

2025

# Colorado Office of Public Guardianship Annual Report



**COLORADO**  
Office of Public Guardianship

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## **Table of Contents**

EXECUTIVE SUMMARY .....	1
INTRODUCTION .....	2
MISSION .....	2
VALUE STATEMENTS .....	2
VISION .....	2
COPG Data and Demographics .....	3
Case Management Data .....	3
Referrals.....	3
Referrals to the COPG .....	3
Hold Status.....	3
Inquiries .....	3
OBH/Momentum Clients .....	3
Declined Referrals .....	3
Withdrawn Referrals.....	3
Client Death with Dignity .....	5
Demographics of the 2024-2025 COPG Populations .....	7
COPG Distribution of Gender Identities .....	7
COPG Race and Ethnicity .....	8
Complex Medical Conditions .....	10
Housing/Placement of COPG Referrals and Clients .....	12
ACHIEVEMENTS, OBSTACLES AND OPPORTUNITIES .....	13
ACHIEVEMENTS – .....	13
Former Director Alvarez receives awards-.....	13
Deputy Director completes NGA leadership training.....	13
Contracted Human Resources Services with Employer’s Council.....	13
Filling all eight guardian positions .....	13
Opening referrals in the 7th and 16th Judicial districts .....	14
Participant Enrichment funds .....	14
Newly funded positions as of July 1, 2025 .....	14
OBSTACLES AND OPPORTUNITIES .....	14
Stress, Guardian Turnover and Labor Shortage .....	14
Decreased Referrals .....	15
Lack of community services.....	15
SUMMARY .....	16

## **EXECUTIVE SUMMARY**

The Colorado General Assembly enacted Senate Bill 23-064 in 2023 following the completion of the Colorado Office of Public Guardianship's 2022 Final Report to the Legislature. The report provided a comprehensive history of the COPG, demonstrated the statewide need for the program, and highlighted the growing complexity of adult guardianship. Since that time, the need for guardianship services has continued to escalate, driven by Colorado's rapidly aging population and the increasing prevalence of complex cross-disability diagnoses. These conditions, combined with placement shortages and inconsistent coordination among service providers, have intensified the challenges faced by guardians and contributed to heightened stress and compassion fatigue across the field.

This 2025 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 annual report, we continue with the reporting period of October 1, 2024, through September 30, 2025. The COPG received 37 referrals. The Office served a total of 74 guardianships, with 65 currently active and 12 newly accepted but on hold due to current caseload capacity, bringing the total of hold referrals to 39. Twelve referrals were partial or incomplete. During this reporting period, COPG terminated guardianship due to the client regaining capacity and filed a successor guardianship for another client, in line with our statutory obligation to be the office of last resort and promote lesser restrictive alternatives.

Of the 74 guardianships, 28 clients identified as female and 46 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 68% of participants having a diagnosis including schizophrenia, bipolar disorder, or other serious mental conditions, followed by 42% having diagnosis of neurocognitive conditions (e.g., Dementia, Parkinsons disease, etc.). Of our 74 clients, 97% of clients had additional medical conditions. With the COPG serving in the case of highest need and the complex medical fragility of so many COPG clients, during this reporting period, nine guardianships have ended upon death of the client. Additional detailed demographics are detailed in the report.

The Office has been able to fully staff its guardian positions, allowing for additional clients to be served from the waiting list in the coming year. The COPG has also prioritized establishing sustainable, recurring funding streams by recruiting both a Grants Specialist and a Community Engagement Coordinator, with a strategic focus on securing resources that meet the growing needs of the program. Additionally, the Office noted a salary discrepancy from industry standards for public guardianship and has since engaged Employer's Council to conduct a summary analysis of employee salaries to ensure alignment with industry standards across public guardianship and the Colorado labor market, helping to identify and address any pay discrepancies that could impede long-term staff retention.

The COPG looks ahead to continued growth and statewide expansion by strengthening recruitment and retention strategies, enhancing training and support structures for guardians, and ensuring sustainable funding for long-term program stability. These efforts will allow the Office to responsibly expand caseload capacity across all judicial districts, reduce waiting lists, and continue delivering high-quality guardianship services to Colorado's most vulnerable adults.

# **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 2<sup>nd</sup> (Denver County), 7<sup>th</sup> (Delta, Gunnison, Ouray, San Miguel, Hinsdale Counties), and 16<sup>th</sup> (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.

## **COPG Data and Demographics**

### ***Case Management 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 2<sup>nd</sup>, 7<sup>th</sup> and 16<sup>th</sup> 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, 2025.

#### ***Referrals to the COPG***

37: total number of referrals made to the COPG office.

65: active guardianships.

0: number of accepted clients that were pending court proceedings.

#### ***Hold Status***

12: total number of accepted clients on Hold Status with 6 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. Ten (10) inquiries have been received during this reporting period.

#### ***OBH/Momentum Clients***

11: active guardianships.

#### ***Declined Referrals***

Denver County/2<sup>nd</sup> 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 29 referrals have been declined.

- 1 referral was declined due to family being able to serve as guardian.
- 2 referral was declined because they did not fit the criteria
- 6 referrals were declined because they were incomplete
- 20 referrals were declined because they were outside of the current service areas.

#### ***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 two referrals were withdrawn by referring parties.

A total of two referrals were withdrawn by referring parties.

- 0 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.
- 1 referrals were withdrawn due to the alleged incapacitated person passing away prior to the hearing upon the guardianship petition.
- 1 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.

20: total number of declined streamlined referrals. A breakdown of these declined referrals are shown in Table 1.

**Table 1: Declined Streamlined Referrals by Colorado County**

County	Declined Referrals	County	Declined Referrals
Adams	1	Gunnison	0
Alamosa	0	Huerfano	0
Arapahoe	3	Jefferson	5
Baca	0	Lake	0
Boulder	1	La Plata	0
Broomfield	0	Larimer	0
Chaffee	2	Las Animas	0
Crowley	0	Mesa	1
Delta	0	Montezuma	1
Dolores	1	Montrose	0
El Paso	2	Otero	0
Fremont	0	Pueblo	1
Garfield	0	Weld	2

## ***Client Death with Dignity***

During this reporting period, nine clients passed away. There were six males and three females. The average age of those who passed away was 75.4 years old. Their age ranges were 61 years of age to 91 years of age. All of these clients had extremely complex medical histories, including history of stroke, dementia, Schizoaffective disorder, bipolar, pneumonia, congestive heart failure, liver disease, diabetes, cancer, COPD, and cirrhosis (alcohol related liver disease). All nine clients passed away at a hospital, hospice house, or nursing home under professional medical care. Most of them had hospice services in place when they passed away.

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 and/or coordinate 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, hospice, 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



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*Our client, Fred\*, was diagnosed with dementia, cerebral palsy, neurocognitive disorder, and behavioral disturbance. He was 71 years old and spent 54 days in the hospital due to severe behaviors when his health started to decline. The hospital attempted to submit referrals for nursing home placement but was unable to find a nursing home to accept him due to his history of severe behaviors. The hospital tried to manage his mental health needs and balance them with his physical health needs as best as they could. Unfortunately, his physical health started to decline. The hospital doctors needed OPG to direct which type of medical interventions should be used in his final days. The team reviewed Fred's Medical Orders for Scope of Treatment (MOST) form and OPG honored Fred's advanced directive preferences on medical services and interventions. Fred was discharged to a hospice house where he passed away peacefully. OPG had prearranged a pre-needs burial plan for him. Since Fred had no known relatives, OPG contacted the County Administrator's office. The County Administrator's office and funeral home was able to find a brother who was able to work with the funeral home for proper burial services.*

*\*Name changed for confidentiality purposes*

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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.

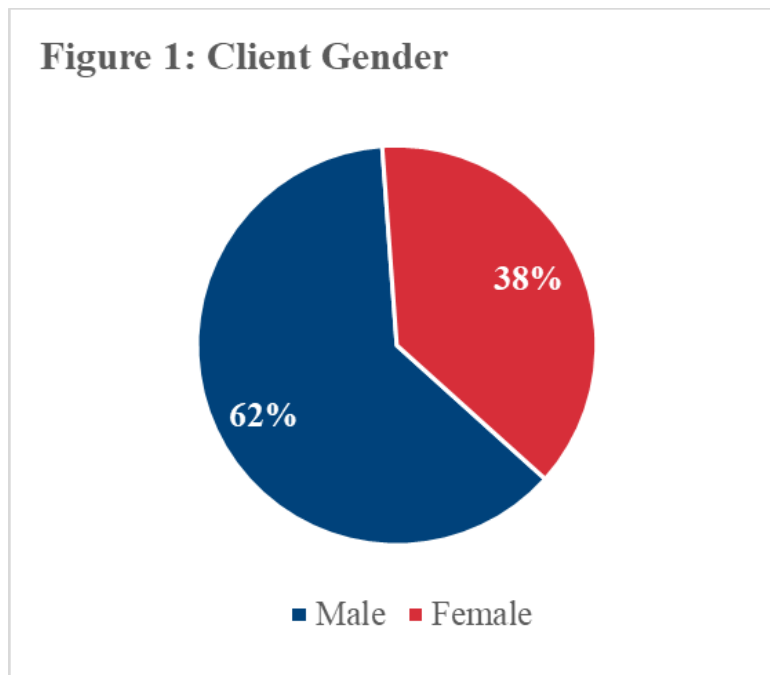
## ***Demographics of the 2024-2025 COPG Populations***

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 74 clients the COPG has served in this period:

- 7% (5 clients) of COPG clients are military veterans. According to 2023 Census data<sup>1</sup>, Colorado has a veteran population rate of 7% compared to 6% for the U.S.

### ***COPG Distribution of Gender Identities***

While the COPG is inclusive and the Centers for Medicare & Medicaid Services (CMS) allows clients to self-identify as non-binary, transgender, and intersex, however all COPG clients identified as male or female. There were a total of 46 males and 28 females who were served during this period.

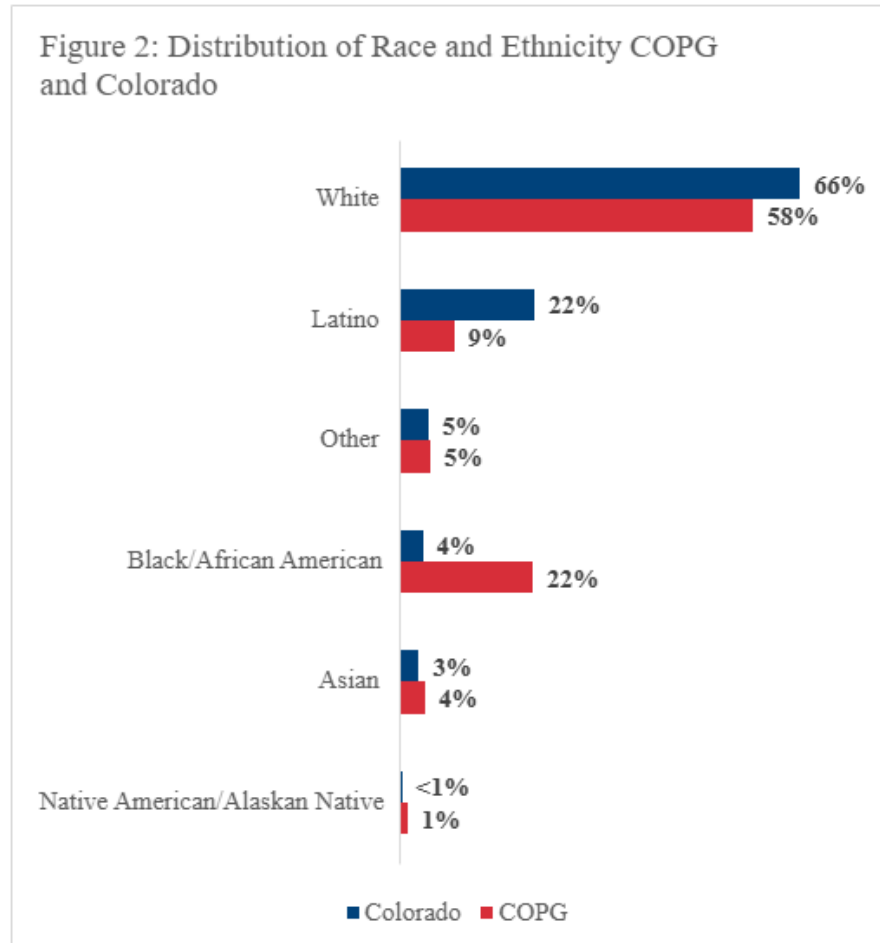


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<sup>1</sup> <https://usafacts.org/articles/who-are-the-nations-veterans/>

### *COPG 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 2 shows a breakdown of COPG client and the State of Colorado demographics.

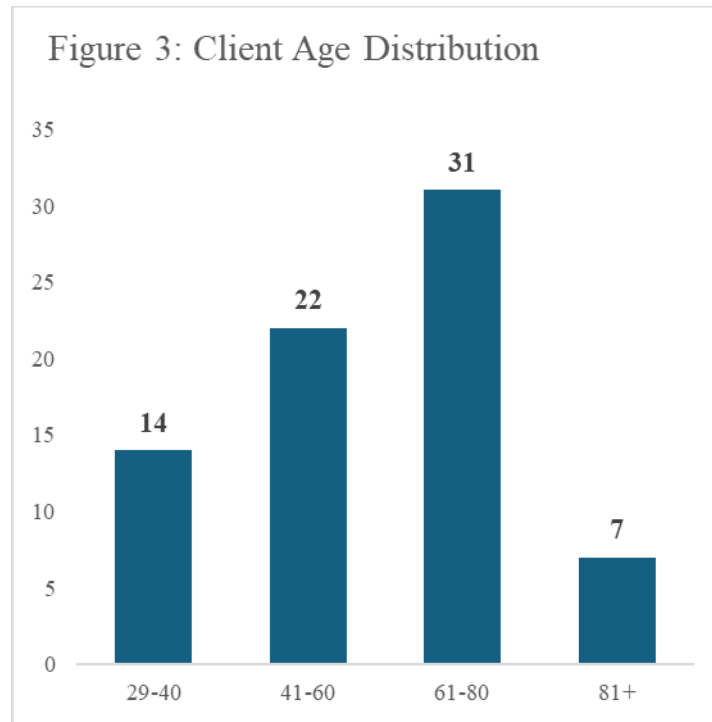


*Table 2: COPG Client Demographics*

	COPG	Colorado (2023) <sup>2</sup>
White	58%	66%
Latino	9%	22%
Some Other Race/2+ Races	5%	5%
Black/African American	22%	4%
Asian	4%	3%
Native American/Alaskan Native	1%	<1%

<sup>2</sup> [https://demography.dola.colorado.gov/assets/html/acs\\_spreadsheets.html](https://demography.dola.colorado.gov/assets/html/acs_spreadsheets.html)

The average age of COPG clients during this period was 59, with 42% between the ages of 61 and 80 years old. Ages ranged from 29 to 91, and the median age was 61.



## *Complex Medical Conditions*

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*Wyatt is one of our younger clients who previously had frequent weekly interactions with law enforcement, firefighters, and Adult Protective Services, emergency rooms, and hospitalizations. Over the past 12 weeks, he has not had a single critical incident, which he attributes to a psychotropic medication change guided by a genetics test (a suggestion from OPG board member Stephanie Garcia). With improved stability, Wyatt is thinking more critically about his actions, setting long-term goals such as improving his diet and lowering his blood sugar, and making steady progress in his court competency education. If this continues, he may soon be ready to move to a less restrictive setting. His progress has been made possible through the consistent support and guidance of his guardian, who has helped set him on a path toward success.*

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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, all clients had at least one comorbid condition, further complicating their medical treatment. The most commonly identified condition was serious mental illness, with 68% of participants having such a diagnosis including schizophrenia, bipolar disorder, or other serious mental conditions. The next most common conditions were neurocognitive disorders (e.g. dementia, Parkinson's disease), which were present in 42% of clients. Intellectual and developmental disabilities (I/DD) were the next most common diagnosis, with 19% of clients having this diagnosis. Many COPG clients had previously had serious medical episodes, including traumatic brain injury (TBI) 16% and strokes (5%). Additionally, 97% 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 (58%) having a history of substance abuse. Table 3 provides a breakdown of the various medical conditions of COPG Clients.

***Table 3: Incapacities of COPG Clients***

<b>Incapacity</b>	<b>Number of Clients</b>	<b>(%)</b>
<b>Serious Mental Illness</b> (e.g. Schizoaffective disorder, bipolar disorder, major depressive disorder, intermittent explosive disorder, borderline personality disorder, etc.)	50	(68%)
<b>Neurocognitive</b> (e.g. dementia, Parkinsons disease, epilepsy, etc.)	31	(42%)
<b>I/DD Diagnosis</b> (e.g. Neurodevelopmental disorder, cerebral palsy, severe intellectual disability, autism, etc.)	14	(19%)
<b>Traumatic Brain Injury</b>	12	(16%)
<b>Stroke</b>	4	(5%)
<b>Other medical conditions</b> (e.g. diabetes, heart disease, HIV, liver disease, hypertension, etc.)	72	(97%)
<b>History of Substance Abuse</b>	43	(58%)

### *Housing/Placement of COPG Referrals and Clients*

Once appointed, COPG's primary goal is to establish appropriate housing/placement. The clients served during this period lived in a variety of settings depending on the level of required care. The majority (72%) of clients were living in a nursing home at the end of the current reporting period. Table 4 shows the client housing placements during the current reporting period.

**Table 4: Present COPG Client Housing**

<b>Current housing</b>	<b>Number of clients</b>	<b>%</b>
Nursing Home	53	72%
Assisted Living	7	9%
Host Home	5	7%
State Mental Health Facility	4	5%
Group Home	3	4%
Hospital	1	1%
Private Home	1	1%
<b>Total</b>	<b>74</b>	<b>100%</b>

The housing needs of clients 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 71 (96%) of clients remained in the same level of care as they did at the beginning of the period. One client required a move to a more restrictive setting, transferring from a nursing home to a hospital because of serious complications from a prior illness. Two clients moved to less restrictive settings. One client transferred from a State Mental Health Facility to a nursing home, and the other moved from a State Mental Health Facility to an assisted living facility. Table 5 shows the changes in housing during this period.

**Table 5: Housing changes during the current reporting period**

<b>Housing Change</b>	<b>Number of clients</b>	<b>%</b>
No change	71	95.9%
Nursing Home to Hospital	1	1.4%
State Mental Health Facility to Nursing Home	1	1.4%
State Mental Health Facility to Assisted Living	1	1.4%
<b>Total</b>	<b>74</b>	<b>100%</b>

## **ACHIEVEMENTS, OBSTACLES AND OPPORTUNITIES**

### **ACHIEVEMENTS –**

#### *Former Director Alvarez Receives Awards-*

Former Executive Director Sophia Alvarez received the National Guardianship Association's Member of the Year award in 2024. She received the award during their annual convention in 2024 for her work establishing the Colorado Office of Public Guardianship. At their annual convention in 2025, she was presented with the Center for Guardianship Certification's National Certified Guardian Excellence Award for her work establishing the Colorado Office of Public Guardianship. She was given a physical award during both ceremonies. OPG thanks former Director Alvarez for all her hard work and dedication establishing the Office of Public Guardianship and appreciates her setting the roots for the office to expand.

#### *Free Tax Filing Service for OPG Clients*

The Office of Public Guardianship partnered with Omaha Earned Income Tax Credit Coalition to coordinate free state and federal tax filing services for all OPG clients. The tax filing service is completed online and at no cost to the client. Thus, they receive 100% of their state and federal refunds. This helps clients access their labor refunds and other state credits. In 2025, OPG clients received \$177 to \$977 in refunds and credits. This service saves guardians time from completing the taxes themselves or utilizing a free service in the community. The online format allows OPG to thoughtfully implement this service in advance of statewide expansion, ensuring systems are in place to support future growth while easing current guardian workloads.

#### *Deputy Director Completes NGA Leadership Training*

The Deputy Director, Janelle Cantu, applied to participate in the National Guardianship Association first leadership class, and was selected to participate in the five-month course. Course topics included the history of NGA, effective communication, getting to know yourself, emotional intelligence, leadership styles, tough truths in leadership, building effective teams and next steps in leadership. The NGA hosted a graduation ceremony for graduates of the class on October 27<sup>th</sup>, 2025, at their National Conference in Oklahoma City, Oklahoma. The NGA also acknowledged the graduation class in their fall newsletter which can be found on their website ([www.guardianship.org/wp-content/upload/fall-2025.pfd](http://www.guardianship.org/wp-content/upload/fall-2025.pfd))

#### *Contracted Human Resources Services with Employer's Council*

With the ongoing development of support services and the phased implementation of SB23-228 (ASIA), the COPG has navigated some challenges related to administrative capacity, particularly around dedicated Human Resources support. To help supplement these needs, the COPG engaged Employer's Council to



provide HR services. Their partnership has been a valuable resource in supporting our efforts to stabilize guardian staffing and address workforce needs, as described below.

### *Filling All Eight Guardian Positions*

With the help of Employer's Council, OPG was able to fill all eight guardian positions by the end of the reporting period. OPG continues to lose guardians due to competitive employers that offer higher pay, lower stress, and no on call responsibilities. OPG is focusing on how to retain staff, and the first step in this process is have their job description evaluated for appropriate wages. OPG is using Employer's Council to assist in this process to help retain the staff that was recently hired and trained during this last reporting year.

### *Opening Referrals in the 7th and 16th Judicial Districts*

OPG was able to hire and train new guardians for these two judicial districts and outreached community stakeholders, so they are aware referrals are open. OPG is eagerly waiting for more referrals to trickle in. OPG has met with probate court judges, court teams, APS, and other stakeholders and educated them on eligibility requirements and the referral process. OPG hopes that one of the newly funding Community Engagement Coordinator is hired, that this position can help us obtain more referrals and provide the community with guardianship services. OPG is currently recruiting for the Community Engagement Coordinator position.

### *Participant Enrichment Funds*

In July 2025, OPG was recently provided funding for client needs. OPG has been able to help pay for clients' representative payee fees, which allows the clients more funds to spend on items they need. OPG has also used this new funding source to purchase clothing items for clients without a funding source.

### *Newly Funded Positions as of July 1, 2025*

OPG is grateful for the new funding for the Community Engagement Coordinator, Data Scientist, and Grant specialist positions. OPG is actively recruiting those positions and is eager to utilize their services. OPG hopes to find independent funding sources through grants, gifts, and donations to reduce the funding strains on the state.

## **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, alternating weeks/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.

In 2025, the COPG continued to work hard to fill vacant guardian positions, train staff, and retain staff. Due to lower pay wages, this challenged OPG in hiring qualified candidates, and reduced our ability to increase our caseload capacity. No new referrals were accepted in this reporting year. As such, the Executive Director, Deputy Director, 7<sup>th</sup>, and 16<sup>th</sup> Judicial District guardians assisted in serving 2<sup>nd</sup> Judicial District clients due to guardian shortage. This led to extra burnout and loss of our 7<sup>th</sup> and 16<sup>th</sup> Judicial District Guardians.

Considering ongoing staffing and workforce needs, and to supplement available Human Resources support, 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.
- Acquired a Staff & Culture Leader to create an Employee Wellness Pilot Program for recruitment and retention purposes. Unfortunately, this position was filled for only a few months before the position became vacant. OPG is actively recruiting for this position.
- Review of current (and create additional, if needed) COPG policies/procedures.

In mid-July, the OPG experienced a significant transition with the departure of its staff attorney, leaving the office temporarily without dedicated legal representation. Shortly thereafter, the Executive Director resigned in mid-September. During this period, the Deputy Director demonstrated considerable leadership and adaptability by stepping in to support the responsibilities of the Executive Director, Staffing and Culture Leader, and Denver Guardian positions. In addition, the Deputy Director learned to file court proceedings Pro Se and successfully trained five new guardians. While these accomplishments reflect the team's commitment and resilience, they also underscore the substantial operational challenges the office has faced during this time.

### *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 was 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, 2024 and 2025 has limited the ability to accept additional referrals in all jurisdictions. However, with the Employer's Council Human Resource assistance, the COPG had all eight guardian positions fully staffed at the end of this reporting year. Seven out of the eight guardians were all hired and trained in this reporting year, and OPG has reached out to stakeholders to let them know that referrals are open in the 7<sup>th</sup> and 16<sup>th</sup> Judicial Districts. However, OPG has a hold list that it needs to pull waiting referrals from for the 2<sup>nd</sup> Judicial District Guardians. Thus, Denver (2<sup>nd</sup> Judicial District) stakeholders are eagerly waiting for OPG to open referrals in this area.

### *Lack of Community Services*

Guardians are often tasked with coordinating many services for their clients. The lack of housing available to suit the complex needs of dual diagnosed individuals prevents and/or delays discharge from restricted residential settings like hospitals and mental health institutions. OPG works diligently with residential providers to find the least restrictive discharge options that will meet the client's needs. However, there are several discharges that are not able to occur due to lack of resources in the community. This is found in the Denver area and in the rural counties as well. Often, clients with behaviors do not have access to behavioral health services to meet their needs. This burns out their current residential provider causing them to lose their placement. Often, the client transitions from one placement to another which is stressful for the client and the guardian. Many times, these clients have complex mental health and behavioral needs that the community providers are not equipped to manage. Hospitals grow upset and frustrated that discharge can't happen and perceive the guardian as a barrier to discharge. In fact COPG is simply requiring the hospital to have a safe discharge plan. These situations become stressful for the client trapped in the hospital system, the hospital, and the guardian. Often OPG works to think outside the box and try to develop new services in the community that will meet the client's needs. More residential and behavioral services are needed in the state of Colorado to help provide a safe discharge plan for clients in the least restrictive residential setting.

## **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.