

Department of Health and Human Services

**OFFICE OF
INSPECTOR GENERAL**

SUCCESSFUL OMBUDSMAN PROGRAMS



**Richard P. Kusserow
INSPECTOR GENERAL**

JUNE 1991

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Department of Health and Human Services

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OEI-02-90-02120

EXECUTIVE SUMMARY

PURPOSE

The purpose of this inspection is to determine the characteristics of successful State long term care ombudsman programs.

BACKGROUND

The State Long Term Care Ombudsman program was established in response to growing concern over the poor quality of care in nursing homes. The Act requires each State Unit on Aging to establish and operate, either directly or under contract, an Ombudsman program. In 1981, the Ombudsman program was extended to board and care facilities.

The ombudsman is to be an advocate of the institutionalized elderly to ensure that they have a vigorous voice in their own treatment and care. Some activities include investigating and resolving complaints on behalf of elderly residents of long term care facilities, informing residents of their legal rights and providing information on long term care issues to public agencies, legislatures and the community-at-large. Most of the State Ombudsman programs operate under the direct auspices of their State's Unit on Aging.

In October 1988, the AoA funded the formation of the National Center for State Long Term Care Ombudsman Resources to provide training, technical assistance and information exchange on long term care and ombudsmen issues to ombudsmen.

METHODOLOGY

This inspection included the following activities: 52 telephone interviews with ombudsmen from all States, the District of Columbia (DC) and Puerto Rico (PR); onsite visits with six State Ombudsman programs involving interviews with the ombudsman, sub-State program officials, directors of the State Units on Aging, advocacy groups and/or other experts in the field (28). Additionally, the State ombudsman programs were rated on their responses to certain criteria for visibility and complaint resolution obtained from the telephone interviews.

FINDINGS

Twelve programs (CA, CO, DE, DC, KY, LA, MA, MI, NM, OH, OR and TX) were identified as the most successful based on the information obtained from telephone surveys, onsite visits and the use of scoring criteria.

The Most Successful Programs Are Highly Visible

Through the use of paid staff and volunteers, these programs visit facilities very frequently, typically weekly. These visits familiarize residents with the ombudsman personally and the program in general. In contrast, the remaining 39 programs are not nearly as likely to visit as often.

While the successful programs increase their visibility with the assistance of volunteers, nine other programs have *no* volunteers. Some less successful States have volunteers in some regions of the State, but not in others. The top States are effective in recruiting, training and retaining volunteers. Paid staff play a major role in their efforts to recruit, train, supervise and maintain volunteers.

Successful programs make themselves very visible in the aging community through the use of posters or brochures, publicized toll-free numbers and community outreach efforts.

Successful programs respond onsite to potentially life-threatening complaints within 24 hours; all but three of the top programs actually respond to all complaints, both life-threatening and non life-threatening within 24 hours. In contrast, almost 20 percent of the ombudsmen from the 39 remaining States require from three days to a week to respond to potentially life-threatening complaints.

Successful Programs Obtain Adequate Funding And Support

All States link adequate funding with having more professional staff, which allows them to visit facilities more frequently; to improve response time to complaints; to train and supervise staff and volunteers, and to become more involved in legislative planning and decision-making. Most States would give priority to hiring more professional staff if additional funds were made available.

Many successful State ombudsmen enhance their budgets through innovative fund-raising techniques. Some use traditional methods such as bake sales, auctions and \$100-a-plate dinners, while others have developed more sophisticated approaches.

Strong enabling legislation, legal support, independence and other intangible factors are considered important for success.

Ombudsmen Want Additional Support

Ombudsman generally feel the National Resource Center is helpful, but would like the Center to get more involved in training, as well as become more active in circulating information about best practices and other ombudsman issues.

Ombudsmen would also like more direct involvement with AoA; including an AoA focal point.

RECOMMENDATIONS

The Administration on Aging should work with the States in addressing the concerns of the ombudsmen by:

1. Developing model operational guidelines in areas such as frequency of visits; staff-to-bed ratios; volunteer-to-bed ratio; complaint response time; complaint resolution percentages; recruitment, training and retention of staff and volunteers; and program publicity.
2. Providing technical assistance regarding the use of volunteers, fund-raising, obtaining legal support, confidentiality and other areas of concern.
3. Assuring that information about successful programs and effective techniques (including that obtained in this inspection) is disseminated to States in a systematic and detailed way with recommendations for implementation.
4. Responding to the concerns of ombudsmen about strengthening the role of the Resource Center.

COMMENTS

Comments received from AoA were generally supportive of our findings and recommendations. However, AoA is concerned that we do not acknowledge the extent to which the National Resource Center is involved in supporting the Long Term Care Ombudsman Program. We should note that it was not within the scope of our study to evaluate the Center, itself, but rather to obtain the sentiments of the ombudsmen regarding the Center. We have added AoA's information about the Center to the background of the report. It may be helpful for AoA to communicate more fully with ombudsmen about the activities of the Resource Center.

The comments of AoA essentially respond to the study recommendations. These comments are in Appendix A.

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INTRODUCTION

PURPOSE

The purpose of this inspection is to determine the characteristics of successful State long term care ombudsman programs.

BACKGROUND

History

The State Long Term Care Ombudsman program was established under the Older American's Act (OAA) in response to growing concern over the poor quality of care in nursing homes. The ombudsman was to be an advocate of the institutionalized elderly to ensure that they have a vigorous voice in their own treatment and care. The Ombudsman program is modeled after a similar program in Scandinavian countries.

In 1972, the Administration on Aging (AoA) awarded seven States contracts to carry out long term care ombudsman demonstration projects. In 1975, amendments to the OAA authorized AoA to make grants for all States to have ombudsman projects. Further amendments in 1978 required each State Unit on Aging to establish and operate, either directly or under contract, an Ombudsman program. In 1981, the Ombudsman program was extended to board and care facilities.

Prior to FY 1987 the OAA required States to spend at least one percent of their supportive services allotment under Title III-B of the OAA or \$20,000, whichever was greater, to support statewide ombudsman activities. Based on amendments in 1987 States must in the future spend at least as much on the Ombudsman program as they did in FY 1987, as long as Federal allotments continue above 1987 levels.

Role of ombudsman

Ombudsmen conduct a variety of activities in the long-term care community. They investigate and resolve complaints on behalf of elderly residents of long term care facilities concerning matters that may adversely affect their health, safety, welfare or rights. They also inform residents of their legal rights and provide information on long term care issues to public agencies, legislatures and the community-at-large. They train volunteers and promote the development of grass roots organizations to assist long term care residents. Additionally, they monitor the development and implementation of Federal, State and local laws relating to long term care.

Most of the State Ombudsman programs operate under the direct auspices of their State's Unit on Aging, which assures that OAA requirements are met. Most States also have sub-State

Ombudsman programs. These are programs in various areas of the State that have ombudsman responsibilities. These are either managed directly by the State or are sponsored by a variety of organizations, including Area Agencies on Aging, other sub-State governmental units, citizen advocacy committees and private, non-profit organizations.

National Center for State Long Term Care Ombudsman Resources

In October 1988, the AoA funded the formation of the National Center for State Long Term Care Ombudsman Resources (called the Resource Center). The center is administered by cooperative agreement with the National Association of State Units on Aging (NASUA), which operates it cooperatively with the National Citizens Coalition for Nursing Home Reform. The Center provides training, technical assistance and information exchange on long term care and ombudsmen issues.

The goal of the Center is to enhance the capacity of the nation's State Units on Aging in the design, development and administration of Statewide Ombudsman Programs. The Center's primary focus is on building Statewide systems of ombudsman services to address the issues facing older residents in long term care facilities.

During its first two years, the center initiated a number of activities including: development of a State Ombudsman Resource Manual; multi-regional teleconferences for information sharing with and among States; a National Training Conference for Ombudsman and State staff; training modules for States to use in training local ombudsmen; simplified guides to OBRA legislation; a bi-monthly Center newsletter called the "Ombudsman Reporter"; and, the production of a video to introduce the Ombudsman Program to the general public that will also serve as viable recruitment tool.

National Association of State Long Term Care Ombudsman Programs

The National Association of State Long Term Care Ombudsman Programs, established to provide a common voice for all State Ombudsman programs, informs ombudsmen of opportunities available through Federal sources, particularly the AoA. It also promotes the sharing of ideas and experiences among State ombudsman staff.

Prior Studies

The National Center for State Long Term Care Ombudsman Resources recently completed two studies on the Ombudsman program. The first surveyed all State ombudsmen regarding their use of volunteers and found the recruitment of volunteers to be the most difficult management task. The second study, which examined ombudsmen involvement in board and care found it insufficient. It reported that the degree to which ombudsmen work with board and care is dependent upon the number of total licensed facilities and the number of paid and volunteer staff in the State.

Three recent OIG studies have touched upon the activities of the Ombudsman program, one entitled "Board and Care Homes" (OEI-02-89-01860) and two others entitled "Resident Abuse

in Nursing Homes” (OEI-06-88-00360 and OEI-06-88-00361). The first found variability in the level of service delivery among Ombudsman programs; the latter two identified weaknesses in State complaint-reporting systems and reported that ombudsmen consider many areas of patient abuse and neglect to be serious problems in nursing homes.

The General Accounting Office (GAO) and the House Select Committee on Aging have issued reports on board and care homes which address the role of the ombudsman in those facilities; both found that the ombudsman does not always get involved when abuse and neglect occur in board and care homes.

The ombudsmen from Louisiana and Massachusetts presented a report at a conference in June 1990 to the Senate Special Committee on Aging entitled “Capacities of the State Long Term Care Ombudsman Programs.” Their conclusions were that: (1) Federal funds are distributed to the States according to a formula that does not correspond to the number of clients ombudsmen serve; (2) staffing levels between State Ombudsman programs vary; and (3) Ombudsmen believe they are severely limited by fiscal and personal constraints.

The Ohio State ombudsman presented a paper at the same conference identifying three barriers to effective advocacy: (1) the unspecified role of Area Agencies on Aging in monitoring the Ombudsman program; (2) difficulty in maintaining confidentiality; and (3) the limited provision of legal representation to ombudsmen.

METHODOLOGY

This inspection was conducted in three phases. First, ombudsmen from all States, the District of Columbia (DC) and Puerto Rico (PR) were interviewed by telephone and asked to identify some programs they felt were the most successful across the country and best practices for certain ombudsman activities. They were also asked to suggest criteria for successful programs; to describe and assess the dissemination of such information; and to recommend the most effective way to use ombudsman funds.

Second, based on the above discussions, on the results of a literature review and on the recommendations of experts in the field, six State Ombudsman programs (CA, DC, MA, MI, NJ and OH) were selected for onsite visits. Four (CA, MA, MI, OH) received the most votes from other ombudsmen as representing a model program. The other two (DC, NJ), also well regarded, were selected primarily because of their unique features: the NJ program is one of the few that is located in an independent State agency and has a strong enforcement focus; DC contracts out all its services to the American Association of Retired Persons (AARP). Discussions were held during onsite visits with the State Ombudsman, sub-State program officials, directors of the State Units on Aging, advocacy groups and/or other experts in the field. These discussions provided information on why these State programs are effective and how they overcame barriers. In all, 28 interviews were conducted onsite.

Additionally, 51 State ombudsman programs (one was not included due to lack of information) were rated on their responses to certain criteria for visibility and complaint resolution which

were obtained from the telephone interviews. Visibility criteria included the frequency of visits to each facility annually, the ratio of professional staff to the number of long term care facility beds, and the ratio of volunteers to beds.

Based on the frequency distribution of each, every State's performance was scored from high to low. The same was done with complaint resolution criteria which dealt with response time to both life threatening and less serious complaints, and the percentage of complaints resolved. The number of votes each State program received from other ombudsmen as being a model State was incorporated into the score. All the scores were then totalled to obtain a final score for each State.

FINDINGS

Twelve programs (CA, CO, DE, DC, KY, LA, MA, MI, NM, OH, OR and TX) were identified as the most successful based on the information obtained from telephone surveys, onsite visits and on the use of scoring criteria. The 12 most successful programs included the top four selected for onsite visitation. This is not to say that there are not some very good features in other programs. In fact, 25 scored as moderately successful, while 14 scored as least successful. In discussing the findings, however, the moderate and least successful are grouped together when contrasts are made to the successful programs. The following findings characterize the key features of the 12 most successful programs. Additionally, an indepth case study analysis of the onsite visits will be reported in a subsequent inspection report.

THE MOST SUCCESSFUL PROGRAMS ARE HIGHLY VISIBLE

They visit facilities very frequently.

Through the use of both paid staff and an extensive volunteer program, these programs typically make weekly visits to all nursing homes in their States. These visits are proactive in nature and are intended primarily to familiarize residents with the ombudsman personally and the program in general. During these visits the ombudsmen speak to residents and staff and identify complaints. The hope is that their presence may prevent future problem situations. As one ombudsman said, "the ombudsman concept is to be omnipresent in facilities." An ombudsman from New England stated, "Our regular presence has had enormous impact on the quality of care in facilities. We effect change, accomplish systematic change which reflects a good program." One local program assigns a volunteer to each facility in its region to provide this regular presence.

In contrast, the remaining 39 programs are not nearly as likely to visit as often. Nineteen (49 percent) visit nursing homes only four times a year or less, while six programs (15 percent) respond to complaints only, but do not make routine visits. In those States there are many residents who never see an ombudsman. A total of nine (23 percent) of the less successful States make monthly visits and five (13 percent) report visiting all nursing homes weekly. As an ombudsman from a small rural State said, "When we get to homes we do really good work, but we are not in homes as much as I want to be."

While the successful programs are able to increase their visibility with the assistance of volunteers, nine other programs have *no* volunteers. One ombudsman from the Midwest reported, "Our Legislature has mandated we not use volunteers." States without volunteers appear to be more limited in their ability to make routine visits. Five visit one to four times a year, three only respond to complaints and the last makes monthly visits. Some less successful States have volunteers in some regions of the State, but not in others. An ombudsman from the

Southwest said, "In the facilities where we have volunteers we are making a dent, there's a lot out there we are not addressing."

Top States are effective in recruiting, training and retaining volunteers.

In these States good recruitment involves targeting the right audience at both the State and local levels, with an excellent source being the elder network. These programs often tap the services of the AARP, which helps State ombudsmen by mailing volunteer information to its members and asking people to join the ombudsman effort. Another effective source is the word-of-mouth recruitment efforts of their current volunteers who are able to communicate to others the realities of the job. When successful ombudsmen recruit volunteers, they are honest about the demands of the work from the beginning. One successful State program is able to recruit lawyers who donate their services.

These top States consider extensive training and staff support vital in order for volunteers to be effective. Several have detailed volunteer training manuals. One State has incorporated its volunteer training guidelines in legislation. It also employs a tiered approach with increased training hours linked to increased responsibility levels, a way to build a career ladder.

Paid staff play a major role in the volunteer effort. One ombudsman said, "If you don't have paid staff, you don't have a volunteer program." Many ombudsmen feel that volunteers need as much, if not more, supervision and backup as other staff members. Some ombudsmen express the need for additional staff in order to recruit, train, supervise and maintain volunteers. One reflected the feelings of others when she said, "We rely heavily on volunteers but we need good staff to supervise them."

Good volunteer programs retain workers by recognizing their worth. They treat the volunteers the same as the paid staff, have the same expectations of them and honor them with special awards and ceremonies.

The best programs are highly publicized.

Successful programs make themselves very visible in the aging community through the use of posters or brochures, publicized toll-free numbers and community outreach efforts. Other techniques include informing all residents about the ombudsman program upon admission, media exposure, such as radio or television spots, and in-service training for staff of the facilities on the ombudsman program.

In contrast, only approximately half of the remaining 39 programs make themselves available in a similar fashion to the successful ones.

Successful programs handle complaints expeditiously.

All but one of the top States respond onsite to potentially life-threatening complaints within 24 hours. These complaints involve abuse or neglect which may seriously jeopardize a person's

well-being. Moreover, all but three of the top programs actually respond to all complaints, both life-threatening and non life-threatening within 24 hours.

In contrast, almost 20 percent of the ombudsmen from the 39 remaining States require from three days to a week to respond to potentially life-threatening complaints; 46 percent take four days or more to respond to non life-threatening complaints. One State takes months before being able to respond to some complaints; others report not being able to respond for several weeks.

Almost all successful State ombudsmen report at least three-quarters of their complaints being resolved to the point of closure within 12 months, although they, and other ombudsmen, report some inconsistencies in how they define complaints resolved.

Approximately half (56 percent) of the remaining 39 States similarly report coming to closure on 75 percent or more of their complaints in a 12-month period; 21 percent close between 65 and 75 percent of complaints; and 21 percent come to closure on less than 65 percent of their complaints in a 12 month period. Of these, one State with limited staff and no volunteers reports coming to closure on only 25 percent of their complaints in a given year. One State does not even keep this statistic.

SUCCESSFUL PROGRAMS OBTAIN ADEQUATE FUNDING AND SUPPORT

States report innovative fund-raising techniques.

All States link adequate funding with having more professional staff, which allows them to visit facilities more frequently; to improve response time to complaints; to train and supervise staff and volunteers, and to become more involved in legislative planning and decision-making. Most States would give priority to hiring more professional staff if additional funds were made available. An ombudsman from a rural western State stated, "There is a direct correlation between funding and effectiveness, it allows for more staff."

Many successful State ombudsmen enhance their budgets through innovative fund-raising techniques. Some use traditional methods such as bake sales, auctions and \$100-a-plate dinners, while others have developed more sophisticated approaches.

One Western State imposes a \$3 surcharge on nursing home and board and care licensing fees, thus raising about \$140,000 a year. Deposited into a special fund controlled by the State Board on Aging, this money is given to the Ombudsman program for use in education, particularly the training and organizing of resident's councils. Another top State has a similar bed tax which goes to the Ombudsman program.

A local program in a Southern State has a budget of \$250,000 with only \$30,000 coming from the Federal and State governments through the AAA. Not housed in any State or local government agency, it is able to secure funds from the United Way, mayors and other organizations. Its dynamic district director spends much of her time raising funds, a task she

feels is made easier because the agency is private and non-profit. A State or local government agency would have a difficult time getting such donations. The fund raising is seen as having the additional benefit of enhancing community education and outreach for the ombudsmen program.

Other programs sell their knowledge to generate income. For instance, one program has developed a game called "Resident Bingo," which is sold nationally to long term care facilities to help familiarize residents with their rights and with how to refer problems to ombudsmen. A Midwestern program is located outside of the State government so it can charge facilities, such as nursing homes and hospitals, for inservice training, mileage, and materials such as brochures. A local ombudsman in this State said, "We take full advantage of the language in the OAA which mentions the 'opportunity to donate'."

Strong enabling legislation and legal support strengthen programs.

Five of the top programs were cited by other ombudsmen for their strong enabling legislation, which is comprehensive, succinct and easy to understand. One such statute gives the ombudsman immunity from liability when acting in good faith. Another State's legislation allows the ombudsmen to grant confidentiality and immunity to all complainants and issue subpoenas for documents or testimony.

Strong legal support is also cited as important. Several successful programs have ombudsmen who are lawyers. One large program in the West reports that each one of its 35 local programs has access to legal support. Other top programs contract with an attorney or a law firm for legal support.

Independence and other intangible factors make a difference.

Many ombudsmen consider program independence important for success. Several programs contract with outside agencies for ombudsman services in order to obtain such independence. One ombudsman reflected the feeling of others when he said, "Ombudsmen should be independent to avoid conflict of interest." Another said, "We should be independent...location of the program is the real issue...advocacy and service delivery don't combine."

The Office of Ombudsman in a Northeastern State is independent and exempt from control or supervision by any department of the State government by statute. The Office reports directly to the Governor and Legislature. This administrative autonomy allows the ombudsman to act quickly and effectively, responding in 24 hours or less. Another advantage is a high profile and a certain amount of clout because of its close association with the Governor.

Other intangible factors involved in successful performance include: the personality and leadership style of the State ombudsman (when respondents recommended model programs they often mentioned this as an important factor); the ability of the program to influence legislation or change policy (as one very successful State ombudsman said "We have systematic impact, we solve problems through regulatory reform"), and the relationship of the ombudsman program with other State agencies and providers. A successful ombudsman said, "We are widely

recognized and respected by the provider community.” Another remarked, “We have an excellent relationship with major agencies, an excellent image in the State.”

OMBUDSMEN WANT ADDITIONAL SUPPORT

More than half, 54 percent, of the State respondents say that they are not kept informed about best practices. Only 25 percent of the ombudsmen report receiving this information from the National Resource Center. They report this information is not circulated systematically. Best practices may be highlighted in the Resource Center’s newsletters, a newsletter from a State Ombudsman program or in material received from other sources.

Ombudsman generally feel the Resource Center is helpful. One said, “I would like to see the Resource Center continued.” Other ombudsman recommend that the Resource Center get involved in training as well as more active in circulating information about best practices and other ombudsman issues.

Over half of the ombudsmen report receiving information directly from the AoA, but consider it limited and not always helpful. Many (40 percent) would like more direct involvement with AoA. Some mentioned a designated AoA focal point. One ombudsman said, “We need more Federal direction.” Another requested, “... more guidance from AoA on how the program should be administered, more Federal guidelines.” And another agreed saying, “We need clear regulations and model guidelines.”

RECOMMENDATIONS

The Administration on Aging should work with the States to address the concerns of the ombudsmen by:

1. Developing model operational guidelines in areas such as frequency of visits; staff-to-bed ratios; volunteer-to-bed ratio; complaint response time; complaint resolution percentages; recruitment, training and retention of staff and volunteers; and program publicity.
2. Providing technical assistance regarding the use of volunteers, fund-raising, obtaining legal support, confidentiality and other areas of concern.
3. Assuring that information about successful programs and effective techniques (including that obtained in this inspection) is disseminated to States in a systematic and detailed way with recommendations for implementation.
4. Responding to the concerns of ombudsmen about strengthening the role of the Resource Center to provide information about best practices and model States in a more systematic way and provide training on a regular basis.

COMMENTS

Comments received from AoA were generally supportive of our findings and recommendations. However, AoA is concerned that we do not acknowledge the extent to which the National Resource Center is involved in supporting the Long Term Care Ombudsman Program. We should note that it was not within the scope of our study to evaluate the Center, itself, but rather to obtain the sentiments of the ombudsmen regarding the Center. We have added AoA's information about the Center to the background of the report. It may be helpful for AoA to communicate more fully with ombudsmen about the activities of the Resource Center.

The comments of AoA essentially respond to the study recommendations. These comments are in Appendix A.

APPENDIX A

Comments To The Draft Report



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

*Cameron
Brown
Reg. 2*

Administration on Aging	IG	_____
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Washington, D.C. 20201

MAY 31 1991

RECEIVED
 OFFICE OF INSPECTOR
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TO: Richard P. Kusserow
 Inspector General

FROM: U.S. Commissioner on Aging

SUBJECT: OIG Draft Report "Successful Ombudsman Programs,"
 OEI-02-90-02120

Recently your office requested that the Administration on Aging (AoA) review and provide comments as appropriate on the above-referenced draft report.

AoA staff have reviewed the draft and, while we do not fully support all the conclusions, we believe that it contains a great deal of useful information. The draft certainly describes effective operational models and should prove to be a useful tool in compiling information on exemplary ombudsman programs and practices. Our specific comments are outlined briefly below.

A number of the concerns raised in the draft focus on the National Center for State Long Term Care Ombudsman Resources. Recommendations 2-4 on p. iii of the Executive Summary and page 10 of the draft report are particularly relevant to the work of the National Center. Indeed, recommendation # 4 specifically refers to the perceived need to "strengthen" the Center's role. In general, we believe that the Center has been more active and aggressive in supporting the Ombudsman Program than the draft suggests.

As the draft indicates, the Center is operated by the National Association of State Units on Aging in cooperation with the National Citizens Coalition for Nursing Home Reform. AoA has provided the Center with considerable financial support. In each of the first two years of operation (FY's 1988 and 1989), the Center for State Long Term Care Ombudsman Resources received more Title IV funds (\$387,488 in FY 88, \$500,000 in FY 89) than any of the other National Aging Resource Centers which AoA supported. The Center also received \$500,000 in Title IV funding in FY 1990.

The goal of the National Center for State Long Term Care Ombudsman Resources is to enhance the capacity of the nation's State Agencies on Aging in the design, development and administration of statewide long term care Ombudsman Programs.

The Center's primary focus is on building Statewide systems of ombudsman services to address the issues facing older residents in long term care facilities.

During its first two years, the Center initiated a number of activities including: development of a State Ombudsman Resource Manual; multi-regional teleconferences for information sharing with and among States; a National Training Conference for Ombudsman and State staff; training modules for States to use in training local ombudsmen; simplified guides to OBRA legislation; a bi-monthly Center newsletter called the "Ombudsman Reporter"; and, production of a video to introduce the Ombudsman Program to the general public that will also serve as a viable recruitment tool. In addition to the Resource Center's responsibilities for technical assistance and training for states, the Center conducted a study of ombudsman services to residents of board and care facilities. One section of this study is devoted to use of volunteers.

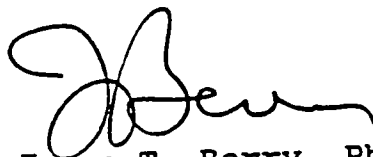
AOA fully intends to continue to provide on-going support to the Ombudsman Program. On April 29, 1991, we issued a Program Announcement (AOA-91-2) for awards authorized under Titles II and IV of the Older Americans Act to establish a series of "National Eldercare Institutes" to work in cooperation with the National Eldercare Campaign. A portion of the funds awarded under this announcement will be expended to provide for the continuation of a national focal point for the ombudsman support activities currently provided by the National Center for State Long Term Care Ombudsman Resources. Within this framework issues to be addressed pertaining to the ombudsman program will include:

- o Identification of relevant Federal legislation;
- o Dissemination of best practice models;
- o Analysis of program develop trends; and,
- o Examination of changes needed to improve program effectiveness.

Finally, let me note that, in March, 1991, AOA convened a National Roundtable on the Ombudsman Program. Representatives from State and local programs and from national organizations met with the AOA to discuss roles of the ombudsman, model services, and future directions for the ombudsman program nationwide.

I hope that you will find these comments useful. If you have any questions or need further information, please let me know.

Thank you.



Joyce T. Berry, Ph.D.

with representatives of the aging network. In a series of focus groups, Administration on Aging and National Association of State Units on Aging staff discussed these issues with a sample of State and Area Agencies on Aging and service providers. The Administration on Aging will be following up on several of the ideas generated in these discussions. The establishment of the Eldercare Volunteer Corps and our thinking about expansion of the Corps, builds upon ideas discussed during these sessions.

The Administration on Aging will be working closely with State and Area Agencies on Aging to assist you in the implementation of this important volunteer initiative. Further information regarding the Eldercare Volunteer Corps will be forthcoming.

A press release regarding this announcement is enclosed for your information.

INQUIRIES: Inquiries should be addressed to Regional
Program Directors on Aging, HHS Regional
Offices


Joyce T. Berry, Ph.D.
U.S. Commissioner on Aging

Attachment



APR 23 1991

INFORMATION MEMORANDUM

AOA-IM-91-22

TO : STATE AND AREA AGENCIES ADMINISTERING
PLANS UNDER TITLE III OF THE OLDER
AMERICANS ACT OF 1965, AS AMENDED

SUBJECT : Older Americans Act Eldercare Volunteer
Corps

LEGAL AND RELATED
REFERENCES : Older Americans Act, as amended

Recently I announced the establishment of the Older Americans Act Eldercare Volunteer Corps. Volunteers have been the backbone of the Older Americans Act service system since its inception in 1965 and currently there are nearly 500,000 volunteers providing services and assistance to older persons across the Nation, many of them at risk of losing their independence.

The National Eldercare Campaign seeks to broaden the base of support and commitment to our Nation's vulnerable elderly population by reaching out to organizations and individuals and inviting them to participate in solutions to the problems facing many of our older citizens. The Eldercare Volunteer Corps provides an opportunity for young and old alike to support the National Eldercare Campaign by contributing a portion of their time and effort to improve the lives of older persons, especially those vulnerable elderly who are at risk of losing their independence. These at-risk elderly, the beneficiaries and focus of the National Eldercare Campaign, can substantially benefit from the contributions made by volunteers.

The Eldercare Volunteer Corps is designed to build upon the existing efforts of State and Area Agencies on Aging and service providers to promote and support volunteer activities in Older Americans Act programs. Recruitment, retention, training and supervision are critical components of any volunteer program and, in order to determine the most effective means of strengthening current efforts, the Administration on Aging recently consulted