

Partners for Dignity Autonomy & Choice

Empowering Oregonians with Developmental Disabilities

SB 626: Proposed Expansion of Oregon Long Term Care (LTC) Ombudsman Program

MEASURE: SB 626
EXHIBIT: 2
S. HEALTHCARE & HUMAN SERVICES
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What new populations will be served?

5,768 individuals with developmental or intellectual disabilities are living in 886 licensed adult foster homes and 673 group homes in Oregon. An additional 1,838 individuals with mental or behavioral health disabilities are served in approximately 257 residential treatment homes and facilities (excluding individuals under Psychiatric Security Review Board jurisdiction). Most of these homes and facilities are quite small, with only 3-4 residents, and they are scattered throughout Oregon.

Serving them represents a special challenge due to greater effort and time it takes to visit each home. While the total number of 7,600 new beds represents an addition of only 18% over the 43,000 long term care beds currently under the LTC Ombudsman's mandate, the program will need to hire new staff, develop new publicity materials and training curricula, and recruit new volunteers to serve the expanded populations.

Why is such a program expansion needed?

The publicly-funded facilities and homes that have developed in Oregon to serve these vulnerable adult populations are closely intertwined with state and local government. Many of the community organizations that advocate for these populations wear two hats as well: they receive public funds to operate service programs while also providing information, education, and systems advocacy. At least two groups of service providers and facility owners have their own registered lobbyists and are active in advising the state on system development.

However, there is no independent, conflict-free oversight over the system of publicly-funded long term care residential services for individuals with developmental, intellectual, mental health, and behavioral health disabilities. Many family members, direct service workers, and consumers have expressed frustration that their concerns about resident rights, service quality, disparities in access to service, lack of choice regarding service options, and system development initiatives are not being addressed.

Why the LTC Ombudsman Model?

The LTCO program has been an independent state agency since 1985. The LTCO is unique in its ability to provide independent, transparent, and conflict-free investigations into complaints about residential facilities and homes. The LTCO program mobilizes highly-trained local volunteers and is extremely cost-effective.

The LTCO program model has been hugely successful in serving seniors and adults with physical disabilities due to:

- High visibility and program recognition;
- Unannounced visits by local volunteers; and
- Problem-solving approach to the issues it investigates.

Further, the LTCO program's design requires:

- Right of entry to all licensed facilities;
- Right of access to records (with the consumer's permission);
- Requirement to report its recommendations to the parties affected;
- Only to act with the consumer's permission and at their behest;
- Immunity to employees of facilities that are interviewed as part of an investigation; and
- Oversight by an Advisory Committee with members appointed by the Governor and the legislature.

How well does the current LTCO meet the needs of seniors and adults with physical disabilities living in Oregon's long term care facilities?

With a paid staff of 11 and over 200 volunteers, the LTCO program fields more than 4,500 consumer concerns each year. The top 5 categories of complaints received in 2011 and 2012 were:

- Food concerns;
- Discharge/eviction process;
- Medications;
- Neglect; and
- Failure to treat residents with dignity and respect.

99% of the complaints received were partially or fully resolved in a timely fashion.

The LTC Ombudsman program has high name recognition throughout Oregon. Its 1-800 telephone number is posted in every licensed facility under its jurisdiction. The level of program achievement is also high with good or excellent customer service ratings from 90% of the consumers served, as well as a record of regularly visiting virtually all of the nursing care, residential care and assisted living facilities in 2011.

The program also visited more than half of the 1700 adult foster homes at least once, a big challenge since these small homes are widely scattered throughout Oregon's most rural landscapes.

Despite the fact that Oregon has one of the lowest ratios in the country of paid staff to LTC beds, it has grown its volunteer corps by more than 100% since 2009. The hours provided by these volunteers in service to some of Oregon's most vulnerable citizens have effectively multiplied the paid staff's capacity by the equivalent of 11 more full-time employees. According to national LTCO program data, only two other states reported a higher ratio of volunteers to staff. However, as Oregon's population living in long term care facilities grows, so must its paid and volunteer Ombudsman staff. Current staff is working over capacity to support the service of its active volunteers. Additionally, it is anticipated that the population of elderly Oregonians will grow more than 30% during the next ten years, fueling a greater need for ombudsmen.

How will the LTCO program model expand to meet the needs of adults with developmental and/or mental health needs living in long term care residential facilities?

In the first year of operation of the expanded program, the LTCO program will recruit new Advisory Committee members with knowledge and expertise in serving the DD/ID and MH/BH communities. The program will also hire new deputies, a full-time support staff person, and a part-time volunteer recruiter. A recruitment plan, publicity materials, and training curriculum will be developed that is distinctive for each of the three populations served by the program.

Once these pieces are in place, the program will begin publicizing the expanded LTCO program throughout the homes and facilities affected, as well as to recruit and train volunteers. In year two, the program will gain experience in working with the new populations and will continue to recruit and train additional volunteers.

