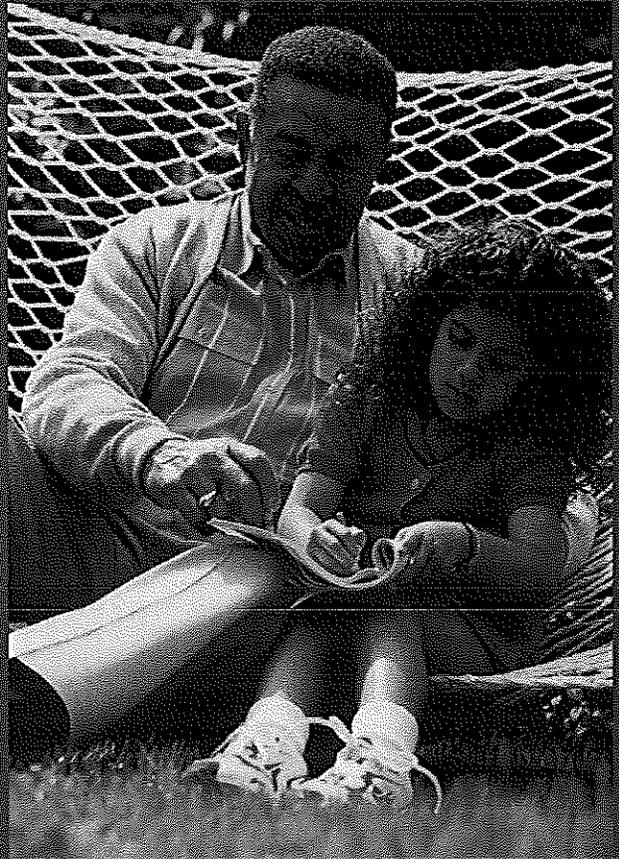
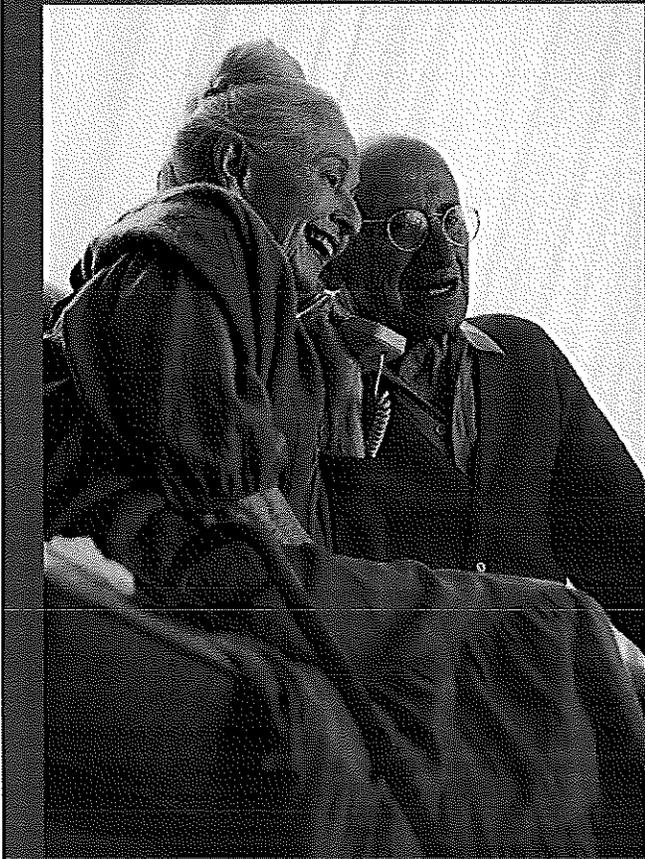


Elder Abuse in Kentucky 2009 Annual Report



Kentucky Cabinet for Health and Family Services



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Elder Abuse – A National Perspective

According to the National Center on Elder Abuse (NECA) report, *Elder Abuse and Prevalence*, no one definitively knows the number of older Americans that have been abused, neglected or exploited, but according to a recent study conducted by the National Institute of Justice approximately 11% of people ages 60 and older suffer from some kind of abuse every year. (*Research in Action: An Elder Abuse Study Impacts How Law Enforcement Work Their Cases*, June 2009, Aileen Wigglesworth, Cherie Hill) Although the limited national research indicates that many thousands, possibly millions suffer abuse, neglect or exploitation each year, the lack of uniform reporting systems and a national oversight agency have significantly limited nationwide consistency of service provision.

In recent years several independent investigators have conducted studies, and information gained through these studies provides insights into the magnitude of adult abuse. These studies indicate that best estimates are between 1 and 2 million Americans age 65 and older have suffered some form of maltreatment at the hands of a care provider. (*Elder Maltreatment: Abuse, Neglect and Exploitation in an Aging America*, 2003. Washington DC: National Research Council Panel to Review Risk and Prevalence of Elder Abuse and Neglect) Data on elder abuse in domestic or community settings indicate that only 1 in 14 incidents are brought to the attention of adult protective services and this does not include incidents of self-neglect. (Pillemer, Karl and David Finkelhor.1988. "The Prevalence of Elder Abuse: A Random Sample Survey," *The Gerontologist*, 28:51-57.)

Each state's adult protective services is the only public agency established through statutory authority to respond to and investigate allegations of abuse, neglect and exploitation of vulnerable adults. In 2003 the National Association of Adult Protective Services Administrators conducted a survey, *Problems Facing State Adult Protective Services Programs and the Resources Needed to Resolve Them*. The two major problems identified were insufficient funding and inadequate staffing. Although the Older American's Act provides federal funding for elder abuse prevention there is no federal funding dedicated to APS, but proposed legislation pending in Congress would significantly change current funding sources.

Elder Justice Act

Current pending legislation in Congress would require nationwide background checks for people who care for the elderly. Additionally, the proposed legislation would boost federal aid for identifying and investigating elder abuse at the state and local levels, require long-term care providers to report possible crimes to federal authorities, and create new oversight within the Department of Health and Human Services for coordinating state and federal anti-abuse efforts. The current proposals have broad support in Congress and would provide states with dedicated funding to support adult protective services programs.

Kentucky Elder Abuse Committee

Established through HB 298, (June 2005) the statewide Elder Abuse Committee provides the vehicle for oversight, guidance, and direction of the provisions mandated in KRS Chapter 209 by the Cabinet for Health and Family Services and its partners to the General Assembly, the public at large, and the individuals served. The Committee's most critical task is to inform policy-makers of changing trends and future needs with respect to elder maltreatment on a statewide level, and to provide recommendations to the Cabinet regarding potential changes in practice designed to more effectively meet the needs of a rapidly aging population.

Cabinet efforts to refine APS data collection, streamline intake protocols, and implement designated APS teams all serve to improve our understanding of how APS in the Commonwealth of Kentucky functions; and how it affords the Committee, the Cabinet, the professional community, and the legislature with an opportunity to better analyze trends, identify future needs, and shape recommendations to help improve the quality of services provided to vulnerable Kentuckians.

Although adult protective services is a federally mandated program, there is little federal funding attached. As fiscal limitations continue to be pervasive, the critical tasks assigned to the Elder Abuse Committee will require diligence in maintaining the adult protective service infrastructure in Kentucky.

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Current Status of Adult Protection in Kentucky

In the past year Kentucky has maintained a commitment to address issues of elder abuse prevention, intervention, investigation, and agency coordination of adult protective services (APS) on a state and local level. The Cabinet for Health and Family Services (CHFS) continued to support designated APS staffing, participated in a series of ongoing regional multi agency meetings, continued to support the statewide network of Local Coordinating Councils on Elder Abuse (LCCEA), initiated efforts to enhance the tracking of APS data, coordinated a statewide public awareness event at the Capitol Rotunda, and concluded a joint study with the University of Kentucky on the efficacy of KY APS.

This past year the CHFS has been actively working with the nine Department for Community Based Services (DCBS) regions in an ongoing capacity toward the establishment of designated adult protective service teams throughout the state. Presently all nine (9) DCBS service regions have designated APS teams that cover one hundred and one (101) out of one hundred and twenty (120) Kentucky counties. Staffing patterns are being identified at this time for a designated APS team that will cover an additional nine (9) counties in the Northern Bluegrass Service Region. It is anticipated that this newly formed team will be in place for calendar year 2010. The advent of designated APS teams in the past two years coupled with an improved centralized intake mechanism to more effectively screen and assign referrals, marks a progressive step toward improved agency responsiveness, client outcomes, and provides for consistency in interpretation and application of adult protective services statute and policy. Additionally, by partnering with other authorized agencies such as law enforcement, including the Office of the Attorney General (OAG), the Office of the Inspector General (OIG), the Department for Aging and Independent Living (DAIL), the Department for Mental Health, Developmental Disabilities and Addiction Services (DMHDDAS), and the courts; designated APS teams may adopt an improved multidisciplinary investigative design that emphasizes victim safety and self determination, perpetrator accountability, and continuous quality improvement. With projected budgetary limitations, the challenge of tomorrow will be the maintenance and support of designated APS teams by DCBS and its' partnering agencies.

Beginning in June of this past year, representatives from the CHFS, the Department of Public Advocacy – Division of Protection and Advocacy, and community agencies including the statewide network of Areas on Aging and the network of independent Long Term Care Ombudsman programs met for the purpose of examining the current infrastructure and capacity of the adult protective service delivery system in KY. These meetings were scheduled to be held quarterly and broken out by geographic regions. The discussions centered on the development of strategies to improve communication across agency and department lines, identify current gaps in the service delivery system, and to facilitate a better understanding of agency roles among participants. Emergent themes included a need for an increase in cross training opportunities, improved coordination of public awareness efforts, and an emphasis on the sharing of information for the purpose of improving outcomes for victims of elder abuse, neglect, and exploitation. As this

important dialogue continues, it will be the task of the Elder Abuse Committee to carefully consider, synthesize, and promote the implementation of any recommendations put forth.

Throughout the Commonwealth, the Local Coordinating Councils on Elder Abuse (LCCEA) continue to serve as the conduit for community based efforts aimed at public awareness and prevention of elder abuse. The LCCEAs range of activities and grass roots efforts are many and varied. Highlights in 2009 include the development of bank teller trainings to recognize and report suspected financial exploitation, community specific public awareness campaigns, the development of emergency elder shelter services, and cell phone collection and distribution to adults at risk in the event of an emergency. As new LCCEAs are formed, continued support of these councils by the Elder Abuse Committee and DCBS will be critical in their continued growth and abilities to develop community specific responses to the abuse of vulnerable adults.

Under the leadership of Cabinet for Health and Family Services Secretary Janie Miller and Department for Community Based Services Commissioner Patricia Wilson, efforts aimed at refining the tracking of APS data are well underway. It is anticipated that "APS Fact Sheets" will be available for both internal and external dissemination and review during the next calendar year. Historically APS data has been pulled from CHFS internal databases, analyzed, and disseminated in a more limited manner compared against child protective services data. While these summary APS reports have proven useful for understanding basic counts, they have been lacking descriptive data concerning the adults reported to APS or how the referrals were handled regarding the type of investigation and findings. "APS Fact Sheets" will include the following information:

- Referral counts: number of APS referrals received, number of individuals in those reports, and number of adults investigated or assessed for protective services.
- Referral findings
- Demographics: gender, age and race of adult victims
- Victim's number of referrals: how many victims had a prior APS referral, regardless of track or finding

The above information will be broken out by categories of "Vulnerable Adult", "Domestic Violence", and "General Adult". These categories will cover all age groups including the 60 and over population. Ten APS fact sheets will be produced monthly, one for each of the nine DCBS Service Regions and one statewide report. It is anticipated that the production of these single page summaries will serve to enhance understanding of the population served by APS, to better inform policy revision, and to improve client outcomes.

In May of this past year, the CHFS partnered with the Office of the Governor, the Veterans of Foreign War Honor Guard, the Department for Aging and Independent Living, the Office of the Inspector General, Kentucky State Police, the Office of the Attorney General, the Kentucky Association of Gerontology, Floyd County Conservation District, Terrace Nursing Home, Central Bank and Trust, and the statewide Network of Local Coordinating Councils to hold Kentucky's fifth annual Elder Abuse Rally at the Capitol Rotunda. Notable dignitaries at this year's event included Department for Community Based Services

Commissioner Pat Wilson, Kentucky State Police Commissioner Rodney Brewer, and Dr. Pam Teaster, University of Kentucky Department of Gerontology researcher. Several individuals representing law enforcement, the courts, social services, volunteer agencies, and academia were recognized for their contributions toward combating elder abuse in Kentucky. The rally served to remind everyone in attendance that abuse, neglect and financial exploitation of the elderly is a widespread social problem that requires diligent efforts on the part of everyone to effectively address it and afforded an opportunity for participants to reaffirm their commitment to ending elder abuse.

The University of Kentucky and the DCBS completed a joint study this year, "A Week in the Life of Kentucky APS". Utilizing APS data gathered during the first week of October, 2007, and through other approved research methods, the joint study offers a point in time snapshot of APS in Kentucky and provides valuable insight concerning the functioning and effectiveness of the adult protective services system. Additional information concerning this joint research project, including findings and recommendations, are discussed elsewhere in this report. While further inquiry is indicated, "A Week in the Life of Kentucky APS" represents the first study of its scope in the nation and provides a launching point for a critical review and dialogue in shaping future policy.

In 2009 the CHFS continued its support of the University of Kentucky, College of Public Health's 27th Annual Summer Series on Aging. The Summer Series on Aging is designed specifically to provide a forum for professionals to share most current, innovative and practical information in the fields of geriatrics and gerontology from a multi-disciplinary perspective. In 2009, the conference attracted approximately 400 attendees from 22 states and 2 foreign counties, representing a variety of disciplines, organizations and groups. At least thirty nationally recognized speakers provided state-of-the-art, cutting edge information. The CHFS is a proud sponsor of this important conference and looks forward to continuing to serve on the planning committee in helping to shape future conferences.

While the achievements highlighted here are notable, much remains to be accomplished as Kentucky moves forward in meeting the needs and challenges presented by an increasing aging population. The historical foundation for Kentucky's adult protective services system and the ongoing initiatives described here serve to strengthen our response to these challenges and provide assurance that such challenges will be met with vigor and an unwavering commitment to preserving the safety and dignity of all vulnerable adults throughout this Commonwealth.

A Week in the Life of Adult Protective Services

The purpose of this joint study of the Cabinet for Health and Family Services and the University of Kentucky was to help improve the quality of services provided to vulnerable Kentuckians 60+ and to prepare adult protective services (APS) to meet the anticipated increase in workload in Kentucky's 60+ population. The study was conducted to comply with changes in KRS Chapter 209 and to fulfill the need of the legislatively mandated, state-wide Elder Abuse Committee in order to understand how APS in the Commonwealth of Kentucky functions.

To examine *A Week in the Life of APS*, the study team attempted to:

1. Understand APS infrastructure and The Worker Information System (TWIST);
2. Characterize APS investigations;
3. Examine issues/needs/outcomes of investigations;
4. Identify data needed by APS to better monitor activities and facilitate further research; and
5. Recommend changes for improving the APS workload.

Study Instruments

The study used four modes of data collection: (a) an Intake Information Document; (b) TWIST data (i.e., Continuous Quality Assessment); (c) a Dynamic Family Assessment template (DFA); and (d) a staff survey (survey of APS staff).

Findings

Intake Information

Data from the intake information document indicate that during a normal working week, APS intake services received 1,002 calls concerning adults 60+. The majority of calls came from the Jefferson Region (40.6%), followed by the Salt River Trail (14.5%) and the Two Rivers Regions (12.4%). Over half (59.6%) of the calls were made by law enforcement officials.

The median processing time for calls was five minutes. Intake staff members conducted a first level of screening by categorizing calls into three request tracks (i.e., protective services, resource linkages, and general adult services). During the study week, 483 calls were categorized as reports needing protective services. Of these, nearly half (47.8%) concerned allegations of spouse/partner abuse, followed by caretaker neglect (14.9%). Of the 483 protective service reports, 63.4% (n=306) were screened out for investigation (e.g., insufficient information provided, did not meet criteria for investigation).

Investigatory Information

Of 177 reports screened in for investigation, the research team received data on 167 investigations/assessments. A fourth of the investigations concerned alleged victims from the Jefferson Region (22.7%), followed by the Salt River Trail (13.8%). From the allegation categories, nearly a third concerned caretaker neglect (29.5%), more than a fourth concerned self-neglect (27.3%), and a tenth concerned financial exploitation (9.1%).

Alleged victims were predominately female (65.6%), with the mean age for all alleged elderly victims being 76.3 years. Most alleged victims were Caucasian (69.7%). Marital status was unknown for nearly a third (36.4%) at the time of intake. Most alleged perpetrators were adult children (37.0%) or staff members of facilities (30.4%).

According to information captured on the DFA (50 DFAs matched with 132 investigations), more half of the alleged victims were oriented to person, time and place; had their short-term memory intact; and possessed the ability to recall information.

Most data entered by APS staff members into the TWIST database is recorded in narrative form. Due to time and cost constraints, the research team extracted data from a portion of the TWIST data system only. As a consequence, there were fields in which 30-50% of information was missing. Most missing data were for event times.

From available data, most investigations were processed within required time limits prescribed under KRS Chapter 209.030 and 922 KAR 5:070 APS. The majority of reports screened in for investigation were disseminated to the designated supervisor and from there to APS investigative staff within 24 hours. Almost eighty percent (76.7%) of all investigations were completed within five hours, with an average time of 6.9 hours. On average, caretaker neglect cases required 13.1 investigatory hours, twice as much investigatory time as self-neglect cases (5.6 hours), and eight times that of adult abuse cases (1.7 hours). Most investigations required at least an hour of travel time. On average, caretaker neglect and adult abuse required more documentation time (5.4 hours) than did self-neglect cases (3.2 hours).

For the 132 reports investigated, 29.5% of allegations were substantiated. Adult abuse had the highest substantiation rate (44%), followed by self-neglect (36.1%), and caretaker neglect (23.1%). Adult abuse may be easier to substantiate because it is more readily identified than other types of abuse.

The cost for investigating a report made to APS was \$1,652.87 in 2007. In the 2006 national report by Teaster et al., a cost of \$1,443 was calculated for substantiating a single report. Data for the 2006 report were gathered from states' FY 2004 numbers.

Outcomes of the investigations as scored by six members of the research team indicate that after APS involvement in reports of abuse and neglect, the risk of abuse and neglect to the individual remained the same for over 62.6% of investigated reports. Risk to the victim was determined as reduced in 34.7% of cases.

One-fifth (20.4%) of the investigations during the study week returned to APS within a year's time. Recidivism was highest for self-neglect cases (30.5%), followed by adult abuse (24.0%). The average number of reentries into the APS system was 4.3 times within a year with a range from 1 to 12 returns.

APS staff members receive formal courses and training as part of their orientation prior to commencing case work. Slightly over half of staff members (52%) indicated that courses and trainings offered were useful, while 25% disagreed. The remaining respondents were not sure about the usefulness of these courses and training.

Recommendations

1. APS intake workers received at least twice as many calls as reflected in the number of reports documented in TWIST. Documenting the type of calls made, by whom, and the appropriate track for services should become incorporated in the APS tracking system as a standard operating procedure.
2. To determine what data are needed in TWIST data, APS should consider, as a starting point, completing an APS process map. The map would represent the critical path or workflow sequence from intake to closure.
3. According to information from the DFA, half of all alleged victims appeared able to provide information on their situation and to make decisions to accept or refuse services. It is important to gather orientation information on alleged victims because such information is critical to case resolution and successful prosecution.
4. It is vital that accurate and easily quantifiable data be included in TWIST in order to evaluate APS workflow, produce detailed reports, conduct research, and make the case for appropriate funding and training. Many qualitative fields in TWIST should be captured quantitatively.
5. Reports, such as those alleging caretaker neglect required twice as much time to investigate as reports alleging self-neglect. Tracking the amount of time for different types of investigations will facilitate an understanding of both average casework times and casework times for outliers. Maintaining an appropriate balance of allegation type and number of cases assigned to each investigatory staff member allows the best casework possible.
6. In 2007, the cost for investigating a report made to APS was \$1,652.87. Kentucky APS should constantly monitor the total costs for working an APS case in order to meet present and future needs of the vulnerable adults it serves. Better tracking of all sources of costs (for example tracking calls) in TWIST will produce accurate cost analysis.

7. Outcomes of investigations indicate that, after APS involvement in reports of abuse and neglect, the risk of abuse and neglect to the individual remained the same for over 62.6% of investigated reports. The risk to the victim was determined as reduced in 34.7% of the cases. APS should design an overall measure of risk to be assessed and recorded by the APS staff member investigating and documenting the report should be added in TWIST.
8. The substantiation rate for Kentucky investigations (29.5%) is significantly below that of the national average (46.7%). It is important to understand this difference and where comparable, to examine substantiation rates by type of allegation.
9. A fifth (20.4%) of investigations during the study week returned to APS within a year's time with an average return rate of 4.3 times in a single year. It is critical that KY APS conducts an in-depth exploration of recidivism to understand the nature, characteristics, and reasons that contribute to it.
10. APS staff members receive formal courses and training as part of their orientation prior to commencing case work. Continuous renewal of educational opportunities for investigatory and other APS staff members will make training more useful. It is important to understand why a fourth of APS staff members felt that courses and training offered were not useful to them.

Conclusion

In view of the findings, the research team has made recommendations to significantly enhance the quality of APS work, ensure an efficient database, facilitate the efficacy of the system, and realize cost efficiencies. Implementation of the recommendations stands to substantially contribute to and improve performance of APS investigations of reports for adults over the age of sixty, and by extension to vulnerable younger adults.

Although many recent improvements in operations were initiated by or through subcommittees of the statewide Elder Abuse Committee, including this present research study, this committee has been inactive during the past year. We urge the immediate reactivation of the Elder Abuse Committee in order to provide centralized, high level authority and direction. This centralized approach will provide a necessary system's orientation and will bolster administrative authority to encourage and enable appropriate levels of management thinking to address known and future needs of the burgeoning and diverse population of older Kentuckians.

Statewide Network of Local Coordinating Councils on Elder Abuse

In an effort to combat elder abuse in 1976 Kentucky enacted the Protection of Adults Statute, KRS 209. KRS 209 provides protection of adults who are (18) years of age or older who because of a mental or physical dysfunction is unable to manage his own resources, carry out activity of daily living, or protect himself from abuse, neglect, exploitation. The statute also mandates anyone, having reasonable cause to suspect that an adult as defined in KRS 209 has suffered abuse, neglect, or exploitation, shall report it.

In 1998 KRS Chapter 209 was amended to define "General Adult Services" to include a person who is 65 years or older who is not mentally or physically dysfunctional but is being abused, neglected, exploited. An adult meeting this definition is eligible for services provided by the Department for Community Based Services upon the request of the adult.

Also in 1998 Kentucky recognized the need to enhance services to victims of abuse, neglect, or exploitation within the elder population; and as a result, established Kentucky's Local Coordinating Councils on Elder Abuse (LCCEA).

On June 20, 2005, House Bill 298 was enacted and it amended specific provisions of KRS 209 including amending the statute to mandate the creation of Kentucky's "Elder Abuse Committee." One of the main goals of the committee was to address issues of prevention, intervention, investigation, and agency coordination on a state and local level. The Elder Abuse Committee recommended the formation of a system of a statewide network of LCCEAs to address these issues.

Kentucky is the first state to create and implement such councils. With the implementation of the Local Coordinating Councils, Kentucky developed a model protocol as a tool for other states to use as a guide to develop councils within their communities. The protocol can be found on the Cabinet for Health and Family Services website at <http://chfs.ky.gov/dcbs/dpp/ea>.

Kentucky currently has 31 Local Coordinating Councils on Elder Abuse that cover 112 out of 120 counties. The local coordinating councils continue to grow and expand their outreach providing specialized community resources depending on the needs of the community.

Currently the councils are working tirelessly as advocates for the elderly and vulnerable adult population. This year in an effort to strengthen and expand the bridge of communication on a statewide level the councils had their first conference call. Each council was encouraged to participate on the call in an effort to provide peer support and share ideas and goals to work towards for the upcoming year. Councils participating on the call were able to share ideas concerning council structure, trainings, fundraising events, and public awareness efforts. Councils were also given the opportunity to discuss

service gaps and problems each were experiencing and offer ideas for possible solutions.

Below is a list of what some of the Local Coordinating Councils are doing across the state to combat elder abuse, neglect, and exploitation:

- **Barren River Elder Abuse Council:** The council worked with local officials to have a day declared Elder Abuse Awareness day and hosted a tree planting public awareness event in June of 2009 to promote elder abuse awareness. The council also conducts bank teller trainings to banking staff regarding exploitation.
- **Big Sandy Elder Abuse Council:** The Big Sandy Council is working on Project Lifesaver. Project Lifesaver is a tracking system for dementia victims. If someone is wearing the tracking system and wander off emergency personnel is contacted. Big Sandy funded this project through grant money, fundraising events, and donations. Big Sandy continues to participate in health fairs and other public awareness events throughout their region promoting elder abuse awareness by distributing public awareness materials. The council has also submitted an application for a 2010 National Crime Victims' Rights Week Community Awareness Project grant.
- **Central Kentucky Elder Abuse Council:** The Central Kentucky council has worked with the local radio station to promote elder abuse awareness. The council has printed several articles in the local newspaper regarding elder abuse awareness and prevention. They collect cell phones to distribute out to seniors so they can dial 911 in case of an emergency. The council has participated in local health fairs, held a rally at the courthouse lawn, and has a senior patrol class scheduled for March 2010 to be taught by the local police department.
- **Casey County Elder Abuse Council:** The Casey County council is working on increasing membership. The council received a donation from Casey County Bank and a quilt was purchased and raffled as a fundraising event to purchase materials to promote public awareness. Council is working with local cable company to have the unheard cries video played.
- **Daviess County Council on Elder Abuse:** The Daviess County council has assisted with Senior Day Out and Mental Health Training geared for caregivers. The council distributes public awareness materials out to the public concerning elder abuse, neglect, and exploitation.
- **Fayette and Jessamine County Elder Abuse Council:** The Fayette and Jessamine County council is a subcommittee of the Bluegrass Aging Consortium which has a list serve and membership of over 100 professionals interested in the field of aging. The council is currently working on conducting bank teller trainings and increasing involvement from local officials and law enforcement. The council is also in the process of organizing a senior crime college with the Office of the Attorney General.
- **Gateway Elder Abuse Council:** The council set up an elder abuse awareness booth at an emergency training at Morehead State University. The council has worked with the local radio station to air a segment on elder abuse. The council participates in health fairs across the region to distribute public awareness information. The council participated in the Gateway Caregiver/Grandparent conference at the Menifee Conference Center. The

council participated with the Great Senior Expo at Clay Community Center in Mt. Sterling. The council has created one food bank in each county in the Gateway service area that can be accessed by adult protective services staff.

- **Kentucky River Council against Elder Maltreatment of Elders:** The Kentucky River council created cookbooks and sells them for fundraising. The council conducts bank teller trainings to bank employees. The council is working on developing Project Lifesaver. The council actively participates in health fairs throughout the region and participated in the 2009 Annual Elder Abuse Awareness Conference.
- **KIPDA Rural Elder Abuse Council:** The KIPDA council developed and distributed Project against Fraud form. They created and distributed an elder abuse flyer. This year the council played a public services announcement on Clear Channel Radio for over a month. The council developed and distributed a one page summary describing the council in an effort to recruit new members. They also applied for an elder abuse grant. The council also distributed elder abuse awareness materials to the public and recruited speakers to discuss elder abuse and guardianship.
- **Lincoln Trail Elder Abuse Council:** The Lincoln Trail council conducted bank teller trainings to bank staff and trainings to nursing home staff regarding indicators of abuse, neglect, or exploitation. It distributes public awareness information through health fairs and conferences. The council is currently working on a program, Emergency Senior Saver Program. The council is going to coordinate with Communicare to pay caregivers to give shelter in their homes.
- **Louisville Metro Elder Abuse Council:** The Louisville council developed an emergency shelter for seniors. The council also developed a foster program for pets. If an elderly pet owner has to be hospitalized or leave their home for an emergency situation the council has a network of volunteers who will provide shelter for pets. The council is currently working with congressman in regard to legislation.
- **Madison County Council on Elder Maltreatment Prevention:** The Madison County council conducted bank teller trainings to banking staff in addition to distributing public awareness information out during health fairs and local community events. The council has implemented Project Lifesaver in their county. The council has also hosted a golf scramble to raise money to promote elder abuse awareness and prevention.
- **Northern Kentucky Elder Maltreatment Alliance:** The Elder Maltreatment Alliance meets every other month. A subcommittee called "Case Conferencing" meets on the month that the full committee does not and reviews pertinent cases related to elder abuse with the objective of understanding elder abuse issues and determining how EMA may address the issues through public relations or training. Other subcommittees deal with public policy, education, and public relations. Through a partnership with the US Department of Justice, EMA held a conference in October 2008 featuring nationally recognized speakers in the field of elder abuse. Over 100 individuals from the community attended the conference. Proceeds from the conference are being used towards sheltering advocating removing housing (SARA), a coordinated effort of EMA which provides temporary emergency shelter (24-48 hours) for older adult victims of violence, abuse, or neglect.

- **Pennyrile Elder Abuse Council:** The Pennyrile Elder Abuse council has promoted elder abuse prevention and awareness by holding their Annual Bark in the Park event on September 26, 2009. The council also participated in the Don't Close Your Eyes training in Hopkins County which focused on elder abuse. The council conducts bank teller trainings to educate employees on exploitation. They also distributed over 1000 prevention booklets to senior centers and the public through meals on wheels. The booklets were delivered with the adults meal. They applied and received a Helping Outreach Programs to Expand (HOPE) grant.
- **Pulaski County on Elder Abuse:** The Pulaski County council distributed public awareness materials concerning elder abuse through health fairs and conferences. The council participated in two health fairs in 2009 within the county. The council is actively working on a project called "Love Thy Neighbor." The focus of the project is adopting a senior who resides in their home and may need assistance. The council developed and displayed a billboard within the county to promote elder abuse awareness and created an information booklet. The booklet was designed to advise the public on what to do if you suspect abuse, neglect, and exploitation by providing information on what constitutes abuse, neglect, exploitation and contact numbers if a report needs to be made. The booklet also has community resources information with contact information.
- **Purchase Council on Elder Abuse:** The Purchase council is in the process of developing a billboard to promote elder abuse awareness and prevention. The council actively distributes public awareness materials during health fairs and training events.
- **Russell County Elder Abuse Council:** The Russell County council has participated in several health fairs. The council has worked with the local TV channel to have elder abuse advertisements aired. The council also works with the local radio station to air public awareness announcements including advertising for elder abuse awareness day. The council is currently in the process of Applying for Hope Grant Application. The council has inquired about purchasing a bill board to advertise elder abuse awareness.
- **Tri County Council on Elder Abuse:** The Tri County council planned Elder Abuse Awareness Day for May 14, 2009. Elder Abuse Awareness Day was held and there was close to 100 people in attendance most where seniors. The council provided speakers and information on elder abuse and a meal was provided for everyone who attended. The council expanded to three counties, changed its name, and applied for 5013c status. It also displayed a billboard advertising elder abuse awareness and conducted bank teller trainings. For the upcoming year the council has plans to involve first responders, law enforcement, and county officials. The council is planning on educating the community partners on elder abuse and providing them with dinner in an attempt to gain their membership.
- **Green River Triad Elder Abuse Coalition:** The Green River Triad provided elder abuse awareness and education at all community education events throughout the year. On October 29, 2009, the council held the Elder Abuse Mental Health Conference. Over 200 flyers were distributed out to the community. Council members appeared on a local television show and were interviewed about elder abuse and promotion of the Elder Abuse Mental Health Conference. The council interviewed guest speakers about issues

pertaining to elder abuse and local television stations ran the interviews along with the elder abuse public service announcements.

- **Clark County Council:** The Clark County Council distributed public awareness material and information during conferences. The council facilitated the Empowering minds Conference. The council is currently seeking grant funds to purchase elder abuse banners to display in 2010 and is preparing for upcoming conferences.

Appendix A
Data

60 Plus Population Statewide Data for SFY 2005 - SFY 2009 *

Total Adult Protective Services for 60-Plus Population

	FY05	SFY06	SFY07	SFY08	SFY09
Total # of Reports	9136	9386	9660	11506	12472
Total # of Investigations	5179	6548	6442	7783	9872
Total # of Investigations Substantiated	1543	1844	1762	2152	1973
Total # of Information and Referral Services	2333	2002	416	2824	3601
Total # of General Adult Services	1624	2200	1761	1984	2136

Total # of Allegations by Type within an Investigation for 60-Plus Population

	SFY05	SFY06	SFY07	SFY08	SFY09
Adult Abuse	1145	1093	1042	1262	1193
Spouse Abuse	360	368	373	402	422
Partner Abuse	89	69	79	104	82
Neglect by Caretaker	2031	2161	2093	2640	2610
Self Neglect	1733	1831	1843	2304	2371
Exploitation	945	1026	1012	1071	1076

Total # of Investigations Substantiated by Type for 60-Plus Population

	SFY05	SFY06	SFY07	SFY08	SFY09
Adult Abuse	240	273	242	303	210
Spouse Abuse	93	85	84	70	91
Partner Abuse	24	15	14	28	24
Neglect by Caretaker	323	331	347	375	368
Self Neglect	623	631	619	856	724
Exploitation	240	250	236	260	266

	SFY05	SFY06	SFY07	SFY08	SFY09
Number of Criminal Charges Filed Related to					
KRS Chapter 209 (60-Plus Population)	238	320	366	371	307

*Kentucky State Fiscal Year: July 1st – June 30th

18 to 59 Population

Statewide Data for SFY 2005 - SFY 2009 *

Total Adult Protective Services for 18 to 59 Population

	SFY05	SFY06	SFY07	SFY08	SFY09
Total # of Reports	38660	36806	35388	43195	46365
Total # of Investigations	22477	22344	21480	23464	25377
Total # of Investigations	5968	5860	5576	5794	5055
Total # of Information and Referral Services	14671	13256	12428	17689	20988
Total # of General Adult Services	1512	1541	1480	1586	1630

Total # of Allegations by Type within an Investigation for 18 to 59 Population

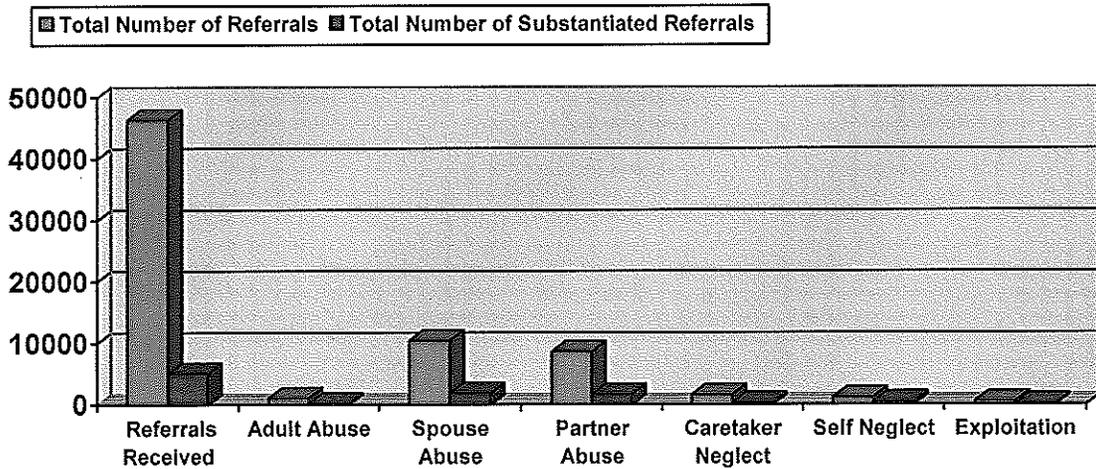
	SFY05	SFY06	SFY07	SFY08	SFY09
Adult Abuse	2548	1713	1394	1227	1080
Spouse Abuse	10882	10012	9463	10221	10391
Partner Abuse	8362	7901	7954	8466	8610
Neglect by Caretaker	1234	1285	1251	1776	1610
Self Neglect	871	977	1003	1280	1207
Exploitation	425	456	415	494	532

Total # of Investigations Substantiated by Type for 18-59 Population

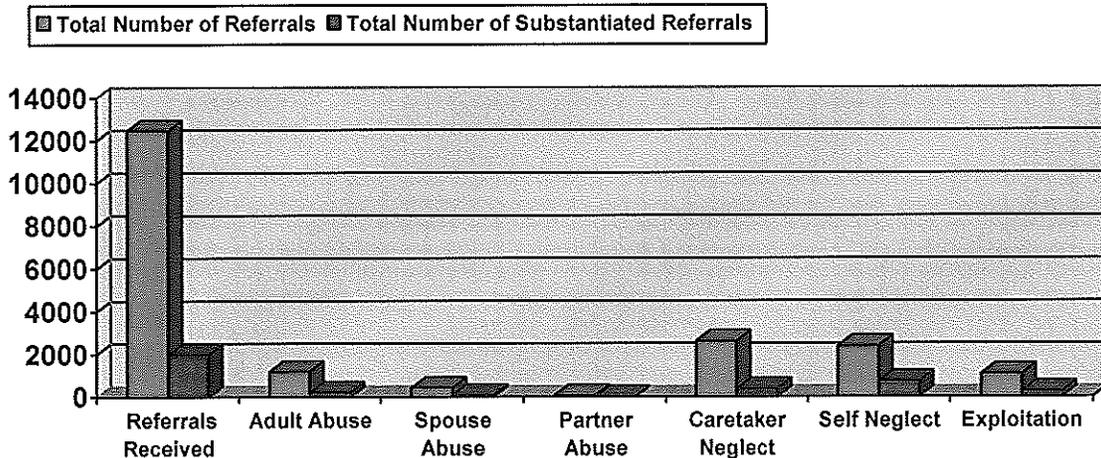
	SFY05	SFY06	SFY07	SFY08	SFY09
Adult Abuse	280	222	211	260	195
Spouse Abuse	2970	2576	2360	2226	1905
Partner Abuse	2017	1805	1839	1844	1676
Neglect by Caretaker	255	288	271	334	314
Self Neglect	378	427	445	578	493
Exploitation	68	97	89	100	137

*Kentucky State Fiscal Year: July 1st - June 30th

Referrals Received Statewide by Type showing Substantiations for Under 60 Population SFY 09

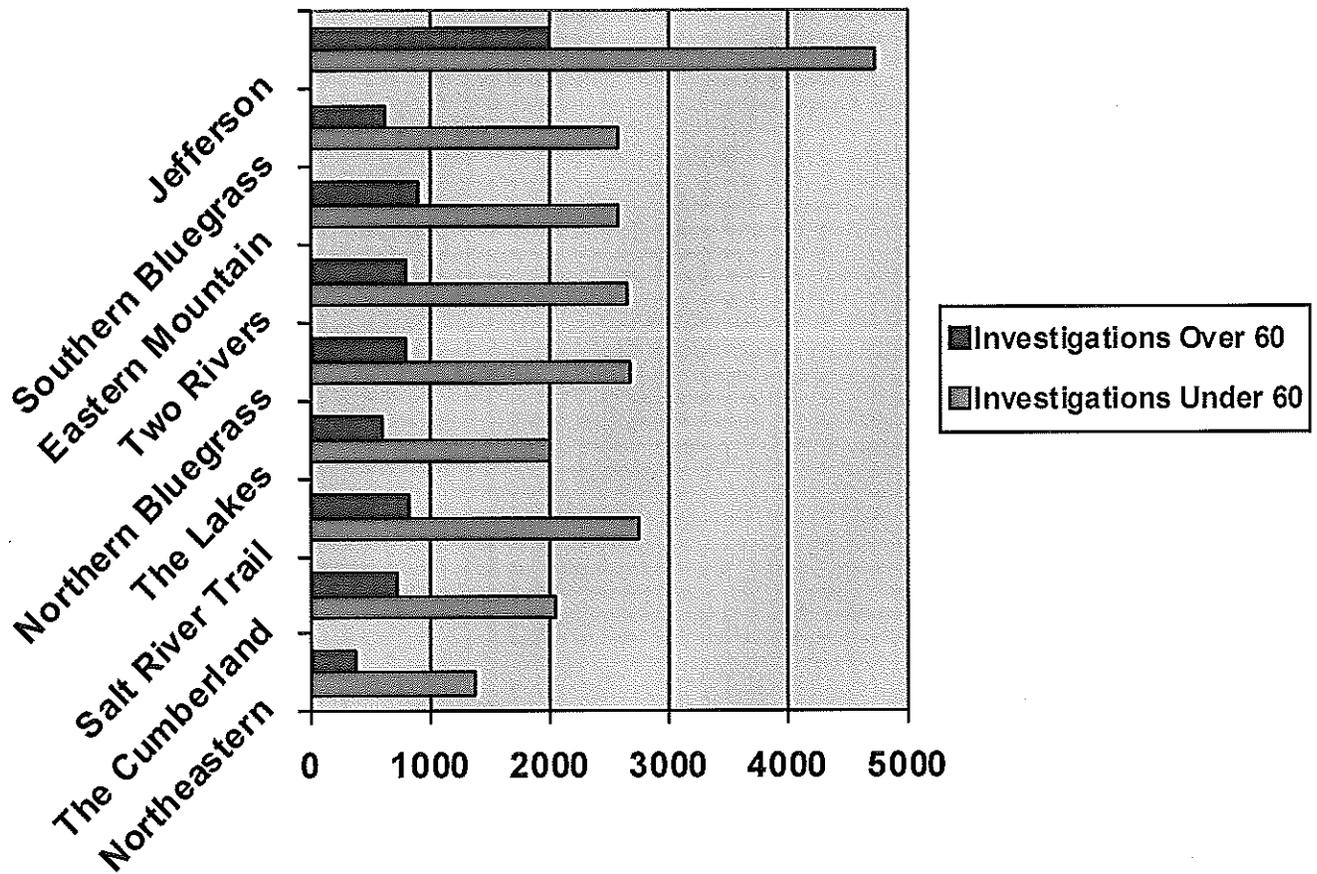


Referrals Received Statewide by Type showing Substantiations for Over 60 Population SFY 09

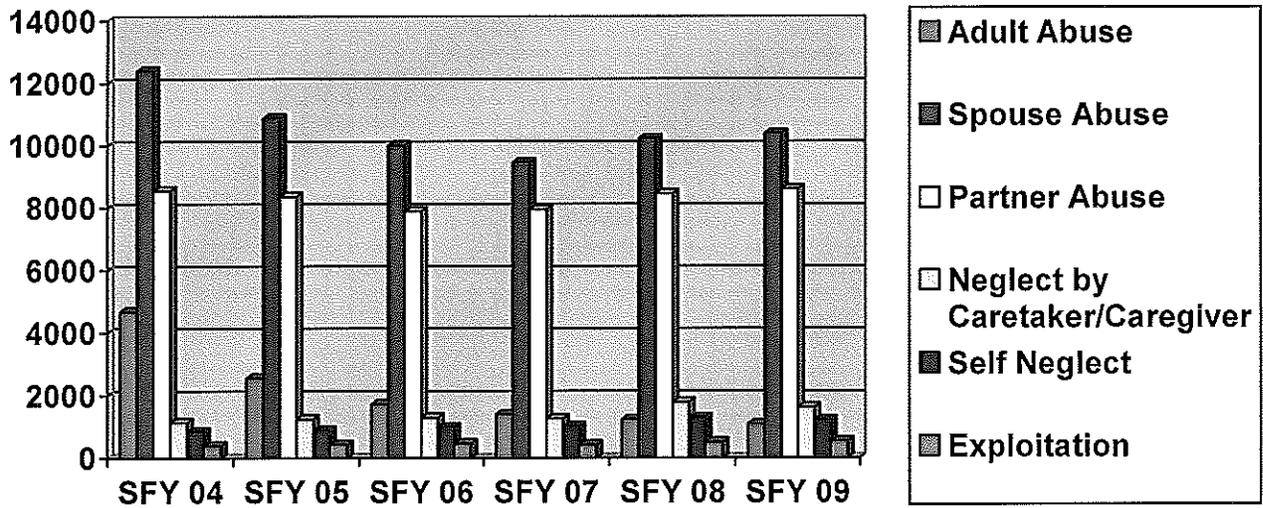


*Adult Abuse is defined as physical/sexual abuse by a caretaker or other individual who is not a spouse or a partner in a "marriage like" relationship.

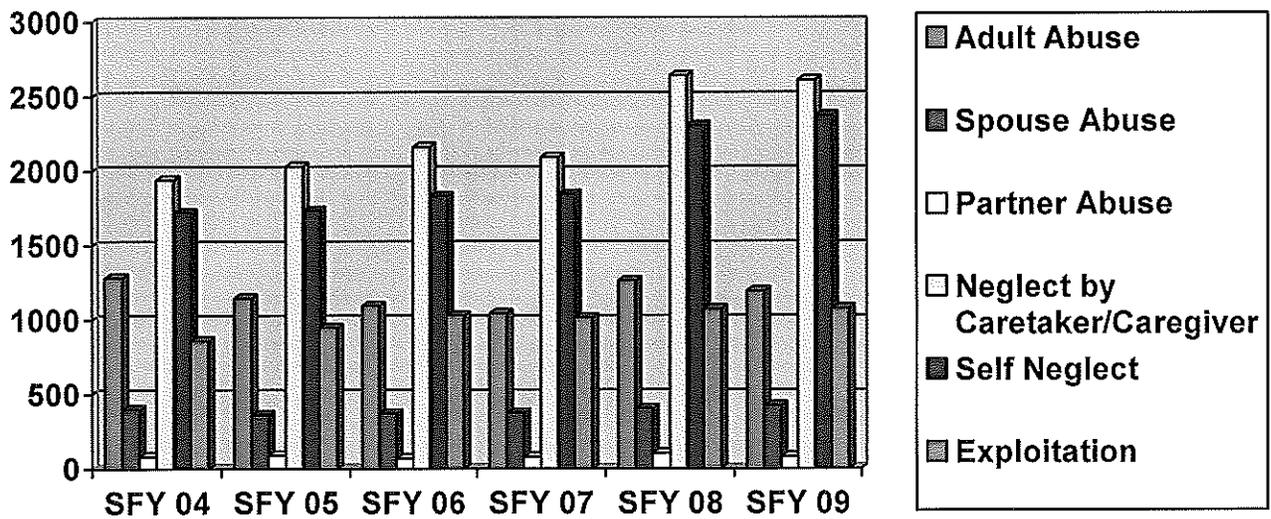
Total APS Investigations by Region, Comparing Populations Over/Under Age 60 for SFY 09



Investigation Trends for Under 60 Population From SFY 04 to 09

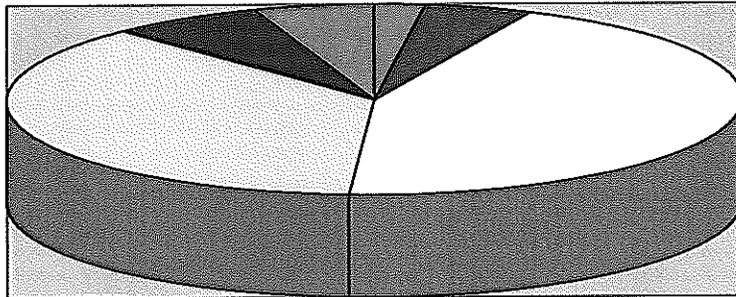


Investigation Trends for Over 60 Population From SFY 04 to 09



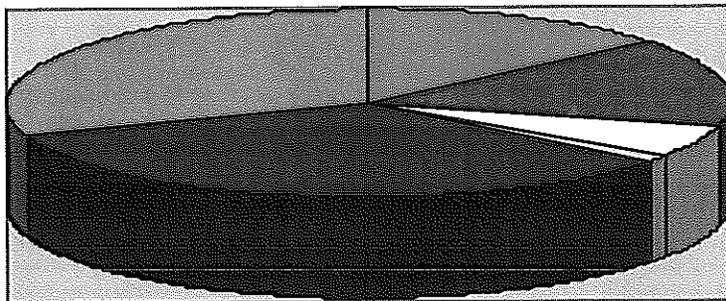
*Adult Abuse is defined as physical/sexual abuse by a caretaker or other individual who is not a spouse or a partner in a "marriage like" relationship.

Investigations by Type for the Under 60 Population for SFY 09 Total Adult Protective Service Investigations 23,430



- Exploitation 532
- Adult Abuse 1,080
- Spouse Abuse 10,391
- Partner Abuse 8,610
- Neglect by Caretaker/Caregiver 1,610
- Self Neglect 1,207

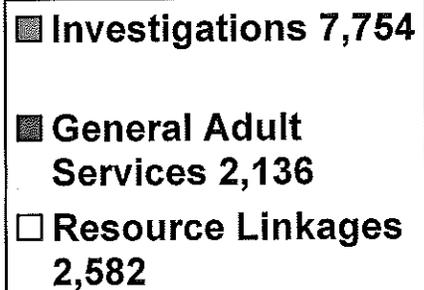
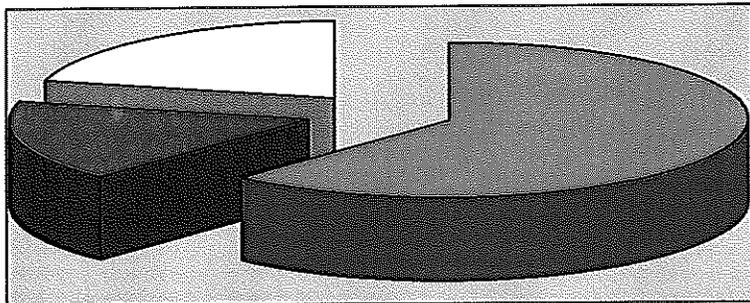
Investigations by Type for the 60 Plus Population SFY 09 Total Adult Protective Service Investigations 12,472



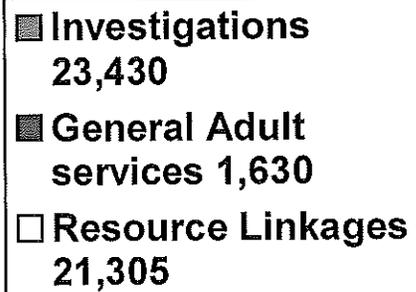
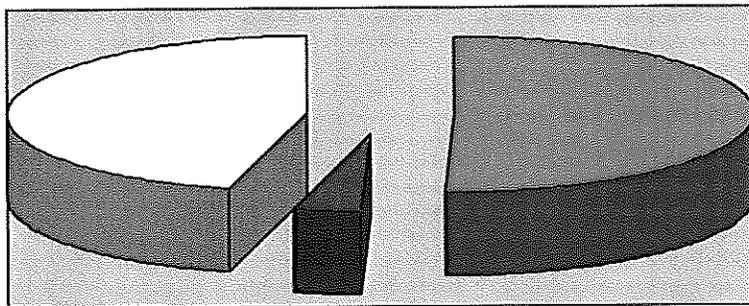
- Exploitation 1,076
- Adult Abuse 1,193
- Spouse Abuse 422
- Partner Abuse 82
- Neglect by Caretaker/Caregiver 2,610
- Self Neglect 2,371

*Adult Abuse is defined as physical/sexual abuse by a caretaker or other individual who is not a spouse or a partner in a "marriage like" relationship.

Statewide APS Workload for the Over 60 Population SFY 09



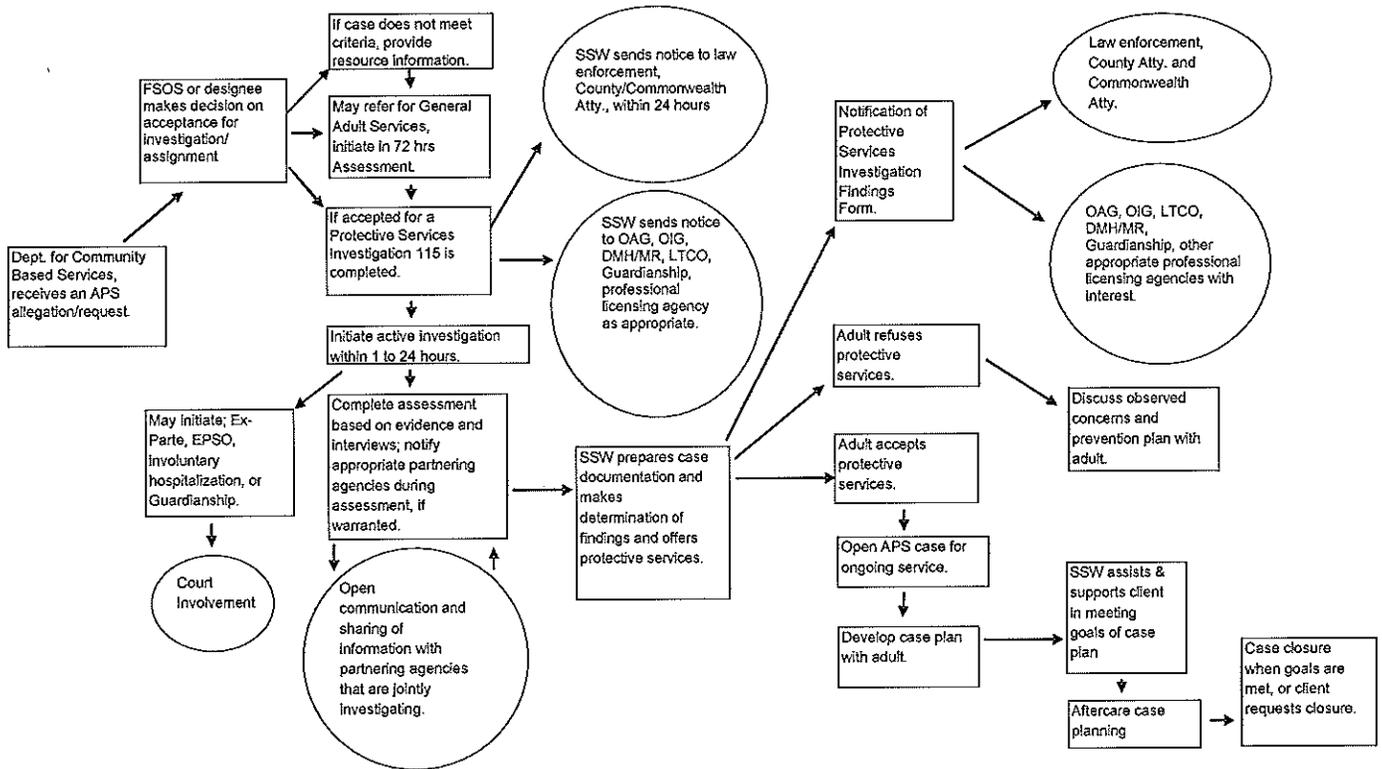
Statewide Workload for the Under 60 Population SFY 09



Appendix B
Figures

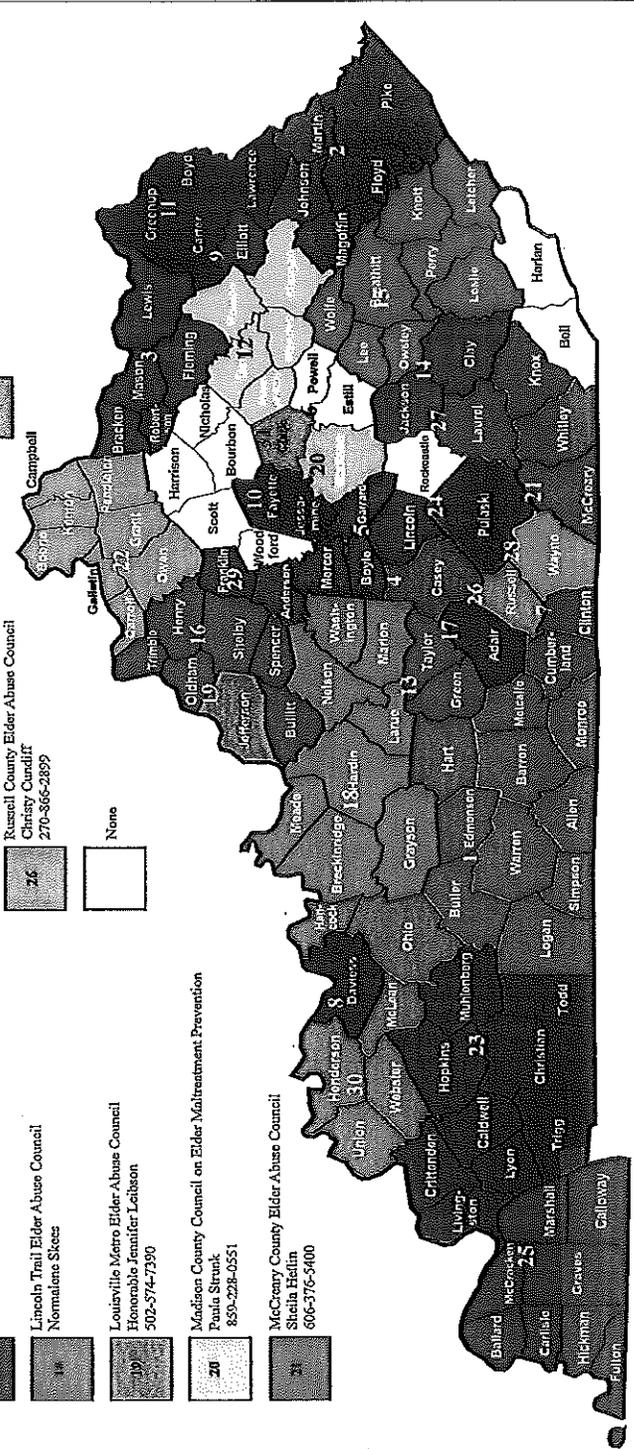
DCBS Adult Protective Services Process Map

The Department for Community Based Services is statutorily charged (KRS 209.010) with the provision of protective services for dysfunctioning adults. This process is accomplished through a multidisciplinary approach outlined in the following diagram.



2010 Local Coordinating Councils on Elder Abuse

1	Barron River Elder Abuse Council Daniel Curry 1-800-782-1924	22	Northern Kentucky Elder Maltreatment Alliance Ken Uhlage 859-472-2217	27	Tri County Council on Elder Abuse Debbie Bowker 606-528-8788
2	Big Sandy Elder Abuse Council Misty Pugh 606-896-2274	23	Pennycuik Elder Abuse Council (Hopkins, Mableton, Trigg, Christian, Todd, Livingston, Crittenden, Lyon and Caldwell counties) Joe Glone Randa Ramsey 270-886-9484	28	Wayne County Debbie Caffey 606-348-6000
3	Buffalo Trace Elder Abuse Council Lt. Justin Horch 606-564-9411	24	Pulaski County Elder Abuse Council Karen Miller 606-678-5700	29	Franklin County Council on Family Abuse Pricilla Hazlett
4	Cassy County Elder Abuse Council Norma McQuay 606-787-8066	25	Purchase Elder Abuse Council Susan Hall 270-653-4314	30	Green River Third Elder Abuse Coalition Vivian Craig and Brenda Kennedy 270-976-4433
5	Central Kentucky Elder Abuse Council (Boyle, Garrard, Lincoln, Mercer, Anderson) Yi Wilmont 859-236-9435	26	Russell County Elder Abuse Council Christy Cundiff 270-866-2899	31	Clark County Elder Abuse Council Sabrina Puckett 859-271-3765
6	East and Powell LCC Mary Crowley-Schmidt 859-269-8021	None			
7	Cumberland/Clinton Elder Abuse Council Cindy Brauseam 270-866-4200				
8	DeWitt County Debra Jacob 270-687-7491				
9	Elliott County Bluebirds Elder Abuse Council Cheryl Lewis 606-738-5193				
10	Fayette and Jessamine County Elder Abuse Council Amanda Soken 859-269-8021				
11	Fiveo Elder Abuse Council Shaun Carver 606-836-5187				
12	Gateway Elder Abuse Council Regina Bank 1-800-862-0326				
13	Green Taylor Elder Abuse Council Chief John Brady 270-932-4202	13	Green Taylor Elder Abuse Council Chief John Brady 270-932-4202	14	Greenup Carry 9
14	Jackson and Clay County Elder Abuse Council Melissa Davidson 606-598-2027	14	Jackson and Clay County Elder Abuse Council Melissa Davidson 606-598-2027	15	Boyle 3
15	Kentucky River Council against Maltreatment of Elders Stacie Noble 606-436-3158	15	Kentucky River Council against Maltreatment of Elders Stacie Noble 606-436-3158	16	Boyd 11
16	KIPDA Rural Elder Abuse Council Vendelina Romanov 502-266-5371	16	KIPDA Rural Elder Abuse Council Vendelina Romanov 502-266-5371	17	Boyer 1
17	Lake Cumberland Elder Abuse Council Patricia Harper 270-384-6411	17	Lake Cumberland Elder Abuse Council Patricia Harper 270-384-6411	18	Boyer 1
18	Lincoln Trail Elder Abuse Council Normalene Stees	18	Lincoln Trail Elder Abuse Council Normalene Stees	19	Boyer 1
19	Louisville Metro Elder Abuse Council Honorable Jennifer Leibson 502-574-7390	19	Louisville Metro Elder Abuse Council Honorable Jennifer Leibson 502-574-7390	20	Boyer 1
20	Madison County Council on Elder Maltreatment Prevention Paula Strunk 859-228-0551	20	Madison County Council on Elder Maltreatment Prevention Paula Strunk 859-228-0551	21	Boyer 1
21	McCreary County Elder Abuse Council Sheila Blain 606-576-5400	21	McCreary County Elder Abuse Council Sheila Blain 606-576-5400	22	Boyer 1
22	Green Taylor Elder Abuse Council Chief John Brady 270-932-4202	22	Green Taylor Elder Abuse Council Chief John Brady 270-932-4202	23	Boyer 1
23	Jackson and Clay County Elder Abuse Council Melissa Davidson 606-598-2027	23	Jackson and Clay County Elder Abuse Council Melissa Davidson 606-598-2027	24	Boyer 1
24	Kentucky River Council against Maltreatment of Elders Stacie Noble 606-436-3158	24	Kentucky River Council against Maltreatment of Elders Stacie Noble 606-436-3158	25	Boyer 1
25	KIPDA Rural Elder Abuse Council Vendelina Romanov 502-266-5371	25	KIPDA Rural Elder Abuse Council Vendelina Romanov 502-266-5371	26	Boyer 1
26	Lake Cumberland Elder Abuse Council Patricia Harper 270-384-6411	26	Lake Cumberland Elder Abuse Council Patricia Harper 270-384-6411	27	Boyer 1
27	Lincoln Trail Elder Abuse Council Normalene Stees	27	Lincoln Trail Elder Abuse Council Normalene Stees	28	Boyer 1
28	Louisville Metro Elder Abuse Council Honorable Jennifer Leibson 502-574-7390	28	Louisville Metro Elder Abuse Council Honorable Jennifer Leibson 502-574-7390	29	Boyer 1
29	Madison County Council on Elder Maltreatment Prevention Paula Strunk 859-228-0551	29	Madison County Council on Elder Maltreatment Prevention Paula Strunk 859-228-0551	30	Boyer 1
30	McCreary County Elder Abuse Council Sheila Blain 606-576-5400	30	McCreary County Elder Abuse Council Sheila Blain 606-576-5400	31	Boyer 1



Appendix C
KRS Chapter 209 and 922 KAR 5:070

KRS Chapter 209

Kentucky Adult Protection Act

209.005 Elder Abuse Committee -- Membership -- Duties -- Annual report.

- (1) The Cabinet for Health and Family Services shall create an Elder Abuse Committee to develop a model protocol on elder abuse and neglect in the Commonwealth, that shall be comprised of various agency representatives that include, but are not limited to:
 - (a) The Department for Community Based Services;
 - (b) The Department for Public Health;
 - (c) The Department for Mental Health and Mental Retardation;
 - (d) The Division of Aging Services;
 - (e) The Division of Health Care Facilities and Services;
 - (f) The Office of the Ombudsman;
 - (g) Area Agencies on Aging;
 - (h) Local and state law enforcement official; and
 - (i) Prosecutors.
- (2) The committee shall address issues of prevention, intervention, investigation, and agency coordination of services on a state and local level through interaction with local groups or entities that either directly or indirectly provide services to the elder population, including, but not limited to:
 - (a) Senior citizen centers;
 - (b) Local governmental human service groups;
 - (c) The Sanders-Brown Center on Aging at the University of Kentucky;
 - (d) Long Term Care Ombudsmen; and
 - (e) Other organizations or associations dedicated to serving elder citizens and their families in the Commonwealth.
- (3) The committee shall:
 - (a) Recommend a model protocol for the joint multidisciplinary investigation of reports of suspected abuse, neglect, or exploitation of the elderly;
 - (b) Recommend practices to assure timely reporting of referrals of abuse, neglect, or exploitation required under KRS 209.030(12);
 - (c) Explore the need for a comprehensive statewide resource directory of services for the elderly;
 - (d) Enhance existing public awareness campaigns for elder abuse and neglect; and
 - (e) Provide forums for the exchange of information to educate the elder population and their families on the rights of elders.
- (4) The committee shall produce an annual report of their activities, products, and recommendations for public policy to the Governor and the Legislative Research Commission.

209.010 Purpose and application of chapter.

- (1) The purpose of this chapter is:
 - (a) To provide for the protection of adults who may be suffering from abuse, neglect, or exploitation, and to bring said cases under the purview of the Circuit or District Court;
 - (b) To provide that any person who becomes aware of such cases shall report them to a representative of the cabinet, thereby causing the protective services of the state to be brought to bear in an effort to protect the health and welfare of these adults in need of protective services and to prevent abuse, neglect, or exploitation; and
 - (c) To promote coordination and efficiency among agencies and entities that have a responsibility to respond to the abuse, neglect, or exploitation of adults.
- (2) This chapter shall apply to the protection of adults who are the victims of abuse, neglect, or exploitation inflicted by a person or caretaker. It shall not apply to victims of domestic violence unless the victim is also an adult as defined in KRS 209.020(4).

209.020 Definitions for chapter.

As used in this chapter, unless the context otherwise requires:

- (1) "Secretary" means the secretary of the Cabinet for Health and Family Services;
- (2) "Cabinet" means the Cabinet for Health and Family Services;
- (3) "Department" means the Department for Community Based Services of the Cabinet for Health and Family Services;
- (4) "Adult" means a person eighteen (18) years of age or older who, because of mental or physical dysfunctioning, is unable to manage his own resources, carry out the activity of daily living, or protect himself from neglect, exploitation, or a hazardous or abusive situation without assistance from others, and who may be in need of protective services;
- (5) "Protective services" means agency services undertaken with or on behalf of an adult in need of protective services who is being abused, neglected, or exploited. These services may include, but are not limited to conducting investigations of complaints of possible abuse, neglect, or exploitation to ascertain whether or not the situation and condition of the adult in need of protective services warrants further action; social services aimed at preventing and remedying abuse, neglect, and exploitation; and services directed toward seeking legal determination of whether or not the adult in need of protective services has been abused, neglected, or exploited and to ensure that he obtains suitable care in or out of his home;
- (6) "Caretaker" means an individual or institution who has been entrusted with or who has the responsibility for the care of the adult as a result of family relationship, or who has assumed the responsibility for the care of the adult person voluntarily or by contract, employment, legal duty, or agreement;
- (7) "Deception" means, but is not limited to:
 - (a) Creating or reinforcing a false impression, including a false impression as to law, value, intention, or other state of mind;
 - (b) Preventing another from acquiring information that would affect his or her judgment of a transaction; or
 - (c) Failing to correct a false impression that the deceiver previously created or reinforced, or that the deceiver knows to be influencing another to whom the person stands in a fiduciary or confidential relationship;
- (8) "Abuse" means the infliction of injury, sexual abuse, unreasonable confinement, intimidation, or punishment that results in physical pain or injury, including mental injury;
- (9) "Exploitation" means obtaining or using another person's resources, including but not limited to funds, assets, or property, by deception, intimidation, or similar means, with the intent to deprive the person of those resources;
- (10) "Investigation" shall include, but is not limited to:
 - (a) A personal interview with the individual reported to be abused, neglected, or exploited. When abuse or neglect is allegedly the cause of death, a coroner's or doctor's report shall be examined as part of the investigation;
 - (b) An assessment of individual and environmental risk and safety factors;
 - (c) Identification of the perpetrator, if possible; and
 - (d) Identification by the Office of Inspector General of instances of failure by an administrator or management personnel of a regulated or licensed facility to adopt or enforce appropriate policies and procedures, if that failure contributed to or caused an adult under the facility's care to be abused, neglected, or exploited;
- (11) "Emergency" means that an adult is living in conditions which present a substantial risk of death or immediate and serious physical harm to himself or others;
- (12) "Emergency protective services" are protective services furnished an adult in an emergency;
- (13) "Protective placement" means the transfer of an adult from his present living arrangement to another;
- (14) "Court" means the Circuit Court or the District Court if no judge of that Circuit Court is present in the county;
- (15) "Records" means the medical, mental, health, and financial records of the adult that are in the possession of any hospital, firm, corporation, or other facility, if necessary to complete the investigation mandated in this chapter. These records shall not be disclosed for any purpose other than the purpose for which they have been obtained;
- (16) "Neglect" means a situation in which an adult is unable to perform or obtain for himself the goods or services that are necessary to maintain his health or welfare, or the deprivation of services by a caretaker that are necessary to maintain the health and welfare of an adult; and

(17) "Authorized agency" means:

- (a) The Cabinet for Health and Family Services;
- (b) A law enforcement agency or the Kentucky State Police;
- (c) The office of a Commonwealth's attorney or county attorney; or
- (d) The appropriate division of the Office of the Attorney General.

**209.030 Administrative regulations -- Reports of adult abuse, neglect, or exploitation -- Cabinet actions -
- Status and disposition reports.**

- (1) The secretary may promulgate administrative regulations in accordance with KRS Chapter 13A to effect the purposes of this chapter. While the cabinet shall continue to have primary responsibility for investigation and the provision of protective services under this chapter, nothing in this chapter shall restrict the powers of another authorized agency to act under its statutory authority.
- (2) Any person, including but not limited to physician, law enforcement officer, nurse, social worker, cabinet personnel, coroner, medical examiner, alternate care facility employee, or caretaker, having reasonable cause to suspect that an adult has suffered abuse, neglect, or exploitation, shall report or cause reports to be made in accordance with the provisions of this chapter. Death of the adult does not relieve one of the responsibility for reporting the circumstances surrounding the death.
- (3) An oral or written report shall be made immediately to the cabinet upon knowledge of suspected abuse, neglect, or exploitation of an adult.
- (4) Any person making such a report shall provide the following information, if known:
 - (a) The name and address of the adult, or of any other person responsible for his care;
 - (b) The age of the adult;
 - (c) The nature and extent of the abuse, neglect, or exploitation, including any evidence of previous abuse, neglect, or exploitation;
 - (d) The identity of the perpetrator, if known;
 - (e) The identity of the complainant, if possible; and
 - (f) Any other information that the person believes might be helpful in establishing the cause of abuse, neglect, or exploitation.
- (5) Upon receipt of the report, the cabinet shall conduct an initial assessment and take the following action:
 - (a) Notify within twenty-four (24) hours of the receipt of the report the appropriate law enforcement agency. If information is gained through assessment or investigation relating to emergency circumstances or a potential crime, the cabinet shall immediately notify and document notification to the appropriate law enforcement agency;
 - (b) Notify each appropriate authorized agency. The cabinet shall develop standardized procedures for notifying each appropriate authorized agency when an investigation begins and when conditions justify notification during the pendency of an investigation;
 - (c) Initiate an investigation of the complaint; and
 - (d) Make a written report of the initial findings together with a recommendation for further action, if indicated.
- (6)
 - (a) The cabinet shall, to the extent practicable, coordinate its investigation with the appropriate law enforcement agency and, if indicated, any appropriate authorized agency or agencies.
 - (b) The cabinet shall, to the extent practicable, support specialized multidisciplinary teams to investigate reports made under this chapter. This team may include law enforcement officers, social workers, Commonwealth's attorneys and county attorneys, representatives from other authorized agencies, medical professionals, and other related professionals with investigative responsibilities, as necessary.
- (7) Any representative of the cabinet may enter any health facility or health service licensed by the cabinet at any reasonable time to carry out the cabinet's responsibilities under this chapter. Any representative of the cabinet actively involved in the conduct of an abuse, neglect, or exploitation investigation under this chapter shall also be allowed access to financial records and the mental and physical health records of the adult which are in the possession of any hospital, firm, financial institution, corporation, or other facility if necessary to complete the investigation mandated by this chapter. These records shall not be disclosed for any purpose other than the purpose for which they have been obtained.
- (8) Any representative of the cabinet may with consent of the adult or caretaker enter any private premises where any adult alleged to be abused, neglected, or exploited is found in order to investigate the need for protective services for the purpose of carrying out the provisions of this chapter. If the adult or caretaker does not

consent to the investigation, a search warrant may be issued upon a showing of probable cause that an adult is being abused, neglected, or exploited, to enable a representative of the cabinet to proceed with the investigation.

- (9) If a determination has been made that protective services are necessary when indicated by the investigation, the cabinet shall provide such services within budgetary limitations, except in such cases where an adult chooses to refuse such services.
- (10) In the event the adult elects to accept the protective services to be provided by the cabinet, the caretaker shall not interfere with the cabinet when rendering such services.
- (11) The cabinet shall consult with local agencies and advocacy groups, including but not limited to long-term care ombudsmen, law enforcement agencies, bankers, attorneys, providers of nonemergency transportation services, and charitable and faith-based organizations, to encourage the sharing of information, provision of training, and promotion of awareness of adult abuse, neglect, and exploitation, crimes against the elderly, and adult protective services.
- (12) (a) By November 1 of each year and in accordance with state and federal confidentiality and open records laws, each authorized agency that receives a report of adult abuse, neglect, or exploitation shall submit a written report to the cabinet that provides the current status or disposition of each case referred to that agency by the cabinet under this chapter during the preceding year. The Elder Abuse Committee established in KRS 209.005 may recommend practices and procedures in its model protocol for reporting to the cabinet under this section.
(b) By December 30 of each year, the cabinet shall provide a written report to the Governor and the Legislative Research Commission that summarizes the status of and actions taken on all reports received from authorized agencies and specific departments within the cabinet under this subsection. The cabinet shall identify any report required under paragraph (a) of this subsection that is not received by the cabinet. Identifying information about individuals who are the subject of a report of suspected adult abuse, neglect, or exploitation shall not be included in the report under this paragraph. The report shall also include recommendations, as appropriate, to improve the coordination of investigations and the provision of protective services. The cabinet shall make the report available to community human services organizations and others upon request.

209.035 Cabinet's authority to promulgate administrative regulations on general adult services.

The cabinet shall promulgate administrative regulations for the provision of general adult services to include uniform criteria for adult intake and appropriate and necessary service provision.

209.040 Remedies -- Injunctive relief.

Any court may upon proper application by the cabinet issue a restraining order or other injunctive relief to prohibit any violation of this chapter, regardless of the existence of any other remedy at law.

209.050 Immunity from civil or criminal liability.

Anyone acting upon reasonable cause in the making of any report or investigation or participating in the filing of a petition to obtain injunctive relief or emergency protective services for an adult pursuant to this chapter, including representatives of the cabinet in the reasonable performance of their duties in good faith, and within the scope of their authority, shall have immunity from any civil or criminal liability that might otherwise be incurred or imposed. Any such participant shall have the same immunity with respect to participation in any judicial proceeding resulting from such report or investigation and such immunity shall apply to those who render protective services in good faith pursuant either to the consent of the adult or to court order.

209.060 Privileged relationships not ground for excluding evidence.

Neither the psychiatrist-patient privilege nor the husband-wife privilege shall be a ground for excluding evidence regarding the abuse, neglect, or exploitation of an adult or the cause thereof in any judicial proceeding resulting from a report pursuant to this chapter.

209.080 Title.

This chapter may be cited as the Kentucky Adult Protection Act.

209.090 Legislative intent.

The General Assembly of the Commonwealth of Kentucky recognizes that some adults of the Commonwealth are unable to manage their own affairs or to protect themselves from abuse, neglect, or exploitation. Often such persons cannot find others able or willing to render assistance. The General Assembly intends, through this chapter, to establish a system of protective services designed to fill this need and to assure their availability to all adults. It is also the intent of the General Assembly to authorize only the least possible restriction on the exercise of personal and civil rights consistent with the person's needs for services, and to require that due process be followed in imposing such restrictions.

209.100 Emergency protective services.

- (1) If an adult lacks the capacity to consent to receive protective services in an emergency, these services may be ordered by a court on an emergency basis through an order pursuant to KRS 209.110, provided that:
 - (a) The adult is in a state of abuse or neglect and an emergency exists;
 - (b) The adult is in need of protective services;
 - (c) The adult lacks the capacity to consent and refuses to consent to such services; and
 - (d) No person authorized by law or court order to give consent for the adult is available to consent to emergency protective services or such person refuses to give consent.
- (2) In ordering emergency protective services, the court shall authorize only that intervention which it finds to be the least restrictive of the individual's liberty and rights while consistent with his welfare and safety.

209.110 Petition -- Guardian ad litem -- Summons -- Notice -- Hearing -- Report to court -- Fee.

- (1) A petition by the cabinet for emergency protective services shall be verified by an authorized representative of the cabinet and shall set forth the name, age, and address of the adult in need of protective services; the nature of the disability of the adult, if determinable; the proposed protective services; the petitioner's reasonable belief, together with the facts supportive thereof, as to the existence of the facts, and the facts showing the petitioner's attempts to obtain the adult's consent to the services and the outcomes of such attempts. The petition and all subsequent court documents shall be entitled: "In the interest of-----, an adult in need of protective services." The petition shall be filed in the court of the adult's residence, or if filed pursuant to KRS 209.130, the court of the county in which the adult is physically located.
- (2) When a petition for emergency protective services is filed, the court or the clerk shall immediately appoint a guardian ad litem to represent the interest of the adult. The duties of a guardian ad litem representing an adult for whom a petition for emergency protective services has been filed shall include personally interviewing the adult, counseling with the adult with respect to this chapter, informing him of his rights and providing competent representation at all proceedings, and such other duties as the court may order.
- (3) Following the filing of a petition, a summons shall be issued and served with a copy of the petition, and notice of the time, date and location of the hearing to be held on the petition. Service shall be made upon the adult and his guardian or, if none, his caretaker. Should the adult have no guardian or caretaker, service shall be made upon the adult's guardian ad litem. Notice of the hearing shall be given to the adult's spouse, or, if none, to his adult children or next of kin, unless the court is satisfied that notification would be impractical. Service shall not be made upon any person who is believed to have perpetrated the abuse, neglect, or exploitation. Service of the petition shall be made at least three (3) calendar days prior to the hearing for emergency protective services.
- (4) The hearing on the petition for an emergency order for protective services shall be heard under the following conditions:
 - (a) The hearing on the petition, in the interests of expedition, may be held in any county within the judicial district or circuit served by the court. The court shall give priority to the holdings of the hearings pursuant to petitions filed under this chapter;
 - (b) The adult or his representative may present evidence and cross-examine witnesses; and
 - (c) The adult or his representative may petition the court to have any order which is entered pursuant to this chapter, set aside or modified for good cause.
- (5) Where protective services are rendered on the basis of an order pursuant to this section, the cabinet shall submit a report to the court describing the circumstances including the name, place, date, and nature of the services. Such report shall be made at least once or on a monthly basis if protective services are provided the adult for a period of longer than one (1) month.

- (6) The fee of the guardian ad litem shall be paid by the cabinet not to exceed three hundred dollars (\$300). This fee is not to be paid to attorneys employed by government funded legal services programs.

209.120 Findings by court -- Limitations of court's power -- Termination of order.

- (1) Upon petition by the cabinet a court may issue an order authorizing the provision of emergency protective services to an adult after a hearing and upon a finding based on a preponderance of the evidence that:
- (a) The adult is in a state of abuse, neglect, or exploitation and is living in conditions which present a substantial risk of death or immediate and serious physical harm to himself or others;
 - (b) The adult is in need of protective services;
 - (c) The adult lacks the capacity to consent to such services; and
 - (d) No person authorized by law or court order to give consent for the adult is available to consent to protective services or such person refuses to give consent.
- (2) In issuing an emergency order the court shall adhere to the following limitations:
- (a) Only such protective services, including medical and surgical care and protective placement, as are necessary to remove the conditions creating the emergency shall be covered, and the court shall specifically designate the approved services in its order. Such designation of approved services shall be deemed to be the consent of the court authorizing the provision of such services.
 - (b) Protective services authorized by the court shall not include hospitalization or protective placement unless the court specifically finds such action is necessary and gives specific approval for such action in its order.
 - (c) The issuance of an emergency order shall not deprive the adult of any rights except to the extent validly provided for in the order.
 - (d) To implement an order, the court may authorize forcible entry of the premises of the adult for the purpose of rendering protective services or transporting the adult to another location for the provision of such services. Authorized forcible entry shall be accomplished by a peace officer accompanied by a representative of the cabinet.
- (3) If the court finds, pursuant to a hearing, that the adult is in need of protective services, and should that adult have a guardian who has been derelict in providing for the welfare of the adult, the court shall have the discretion to remove the guardian and appoint another guardian, if an individual is available, willing, and able to function as guardian; such removal and appointment shall be in compliance with the provisions of KRS Chapter 387. It is not necessary for the court to find a guardian has been derelict as a requirement for the issuance of an order for protective services.
- (4) If the court finds that protective services are no longer needed by the adult, the court shall order the emergency protective services to terminate.

209.130 Ex parte order of court -- Implementation.

- (1) When from an affidavit or sworn testimony of an authorized representative of the cabinet, it appears probable that an adult will suffer immediate and irreparable physical injury or death if protective services are not immediately provided, and it appears that the adult is incapable of giving consent, the court may assume jurisdiction and issue an ex parte order providing that certain specific protective services be provided the adult. The court shall not authorize such protective services except those specifically designed to remove the adult from conditions of immediate and irreparable physical injury or death. A copy of the order shall be served upon the adult and his guardian, or if none, his caretaker. Service shall not be made upon the person or caretaker who is believed to have perpetrated the abuse, neglect, or exploitation.
- (2) To implement an ex parte order, the court may authorize forcible entry of the premises of the adult for the purpose of rendering protective services or transporting the adult to another location for the provision of such services. Authorized forcible entry shall be accomplished by a peace officer accompanied by a representative of the cabinet.
- (3) Upon the issuance of an ex parte order, the cabinet must file a petition as soon as possible. A hearing must be held within seventy-two (72) hours, exclusive of Saturdays and Sundays, from the issuance of an ex parte order.

209.140 Confidentiality of information.

All information obtained by the department staff or its delegated representative, as a result of an investigation made pursuant to this chapter, shall not be divulged to anyone except:

- (1) Persons suspected of abuse or neglect or exploitation, provided that in such cases names of informants may be withheld, unless ordered by the court;
- (2) Persons within the department or cabinet with a legitimate interest or responsibility related to the case;
- (3) Other medical, psychological, or social service agencies, or law enforcement agencies that have a legitimate interest in the case;
- (4) Cases where a court orders release of such information; and
- (5) The alleged abused or neglected or exploited person.

209.150 Who may make criminal complaint.

Any representative of the cabinet acting officially in that capacity, any person with personal knowledge of the abuse or neglect, or exploitation of an adult by a caretaker, or an adult who has been abused or neglected or exploited shall have standing to make a criminal complaint.

209.160 Spouse abuse shelter fund -- Department of Revenue to administer -- Cabinet for Health and Family Services to use -- Primary service providers.

- (1) There is hereby created a trust and agency account in the State Treasury to be known as the domestic violence shelter fund. Each county clerk shall remit to the fund, by the tenth of the month, ten dollars (\$10) from each twenty-four dollars (\$24) collected during the previous month from the issuance of marriage licenses. The fund shall be administered by the Department of Revenue. The Cabinet for Health and Family Services shall use the funds for the purpose of providing protective shelter services for domestic violence victims.
- (2) The Cabinet for Health and Family Services shall designate one (1) nonprofit corporation in each area development district to serve as the primary service provider and regional planning authority for domestic violence shelter, crisis, and advocacy services in the district in which the designated provider is located.

209.170 Staffing requirements.

The Cabinet for Health and Family Services shall provide for sufficient social worker staff to implement the provisions of this chapter. This staff shall obtain the training provided under KRS 194A.545.

209.180 Prosecution of adult abuse, neglect, and exploitation.

- (1) If adequate personnel are available, each Commonwealth's attorney's office and each county attorney's office shall have an attorney trained in adult abuse, neglect, and exploitation.
- (2) Commonwealth's attorneys and county attorneys, or their assistants, shall take an active part in interviewing the adult alleged to have been abused, neglected, or exploited, and shall inform the adult about the proceedings throughout the case.
- (3) If adequate personnel are available, Commonwealth's attorneys and county attorneys shall provide for an arrangement that allows one (1) lead prosecutor to handle the case from inception to completion to reduce the number of persons involved with the adult victim.
- (4) Commonwealth's attorneys, county attorneys, cabinet representatives, and other members of multidisciplinary teams shall minimize the involvement of the adult in legal proceedings, avoiding appearances at preliminary hearings, grand jury hearings, and other proceedings when possible.
- (5) Commonwealth's attorneys, county attorneys, and victim advocates employed by Commonwealth's attorneys or county attorneys shall make appropriate referrals for counseling, private legal services, and other appropriate services to ensure the future protection of the adult when a decision is made not to prosecute the case. The Commonwealth's attorney or county attorney shall explain the decision not to prosecute to the family or guardian, as appropriate, and to the adult victim.

209.190 Prosecutor's manual.

The Attorney General, in consultation with legal, victim services, victim advocacy, and mental health professionals with an expertise in crimes against the elderly, shall develop a prosecutor's manual for Commonwealth's attorneys and county attorneys establishing the policies and procedures for the prosecution of crimes against the elderly. The manual shall be completed no later than January 1, 2006, and shall be revised by July 31 of every even-numbered year after 2007. The Attorney General shall distribute a copy of the manual to every Commonwealth's attorney and county attorney.

209.195 Electronic development of and access to educational and training courses and materials. Educational and training courses and materials required under KRS 15.760, 21A.170, 69.350, 194A.540. and 194A.545 may be developed and accessed by computer, Internet, or other electronic technology. Agencies are encouraged to post and maintain the programs on their Web sites.

209.990 Penalties.

- (1) Anyone knowingly or wantonly violating the provisions of KRS 209.030(2) shall be guilty of a Class B misdemeanor as designated in KRS 532.090. Each violation shall constitute a separate offense.
- (2) Any person who knowingly abuses or neglects an adult is guilty of a Class C felony.
- (3) Any person who wantonly abuses or neglects an adult is guilty of a Class D felony.
- (4) Any person who recklessly abuses or neglects an adult is guilty of a Class A misdemeanor.
- (5) Any person who knowingly exploits an adult, resulting in a total loss to the adult of more than three hundred dollars (\$300) in financial or other resources, or both, is guilty of a Class C felony.
- (6) Any person who wantonly or recklessly exploits an adult, resulting in a total loss to the adult of more than three hundred dollars (\$300) in financial or other resources, or both, is guilty of a Class D felony.
- (7) Any person who knowingly, wantonly, or recklessly exploits an adult, resulting in a total loss to the adult of three hundred dollars (\$300) or less in financial or other resources, or both, is guilty of a Class A misdemeanor.

922 KAR 5:070

Adult Protective Services

RELATES TO: KRS 61.872, 194A.010, 209.005 -209.200, 202A.051, 202B.100, 387.540(1)

STATUTORY AUTHORITY: KRS 194A.050(1), 209.030(1)

NECESSITY, FUNCTION, AND CONFORMITY: KRS 194A.050(1) requires the secretary to adopt all administrative regulations necessary under applicable state laws to protect, develop, and maintain the health, personal dignity, integrity, and sufficiency of the individual citizens of the Commonwealth and necessary to operate the programs and fulfill the responsibilities vested in the cabinet. KRS 209.030(1) authorizes the secretary to promulgate administrative regulations necessary for the implementation of adult protective services. This administrative regulation establishes the procedures for investigation and protection of adults who are suffering or at risk of abuse, neglect, or exploitation.

Section 1. Definitions. (1) "Abuse" is defined by KRS 209.020(8).

- (2) "Adult" is defined by KRS 209.020(4).
- (3) "Authorized agency" is defined by KRS 209.020(17).
- (4) "Caretaker" is defined by KRS 209.020(6).
- (5) "Emergency" is defined by KRS 209.020(11).
- (6) "Exploitation" is defined by KRS 209.020(9).
- (7) "Investigation" is defined by KRS 209.020(10).
- (8) "Neglect" is defined by KRS 209.020(16).
- (9) "Protective services" is defined by KRS 209.020(5).
- (10) "Records" is defined by KRS 209.020(15).

Section 2. Receiving a Report. (1) An individual suspecting that an adult has suffered abuse, neglect, or exploitation shall:

- (a) Report to the cabinet in accordance with KRS 209.030(2) and (3); and
- (b) Provide the information specified in KRS 209.030(4).
- (2) The identity of the reporting individual shall remain confidential in accordance with KRS 209.140.
- (3) The cabinet shall make available a twenty-four (24) hour on-call response system for emergency reporting after normal office hours.
- (4) The cabinet shall investigate an anonymous report that provides sufficient information regarding the alleged abuse, neglect, or exploitation of an adult.
- (5) If a report does not meet criteria for investigation, the cabinet may refer the reporting source to:
 - (a) Community resources;
 - (b) General adult services in accordance with 922 KAR 5:090; or
 - (c) Domestic violence protective services in accordance with 922 KAR 5:102.
- (6) Upon accepting a report for investigation of alleged adult abuse, neglect, or exploitation, the cabinet shall:
 - (a) Conduct an initial assessment and initiate an investigation in accordance with KRS 209.030(5); and
 - (b) Take into consideration the safety of the adult when proceeding with the actions necessary to initiate an investigation.
- (7) The cabinet shall initiate an investigation upon acceptance of a report of:
 - (a) Abuse, as defined in KRS 209.020(8), if the report alleges:
 1. Marks that are or have been observed on an adult that another individual allegedly inflicted;
 2. Physical abuse inflicted upon the adult resulting in pain or injury, including a mental injury;
 3. An adult being hit in a critical area of the body, such as the head, face, neck, genitals, abdomen, and kidney areas; or
 4. An act of sexual abuse;
 - (b) Neglect, as defined in KRS 209.020(16), of an adult that may result in harm to the health and safety of the adult in the following areas:
 1. Hygiene neglect, if the adult has physical symptoms that require treatment due to poor care as a result of:
 - a. An act or omission by a caretaker; or
 - b. The absence of a caretaker;

2. Supervision neglect, if the reporting source has observed a physical health and safety risk to an adult resulting from a lack of necessary and appropriate supervision;
 3. Food neglect, if an adult shows symptoms of:
 - a. Malnutrition;
 - b. Dehydration;
 - c. Food poisoning; or
 - d. Lack of adequate food for a period of time that:
 - (i) Results in physical symptoms; or
 - (ii) Requires treatment;
 4. Environmental neglect, if a serious health and safety hazard is present, and the adult or the adult's caretaker is not taking appropriate action to eliminate the problem; or
 5. Medical neglect, if the adult is not receiving treatment for an injury, illness, or disability that:
 - a. Results in an observable decline in the adult's health and welfare;
 - b. May be life threatening; or
 - c. May result in permanent impairment;
 - (c) Exploitation of an adult, as defined in KRS 209.020(9), if the report alleges:
 1. Isolation from friends, relatives, or important information, such as:
 - a. Screening telephone calls;
 - b. Denying visitors; or
 - c. Intercepting mail;
 2. Physical or emotional dependency;
 3. Manipulation;
 4. Acquiescence; and
 5. Loss of resources; or
 - (d) An adult in need of protective services as defined in KRS 209.020(5).
- (8) If a report alleging the exploitation of an adult does not meet criteria established in subsection (7)(c) of this section, the report may be referred to an appropriate authorized agency or community resource.
- (9) The following criteria shall be used in identifying a report of adult abuse, neglect, or exploitation not requiring an adult protective service investigation:
- (a) The report does not meet the statutory definitions of:
 1. Adult; and
 - 2.a. Abuse;
 - b. Neglect; or
 - c. Exploitation; or
 - (b) There is insufficient information to:
 1. Identify or locate the adult; or
 2. Explore leads to identify or locate the adult.
 - (10) For a report accepted for investigation of alleged adult abuse, neglect, or exploitation, designated regional cabinet staff shall:
 - (a) Prepare an intake report on the "DPP-115, Confidential Suspected Abuse/Neglect, Dependency or Exploitation Reporting Form"; and
 - (b) Submit the DPP-115:
 1. For a determination of investigation assignment by cabinet supervisory staff;
 2. To the local guardianship office, if the adult is a state guardianship client; and
 3. To appropriate authorized agencies, as specified in KRS 209.030(5).

Section 3. Adult Protective Service Investigations. (1) The cabinet shall coordinate its investigation in accordance with KRS 209.030(6).

(2) An adult protective service investigation may include contact with the alleged perpetrator and collaterals, if the contact does not pose a safety concern for the adult or cabinet staff.

(3) Information obtained as a result of a protective service investigation shall be kept confidential in accordance with KRS 209.140.

(4) Requests for written information of the protective service investigation, except for court ordered releases, shall be handled through the open records process in accordance with KRS 61.872 and 922 KAR 1:510.

(5) Designated regional cabinet staff shall initiate the investigation of a report of adult abuse, neglect, or exploitation. If the accepted report of adult abuse, neglect, or exploitation with the expressed permission of the adult indicates:

(a) An emergency, as defined in KRS 209.020(11), the investigation shall be initiated within one (1) hour; or

(b) A nonemergency, the investigation shall be initiated within forty-eight (48) hours.

(6) If permission is granted by the adult, designated regional cabinet staff may take photographs, audio, or video recordings.

(7)(a) The cabinet shall obtain a written voluntary statement of adult abuse, neglect, or exploitation if the adult, witness, or alleged perpetrator is willing to provide the written statement; and

(b) The cabinet shall inform the adult, witness or alleged perpetrator that the:

1. Statement may be shared with appropriate authorized agencies; and

2. Individual may be required to testify in a court of law.

(8) If investigating reports of alleged abuse or neglect of an adult resulting in death, designated regional cabinet staff shall:

(a) Examine the coroner's or doctor's report;

(b) Obtain a copy of the death certificate for the case record, if possible;

(c) Notify the commissioner or designee;

(d) Consult with appropriate law enforcement, in accordance with KRS 209.030(6)(a) in completing the investigation, if an adult died allegedly as a result of abuse or neglect; and

(e) Determine if another resident in an alternate care facility is at risk of abuse or neglect, if the findings of an investigation suggest that an adult in the alternate care facility died allegedly as a result of abuse or neglect.

(9) Unless the legal representative is alleged to have abused, neglected, or exploited the adult, a legal representative may act on behalf of an adult for purposes of this administrative regulation.

Section 4. Results of the Investigation. (1) Designated regional cabinet staff shall address the following when evaluating the results of the investigation:

(a) The adult's account of the situation, if possible;

(b) The alleged perpetrator's account of the situation, if available;

(c) The information supplied by collateral contact;

(d) Records and documents;

(e) The assessment information;

(f) Previous reports involving the adult or alleged perpetrator; and

(g) Other information relevant to the protection of an adult.

(2) The findings of the adult protective service investigation shall be:

(a) Shared with appropriate authorized agencies in accordance with KRS 209.030(5); and

(b) Documented on the cabinet's database.

(3) Designated regional cabinet staff shall maintain a written record, as specified in KRS 209.030(5), to include:

(a) The DPP-115; and

(b) A narrative documenting:

1. The investigation; and

2. Findings of the investigation.

(4) If an issue or concern identified by the cabinet does not require a protective service case being opened, the cabinet may work with the adult to develop an aftercare plan:

(a) At the consent of the adult; and

(b) In an effort to prevent a recurrence of adult abuse, neglect, or exploitation.

Section 5. Substantiation Criteria and Submission of Findings. (1) In determining if an allegation is substantiated, the cabinet shall use the statutory definitions of:

(a) Adult; and

(b)1. Abuse;

2. Neglect; or

3. Exploitation.

(2) If preponderance of evidence exists, designated regional cabinet staff may make a finding of and substantiate abuse, neglect, or exploitation.

(3) A finding made by cabinet staff shall not be a judicial finding.

- (4) Cabinet supervisory staff shall review and approve a finding of an investigation prior to its finalization.

Section 6. Opening a Case. (1) A case may be opened:

- (a) As a result of a protective service investigation; or
(b) Upon identification of an adult through a general adult services assessment as being at risk of abuse, neglect, or exploitation.
- (2) The decision to open a case shall be based on the:
- (a) Voluntary request for, or acceptance of, services by an adult who needs adult protection or general adult services; or
(b) Need for involuntary emergency protective services.
- (3) If it has been determined that an adult is incapable of giving consent to receive protective services, the court may assume jurisdiction and issue an ex parte order in accordance with KRS 209.130.
- (4) Emergency protective services shall be provided in accordance with KRS 209.110.
- (5) The cabinet shall develop an adult's case plan with the adult and, upon consent of the adult, may include consideration of the following:
- (a) Designated regional cabinet staff;
(b) Family members;
(c) Family friends;
(d) Community partners; or
(e) Other individuals requested by the adult.
- (6) Within thirty (30) calendar days of opening a case, designated regional cabinet staff shall:
- (a) Initiate a case plan with the adult; and
(b) Submit the plan to supervisory staff for approval.

Section 7. Referrals for Criminal Prosecution. The cabinet shall refer substantiated reports of adult abuse, neglect, or exploitation to Commonwealth attorneys and county attorneys for consideration of criminal prosecution in accordance with KRS 209.180.

Section 8. Restraining Order or Injunctive Relief. If necessary, designated regional cabinet staff shall contact the cabinet's Office of Legal Services for advice and assistance in obtaining restraining orders or other forms of injunctive relief that may be issued for protection of an adult, in accordance with KRS 209.040.

Section 9. Guardianship or Conservatorship of Disabled Persons. (1) In an attempt to provide appropriate protective services, designated regional cabinet staff shall assess the need for guardianship if an individual appears unable to make an informed choice to:

- (a) Manage personal affairs;
(b) Manage financial affairs; or
(c) Carry out the activities of daily living.
- (2) Designated regional cabinet staff may assist in protective service situations in seeking out family, friends, or other interested and qualified individuals who are willing and capable to become guardians.
- (3) Upon an order of the court, the cabinet shall file an interdisciplinary evaluation report in accordance with KRS 387.540(1).

Section 10. Involuntary Hospitalization. (1) Designated regional cabinet staff shall encourage the voluntary hospitalization of an adult who needs to secure mental health treatment to avoid serious physical injury or death.

- (2) Designated regional cabinet staff may file a petition for involuntary hospitalization in accordance with KRS 202A.051 and 202B.100 if:
- (a) The adult lacks the capacity to consent or refuses mental health treatment;
(b) Other resources are not available;
(c) Another petitioner is absent or unavailable; and
(d) Prior cabinet supervisory approval is obtained.

Section 11. Reporting. (1) Reports of adult abuse, neglect, or exploitation shall be maintained in the cabinet's database for:

- (a) Use in future investigations; and
(b) Annual reporting requirements as specified in KRS 209.030(12).

(2) The cabinet shall submit a report annually to the Governor and Legislative Research Commission in accordance with KRS 209.030(12)(b).

(a) In addition to the information required by KRS 209.030(12)(b), the summary of reports received by the cabinet shall include for each individual who is the subject of a report:

1. Age;
2. Demographics;
3. Type of abuse;
4. The number of:
 - a. Accepted reports; and
 - b. Substantiated reports; and
5. Other information relevant to the protection of an adult.

(b) The information required in paragraph (a) of this subsection shall only be provided if it does not identify an individual.

Section 12. Case Closure and Aftercare Planning. (1) The cabinet's decision to close an adult protective service case shall be based upon:

(a) Evidence that the factors resulting in adult abuse, neglect, or exploitation are resolved to the extent that the adult's needs have been met;

(b) The request of the adult; or

(c) A lack of legal authority to obtain court ordered cooperation from the adult.

(2) An adult shall be:

(a) Notified in writing of the decision to close the protective service case; and

(b) Advised of the right to request a service appeal in accordance with Section 13 of this administrative regulation.

(3) If an adult protective service case is appropriate for closure, the cabinet may work with the adult to develop an aftercare plan:

(a) At the consent of the adult; and

(b) In an effort to prevent a recurrence of adult abuse, neglect, or exploitation.

(4) If the cabinet closes the protective service case in accordance with this section, aftercare planning may link the adult to community resources for the purpose of continuing preventive measures.

Section 13. Appeal Rights. A victim of adult abuse, neglect, or exploitation may request a service appeal in accordance with 922 KAR 1:320, Section 2.

Section 14. Incorporation by Reference. (1) "DPP-115, Confidential Suspected Abuse/Neglect, Dependency, or Exploitation Reporting Form", edition 9/05, is incorporated by reference.

(2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Department for Community-Based Services, 275 East Main Street, Frankfort, Kentucky 40621, Monday through Friday, 8 a.m. to 4:30 p.m. (17 Ky.R. 3618; eff. 8-21-91; Am. 21 Ky.R. 667; eff. 9-21-94; Recodified from 905 KAR 5:070, 10-30-98; Am. 25 Ky.R. 2473; 26 Ky.R. 81; 403; eff. 8-16-99; 32 Ky.R. 1002; 1450; 1677; eff. 3-9-2006.)

Appendix D
Resources

National Center on Elder Abuse (NCEA)

The National Center on Elder Abuse (NCEA) serves as a national resource center dedicated to the prevention of elder mistreatment. First established by the U.S. Administration on Aging (AoA) in 1988 as a national elder abuse resource center, the NCEA was granted a permanent home at AoA in the 1992 amendments made to Title II of the Older Americans Act. To carry out its mission, the NCEA disseminates elder abuse information to professionals and the public, and provides technical assistance and training to states and to community-based organizations. The NCEA makes news and resources available on-line and an easy-to-use format; collaborates on research; provides training; identifies and provides information about promising practices and interventions; operates a listserv forum for professionals; and provides subject matter expertise on program and policy development.

Since its inception, the NCEA has operated as a unique, multi-disciplinary consortium of equal partners with expertise in elder abuse, neglect, and exploitation. Over the years, the NCEA collaborators have addressed the provisions outlined in the OAA through various activities and worked towards assisting the nation better address and respond to elder abuse, neglect, and exploitation. Not only have the NCEA's collaborators come from various professional fields, the NCEA has proved a valuable resource to many professionals working in some way with older victims of elder mistreatment, including: adult protective services; national, state, and local aging networks; law enforcement; health care professionals; domestic violence networks; and others.

Now and into the future, the NCEA will continue to tailor its activities to meet the special needs of disadvantaged populations, including limited-English speakers and other underrepresented groups such as Native Americans. It will incorporate the latest technology to generate and disseminate knowledge that can build and strengthen elder rights networks and enhance the effectiveness of state and community-based elder abuse prevention and intervention programs. Furthermore, the NCEA will serve as a national clearinghouse of information for elder rights advocates, law enforcement, legal professionals, public policy leaders, researchers, and others working to ensure that all older Americans will live with dignity, integrity, independence, and without abuse, neglect, and exploitation.

**297 Graham Hall
Newark, DE 19716**

Telephone: 302-8313525

www.ncea.aoa.gov

National Adult Protective Services Association (NAPSA)

The National Adult Protective Services Association (NAPSA) is a national non-profit 501 (c) (6) organization with members in all fifty states, including the District of Columbia, the U.S. Virgin Islands, and Guam. It was formed in 1989 to provide state adult protective services (APS) program administrators and staff with a forum for sharing information, solving problems, and improving the quality of services for victims of elder and vulnerable adult abuse. The organization is governed by a Board of Directors that includes the President, Past-President, President-Elect, Secretary, and Treasurer, as well as Regional Representatives and Committee Chairmen. There are nine national regions: Northeast I and II, Southeast I and II, Central, Mountain, Southwest, and West Coast I and II.

NAPSA is a partner in the National Center on Elder Abuse (NCEA) funded by the U. S. Administration on Aging, and a founding member of the Elder Justice Coalition. As part of an ongoing effort to increase collaboration with other national and state organizations, NAPSA has also participated in grant project activities with the American Bar Association Commission on Law and Aging, the Wisconsin Coalition Against Domestic Violence, the National Organization of Victims Advocates, the California District Attorneys Association and the International Association of Forensic Nurses.

NAPSA conducts annual national training events, research and innovation in the field of adult protective services. The organization publishes a twice-yearly newsletter written for and by APS members that highlights innovative practices and APS activities throughout the nation. NAPSA is actively involved in conducting ongoing national research activities on topics such as APS training activities, services to self-neglecting adults, and national APS data collection. Members regularly share publications, ideas, and copies of state statutes and materials for new projects with one another.

The mission of NAPSA is to improve the quality and availability of protective services for disabled adults and elderly persons who are abused, neglected, or exploited and are unable to protect their own interests.

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National Committee for the Prevention of Elder Abuse (NCPEA)

The National Committee for the Prevention of Elder Abuse (NCPEA) is an association of researchers, practitioners, educators, and advocates dedicated to protecting the safety, security, and dignity of America's most vulnerable citizens. It was established in 1988 to achieve a clearer understanding of abuse and provide direction and leadership to prevent it. The Committee is one of six partners that make up the National Center on Elder Abuse, which is funded by Congress to serve as the nation's clearinghouse on information and materials on abuse and neglect.

The mission of NCPEA is to prevent abuse, neglect, and exploitation of older persons and adults with disabilities through research, advocacy, public and professional awareness, interdisciplinary exchange, and coalition building.

Specifically, NCPEA:

- Conducts research to reveal the causes of abuse and effective means for preventing it
- Contributes to the scientific knowledge base on elder abuse by identifying critical information needs and providing vehicles for the exchange of new research findings
- Promotes collaboration and the exchange of knowledge between diverse disciplines
- Provides professionals with information and training to help them effectively intervene in cases
- Promotes the growth of community coalitions to ensure comprehensive and well coordinated service delivery
- Raises community awareness about the problem and solutions
- Advocates for needed services and enlightened public policy

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National Association of State Units on Aging (NASUA)

Founded in 1964, the National Association of State Units on Aging (NASUA) is a non-profit association representing the nation's 56 officially designated state and territorial agencies on aging. The mission of the Association is to advance social, health, and economic policies responsive to the needs of a diverse aging population and to enhance the capacity of its membership to promote the rights, dignity and independence of, and expand opportunities and resources for, current and future generations of older persons, adults with disabilities and their families.

NASUA is the articulating force at the national level through which the state agencies on aging join together to promote social policy in the public and private sectors responsive to the challenges and opportunities of an aging America.

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National Center for Victims of Crime

The National Center for Victims of Crime is the nation's leading resource and advocacy organization for crime victims and those who serve them. Since its inception in 1985, the National Center has worked with grassroots organizations and criminal justice agencies throughout the United States serving millions of crime victims.

The mission of the National Center for Victims of Crime is to forge a national commitment to help victims of crime rebuild their lives. We are dedicated to serving individuals, families, and communities harmed by crime.

Working with local, state, and federal partners, the National Center for Victims of Crime:

- Provides direct services and resources to victims of crime across the country;
- Advocates for laws and public policies that secure rights, resources, and protections for crime victims;
- Delivers training and technical assistance to victim service organizations, counselors, attorneys, criminal justice agencies, and allied professionals serving victims of crime; and
- Fosters cutting-edge thinking about the impact of crime and the ways in which each of us can help victims of crime rebuild their lives.

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