

**HEALTH & HUMAN SERVICES COMMITTEE**  
**MINUTES**  
**January 8, 2007**

The Health & Human Services Committee of the DeKalb County Board met on Monday, January 8, 2007 @ 6:30p.m. in the Administration Building's Conference Room East. Chairman Robert Rosemier called the meeting to order. Members present were Richard Osborne, Jeff Whelan and Julia Fullerton. Ms. LaVigne and Mr. Metzger, Sr., were absent.. A quorum was present. Others present were Mary Olson, Liz Carney, Karen Grush, Cathy Anderson, Michael Flora, Marshall Hayes, Colleen Parks, Judy Harneck, RN, Dr. Foroutan, Sue Plote, Eileen Dubin and Deb Rolf.

**DISCUSSION OF MENTAL HEALTH ISSUES FOR SENIORS**

Chairman Rosemier explained to the committee members why he called this group to meet with regards to senior's self-abuse or elder abuse. Mr. Marshall Hayes of Elder Care informed him that a new law would go into effect on January 1, 2007 that would treat self-abuse as another form of elder abuse and would require that it be investigated as thoroughly as elder abuse. Since self-neglect is being observed among seniors - it is defined as a form of self-abuse, this would mean that an increase in duties performed by various participating agencies would be increased. He then realized that self-abuse often involves a mental health issue and remembered that last year Mr. Michael Flora of Ben Gordon Center submitted a proposal for the senior services tax levy which related to identification and treatment of mental health needs for seniors. This past year this committee will say they have been contemplating how to address the proposal submitted by Mr. Flora. Consequently, he felt that this newly formed committee would be best served by gaining information from the "frontline troops" and the guests this evening represent those troops. The committee would be best served by reflecting on the inter-relationships among this group and assisting them in framing future senior tax levy proposals so that no seniors fall between the cracks, explained Chairman Rosemier.

He would like to address the following points:

- Is self-neglect and other forms of self-abuse being observed and if so, how often?
- Are other evidences of mental health issues, such as depression, suicide being observed and how often?
- What are the procedures being used to assist seniors with these mental health behaviors and who are the participants?
- What interventions need to be done which are not currently being done and who should do them?
- Will these interventions either keep seniors from premature institutionalization or will it help those already institutionalized return to home?

- Who is funding these interventions? To what degree and what shortfalls are there?
- What should be the role and extent of support provided by the County through this committee and through the use of the senior services tax levy fund?

Mr. Marshall Hayes, Director of Elder Care Services, said that the new law is actually an amendment to House Bill 4676 Elder Abuse and Neglect Act. It brings Illinois into what pretty much the rest of the country has been doing for a while now to recognize that self-neglect as part of a form of elder abuse. It is an unfunded mandate. He feels that the law does not have enough "teeth" in the law to make these cases approachable. Mr. Hayes said that his concern is, how can we fill the gaps in this law? He also said that with the Governor doing some kind of campaign on this issue he knows that his office will probably get more phone calls. How can we prepare for these cases?

Mr. Hayes said that physicians are already required to call Elder Care if they notice that a senior who is being abused and that the doctors have reason to believe that they senior cannot call themselves. Now it is being changed to say that the law is including people who are self-neglectors.

Dr. Foroutan asked Mr. Hayes why does he feel that doctors would oppose such a thing?

Mr. Hayes said that he feels that they may feel that it is an infringement upon that patient/client privilege.

Dr. Foroutan said that self-abuse is the first thing that gets people admitted to a nursing home. She said that it is also a sign of depression. She thinks that maybe if the physician would think that this wasn't the case, however, it doesn't mean that they don't do anything about it. Maybe they are thinking that they will have to look a little deeper and find out where the neglect comes from.

Ms. Fullerton asked Mr. Hayes if the mandatory reporting made it to the final bill?

Mr. Hayes said that yes, he believes so.

Chairman Rosemier said that in Mr. Flora's proposal from last year, it stated that 72% of the cases that they were seeing suffered from depression in elder abuse cases too.

He also said that he would be inviting Herb Holderman from the Veteran's Assistance Commission for the committee's February meeting to discuss this topic with elder abuse cases seen with senior veterans.

Mr. Whelan asked Mr. Hayes how does an elder person approach them about this issue because most of the time they will not speak about it for fear

that they will be taken out of their homes? Do you go to Colonial House, the Hi-Rise and inform them about this issue? How do you find them?

Ms. Plote of Family Services Agency said that what is really needed to begin is a working definition of what self-neglect is?

Mr. Hayes, from Elder Care said that they have a lot of clients that meet the criteria of the new law and then read the criteria for the committee.

Ms. Plote said that every case referred gets a clinical assessment.

Ms. Carney, Director of the DeKalb County 708 Mental Health Board said that what we have is the general population of all ages in the county, then you have the people who are 60 years and older dealing with mental health issues. Then we are talking about a particular segment of people in their 60's who are going to have two populations that overlap. One are persons who have some kind of mental health issue and then you are going to persons who have mental health problems and other problems, like someone who have a medical issue or their doctor may hospitalize them like for a hip replacement.

Ms. Fullerton asked if they anticipate that regulations would be fleshed out pursuant to this new legislation to give you more guidance? Are there any penalties if you fail to comply with this legislation? Can we focus our discussion on where the gaps are and get to the "meat" of issue?

Dr. Foroutan said that their primary care physician still identifies most of the people that are at risk. She has very good cooperation with the Home Health Care and that they use multiple tools for screening.

Chairman Rosemier said that in Mr. Flora's proposal it mentioned that there is natural reluctance of people who have mental health issues to admit to it and address it because they are afraid that they will be taken out of their homes and be institutionalized.

Mr. Hayes tried to answer Ms. Fullerton's questions. He said that yes, they will be able to flesh out the regulations and yes there will be penalties. We are trying to find these people. They have had cases where they have struck out with a senior suffering from self-neglect. Sometimes being persistent does help out, by just being there everyday and trying to talk to someone. The case management worker sometimes will gain the person's trust by doing this over the course of so many weeks or months.

Mr. Flora said that some of the gap is the funding issue, like the outreach component and the case finding component.

Chairman Rosemier asked Mr. Hayes, at what point does the income eligibility kick in terms of what you can do? It doesn't really matter at all if it is considered an elder abuse case, said Mr. Hayes. Chairman Rosemier said no, your case manager's being able to develop relationships. Mr. Hayes said that there are a number of different programs, some of them do and some of them

don't have eligibility criteria. We would probably try to address these types of cases under one of the Title Programs that do not have eligibility criteria. Chairman Rosemier said that he felt that Ms. Carney eluded to different kinds of people with different kinds of needs. He knows that the model program that that they were talking about had three levels. The first one being assessment, wellness and education as it relates to community services, the second one assessment, consultation and brief treatment, the third level is assessment, treatment and sustained involvement.

All of these call for the initial stage of assessment and linkage to community services, said Chairman Rosemier. Can Elder Care Services do that for all income levels? Mr. Hayes said yes, we can do that. So you are not denying some because of income? asked Chairman Rosemier. For those specific cases that we are talking about, no, said Mr. Hayes. Well then we might be back to the funding issue said Chairman Rosemier.

Ms. Carney said that some of things that are covered would be one that involves the Mental Health Board and the Family Service Agency. There is a scholarship program of \$12,000 for seniors for specific purposes. It is designed for provide services for seniors that have a barrier for service for a mental health issue or a non-mental health issue. Secondly, it does pay for a home visit. It is set up for two home visits can be done without charge to the senior recognizing that they are various services for mental health purposes that help reduce barriers for service.

Ms. Fullerton asked if funding was more of an issue or the outreach? Do you have sufficient cases to keep you busy? Do you think that you are missing people?

Ms. Plote said that she feels they are missing people.

Mr. Hayes said that cases do come to them. He feels Sue is right. The first step would be can we deal with what is coming through the door effectively? The second step, now that we have this master, can we look at actually go out there and look for them.

Chairman Rosemier asked if they are able to provide for those people coming in to the building?

Mr. Hayes said that he is not happy with the level of service that they are able to offer. An example, would be a person who comes as a young senior, and will probably be with them for the rest of his life. They would need to make a commitment with him for the next 20 years and he's needs are such that if we are going to keep him in the community, he will be a fixture. They will get a couple hundred dollars for him from the State and that's all. There is no Medicare or Medicaid for this client. He is an extreme example.

Some of the other problems that people see with the elderly are that they are dealing with loneliness and companionship, which can make a person depressed. They would need Peer Mentors possibly.

They all agreed that they would like the psychiatric nurses to be utilized to help with more psychiatric needs and not doing dishes, making meals, etc. However, there are people out there that need this type of care, said Mr. Hayes.

Chairman Rosemier suggested that possibly they could run a Pilot Program for one year and see how it would work. It could receive some funding from the Senior Tax Levy to fund it.

The committee agreed that they do not get enough funding. They would be talking about possibly 2 to 3 more positions to help with this issue. Case Workers need to be dedicated to help seniors who need day in, day out care. And they need trained professionals.

After further discussion, it was agreed that Ms. Carney would hold another meeting with all the mental health providers present this evening, in two weeks, on January 25, 2007 at 3:30p.m. at her office in the conference room next to the Mental Health Board Office.

Mr. Rosemier asked the mental health agencies to think about what the County and the Committee can do to help. If they have any input he would like them to contact him or Ms. Mary Olson, Director of the Community Services Department at the County with any questions or comments.

He also said to remember that grant writing can be another source of mental health funds for non-seniors too.

Mr. Hayes said that Elder Care Services does have general guidelines for services provided for senior citizens in the County.

Chairman Rosemier and the committee thanked everyone who came this evening for participating in this discussion on this very important issue.

#### **APPROVAL OF THE MINUTES**

Moved by Ms. Fullerton, seconded by Mr. Osborne, and it was carried unanimously to approve the minutes from December 2006.

#### **APPROVAL OF THE AGENDA**

Moved by Mr. Whelan, seconded by Ms. Fullerton, and it was carried unanimously to approve the agenda.

#### **OLD BUSINESS**

The committee discussed how grant writing may be used as another source of funding for mental health needs of non-seniors.

Ms. Mary Olson, Director of the DeKalb County Community Services Department, briefly advised the committee that the Needs Assessment Group

would be done with Phase I soon. Phase II will last about 6 months and the committee appropriated around \$6,000 for that phase for the senior services tax levy funds. There is approximately \$45,000 in carryover funds from the tax levy.

**ADJOURNMENT**

**Moved by Mr. Whelan, seconded by Mr. Osborne, and it was carried unanimously to adjourn the meeting.**

Respectfully submitted,

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Chairman Robert Rosemier

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