Oregon Public Guardian & Conservator Program – Major Impacts

Increases Safe Discharge from the Oregon State Hospital and Prevents Readmission

Through OPGC guardianship and oversight, individuals that otherwise could not safely discharge from the Oregon State Hospital (OSH) are able to safely discharge to less restrictive settings.

Benefits are twofold: An individual leaves an institutional setting and is allowed to live and thrive in a community based environment, while also providing a significant financial benefit directly to the State of Oregon.

The difference in cost of care for individuals at the state hospital and the next most restrictive community based setting *reflects* a cost savings of approximately \$100,000 per year per individual.

OPGC ensures appropriate placement and continuous care, which prevents individuals from experiencing psychiatric decompensation and therefore any need to return to OSH.

Currently there are 23 individuals on the OPGC caseload that combined for 51 separate incidents of care at OSH prior to OPGC appointment. Following OPGC appointment, none of these 23 have ever needed to return to OSH. In addition to direct cost savings, this also helps OSH with overcrowding and waitlist problems.

Helps Reduce Utilization of Law Enforcement Resources

By taking guardianship of some of the most vulnerable, cognitively impaired homeless individuals, and providing them with appropriate care, housing and services, there is a dramatic reduction in those individuals inappropriate utilization of emergency and law enforcement resources for what are actually social welfare issues.

While statewide data does not exist for law enforcement contacts with individuals. Eugene/Springfield law enforcement agencies do collect such data on clients from that area, and agreed to share it with OPGC.

OPGC has been appointed as guardian for four individuals that were chronically homeless and severely cognitively impaired in the Eugene/Springfield area. Prior to OPGC appointment the four combined for 74 law enforcement contacts, and 23 arrests for low level offences or peace officer holds to get them to a hospital.

After OPGC appointment these four individuals have combined for only a single law enforcement contact.

Facilitates Safe Discharge of Individuals Stuck in Local Medical Hospitals

Individuals who are stuck in local hospitals and cannot safely discharge without guardianship oversight are able to be discharged to safe and supportive housing, and receive appropriate care with OPGC as the appointed guardian. The individuals are unable to participate in their own discharge and care planning, due to their cognitive impairment.

Additionally, they lack family or community supports to assist them.

Due to Medicare/Medicaid and other insurance limitations on payments to hospitals for non-acute care, most often the hospitals holding the individuals are unable to collect any payment. These hospitals provide round-the-clock care and are only keeping the individuals because the hospitals are aware of the serious harm an individual would face if they were discharged. *OPGC has encountered cases where hospitals have been forced to hold a person without receiving any payment for over 10 months.*

Oregon's Most Vulnerable, at Risk Adults are Provided Safety and Protection

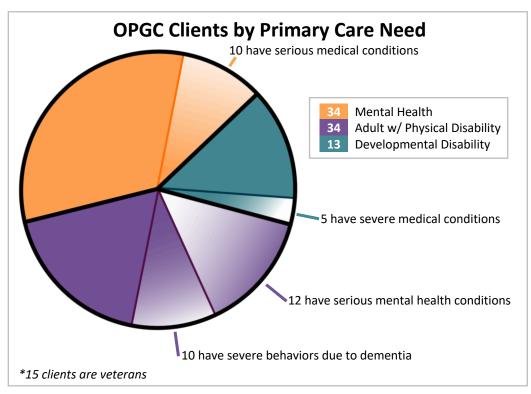
OPGC is the guardian of last resort in Oregon and takes legal guardianship in cases where an adult is at imminent or ongoing risk of serious harm or death, and due to severe cognitive impairment is unable to protect themselves from that harm. No other less restrictive option is available to address the safety risks and no other party is willing or able to assume the role of guardian.

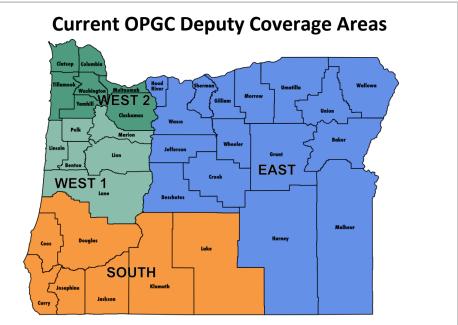
Without additional caseload capacity many highly vulnerable Oregonian's will remain at extreme risk and in some cases will die due to the lack of available guardianship.



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Each region has one deputy assigned for coverage. OPGC has only 6 total staff, 1 OPGC, 4 Deputies, 1 Administrative Specialist. With current resources, OPGC is at full caseload capacity and unable to take on new clients.

