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Page 1

Q1 Issue Statement: [State the problem your recommendation will address. Insert links to reports where appropriate.]

Few older Californians have executed advance directives, which increases their risk for abuse, neglect, exploitation, impoverishment, institutionalization, and for having their rights violated.

Q2 MPA Framework Goal #: [Check which goal/s this recommendation addresses. View MPA Framework document]

Goal 4: Economic Security and Safety. We will have economic security and be safe from abuse, neglect, exploitation, and natural disasters and emergencies throughout our lives.

Q3 MPA Framework Objective #: [Check which objective/s this recommendation addresses. View MPA Framework document]

Objective 4.2: Californians will be protected from abuse, neglect, and exploitation as we age.

Q4 Recommendation: [Explain your recommendation in one to two sentences.]

All adults have opportunities to complete advanced directives to protect their autonomy and personal choices.

Q5 Target Population and Numbers: [Describe groups of Californians impacted by this recommendation, with numbers if available.]

All older adults, with an emphasis on underserved groups.

Master Plan for Aging (MPA) Recommendation Form

Q6 Detailed Recommendation: [Insert detailed bullet points describing your recommendation.]

- Develop database of advance directives that can be used to ensure they are enforced, collect information on the extent to which directives are used, by whom, and for what reasons and to identify barriers and underserved groups.
- Authorize LTC Ombudsmen or others to witness the signing of AHCDs and/or other advance directives in nursing homes and RCFEs with sufficient funding to do so.
- Raise public awareness about advance directive through campaigns that convey:
 - Advance directives ensure autonomy ("make sure you have a voice");
 - The potential risks to autonomy and independence for not having directives;
 - Advance directives are not permanent or irrevocable; and
 - The importance of advance directives for younger individuals and caregivers.
- Provide training to professionals, including APS, LTC Ombudsmen, legal service providers, private attorneys, and health and social service providers on: 1) how advance directives work, 2) types of directives; 3) when they are needed; 4) their benefits and risks; 5) sources of assistance, and 6) ensuring that they will be respected.
- Explore models (potentially through pilot projects) for raising awareness about, or assisting older adults execute, advance directives. Examples include:
 - Toolkits that include sample materials, tips, and referral sources for assistance;
 - Community events that promote conversations about health care proxies and life preferences; and
 - Clinics or events.

Q7 Evidence that supports the recommendation: [Add links or summaries of research evidence that support the recommendation. Provide links or summaries of research evidence that support your recommendation]

Respondent skipped this question

Q8 Examples of local, state or national initiatives that can be used as an example of a best practice: [Provide any available links and sources.] Local: State: National: Other:

In California

The Long-Term Care Ombudsman program in Contra Costa and Solano Counties (California) visit long-term care facilities to talk to residents about advance directives and make "warm hand-offs" to legal assistance providers.

Programs in other states

- Older Americans Act legal service providers in New York collaborated with a local bar association to conduct 2-day trainings for older adults and family members, during which participants completed worksheets on their choices. The bar association provided paralegals to assemble documents and execute the directives. Special sessions were conducted with older refugees and their families.
- A bar association in Utah provided private attorneys the opportunity to fulfill pro bono service requirements by preparing wills and advance directives for low income individuals.

Additional information provided upon request.

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Q9 Implementation: [Insert actions state agencies, legislators, counties, local government, or philanthropy can take to move this recommendation forward. Some of the entities listed below may or may not be applicable to each recommendation.] State Agencies/Departments: [action to be taken by Governor or specific state agencies] State Legislature: [legislation needed to implement recommendation] Local Government: Federal Government: Private Sector: Community-Based Organizations: Philanthropy: Other:

State Agencies/Departments: CDSS, CDA

Private Sector: Initiate partnerships with hospitals and hospital associations, medical associations, and others to expand the use of advance directives.

Community-Based Organizations: Providers of legal assistance, local and state bar associations

Administrative Offices of the Courts, Judicial Council

Q10 Person-Centered Metrics: [Individual measures of inputs or outcomes that can be used to measure the recommended action's impact on people.]

Preservation of assets, legacies, and the right to have personal choices for end of life care respected.

Q11 Measuring Success: [Describe specific metrics that could be used to empirically measure the effectiveness of your recommendation]

Respondent skipped this question

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Q12 Measuring Success: [How would we know that the implementation of your recommendation is successful?]

Short term: By 2020...

- Identify existing sources of data on advance directives (e.g. California's Secretary of State maintains a directory) to determine the type of information currently being collected, the extent to which directives are being used, and profiles of those executing directives. This data can be used to identify underserved groups.
- Gather data on:
 - Unnecessary, prolonged hospitalizations resulting from the absence of surrogate decision makers to assist with discharge plans; and
 - The extent to which legal assistance providers currently assist with advance directives.
- Authorization of witnesses to the signing of AHCDs and/or other advance directives in nursing homes and RCFEs.
- Design training program on advance directives for professionals
- Design public awareness campaigns on advance directives.

Mid term: By 2025...

- Issue report to the Legislature on barriers to access to advance directives, barriers to enforcement, and recommendations for improvements.
- Data systems of advance directives in place.
- Implementation of professional training program and public awareness campaign on advance directives.
- Heightened awareness among stakeholders, including the public, care providers, financial institutions, medical providers, or others about advance directives.

Long term: by 2030...

- A. 100% of older Californians (including residents of LTC facilities) have information about advance directives and assistance executing them.
- B. 100% compliance with the choices and wishes delineated in advance directives.

Q13 Data Sources: [What existing data can be used to measure success or progress?]: Existing data sources: [specify datasets, variables, and data owner/location] Suggestions for data collection to evaluate implementation of this goal when no data sources exist:

State data base for receiving and storing information on all advance directives.

Q14 Potential Costs/Savings: [insert any research, actuarial analysis or other evidence of the cost of this recommendation or potential savings]

Respondent skipped this question

Q15 Prioritization: [How would you prioritize your recommendation relative to other needs/priorities?]

High