REPORT OF THE SECRETARY OF HEALTH AND HUMAN RESOURCES ON

SPECIAL ADVOCATES FOR THE ELDERLY (SAFE): VOLUNTEERISM IN AGING

TO THE GOVERNOR AND THE GENERAL ASSEMBLY OF VIRGINIA



HOUSE DOCUMENT NO. 41

COMMONWEALTH OF VIRGINIA RICHMOND 1995



COMMONWEALTH of VIRGINIA

Office of the Governor

Kay Coles James Secretary of Health and Human Resources

January 6, 1995

TO: The Honorable George Allen

and

The General Assembly of Virginia

This report contained herein is pursuant to House Joint Resolution 137, agreed to by the 1994 General Assembly.

This report constitutes the response of the Department for the Aging, with assistance from the Department of Criminal Justice Services, Court Appointed Special Advocate for the Elderly (SAFE) Program to the request to study the feasibility of volunteer advocates to assist senior citizens during times of crisis.

Respectfully Submitted,

Kay Coles James

Secretary of Health and Human Resources

George Allen Governor

REPORT OF THE DEPARTMENT FOR THE AGING ON THE FEASIBILITY OF IMPLEMENTING A SPECIAL ADVOCATE FOR THE ELDERLY (SAFE) PROGRAM

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REPORT OF THE DEPARTMENT FOR THE AGING ON THE FEASIBILITY OF IMPLEMENTING A SPECIAL ADVOCATE FOR THE ELDERLY (SAFE) PROGRAM

EXECUTIVE SUMMARY

House Joint Resolution No. 137, passed by the 1994 General Assembly, requested the Department for the Aging to study the feasibility of implementing a Special Advocate for the Elderly (SAFE) Program of volunteer advocates or coordinators to assist senior citizens during times of crisis. The study examined informal community volunteer initiatives and a formal advocacy program with legal standing for its volunteers' activities.

Older adults, both nationally and in Virginia, are the fastest growing segment of the population. There are more than 950,000 Virginians age 60 and older, representing almost 15% of the Commonwealth's total population. One of every three older Virginians is over age 74. This ever increasing segment of the population is also more likely to have functional limitations in their activities of daily living. Therefore, they often require some assistance to amain independent. In addition, more than 30,000 older Virginians reside in long-term care facilities. Some of these persons may not have access to family and friends. Many suffer from some type of memory impairment, including dementia.

A survey of Virginia's 25 Area Agencies on Aging indicates that there is a wide range of volunteer services available to older persons throughout the Commonwealth. Many of these services are focused on prevention and empowerment. They help older persons remain independent for as long as possible. There are fewer volunteer programs focused on serving persons in long-term care facilities.

This study examined the Court Appointed Special Advocate (CASA) Program as a means to enhance volunteer services to the elderly. It was concluded that CASA presents a potential model for using volunteers to assist the elderly in special circumstances requiring legal authority.

The study findings identified some of the critical elements and concepts of implementing a community-based volunteer advocacy program. Volunteers provide a vital resource for many human services and are essential in bolstering informal support networks of family, friends and churches. Volunteers play an important role in advocating for and helping empower persons in need of assistance. Resources for recruitment, training and supervision are needed to support a sustained volunteer initiative. Volunteers can provide an effective foundation for advocacy for older persons in the community and in long-term care facilities. Local resources currently exist to promote volunteer initiatives such as the proposed SAFE Program.

The study conclusions recognize the need for continued exploration of ways to use volunteers more effectively through initiatives utilizing available community resources such as churches and civic organizations. The conclusions also indicate the need to form linkages between formal and informal volunteer efforts to enhance volunteer management and promote recruitment, training and placement opportunities.

LEGISLATIVE STUDY FEASIBILITY REPORT

HOUSE JOINT RESOLUTION 137 - 1994 GENERAL ASSEMBLY

PATRON: Delegate James O'Brien

Study Agency - Department for the Aging

I. STUDY REQUEST

The Virginia Department for the Aging was requested by House Joint Resolution 137 to study the feasibility of establishing a Special Advocate for the Elderly (SAFE) program of volunteer advocates or coordinators to assist older Virginians in times of crisis. (A copy of HJR 137 is included as Appendix A.)

II. INTRODUCTION

Nationally and in Virginia, older adults are the fastest growing segment of the population. There are more than 950,000 Virginians age 60 and older, representing almost 15% of the Commonwealth's total population. One of every three older Virginians is over age 74. Between 1980 and 1990, the age 75 and over population increased by 41%. These persons are more likely to be limited in their activities of daily living and, therefore, more likely to need assistance in their homes or in long-term care facilities.

In 1990, 66% of Virginians age 65 and over lived in family households while 29% lived alone or with non-relatives. More than 30,000 older Virginians reside in licensed long-term care facilities such as nursing homes and adult care residences. An undetermined number are cared for in private homes. According to an American Association of Retired Persons (AARP) Public Policy Institute publication¹, most older persons living alone have at least one living adult child. Approximately 70% of them have an adult child residing within an hour's driving distance. In addition, about 80% of older persons who lived alone reported that they had contact with one of their children at least weekly.

The focus of this report is the capacity and availability of volunteer assistance and advocacy for older persons in times of crisis and risk to their independence, including persons living in long-term care facilities. These persons are among the most frail and vulnerable sector of the older population. In some circumstances, they may not have access to family or friends. In addition, it is estimated that more than 60% of nursing home residents suffer from some type

¹<u>Old and Alone in Rural America.</u> 1993. American Association of Retired Persons Public Policy Institute. LR5050 (693) D15093.

of disorientation or memory impairment, including dementia². These statistics indicate the importance of advocacy services on behalf of those persons who cannot speak for themselves or who are not able to protect their own rights.

Through the state's Area Agencies on Aging (AAAs) and other human service organizations, various services are often provided to older persons by volunteers. While there are a variety of programs statewide which utilize volunteers to serve older persons, the need for additional volunteers is often cited. Through the commitment of volunteers, services are often available which otherwise would not be. This study provides an assessment of the availability of services provided by volunteers and examines the feasibility of establishing a Special Advocate for the Elderly (SAFE) Program which could expand volunteer efforts and the elderly's access to assistance in times of crisis.

III. AN ANALYSIS OF VOLUNTEERISM IN THE AGING NETWORK

This section of the report provides information about community-based volunteer initiatives which do not require legal standing to assist elderly persons in times of crisis or risk to their independence.

Volunteers are a vital part of Virginia's aging services network. In 1990, more than 3,600 volunteers contributed over 608,000 hours of service helping older persons and their families. In an effort to determine the need for a volunteer advocate program for older persons, information was collected from the network of 25 Area Agencies on Aging (AAAs) about the current availability of volunteer assistance in each planning and service area (PSA) for older persons. (See Appendix B for a listing of the Area Agencies on Aging and their Planning and Service Areas.)

A Survey of Volunteer Caregiving Programs was sent to all the AAAs (see Appendix C for a copy). In addition, information about volunteer services provided by the 25 AAAs was taken from their 1993-1995 Area Plans (see Appendix D). Analysis of this information indicates that a wide range of volunteer services are available to older persons. Many of these volunteer services are focused on prevention and empowerment, helping older persons remain independent and in their own homes for as long as possible.

Fifteen of the 25 AAAs responded to the Survey on Volunteer Caregiving Programs. The responses indicated the majority of volunteer programs involve support services such as transportation, respite, checking (telephone reassurance), and visiting, whereas some areas have advocacy oriented volunteer initiatives available. These volunteer advocacy programs include

²Long-Term Care Ombudsman Desk Reference. May 1994. The National Long-Term Care Ombudsman Resource Center of the National Citizens' Coalition for Nursing Home Reform.

volunteer guardianship, Ombudsman and representative payee services. The results of the Volunteer Caregiving Programs Survey are included as Appendix E.

The Volunteer Protection Act, introduced in the 1994 General Assembly as House Bill 1158, was intended to encourage volunteerism by limiting the liability of charitable organizations and volunteers. (A copy of House Bill 1158 is included as Appendix F.) While HB 1158 did not pass the 1994 General Assembly, there remains legislative interest in protection for volunteers who perform vital activities for their communities in a good faith manner.

Many volunteer based services, such as the Virginia Insurance Counseling and Advocacy Project (VICAP) use volunteers to help meet their missions. VICAP, which is part of the Department for the Aging's Elder Rights/Ombudsman Services initiative, uses more than 2°) specially trained volunteers statewide to provide older persons with assistance related to understanding and obtaining private insurance and public benefits. One Area Agency on Aging operates a Volunteer Representative Payee Program for those seniors who need assistance with managing their finances, especially their Social Security benefits. Other volunteer programs provide assistance with transportation, minor home repair/weatherization, checking services (prearranged telephone contacts), visiting, house cleaning, and meal preparation. The result of the Survey on Volunteer Caregiving indicate that there are several volunteer based services to assist older persons in their homes and communities to remain active and independent. There are fewer volunteer programs focused on serving persons in long-term care facilities. However, the need for such programs and services as well as persons to volunteer their efforts exists in many areas of the Commonwealth.

There is an informal network of churches, civic organizations and other community groups which coordinate various types of volunteer service initiatives. These outreach and service programs have no formal legal standing. However, they are vital community resources which supplement many formal, agency based human service programs.

Volunteer Centers located regionally throughout the Commonwealth can provide volunteer management training and technical assistance with recruitment, training and supervision to community volunteer groups. Volunteer Centers also provide a linkage to existing resources and programs in the community which can provide specialized skills training and placement opportunities.

IV. MODEL VOLUNTEER ADVOCACY PROGRAM

This section of the report examines the Court Appointed Special Advocate Program (CASA) as a model volunteer program which provides legal standing to its volunteers. CASA volunteers assist in judicial proceedings involving allegations of child abuse or in situations where a child is in need of an advocate to represent his or her best interests.

The Court Appointed Special Advocate Program (CASA). The CASA Program exists to provide minors with advocacy assistance in legal and judicial processes where allegations of abuse and/or neglect are at issue. The decision-making capacity of the child may not allow him or her to make an informed decision which is in his or her best interest. To prevent a child from being inappropriately placed in a potentially abusive situation, a court appointed volunteer can make the decision for the child. Volunteer CASA Programs are operated under the administration of the Criminal Justice Services Board.

Federal and state law requires the appointment of a CASA representative in domestic circumstances where a child has been abused or neglected. CASA workers are trained community volunteers who speak for the best interest of the child who is brought before the court. They do not provide legal representation but provide important background information that helps attorneys present their cases to the benefit of the child. CASA volunteers are appointed by a juvenile or domestic court judge and have legal authority to investigate family and social interactions and make observations concerning the child's environment. CASA volunteers promote interdisciplinary coordination and cooperation, whenever possible, in an effort to develop a plan of action in conjunction with other local agencies and professionals. The volunteer makes recommendations to the court to help improve conditions for the child, works cooperatively with the guardian ad litern, and continues to monitor the child's case through the court system until appropriate placement or resolution is achieved.

Training is provided to CASA volunteers by the local program to orient them to their roles and to help them in the performing of their responsibilities. Initial training is approximately 25 hours in duration and includes program philosophy, importance of confidentiality, principles of advocacy, dynamics of cultural diversity, communication skills, and an overview of the juvenile court process.

CASA Programs operate under a grant from the Virginia Law Foundation. During FY 1993, the CASA Program served more than 1,000 children with the help of more than 500 volunteers. Currently there are 20 local CASA Programs in Virginia.

CASA provides a potential model which could be modified to assist older persons in special circumstances which may require legal standing for volunteers (e.g., guardianships, representative payees, or powers of attorney). There is an increasing need for volunteers to assist older persons with financial management issues and provide protection from potential exploitation and consumer scams. Modification to the <u>Code of Virginia</u> may be required to further develop this type of volunteer initiative.

V. FINDINGS

This study has identified some of the critical elements and concepts of implementing a volunteer based advocacy program. The findings point to the fact that volunteers provide a vital resource for many human services and are essential in bolstering informal support networks of

families, friends and churches, which people rely upon daily. The findings also show volunteers can play an important role in advocating for and helping empower citizens in need of assistance. Following are the study findings.

The Family is Fundamental. Many families continue to play active roles in assisting their older relatives. Many of the services and programs administered by the aging network are designed to help older persons maintain choices in living, promote independence and autonomy consistent with capacity, and assist families and caregivers to advocate for the needs of the older person. The majority of care and assistance to older persons is provided through informal networks of family, neighbors, friends, and churches.

Empowerment is the Focus. The goal of providing advocacy assistance to older personand their families is ultimately to empower them to help themselves. A critical component of many advocacy services is to educate consumers about their rights and how to advocate on their own behalf when they have a problem or concern.

Volunteers are Effective. Volunteers have been used successfully to help educate and emower older persons through numerous services and programs available through the aging network and other human service agencies. A small investment of resources in operating a volunteer program can yield significant future dividends. Volunteer based efforts within the Elder Rights/Ombudsman initiative, including the Virginia Insurance Counseling and Advocacy Project (VICAP), use volunteers to more efficiently assist persons with questions and concerns about long-term care and aging related issues. This includes educating persons about their rights as consumers, helping persons understand supplemental health insurance products and public benefits, and assisting persons in resolving problems. Providing older persons with information about their rights and options allows them to make informed choices and to plan ahead for their retirement and health care needs. This can lead to less dependence on formal agency assistance at a later time.

Volunteerism Requires Resources. Operating a successful volunteer program requires an investment in time and resources to provide appropriate and adequate recruitment, training, supervision, and recognition of the volunteers. Local resources must be identified to provide the necessary volunteer management infrastructure. While small investments can yield large future dividends, the effort must be sustained. The need, mission and support must be clear to the volunteer. Successful volunteer efforts are not possible without an infrastructure of volunteer coordinators and support staff at the local level. The ultimate cost of not capitalizing on the availability of volunteers as advocates may be higher reliance on paid agency staff who are already stretched to maximum caseload capacities in many services.

VI. CONCLUSIONS

Volunteers play a vital role in the aging network, helping older persons with a wide variety of activities and providing assistance to older persons with complex issues. Volunteers

can add to the effectiveness of the preventive and empowering aspects of the continuum of service intervention options currently available. This study reached the following two conclusions:

- 1. The Special Advocate for the Elderly (SAFE) Project is a concept which is feasible to develop and implement, given the appropriate resources and volunteer infrastructure. Currently, the network of churches, civic organizations and other community groups offers a viable, existing infrastructure through which to implement this type of volunteer initiative. In addition, training curriculums for volunteer program management are available and accessible to assist community groups develop and implement volunteer initiatives. Training to develop volunteers' technical skills (advocacy, communication, etc.) is also readily available. Linkages may be forged with local Volunteer Centers and other community programs in order to effectively develop these efforts.
- 2. The Court Appointed Special Advocate (CASA) Program represents an effective model of advocacy through a corps of trained volunteers with legal standing. CASA validates the potential feasibility of using trained volunteers to assist older persons in special legal circumstances such as guardianships, representative payees, and powers of attorney. Changes to the <u>Code of Virginia</u> could provide protection for volunteers from civil liability for good faith efforts and provide legal authority to assist older persons in these special situations.

APPENDICES

- Appendix A. House Joint Resolution No. 137
- Appendix B. List of Area Agencies on Aging
- Appnedix C. Survey on Volunteer Caregiving Programs
- Appendix D. Volunteer Services Provided by Virginia's 25 Area Agencies on Aging 1993
- Appendix E. Results of Volunteer Caregiving Survey
- Appendix F. House Bill No. 1158

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1894 SESSION

LD5548386

1	EQUSE JOINT RESOLUTION NO. 137
2	Offered January 25, 1994
3	Requesting the Department for the Asing to study the feasibility of establishing a Special
4	
5	assist senior citizens during simes of crisis.
7	Patrons-O'Brien, Albo, Connally, Dillard, Fisher, Keating, Marshall, McClure, Parrish and
8	Sherwood; Senators: Berry. Bell and Celhoun
-	Sherwood, Sensitors. Derry, men end Cennom
	and a second sec
10	Referred to Committee on Rules
11	
12	WHEREAS, older persons are expected to make up an increasingly larger segment of
13	
14	WHEREAS, although older persons accounted for nearly 13 percent of the population in
15	1989, persons aged 65 years and older are projected to increase to 23 percent of the
16	
17	WHEREAS, at the same time, persons to years of age and older are projected to make
18	up 4 percent of the population by the year 2040, as compared to 1 percent in 1989; and
19	WHEREAS, as a result, our long-term care system faces an increasing demand for a
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21	WHEREAS, budgetary limitations require that the provision of services be coupled with
22	······································
23	WHEREAS, the most opvious gap in the United States' long-term care system is the
24	limited funding for home and community services; and
25	WHEREAS, most older Americans must pay for these services or do without; and
26	WHEREAS, in many cases, older citizens could remain in their homes and live
27	relatively independent lives with the provision of some basic services and assistance; and
28	WHEREAS, several states have developed volunteer programs where citizens help older
29	persons with such things as balancing their checkbooks, paying bills, reminding them of
30	appointments, grocery shopping, and other chores and responsibilities which most of us take
31	for granted; and
32	WHEREAS, without these services, frail, older people with a high need for services are
33	particularly vulnerable to unnecessary or premature institutionalization; and
34	WHEREAS, the term "least restrictive" alternative is a term which we hear applied to
35	so many situations today and which should be applied to the care of the elderly as well;
36	now, therefore, be it
37	RESOLVED by the House of Delegates, the Senate concurring, That the Department for
38	the Aging is requested to study the reasibility of establishing a Special Advocate for the
39	Elderly (SAFE) Program of volunteer advocates or coordinators to assist older Virginians in
40	times of crisis.
41	The Department for the Aging shall provide staff support for the study. All agencies of
42	the Commonwealth shall provide assistance to the Department, upon request.
43	The Department shall complete its work in time to submit its findings and
- 44	recommendations to the Governor and the 1995 Session of the General Assembly as
45	provided in the procedures of the Division of Legislative Automated Systems for processing
46	legislative documents.
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51	
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AREA AGENCIES ON AGING IN VIRGINIA

PLANNING & SERVICE AREA AGENCY NAME

- MOUNTAIN EMPIRE OLDER CITIZENS, INC. P.O. BOX 888
 BIG STONE GAP, VA 24219
 MARILYN PACE MAXWELL, EXEC. DIRECTOR PHONE: 703/523-4202
- 2 APPALACHIAN AGENCY FOR SENIOR CITIZENS, INC. BOX 765 CEDAR BLUFF. VA 24609 DIANA WALLACE, EXEC. DIRECTOR PHONE: 703/964-4915 or 963-0400

JURISDICTIONS SERVED

Counties of Lee, Wise, & Scott. City of Norton.

Counties of Dickenson, Buchanan, Tazewell, & Russell.

- 3 DISTRICT THREE GOVERNMENTAL COOPERATIVE 305 SOUTH PARK STREET MARION. VA 24354-2999 *MIKE GUY, EXEC. DIRECTOR* PHONE: 703/783-8158 or 1-800-541-0933
- 4 NEW RIVER VALLEY AGENCY ON AGING 141 EAST MAIN STREET PULASKI, VA 24301 DEBBIE PALMER, EXEC. DIRECTOR PHONE: 703/980-7720 OR 639-9677
- LOA AREA AGENCY ON AGING, INC. PO BOX 14205
 ROANOKE. VA 24038
 SUSAN WILLIAMS, EXEC. DIRECTOR
 PHONE: 703/345-0451
- 6 VALLEY PROGRAM FOR AGING SERVICES, INC. PO BOX 817
 WAYNESBORO, VA 22980-0603
 ANN BENDER, EXEC. DIRECTOR
 PHONE: 703/949-7141 or 1-800-868-8727

7 SHENANDOAH AREA AGENCY ON AGING, INC. 15 NORTH ROYAL AVENUE FRONT ROYAL, VA 22630-2611 CATHIE GALVIN, DIRECTOR PHONE: 703/635-7141 or 1-800-883-4122

8A ALEXANDRIA AGENCY ON AGING 2525 MOUNT VERNON AVENUE - UNIT 5 ALEXANDRIA, VA 22301-1159 *ROBERT EIFFERT, DIRECTOR* PHONE: 703/838-0920 Counties of Washington, Smyth, Wythe, Bland, Grayson, & Carroll. Cities of Galax & Bristol.

Counties of Giles, Floyd, Pulaski, & Montgomery. City of Radford.

Counties of Roanoke, Craig, Botetourt, & Allegany. Cities of Salem, Roanoke, Clifton Forge, & Covington.

Counties of F. .ckingham, Rockbridge, Augusta, Highland, & Bath. Cities of Buena Vista, Lexington, Staunton, Waynesboro, & Harrisonburg.

Counties of Page, Shenandoah, Warren, Clarke, & Frederick. City of Winchester.

City of Alexandria.

County of Arlington.

8B ARLINGTON AGENCY ON AGING 1801 NORTH GEORGE MASON DRIVE ARLINGTON, VA 22207-1999 *TERRI LYNCH, DIRECTOR* PHONE: 703/358-5030

8C FAIRFAX AREA AGENCY ON AGING 12011 GOVERNMENT CENTER PARKWAY, SUITE 720 FAIRFAX, VA 22035 CARLA PITTMAN, DIRECTOR PHONE: 703/324-5411

County of Fairfax. Cities of Fairfax & Falls Church.

County of Loudoun.

8D LOUDOUN COUNTY AREA AGENCY ON AGING 751 MILLER DRIVE, S.E., SUITE D2 LEESBURG, VA 22075 ANNE EDWARDS, ADMINISTRATOR PHONE: 703/777-0257

8E PRINCE WILLIAM AREA AGENCY ON AGING 7987 ASHTON AVENUE, SUITE 231 MANASSAS, VA 22110 LIN WAGENER, DIRECTOR PHONE: 703/792-6400

 9 RAPPAHANNOCK-RAPIDAN COMMUNITY SERVICES BOARD
 401 SOUTH MAIN STREET
 CULPEPER, VA 22701
 BRIAN D. DUNCAN, EXEC. DIRECTOR
 PHONE: 703/825-3100

10 JEFFERSON AREA BOARD FOR AGING 2300 COMMONWEALTH DRIVE, SUITE B1 CHARLOTTESVILLE, VA 22901 GORDON WALKER, EXEC. DIRECTOR PHONE: 804/978-3644

- 11 CENTRAL VIRGINIA AREA AGENCY ON AGING, INC. 3225 OLD FOREST ROAD LYNCHBURG, VA 24501 JO NELSON, EXEC. DIRECTOR PHONE: 804/385-9070
- 12 SOUTHERN AREA AGENCY ON AGING, INC. 433 COMMONWEALTH BLVD. MARTINSVILLE, VA 24112-4228 TERESA CARTER, EXEC. DIRECTOR PHONE: 703/632-6442 or 1-800-468-4571

LAKE COUNTRY AREA AGENCY ON AGING 1105 WEST DANVILLE STREET SOUTH HILL, VA 23970-3501 GAY CURRIE, EXEC. DIRECTOR PHONE: 804/447-7661 or 1-800-252-4464

County of Prince William. Cities of Manassas & Manassas Park.

Counties of Orange, Madison, Culpeper, Rappahannock, & Fauquier.

Counties of Nelson, Albemarle, Louisa, Fluvanna, & Greene. City of Charlottesville.

Counties of Bedford, Amherst, Campbell, & Appomatox, Cities of Bedford & Lynchburg.

Counties of Patrick, Henry, Franklin, & Pittsylvania. Cities of Martinsville & Danville.

Counties of Halifax, Mecklenburg, & Brunswick. City of South Boston.

- PIEDMONT SENIOR RESOURCES AREA AGENCY ON AGING, INC.
 PO BOX 398
 BURKEVILLE, VA 23922-0398
 RONALD DUNN, EXEC. DIRECTOR
 PHONE: 804/767-5588
- 15 CAPITAL AREA AGENCY ON AGING, INC. 24 EAST CARY STREET RICHMOND, VA 23219-3796 MARY C. PAYNE, EXEC. DIRECTOR PHONE: 804/343-3000 or 1-800-989-2286
- RAPPAHANNOCK AREA AGENCY ON AGING, INC BOWMAN CENTER. 11915 MAIN STREET FREDERICKSBURG, VA 22408 CAROL DAVIS, EXEC. DIRECTOR PHONE: 703/371-3375
- 17/18 NORTHERN NECK-MIDDLE PENINSULA AGENCY ON AGING, INC.
 PO BOX 610 URBANNA, VA 23175 ALLYN GEMEREK, EXEC. DIRECTOR PHONE: 804/758-2386
- 19 CRATER DISTRICT AREA AGENCY ON AGING
 23 SEYLER DRIVE
 PETERSBURG, VA 23805
 DAVID SADOWSKI, EXEC. DIRECTOR
 PHONE: 804/732-7020

 20 SOUTHEASTERN VIRGINIA AREAWIDE MODEL PROGRAM, INC. (SEVAMP)
 7 KOGER EXECUTIVE CENTER - SUITE 100
 NORFOLK, VA 23502-4121
 JOHN SKIRVEN, EXEC. DIRECTOR
 PHONE: 804/461-9481

21 **PENINSULA AGENCY ON AGING, INC.** 739 THIMBLE SHOALS BOULEVARD, EXECUTIVE CENTER BUILDING 1000, SUITE 1006 NEWPORT NEWS, VA 23606-3562 *WILLIAM MASSEY, EXEC. DIRECTOR* PHONE: 804/873-0541

22 EASTERN SHORE AREA AGENCY ON AGING -COMMUNITY ACTION AGENCY, INC. PO BOX 8 49 MARKET STREET ONANCOCK, VA 23417 GEORGE V. PODELCO, EXEC. DIRECTOR PHONE: 804/787-3532

> Prepared by the Virginia Department for the Aging - 10/94 700 East Franklin Street, 10th Floor Richmond, VA 23219-2327 (804) 225-2271

Counties of Nottoway, Prince Edward, Charlotte, Lunenburg, Cumberland, Buckingham, & Amelia.

Counties of Goochland, Powhatan, Henrico, Chesterfield, Charles City, Hanover, & New Kent. City of Richmond.

Counties of Caroline, Spotsylvania, Stafford, & King George. City of Fredericksburg.

Counties of Westmoreland, Northumberland, Richmond, Lancaster, Essex, Middlesex, Matthews, King & Queen, King William, & Gloucester.

counties of Dinwiddie, Sussex, Greensville, Surry, & Prince George. Cities of Petersburg, Hopewell, Emporia, and Colonial Heights.

Counties of Southampton, & Isle of Wight. Cities of Franklin, Suffolk, Portsmouth, Che⁻apeake, Virginia Bez, & Norfolk.

Counties of James City & York. Cities of Williamsburg, Newport News, Hampton & Poquoson.

Counties of Accomack & Northampton.

VOLUNTEER CAREGIVING PROGRAMS

Person Completing Form_			SUA
Program Name and/or Sponsor			
	Pho	me	
Area served	Fric		
Services (Check)			
	Minor Home Renair/Maint	Respite	Checking
Meals Prep	Minor Home Repair/Maint Visiting Cleaning	Hospice	Other
Comments	·		
Program Name and/or			
Sponsor			
Contact	Pho	one	
Area served			
Services (Check)			
Transportation	Minor Home Repair/Maint	Respite	Checking
Meals Prep.	Minor Home Repair/Maint Visiting Cleaning	Hospice	Other
Comments			
Area served Services (Check)	Pho Minor Home Repair/Maint	ne Respite	
Meals Prep.	Visiting Cleaning	Hospice	Other
Comments			
Program Name and/or Sponsor			
Contact	Pho	me	
Area served			
Services (Check)		·	
	Minor Home Repair/Maint		
	Visiting Cleaning	Hospice	_ Other
Comments			

VOLUNTEER SERVICES PROVIDED BY VIRGINIA'S 25 AREA AGENCIES ON AGING - 1993

Title III Services	1	2	3	4	5	6	7	8A	8B	8C	8D	8E	9	10	11	12	13	14	15	16	17/18	19	20	21	22
Volunteer Programs	x	x	x				x		x	x		x	x	x	x	x			x	x	x	x			
Non-Title III Resources	<u> </u>																								
Foster Grandparent Program	 				x					 						}	<u> </u>		X			x			
Retired Senior Volunteer Program	X		x	x	X		x				x		X	x							x		х		
Senior Companion Program																							X		
Tax Counseling for the Elderly					x										X							x			
Volunteer Representative Payee Guardianship Program																			x						

FOOTNOTE: BASED ON 1993-1995 AREA PLANS

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VOLUNTEER CAREGIVING PROGRAMS

SURVEY RESULTS

Type of Service	Pla	nin	g Sei	rvia	e An	ea (1	PSA)	**							
	01	02	03	04	07	8B	8C	8E	10	11	13	15	17/18	19	22
Transportation	х	x	x	x	x	x	x	x	x			X		x	
Home Repair		x	x	x	x	x	x	x	x			x		x	
Respite	х	x		x	x	x	x		x	x		x		x	
Checking	x	x	x		x	x	x	x	x		x	X		x	
Meal Preparation	x	x	x		x	x		X	x					x	
Visiting	x	x	x	x	x		x	x	x		x	X		x	
Cleaning	x	x		x			x		x			x		x	
Hospice	x		x		x	x			x		x		x		x
Other *		x	x		x		x	x	X	x				x	x

* Other includes volunteer guardians, volunteer Ombudsmen, and a volunteer representative payee program.

** See Appendix for a listing of the Area Agencies on Aging and their PSAs.

1994 SESSION

APPENDIX F LD0719625

¥. **HOUSE BILL NO. 1158** ź Offered January 25, 1994 3 A BILL to amend the Code of Virginia by adding in Chapter 3 of Title 8.01 an article 4 rumbered 20.1, consisting of sections numbered 8.01-217.1 through 8.01-217.5, relating 5 to the Volunteer Immunity and Charitable Organization Liability Limitation Act. 6 7 Patrons-Albo, Callahan, Dudley, Giesen, Howell, Marshall, McClure, Morgan, Plum, Purkey 8 and Ruff; Senators: Calhoun, Stosch and Woods 9 10 Referred to Committee for Courts of Justice 11 12 Be it enacted by the General Assembly of Virginia: 1. That the Code of Virginia is amended by adding in Chapter 3 of Title 8.01 an article 13 numbered 20.1, consisting of sections numbered 8.01-217.1 through 8.01-217.5 as follows: 14 15 Article 20.1. 16 Volunteer Immunity and Charitable i7 Organization Liability Limitation Act. 18 § 8.01-217.1. Declaration of intent. 19 Charitable organizations within the Commonwealth perform essential and needed 20 services. It is therefore the intent of the legislature to encourage the formation of 21 charitable organizations, to promote charitable donations, to preserve the resources of 22 charitable organizations and to encourage volunteer and charitable organizations by 23 limiting the liability of charitable organizations and volunteess. 24 § 8.01-217.2. Definitions. 25 As used in this article: 26 "Charitable organization" means any organization exempt from federal income taxation 27 by virtue of being described under § 501(c)(3) of the Internal Revenue Code. 28 "Good faith" means the honest, conscientious pursuit of activities and purposes that a 29 charitable organization is organized and operated to provide. 30 "Government entity" means any county, city, town, school district, chartered unit or 31 subdivision, governmental unit, other special district, similar entity, or any association. 32 authority, board, commission, division, office, officer, task force or a^her agency of any 33 state. 34 "Health care" means any act performed or furnished by a health care provider for. to. 35 or on behalf of a patient pertaining to the diagnosis or treatment of any disease or **36** disorder, mental or physical, or any physical handicap, deformity or injury. 37 "Health care provider" means any person, partnership, professional association. **38** corporation, facility or institution licensed, certified or accredited by the Commonwealth to **39** provide health care, including but not limited to a physician, licensed practical nurse. 40 registered nurse, hospital, dentist, podiatrist, pharmacist, nursing home or any officer. 41 employee or agent thereof acting in the course and scope of his employment. 42 "Volunteer" means any person, including a director, officer, trustee or direct service 43 volunteer, who renders service for a charitable organization, nonprofit corporation, a 44 hospital, or a government entity without compensation, other than reimbursement for 45 actual expenses incurred. § 8.01-217.3. Civil immunity for volunteers. 46 47 A. Except as provided in subsection B of this section and § 8.01-217.5, a volunteer who 48 is serving a charitable organization in any capacity is immune from civil liability for any 49 act or omission occurring on or after July 1, 1994, resulting in death, damage. or injury if 50 the volunteer was acting in good faith and in the course and scope of his duties or **51** functions within the organization. E. A volunteer acting in good faith and in the course and scope of his duties or 52

53 functions within the charitable organization is not liable to a person for death, damage, or 54 injury to the person or his property proximately caused by an act or omission occurring House Bill No. 1158

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i on or after July 1. 1994, arising from the operation or use of any motor-driven equipment.
including an airplane, except to the extent of any existing insurance coverage applicable
to the equipment and the act or omission.

§ 8.01-217.4. Limitation on liability of charitable organizations.

5 Except as provided in § 8.01-217.5, in any verdict returned or judgment entered against 6 a charitable organization based on an act or omission by the organization or its 7 volunteers occurring on or after July 1, 1994, the total amount recoverable from the 8 charitable organization shall not exceed the lesser of (i) actual damages sustained or (ii) 9 \$300.000 for each person and one million dollars for each single occurrence of bodily 10 injury or death and \$100,000 for each single act of destruction of property and \$100.000 11 for any other injury.

12 § 8.01-217.5. Applicability.

13 A. This article shall not apply to (i) any act or omission by a volunteer or a charitable 14 organization that constitutes intentional wrongdoing, or that is willfully or wantonly 15 negligent or that is done with conscious indifference or reckless disregard for the safety or 16 others nor (ii) organizations or employees that are health care providers.

17 B. This article shall not limit or modify the duties or liabilities of a member of the 18 board of directors or an officer to the organization or its members and shareholders and 19 shall not affect the powers and duties of the Attorney General with regard to the 20 charitable organizations and their directors and officers.

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