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*Enhancing the Performance of Local Long Term Care Ombudsman
Programs in New York State and California*

CALIFORNIA CHARTBOOK

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Draft for Review & Comment

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This project was generously supported by The Commonwealth Fund, a New York City-based private independent foundation, the Archstone Foundation, The Jacob & Valeria Langeloth Foundation, and The New York Community Trust. We would like to thank The California LTC Ombudsman Association (CLTCOA), The New York State Ombudsman Association (NYSOA), The California Office of State Long-Term Care Ombudsman, The New York State Office of Long-Term Care Ombudsman, and The California Department of Aging for their support and assistance.

We particularly appreciate the Local Ombudsman Program Coordinators who shared their experiences and knowledge in this project.

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Background & Significance

Local Long Term Care Ombudsman Programs (LLTCOPs) advocate to protect the health, safety, welfare, and rights of residents in long-term care (LTC) facilities. LLTCOPs investigate complaints, participate in community and resident and family education, monitor laws and regulations, and advocate for changes in policy. Ombudsmen serve over two million residents of nursing homes and board & care facilities, a figure expected to rise sharply in the future (National LTC Ombudsmen Resource Center). The 1978 Older Americans Act (OAA) created 50 state level Long-Term Care Ombudsman Programs (as well as programs in the District of Columbia and Puerto Rico), that, in turn, have developed local level LTCOPs in every state.

Knowledge concerning successful programmatic approaches and barriers to program operation is essential to enhance the well-being of those residing in long-term care facilities, to strengthen LLTCOPs and to develop meaningful public policy. Although some researchers have examined state level Ombudsman Programs considerably less is known regarding the effectiveness of LLTCOPs.

Previous Literature

The project builds on the 1995 Institute on Medicine report *Real People Real Problems: An Evaluation of the Long-Term Care Ombudsman Programs of the Older Americans Act* and the 2001 Kaiser Family Foundation study of *The Effectiveness of State Long Term Care Ombudsman Programs* (Estes, Goldberg, et. al., 2004). For additional literature, please see the Selected Literature chart in Appendix 1.

Research Goals & Questions

The goal of this project is to enhance the performance of LLTCOPs in California and identify the specific factors (activities, resources, roles and organizational characteristics) that are associated with program effectiveness to improve the quality of care for residents of LTC facilities.

Specifically, the project focuses on federally mandated activities and roles as well as associations with the organizational elements hypothesized as distinguishing effective programs: adequacy and control over resources, organizational autonomy, and inter-organizational relationships. The role and work of LLTCOPs is examined in the specific issue domains of elder abuse, neglect, and financial exploitation; post-acute, convalescent, and rehabilitative care; cultural competency; end-of-life issues; legal service and support; staffing and staff training; relationships and interagency coordination; and system advocacy.

Methods

Mixed Methods: Qualitative & Quantitative

Survey Data: In-depth semi-structured telephone interviews were conducted with representatives from local Ombudsmen Programs in California. The interview (1 hour \pm) consisted of open and closed-ended questions addressing the performance and activities of the program and perceptual questions (perceived effectiveness and barriers to fulfilling program mandates).



National Ombudsmen Reporting System (NORS) Data: NORS data provide objective information about LLTCOPs and program activities including staff size, number of LTC facilities served, and number and types of complaints reported. NORS data from each local program in California for FY 2002–2003 (most recent available data) were linked with local survey data. It should be noted that NORS data used in the study and the time during which interviews were conducted (2004) are proximate but not identical. Integration of both sources of data serves to enhance the overall information collected about local ombudsman programs.

Participation

Survey Interview: Participation in the Local Long-Term Care Ombudsman Survey was voluntary. Representatives from each of the programs were contacted directly by the research staff. Overall, Program Coordinators from 35 of the 35 LLTCOPs in California participated in the survey interview, representing a participation rate of 100% of the local programs in the state.

NORS Data: NORS data were collected from the California State Long-Term Care Ombudsman Office for all of the programs. Any discrepancies were addressed with the State office. **Note:** *Additional confirmatory analyses are presently being carried out by research staff related to the California NORS Data. Consequently, NORS related findings presented in this Chartbook are preliminary.*

Participatory Research Design

The project is committed to collaborative community-based participatory research. Utilizing a **Project Advisory Committee** comprised of key persons with knowledge and experience related to ombudsman programs and long-term care to assist in every phase of the research design, planning, and implementation, the project is a collaboration with the California Long Term Care Ombudsman Association (CLTCOA).

How to Use this Chartbook

The California Chartbook is a resource for practitioners, organizations, policymakers, researchers and others concerned with LLTCOPs. Each section of the Chartbook addresses a particular topic area relating to LLTCOPs. Charts within each section provide specific data in an easy to read form. The source of data for each chart is provided at the bottom of the page. *Note:* For those who desire more technical data, detailed information is available upon request from the authors.

Terminology

Local Long Term Care (LTC) Ombudsman Program

The term “**Local**” Long–Term Care Ombudsman Program is used throughout this document to describe the Ombudsman Programs operating within specific locales within a given state. The term ‘**Local**’ is intended to distinguish these programs from the “**State**” Level Long–Term Care Ombudsman Program. Alternative terms, such as ‘regional’ or ‘substate’ are also appropriate terms that may be used by certain programs within a state to describe their own particular program.

Program Coordinator

We use the term “**Coordinator**” to designate the person who is lead or head person responsible for a given LLTCOP. Though we recognize that some programs (or states) may designate different titles for this position, such as substate coordinator, program director, etc... , for the purposes of this Chartbook, Coordinator is used to refer universally to the head of a LLTCOP.

Nursing Homes

We use the term “**Nursing Home**” to refer to skilled nursing facilities.

Board & Care Facilities

To maintain consistency with the Administration on Aging terminology, we use the term “**Board & Care**” to refer to LTC Facilities, other than Nursing Facilities (and/or Skilled Nursing Facilities). Board & Care Facilities are also commonly termed Assisted Living Facilities and/or Residential Care Facilities (among other terms). Board & Care facilities may range in size and scope of available services offered, but do not provide residents with the level of nursing services available within a Nursing Home.

Host Agency

The “**Host Agency**” is the organization in which the LLTCOP is located or the sponsoring organization. This is often the Area Agency on Aging (AAA), but it is also common that a local nonprofit serves as a host agency. Other arrangements are also possible, such as being situated in another government department or operating as a free–standing non–profit agency in the community.

Other Terms used in the Chartbook

Federal Mandates

The five specific activities outlined in the Older Americans Act (OAA) which include: (1) complaint investigation; (2) resident and family education; (3) community education; (4) monitoring federal, state and local law, regulations, and other government policies and actions; and (5) legislative and administrative policy.

Funded & Unfunded Mandates

Aside from the specific federal activities mandated by the OAA (see above) many states have added additional activities to the ombudsmen's duties. If they are given funds specifically for that duty, it is a funded mandate; if they are not, it is an unfunded mandate.

Law enforcement agencies

Law enforcement agencies include municipal police departments, county sheriff, and the district attorney.

Citizen's Advocacy Groups

Community groups that advocate for residents of long-term care facilities.

Short Term Residents

Residents whose stay in a LTC facility is expected to last less than 100 days. These residents are often recovering from an acute illness or injury, and are often receiving rehabilitation.

Cultural Competency

A heightened awareness and ability to recognize and respond to similarities and differences among persons based on cultural, ethnic, religious, socioeconomic and/or sexual orientation and make improved decision bases on that awareness.

Systems Advocacy

Efforts such as monitoring, gathering and analyzing and communicating information in an effort to see necessary change in laws, policies, or practice affecting residents of LTC facilities.

IMPORTANT:

THIS DRAFT EDITION OF THE CHART BOOK IS PROVIDED
FOR "REVIEW & COMMENT"

A COMMENT FORM HAS BEEN INCLUDED
ON THE FINAL PAGE

Highlights

In this chapter we present general program characteristics to describe Local Long-Term Care Ombudsman Programs in California.

Data for this chapter were drawn from the Local Long Term Care Ombudsman Survey, National Ombudsman Reporting System (NORS), and information provided by the California State LTCOP.

Key Issues:

- The majority of California LLTCOP Coordinators work in a Full-Time capacity, while approximately 9% reported holding Part-Time positions as Ombudsman.
- The majority of California LLTCOP Coordinators have more than four years experience. More than one-fifth have more than ten years experience, while nearly one-quarter had two or less years of experience.
- The location of California LLTCOPs varied. While more than one-third of programs reported their hosting agency was a Multi-Purpose Non-Profit Agency, while about one-quarter reported their Local LLTCOP was a Free-Standing Non-Profit entity and nearly one-quarter reported that their program was hosted by an Area Agency on Aging.
- Preliminary findings indicate that just over half of California LLTCOPs had less than three Full-Time Equivalent (FTE) staffing for their program staffing [final data analysis being confirmed].
- Preliminary findings indicate that more than half of the California LLTCOPs reported having fewer than 30 certified volunteer ombudsmen, though nearly one-third reported having more than 45 certified volunteers [final data analysis being confirmed].
- Preliminary findings indicate that just over half of California LLTCOPs serve less more than 100 LTC facilities in their service area, and more than one-third served more than 200 LTC facilities, a majority being nursing homes [final data analysis being confirmed].
- Preliminary findings indicate that nearly two-thirds of California LLTCOPs serve more than 3,000 long-term care beds in their service area, a majority being nursing beds; though one-fifth served 1,500 or fewer. [final data analysis being confirmed].
- Preliminary findings indicate that the average number of complaints recorded by California LLTCOPs was 881 and 392 in Nursing Homes and Board & Care Facilities, respectively. Numbers of recorded complaints varied greatly, from 17 to 6,735 in nursing facilities, and 1 to 1,657 in Board & Care facilities [final data analysis being confirmed].
- Preliminary findings indicate that overall, the most common recorded complaint categories across California LLTCOPs were, first, Care Related complaints and second Abuse, Gross Neglect, Exploitation. Care Related complaints and Abuse, Gross Neglect, Exploitation were also the most common recorded complaint categories recorded in Nursing Homes and Board & Care Facilities [final data analysis being confirmed].
- The majority of California LLTCOP Coordinators indicated that staffing issues and call lights as the most pressing issues in nursing homes and resident care and residents' rights as the most pressing issues in board & care facilities.

Local Long-Term Care Ombudsman Program Coordinators in California were asked to describe '*in their own words*' what they considered to be the mission or main goal of their program...

(

My job is to recruit, train and support volunteers to create a preventative presence in nursing homes, skilled nursing facilities and long term care facilities in the [area] I serve.

(

To strongly advocate for the protection of residents- to show them they are not alone. I work hard to make sure they know we are there and we are more than just an advocate, we are a friend.

(

Our primary goal is to advocate for rights of residents and educate people to their rights so that they can be empowered to advocate for themselves. I make sure that all piece work together- police, licensing. Because of confidentiality, we work really hard to get these entities to do what they need to do

(

It seems like everyday there is a new road block, and I realize how important our program is. If the ombudsman program wasn't there, the resident wouldn't be heard, and the staff wouldn't be heard. If we weren't here, the resident would have no one to listen. We are the ones that can make the biggest difference. We go back and check on them - we are always there. I thank God the ombudsman program exists.

(

Advocate on behalf of elderly and dependent adults in long term care, skilled nursing facilities and board and care. Give them a voice, inform them of their rights, and get other agencies, facilities and family members to honor these rights. We maintain a presence in the facilities and create a relationship of trust so they can come to us with what ever they are having trouble with. My goal is to give them the best quality of life they can have. I love the residents and they need someone to hear them.

Characteristics of LTC Ombudsman Program Coordinators

Table 2.1 [CA]: LLTCOP Coordinator position employment hours per week (N=35)

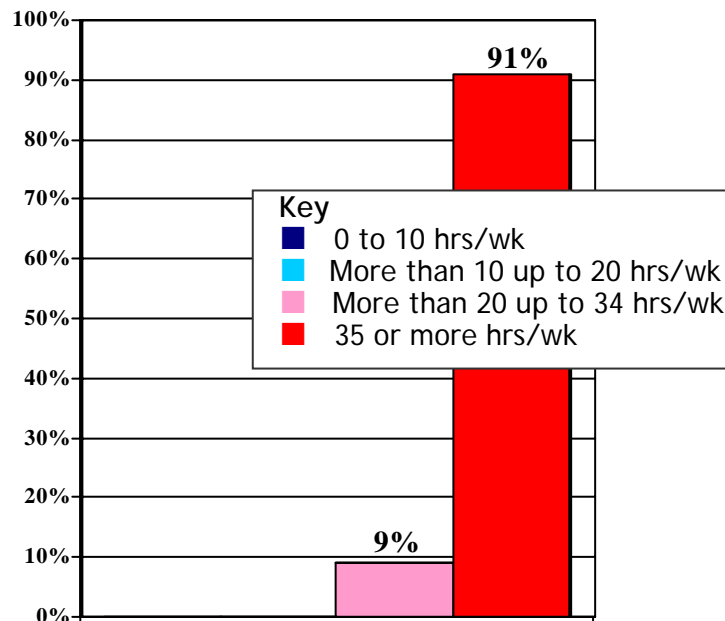


Table 2.2 [CA]: Years of Experience as an Ombudsman (N=35)

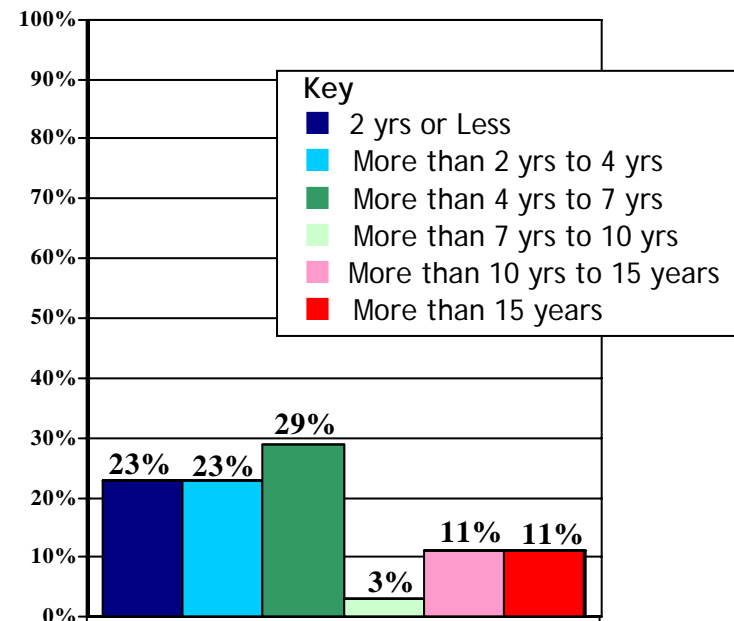


Table 2.1 [CA]: The majority of California LLTCOP Coordinators worked as Ombudsmen in a Full-Time capacity, while approximately 9% (n=3) of Program Coordinators reported holding Part-Time responsibility as Ombudsmen.

Table 2.2 [CA]: The majority of California LLTCOP Coordinators reported having more than four years of experience in their current positions with the average being nearly approximately 6 ½ years.

More than 20% of ombudsmen reported having 10 or more years of experience as program coordinators; while slightly less than one-quarter had two years or less in their current positions.

Location of Local LTC Ombudsman Programs

Table 2.3 [CA]: Location of LLTCOPs (N=35)

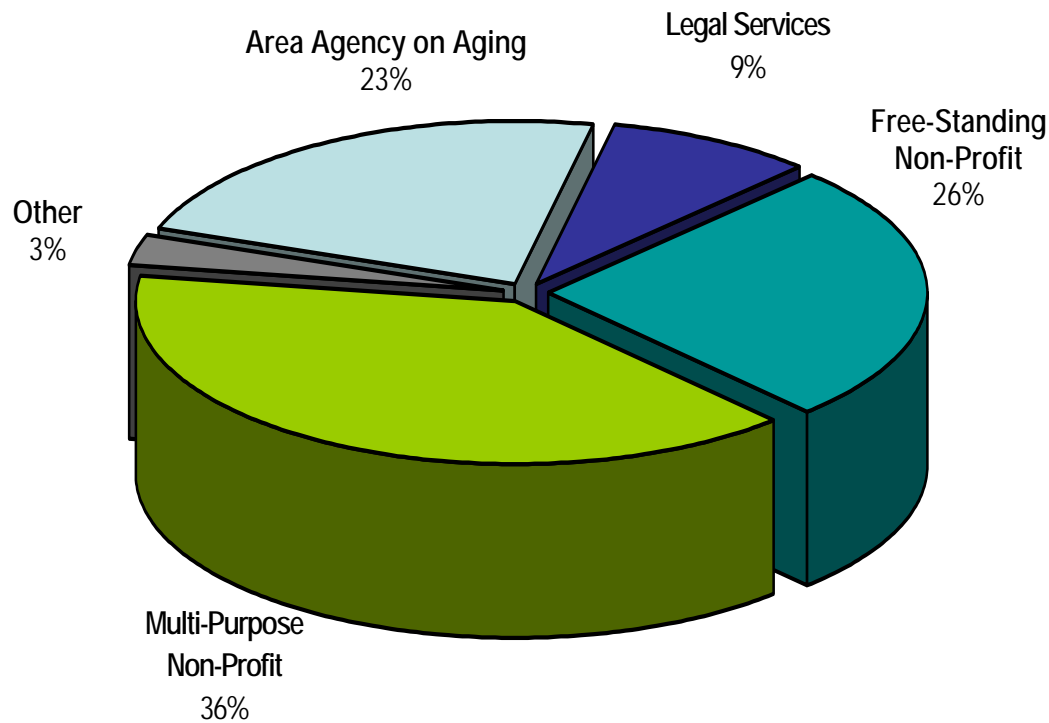


Table 2.3 [CA]: The location California LLTCOP Coordinators reported their programs were located varied. The most common reported hosting agency reported was a Multi-Purpose Non-Profit Agency (36%) while 26% reported their Local LLTCOP was a Free-Standing Non-Profit entity and 23% reported that their program was hosted by an Area Agency on Aging.

One Local Long-Term Care Ombudsman Program Coordinator described the mission or main goal of their program by the following...

To enhance the quality of life for residents in facilities. To give them a voice and courage to know that we will be beside them. Educate the community at large about the program and what we can do for them and their loved ones in long term care. Increase awareness and make sure the residents are treated with dignity and respect.

- California Local Ombudsman Program Coordinator

(

Staffing of Local Long-Term Care Ombudsman Programs

Table 2.4 [CA]: Number of Paid Program Staff (FTEs) (N=35)

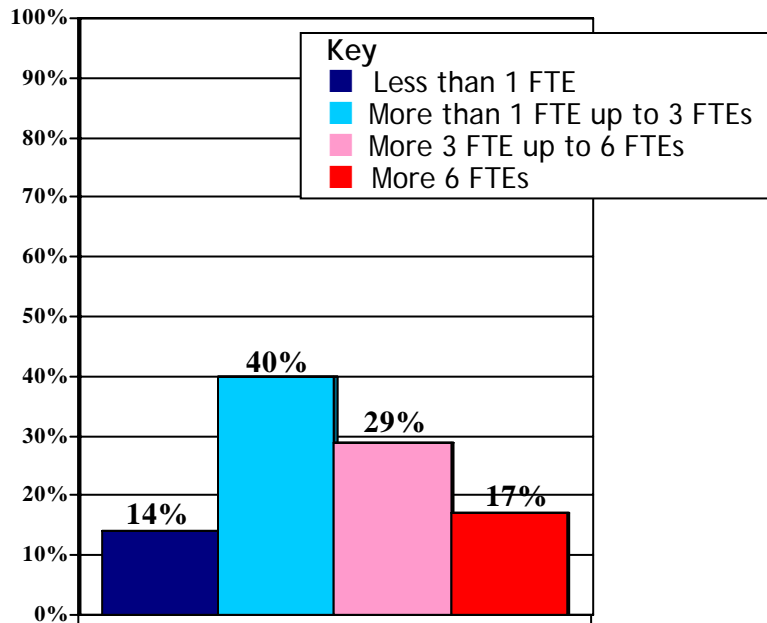


Table 2.5 [CA]: Number of Certified Volunteer Staff (Count) (N=35)

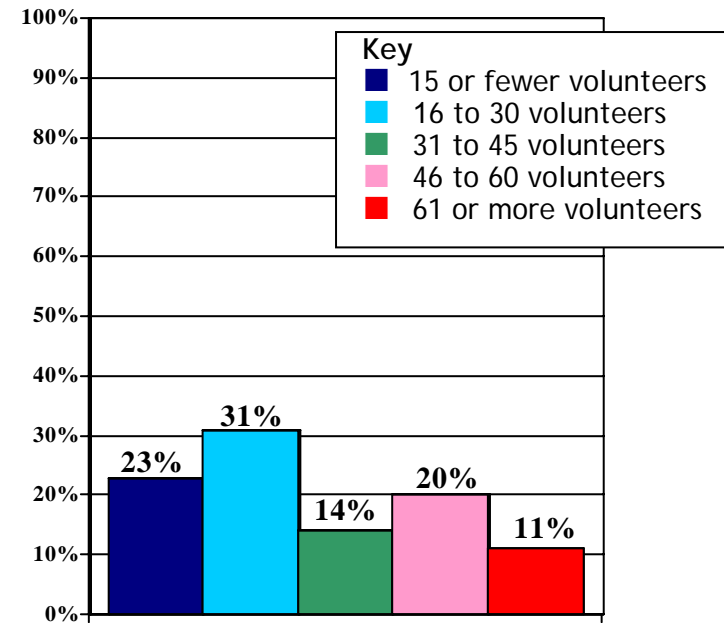


Table 2.4 [CA]: Preliminary findings indicate the majority of California LLCOPs (54%) had less than three Full-Time Equivalent (FTE) staffing for their program staffing, while 46% of the programs had three or more FTEs. The average number of Paid FTE staffing per program was approximately 3.8 (FTE) (Median = 2.8), with a total of approximately 134 Paid (FTE) Ombudsman Staff [final data analysis being confirmed].

Table 2.5 [CA]: Preliminary findings indicate that 54% of California LLCOPs had 30 or fewer Certified Volunteer Ombudsmen, while nearly one-third (31%) had more than 45 Certified Volunteer Ombudsmen in their programs. The average number of Certified Volunteers per program was more than 35, with a total of more than 1,200 Certified Ombudsmen across all the local programs FTE [final data analysis being confirmed].

Total LTC Facilities & Total Beds served by Local LTC Ombudsman Programs

Table 2.6 [CA]: Facilities (Nursing Home & Board & Care) served by LLTCOPs (N=35)

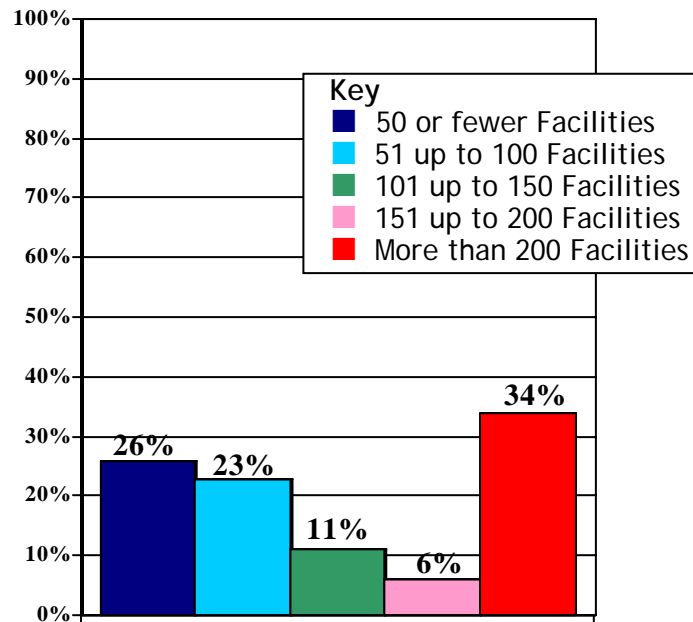


Table 2.7 [CA]: Beds (Nursing Home & Board & Care) served by LLTCOPs (N=35)

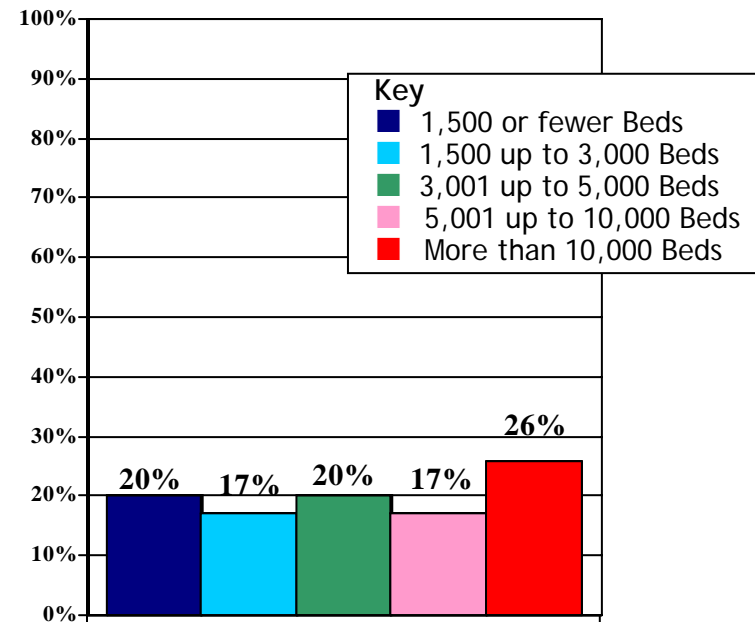


Table 2.6 [CA]: Preliminary findings indicate, on average, California LLTCOPs served about 225 long-term care facilities (Nursing Home and Board & Care Facilities) (Median = 105), representing a total of more than 7,880 facilities across the state. While more than one-fourth of local programs served less than 50 LTC facilities, approximately, one third of programs served 200 or more facilities in their region [final data analysis being confirmed].

Table 2.7 [CA]: Preliminary findings indicate, on average, California LLTCOPs served more than 8,100 Long-Term Care Facility Beds (Nursing Home and Board & Care Facilities), representing a total of more than 284,100 beds across the state. While more than one-third 37% of the local programs served 3,000 or fewer beds in their region, more than one quarter (26%) served more than 10,000 beds in LTC facilities [final data analysis being confirmed].

Nursing Home Facilities and Beds served by Local LTC Ombudsman Programs

Table 2.8 [CA]: Nursing Home Facilities covered by LLTCOPs (N=35)

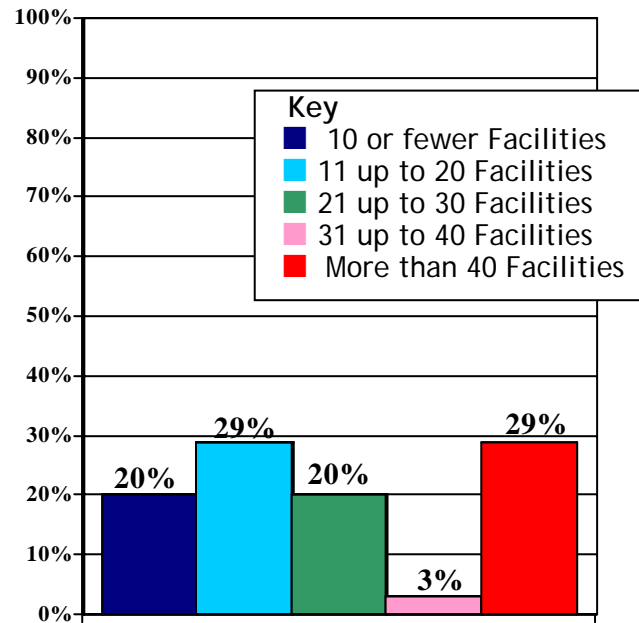


Table 2.9 [CA]: Nursing Home Beds covered by LLTCOPs (N=35)

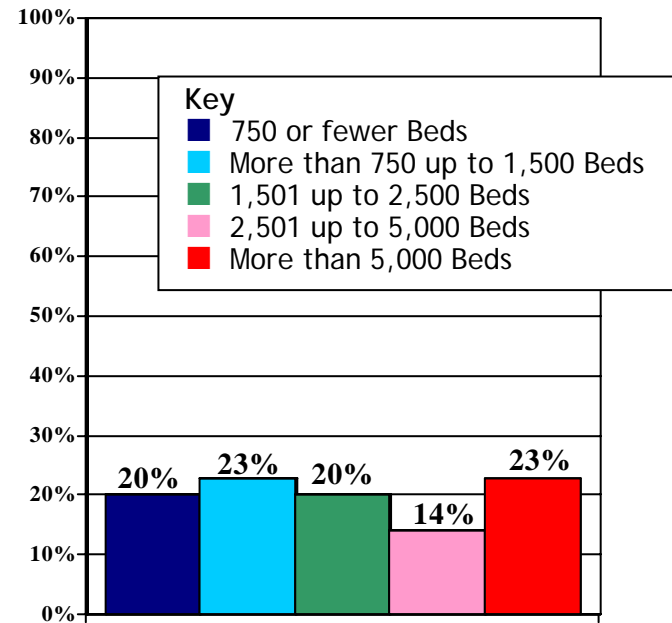


Table 2.8 [CA]: Preliminary findings indicate, on average, California LLTCOPs served slightly more than 39 Nursing Home Facilities, representing a total of more than 1,390 Nursing Home Facilities across the state. Approximately half (49%) of programs covered twenty or fewer facilities in their region, while 29% of local programs served more than 40 LTC facilities [final data analysis being confirmed].

Table 2.9 [CA]: Preliminary findings indicate, on average, that California LLTCOPs served more than 3,700 Nursing Home beds, representing a total of more than 129,000 Nursing Home beds across the state. In California, about 43% of the local Ombudsman programs served 1,500 or fewer beds in their region, while about 23% served more than 5,000 beds in LTC facilities [final data analysis being confirmed].

Board & Care Facilities and Beds covered by Local LTC Ombudsman Programs

Table 2.10 [CA]: Board & Care Facilities covered by LLTCOPs (N=35)

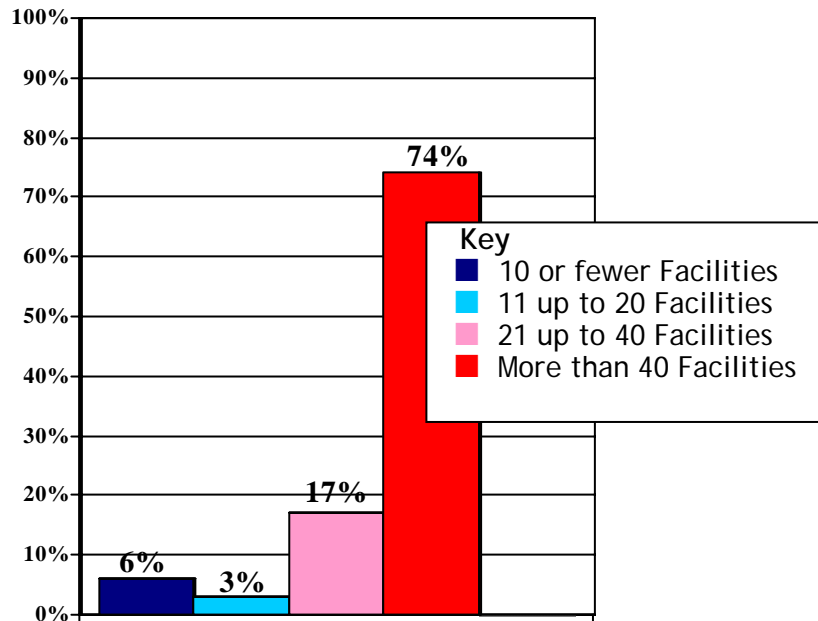


Table 2.11 [CA]: Board & Care Beds covered by LLTCOPs (N=35)

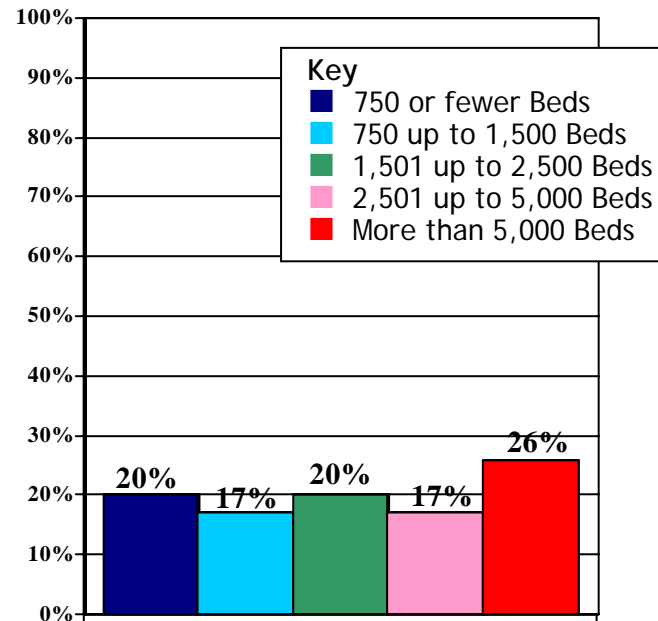


Table 2.10 [CA]: Preliminary findings indicate, on average, California LLTCOPs served approximately 185 Board & Care Facilities, representing a total of more than 6,400 facilities across the state. Approximately one-fourth (26%) of the programs served 40 or fewer facilities in their region, while nearly three quarters (74 %) of local programs served more than 40 Board & Care facilities [final data analysis being confirmed].

Table 2.11 [CA]: Preliminary findings indicate, on average, California LLTCOPs served more than 4,400 Board & Care Beds, representing a total of more than 154,400 beds across the state. About half 47% of the local ombudsman programs served 1,500 or fewer Board & Care beds in their region, while about one quarter (26%) served more than 5,000 Board & Care beds [final data analysis being confirmed].

Complaints Addressed by Local LTC Ombudsman Programs

Table 2.12 [CA]: Total Closed Complaints NORS (FY 2002-2003) (N=34)

	Nursing Homes	Board & Care
Average	881	392
Standard Deviation	1,175	397
Maximum	6,735	1,657
Minimum	17	1
Sum	29,967	13,311

Table 2.12 [CA]: Preliminary findings indicate California LLTCOPs reported an average of 1,273 complaints annually (for cases closed during the year). This represents a total of more than 43,270 complaints recorded across Local Ombudsman Programs in California involving Long-term Care Facilities (Nursing Home and Board & Care Facilities).

Preliminary findings indicate California LLTCOPs reported an average of 881 complaints annually (for cases closed during the year). This represents a total of more than 29,960 complaints recorded across Local Ombudsman Programs in California involving Nursing Home Facilities. The range in recorded complaints across programs was considerable from 6,735 maximum and 17 minimum. Approximately half of the programs reported more than 480 complaints annually (Median = 483) [final data analysis being confirmed].

Preliminary findings indicate California LLTCOPs reported an average of 392 complaints annually (for cases closed during the year) involving Board & Care Facilities in their region, representing a total of more than 13,310 complaints recorded across Local Ombudsman Programs in California involving Board & Care Facilities. The range of complaints was considerable from 1,657 maximum to 1 minimum [final data analysis being confirmed].

Table 2.13 [CA]: Ranking of Closed Complaints by NORS Sub-Groupings (Top 5 Complaint Areas Listed) (FY 2002-2003) (N=34)

(Rank 1 = Highest Average Ranked Complaint Area Across Programs).

Overall	NORS Complaint Category Type
1	Care Related
2	Abuse, Gross Neglect, Exploitation
3	Autonomy, Choice, Rights, Privacy
4	System Other [Not Against Facility]
5	Environment

Table 2.14 [CA]: Ranking of Closed Complaints by NORS Sub-Groupings by Facility Type (FY 2002-2003) (N=34)

(Rank 1 = Highest Average Ranked Complaint Area Across Programs).

Nursing Home	NORS Complaint Category Type
1	Care Related
2	Abuse, Gross Neglect, Exploitation
3	Autonomy, Choice, Rights, Privacy
4	System Other [Not Against Facility]
5	Financial, Property

Board & Care	NORS Complaint Category Type
1	Care Related
2	Abuse, Gross Neglect, Exploitation
3	Autonomy, Choice, Rights, Privacy
4	Environment
5	Financial, Property

Table 2.13 [CA]: Preliminary findings indicate The 16 NORS Complaint Category Types [A thru P] were ranked for each California LLCOP for Total Complaints reported for FY 2002-2003. Average rankings of complaint categories were calculated across programs (*Note: rankings for each local program (large /small) are equally weighted*). Overall, the complaint category ranked highest (*on average, the category most commonly reported with the highest number of complaints within each local program*) was Care Related Complaints (Care Complaints can include: *accidents; call lights; care plan; contracture; medications; personal hygiene; physician services; pressure sores; symptoms unattended; toileting; tubes; and/or wandering*). Ranked second were Abuse, Gross Neglect, Exploitation (Abuse, Gross Neglect, Exploitation can include: *abuse physical; abuse sexual; abuse, verbal/mental; financial exploitation; gross neglect; resident-to-resident physical or sexual abuse*) [final data analysis being confirmed].

Table 2.14 [CA]: Preliminary findings indicate the rankings of the 16 NORS Complaint Category Types [A thru P] for Nursing Facilities and Board & Care Facilities (top 5 categories reported)* for FY 2002-2003. The ranking of the top 3 ranked complaint categories for Nursing Facilities mirrored the total complaint rankings across California LLCOPs. Care Complaints were ranked as most common and Abuse, Gross Neglect, Exploitation ranked second and Autonomy, Choice, Rights and Privacy ranked third (Autonomy, Choice, Rights, Privacy can include: *choose personal physician; pharmacy, confinement in facility against will; dignity respect-staff attitudes; exercise choice and/or civil rights; exercise right to refuse care/treatment; language barrier in daily routine, among other specific categories*) . Similarly, Within Board & Care Facilities, the highest ranked complaint categories were the same as for overall LTC Facilities, (1) Care Related; (2) Abuse, Gross Neglect, Exploitation; and (3) Autonomy, Choice, Rights, Privacy were ranked first, second, and third, respectively. Environmental Complaints (Environment can include: *air temperature; cleanliness; equipment/building; furnishings; infection control; laundry; odors; space for activities; and /or supplies & linens*) were ranked fourth in this category [final data analysis being confirmed].

* Average rankings of complaint categories were calculated across programs (*Note: This process weights the rankings from each local program (large /small) equally*).



Local Long-Term Care Ombudsman Program Coordinators in California were asked to describe what they considered *'the two most pressing issues as presented by Residents and Families of the Nursing Homes and of Board & Care Facilities served by programs...'*

NURSING HOMES

The majority of California LLTCOP coordinators indicated resident care and residents' rights as the most pressing issues in nursing homes.

Staffing and care giving- most facilities are for-profit and they have the minimum staffing levels, so when people get sick, they are short staffed or people work doubles which leads to unsatisfactory care. Overall, quality of care suffers because of lack of staffing.

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Residents' rights as is relates to abuse and neglect- improper care, intimidation, and abuse.

-California Local Ombudsman Program Coordinators

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Many California LLTCOP coordinators reported unanswered call lights and medication concerns as examples of issues with resident care. Issues mentioned regarding residents' rights included abuse, language barriers with staff, and knowledge of rights.

BOARD & CARE

The majority of California LLTCOP coordinators indicated staff issues and residents' rights as the most pressing issues in board & care facilities:

Staffing issues- not enough, fall risks, night time care. In small facilities, there is only one person on duty, and they don't speak English.

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Dignity and respect- right to choose schedule, when to eat, when to go to bed.

-California Local Ombudsman Program Coordinators

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Other issues regarding facility staff reported by California LLTCOP coordinators include staff training and quantity. Concerns about residents' rights included the cost of board and care homes, their lack of availability for low-income seniors.

Highlights

In this chapter we present data related broadly to program effectiveness and the perceived effectiveness of Local Long-Term Care Ombudsman Programs in California.

Data for this chapter were drawn from the Local Long Term Care Ombudsman Survey, National Ombudsman Reporting System (NORS), and the California State Long-Term Care Ombudsman Program.

Key Issues:

- In addressing the federally mandated requirements, all LLTCOP Coordinators in California reported that their programs were effective in the area of *Complaint Investigation*. The majority of coordinators reported they were effective in *Resident & Family Education, Community Education, and Monitoring Federal, State, Local Laws, and Regulations*. In the area of *Legislative & Administrative Policy Advocacy* more than half of coordinators reported that their program was ineffective.
- All LLTCOP Coordinators in California reported that their program effective serving Nursing Homes and a majority reported their programs were effective in Board & Care facilities.
- Preliminary findings indicate, in FY 2002-2003, 29 of 34 LLTCOPs in California reported that at least 40% of complaints associated with Nursing Homes were resolved to the satisfaction of the resident or complainant. In Board & Care facilities, 22 of 34 LLTCOPs reported that at least 40% of complaints associated with Board & Care facilities were resolved to the to the satisfaction of the resident or complainant [final data analysis being confirmed].
- More than three-quarters of LLTCOP Coordinators in California reported that their current annual budgets were not adequate to meet all mandated Federal and State requirements. Nearly half reported that they required increases to annual budgets of 50% or more to meet all federal and state mandates.
- More than three-quarters of LLTCOP Coordinators in California reported that their current Paid Staffing was not sufficient to meet programmatic needs. Nearly half of coordinators reported that they did have sufficient Volunteer Staff to meet programmatic needs.
- Preliminary findings indicate, nearly two-thirds of the LLTCOPs in California reported Paid FTE Ombudsman Staffing to LTC Bed ratios of less than 2,000 beds to 1 FTE [final data analysis being confirmed].
- Preliminary findings indicate, more than two-thirds of the LLTCOPs in California reported expenditures of 45 dollars LTC Bed in their region [final data analysis being confirmed].
- LLTCOP Coordinators in California reported regularly performing duties in areas of *Complaint Investigation in Nursing Homes, Complaint Investigations in Board & Care Facilities* and *Routine Visits to Nursing Homes*, while a majority of Coordinators reported neglecting or partially carrying out activities related to *Legislative & Administrative Policy Advocacy* and *Monitoring Federal, State, Local Laws & Regulations* based on the availability of program resources and funds.
- Approximately three-quarters of LLTCOP Coordinators in California reported that there were *Additional Mandates* that added to their program workload. More than half of coordinators reported that there were *Conflicts with Mandates*, specifically that state laws, regulations or agency agreements conflicted with the ability of their LLTCOP to perform federally mandated duties.
- More than four-fifths of LLTCOP Coordinators in California indicated that their program was recognized as a priority by their host agency, while a small percentage disagreed.
- On average, LLTCOP Coordinators in California characterized their relationships with outside agencies and organizations positively. Program relationships with '*State LTC Ombudsman Program*' were universally rated as positive. Relations with '*Local Law Enforcement Agencies*' were less likely to be rated positively among Coordinators, though a majority did rate these relationships favorably.
- On average, LLTCOP Coordinators in California rated Training for Paid-Staff in specific identified topic as average or above. Training in '*Complaint Investigation in Nursing Homes*' and '*Investigating Abuse & Neglect (not financial)*' were universally rated as average or higher, a few specified areas were rated less favorably by a more than a quarter of coordinators, and included: '*Data Reporting Systems*', '*Mental Health Issues*', '*Post-Acute, Convalescent, Rehabilitation Issues*', and '*Systems Advocacy*'.

Local Long-Term Care Ombudsman Program Coordinators in California were asked to describe barriers to effectiveness they face...

Limited resources demand our focus to be on complaint investigation and community and family education. We have little time for broader program activities.

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Our effectiveness depends on different entities that we have to work with, collaborate with and refer to. They drop the ball and the complaints don't go anywhere.

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Because we are within county government, I can't do what I want to do. There are people that make these decisions and I am not one of them. I need to make sure that what I am saying doesn't go against what the board of supervisors thinks.

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The time available to participate is limited. I prioritize my time starting with complain investigations down, and legislative and administrative policy advocacy is the bottom rung of priorities.



Table 3.1 [CA]: Self Rated Effectiveness of LLTCOPs in meeting the specific federally mandated requirements (N=35)

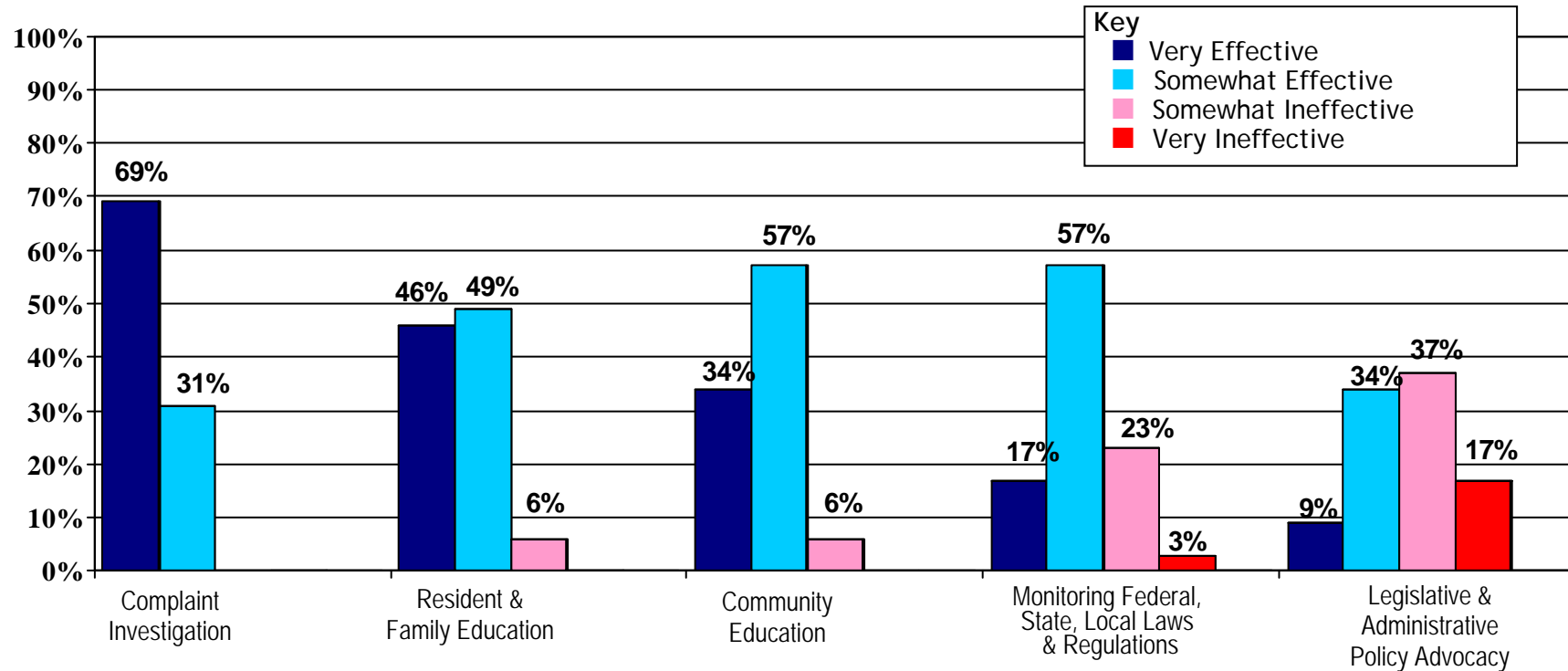


Table 3.1 [CA]: All LLTCOP Coordinators in California reported that their program is at least somewhat effective in addressing *Complaint Investigations*. A majority of coordinators reported they are at least somewhat effective in *Resident & Family Education*, *Community Education* and *Monitoring Federal, State, Local Laws, and Regulations* (95%, 91%, and 74%, respectively) Concerning *Legislative & Administrative Policy Advocacy*, however, more than half the coordinators (54%) reported that their program was either somewhat or very ineffective in legislative and administrative policy advocacy.

Table 3.2 [CA]: Self Rated Effectiveness of LLCOPs in Nursing Home Settings and Board & Care settings (N=35)

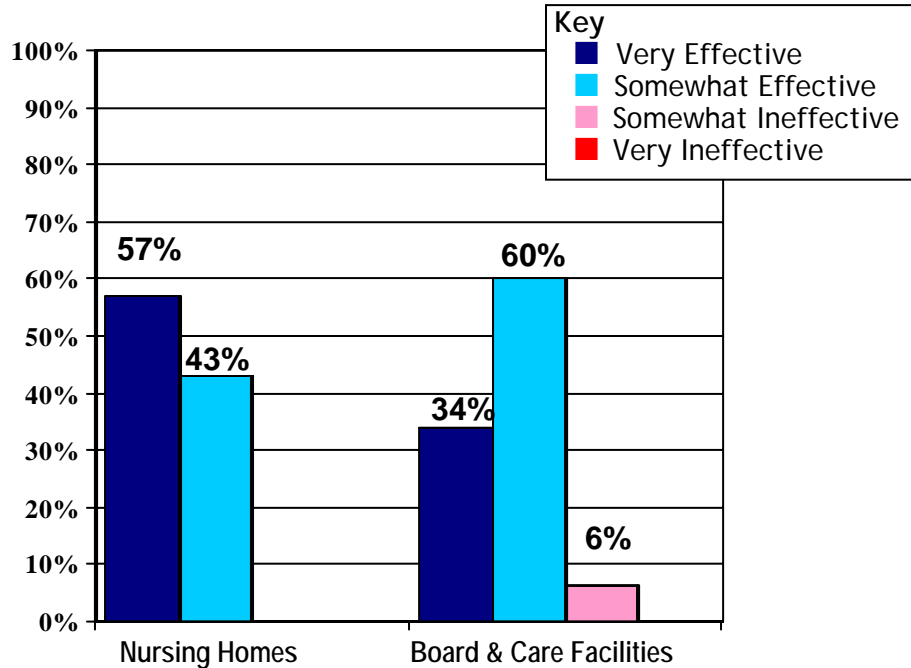


Table 3.3 [CA]: Grouping of LLCOPs by percentage of closed complaints resolved to satisfaction of resident or complainant (NH = N=34 / B&C N= 34)

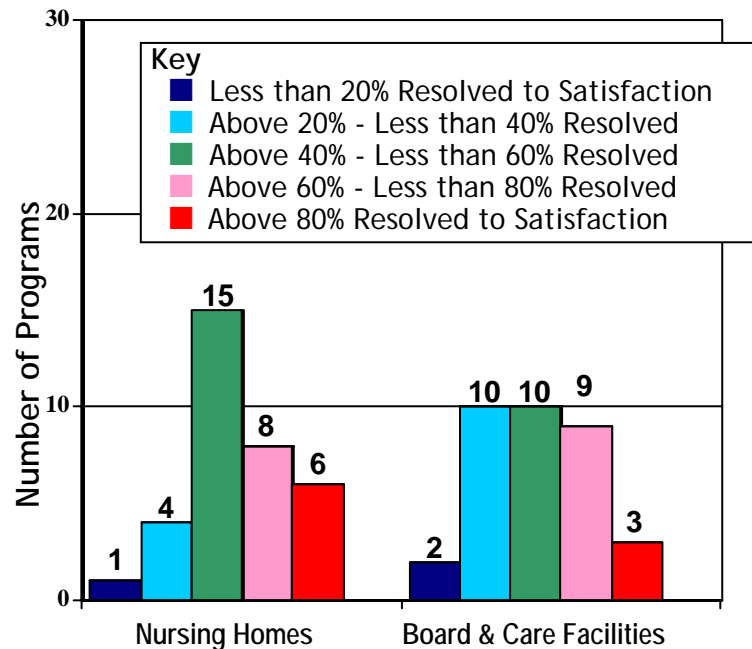


Table 3.2 [CA]: All LLCOP Coordinators in California reported that are at least somewhat effective in nursing facilities most describing their programs as very effective. The overwhelming majority of coordinators (94%) reported they were at least somewhat effective in board and care facilities.

Table 3.3 [CA]: Preliminary findings indicate, in FY 2002-2003, a majority of LLCOPs in California (29 of 34; 83%) reported that at least 40% of the complaints involving Nursing Home residents were resolved to the satisfaction of the resident or complainant, while 14 of 34 (41%) programs reported at least 60% of complaints in Nursing Homes were resolved to satisfaction of the resident or complainants [final data analysis being confirmed].

In Board & Care Facilities, nearly two thirds (22 of 34; 65%) of Ombudsman Programs in California State reported that at least 40% of the complaints involving Board & Care residents were resolved to the to the satisfaction of the resident or complainant [final data analysis being confirmed].

Table 3.4 [CA]: Estimated additional funding necessary on an annual basis in order to enable LLCOPs to meet ALL mandated Federal and State Requirements (In % increase to Annual Budget) (N=35)

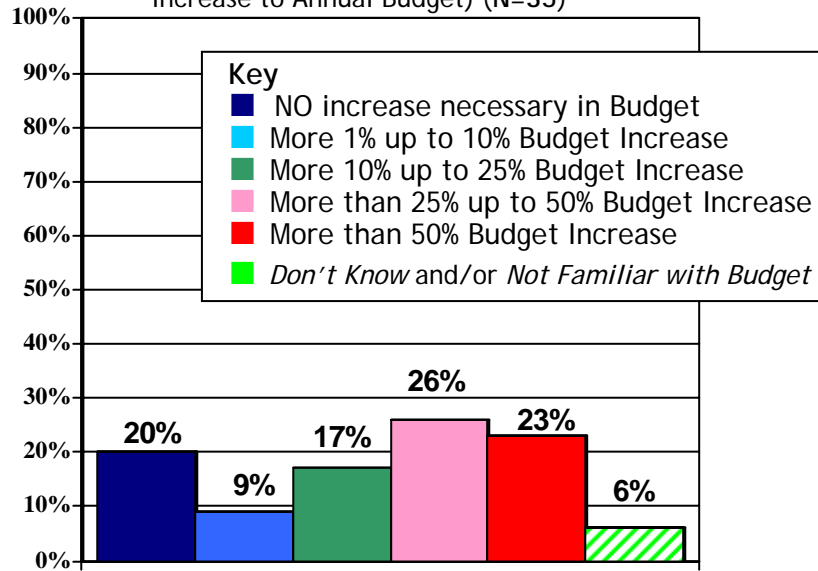


Table 3.5 [CA]: Extent to which LLCOP Coordinators perceived their LLCOP to have sufficient numbers of Paid Staff and Volunteer Staff (N=35)

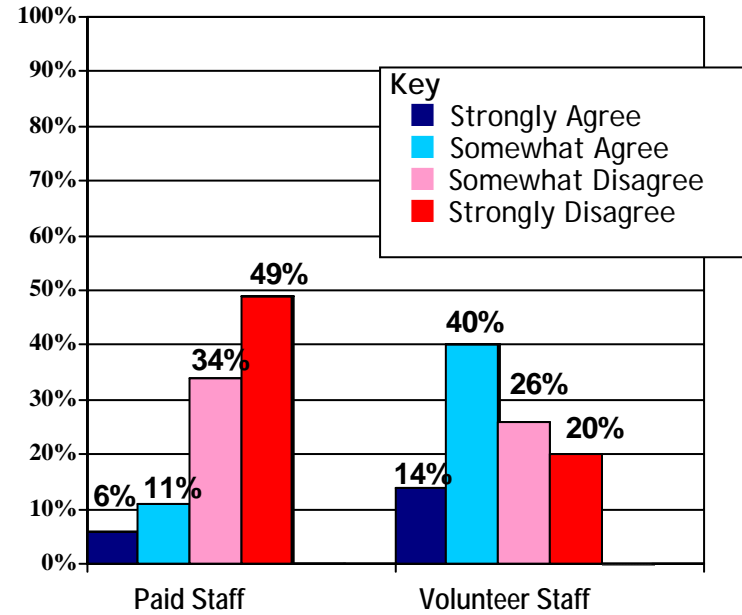


Table 3.4 [CA]: Approximately, 80% of LLCOP Coordinators in California reported that their current annual budgets were not adequate to meet all mandated Federal and State requirements. Nearly half (49%) reported that they needed an increase of 50% or more to their budgets to meet all federal and state mandates.

Table 3.5 [CA]: Less than one-fifth (17%) of the LLCOP Coordinators in California reported their program had sufficient paid staff while more than 80% indicated they somewhat or strongly disagreed that their Paid staffing was sufficient. Nearly than half (46%) of coordinators reported that they did have sufficient Volunteer staff, while one-fifth strongly disagreed that they had adequate Volunteer staff.

Table 3.6 [CA]: Ratio of Paid LLTCOPs Staff FTE to LTC Beds served by program (FY 2004) (N=35)

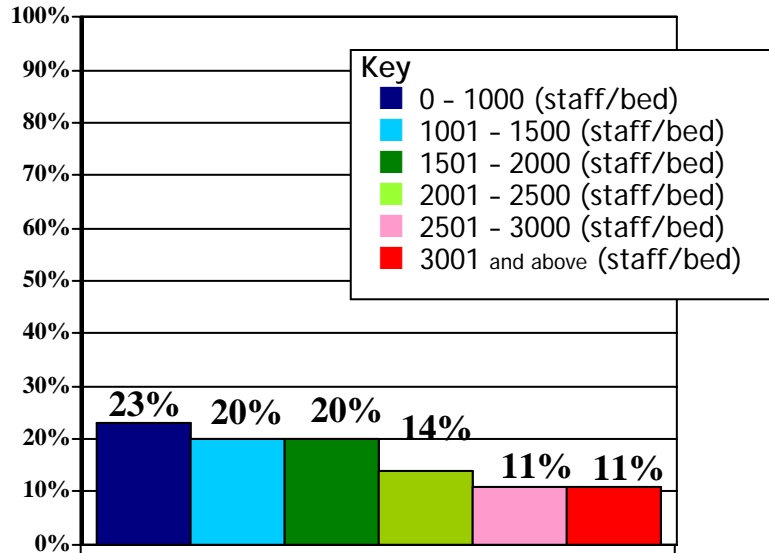


Table 3.7 [CA]: Ratio of LLTCOPs Expenditures per LTC Be served by program (FY 2004) (N=35)

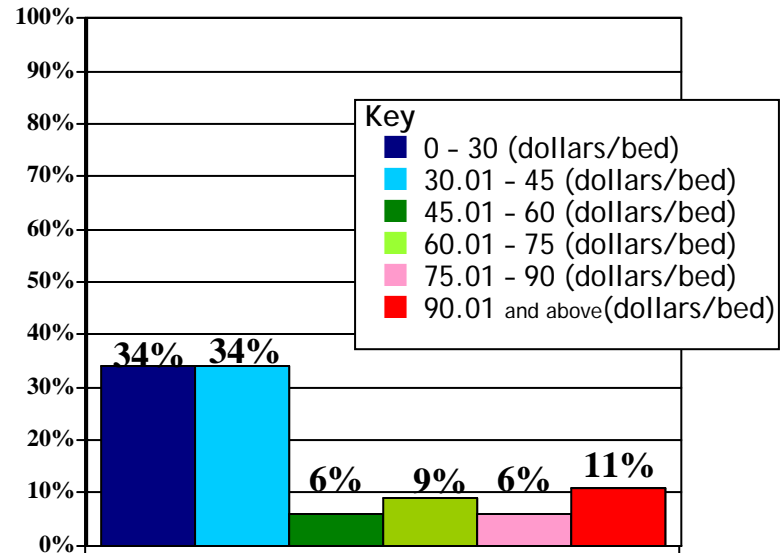


Table 3.6 [CA]: Preliminary findings indicate, nearly two-thirds (63%) of the LLTCOPs in California reported Paid FTE Ombudsman Staffing to LTC Bed ratios of less than 2,000 beds to 1 FTE. A small number of programs (11%) exhibited FTE Ombudsman Staff ratios of over 3,000 LTC Beds to 1 FTE [final data analysis being confirmed].

Table 3.7 [CA]: Preliminary findings indicate, more than two-thirds (68%) of the LLTCOPs in California reported expenditures of 45 dollars LTC Bed in their region, while a small number (11%) reported expenditures of over 90 dollars per LTC bed [final data analysis being confirmed].

Table 3.8 [CA]: Self-Reported LLTCOP activities neglected or partially carried-out because of lack of resources of funds (N=35)

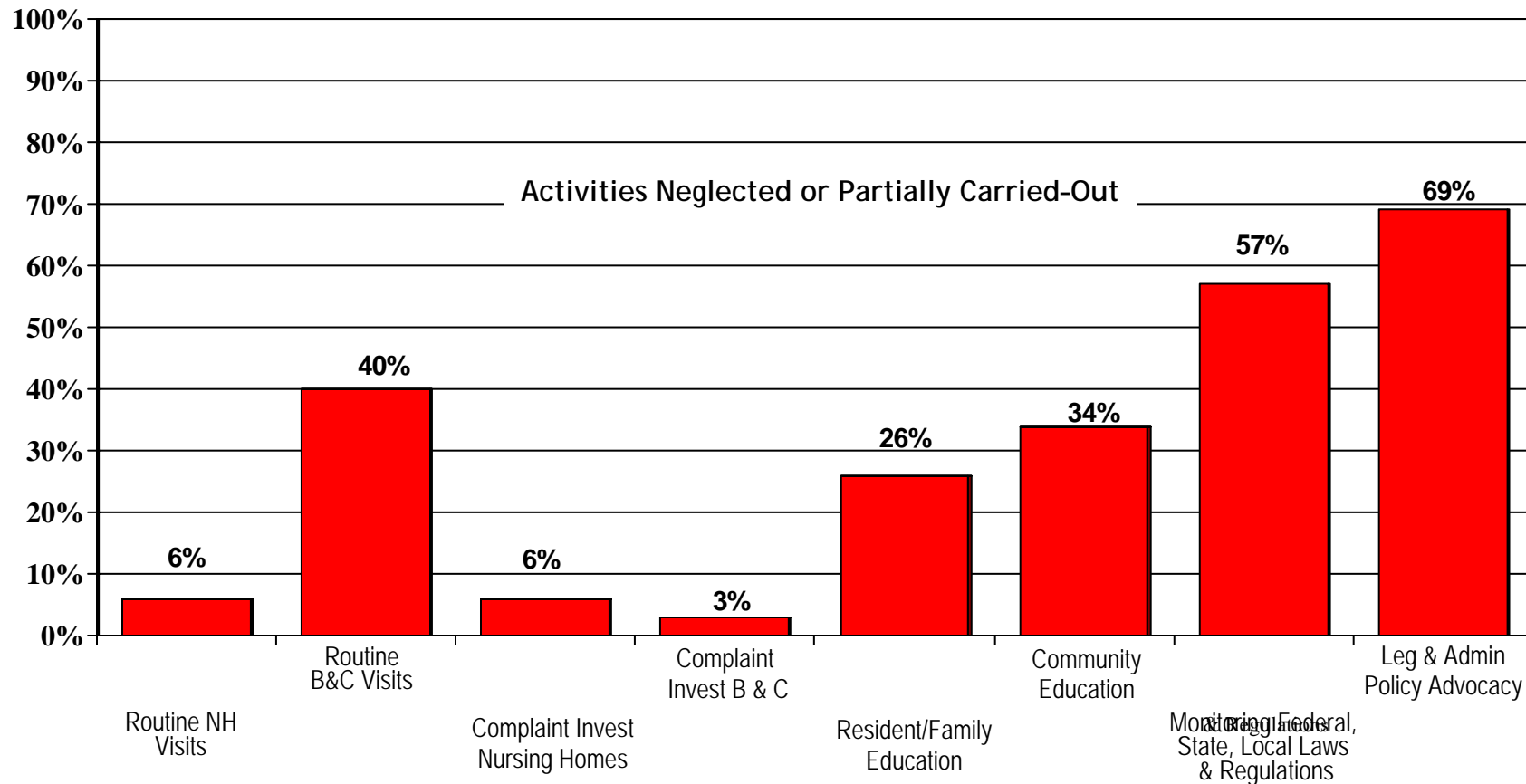


Table 3.8 [CA]: The majority of LLTCOP Coordinators in California reported they are able to perform routine duties based on the availability of program resources and funds in several specified areas. In particular, 97% of coordinators reported their programs do not neglect or partially carry-out activities related to *Complaint Investigations in Board & Care Facilities* and 94% reported similarly regarding *Complaint Investigation in Nursing Homes*. In contrast, nearly 70% of programs reported neglecting or partially carrying out *Legislative & Administrative Policy Advocacy* and 57% of programs responded similarly regarding *Monitoring Federal, State, Local Laws & Regulations* due to lack of resources.

Table 3.9 [CA]: Extent to which LLTCOP Coordinators perceived any (A) any **additional mandates** that added to workload of program or (B) any State Laws, regulations or agency agreements that **conflict** with ability of program to carry-out Federal & State mandates (N=35)

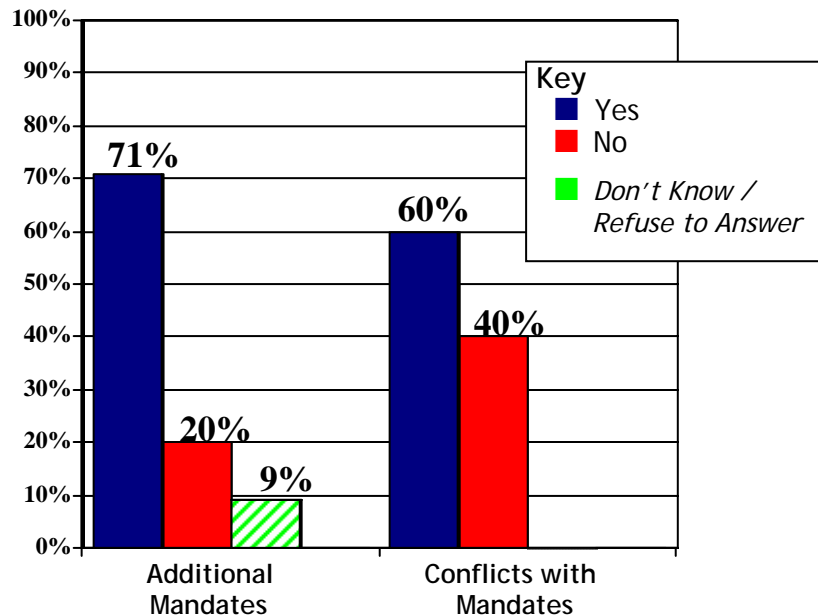


Table 3.10 [CA]: Extent to which LLTCOPs perceived that their LTCOP was recognized as a priority by your host agency (N=26)

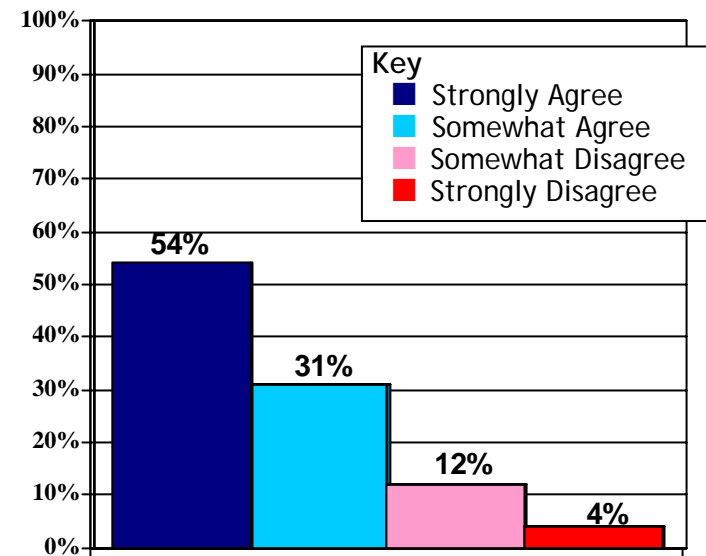


Table 3.9 [CA]: Nearly three-quarters (71%) of LLTCOP Coordinators in California reported that there were *Additional Mandates* that added to their program workload. More than half (60%) of coordinators reported that there were *Conflicts with Mandates*, specifically that state, laws, regulations or agency agreements conflicted with the ability of their LLTCOP to perform federally mandated duties.

Table 3.10 [CA]: Approximately 85% of LLTCOP Coordinators in California indicated that their program was recognized as a priority by their host agency, while a small percentage disagreed (*NOTE: 9 Free-Standing LLTCOPs not included in this analysis*).

Table 3.11 [CA]: Extent to which LLTCOP Coordinators perceived a positive relationship with other organizations/agencies (N=35)

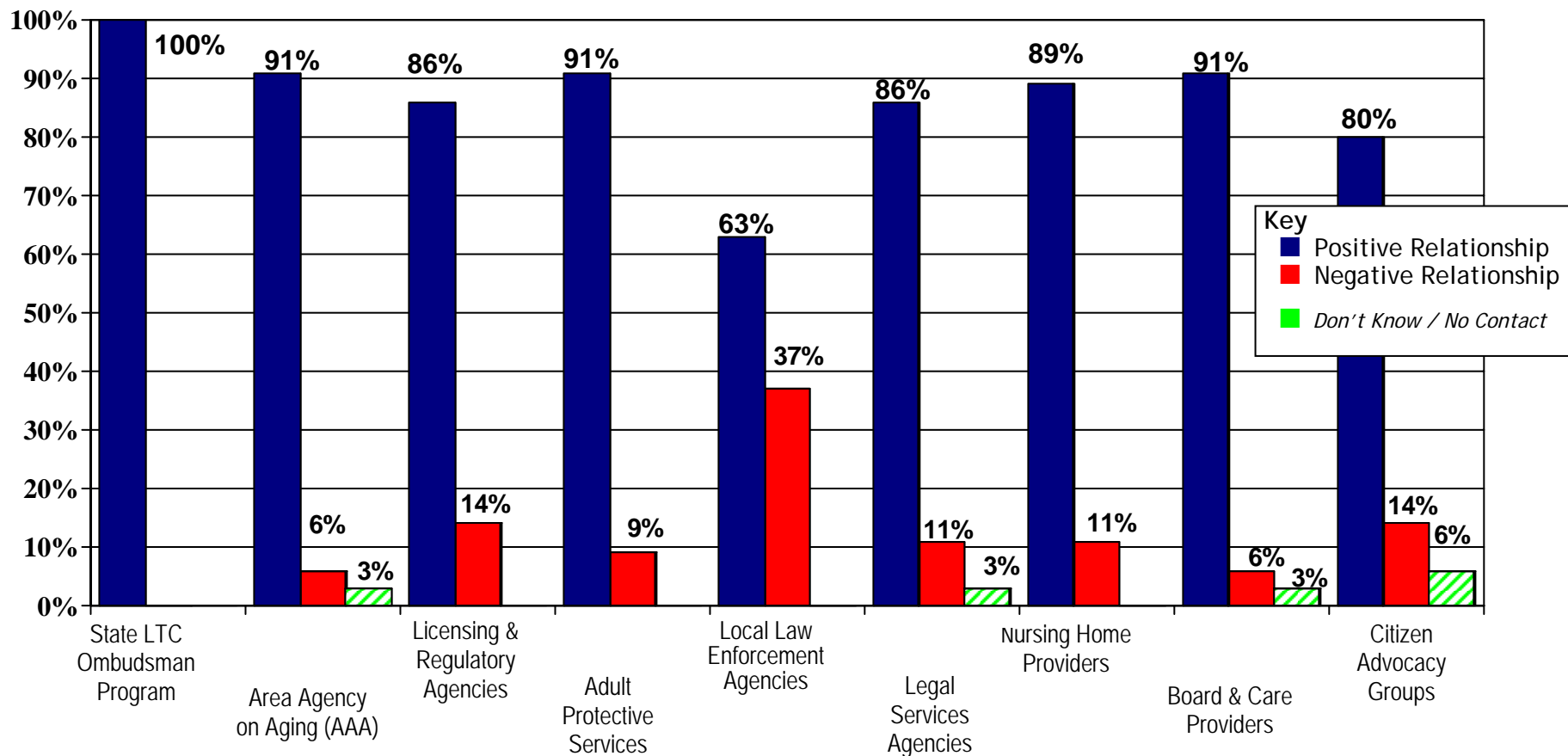


Table 3.11 [CA]: Overall, LLTCOP Coordinators in California rated their overall relationships with other specified agencies/organizations favorably. Program relationships with 'State LTC Ombudsman Program' were universally rated as positive. An overwhelming majority (91%) also rated their relationship with the 'Area Agency on Aging (AAA)', 'Adult Protective Services', 'Board & Care Providers' positively. Though most coordinators did rate relations with 'Local Law Enforcement Agencies' positively, 37% characterized these relationships negatively.

Table 3.12 [CA]: Percentage of satisfactory ratings of training provided in specific content areas for LLCOP staff members (Paid and Volunteer) (N=35)

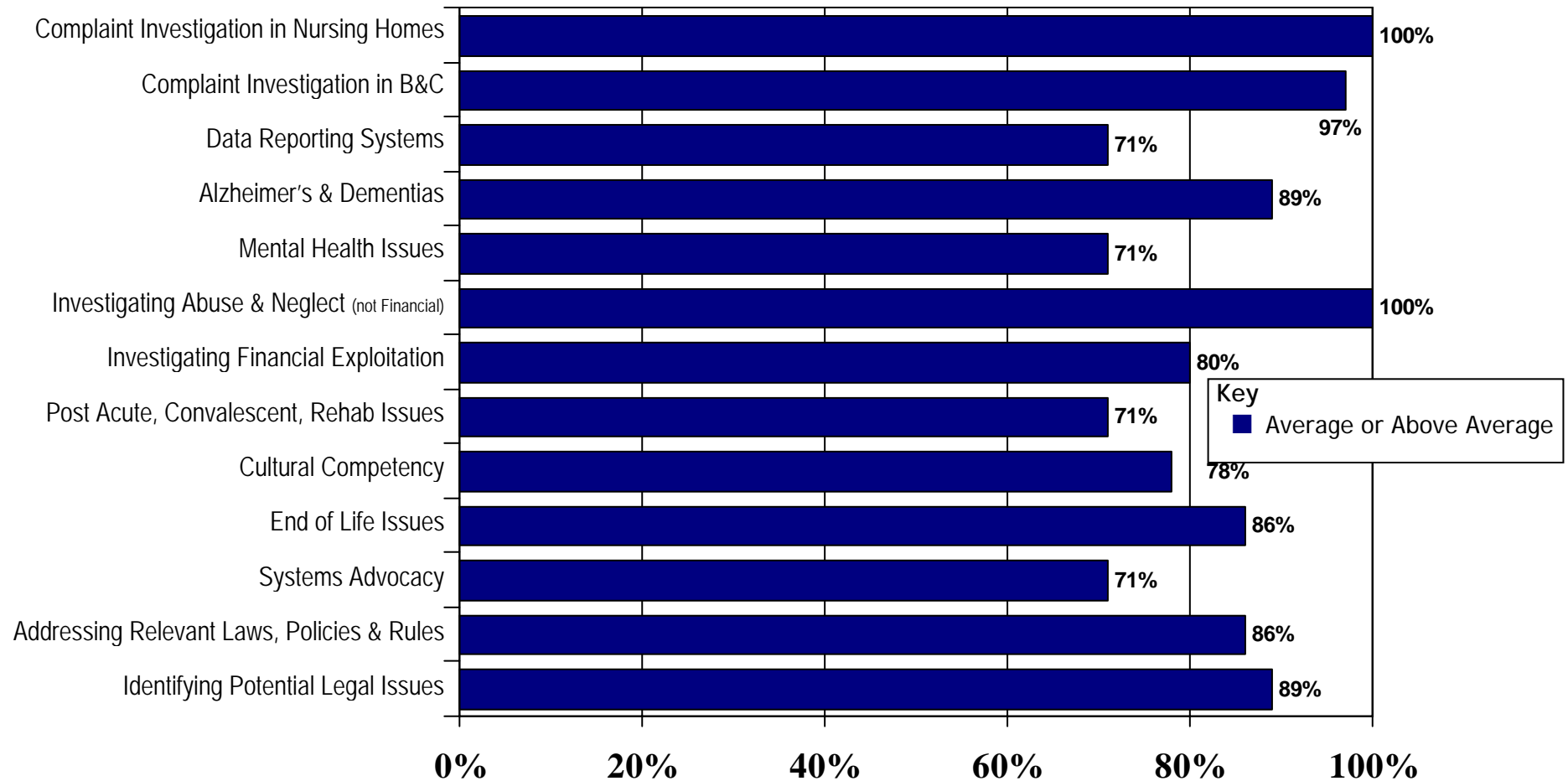


Table 3.12 [CA]: On average, LLCOP Coordinators in California rated training for paid-staff in specific identified topic as average or above. Training in 'Complaint Investigation in Nursing Homes' and 'Investigating Abuse & Neglect (not financial)' were universally rated as average or higher, and 97% rated training in 'Complaint Investigation in Board & Care Facilities' favorably. Though most coordinators rated training in 'Data Reporting Systems', 'Mental Health Issues', 'Post-Acute, Convalescent, Rehabilitation Issues', and 'Systems Advocacy' favorably, 29% of coordinators rated training for paid staff these areas as below average or not provided.

Highlights

In this chapter we present data related to specific topic areas in which Local Long-Term Care Ombudsman Programs in California are engaged. Specifically, we focus on the topics of Elder Abuse, Post-Acute, Convalescent, & Rehabilitative Services, Cultural Competency, End-of-Life Care, Systemic Advocacy, and Legal Services & Support. Data for this chapter were drawn from the Local Long Term Care Ombudsman Survey.

Key Issues:

- Self-ratings of program effectiveness indicated that most California LLTCOP Coordinators rated the performance of their LLTCOP in areas of Elder Abuse, Post Acute, Convalescent, & Rehabilitative Care, and End-of-Life Care positively.
 - In general, California LLTCOP coordinators rated the quality of training provided to paid staff addressing topics related to Elder Abuse, Post Acute, Convalescent, and Rehabilitative Care, Cultural Competency, End-of-Life Care, Systemic Advocacy and Legal Services and Support as at least average.
 - California LLTCOP Coordinators indicated that their programs engaged in a variety of specified issues related to topics related to Elder Abuse, Post Acute, Convalescent, & Rehabilitative Care, Cultural Competency, End-of-Life Care.
 - Self-ratings of the extent to which programs engaged in specific activities showed variation across programs and issues.
 - California LLTCOP Coordinators indicated that their programs engaged in a variety of specified issues related to Systemic Advocacy over the past year. Mixed responses were recorded across programs and no areas were universally reported.
- A majority of California LLTCOP coordinators reported possessing access to Legal Services & Assistance for *Resident Quality of Care and Rights Related Issues* and for *Ombudsman Program Related Matters*. Most programs reported having utilized some type of legal service or assistance related to *Resident Quality of Care and Rights Related Issues* over the past year, while nearly one-half reported having used legal services for *Ombudsman Program Related Matters*.

Elder Abuse - Physical Abuse, Gross Neglect, & Financial Exploitation

Table 4.1 [CA]: Self Rated Effectiveness of LLTCOPs in addressing complaints and concerns related to Elder Abuse (N=35)

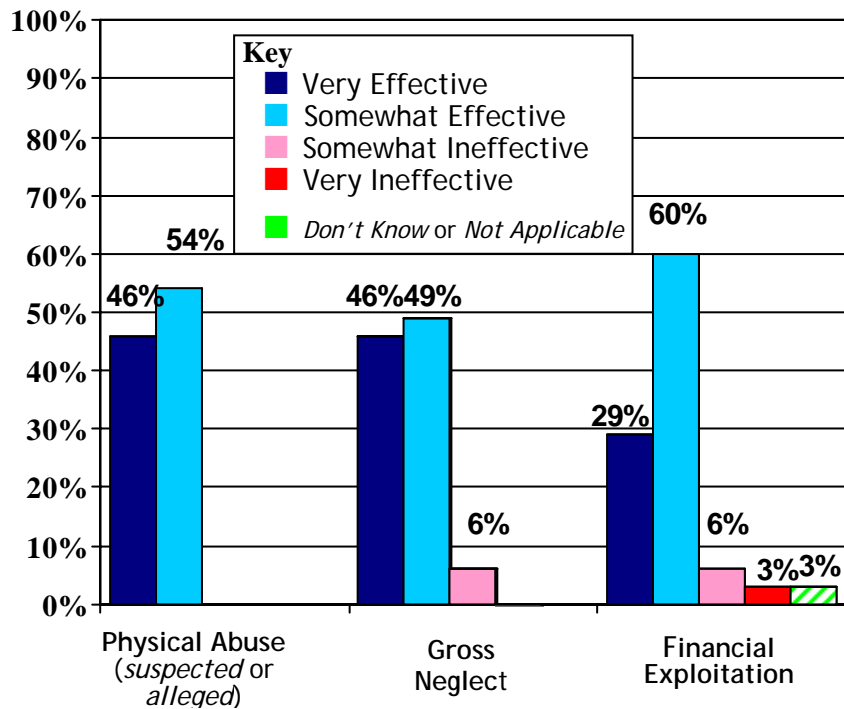


Table 4.2 [CA]: Extent to which characteristics/activities applied to LLTCOPs in issues related to Elder Abuse (N=35)

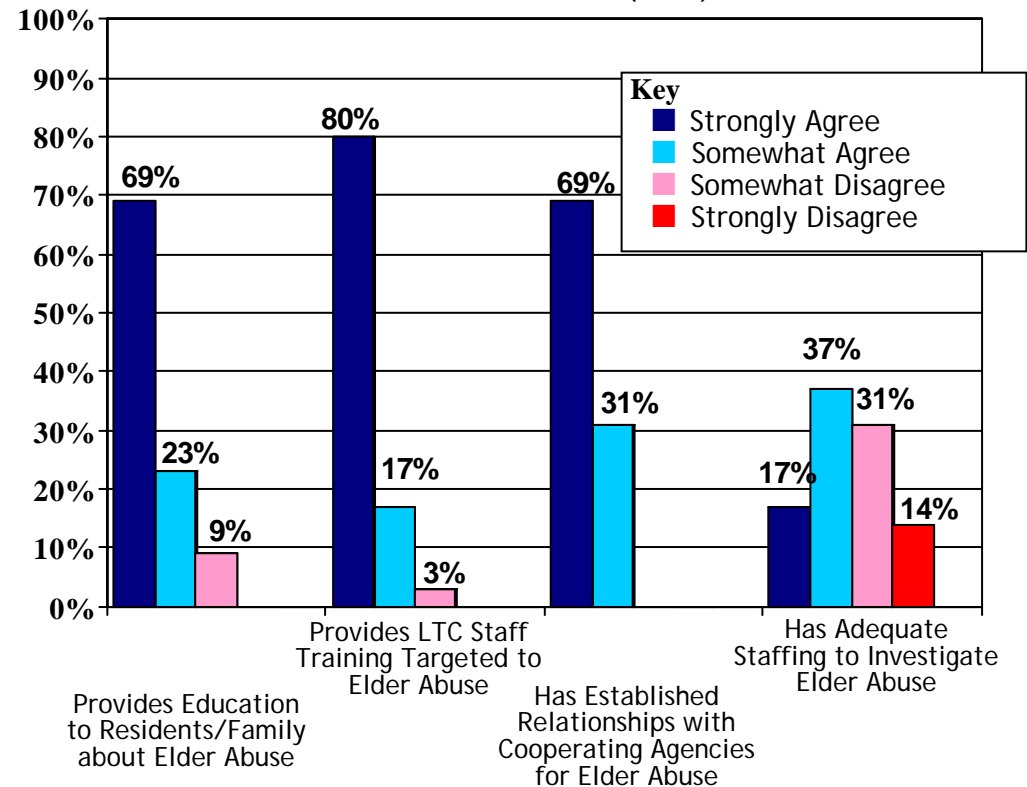


Table 4.1 [CA]: In self-ratings of program effectiveness, the majority of California LLTCOP Coordinators rated the performance of their LLTCOP in areas of Elder Abuse favorably, as all coordinators rated their programs effective in addressing complaints related to *'Physical Abuse'* and 94% and 89% made such ratings related to *'Gross Neglect'* and *'Financial Exploitation'*, respectively.

Table 4.2 [CA]: Self-ratings by California LLTCOP Coordinators of the extent to which issues related to Elder Abuse applied to their programs, showed some variation across programs and issues. All coordinators reported their program *'Has Established Relationships Among Cooperating Agencies to Investigate Elder Abuse'* and overwhelming majorities indicated their program engaged in *'Training to Long-Term Care Facility Staff targeted Toward Elder Abuse'* (97%) and *'Education to Residents & Families about Elder Abuse'* (91%). In contrast, responses among coordinators were varied in response to whether their LLTCOP *'Has Adequate Staffing to Investigate Abuse'*.

Table 4.3 [CA]: Ratings of Training for Paid Program Staff of LLTCOPs in areas related to Elder Abuse (N=35)

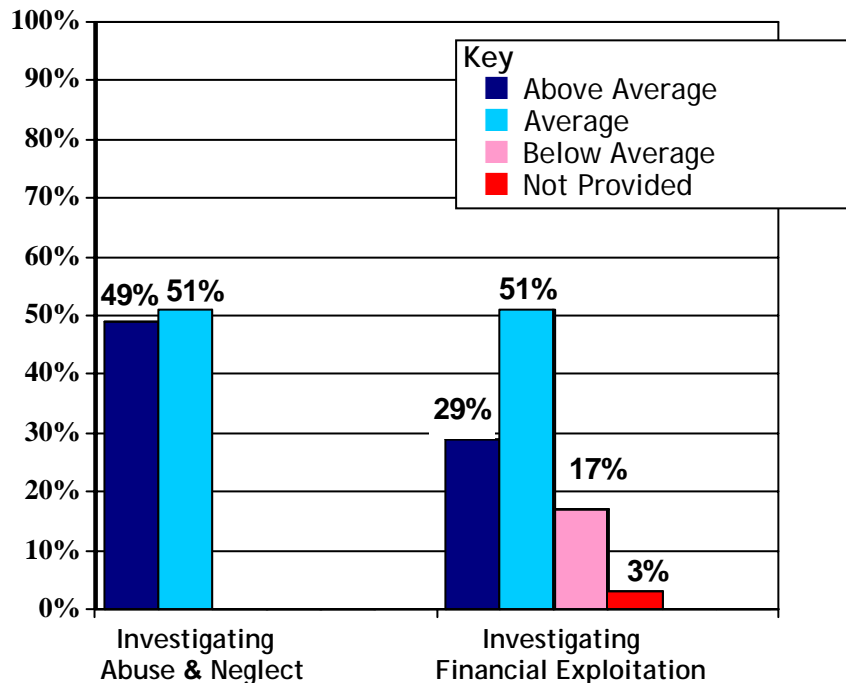


Table 4.3 [CA]: All California LLTCOP Coordinators rated the quality of training provided to paid LLTCOP staff focused on topics relating to Investigating Elder Abuse as average or better and four-fifths of coordinators made similar ratings for 'Financial Exploitation'.

Local Long Term Care Ombudsman Coordinators were asked to identify the key issues regarding Physical Abuse, Gross Neglect and Financial Exploitation:

Convincing people to report [abuse] immediately. [Facility staff] don't understand that the state laws override the facility policy. Just because the facility policy is to handle things internally, doesn't mean you don't report.

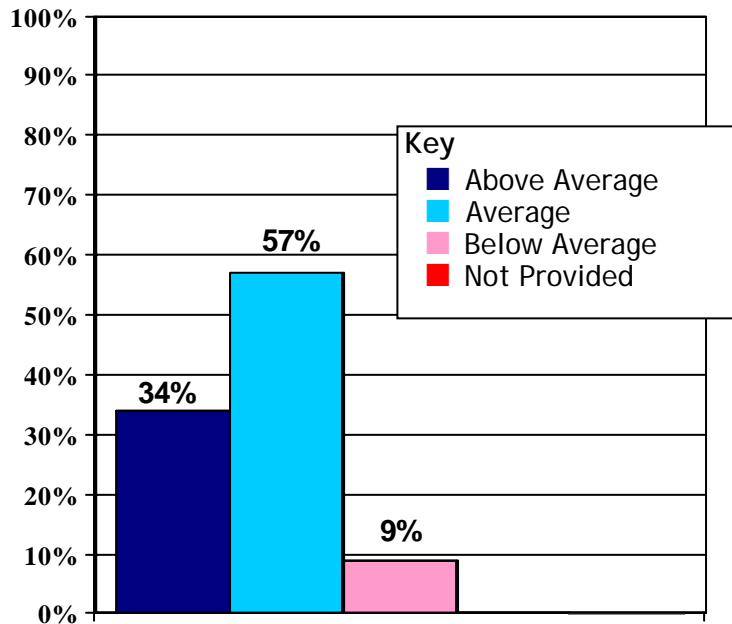
Trying to get law enforcement educated and on the same page. It is a constant process. With [many] policy agencies in the [program area] when we finally get an officer to understand, he leaves. It is difficult to maintain consistency and continuity.

Adequate training of ombudsman related to medical issues that contribute to gross neglect and investigative techniques especially when dealing with special populations (with developmental disabilities or mental health needs).

Ombudsman confidentiality standard [and] the conflict between state and federal laws. First and foremost, we have to respect confidentiality. Because federal law trumps state law -- I have to respect the confidentiality of the resident. It is a very difficult situation when I am the only person to know about abuse and I can't do anything about it..

Post-Acute, Convalescent & Rehabilitative Care

Table 4.4 [CA]: Self Rated Effectiveness of LLTCOPs in addressing complaints and concerns related to “Short-Term” Post-Acute, Convalescent, and/or Rehabilitative Services (N=35)



Local Long Term Care Ombudsman Coordinators were asked to identify the key issues regarding Post-Acute, Convalescent & Rehabilitative Care:

The challenge would be the lack of communication with the family as to what is going to happen when, when it is going to start and stop, and what is covered and not.

-California Local Ombudsman Program Coordinator

Table 4.4 [CA]: In self-ratings of program effectiveness, the majority of California LLTCOP Coordinators rated the performance of their LLTCOP in areas of Post Acute, Convalescent, and Rehabilitative Care favorably, as 91% of coordinators rated their programs as ‘somewhat effective’ or ‘very effective’ in addressing any ‘short-term’ resident needs related to post acute, convalescent, and/or rehabilitative services

Table 4.5 [CA]: Extent to which characteristics/activities applied to LLTCOPs in areas related to Post-Acute, Convalescent, and/or Rehabilitative Services for residents (N=35)

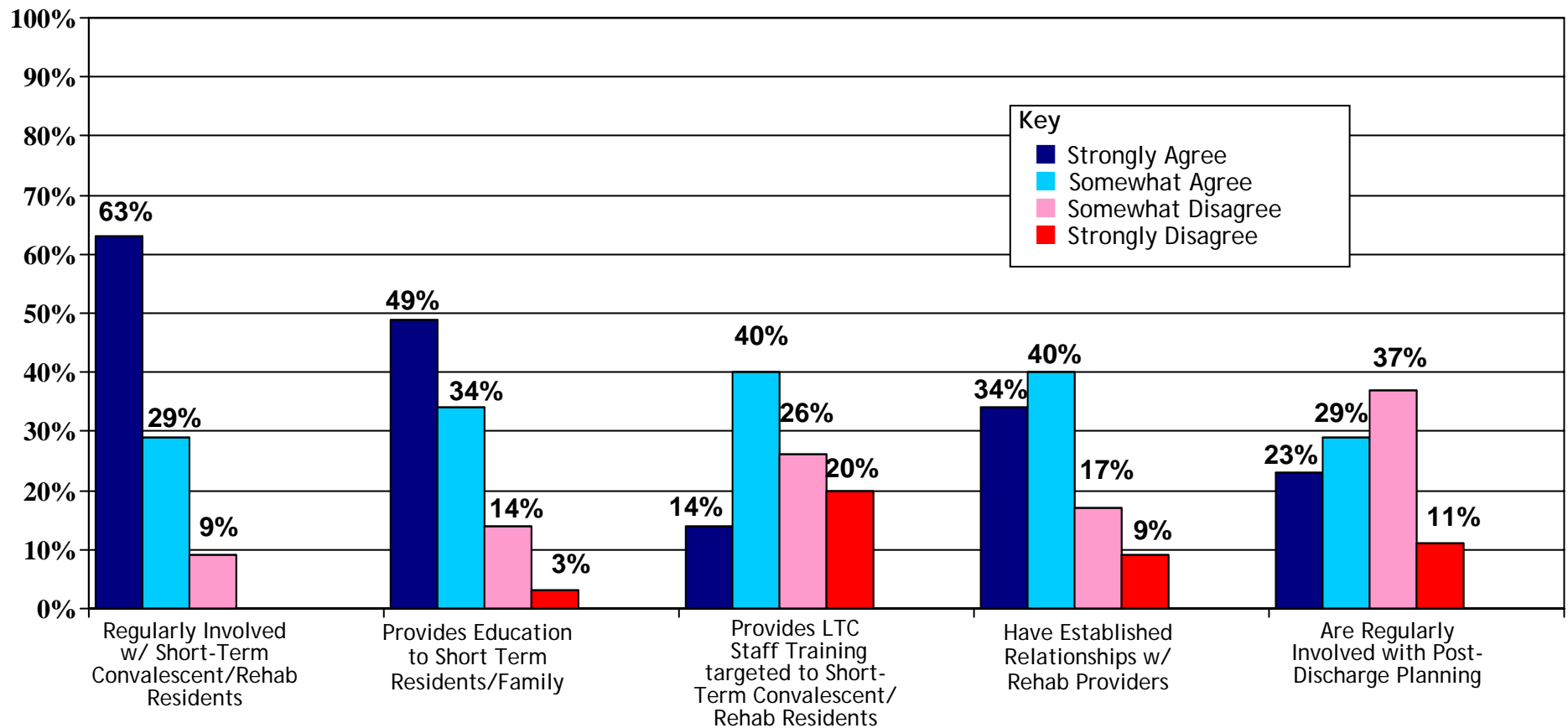


Table 4.5 [CA]: Self-ratings by California LLTCOP Coordinators of the extent to which issues related to Post Acute, Convalescent, and/or Rehabilitative Services applied to their programs, showed variation across programs and issues. While an overwhelming majority (92%) of coordinators responded affirmatively that their program was *‘Regularly Involved with “Short-Term” Residents Receiving Post Acute, Convalescent, and/or Rehabilitative Services’*, nearly half of coordinators disagreed that their programs *‘Are Regularly Involved with Post-Discharge Planning Activities’* (48%) or *‘Provides Long-Term Care Facility Staff Training Targeting Post Acute, Convalescent, and/or Rehabilitative Residents’*(46%).

Table 4.6 [CA]: LLTCOP Involvement in issues related to Post-Acute, Convalescent, Rehabilitative Care in past year (N=35)

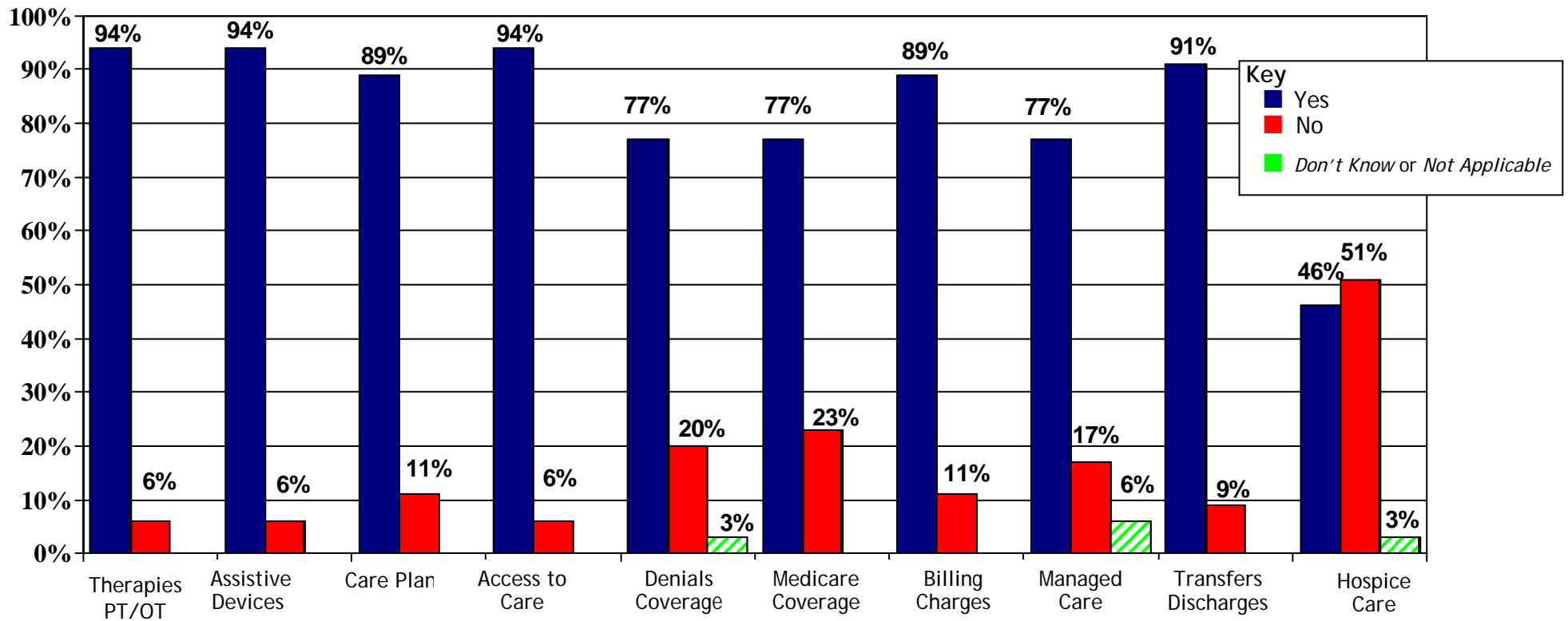
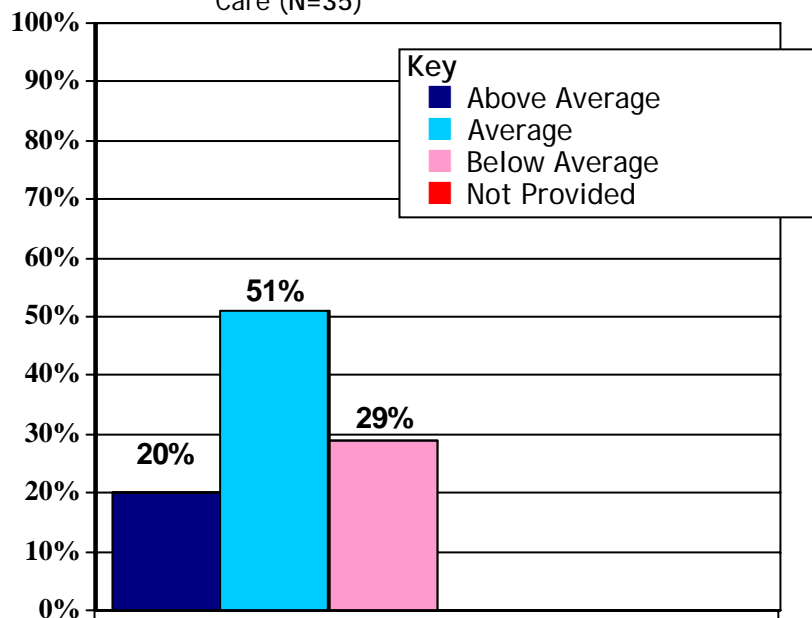


Table 4.6 [CA]: California LLTCOP Coordinators indicated that their programs engaged in a variety of specified issues related to Post Acute, Convalescent, and Rehabilitative services over the past year. No issues were reported unanimously across programs. Most coordinators indicated their LLTCOP had been involved with 'Therapies, such as OT/PT' (94%), 'Assistive Devices' (94%), and 'Access to Care' (94%) for post acute, convalescent, and/or rehabilitative residents; whereas most coordinators (51%) reported their programs had no involvement with 'Hospice Services' related to post acute, convalescent, and/or rehabilitative residents.

Table 4.7 [CA]: Ratings of Training for Paid Program Staff of LLTCOPs related to Post-Acute, Convalescent, and Rehabilitative Care (N=35)



Local Long Term Care Ombudsman Coordinators were asked to identify the key issues regarding Post-Acute, Convalescent & Rehabilitative Care:

The facilities are not fully informing resident as to their rights -- that they can stay longer if needed. We need to tell the facilities they need to advocate more for their residents and to let us help them advocate for the residents.

-California Local Ombudsman Program Coordinator

Table 4.7 [CA]: California LLTCOP Coordinators provided varied ratings of the quality of training provided to paid LLTCOP staff on the topic of Post Acute, Convalescent, and/or Rehabilitative Services. The overall quality of training was rated as ‘average’ by more than half (51%) of coordinators, while 29% of coordinators rated this area of training as ‘below average’ and 20% rated training as ‘above average’.

Cultural Competency

Table 4.8 [CA]: Self Rated Effectiveness of LLTCOPs in addressing complaints and concerns related to resident’s ethnic, cultural, religious, socioeconomic, religious, and/or sexual orientation factors (N=35)

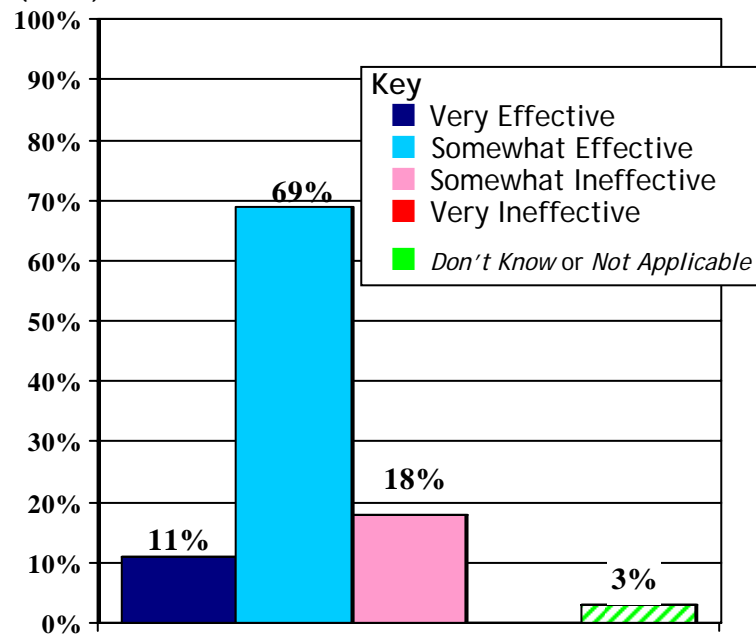


Table 4.9 [CA]: Extent to which characteristics/activities applied to LLTCOPs in addressing issues related to Cultural Competency (N=35)

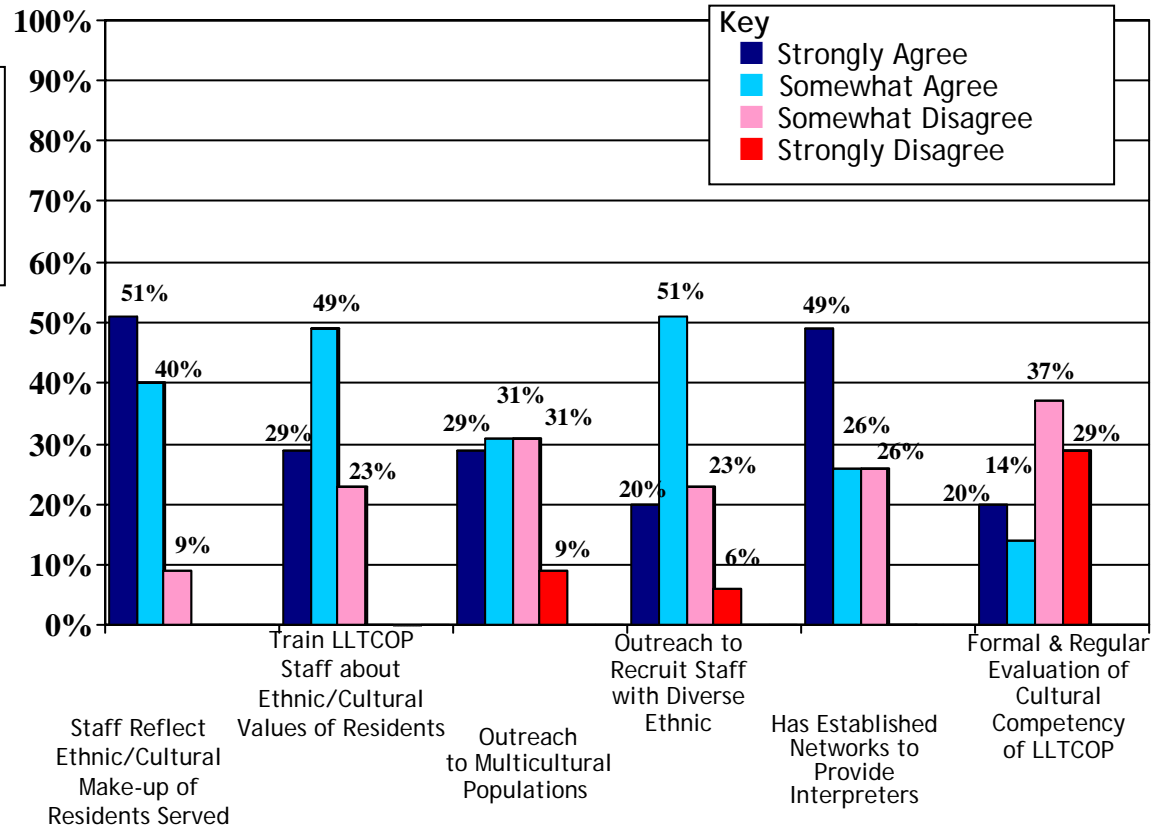


Table 4.8 [CA]: In self-ratings of program effectiveness, four-fifths (80%) of California LLTCOP Coordinators rated the performance of their LLTCOP in addressing complaints and concerns related to Resident’s Ethnic, Cultural, Religious, Socioeconomic, and/or Sexual Orientation Factors as at least ‘*somewhat effective*’, while nearly one fifth (18%) rated their programs as ‘*somewhat ineffective*’ in this area.

Table 4.9 [CA]: Self-ratings of California LLTCOP Coordinators of the extent to which issues related to Cultural Competence applied to their LLTCOPs, varied across program and issue. While an overwhelming majority of coordinators (91%) agreed that their ‘*Staff reflected the Ethic and Cultural Backgrounds of the Residents Served*’ and that their programs ‘*Train LLTCOP Staff about Ethnic/Cultural Values of Residents*’ (78%), two thirds (66%) reported not having a ‘*Formal and Regular Evaluation of the Cultural Competency of the LLTCOP*’.

Table 4.10 [CA]: Ratings of Training for Paid Program Staff of LLTCOPs in areas related to Cultural Competency (N=35)

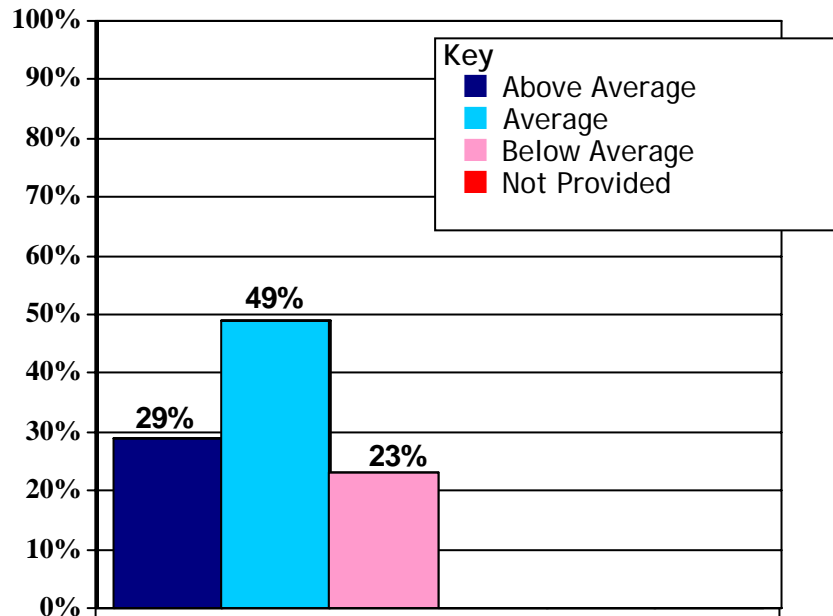


Table 4.10 [CA]: California LLTCOP Coordinators provided varied ratings of the quality of training provided to paid LLTCOP staff on the topic of Cultural Competence. The overall quality of training was rated as ‘average’ by nearly half (49%) of coordinators, while 29% of coordinators rated this area of training as ‘above average’ and 23% rated training as ‘below average’.

Local Long Term Care Ombudsman Coordinators were asked to identify the key issues regarding Cultural Competency:

Residents’ are beneficiaries of staff from other countries, resulting in complaints about food, traditions, etc.

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Language barriers in [board & care facilities] -- the caregivers of another ethnicity make the resident’s environment harder than it needs to be because [the resident] can’t communicate with their caregiver.

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Meals being prepared from another culture.

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A different cultural approach toward dealing with elders -- [the elders] are treated as children as a sign of affection, that is not appropriate.

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You have someone from an older more traditional generation [from which] females do not have males taking care of them

-California Local Ombudsman Program Coordinators

End-of-Life Care

Table 4.11 [CA]: Self Rated Effectiveness of LLTCOPs in addressing complaints and concerns related to End-of-Life care (N=35)

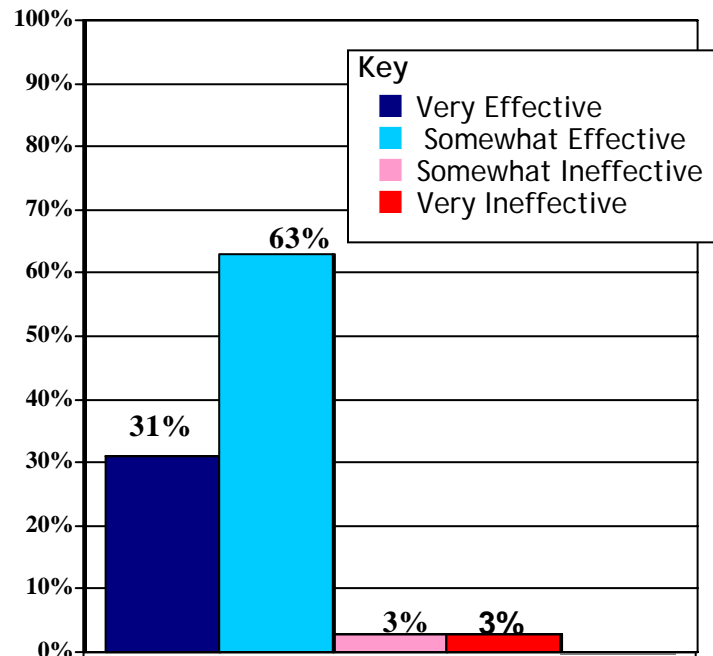


Table 4.12 [CA]: Extent to which characteristics/activities applied to LLTCOPs in addressing issues related to End-of-Life Care (N=35)

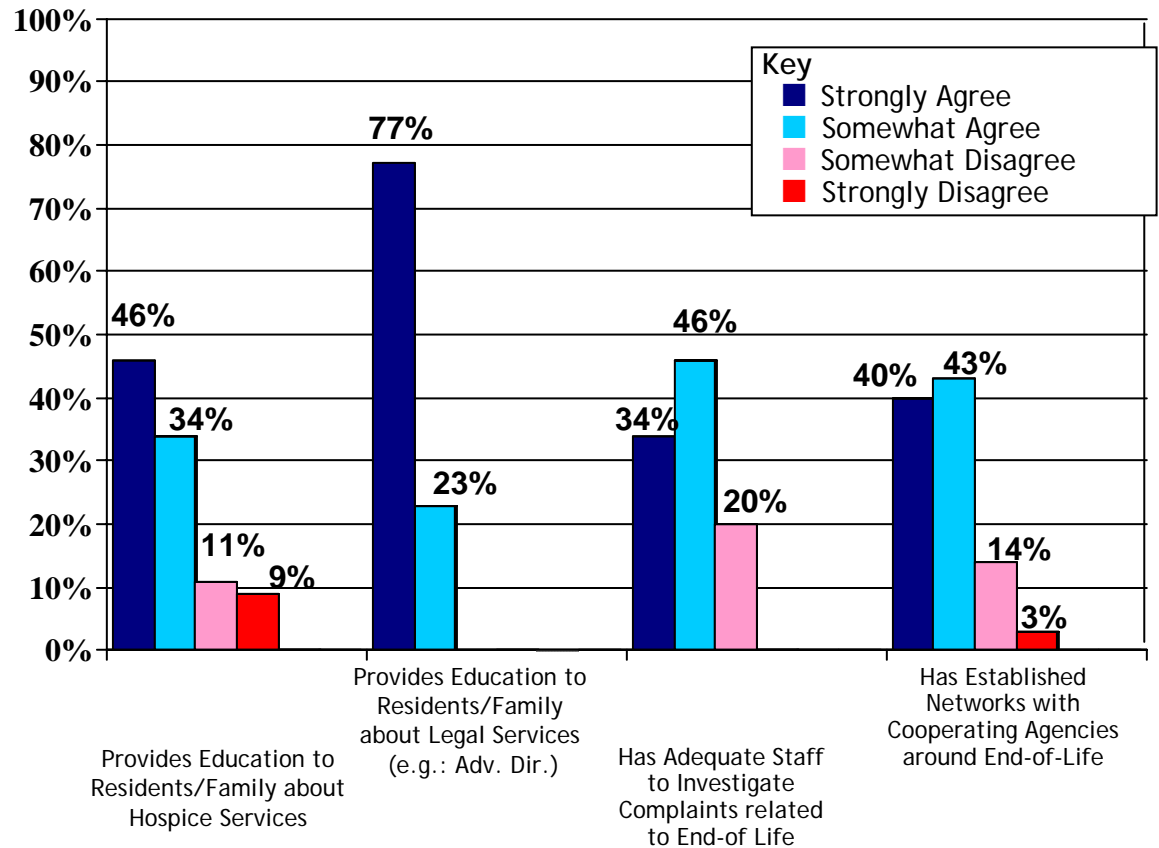


Table 4.11 [CA]: In self-ratings of program effectiveness, the majority of California LLTCOP Coordinators rated the performance of their LLTCOP in addressing complaints and concerns related to End-of-Life Care favorably, as more than three quarters (77%) reported their program was effective.

Table 4.12 [CA]: Self-ratings by California LLTCOP Coordinators of the extent to which issues related to End-of-Life Care applied to their LLTCOPs, indicated most programs engaged in a variety of activities. All coordinators indicated that their program 'Provides Specific Education to Residents & Families about Legal Services (such as Advance Directives)', while a majority of coordinators responded that their program 'Provides Specific Education to Residents & Families about Legal Services (such as Advance Directives)' (80%) and 'Has Adequate Staff to Investigate Complaints Related to End-of-Life Care (80%)'.

Table 4.13 [CA]: LLTCOPs Involvement in issues related to End-of-Life Care over past year (N=35)

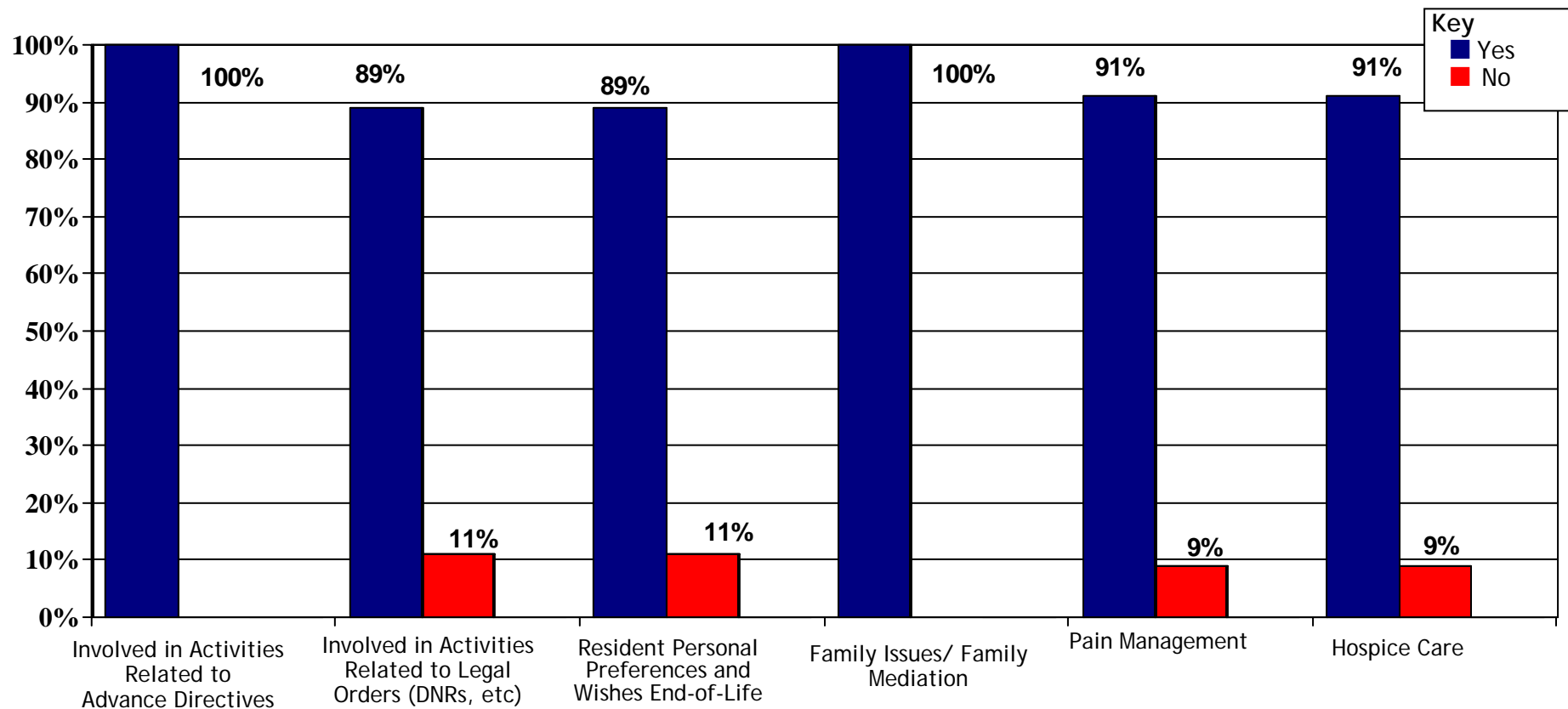


Table 4.13 [CA]: California LLTCOP Coordinators indicated that their programs engaged in a variety of specified issues related to End-of-Life Care over the past year. All coordinators indicated that their programs had been 'Involved in Activities Related to Advance Directives' and 'Family Issues/ Family Mediation' related to End-of-Life Care issues over the past year.

Table 4.14 [CA]: Ratings of Training for Paid Program Staff of LLTCOPs in areas related to End-of-Life Care (N=35)

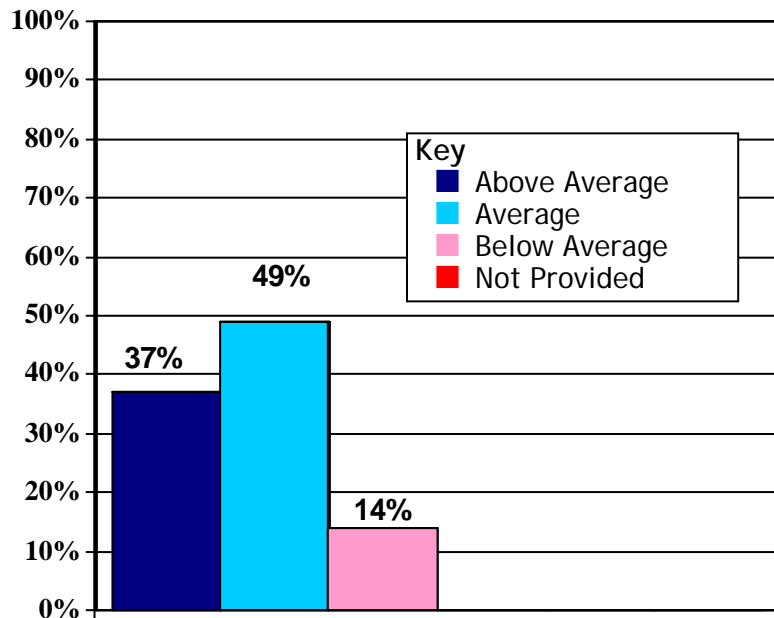


Table 4.14 [CA]: Most California LLTCOP Coordinators rated the quality of training provided to paid LLTCOP staff addressing the topic of End-of-Life Care as average or above (86%).

Local Long Term Care Ombudsman Coordinators were asked to identify the key issues regarding End of Life Care:

Pain management- [some] years ago, there was a crack down on over-medication. Now facilities have made a 180 and are not managing pain well. They don't consult the resident about pain.

(

Hospice care in residential care facilities- great that they are dying in place, but are the staff trained?

(

In smaller facilities, there are cultural issues and it may frighten staff. In larger facilities, [end-of-life residents] may be overlooked.

(

We are expecting a lot from untrained staff. Also it might take away from other residents' care.

(

Hospice staff come into nursing homes and 'tug-of-war'- neither wants to give up control

-California Local Ombudsman Program Coordinators

Systemic Advocacy

Table 4.15 [CA]: LLCOPs Involvement in issues related to Systemic Advocacy over past year (N=35)

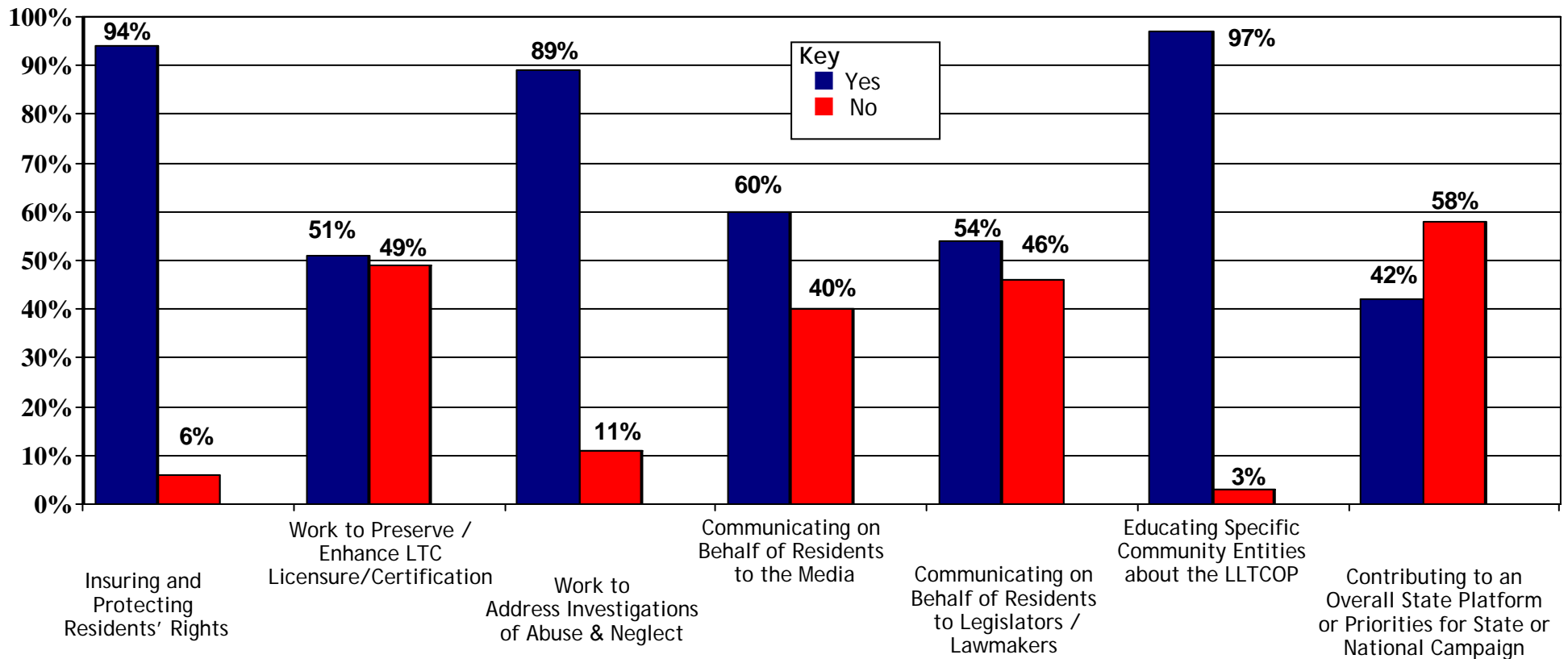
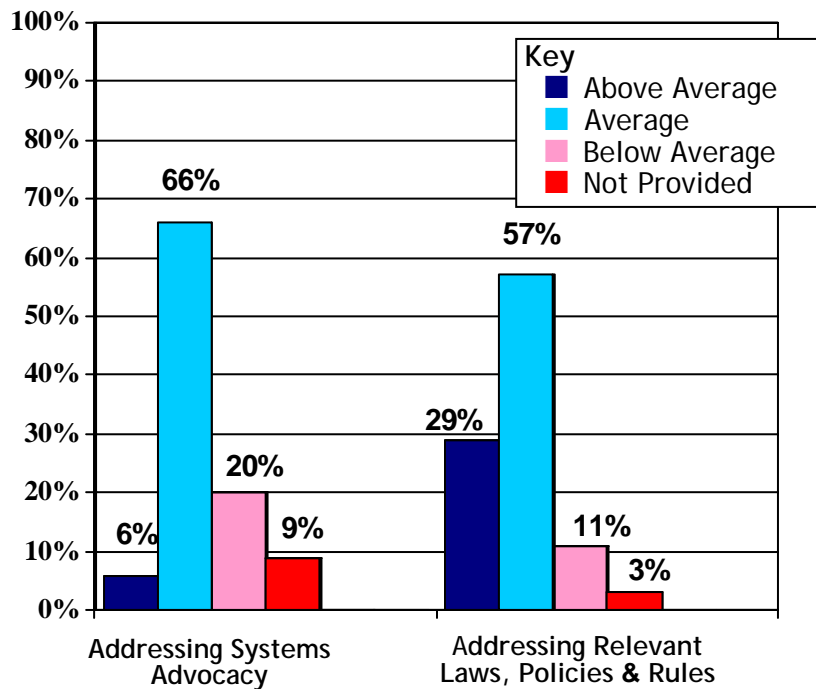


Table 4.15 [CA]: California LLCOP Coordinators indicated that their programs engaged in a variety of specified issues related to Systemic Advocacy over the past year. Mixed responses were recorded across programs and no areas were universally reported. Most programs reported involvement in 'Educating Specific Community Entities about the LLCOP' (97%) and 'Insuring and Protecting Residents' Rights' (94%), while fewer than half (42%) of programs reported 'Contributing to an Overall State Platform or Priorities for State or National Campaign'.

Table 4.16 [CA]: Ratings of Training for Paid Program Staff of LLTCOPs in areas related to Systemic Advocacy (N=35)



Local Long Term Care Ombudsman Coordinators were asked to identify the key issues regarding Systemic Advocacy:

I am a county employee but I report to the state ombudsman- that is hard in its self. I have to work within the politics of the county. I have to go after the bad guys without stirring up the county.

-California Local Ombudsman Program Coordinator

Table 4.16 [CA]: In general, California LLTCOP Coordinators rated the quality of training provided to paid LLTCOP staff addressing the topic of Systems Advocacy as average. The overall quality of training focusing on Addressing Systems Advocacy was rated as “average” by two-thirds (66%) of the coordinators, while 29% indicated that the training was ‘below average’ or ‘not provided’. Similarly, 57% of coordinators rated training on Addressing Relevant Law, Policies, & Rules as “average” while 29% rated this area of training as ‘above average’.

Legal Support & Services

Table 4.17 [CA]: LLCOPs Access and utilization of Legal Services and Support over past year (N=35)

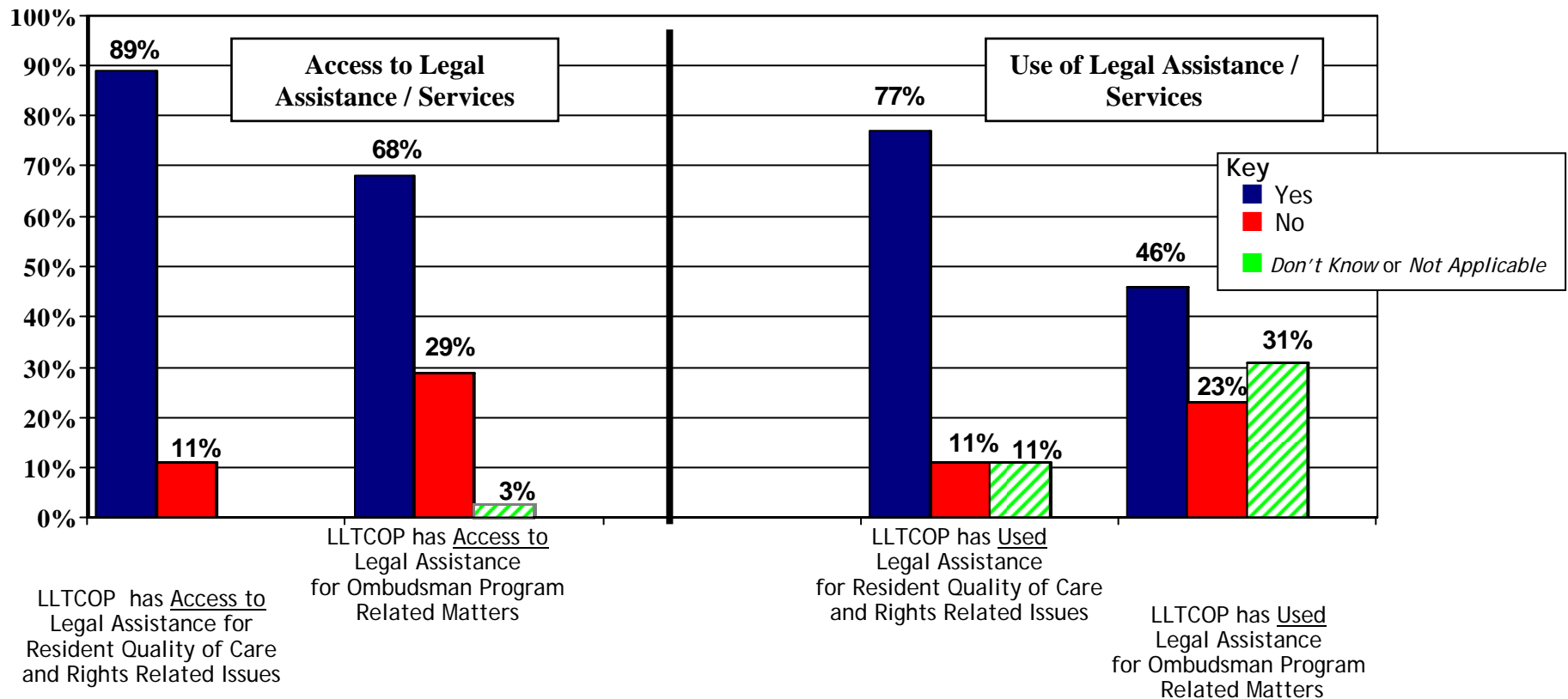


Table 4.17 [CA]: An overwhelming majority (89%) of California LLCOP coordinators reported 'Access to Legal Assistance for Resident Quality of Care and Rights Related Issues', over two-thirds (68%) also reported that their program 'Has Access to Legal Assistance for Ombudsman Program Related Matters (including access to records or facilities, review of program contracts, documents and agreements)'. Most programs (77%) reported having used some type of legal service or assistance related to 'Resident Quality of Care and Rights Related Issues' in the past year, while about half (46%), reported having utilized legal services for 'Ombudsman Program Related Matters'.

Note: All LLCOPs reporting 'NO' to Access to Legal Services were reported as 'Not Applicable' in Use of Legal Assistance/Services analyses.

Table 4.18 [CA]: Ratings of Training for Paid Program Staff of LLCOPs areas related to Identification of Potential Legal Issues (N=35)

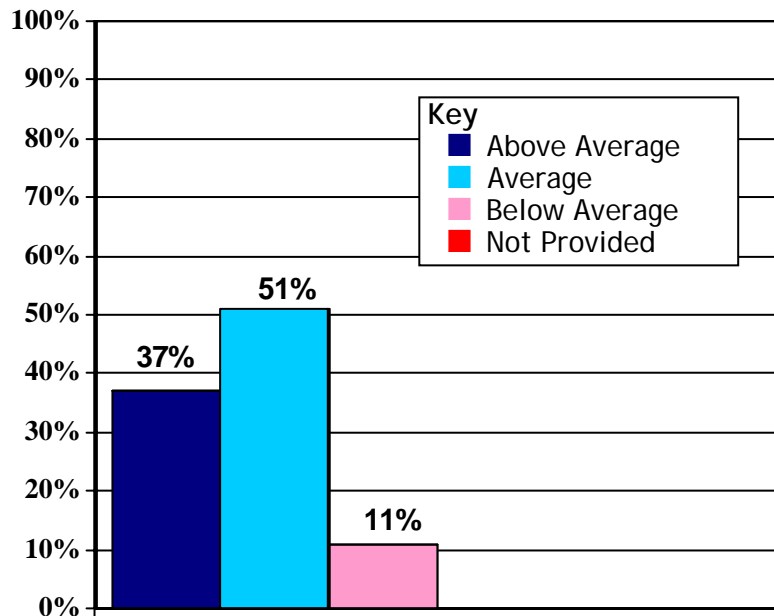


Table 4.18 [CA]: Approximately half (51%) of California LLCOP coordinators rated the quality of training provided to paid LLCOP staff relating to the topic of Legal Services, specifically '*Identification of Potential Legal Issues*' as '*average*', while more than one third (37%) of coordinators rated the quality of training in this area as '*above average*'.

Local Long Term Care Ombudsman Coordinators were asked to identify the key issues regarding End-of-Life Care:

Senior Legal Services do not feel that 'our issues' have anything do to with their issues. They do not represent nursing home residents.

-California Local Ombudsman Program Coordinator

Planned Next Steps

Through the identification of factors that affect program performance in the LLTCOPs, project staff seek to produce informed recommendations for practitioners, providers, and legislators. The broad goal of the project is to enhance the effectiveness of LLTCOPs in improving the health, well-being, and quality of life for LTC residents.

There are numerous planned next steps for the project. First, project staff will incorporate the comments of local ombudsman, Project Advisory Committee members, and other LTC experts into the final version of the *Chart Book*. Additionally, research staff will conduct additional analyses of LLTCOP Survey and NORS data to examine relationships to distinguish factors that contribute to program effectiveness and conduct comparative analyses with California and California LLTCOP and NORS data. Staff will also conduct an analysis of key informant interview data from state and national policy makers, advocates, and experts in an effort to identify key program and policy issues.

Key project findings combined with feedback from local LTC ombudsmen and other experts will be reported in a series of *Briefing Papers*. Communication and dissemination of project findings will continue through an *Ombudsman Summit* and *Policy Event* in each of the project states. The central focus of these Summits is to build on project findings by creating a set of actionable recommendations specifically for the California and California LLTCOPs (*Blueprint for Action*). Summit meetings and discussions will comprise an essential source of information toward the development of a *Tool Kit* for local LTC ombudsmen. State level legislative briefings will be held to draw further attention to the project findings and implications for policy change. The communication of project findings and best practices will also include postings on appropriate websites, and presentations at state and national organizations and meetings.

About the Authors

Carroll L. Estes, PhD Principal Investigator of the Ombudsman Project, is Professor of Sociology at the University of California, San Francisco (UCSF). She is the founding and former Director of the Institute for Health and Aging (1979-1998), and the former Chair of the Department of Social and Behavioral Sciences (1981-1992), School of Nursing, UCSF. Dr Estes is a member of the Institute of Medicine (IOM), the National Academy of Sciences (NAS), and past President of the Gerontological Society of America (GSA). She chaired and co-authored the IOM National Evaluation of the Long Term Care Ombudsman Programs of the Older American Act, published under the title, *Real People, Real Problems* (NAS, 1995). She served as Principal Investigator of the Henry J. Kaiser Foundation 50 state study of Long Term Care Ombudsman (1999-2001). Her most recent books are *Social Policy and Aging* (Sage, 2001) and *Social Theory, Social Policy and Ageing* (Open University Press, co-authored, 2003). Her 1993 book, *The Long Term Care Crisis*, was cited as one of *Choice Magazine's* Top 100 most important books of the year. Her research publications have appeared in the *Journal of American Medical Association*, *The Health Care Financing Review*, *Health Affairs*, *The American Journal of Public Health*, and *The Gerontologist* among others. Professor Estes received her A.B. from Stanford University, her M.A. from Southern Methodist University, and her Ph.D. in Sociology from the University of California, San Diego.

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Steve Lohrer received his PhD from the Columbia University School of Social Work in 2001. Prior to accepting his current position, Steve was a Post-Doctoral Fellow at the Waisman Center, a multidisciplinary research institute, at the University of Wisconsin, Madison. Steve possesses broad interests in the field of aging, mental health, and chronic disabilities and has worked actively as a researcher in these areas. Steve had been involved with several quantitative and qualitative research projects focused on the psychological impacts of caregiving on aging parents and siblings of persons with chronic disabilities. Additionally, Steve has a background as a clinical and administrative social worker and has developed and managed clinical and habilitative programs in the fields of mental health, developmental disabilities, and aging.

Milena Nelson graduated from University of California, San Diego in 2003 with Bachelors degrees in History and Political Science. Previously, she worked in the Government Affairs department of the Child Welfare League of America of Washington, D.C.

Brooke Hollister is a doctoral student in Sociology at the University of California, San Francisco, with a special interest in aging and long term care. She has a BA in psychology from University of California, Santa Cruz. Her previous experience with qualitative research and as a California long term care ombudsman has helped to capture the main observations and concerns expressed in the long term care ombudsman interviews.

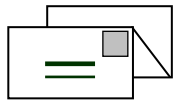
Cara Goldstein comes to the Institute for Health & Aging from the University of California, Berkeley where she is an MSW student specializing in Gerontology. She received her BS in Psychology with a concentration in Gerontological studies from Virginia Tech University. Previously, Cara worked in Washington, DC as the Center Coordinator for Generations United's National Center on Grandparents and Other Relatives Raising Children.



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