

## Chair Report

February 2023

Fellow Commissioners,

The highlight of this past month was the Senate Judiciary Committee hearing. Again, Director Alvarez and our liaisons did a great job of coordinating testimony and support for the bill. They also did well to negotiate an amendment ahead of the bill being heard, which allowed for a much smoother consideration by the committee while also responding to stakeholder feedback. While it was unfortunate that the agenda extended us until after 9:00 pm and many of our supporters had left the hearing, there were a few dedicated folks that hung in there and testified on our behalf. In addition, the Committee could clearly see that the sign in sheets held a number of additional supporters from earlier in the afternoon so all of that support played a role. In particular, I would like to acknowledge Judge Elizabeth Leith for her stalwart support and patience as she waited to testify more than seven hours with us without even a laptop to get other work done. Thanks to Commissioner Crona and Grant Yoder who also joined the OPG team for testimony. I have attached my testimony (page 2), which has a somewhat different focus than that presented at the SMART Act Hearing. The unanimous vote of the Committee membership provides a strong start for our journey through the legislative session.

I have established a routine every-other-week meeting with Director Alvarez.

I have requested an agenda item for the February meeting to discuss the timeline for this year's Director performance assessment as well as potential changes to the process that I had mentioned last year. In particular, I will be discussing potential changes to how we gather stakeholder feedback. Please give some thought to anything you might like to see changed as well.

DBW / 2-16-23

**Senate Judiciary Hearing 2023  
Testimony – February 6, 2023 by DBW**

**Good afternoon and thank you Chair and members of the Committee for the opportunity to talk about the OPG and SB 23-64. I am the last serving of the original commissioners appointed in 2017, having inadvertently stumbled into this issue more than 10 years ago while working on the medical proxy statute. Over the decade, I have watched the need for public guardianship, nationally and here in Colorado, only grow larger and more urgent. Public guardianship is not a question of if but when.**

**My background is health care, where we know that the right treatment, at the right time and in the right setting saves lives, improves system-wide outcomes and saves money. I strongly believe this pilot project has revealed that the same is true for public guardianship.**

**While I would encourage everyone to read the client stories in the final report, which capture the essence of our purpose, I would like to focus my brief testimony today on an earlier section of the report that paints a picture that should be alarming to us all.**

**The national and state trends detailed in this section describe an unprecedented confluence of human service challenges that lead to the need for public guardianship. No state has solved the issue, but a majority of states have moved to establish some form of public guardianship in an effort to stem the tide.**

**\*The number of people 85 years and older is expected to nearly double by 2035 with 12.7 million living with Alzheimer’s disease by 2060, and 110,000 of those living in Colorado. Many will outlive their caregivers or their caregivers’ ability to care for them.**

**\*The explosion of untreated or undertreated mental illness and substance use disorders is a particular risk factor for our clients and Colorado ranks above the national average in prevalence of both conditions.**

**\*The increased life expectancies of individuals with IDD, their higher risk for medical conditions, mental health issues and substance use disorders, and the**

**aging of their family caregivers will increase the number of these individuals needing representation as they age.**

**\*Post-9/11 veterans have a significantly higher chance of service related disability than earlier periods, including high risk of substance use disorders, PTSD, other mental health disorders, and traumatic brain injury.**

**\*Overall advances in medical treatment have increased survival and life expectancy for many medical conditions such as stroke and chronic illness but may also lead to diminished capacity and at increasingly younger ages.**

**These larger trends are then multiplied by parallel increases in housing insecurity; lack of access and high cost of health care; numerous challenges in law enforcement and criminal justice such as the aging of the prison population; and increasing rates of mistreatment and neglect reported to APS.**

**This burgeoning and diverse population of extremely vulnerable, at-risk adults is, first and foremost, owed a duty of care by us as a society. Beyond that, the sheer magnitude of inefficiency in not providing coordinated services to this population is needlessly expensive and too many citizens fall through the cracks.**

**No at-risk adult should:**

**\*be homeless or unsafely housed simply because there is no one to advocate for an alternative; or**

**\*be without access to basic nutrition or medical care because there is no one to help them locate it or pay for it; or**

**\*be trapped in an expensive and overly restrictive environment such as a jail or acute stay hospital because there is no one able to arrange an appropriate setting and sign the paperwork; or**

**\*suffer ongoing mental health crises because there is no one to facilitate continuity of care; or,**

**\*die alone without benefit of both appropriate end of life services and simple companionship.**

**The OPG pilot project was intended to create a model for moving forward to meet these challenges and it has done so. I ask for your support in establishing the Office on a permanent, statewide basis. Thank you.**

