



North Carolina Department of Health and Human Services
Division of Social Services

2405 Mail Service Center • Raleigh, North Carolina 27699-2405
Courier 56-20-25 Fax 919-715-0023

Michael F. Easley, Governor
Carmen Hooker Buell, Secretary

Pheon E. Beal, Director
(919) 733-3055

September 3, 2002

DEAR COUNTY DIRECTOR OF SOCIAL SERVICES:

ATTENTION: Adult Protective Services Supervisors

SUBJECT: ASSESSING AN ADULT'S CAPACITY TO CONSENT

The Division of Social Services is pleased to announce the availability of a new one-day workshop entitled, "*Assessing An Adult's Capacity To Consent.*" The workshop was developed by the Division of Social Services and successfully piloted in two locations last year. It will be offered in five locations across the state this fiscal year.

The workshop will provide participants an excellent opportunity to learn about and discuss mental capacity as it relates to Adult Protective Services. Mental capacity will be defined and the differences and similarities between mental capacity and mental competence will be discussed. Lecture and small group discussion will be used to explore the degrees and components of mental capacity. Principles for determining whether an adult has or lacks capacity to consent to protective services will be explored, including using APS evaluation data to assist with making a decision about capacity to consent. Participants will learn the importance of obtaining help, when necessary, in making a capacity decision, and the importance of accurately and thoroughly documenting how the decision was reached.

Social workers and supervisors with responsibility for evaluating and planning service interventions in APS cases will benefit from attending this workshop. The workshop is being offered as an advanced level training (beyond the Basic Skills Training) for APS staff. All participants should have completed both Modules I and II of the *Adult Protective Services Basic Skills Training* before attending this workshop.

A maximum of thirty participants will be accepted at each of the training sites and registration will be accepted on a first come, first served basis. There is no cost for this training, however, **you must pre-register.** A registration form is attached. Please make copies as needed. Participants can expect to receive a confirmation letter and specific information about the training site after registering. Each workshop **starts at 9:00 a.m.** and will **end by 4:00 p.m.** Check-in will be at 8:30 a.m. There will be no on-site registration. Please choose

Dear County Director of Social Services
Re: Assessing an Adult's Capacity to Consent
September 3, 2002
Page 2

one of the workshops on the attached registration form. If the site you request is full, you will be notified and offered another site, if available. Refreshments will not be provided this year due to lack of funds, however, participants may bring their own drinks and snacks.

If you need additional information about the workshops or have questions, please contact John Margolis, APS Program Consultant at (919) 733-3818, or your Adult Programs Representative.

Sincerely,

A handwritten signature in black ink, appearing to read "John T. Tanner".

John T. Tanner, Chief
Adult and Family Services Section

JTT/jm

Attachment

AFS-07-2002

ASSESSING AN ADULT'S CAPACITY TO CONSENT REGISTRATION FORM

Each workshop **starts at 9:00 a.m.** and will **end by 4:00 p.m.** Check-in will be at 8:30 a.m. There will be no on-site registration. Please choose one of the workshops listed below. If the site you request is full, you will be notified and offered another site, if available.

Dr. Mr. Ms. Name _____
FIRST MI LAST

**Social Security Number _____ *Home Phone _____

Work Phone _____ Work Fax _____

E-mail Address _____

*we ask for your home phone in case the training session must be postponed because of inclement weather

**used for internal record-keeping

Place of Employment _____ Job Title _____

Work County _____

Work Address _____

City _____ State _____ Zip _____ Courier # _____

Program Area _____

WORKSHOP DATES AND LOCATIONS

_____ October 4, 2002
Cumberland Co. DSS
1225 Ramsey Street
Fayetteville, NC

_____ February 28, 2003
McDowell Co. DSS
145 E. Court Street
Marion, NC

_____ October 25, 2002
New Hanover Co. DSS
1650 Greenfield Street
Wilmington, NC

_____ April 25, 2003
Edgecombe Co. DSS
301 N. Fairview Road
Rocky Mount, NC

_____ January 21, 2003
Forsyth Public Health
799 Highland, Avenue
Winston Salem, NC

To insure registration at selected location send registration as soon as possible. **This registration form may be mailed or faxed to:**

Monica Nealous
NCDHHS / Adult & Family Services
325 North Salisbury Street, 2405 MSC
Raleigh, NC 27699-2405
FAX: (919) 715-0023