



Oregon Public Guardian

Overview and Hospital Discharge Assistance

CHRIS ROSIN – THE OREGON PUBLIC GUARDIAN – DECEMBER 2023

What is Guardianship?

What is OPG?

- ▶ **Guardianship** is the most restrictive form of alternate decision making and should only be pursued if there is truly no less restrictive alternative to address an individual's high risk of harm.
 - ▶ Court process and determination that removes an individual's right to make some or all their own decisions and grants that authority to the guardian. Requires a finding of "incapacity."
- ▶ **The Oregon Public Guardian** is the guardian of last resort. OPG only serves adults that are at high risk of serious harm, there is no less restrictive alternative to guardianship, and there is no other appropriate individual to serve as guardian.

Decision Making Options in Oregon

- ▶ **Voluntary** – Adults making their own decisions
- ▶ **Supported Decision Making** – Supporter helps the person understand their options
- ▶ **Advance Directive & Health Care Representative** – Voluntarily appointed, HCR can only make decisions when the person cannot, based on wishes in AD.
- ▶ **Declaration of Mental Health Treatment & Decision Maker** – Voluntarily appointed, limited to crisis mental health treatment, based on Wishes in DMHT
- ▶ **Representative Payee** – Appointed by source of income when adult cannot manage the income appropriately, limited to authority over income only.
- ▶ **Health Care Advocate** – Only available in ID/DD Appointed by an ISP team. Authority over health care decisions.
- ▶ **Conservatorship** – Court appointed authority over all assets and income.
- ▶ **Civil Commitment** – Court imposed, limited to mental health treatment, limited to 6 months.
- ▶ **Guardianship** – Court appointed, authority over most things including health care, placement, visitation by others and some finances.

How OPG provides services

- ▶ OPG follows a supported decision-making model for guardianship. Whenever possible we support our clients to make as many of their own decisions as they can.
 - ▶ OPG works closely with the protected person to build rapport, gain trust and learn about their goals and desires.
 - ▶ OPG only overrides a clients wishes if they want to make a decision that will cause serious harm.
- ▶ Obtain and coordinate all necessary benefits and services for a successful plan. Including, housing, caregiving, medical care, behavioral health supports and specialty services.
- ▶ Continued monitoring and adjustment of the plan to ensure the person's needs continue to be met, long-term.

OPG and Hospital Discharge Delays

- ▶ 53% of current OPG clients (73 of 138) were in hospital and unable to safely discharge at the time of the referral to OPG.
 - ▶ Some individuals have become stuck for 100s of days
 - ▶ Highly complex cases.
- ▶ OPG establishes services eligibility (APD, ID/DD or MH) and secures necessary placement, caregiving medical treatment, psychiatric services and other services to meet the persons support needs.
- ▶ OPG continues to monitor and adjust plans to ensure safety and stability for our clients, so they do not become re-hospitalized or overuse ER services.

OPG – Other populations we help

- ▶ **Homeless** - 54% of current OPG clients (75 of 138) were homeless or about to become homeless at the time of the referral to OPG.
- ▶ **Abuse and Neglect:** 27% of current clients (37 of 138) abuse or neglect by another person was a primary cause of their high risk.
- ▶ **The Oregon State Hospital:** OPG has helped over a dozen long term civil OSH patients successfully discharge to a lower level of care.
- ▶ **Aid and Assist:** OPG has been able to help many clients achieve safe plans, who were previously stuck a cycle of homelessness, dysregulation, criminal conduct, then aid and assist.

OPG – Limited Resources and High Demand

- ▶ OPG has 13 staff positions
 - ▶ 9 deputies, OPG, Deputy Program Director, Screener and Admin Specialist
 - ▶ Includes 1 Deputy temporarily funded by a grant from Asante
 - ▶ Still highly limited and unable to meet the full need
- ▶ Caseload capacity 180 clients
 - ▶ Currently serving 146
 - ▶ Waitlist of over 65
 - ▶ Estimated need: at least 500
 - ▶ Intake capacity is limited – Most cases require high amounts of work at the beginning.
- ▶ New Volunteer Program launched in 2022
 - ▶ 10 current certified volunteer public guardians
 - ▶ 11 clients supported by volunteers
 - ▶ Eventual goal is for the volunteer program to account for 25% overall caseload

Expansion needs for OPG

- ▶ **Resources Expansion:** What would be required for full expansion?
 - ▶ 18 additional FTE – ~\$6.3 million per/biennium
 - ▶ Increased caseload capacity to serve **240-300** additional clients
 - ▶ **400-500** total capacity
 - ▶ 150% increase in intake capacity
- ▶ **Authority Expansion:** What other authority could OPG utilize to support people?
 - ▶ Supporter – Supported decision making
 - ▶ Health Care Representative
 - ▶ Health Care Advocate
 - ▶ Decision Maker – Declaration for Mental Health Treatment
 - ▶ Representative Payee