# FISCAL IMPACT OF PROPOSED LEGISLATION

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### **Measure Description:**

Permits Oregon Public Guardian and Conservator to establish county, regional and statewide high-risk teams to determine options available for addressing safety risks facing highly vulnerable adults.

## **Government Unit(s) Affected:**

Long Term Care Ombudsman (LTCO), Oregon Health Authority (OHA), Department of Human Services (DHS), Oregon Department of Veterans' Affairs (ODVA)

## **Summary of Fiscal Impact:**

Costs related to the measure are anticipated to be minimal - See explanatory analysis.

## Analysis:

SB 31 authorizes the Oregon Public Guardian and Conservator (OPGC) housed within the office of the Long Term Care Ombudsman (LTCO) to establish:

- County or regional high-risk teams consisting of representatives from the Department of Human Services (DHS), the Oregon Health Authority (OHA), local hospitals, homeless services programs, local crisis response teams, veterans' services programs, area agencies on aging, and any other agency or nonprofit organization that provides services to highly vulnerable adults.
- Statewide high-risk teams consisting of representatives from DHS, OHA, the Oregon State Hospital, the Department of Veterans' Affairs (ODVA), and any statewide agency or program providing services addressing serious safety concerns, or who has direct contact with, highly vulnerable adults.

The measure allows OPGC to delegate the responsibility to establish high-risk teams to a member of the team via a written agreement. The measure directs each high-risk team to discuss situations in which highly vulnerable adults are at risk of harm, or are currently experiencing harm, in order to determine available options for addressing the safety risk. The measure requires each high-risk team to develop a written protocol establishing the purpose of the team, potential membership within each community and confidentiality procedures.

This measure is anticipated to have minimal impact on LTCO, OHA, DHS, and ODVA. This measure codifies current practice. At this time, eight regional high-risk teams have been formed.