

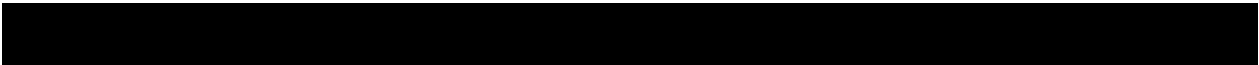


**Volunteer Advocate Program
for the Elderly**

**Report to the
Texas Legislature**

**As Required by
H.B. 4154, 81st Legislature, Regular Session 2009**

**Submitted to:
Office of the Governor
Office of the Lieutenant Governor
Speaker of the House of Representatives
House Committee on Human Services
Senate Health and Human Services Committee**



**by the:
Texas Health and Human Services Commission
in coordination with the
Texas Department of Aging and Disability Services**

December 1, 2010

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Volunteer Advocate Program for the Elderly

Introduction

H.B. 4154, 81st Legislature, Regular Session, 2009, required the Health and Human Services Commission (HHSC) in consultation with the Department of Aging and Disability Services (DADS) to develop a report on the implementation of the bill, related to the development of a volunteer advocate program for the elderly. This report is required to be submitted by December 1, 2010, to the Office of the Governor, Office of the Lieutenant Governor, Speaker of the House of Representatives, and standing committees of the Senate and House of Representatives with primary jurisdiction over matters concerning health and human services. This report includes information concerning the activities, findings, and recommendations of the Volunteer Advocate Program Advisory Committee (Advisory Committee).

Background

The bill provides for the development of a volunteer advocate program for older individuals receiving services from a health and human services agency. Although no funding was appropriated to implement the program, DADS worked with HHSC to ensure the Advisory Committee was convened and included members in accordance with provisions in the bill. The role of the Advisory Committee was to advise DADS staff on the development of the program's design and training curriculum. The charge of the Advisory Committee was to develop a detailed program implementation plan and a draft request for proposal for the program development and oversight component. Through the operation of pilot projects, the program was intended to determine whether providing the services of a volunteer advocate is effective in achieving goals such as extending the time older individuals can remain in the community, maximizing the efficiency of services delivered to older individuals, and facilitating communication between older individuals and/or their informal caregivers and providers of health care and other services.

Volunteer Advocate Program for the Elderly Advisory Committee

The bill required the HHSC Executive Commissioner to appoint a committee with the purpose of advising the Executive Commissioner on the development of the volunteer advocate program for older individuals, including reviewing and commenting on:

- program design and selection of any pilot sites operated under the program;
- the volunteer advocate training curriculum;
- requests for oversight requirements for any pilot projects operated under the program;
- evaluation of any pilot projects operated under the program;
- requirements for periodic reports to the older individual or the individual's designated caregiver and providers of health care or other services, and
- other issues as requested by the Executive Commissioner.

DADS invited the agencies, organizations, and professionals identified below to nominate a member to serve on the Advisory Committee (the membership list is included as Appendix A):

- Department of Assistive and Rehabilitative Services
- Department of State Health Services
- Texas Silver Haired Legislature
- Area Agencies on Aging
- United Ways of Texas
- Home Health provider
- Assisted Living provider
- Nursing Home provider
- Court Appointed Special Advocate
- Licensed gerontologist
- AARP

Activities

Meetings

The purpose of the initial meeting of the Advisory Committee held May 18, 2010, was to convene the appointed members for review of the requirements outlined in the bill. The Advisory Committee discussed the qualifications of volunteers, training requirements and the need to research existing volunteer programs which might provide resource information to avoid duplication of service delivery.

The Advisory Committee met on a monthly basis from May 2010 through November 2010, and developed a framework for the program design and a timeline for the committee's work. The Advisory Committee organized subcommittees who worked on the program design, training curriculum and draft request for proposals (RFP).

Intent of the Bill

The original design of the program was modeled after Court Appointed Special Advocates (CASA) without the court intervention aspect. The program would be created to support a network of caregivers and to target individuals who may no longer have family support. Volunteer advocates would be able to identify necessary supports to prolong the older individual's stay in the community. The program would not duplicate services, but fill in the gaps and add value to services currently received. Additionally, the program would be designed to inform and support older individuals and their caregivers without regard to income and be open to older individuals in the care of the state, those paying for their care (private pay) and those not currently receiving any services, but seeking information in order to make an informed choice. The vision is to have trained volunteers who have core knowledge of the aging process and programs and services available to assist older individuals and their caregivers. The services to be provided would range from referrals to current programs that can assist and guide the decision process, to performing services directly, including home visitation, escorting older individuals to doctor appointments, arranging medical care and educating family caregivers on how to properly address medication management activities. One key guiding principle would be

to facilitate informed choice and the personal preferences of the individual in a way that provides the best care for that individual and enhances their safety, dignity and respect. Program design is seen as a work in progress to be developed and improved through a process that begins with pilot programs and evolves into a broader network of trained volunteers available in both urban and rural communities statewide.

Subcommittees and Findings

The Advisory Committee established the following three subcommittees through which various components of the program would be developed. Subcommittee findings were presented to the full Advisory Committee and the committee as a whole adopted the recommendations of each subcommittee.

Volunteer Advocate and the Older Individual

This subcommittee was tasked with developing the qualifications and scope of the advocate role, reporting requirements, recruiting, selection process, and supervision. The subcommittee determined who the program would serve, how older individuals would be identified, methods for educating the target population about the program and how to request advocate services.

Volunteer Advocate

A volunteer advocate is someone who makes social visits to an older individual's home, or other mutually agreed upon location, to connect the older individual with a trusted volunteer. The volunteer advocate helps the older individual to find needed resources to live with dignity and as much independence as possible. There would be no cost to the older individual receiving the service. Volunteer advocates are motivated to support older individuals, help connect with experts in Medicare and Medicaid benefits and other resources, prevent isolation and enhance quality of life.

Qualifications of a Volunteer Advocate

A volunteer advocate is an individual age 18 or older and:

- has no criminal history, including no substantiated history of elder abuse that could place an older individual at risk of abuse, exploitation, or other harm;
- successfully completes required training, including on-assignment mentoring;
- signs and adheres to a code of ethics, including a conflict of interest statement and confidentiality agreement;
- commits to making regular visits;
- accepts supervision and guidance from the administering agency's program staff;
- is comfortable visiting in the older individual's home, with permission of the older individual;
- is knowledgeable of resources, will make phone calls or use the Internet to locate information and find available resources;
- enjoys learning about new services, benefits and opportunities for the older individual;
- identifies which elements of the program interest them and signs a mutual agreement with the older individual, and

- completes the required number of annual continuing education hours.

Scope of the Advocate Role

A volunteer advocate is not a guardian or other legal representative, but connects older individuals with other services such as a benefits counseling. A volunteer advocate may complement services of an existing agency program. For each volunteer advocate and older individual pairing, an agreement is made based on the older individual's wishes and the volunteer advocate's interests. Concurrence of the caregiver is an important consideration, and should be considered in developing the agreement if the caregiver is acting in the best interests of the older individual. This agreement describes what kind of activities the older individual would like to do with a volunteer advocate and any specific help requested. For example, the pair might agree to visit weekly with the volunteer advocate helping to sort through mail, accompanying the older individual on a medical visit, or helping complete paperwork.

Code of Ethics for Volunteer Advocate Program for the Elderly

The program will be governed by guidelines for professional behavior and ethical conduct. This code of ethics provides representatives of the pilot agency and volunteer advocates (Members) with guidelines for professional behavior and ethical conduct.

Conduct

- Members will abide by the code of ethics and all laws and regulations governing their activities.
- Members will uphold the credibility and dignity of the program's concept by conducting all business in an honest, fair, professional and humane manner.
- Employees and volunteers will not use their authority inappropriately, nor condone any illegal act or unethical practices related to their program or community.
- Individuals who are members of the program may not use the program to promote personal gain.
- Members will avoid any action which could adversely affect the confidence of the public and the integrity of the program.
- The program and its member programs will serve and respond to requests without bias because of race, religion, gender, age, national origin or disability.

Confidentiality

- The program and volunteers will respect the right to privacy of all individuals, and will keep information about program participants confidential.
- Persons affiliated with the program will not use confidential information obtained through their work with the program for personal benefit.

Knowledge and Understanding

- Individuals working for the program as staff and/or volunteers must be trained in the operations of the healthcare system and services for the older individuals.
- The program and volunteers must respect an older individual's inherent right to live with dignity in a safe environment and receive care that meets the person's best interests.

- The program must operate in accordance with the program's code of ethics, goals and purposes.

Conflict of Interest

- The program prohibits employees, paid consultants, board members and volunteers from having direct or indirect financial interest in the assets, leases, business transactions or potential for professional services.
- Volunteers for the program will not:
 - accept or be assigned to a case in which the volunteer is related to any parties, or
 - be involved or be employed in a position or with an agency that might result in a conflict of interest or a perceived conflict of interest.

Reporting Requirements

- To the individual – Though not envisioned as a report, the volunteer advocate will share information about resources and benefits available to the older individual.
- To the caregiver – Per the older individual's wishes, the volunteer advocate may share information about visits with the older individual, research about a service or other information.
- To any provider – Per the older individual wishes, a volunteer advocate may contact a provider, such as Meals on Wheels, 2-1-1 Texas, or a senior companion to provide information, share a concern or make a request.
- To the administrating agency – Reporting to the agency will include the date and timeframe of visits and any additional support needed. A volunteer advocate documents each visit with a brief report to describe what activities the pair engaged in. Volunteer satisfaction and older individual quality of life will be measured and evaluated prior to placement, annually and at the end of the placement.

Recruiting and Retention

Recruitment is the responsibility of the administrating agency. The HHSC enterprise and DADS may offer information about the program on all websites and direct interested persons to the administrating agency for more information.

The Individual

A person who is at least age 60, physically or socially isolated, without local informal caregiver support (excluding spouse), and at risk of losing self-sufficiency would be considered the priority population. The purpose of a volunteer advocate is to improve the older individual's quality of life. There are no income eligibility requirements. Receiving other services does not exclude an individual from the program and the individual may withdraw participation at any time.

- Identifying Participants - Older individuals will be identified by word of mouth and referrals from service providers such as Meals on Wheels, physicians, faith-based organizations, area agencies on aging, 2-1-1 Texas, and hospital discharge planners.
- Public Outreach Plan - The administrating agency is responsible for developing a public outreach plan to community organizations and individuals.

- Requesting Volunteer Services - The method for requesting a volunteer advocate will be determined by the administrating agency and outlined in their response to a request for proposal. Participation in the program is voluntary and must be initiated by the older individual or the individual's designated caregiver.
- Matching Volunteers and Older Individuals - Volunteers will be screened by the administrating agency to determine their skills and abilities and will make an appropriate match, considering the expressed desires of the older individual, caregiver, as appropriate, and the volunteer advocate.

Training Curriculum for the Volunteer Advocate

This subcommittee developed a plan for training volunteer advocates, which included duration/quantity, content, format, and frequency. The training curriculum for the volunteer advocate is outlined below.

Overall Training Requirements for the Volunteer Advocate:

- Total of 20 hours of orientation/training required
- 4 hours self-taught, including web-based training
- 12 hours group taught, and
- 4 hours job shadowing/mentoring

Training Components

Component A: Introduction to Program, Role, and Processes

- Required hours: 4
 - 1 hour self-taught
 - 3 hours group-taught
- Program
 - Agency history, mission, and services
 - Program history and role
 - Purpose/role characteristics of volunteers
 - Principles and concepts that guide advocacy work (consumer driven not volunteer driven) (process versus results caregiving)
 - Legal protection and liabilities
 - Tour and introductions
- Volunteer Position
 - Volunteer position description, duties, and responsibilities
 - Friendly visitor/resource provider (what does it mean/how does one do it/boundaries)
 - Volunteer expectations
 - Volunteer rights
 - Self-care for volunteer, maintaining boundaries

- Processes
 - Acknowledgement of training received and understanding of process
 - Matching
 - How the volunteer makes a first caring visit
 - Mentoring/job shadowing
 - Visits (time limit/frequency/taking notes/consent form/agreement)
 - Risk management issues (driving/lifting/ladders/infection control/boundaries)
 - Dos and don'ts (conversation starters/confidentiality issues/food/gifts/money exchanges/taking pictures/dress code)
 - Documentation/reporting hours
 - Obligation to report abuse
 - Supervision (group/in-person/phone/frequency)
 - Asking for additional or professional help, such as mental health in volunteer role
 - Bringing the caring relationship to a close
 - Grievance procedure for client/family/caregiver
 - Grievance procedure for volunteer

Component B: Laws

- Required hours: 2
 - 1 hour self-taught
 - 1 hour group-taught
- Topics
 - HIPPA/Confidentiality
 - Code of Ethics
 - DFPS, DADS, HHSC Social Service System
 - Understanding elderly abuse, neglect, and exploitation
 - Client protections and rights
 - Volunteer protections and rights
 - Ethics and conflicts of interest
 - Power of Attorney/Durable Power of Attorney
 - Charitable Immunity and liability Act

Component C: Aging

- Required hours: 4
 - 1 hour self-taught
 - 3 hours group-taught
- Topics
 - Needs of older individuals and quality of life
 - Normal age related changes (social isolation)
 - Common illnesses/conditions (physical/mental/emotional)
 - Myths/stereotypes
 - Financial impacts/poverty
 - Memory loss issues
 - Sensitivity (age/disabilities/culture/diversity/personal values)

- Respect (personal and family values/culture/age/education/income)
- Personal values/feelings (yours/mine/ours)
(volunteer's/consumer's/organization's/family's)
- Communicating with verbal/non-verbal persons
- Family (general) strengths/weaknesses/dynamics/culture
- Family (general and specific) relationship with consumer/family's stress
- Stages of grief/dealing with depression/when to seek professional assistance

Component D: Resources

- Required hours: 2
 - 1 hour self taught
 - 1 hour group taught
- Topics
 - Community resources (faith-based/non-profit/transportation/social/recreational/city/transportation/social/recreational/city/county/state)
 - ADA and home modifications
 - Stimulating activities (intellectual/social/physical)
 - Safety (physical) at home/in car/driving/out and about/holidays)
 - Safety (financial) frauds/scams/identity/using Internet/using credit cards
 - Types of home care for older individuals
 - Where to find resources on:
 - Medication guidelines and management/polypharmacy/pain management
 - Money management (Social Security/credit cards/online shopping/bill payer/representative/balance checkbook/pay bills/reverse mortgage)
 - Health care coverage, types, costs (Medicare/Medicaid/Disability)
 - Housing options (home/independent/assisted/congregate/nursing homes/at home care/long term care)
 - End of life issues (affairs in order/permanency planning)
 - Health care directives
 - Care for participants before/during/after hospitalization
 - Care for dying and their family and friends (Hospice)
 - Medicaid Estate Recovery Program

Component E: Skills

- Required hours: 4
 - All group taught, some including role playing, extra resources available
- Topics
 - Art of listening (verbal/non-verbal)
 - Visits (initiating conversation/drawing visit to a close)
 - Dealing with difficult behaviors
 - Empowering
 - Spiritual care
 - Encouraging social interactions
 - Assertiveness/relating gently/non-aggressive
 - Assertiveness/maintaining boundaries
 - Telecare

- Visiting when hospitalized or ill
- Dealing with conflict and conflict resolution
- Communicating with family and friends of consumer
- Grievance procedures for volunteer
- Cardiopulmonary resuscitation (CPR)

Administrating Organization

This subcommittee developed a draft RFP for pilot projects including requirements for the non-profit organization such as oversight, evaluation and reporting. This subcommittee collaborated with the two other subcommittees to ensure the RFP reflected the framework and requirements established for the pilot program.

The purpose of the RFP would be to implement the provisions of the bill and to solicit responses from appropriate non-profit organizations with significant experience in providing services to older individuals with the capacity to provide training and supervision of volunteer advocates.

The intent of the program is to evaluate, through operation of pilot projects, whether providing the services of a trained volunteer advocate, selected by an older individual or the individual's designated caregiver is effective in achieving the following goals:

- Extend the time the older individual can remain in an appropriate home setting
- Maximize the efficiency of services delivered to the older individual by focusing on services needed to sustain family caregiving
- Protect the older individual by providing a knowledgeable third-party to review the quality of care and services delivered to the individual and the care options available to the individual and the individual's family, and
- Facilitate communication between the older individual or the individual's designated caregiver and providers of health care and other services to that individual.

Recommendations of the Advisory Committee

The Advisory Committee recommends the following:

- Volunteers providing services in the home of older individuals should be subject to a criminal background check that complies with existing state statutes, but at a minimum, meets the requirements for the Nurse Aide and Employee Misconduct Registries clearance process to ensure volunteers do not have a history of confirmed abuse, neglect, or exploitation at a state facility, and neither registry has designated the volunteer as revoked or unemployable.
- DADS or an independent entity working with DADS should develop a uniform training curriculum as outlined by the Advisory Committee that substantially adopts the training recommended in this report. The uniform training should be a requirement for every volunteer participating in the program and any pilots that are developed. Statewide consistency and quality of the training are seen as a key component of the program.

- Funding should be made available to issue an RFP for pilot sites. Outside funding from grants, endowments, or other sources should be pursued, or the Legislature should provide appropriations to permit the pilot process to occur.
- In the course of evaluating the pilot projects, the feasibility of a fee for service element should be determined. The pilot process should include an attempt to measure demand for this type of service and the willingness of older individuals and their caregivers to pay a fee.
- There should be a methodology to evaluate pilot programs. The Advisory Committee envisions DADS will try to measure the demand for this type of service, and the effectiveness of such a program over time. Measuring demand and measuring effectiveness must begin through the pilot. The pilot can establish baseline data to measure the effectiveness of a volunteer program. Effectiveness measures and baseline data should be established to measure the program's intent, using the provisions of H.B. 4154 as a basis as well as the provisions outlined in this report. Finally, effectiveness of the pilot projects should be evaluated at the mid-point of a two-year grant period, which would serve as the initial basis for pilot program participation.

Appendix A - Volunteer Advocate Program Advisory Committee Membership

Sec. 531.0571 "The executive commissioner shall appoint an advisory committee composed of the following members:"

<u>Agency</u>	<u>Representative</u>
Texas Department of Aging and Disability Services.....	Patty Ducayet
Texas Department of Assistive and Rehabilitative Services	Adrian Pineda
Texas Department of State Health Services.....	Charlmaine Ferguson
Texas Silver-Haired Legislature	Chris Kyker
Texas Association of Area Agencies on Aging	Glenda Rogers/Eden Greer
United Ways of Texas.....	Karen R. Johnson
Texas Association for Home Care & Hospice.....	Pat Mangrum, R.N.
Texas Assisted Living Association.....	Gail Harmon
Texas Health Care Association	Darlene Evans
Texas CASA, Inc.	Trudy Georgie
Licensed Gerontologist.....	Maryann Choi, M.D., M.P.H., M.S., C.M.D.
AARP	Amanda Fredriksen