



# The Oregon Public Guardian (OPG)

Early Childhood and Human Services Committee – May 29<sup>th</sup>, 2024

# What is a Guardian?

- ▶ Court ordered decision maker
- ▶ Requires a legal finding of “Incapacitated:”
  - ▶ Significant cognitive impairment that leads to an inability to meet basic needs
- ▶ Guardianship is often indefinite
- ▶ Guardianship is the most restrictive form of decision-making support:
  - ▶ Removes the right of a person to make their own decisions for most things

# OPG – The Guardian of Last Resort

For OPG to take a case, the individual must meet all these requirements.

- ▶ High risk of serious harm or death
- ▶ No less restrictive alternative is available that can address the risk of harm
- ▶ No family or friends that are willing and able to take on the duties of a guardian
- ▶ No financial resources to pay for the services of a professional guardian

# Significant Cognitive Impairment

- ▶ Severe and Persistent Mental Illness
- ▶ Dementia/Major Neurocognitive Disorder
- ▶ Brain injury
- ▶ Intellectual & Developmental Disability

**Complex Cases:** Majority of OPG clients have more than one cognitively impairing conditions

# OPG Values

- ▶ Emphasis on promoting self-direction, autonomy and least restrictive alternatives when serving our clients.
- ▶ Engage our clients in the decision-making process and allow them to make as many of their own decisions as is safely possible.
- ▶ Always treat clients with dignity and respect.
- ▶ Follow all National Guardianship Association (NGA) model ethical and practice standard.

# Who we help

Individuals with significant cognitive impairment who are...

- ▶ Stuck in a local hospital and unable to safely discharge.
- ▶ Regularly cycling in and out of the Oregon State Hospital (OSH) for .370 aid and assist admissions after being charged with crimes.
- ▶ Chronically self-neglecting in the community and unable to receive necessary care and treatment.
- ▶ Suffering significant abuse, neglect or exploitation by someone else, but are unable to protect themselves.
- ▶ Individuals where most needs are met but have now developed a life-threatening medical condition and they cannot consent to treatment.

# Helping address major issues in Oregon

- ▶ **Homelessness:** 54% of current OPG clients were homeless or about to become homeless at the time of intervention
  - ▶ Almost all .370 OSH connected clients were homeless
- ▶ **Mental Health:** 50% of clients have a diagnoses of Severe and Persistent Mental Illness
  - ▶ OPG ensures our clients receive the care they need to be healthy and safe.
  - ▶ OPG helps keep people discharge and stay out of OSH, which helps critically needed capacity
- ▶ **Crime:** Dramatic reduction in new criminal charges once OPG coordinates appropriate care and services for an individual
  - ▶ This helps OSH, local law enforcement, and the general public
- ▶ **Hospital Capacity:** 55% of OPG clients were stuck in hospital, but without a medical need at the time of OPG intervention.
  - ▶ Helps with hospital patient capacity



# Small but growing program

- ▶ OPG was created in 2014 by the legislature (SB 1553)
  - ▶ Initially four staff and capacity to serve about 40 highly vulnerable adults
- ▶ OPG has received legislative approval for additional expansion in 2018, 2021, 2023 and 2024
  - ▶ Currently 17 staff positions and capacity to serve approximately 250 highly vulnerable adults.
  - ▶ Volunteer Public Guardian Program was launched in 2021
- ▶ Additional growth is still needed
  - ▶ Estimated 500-1000 highly vulnerable adults need OPG services



# Oversight & Systems Advocacy

- ▶ Not a traditional Ombud or regulatory entity.
- ▶ Unique position as a program of the State of Oregon program that is also a significant consumer of services from other much larger state human services programs (OHA/OSH, DHS/APD/ODDS)
  - ▶ Independent authority to act on behalf of clients and housed in the advocacy-based OLTCO gives OPG the ability to advocate fully for the needs of our clients in every case.
- ▶ Individual Case Advocacy:
  - ▶ Appeal denials of services and evictions
  - ▶ Advocate for best care and services possible
- ▶ Systems Advocacy:
  - ▶ Identify trends across multiple cases and advocate for system change where necessary
  - ▶ Heavy engagement and advocate for change in the OHA Adult Behavioral Health System