Nursing Home Safety Task Force  
Meeting Agenda  
Thursday, October 29, 2009

I. Welcome, Michael Gelder, Committee Chairman
   a. Reporters Present:
      i. Jared Hopkins, Chicago Tribune (in person)
      ii. David Jackson and Gary Marx, Chicago Tribune (watching online)
      iii. Carl Madonna from WICS (abc Ch. 20) was there with a camera filming the event. He also conducted an interview with Michael Gelder before the event.
      iv. Dean Olson from the SJR was expected but did not attend.
   b. Members Present
      i. On the stage:
         1. Michael Gelder, Committee Chair  
         2. Lorie Jones, DHS  
         3. Grace Hon, DHS  
         4. Barry Maram, HFS  
         5. Theresa Wilson, HFS  
         6. David Carvalho, IDPH  
         7. Mary Killaugh, DOA
         8. Lt. Bill Calbrok, IL State Police
         9. Roberta Fuse, DOC
         10. Gwen Diehl, Dept. of Veterans’ Affairs
      ii. On the phone from Chicago:
          1. Mary Driscoll, IDPH, Health Policy and Planning Division
          2. Bill Pluta, Illinois Housing Development Authority

II. Scheduled Public Testimony (3-5 minutes each)
   - Barbara McGoldrick
      i. Her son is thriving in a house with three other mentally ill men. This is a better model for them then living in a nursing home. They would rather be part of the community. The problem is that there are few housing options like this in Illinois. Instead, nursing homes have become dumping grounds for many young people with mental illnesses. Nursing home problems include stolen possessions, overmedication, false reports, cover-ups, and ex-felons being housed in nursing homes.
      ii. Comment from Michael Gelder: Many of the agencies represented are working on housing options
   - Fred Friedman, Next Steps and former nursing home resident
      i. The personal allowance given to residents of $30 per month is not enough. Nursing homes have no incentive to fix patients. They want to continue getting the $100 a day for filling the bed. Thus, nursing homes become warehouses for the sick.
   - Linda Virgil, Board of Director for NAMI, parent of a son with a mental illness
      i. Nursing homes are not the right place for people with mental illnesses (unless circumstances require those people to be in a nursing home). NAMI’s national organization measures each state’s progress in providing service to the mentally ill, and Illinois did very poorly. Illinois needs flexible, affordable care with continuity, financing mechanisms, and collaboration. We need to close the gap between research and progress. The professionals know what to do. We need the political will to take that action to fix the broken system. We have an increasing number of veterans coming home with mental problems, and we need the system to work for them and their families.
ii. Comment from Michael Gelder: The Governor has charged the Task Force to make improvements. There is no one on the other side of this issue; everyone is on the same side.

iii. Comment from Lorie Jones: In reference to closing the gap between research and progress, advances must be evidence based. Until the Federal government shortens the timeline for evidenced based changes, they cannot speed up their process.

- Nancy Funk, AARP
  i. She has seen life threatening and frequent problems in nursing homes, including deplorable conditions and neglectful staff. We need more Ombudsmen who are able to address resident complaints. They are often a patient’s only support system.

- April Verrett, Exec. VP SEIU Healthcare
  i. 10,000 nursing home members and ¼ of the nursing homes in the state are represented by SEIU. The long-term care system in Illinois is broken, as described in the reports that came out recently from the Chicago Reporter and the Chicago Tribune. Illinois must improve by: Increasing training of nursing home staff. Most of the people working in nursing homes are CNAs and are not trained to work with mentally ill patients, especially those with aggressive tendencies. Increasing regulation of nursing homes. Nursing homes know approximately when surveyors are coming, making the survey results inaccurate. Increasing staff levels at nursing homes. Illinois is below the federally recommended staffing levels. Reducing the turnover rate and retaining high quality staff. We need more consumer choice in Illinois.

- Lore Baker, Supportive Housing Providers Association
  i. Supportive housing is designed for the homeless and people with chronic problems, including mental illness. They provide 12 to 24 hour services, including psychiatrists and medication management. Help people get over substance abuse. Help people find employment. 30% of adjusted gross income of residents goes to rent, the rest they keep. The program saves money for the state. The residents stay out of state prisons, county jails, and Medicaid funded nursing homes. The state could pay for four units of supportive housing for the cost of one person staying in a nursing home. Supportive housing is an effective, dignified alternative to nursing homes for people with mental illnesses. It is permanent, so it does not put a limit on the amount of time a person needs to recover. The rate of people moving from supportive housing to more institutional environments is very low. They are a not for profit organization. They would need $7 million from the state to build more units. Funding is the main issue holding them back.
  ii. Comment from Mary Killaugh: How does supportive housing deal with mixed populations and residents with criminal backgrounds?
  iii. Answer from Lore Baker: They use scatter sites, which are spread throughout the community, and congregate sites, such as an apartment complex. Trained professionals are present on site.

- Cheryl Jansen, Legislative Policy Manager, Equip for Equality
  i. They are a federal protection and advocacy system for people with mental illnesses in Illinois. We do not have adequate community-based systems to allow people to stay home in their community. Thus, people are being warehoused in nursing homes. People with mental illnesses are stigmatized as being dangerous. In actuality, ¼ of people with mental illnesses are victims of a crime, far more than the number who commit crimes. People with mental illnesses are more likely to suffer from poor care and neglect. Illinois has the second highest number of poorly performing nursing homes in the country. The solution is to increase the funding and support of quality community mental health programs.

- Pat Comstock & Terry Sullivan, HCCI
i. There are many good nursing home facilities out there. Nursing home suggestions:

Screen patients before admittance. Assess patients annually. Improve intervention strategies to include patient assessments for potential harm to self or others. They will need the State’s help with this. Do not admit patients who may harm themselves or others. Need more specific qualifications of who they can accept. Need in-house staffing expertise. Certifications need to be created within the licensure and regulation. Each medical health center should enter into a cooperative agreement with the nursing homes in their area to provide for a smoother transition into the community.

ii. Comment from Mary Killaugh: What do nursing homes do to self-policing these issues?

iii. Response from Pat Comstock and Terry Sullivan: They take a proactive approach with members, establish protocols, conduct resident and family satisfaction surveys, distribute newsletters, and take hundreds of calls from members. In a less formal sense, facilities in the same community tend to communicate to share ideas.

iv. Comment from Lorie Jones: What do nursing homes do to prepare for helping people live independently?

v. Response from Pat Comstock and Terry Sullivan: Assessments take place if a person has been diagnosed with a mental health issue, including psychiatric assessments of their ability to live in a community.

- Jamie Freschi, Regional Ombudsman in Springfield, I CARE Long Term Care Ombudsmen
  i. Ombudsmen protect the rights of individuals in long-term care facilities. Residents with mental illnesses who have violent tendencies are often placed in nursing homes. This is not appropriate placement because it puts other patients who cannot defend themselves at risk. Criminal background checks are often done after a resident is admitted. Should be done before admittance. The complete criminal history should include mobility level, verbal ability, and reasons why that person was dismissed from another nursing home. We need to focus on prevention, not reaction. Ombudsmen focus primarily on patients who are 60 years old and older, however they will still advocate for residents who are younger. Some residents are slipping through the cracks. They have no guardian, no representation, and some doctors treat them without consent.

- Sally Petrone, Illinois Long-term Care Ombudsman
  i. Their mission is to advocate for the rights of residents. They cannot resolve issues alone, so they work with many state agencies and organizations.
  ii. Recommendations:

1. Evaluate the criminal history report process.
   a. People with violent criminal histories are often only listed as moderate threats without a complete history.
2. Mental health patients do not need 24 hour nursing care. They have other needs. Nursing homes were not designed for young mentally ill patients.
   a. Young substance abusers should not be mixed with the elderly residents of a nursing home.
3. Need to monitor the performance and outcomes of therapy and rehab sessions.
4. Need an assessment tool for how dangerous patients are to themselves and to others.
5. Raise the personal needs allowance because $30 a month is not enough.
6. Increase funding for IDPH.
   a. The complaint hotline and surveyors need more staff. Currently, they are deferring complaints to ombudsmen, who are stretched too thin already.

III. Open Public Testimony

- Violet Radwill, Wife of a patient from Downers Grove
i. Post a sign with patients’ right for the residents to read.
ii. Mark the cloths of residents so that they can be identified if they wander out of the nursing home.
iii. Perform drug testing on the residents.

- **Margaret Niederer, Retired Ombudsman**
  i. We need lasting reform.
  ii. Recommendations:
  iii. Appoint an independent Nursing Home Czar.
  iv. Focus more on community care than institutionalization.
  v. Changes do not have to be perfect, but some progress is necessary.
    1. Those changes will require funding and staffing.
  vi. Do not admit identified offenders into a nursing home without their full history.
  vii. Make Task Force data collection transparent to the public.

IV. Comments by Task Force Members
- Department of Public Health
- Department of Healthcare and Family Services
- Department on Aging
- Department of Corrections
- Department of Veterans’ Affairs
- Housing Development Authority
- Department of Human Services
- Illinois State Police

V. Closing Statements by Chairman
- Closing remarks from Michael Gelder: He is humbled from hearing today’s testimony. The Task Force’s report in January will reflect their progress. They will need to make sure that that report is not just a report but a plan of action.
- The next meeting will be in approximately two weeks.