



Older Adult Services Advisory Committee Services Work Group

Date: March 17, 2008

Attending: Carol Aronson (Co-Chair), Marianne Brennan, Eileen Brewer, Pat Stacy Cohen, Kelly Cunningham, Diane Drew, Joyce Gusewelle, Sherry Hamlin, Julie Hess, Robin Morgan, Michael O'Donnell, Amy Paschedag, Mary Patton, Sally Petrone, Margaret Rudnik, Maria Schmidt and Dave Vinkler (Co-Chair).

Guests: Lois Moorman (IDoA), Lee Beneze (IDoA), Lee Frazer (Chestnut Health Systems) and Karen Freda (Alternatives for the Older Adult)

Discussion Summary:

- Introductions. The minutes from the February meeting were not completed yet and will be sent out at a later date and approved at the April meeting.
- Carol announced that the committee's recommendation to have a representative from the DHS Division of Mental Health attend the Services meetings and to attend OASAC in general was presented to the OASAC committee at the last meeting. Michael Gelder indicated that this would be discussed at the next interagency OASAC departmental meeting.
- Lois Moorman, Program Administrator for the Office of Elder Rights at IDOA, led a panel discussion on self neglect. She presented a background on the legislation that was passed and on the work of the Steering committee on Self Neglect that was formed. Panel members represented chairs of the steering committees workgroups on Interdisciplinary Involvement, Training, and Assessment. The Steering committee is getting ready to file rules based on the recommendations from the steering committee. Rules will reflect minimum requirements. Other recommendations will be used in policies and procedures that will be developed. Rules are in second draft and will be going to the Department's General counsel soon. Lee Beneze discussed the timeframes for rule filings. Lois reported that Jan 1, 2007, ANE agencies started collecting reports on Self neglect. So far over 1300 reports have been accepted. These reports are not being investigated by the ANE agencies but they are being referred on to the appropriate social services agencies for follow-up. The Self Neglect legislation stated that no follow-up was necessary by ANE agencies until a time when sufficient statewide funding for it existed. National average shows that 40-50% of all ANE reports are self neglect cases. Illinois is so far does not reflect this national average. Currently 10% of the total reports have been Self neglect cases. IDOA is anticipating about 30% (or about 3,000 clients) annually. Many of these clients are currently being handled through the case management system in Illinois. IDOA receives about 10,000 reports of ANE annually. There has been a 12% increase in ANE reports over last year (this is not including the self neglect reports). This may be attributed to the increase public awareness that has occurred. Only about 1% of these cases are referred to law enforcement and an even smaller % of that are prosecuted.
- Karen Freda, chair of the Assessment workgroup, discussed the progress of her workgroup. This group reviewed basic tenets of self neglect and determined that the Comprehensive Care Coordination tool would not be appropriate to use for these types of cases. Observational tools like the one Texas uses is more useful in these cases than tools that rely on dialog between the case manager and the clients.

Codes for assessing the severity of risk were also discussed and developed. The workgroup wanted to balance autonomy of the client's choice to live the way they wanted to versus safety and risk of future harm. The committee recommended using the Clock test to get to executive skills and to utilize other tools such as the depression assessment as needed. The group identified that a second level of assessment may be needed and that the hope is that any individual that is showing decisional capacity issues will get to an emergency room, medical assistance, etc. to rule out medical reasons vs. dementia issues or mental health issues.

- Mike O'Donnell, chair of the Interdisciplinary Involvement workgroup, presented a handout on the goals from his group. Goal 1 – Identify key participants in a Multi-Disciplinary model. Mike cautioned everyone to remember that self neglect is not a crime. It is a set of behaviors. These individuals are not “victims”, they are “at risk”. An M-team approach is necessary to appropriately address these cases. The workgroup provide a recommended list of key participants. Goal 2 – review existing multi-disciplinary team models. The workgroup did a national search and recommended three different models to be tested during the initial phase in period. Goal 3 – Recommend model and propose protocol language for regulations. The workgroup recommended language for rules. Goal 4 – Identify costs associated with multi-disciplinary models. Currently ANE M-teams get \$3000 a year to hold M-team meetings. The workgroup recommended that an agency would need an additional \$3000 to support an M-team associated with self neglect. Goal 5 – Develop a model working agreement for service providers and law enforcement. The workgroup discussed that taking law enforcement with you in these cases may not be the best approach due to trust issues. The group recognizes that this may be in conflict with goals of Chicago Department on Aging (safety and protection) versus goals of committee (self determination and autonomy). This goal has not been completed yet by the committee.
- Lee Fraser, chair of the Training workgroup, indicated that their workgroup reviewed the existing training module for ANE and looked at other states self neglect training module. It is recommended that self neglect training will be incorporated into the existing ANE training. Trainings will focus on developing rapport and keeping the interview and assessment client centered. How and when to refer to other agencies and enforcement agencies will also be addressed. Lee also discussed two case studies on self neglect for the group to discuss.
- Members also heard presentation on Decisional Capacity. Wendy Cappelletto, Assistant Public guardian with the Office of Public Guardian of Cook County, talked about different degrees of capacity. It's not an all or nothing issue. She discussed that in some cases you could have a full guardianship but a judge may still allow the person some rights to make some medical decisions. There have been cases of partial capacity also. And in some instances, mainly with depression, where rights can be restored. Wendy advised that there has to be a medical diagnosis to support the decision. Guardianship cannot be obtained just by someone thinking that someone else is making poor choices. Wendy stated that Guardian Ad Litem in Cook County are mainly all attorneys. Most are trained in elder care law. GAL's are not required to take a position. They are required to give the clients their rights. Eileen Brewer stated that especially down state, not all GALs are attorneys. Wendy reported that Guardians are supposed to do what the client would have done themselves if they were capable of making decisions, not what's necessarily in their best interest. For example, if a client was adamant about not having a DNR before they became incapacitated then a DNR should not be authorized by the Guardian. Wendy stated that if a Power of Attorney (POA) is done while a client is competent and then another person petitions for guardianship and want to knock out the POA, they would have to prove that the POA is not acting in the best interest of the client (or that the POA was authorized when the client wasn't really competent). If you can show the agent did not do their job then it could be grounds for knocking them out and going for guardianship. The POA takes precedence because it was made before the person lost capacity.
- After the presentations, Carol discussed the need for the Services committee to develop a hierarchy of needs for the recommendations. If members know of any literature that can help us achieve this please let the chairs know.

Next Steps:

- The January meeting minutes will be posted on the Department's website. The website address is www.state.il.us/aging/1athome/oasa/committee.htm.
- Robin will send out the February meeting minutes for approval at the April meeting.
- Robin will check on the timeframes for the report this year.

Meeting Schedule:

This committee meets on the third Monday of the month from 10:30 am – 3:00 pm at the AARP office in Springfield. The next meeting is scheduled for April 21, 2008. Future meeting dates are:

- May 19, 2008
- June 16, 2008
- July 21, 2008