a hospital or nursing home under professional medical care.

Persons referred for COPG services are very often medically complex. They may already be in a care facility, require transfer to a different level of care, or require initial placement in a nursing facility or hospice. It is common 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 incapacity. As a result, a proportion of clients are already at or near the end of their lives at the time of referral.

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 OPG 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 3 to 4 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.

Guardians provide a number of critical services to clients at or near the end of their lives and prior to their deaths. All services are provided with a focus on client wishes, least restrictive alternatives, and quality of life.

- 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

Our client, Susan, was diagnosed with dementia, chronic pulmonary obstructive disease, chronic heart failure, and chronic kidney disease. Medically she was declining but did not qualify for hospice yet. Susan's dementia was worsening which made her highly agitated. During a specific hospitalization, she would not cooperate with medical staff and believed staff was poisoning her. However, when her guardian walked into her room, she recognized her and began cooperating and thanked her for coming to care for her. Over time, medical staff recommended a regime and comfort care so that Susan could pass calmly and comfortably when her body was ready.*

**Name changed for confidentiality purposes*

The COPG also 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.

Demographics of the 2023-2024 COPG Populations

The population of clients served by the COPG was 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 COPG population. Of the 82 clients the COPG has served in this period:

- 5% (4 clients) of COPG clients are military veterans. According to 2022 Census data¹, Colorado has a veteran population rate of 7.4%² compared to 6.2% for the U.S.

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.

Figure 1: Client Gender Identities

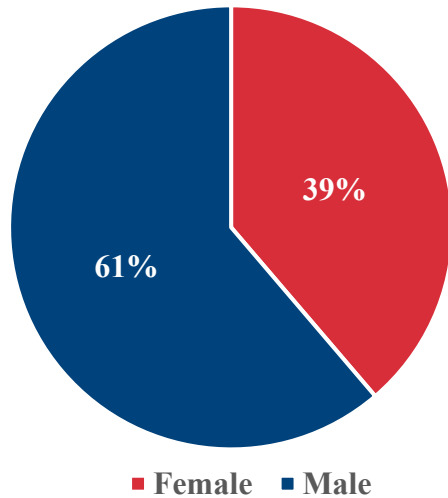


Figure 1. COPG Distribution of Gender Identities

¹ <https://usafacts.org/topics/veterans/state/colorado/>

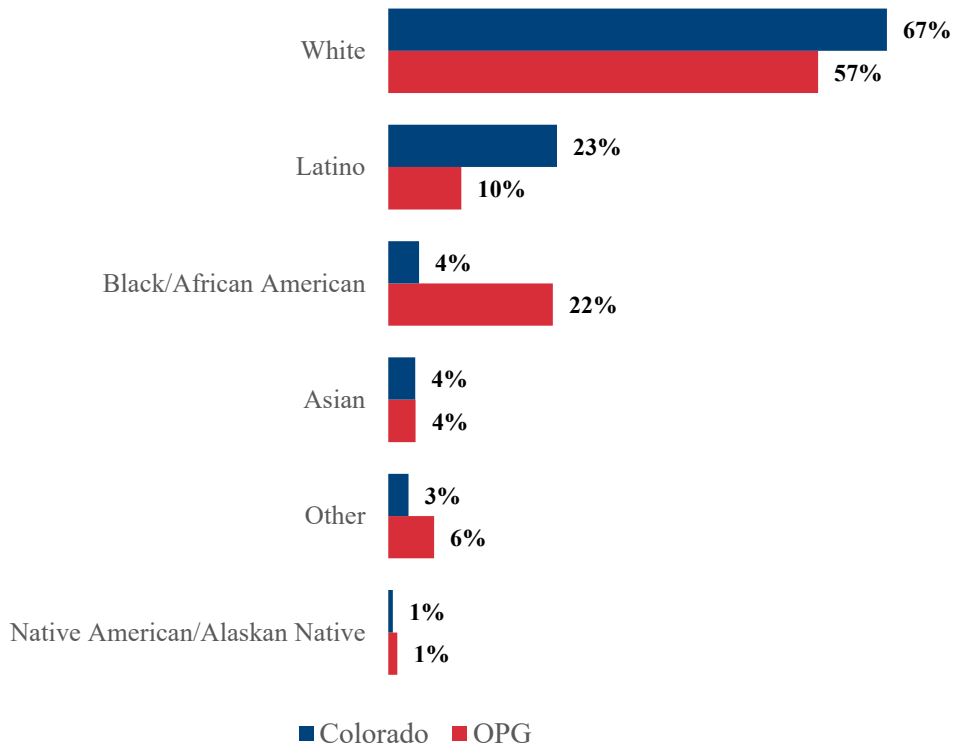
² <https://usafacts.org/topics/veterans/>

COPG Distribution of Race and Ethnicity

Compared to Colorado's overall population, the COPG served a higher proportion of Black/African American clients and a lower proportion of White and Latino clients.

Table 1: COPG Client Demographics

Figure 2: Distribution of Race and Ethnicity COPG and Colorado

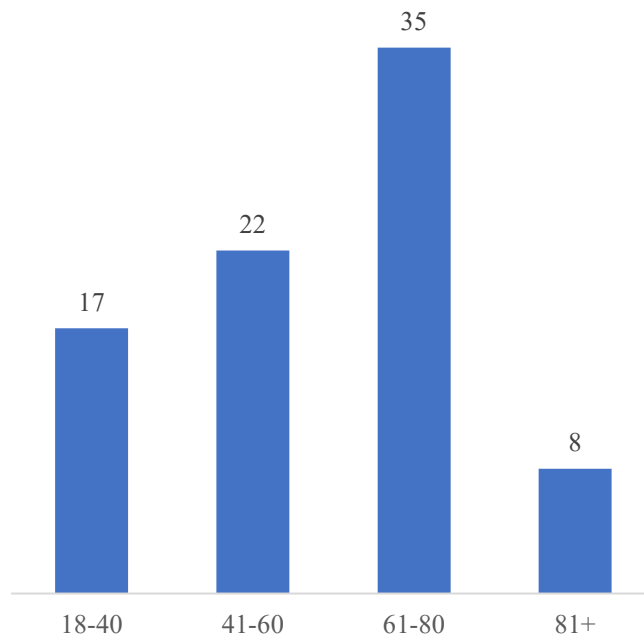


	OPG	Colorado (2022)
Native American/Alaskan Native	1%	1%
Asian	4%	4%
Some Other Race/Two or More Races	6%	3%
Latino	10%	23%
Black/African American	22%	4%
White	57%	67%

COPG Client Age Distribution

The average age of a COPG client during this period was 59 years old, with 41% between the ages of 61 and 80. The median age is 61.

Figure 3 Client Age Distribution



Complex Medical Conditions

The COPG had a young client with an extremely complex medical, which included serious wounds. At the time of appointment, this client had spent nearly 1,300 consecutive days at a Colorado hospital. The client's guardian worked hard to activate their benefits (Medicaid and Social Security). For over a year, the guardian met bi-weekly with hospital administrators, community partners, and insurance providers to develop a safe discharge plan. Eventually, the client was placed into a skilled nursing facility where they have stabilized and lived for the past several months.

COPG clients suffer from longstanding, complex, and often untreated medical conditions. At the time of referral, every client served by COPG had a medical condition that contributed to their need for guardianship. Further, the vast majority (94%) had at least one comorbid condition, further complicating their medical treatment. The most commonly identified condition was serious mental illness, with 61% of participants having a diagnosis including schizophrenia, bipolar disorder, or other serious mental conditions. The next most common conditions were Neurocognitive conditions (e.g., Dementia, Parkinsons disease, etc.), with 43% having this diagnosis and a diagnosis of intellectual or developmental disability (I/DD), with 22% of participants having this diagnosis. Many COPG clients had previously had serious medical episodes, including traumatic brain injury (TBI) 13% and strokes (10%). Additionally, 96% of COPG clients had another medical diagnosis, including (e.g. diabetes, heart disease, HIV, liver disease, hypertension, etc.) Further complicating the health of COPG clients is substance abuse, with over half (56%) having a history of substance abuse. Table 1 provides a breakdown of the various medical conditions of COPG Clients

Table 2: Incapacities of COPG Clients

Incapacity	Number of Clients	(%)
Serious Mental Illness (e.g. Schizoaffective disorder, bipolar disorder, major depressive disorder, intermittent explosive disorder, borderline personality disorder, etc.)	50	(61%)
Neurocognitive (e.g. dementia, Parkinsons disease, epilepsy, etc.)	35	(43%)
I/DD Diagnosis (e.g. Neurodevelopmental disorder, cerebral palsy, severe intellectual disability, autism, etc.)	18	(22%)
Traumatic Brain Injury	11	(13%)
Stroke	8	(10%)
Other medical conditions (e.g. diabetes, heart disease, HIV, liver disease, hypertension, etc.)	75	(96%)
History of Substance Abuse	46	(56%)

Activities of Daily Living Needs of COPG Clients

COPG Clients often suffer from complex medical and mental health conditions which means they can struggle with everyday activities. However, with the appropriate care, they can grow to thrive. One such client has been under guardianship by the COPG for over a year and was born with spina bifida, lifelong incontinence, a below-the-knee amputation, traumatic brain injury, serious persistent mental illness, and substance use. She had previously spent an extended period in a Colorado State Mental Health Facility. With the assistance of a guardian, she has received a new prosthetic leg, secured social security benefits, identified a rep payee, acquired a new wheelchair, and secured healthy meal delivery five days a week. Further, community-based transportation has been arranged to accommodate her wheelchair. She has also been attending a day center with funding secured by their guardian, providing opportunities for socialization and improving their quality of life. Future plans include exploring opportunities for part-time work. With the help of a guardian, this client is now in a substantially better position to manage all of their daily activities and live a richer, fuller life.

Activities of daily living are used to describe the fundamental skills required to independently care for oneself. The major domains of ADLs assessed for COPG clients are bathing, grooming, toileting, dressing/undressing, eating/drinking, and transferring (e.g. moving from bed to standing). 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. Seventy (85%) of COPG clients need assistance with at least one activity of daily living (ADL), and sixty-one (74%) clients need assistance with two or more ADLs; with one-fifth of clients requiring assistance on all six ADLs. Of those who require assistance with an ADL, below are the proportions of clients who require assistance in the various domains:

1. ADL Bathing 96%
2. ADL Grooming 76 %
3. ADL Toileting 57%
4. ADL Dressing/Undressing 54%
5. ADL Eating/Drinking 44%
6. ADL Transfer 37%

Instrumental Activities of Daily Living Needs of COPG Clients

Instrumental activities of daily living (iADLs) are activities that allow an individual to live independently in a community. The major domains of assessed for COPG clients include taking medications, preparing meals, shopping, housecleaning and laundry, transportation, and communication. Needing assistance with an iADL was exceedingly common for COPG clients, with 81 clients (99%) of clients needing assistance with at least one iADL. The vast majority of clients (98%) needed assistance with two or more iADLs, and 50 clients (61%) needed assistance with all six iADLs

Ninety-six COPG clients need assistance with at least one Instrumental activities of daily living (iADLs) and ninety clients need assistance with two or more iADLs.

Below are the top six ranking of the iADLs that require the most assistance:

1. iADL Using Transportation 99%
2. iADL Shopping 98%
3. iADL Taking Medication 96%
4. iADL Preparing Meals 96%
5. iADL Housecleaning and Laundry 96%
6. iADL Communication 65%

Housing/Placement of COPG Referrals and Clients

We were connected with one COPG client when they were living at a state-run mental health facility. This client was in the midst of a mental health crisis. After being stabilized in the institution, their OPG guardian worked to have them placed in a less restrictive setting. They were initially placed in a mental health assisted living facility, where they thrived. This client did so well that eventually, they were placed in an even less restrictive setting, where they have been residing ever since. Living in an appropriate housing situation has had an enormous impact on their life. The client is currently working in an internship with the aim of working another job in the future.

Once appointed, COPG's primary goal is to establish appropriate housing/placement. The clients served during this period lived in a variety of different settings depending on the level of required care. The majority (73%) of clients were living in a nursing home at the end of the current reporting period. Table 3 shows the client housing placements at the end of the current reporting period.

Table 3: Present COPG Client Housing

Current housing	Number of clients	%
Nursing Home	60	73%
Assisted Living	7	9%
State Mental Health Center	7	9%
Host Home	5	6%
Private Home	2	2%
Homeless	1	1%
Total	82	100%

The housing needs of patients can often change over time, particularly with the assistance of a guardian in finding appropriate housing. Often, this means an individual is placed in a facility that is less restrictive. Sometimes, however, patients need to be placed in a setting with a higher level of care to ensure their safety and to ensure that they receive the necessary support they need to succeed. During the current reporting period, the majority 73 (89%) of clients remained in the same level of care as they did at the beginning of the reporting period. Three clients had to move to a more restrictive setting as they needed additional care. Two of those moved from an Assisted Living facility to a Nursing Home. One client had to be placed in a State Mental Health Facility from a nursing home due to behavioral issues and a need for additional care. Four clients, however, were placed in a less restrictive setting, with two going from the Hospital to a Nursing, and a further two being placed from a State Mental Health Facility to a less restrictive setting (Nursing home and private home). Table 4 shows the changes in housing during this period.

Table 4: Housing changes during the current reporting period

Housing Change	Number of clients	%
None	73	89%
Assisted Living to Nursing Home	2	2%
Hospital to Nursing Home	2	2%
Nursing Home to State Mental Health Institute	1	1%
Private Home to Nursing Home	1	1%
State Mental Health Center to Nursing Home	1	1%
State Mental Health Center to Private Home	1	1%
Total	82	100%

ACHIEVEMENTS, OBSTACLES AND OPPORTUNITIES

ACHIEVEMENTS

Contracted Human Resources Services and Continued Lack of Judicial Department Resources

The continued lack of support services and the delay of the implementation of SB23-228 ASIA, the COPG has lacked many administrative supports with the most detrimental being Human Resources. Thus, COPG contracted with Employer's Council late in this reporting period. Employer's Council Human Resources services have been the missing link assisting the COPG to address guardian turnover and labor shortage as indicated below.

On-Call System

During this reporting period, the COPG launched an On-Call System that can be expanded and utilized on a statewide basis. The On-Call System is used in the evenings and weekends and screens out non-urgent calls allowing the On-Call guardian to receive only urgent calls. Therefore, this reduces the number of overnight and weekend calls the On-Call guardian and the back-up Administrator receive. This has been a great step toward addressing guardian stress and burnout.

OBSTACLES AND OPPORTUNITIES

Stress, Guardian Turnover and Labor Shortage

The stress and difficulty of being a guardian were addressed in Recommendations #3 and #4 of the 2022 Final Report to the Legislature which outlined endorsements for a Training Director, an Employee Wellness Program, and a Statewide On-Call System.

As previously reported in our reports to the Legislature, guardians interact with all systems, are on-call 24/7 throughout the week, alternate weekend/holiday on-call, and need to respond at any time of day for a medical or mental health crisis. Additionally, guardians continue to interact with providers not recognizing or following guardian authority. Meaning, medical and treatment providers continue to provide care, change medications, and discharge COPG clients without guardian knowledge and consent. This leads to great barriers in providing consistent guardianship services, especially in situations when providers do not notify the guardians of their clients' location.

When a COPG client goes to the emergency room, it is quite a process, not matter the time of day or night. We are lucky if the facility where our client lives calls to inform us. Even if they do, we sometimes do not know which hospital our client is transported to, and we have to call various hospitals to locate our client. Once we locate our client, it is a struggle to get a doctor to call us back no matter if it is an emergency situation or once our client is admitted to the hospital. I've learned that every shift change, every floor change, the hospital staff doesn't speak to each other. So, every time I communicate with a new person, I'm explaining that I'm the guardian and I need information and I have authority to make medical decisions. Again, I have to keep calling as most of the time, the providers do not call me back for consent.

In 2023 and 2024, the COPG experienced guardian turnover of the original guardians from 2020, which in conjunction with issues with hiring qualified candidates, reduced our ability to increase our caseload capacity as much as we projected. As such, the Case Management Aid, 7th and 16th Judicial District guardians assisted in serving 2nd Judicial District clients due to guardian shortage. Additionally, the Director and Deputy Director assisted in serving 2nd Judicial District clients due to guardian shortage.

Acknowledging the turnover and labor shortage and continued lack of Human Resources support from the Judicial Department, the COPG contracted with Employer's Council to provide:

- A General HR Manager to provide HR support to the Executive Director.
- Conduct an HR review of all COPG hiring processes, screening for guardian candidates, screening for the Staff & Culture Leader, formerly the Workforce Development Manager.
- Acquire a Staff & Culture Leader to create an Employee Wellness Pilot Program for recruitment and retention purposes. Having this position in place in early 2025 will be critical prior expansion.
- Review of current (and create additional, if needed) COPG policies/procedures.

Decreased Referrals

Because the COPG was at capacity and unable to accept many new referrals, there was a decline in referrals to the Office. Declines were due to referring parties knowing that the Office was at capacity and therefore choosing to not make referrals as well as due to withdrawing a referral knowing that the Office as at capacity. Further, knowing that the COPG was not beginning expansion until 2025 also led referring parties to not take the trouble submitting referrals.

Unfortunately, due to guardian turnover the COPG experienced in 2023 and 2024, this has limited the ability to accept additional referrals in all jurisdictions. However, with the Employer's Council Human Resource assistance, the COPG will likely be fully staffed in January 2025 and will be able to accept new referrals in all jurisdictions in early 2025.

SUMMARY

There will always be practical limitations faced by a statewide COPG, 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 COPG is meeting the needs and improving the quality of life and well-being of many of Colorado's most vulnerable citizens and implementing change for its readiness for expansion.

Appendix

Appendix I: Staff Training October 2023 – September 2024

DATE	TRAINING	STAFF
10.14.2023 – 10.17.2023	2023 National Guardianship Association Annual Conference	Janelle Cantu
10.18.2023	Acute Chronic Respiratory, by Allision Villegas, PA-C In-Person and Recorded Training	Sophia Alvarez Janelle Cantu America Paz Pastrana Teresa Esquibel Loretta Vigil Angela Bullard Angelina Gonzales Mary Olguin Veronica Goujon Kelly May (4.01.2024)
12.20.2023	Falls by Allison Villegas, PA-C In-Person and Recorded Training	Sophia Alvarez Janelle Cantu America Paz Pastrana Teresa Esquibel Loretta Vigil Angela Bullard Angelina Gonzales Mary Olguin Veronica Goujon Kelly May (4.01.2024)
1.09.2024	2024 Updates to the Mental Health Statutes: How a Guardian Can Be Prepared, by Jonathan Culwell, Colorado Guardianship Association	Janelle Cantu America Paz-Pastrana Angela Bullard Mary Olguin Teresa Esquibel
2.21.2024	Behavior Management, by Allison Villegas, PA-C In-Person and Recorded Training	Sophia Alvarez Janelle Cantu America Paz Pastrana Teresa Esquibel Angela Bullard Mary Olguin Josh Murphy Kelly May (4.02.2024)
2.27.2024	Strategies and Considerations for Representing Older Adults with SSI/SSDI Claims, SOAR Webinar	Janelle Cantu
2.27.2024	Legal Developments related to the Colorado Open Records Act, Colorado Bar Association	Josh Murphy
3.06.2024	Navigating Ethical Choices in the Care of Older Adults, Dr. Lakelyn Eichenberger, CU Center for Ethics and Humanities	Sophia Alvarez

3.14.2024	Psychiatric Disorders and Capacity Evaluations: Ethical Principles & Approaches, CU Center for Ethics and Humanities	Sophia Alvarez
4.03.2024	Spring 2024 Elder Law and Practice Case Law Update, Colorado Bar Association	Josh Murphy
4.17.2024	Civil Courts Pathways Training, CDHS Office of Civil and Forensic Mental Health	Sophia Alvarez Janelle Cantu Josh Murphy Teresa Esquibel Kelly May Myka Stacks Angela Bullard Mary Olguin
4.25.2024	Quality of Life: Hospice Care, Eileen Doherty, MS, Executive Director of CGS, Colorado Gerontological Society	Janelle Cantu
4.30.2024	Let all Voices be Heard: The Critical Importance of Civil Disclosure to our Democracy, Colorado Bar Association	Josh Murphy
5.01.2024	Romance Scams: When Clients Face More Than Just a Broken Heart, Colorado Bar Association	Josh Murphy
5.02.2024	Nursing Facility Resident Rights in Medicare “Short-Stay” Rehabilitation, Justice in Aging Webinar	Janelle Cantu
5.14.2024	Ten Things I Learned from Improv Comedy That Made Me a Better Judge, by Hon. Julie Kuncie Field, Colorado Guardianship Association	Sophia Alvarez Janelle Cantu Angela Bullard Mary Olguin Teresa Esquibel America Paz-Pastrana Myka Stacks
5.30.2024	Decisions, Competency and Guardianship, Colorado Health Care Association Sophia Alvarez presented “Guardianship, Involvement of the Courts, and Navigating Decision-Maker rules”	Sophia Alvarez

06.13.2024	<p>World Elder Abuse Awareness Day, University of Denver, Knoebel Institute for Healthy Aging</p> <ul style="list-style-type: none"> • Mark Fetterhoff, AARP ElderWatch • Lynn Lowe, Victim Support, Denver City Attorney’s Office • Eric Chess, Paul Freeman Financial Security Program, and the Colorado Older Adults Financial Justice Coalition • Dr. Anne DePrince, University of Denver, School of Psychology • Leah McMahon , Office of State Long-Term Care Ombudsmen • Michael Chifalo, LGBTQ+ Program Specialist, Boulder County Area Agency on Aging • Liz Parker, Abuse in Later Life Coordinator, Boulder County Area Agency on Aging 	<p>Sophia Alvarez Josh Murphy Teresa Esquibel Angela Bullard Mary Olguin Kelly May Myka Stacks</p>
6.26.2024	Leadership Essentials On-Demand, Employers Council	Janelle Cantu
7.10.2024	DRCOG Medicaid Transitions Program Training, Rhiannon Hamm	<p>Sophia Alvarez Janelle Cantu Josh Murphy America Paz Pastrana Teresa Esquibel Angela Bullard Mary Olguin Kelly May Myka Stacks</p>
7.24.2024	Trauma Informed Care, Allison Villegas, PA-C, In-Person and Recorded Training	<p>Sophia Alvarez Janelle Cantu Josh Murphy America Paz Pastrana Teresa Esquibel Angela Bullard Mary Olguin Kelly May Myka Stacks</p>
8.08.2024	Grants Budgeting Workshop, Rocky Mountain Public Health Training Center	Sophia Alvarez
8.21.2024	SSA Training, Eric Gonzalez, Benefits in Action	<p>Janelle Cantu Josh Murphy America Paz Pastrana Teresa Esquibel Angela Bullard Mary Olguin Shelly De Lisi Lara Center</p>

8.22.2024- 8.24.2024	16th Annual Rocky Mountain Regional Elder Law retreat, Colorado Bar Association Elder Law Section Sophia Alvarez co-presented “Limited Guardianships: Closing the Gap Between Theory and Practice”	Sophia Alvarez Josh Murphy
9.04.2024	Considerations When Selecting a Trustee, Colorado Bar Association	Josh Murphy
9.10.2024	Medicare Overview and What Changes Will Be Coming in 2025, by Christine Meek, Colorado Guardianship Association	Sophia Alvarez Janelle Cantu Shelly De Lisi Lara Center America Paz-Pastrana Angela Bullard Mary Olguin Teresa Esquibel
9.12.2024	Reimagining Cultures of Well-Being: A Symposium to Drive a Connected and Engaged Legal Profession, Colorado Bar Association	Sophia Alvarez
9.18.2024	Death and Dying, Allison Villegas, PA-C, In-Person and Recorded Training	Janelle Cantu Josh Murphy America Paz Pastrana Teresa Esquibel Angela Bullard Mary Olguin Shelly De Lisi Lara Center
9.24.2024	DD10 Developmental Disability - Documentation, Providers’ Council	Lara Center Shelly De Lisi
Self-Paced	Communication and Collaboration, Allison Villegas, PA-C, Recorded Training	Kelly May (4.01.2024)
Self-Paced	Advance Care Planning, Allison Villegas, PA-C, Recorded Training	Kelly May (4.05.2024)
Self-Paced	CU Anschutz Emotional and Mental Health Webinar Series in Older Adults: a. Dementia Dialogue: Dr. Peter Pressman and the African American b. Dementia 101 c. Dementia 102 d. Global, National, and Rural Burden of Neurodegenerative e. Disease	Kelly May (4.03.2024- 4.09.2024) Myka Stacks (5.24.2024)

	<p>f. Alzheimer’s Advisory Council</p> <p>g. Brain Health Equity in the Hispanic Latinx Community</p> <p>h. Substance Abuse Among Older Adults</p>	
Self-Paced	Hospice Decision Making in Older Black Adults, by Channing Tate, PhD, MPH, CU Anschutz Center for Bioethics and Humanities	Kelly May (4.09.2024) Myka Stacks (4.11.2024)
Ongoing	<p>NGA Standards for Agencies and Programs</p> <p>Providing Guardianship Services; NGA</p> <p>Standards of Practice; NGA Ethical</p> <p>Principles; COPG Policies and Procedures</p>	Kelly May Myka Stacks Shelly De Lisi Lara Center
Self-Paced	<p>Elder Abuse Ace Project – Colorado State Long-Term Care Ombudsman Program, Educational series of videos</p> <p>Series 1</p> <ul style="list-style-type: none"> • Leah McMahan, State Long-Term Care Ombudsman (Introduction) • Dr. Sheri Gibson, Ph.D. in Clinical Psychology with an emphasis in Geropsychology, Instructor and Clinical Supervisor for the Psychology Department at University of Colorado, Colorado Springs (UCCS) and Faculty Affiliate with the UCCS Gerontology Center. (Introduction) • Leah McMahan, State Long-Term Care Ombudsman <p>Series 2</p> <ul style="list-style-type: none"> • Dr. Sara Qualls, Director of the Gerontology Center at the University of Colorado at Colorado Springs (UCCS) • Jody Barker, Director of Pikes Peak Area • Stefanie Woodard, APS and CAPS Check Unit (CCU), Adult Mistreatment Prevention & Response Section, Colorado Office of Adult, Aging and Disability Services <p>Series 3</p> <ul style="list-style-type: none"> • Jane Walsh, Chief Deputy in the Denver District Attorney’s Office, Director of Elder and At-Risk Protection Unit • Officer James Seneca • Cary Johnson, Director of Crime Prevention, First Judicial District Attorney’s office • Bob Blancato, National Coordinator of the bipartisan 3000-member Elder Justice Coalition, President of Matz, Blancato and Associates, Executive Director of 	Kelly May (6.13.2024)

	<p>the National Association of Nutrition and Aging Services Programs</p> <ul style="list-style-type: none"> • Dr. Sheri Gibson (Closing) 	
Self-Paced	<p>THINK+Change Academy</p> <p>An on-demand, self-paced learning platform for those with developmental disabilities, their families, and those that serve and support them.</p> <ul style="list-style-type: none"> ○ Academy <ul style="list-style-type: none"> • Think+change Academy & Intro Guide • Cultivate learning that advances everyone • Living well: Host homes service delivery options • Title III of the ADA • Supporting crime victims with I/DD series • Disability and characteristics: Developmental Disability (DD), Intellectual and developmental disability (IDD), Autism Spectrum Disorder (ASD); Cues and clues ○ Talk <ul style="list-style-type: none"> • ASD and Behavior • Bias and Race • Caregiving and Relationships ○ Tools <ul style="list-style-type: none"> • Communication Quick Tips • Colorado Home & Community-Based Services Waiver List for Adults • Disability in the Community 	<p>Kelly May (3.22.2024-6.04.2024)</p> <p>Myka Stacks (3.25.2024-4.03.2024)</p> <p>Shelly De Lisi (8.08.2024-8.19.2024)</p> <p>Lara Center (8.05.2024 - 8.16.2024)</p>
Self-Paced 11.15.2023 - Present	Mandatory Reporting of Mistreatment of At-Risk Elders and At-Risk Adults with IDD, By Adult Protective Services	<p>Kelly May (3.28.2024)</p> <p>Myka Stacks (3.28.2024)</p> <p>Shelly De Lisi (8.15.2024)</p> <p>Lara Center (8.19.2024)</p>
Self-Paced	<p>Five Wishes</p> <ul style="list-style-type: none"> • Advance Care Planning with Rural Communities • Advance Care Planning in Palliative Care Programs • Who's Driving? Ensuring Patient and Family Involvement in Advance Care Planning • Refilling Your Cup in a Drought: Resilience for Healthcare Professionals and Teams • The Structure of Success: Key Components of Effective Advance Care Planning Programs 	<p>Kelly May (3.22.2024 - 5.06.2024)</p> <p>Myka Stacks (3.22.2024-4.11.2024)</p> <p>Shelly De Lisi (8.14.2024-8.16.2024)</p>
Various Dates	Mental Health First Aid training/certification by Mental Health First Aid Colorado.	<p>Mary Olguin (11.17.2023)</p> <p>Kelly May (5.07.2024)</p> <p>Myka Stacks (5.07.2024)</p> <p>Shelly De Lisi (8.30.2024)</p>

		Lara Center (8.30.2024)
Self-Paced	Project Visibility: Creating Inclusive for LGBTQ+Older Adults, by Boulder County Area Agency on Aging	Kelly May (3.28.2024) Myka Stacks (3.22.2024) Shelly De Lisi (8.23.2024)
Self-Paced	Denver Human Services Navigator Training	Kelly May (4.04.2024) Lara Center (8.04.2024)
Self-Paced	Grief for Guardians, Center for Guardianship Excellence	Kelly May (3.25.2024) Myka Stacks (4.22.2024) Shelly De Lisi (8.26.2024)
Self-Paced	The first 60 Days, Starting a New Guardianship, Center for Guardianship Excellence	Kelly May (4.09.2024)
Self-Paced	When Family Doesn't Agree with Your Decisions, Center for Guardianship Excellence	Kelly May (4.09.2024) Myka Stacks (4.22.2024)
Self-Paced	What Can an "Elevator Speech" Do for Guardians? Center for Guardianship Excellence	Kelly May (4.11.2024) Myka Stacks (4.22.2024)
Self-Paced	Techniques for Rapport & Conversation in Guardianship, Center of Guardianship Excellence	Kelly May (4.12.2024)
Self-Paced	Five Points Intro to Guardianship, Center of Guardianship Excellence	Kelly May (4.12.2024) Myka Stacks (4.22.2024) Shelly De Lisi (8.23.2024)
Self-Paced	Don't Be Reasonable: How to Work with Adults with Dementia, Center of Guardianship Excellence	Kelly May (4.12.2024) Myka Stacks (4.22.2024)
Self-Paced	For Clients with Dementia: 10 Areas of Safety, Center of Guardianship Excellence	Kelly May (4.12.2024) Myka Stacks (4.22.2024)
Self-Paced	Elder Abuse Prevention Month Interview, Center of Guardianship Excellence	Kelly May (5.08.2024)
Self-Paced	Personal, Private & Privileged: How to Make Sensitive Conversations Easier, Center of Guardianship Excellence	Kelly May (5.13.2024)
Self-Paced	Know Me Now, In Case I Am Not Me Later, Center of Guardianship Excellence	Kelly May (5.14.2024)
Self-Paced	Reviewing Guardianship and Conservatorship Reports, A Guide for the Courts, Center of Elders in the Courts	Kelly May (5.24.2024) Myka Stacks (5.24.2024)
Self-Paced	Sex, Consent & Adults with IDD, Center of Guardianship Excellence	Kelly May (6.05.2024)
Self-Paced	Guardianship & Antipsychotic Medications, Center of Guardianship Excellence	Kelly May (6.06.2024)

Self-Paced	The Sex Survey, Center of Guardianship Excellence	Kelly May (6.06.2024)
Self-Paced	Medical Decision Making, Center of Guardianship Excellence	Myka Stacks (4.22.2024) Kelly May (6.28.2024) Shelly De Lisi (8.27.2024)
Self-Paced	Guardianship Networking: Dignity & Respect Survey, Center of Guardianship Excellence	Kelly May (7.23.2024)
Self-Paced	Intergenerational Communication, National Guardianship Association	Kelly May (7.19.2024)
Self-Paced	Standards of Practice in Practice Virtual coffee Chat August 2024	Janelle Cantu (9.12.2024) Shelly De Lisi (9.06.2024) Teresa Esquibel (9.06.2024) Angela Bullard (9.17.2024) Mary Olguin (9.17.2024) Lara Center (9.23.2024)
Self-Paced	Family Matters, by Jeff Ohlson, Center for Guardianship Excellence	Lara Center (9.25.2024)