Established through House Bill 298 in the 2005 legislative session, Kentucky Revised Statute (KRS) 209.005 provided the Cabinet for Health and Family Services (CHFS or cabinet), law enforcement, prosecutors, advocates, and the courts with the tools needed to better prevent maltreatment of elders and protect them from abuse, neglect, and exploitation. Effective implementation required the guidance and direction of a statewide Elder Abuse Committee (EAC or committee), which was concurrently mandated. This committee gives technical assistance to the cabinet as it partners with the General Assembly, service providers, and vulnerable elders in the Commonwealth.

The committee’s most critical work falls into two categories:

- To inform policy-makers of changing trends and future needs as it relates to elder maltreatment on a statewide level; and
- To provide recommendations to the cabinet regarding potential changes in adult protective services (APS) practices designed to more effectively meet the needs of an aging population.

Through data collection and enhanced community partnerships, the committee, cabinet, advocacy community, and legislature have an improved capacity to discern trends and anticipate future needs of the vulnerable adult population in the Commonwealth.

The committee’s three primary areas of focus are:

- Education and public awareness of elder maltreatment;
- Review of written protocols and practices to ensure that a multidisciplinary investigative design is brought to bear in the provision of protective services; and
- Review and revision of the statewide Elder Abuse Resource Directory.

“Between 1 and 2 million Americans age 65 or older have been injured, exploited, or otherwise mistreated by someone on whom they depended for care or protection.”

- National Center on Elder Abuse
Kentucky Elder Abuse Committee

2019 Fiscal Year Membership

<table>
<thead>
<tr>
<th>Name</th>
<th>Title/Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shannon Gadd, Commissioner</td>
<td>Department for Aging and Independent Living</td>
</tr>
<tr>
<td>Betsy Johnson, President</td>
<td>Kentucky Association of Health Care Facilities</td>
</tr>
<tr>
<td>Jimmy Pollard</td>
<td>Henry County Coroner</td>
</tr>
<tr>
<td>Candy Pettry</td>
<td>University of Kentucky HealthCare</td>
</tr>
<tr>
<td>Lois Pemble</td>
<td>Kentucky Initiative for Quality Nursing Home Standards</td>
</tr>
<tr>
<td>Bari Lewis, Director of Community Outreach</td>
<td>Alzheimer’s Association Greater Kentucky and Southern Indiana Chapter</td>
</tr>
<tr>
<td>Nancy Trentham</td>
<td>Kentucky Initiative for Quality Nursing Home Standards (KIQNHS)</td>
</tr>
<tr>
<td>Adam M. Meier, Secretary</td>
<td>Cabinet for Health and Family Services</td>
</tr>
<tr>
<td>John Tilley, Secretary</td>
<td>Justice and Public Safety Cabinet</td>
</tr>
<tr>
<td>Chuck Adams</td>
<td>Chief of Police, City of Frankfort</td>
</tr>
<tr>
<td>Sherry Culp</td>
<td>State Long-Term Care (LTC) Ombudsman</td>
</tr>
<tr>
<td>Sandra Brock, Executive Director</td>
<td>Office of the Ombudsman Cabinet for Health and Family Services</td>
</tr>
<tr>
<td>Steve Davis, Inspector General</td>
<td>Cabinet for Health and Family Services</td>
</tr>
<tr>
<td>Vivian Lasley-Bibbs</td>
<td>Department for Public Health</td>
</tr>
<tr>
<td>Ron Bridges, State Director</td>
<td>AARP Kentucky</td>
</tr>
<tr>
<td>Eric T. Clark, Commissioner</td>
<td>Department for Community Based Services</td>
</tr>
<tr>
<td>William F. Campbell, Assistant US Attorney</td>
<td>U.S. Attorney’s Office, WDKY</td>
</tr>
<tr>
<td>Jeff Edwards</td>
<td>Kentucky Protection and Advocacy</td>
</tr>
<tr>
<td>Vicki Green</td>
<td>FIVCO Area Agency on Aging and Independent Living</td>
</tr>
<tr>
<td>Vicki Green</td>
<td>FIVCO Area Agency on Aging and Independent Living</td>
</tr>
<tr>
<td>Michael Wright</td>
<td>Medicaid Fraud and Abuse Office of the Attorney General</td>
</tr>
<tr>
<td>Vacant</td>
<td>Justice and Public Safety Cabinet Kentucky State Police, West Troop</td>
</tr>
<tr>
<td>Vacant</td>
<td>Lincoln Trail Area Agency on Aging</td>
</tr>
</tbody>
</table>

“When our older relatives, friends, and neighbors need help, we have the heart to care for them.”

- Unknown
2019 Adult Protective Services Statewide Data (Ages 18 - 59)
July 1, 2018—June 30th, 2019

Exploitation (341 referrals)
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
- 26% decrease from 2018
- 51 Substantiated

Abuse (1,147 referrals)
The infliction of injury, sexual abuse, unreasonable confinement, intimidation, or punishment that results in physical pain or injury, including mental injury
- 10% increase from 2018
- 132 Substantiated

Court Ordered Guardianship Assessments (1419 referrals)
* 14% increase from 2018

General Adult Services (282 Referrals)
Provide adults an enhanced opportunity to attain or maintain a level of self-sufficiency and autonomy in the community
* 9% decrease from 2018

Domestic Violence (30 Referrals)
* These investigations were discontinued in 2017. This represents past due cases.

Caretaker Neglect (1337 referrals)
The deprivation of services by a caretaker that are necessary to maintain the health and welfare of an adult
* 10% decrease from 2018
* 124 Substantiated

Self Neglect (1,406 Referrals)
A situation in which an adult is unable to perform or obtain for himself or herself the goods that are necessary to maintain his or her health or welfare.
- 4% increase from 2018
- 467 Substantiated

Total # of Calls Received
36,233
19% increase from 2018

Total # of Calls that Met Criteria
4,054
40% decrease from 2018*

* Due to a change in KRS 209A in 2017, this number represents the removal of acceptance of domestic violence referrals.

“I will not keep calm until there is so much elder abuse awareness that it never happens again.”
- Unknown
2019 Adult Protective Services Statewide Data (Ages 60+)
July 1, 2018—June 30th, 2019

Total # of Calls Received
17% increase from 2018

Total # of Calls that Met Criteria
5% decrease from 2018

Abuse (1,262 referrals)
The infliction of injury, sexual abuse, unreasonable confinement, intimidation, or punishment that results in physical pain or injury, including mental injury
* 6% decrease from 2018
* 128 Substantiated

Caretaker Neglect (2,274 referrals)
The deprivation of services by a caretaker that are necessary to maintain the health and welfare of an adult
* 14% decrease from 2018
* 182 Substantiated

Self Neglect (3,861 referrals)
A situation in which an adult is unable to perform or obtain for himself or herself the goods that are necessary to maintain his or her health or welfare.
* 4% increase from 2018
* 1,143 Substantiated

Court Ordered Guardianship Assessments (1,896 referrals)
* No change from 2018

General Adult Services (476 referrals)
Provide adults an enhanced opportunity to attain or maintain a level of self-sufficiency and autonomy in the community
* 19% decrease from 2018

Exploitation (985 referrals)
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
* 26% decrease from 2018
* 51 Substantiated

Caregiver Misconduct Registry
728
Individuals currently placed on Registry
123%
Increase in number of individuals on Registry since October 1st, 2018

“Abusers are both women and men. In almost 60% of elder abuse and neglect incidents, the perpetrator is a family member. Two thirds of perpetrators are adult children or spouses.”
- National Council on Aging
### Investigations by Type

<table>
<thead>
<tr>
<th>Type</th>
<th>Age 18 - 59</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Abuse</td>
<td># of Calls Met Criteria</td>
<td>1,222</td>
<td>1,356</td>
<td>1,284</td>
<td>1,143</td>
<td>1,043</td>
<td>1,147</td>
</tr>
<tr>
<td>Substantiated</td>
<td></td>
<td>182</td>
<td>146</td>
<td>129</td>
<td>106</td>
<td>110</td>
<td>132</td>
</tr>
<tr>
<td>Spouse/Partner Abuse</td>
<td># of Calls Met Criteria</td>
<td>17,460</td>
<td>18,766</td>
<td>17,634</td>
<td>17,572</td>
<td>2,787</td>
<td>30</td>
</tr>
<tr>
<td>Substantiated</td>
<td></td>
<td>3,272</td>
<td>3,686</td>
<td>3,254</td>
<td>3,372</td>
<td>581</td>
<td>6</td>
</tr>
<tr>
<td>Neglect by Caretaker</td>
<td># of Calls Met Criteria</td>
<td>1,720</td>
<td>1,903</td>
<td>1,699</td>
<td>1,650</td>
<td>1,492</td>
<td>1,337</td>
</tr>
<tr>
<td>Substantiated</td>
<td></td>
<td>264</td>
<td>144</td>
<td>149</td>
<td>147</td>
<td>144</td>
<td>124</td>
</tr>
<tr>
<td>Self-Neglect</td>
<td># of Calls Met Criteria</td>
<td>1,458</td>
<td>1,567</td>
<td>1,483</td>
<td>1,449</td>
<td>1,353</td>
<td>1,406</td>
</tr>
<tr>
<td>Substantiated</td>
<td></td>
<td>542</td>
<td>560</td>
<td>483</td>
<td>475</td>
<td>425</td>
<td>467</td>
</tr>
<tr>
<td>Exploitation</td>
<td># of Calls Met Criteria</td>
<td>505</td>
<td>602</td>
<td>539</td>
<td>479</td>
<td>458</td>
<td>341</td>
</tr>
<tr>
<td>Substantiated</td>
<td></td>
<td>118</td>
<td>100</td>
<td>102</td>
<td>80</td>
<td>102</td>
<td>51</td>
</tr>
<tr>
<td>GAS</td>
<td># of Calls Met Criteria</td>
<td>464</td>
<td>504</td>
<td>387</td>
<td>345</td>
<td>309</td>
<td>282</td>
</tr>
<tr>
<td>IDT (Court Report)</td>
<td># of Calls Met Criteria</td>
<td>1,038</td>
<td>1,153</td>
<td>1,239</td>
<td>1,299</td>
<td>1,397</td>
<td>1,419</td>
</tr>
</tbody>
</table>

### Investigations by Type

<table>
<thead>
<tr>
<th>Type</th>
<th>Age 60 +</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Abuse</td>
<td># of Calls Met Criteria</td>
<td>1,355</td>
<td>1,826</td>
<td>1,398</td>
<td>1,337</td>
<td>1,336</td>
<td>1,262</td>
</tr>
<tr>
<td>Substantiated</td>
<td></td>
<td>171</td>
<td>157</td>
<td>102</td>
<td>105</td>
<td>136</td>
<td>128</td>
</tr>
<tr>
<td>Spouse/Partner Abuse</td>
<td># of Calls Met Criteria</td>
<td>726</td>
<td>729</td>
<td>757</td>
<td>698</td>
<td>90</td>
<td>0</td>
</tr>
<tr>
<td>Substantiated</td>
<td></td>
<td>91</td>
<td>95</td>
<td>105</td>
<td>87</td>
<td>11</td>
<td>0</td>
</tr>
<tr>
<td>Neglect by Caretaker</td>
<td># of Calls Met Criteria</td>
<td>2,713</td>
<td>3,115</td>
<td>2,713</td>
<td>2,828</td>
<td>2,658</td>
<td>2,274</td>
</tr>
<tr>
<td>Substantiated</td>
<td></td>
<td>346</td>
<td>246</td>
<td>202</td>
<td>204</td>
<td>266</td>
<td>182</td>
</tr>
<tr>
<td>Self-Neglect</td>
<td># of Calls Met Criteria</td>
<td>2,992</td>
<td>3,526</td>
<td>3,347</td>
<td>3,413</td>
<td>3,709</td>
<td>3,861</td>
</tr>
<tr>
<td>Substantiated</td>
<td></td>
<td>934</td>
<td>1,076</td>
<td>945</td>
<td>956</td>
<td>1,027</td>
<td>1,143</td>
</tr>
<tr>
<td>Exploitation</td>
<td># of Calls Met Criteria</td>
<td>1,180</td>
<td>1,469</td>
<td>1,272</td>
<td>1,104</td>
<td>1,169</td>
<td>985</td>
</tr>
<tr>
<td>Substantiated</td>
<td></td>
<td>286</td>
<td>286</td>
<td>223</td>
<td>202</td>
<td>266</td>
<td>214</td>
</tr>
<tr>
<td>GAS</td>
<td># of Calls Met Criteria</td>
<td>656</td>
<td>744</td>
<td>634</td>
<td>560</td>
<td>586</td>
<td>476</td>
</tr>
<tr>
<td>IDT (Court Report)</td>
<td># of Calls Met Criteria</td>
<td>1,429</td>
<td>1,542</td>
<td>1,571</td>
<td>1,755</td>
<td>1,900</td>
<td>1,896</td>
</tr>
</tbody>
</table>

### 6 Year Trends

- **21.79%** Total # of Calls that Met Criteria (18-59)
- **7.4%** Total # of Calls that Met Criteria (60+)
  - **1%** Self Neglect Referrals (60+)
  - **4.6%** Caretaker Neglect Referrals (18-59)
  - **2.9%** Caretaker Neglect Referrals (60+)

**Summary:**

- **7%** Total # of Calls (18—59)
- **22%** Total # of Calls (60+)
- **5.4%** IDT Referrals (18—59)
- **6%** IDT Referrals (60+)
- **5.4%** Self Neglect Referrals (60+)
**2019 Office of Inspector General Data (Statewide)**

*July 1, 2018—June 30th, 2019*

* data related to abuse, neglect or misappropriate of resident property

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>SFY 2012</th>
<th>SFY 2013</th>
<th>SFY 2014</th>
<th>SFY 2015</th>
<th>SFY 2016</th>
<th>SFY 2017</th>
<th>SFY 2018</th>
<th>SFY 2019</th>
<th>8yr Total</th>
<th>8yr Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCH</td>
<td>7</td>
<td>11</td>
<td>9</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>7</td>
<td>49</td>
<td>6.13</td>
</tr>
<tr>
<td>ICF</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0.25</td>
</tr>
<tr>
<td>ICF/IID</td>
<td>28</td>
<td>29</td>
<td>22</td>
<td>14</td>
<td>13</td>
<td>16</td>
<td>12</td>
<td>16</td>
<td>150</td>
<td>18.75</td>
</tr>
<tr>
<td>LNF</td>
<td>9</td>
<td>10</td>
<td>7</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>27</td>
<td>3.38</td>
</tr>
<tr>
<td>NH</td>
<td>5</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>12</td>
<td>1.50</td>
</tr>
<tr>
<td>PCH-----</td>
<td>15</td>
<td>5</td>
<td>7</td>
<td>3</td>
<td>1</td>
<td>5</td>
<td>5</td>
<td>4</td>
<td>45</td>
<td>5.63</td>
</tr>
<tr>
<td>PCH - FS</td>
<td>60</td>
<td>79</td>
<td>66</td>
<td>80</td>
<td>70</td>
<td>47</td>
<td>72</td>
<td>62</td>
<td>536</td>
<td>67.00</td>
</tr>
<tr>
<td>SNF DP</td>
<td>140</td>
<td>139</td>
<td>102</td>
<td>79</td>
<td>60</td>
<td>65</td>
<td>71</td>
<td>70</td>
<td>726</td>
<td>90.75</td>
</tr>
<tr>
<td>SNF</td>
<td>13</td>
<td>5</td>
<td>14</td>
<td>7</td>
<td>1</td>
<td>8</td>
<td>2</td>
<td>2</td>
<td>52</td>
<td>6.50</td>
</tr>
<tr>
<td>SNF/NF</td>
<td>494</td>
<td>462</td>
<td>410</td>
<td>363</td>
<td>329</td>
<td>236</td>
<td>282</td>
<td>354</td>
<td>2930</td>
<td>366.25</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>771</strong></td>
<td><strong>740</strong></td>
<td><strong>638</strong></td>
<td><strong>551</strong></td>
<td><strong>480</strong></td>
<td><strong>385</strong></td>
<td><strong>448</strong></td>
<td><strong>516</strong></td>
<td><strong>4529</strong></td>
<td><strong>566.14</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>SFY 2012</th>
<th>SFY 2013</th>
<th>SFY 2014</th>
<th>SFY 2015</th>
<th>SFY 2016</th>
<th>SFY 2017</th>
<th>SFY 2018</th>
<th>SFY 2019</th>
<th>8yr Total</th>
<th>8yr Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCH</td>
<td>1</td>
<td>4</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>12</td>
<td>1.50</td>
</tr>
<tr>
<td>ICF</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0.13</td>
</tr>
<tr>
<td>ICF/IID</td>
<td>9</td>
<td>8</td>
<td>6</td>
<td>1</td>
<td>7</td>
<td>4</td>
<td>4</td>
<td>5</td>
<td>44</td>
<td>5.50</td>
</tr>
<tr>
<td>LNF</td>
<td>5</td>
<td>5</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>11</td>
<td>1.38</td>
</tr>
<tr>
<td>NH</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>0.63</td>
</tr>
<tr>
<td>PCH-----</td>
<td>6</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>10</td>
<td>1.25</td>
</tr>
<tr>
<td>PCH - FS</td>
<td>26</td>
<td>29</td>
<td>22</td>
<td>15</td>
<td>19</td>
<td>11</td>
<td>14</td>
<td>15</td>
<td>151</td>
<td>18.88</td>
</tr>
<tr>
<td>SNF DP</td>
<td>66</td>
<td>47</td>
<td>11</td>
<td>8</td>
<td>7</td>
<td>12</td>
<td>7</td>
<td>11</td>
<td>169</td>
<td>21.13</td>
</tr>
<tr>
<td>SNF</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>7</td>
<td>7</td>
<td>0.88</td>
</tr>
<tr>
<td>SNF/NF</td>
<td>227</td>
<td>166</td>
<td>58</td>
<td>73</td>
<td>62</td>
<td>43</td>
<td>52</td>
<td>55</td>
<td>736</td>
<td>92.00</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>346</strong></td>
<td><strong>263</strong></td>
<td><strong>104</strong></td>
<td><strong>98</strong></td>
<td><strong>96</strong></td>
<td><strong>74</strong></td>
<td><strong>77</strong></td>
<td><strong>88</strong></td>
<td><strong>1146</strong></td>
<td><strong>143.28</strong></td>
</tr>
</tbody>
</table>

**Total/Substantiated Percentage:** 44.9% 35.5% 16.3% 17.8% 20.0% 19.2% 17.2% 17.1% 25.3%

FCH—Family Care Home
ICF—Intermediate Care Facility
ICF/IID—Intermediate Care Facility for Individuals with Intellectual Disabilities
LNF—Licensed Nursing Facility
NH—Nursing Home
PCH—Personal Care home
PCH-FS—Freestanding Personal Care Home
SNF DP—Skilled Nursing Facility, Distinct Part ("Distinct Part" refers to a portion of the facility that is federally certified to provide SNF services. The distinct part must be physically distinguishable and fiscally separate for cost reporting.)
SNF—Skilled Nursing Facility
SNF/NF—Skilled Nursing Facility/Nursing Facility (This means the LTC is dually certified; NF beds are occupied by Medicaid beneficiaries and SNF beds are rehabilitative in nature/occupied by Medicare beneficiaries or dually eligible beneficiaries).

“To care for those who once cared for us is one of the highest honors.”

- Unknown
## 2019 Office of Attorney General Data (Statewide)

**July 1, 2018—June 30th, 2019**

### Case Type (Total Number of Cases: 137)

<table>
<thead>
<tr>
<th>Case Type</th>
<th>Number of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Fraud</td>
<td>108</td>
</tr>
<tr>
<td>Global Data</td>
<td>18</td>
</tr>
<tr>
<td>Civil Litigation</td>
<td>5</td>
</tr>
<tr>
<td>Other Fraud</td>
<td>4</td>
</tr>
<tr>
<td>Recipient Fraud</td>
<td>2</td>
</tr>
</tbody>
</table>

### Abuse/Neglect Exploitation (Total Number of Cases: 1739)

<table>
<thead>
<tr>
<th>Case Type</th>
<th>Number of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caretaker Neglect</td>
<td>1046</td>
</tr>
<tr>
<td>Patient Abuse</td>
<td>617</td>
</tr>
<tr>
<td>Exploitation/Patient Funds</td>
<td>60</td>
</tr>
<tr>
<td>Other Abuse or Neglect</td>
<td>15</td>
</tr>
<tr>
<td>Other Offense</td>
<td>1</td>
</tr>
</tbody>
</table>

### Case Numbers

- **Total Cases Opened FY 19**: 86 (55 Fraud, 31 Abuse)
- **Total Cases Closed FY 19**: 78 (38 Fraud, 40 Abuse)
- **Total Cases Pending at the end of FY 19**: 161 (135 Fraud, 26 Abuse)

"Abuse if you slight it, will gradually die away; but if you show yourself irritated, you will be thought to have deserved it."

- Tacitus
Administrative Office of the Courts - 2019 Data
July 1, 2018—June 30th, 2019

Circuit Court

277 Charges (73% increase)
167 Cases (30% increase)
27% Conviction Rate

District Court

300 Charges (170% increase)
121 Cases (21% increase)
7% Conviction Rate

KRS 209-Related Charges:

* Knowingly Abuse/Neglect of Adult by Person
* Reckless Abuse/Neglect of Adult by Person
* Wanton/Reckless Exploit Adult by Person O/$300
* Failure to Report Abuse/Neglect/Exploit of Adult
* OBS* Knowingly/Willfully Financially Exploit an Adult
* OBS* Exploit of Adult, Minor Phys/Ment Injury
* OBS* Knowingly exploit adult over $300 by caretaker
* OBS* Exploitation of Adults, Report
* OBS* Wanton Abuse/Neglect of Adult by Caretaker
* OBS* Exploitation of Adult U/$300 by Caretaker

* OBS – Obsolete UOR code, may still be utilized for reporting purposes

“You gain strength, courage and confidence by every experience in which you really stop to look fear in the face. You are able to say to yourself, ‘I have lived through this horror. I can take the next thing that comes along.’ You must do the thing you think you cannot do.”

- Eleanor Roosevelt
The Department for Community Based Services is an innovative, solutions-focused learning organization built on a foundation of transparency in action and with accountability for results. Both in the organization and among our partners, we thrive on a culture of respect for diversity of opinion that is nurtured through open communication.

**Mission Statement**

To build an effective and efficient system of care with Kentucky citizens and communities to:

- Reduce poverty, adult and child maltreatment and their effects;
- Advance person and family self-sufficiency, recovery and resiliency;
- Assure all children have safe and nurturing homes and communities; and
- Recruit and retain a workforce and partners that operate with integrity and transparency.

**Centralized Intake**

Centralized Intake is the primary point of contact to make a report of Abuse, Neglect and Exploitation of Adults. A referral can be made through phone contact, email, fax or a web-portal. The call center is staffed 24 hours a day, 7 days a week to respond to any phone referrals. Other referral methods are only monitored Monday through Friday 8am—4:30pm.

(877) KY SAFE 1
(877) 597-2331

**Adult Protective Services Teams**

There are 17 designated APS teams maintained and supported in each of the nine Service Regions. These specialized teams are designed to specifically investigate allegations of abuse, neglect and exploitation of adults and to provide protective services where indicated.

Utilizing a multidisciplinary investigative design pursuant to statutory and regulatory language designated APS teams work closely with partnering agencies to interview and prevent mistreatment.

**Division of Protection and Permanency**

The Division of Protection and Permanency provides consultative services and technical assistance to local child protective services offices regarding child and adult protection cases. The division coordinates permanency services including the coordination of state efforts to recruit and certify adoptive homes for children in foster care. The division creates standards of practice for local office operation and implements statewide changes in coordination with state and federal legislation changes. The division also gathers data and creates reports to monitor the state’s progress toward federal goals in child welfare services.

**Division of Service Regions**

The Division of Service Regions oversees nine service regions throughout Kentucky. The division delivers direct services including public assistance eligibility determinations, moving families toward self-sufficiency, and provides adult and child protection and permanency.

There are currently 9 service Regions:
- Cumberland
- Eastern Mountain
- Jefferson
- Northeastern
- Northern Bluegrass
- Salt River Trail
- Southern Bluegrass
- The Lakes
- Two Rivers

**Division of Family Support**

The Division of Family Support administers the Supplemental Nutrition Assistance Program (SNAP), formerly known as food stamps, the Kentucky Transitional Assistance Program, Kentucky Works Program, Family Alternatives Diversion Program and the Medicaid programs.

The division also manages the Community Services Block Grant, the SNAP Nutrition Education Program, the Low-Income Home Energy Assistance Program, and State Supplementation and participates in the administration of electronic benefit transfer cards.

**Records Management Section**

The records management section responds to requests for personal adult protective services records as allowed by law.

Highly performing and committed, we are unified in our goal of excellence in achieving outcomes for those we serve with the level of quality we would demand for our own families.
Participant Directed Services (PDS)
Allows persons eligible for services through Medicaid waivers - Acquired Brain Injury, Home and Community Based, Michelle P., and Supports for Community Living - to choose their own providers for non-medical services, giving beneficiaries flexibility in the delivery and type of services they receive. 11,000 individuals direct their own care

Traumatic Brain Injury (TBI) Trust Fund Program
Provides services to assist children and adults with brain injuries to maintain living in the community. 428 individuals with a brain injury remain in their home

State-Health Insurance Assistance Program (SHIP)
Provides information, counseling and assistance to seniors and disabled individuals, their families and caregivers. $1,821,664 saved for Medicare beneficiaries

Family Caregiver Support Program
Serves family and informal caregivers who provide care to people over age 60 or an individual of any age with Alzheimer’s or a related diagnosis, and serves grandparents and other relatives over age 55 who provide care to children up to age 19. Services include information and assistance, counseling, support groups, training, respite, and limited financial assistance. 3328 caregivers supported

Department for Aging and Independent Living

Older Americans Act

In-Home Services & Homecare Program
Provides in-home services to persons over age 60 who have functional or physical limitations and are at risk of Institutionalization. 3,952 older adults remain in their home

Hart Supported Living
Provides supports which enable a person with disabilities to live in a home of the person’s choice, encourages integrated participation in the community, promotes autonomy, and enhances skills in living in the community. Hart Supported Living is overseen by a governor-appointed council that makes eligibility determinations. 393 individuals with disabilities remain active in the community

Personal Care Attendant Program (PCAP)
Provides personal care attendant services to adults with severe physical disabilities, who have functional loss of two or more limbs and need services to prevent institutionalization or in order to leave an institutional setting. 239 adults with severe physical disabilities remain in their home

Kentucky Family Caregiver Program
Supports grandparents, of any age, who are primary, full-time caregivers for a grandchild no older than 18 years of age. Provides financial assistance in the form of a voucher to be utilized for the child’s safety, stability and welfare.

Aging and Disability Resource Center (ADRC)
A single point of entry to all long term services and support. Empowers informed choices. Streamlines access to services. 68,595 calls answered

Senior Community Service Employment Program
Employs persons over age 55 who have incomes below 125% of the poverty level in part-time non-profit community work with the goal of skill development and eventual placement in unsubsidized employment. 119 seniors employed

Home and Community Based Waiver Program
Provides services and supports to older adults or to children or adults with disabilities to help them to remain in or return to their homes. 8,532 Medicaid beneficiaries with disabilities remain in their home

Home Delivered Meals
Provides nutritional meals for persons age 60+ who are homebound or home-limited.

Congregate Meals
Provides meals and nutrition education to persons age 60+ in a congregate setting. 2,085,059 meals served

Senior Centers
Provides supportive services and often serves as a congregate meal setting. Senior Centers are represented in every Kentucky county, offering health promotion activities such as health screenings and exercise classes and a variety of recreational and educational programs. Senior Centers are integral, especially in rural communities in promoting health and reducing social isolation. 36,000+ older adults participated in activities at 134 senior centers
Kentucky State Police

Mission Statement: Promotes public safety through service, integrity and professionalism utilizing partnerships to: 1) Prevent, reduce, and deter crime and the fear of crime; 2) Enhance highway safety through education and enforcement; and 3) Safeguard property and protect individual rights.

Area Agencies on Aging and Independent Living

Area agencies on Aging (AAA’s) were formally established in the 1973 Older Americans Act as the “on-the-ground” organizations charged with helping vulnerable older adults live with independence and dignity in their homes and communities.

1. Purchase
1002 Medical Drive
PO BOX 588
Mayfield, KY 42066
(270) 247-9246

2. Pennyrile
300 Hammond Drive
Hopkinsville, KY 42240
(270) 886-9484

3. Barren River
177 Graham Ave
Bowling Green, KY 42101
(270) 781-2381

4. Lake Cumberland
2384 Lakeway Drive
PO Box 1570
Russell Springs, KY 42642
(270) 866-4200

5. Cumberland Valley
342 Old Whitley Rd
PO Box 1740
London, KY 40743
(606) 684-7391

6. Kentucky River
941 North Main St
Hazard, KY 41701
(606) 436-3158

7. Big Sandy
110 Lake Park Dr
Morehead, KY 40351
(855) 882-5307

8. Gateway
110 Lake Park Dr
Morehead, KY 40351
(855) 882-5307

9. FIVCO
32 FIVCO Ct
Grayson, KY 41143
(606) 291-1366

10. Buffalo Trace
201 Government St. Ste 300
PO Box 460
Maysville, KY 41056
(606) 564-7084

11. Northern KY
22 Spiral Drive
Florence, KY 41042
(859) 692-2480

12. Bluegrass
699 Perimeter Drive
Lexington, KY 40517
(859) 266-1116

13. KIPDA AAA
11520 Commonwealth Dr.
Louisville, KY 40299
(502) 266-5571

14. Lincoln Trail
613 College Street Rd.
PO Box 604
Elizabethtown, KY 42702
(270) 769-2393

15. Green River
300 GRADD Way
Owensboro, KY 42302
(270) 926-3312

16. Cumberland Valley
342 Old Whitley Rd
PO Box 1740
London, KY 40743
(606) 684-7391

1. Post 1
8366 State Route 45
North Hickory, KY 42051
(270) 856-3721

2. Post 2
1000 Western KY Pkwy
PO Box 1025
Nortonville, KY 42442
(270) 676-3313

3. Post 3
3119 Nashville Rd
Bowling Green, KY 42101
(270) 782-2010

4. Post 4
820 New Glendale Rd
Elizabethtown, KY 42701
(270) 766-5078

5. Post 5
160 Citation Lane
Campsbellsburg, KY 4001
(502) 532-6363

6. Post 6
4265 US Highway 25
Dry Ridge, KY 41035
(859) 428-1212

7. Post 7
699 Eastern Bypass
Richmond, KY 40475
(859) 623-2404

8. Post 8
1595 Flemingsburg Rd
Morehead, KY 40351
(606) 784-4127

9. Post 9
3499 North Mayo Trail
Pikeville, KY 41501
(606) 433-7711

10. Post 10
3319 South US 421
Harlan, KY 40631
(606) 573-3131

11. Post 11
11 State Police Rd.
London, KY 40741
(606) 878-6622

12. Post 12
1250 Louisville Rd
Frankfort, KY 40601
(502) 227-2221

13. Post 13
100 Justice Dr.
Hazard, KY 41701
(606) 435-6069

14. Post 14
5975 State Route US 60
Ashland, KY 41102
(606) 928-6421

15. Post 15
1118 Jamestown St
Columbia, KY 42728
(270) 384-4796

16. Post 16
8298 Knack Dr
Henderson, KY 42420
(270) 826-3312

DAIL—Aging and Disability Resource Center
(877) 925-0037

Post 1

Post 2

Post 3

Post 4

Post 5

Post 6

Post 7

Post 8

Post 9

Post 10

Post 11

Post 12

Post 13

Post 14

Post 15

Post 16

COLLABORATIVE PARTNERS
Department for Behavioral Health, Developmental and Intellectual Disabilities

Mission:
To provide leadership, in partnership with others, to prevent disability, build resilience in individuals and their communities, and facilitate recovery for people whose lives have been affected by mental illness, intellectual disability or other developmental disability, or substance abuse.

Awareness and Prevention of Abuse/Neglect/Exploitation

- Provider trainings on awareness and prevention of abuse/neglect/exploitation (A list of training modules can be accessed by clicking here)
- Human Rights and Behavior Intervention Committee Training (click here)
- Trauma Informed Behavioral Intervention Training (click here)
- New Provider certification requires the following: policies and procedures developed and approved to include sections on safety, human rights and behavior intervention committees; mission and values statements that include promoting dignity and self worth.
- Routine monitoring of providers to ensure that suspected abuse/neglect/exploitation are reported to Adult Protective Services and BHDID. Technical assistance and citations are provided as necessary to ensure compliance.

Year Ahead:
Working on a Statewide Critical Incident Reporting database that would allow cabinet departments to coordinate, track, trend and follow up on incidents of abuse/neglect/exploitation more effectively.

Kentucky Long-Term Care Ombudsman Program (KLTCOP)

Mission:
To improve the lives of all residents by enhancing the quality of life, improving the quality of care, protecting the individual rights and promoting the dignity of each resident that resides in a long-term care facility.

The responsibilities of long-term care ombudsmen include:

- Advocate for and protect the rights of residents;
- Identify, investigate, and work to solve problems/complaints;
- Visit residents to build relationships, community, and monitor care;
- Recruit, train and support volunteers;
- Provide assistance and education to individuals and families in our communities;
- Educate providers of LTC; and
- Monitor government actions affecting residents.

By the Numbers:
- 541 LTC Facilities, Nearly 35,000 residents
- Identified, investigated, and worked to resolve 6,205 complaints
- 121 complaints of abuse/neglect investigated
- 27% of complaints (poor care, injuries, falls, failure to respond to call bells, failure to follow doctor’s orders, pressure ulcers and failure to notice a change in resident’s condition)

Year Ahead:
Many complaints about LTC are related to staffing problems. Short staffing, lack of staff training, and lack of staff supervision are at the root of many care issues. In the year ahead resident advocates would like to see staffing requirements through regulatory and/or legislative changes. Kentucky law only requires a nursing home to have "sufficient" staff to meet the needs of residents. The term “sufficient” is vague and very difficult to measure. A study by the federal government determined that nursing home residents need at least 4.1 hours of care per day. This is the minimum amount of care residents need to prevent common quality of care problems and loss of the ability to do things independently, like eating. Staffing levels in nursing homes should be increased so each resident receives the recommended minimum of 4.1 hours of care every day.
CHFS Office of the Ombudsman

The goal of the Office of the Ombudsman is to improve governmental performance and the quality of service delivery. The office utilizes data analysis and case reviews to inform agencies and the secretary’s office of findings. Based on those findings, collaborative efforts are initiated to review process flow between agencies and the collective outcome to recipients. CHFS, Office of the Ombudsman handles complaints relating to Adult Protective Services by reviewing the casework to determine if policy was followed and works with the Department for Community Based Services (DCBS) to resolve issues when necessary.

### Guardian of the Person:
- Determine and monitor residence
- Consent to and monitor medical treatment
- Consent and monitor non-medical services
- Consent and release of confidential information
- Make end of life decisions
- Maximize independence in least restrictive manner
- Report to the court at least annually

### Guardian of the Estate (Conservator):
- Marshall and protect assets
- Obtain appraisals of property
- Protect property and assets from loss
- Receive income for the estate
- Make appropriate disbursements
- Sell assets, as applicable
- Report to the court on estate status

## Department for Aging and Independent Living: Division of Guardianship

### FY 18/19—Guardianship Clients

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victims of crime</td>
<td>36%</td>
</tr>
<tr>
<td>Intellectual and/or Developmental Disability</td>
<td>47%</td>
</tr>
<tr>
<td>Former foster children</td>
<td>12%</td>
</tr>
<tr>
<td>Medicaid/eligible</td>
<td>92%</td>
</tr>
<tr>
<td>Serious mental illness</td>
<td>38%</td>
</tr>
<tr>
<td>Age 60+</td>
<td>48%</td>
</tr>
<tr>
<td>Criminal history</td>
<td>28%</td>
</tr>
<tr>
<td>Dementia-related diseases</td>
<td>30%</td>
</tr>
</tbody>
</table>

5,271 persons served

### FY 18/19—Services Provided

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility agreements signed</td>
<td>758</td>
</tr>
<tr>
<td>Real and personal properties managed</td>
<td>951</td>
</tr>
<tr>
<td>Inventories completed</td>
<td>1,146</td>
</tr>
<tr>
<td>Medical decisions made</td>
<td>8,604</td>
</tr>
<tr>
<td>Care plan/leam meetings attended</td>
<td>4,019</td>
</tr>
<tr>
<td>Court hearings attended</td>
<td>2,962</td>
</tr>
<tr>
<td>Home visits made</td>
<td>24,525</td>
</tr>
<tr>
<td>Inventory completed</td>
<td>5,784</td>
</tr>
<tr>
<td>Court reports completed</td>
<td>372</td>
</tr>
</tbody>
</table>

$51,223,127 + assets managed

## COLLABORATIVE PARTNERS

### Complaint Review Branch (CRB)
- Processes complaints and inquiries pertaining to the following human service programs: Supplemental Nutrition Assistance Program (SNAP) Benefits, Medical Assistance benefits, Kentucky Transitional Assistance Program benefits, Child Support, Child Protective Services, and Adult Protective Services.
- Investigates complaints regarding program administration and recommends corrective action as necessary.
- Advises clients of rights and responsibilities.
- Assists in negotiating resolutions to problems clients may have with CHFS programs; and
- Advises The Office of the Secretary of identified service delivery problems.

### Institutional Review Board:
- Reviews research proposals involving cabinet clients or employees to protect their safety and rights.

### Performance Enhancement Branch:
- The Quality Assurance Section processes appeals of Child Protective Service findings and caretaker misconduct in APS investigations.
- The Quality Assurance Section also investigates counties regarding Child Protective Services in accordance with House Joint Resolution 17 of the 2008 Regular Session of the Kentucky General Assembly; and
- Makes recommendations for policy and legislative changes to improve service delivery.

**FY 2019**

- APS Inquires: 367
- Misconduct Registry Cases Processed: 372

14
Office of the Attorney General—Office of Senior Protection and Mediation (OSP)

Mission:
To protect and promote the rights of Kentuckians with disabilities through legally based individual and systemic advocacy, and education

Awareness and Prevention of Abuse/Neglect/Exploitation

- OSP carries out its mission by offering a “triage” of services, training and mediation to Senior Kentuckians and collaborating partners.
- The Mediation Branch mediates disputes between consumers of all ages and businesses regarding goods and services in the market place and compiles information on various scams in the Commonwealth.
- Since January 2016, more than $2.5 million in restitution for goods and services have been recovered and returned to consumers.
- Since January 2016, OSP’s advocacy and outreach efforts have reached nearly 23,600 senior Kentuckians, agencies, and families and have visited over 300 locations in 53 counties to date.
- 29,000 Kentuckians have enrolled in Scam Alerts! (Text KYOAG Scam to GOV311 to enroll.)
- Senior Summit - a daylong conference for service providers to address challenges facing Seniors.
- OSP is also a member of the Elder Justice Task Force.

Office of the Attorney General—Medicaid Fraud and Abuse Control Unit (MFCU)

In addition to its responsibility to investigate and prosecute fraud in the Kentucky Medicaid Program, the MFCU is the primary investigative division of the Office of the Attorney General charged with conducting investigations into adult abuse, neglect, and financial exploitation at Medicaid funded facilities and at board and care facilities. The unit has jurisdiction to investigate allegations of abuse, neglect, and financial exploitation of persons receiving care at these types of facilities regardless of whether the victim is a Medicaid patient. The MFCU also has jurisdiction to investigate financial exploitation of residents of these facilities that is conducted outside of the facility, such as by individuals serving as a Power of Attorney. The MFCU employs investigators, attorneys, nurses, auditors, and support staff use a team approach when conducting investigations. In accordance with KRS 209, prosecutors with the MFCU may bring such criminal cases against individuals or corporations upon a request from the applicable county or commonwealth attorney. Otherwise, a county attorney (for misdemeanors) or a commonwealth attorney (for felonies) has the jurisdiction to prosecute criminal cases against the subjects of MFCU abuse, neglect, or financial exploitation cases. MFCU attorneys can also bring criminal or civil actions regarding Medicaid provider fraud concerning fraud that occurs at Medicaid funded facilities. In addition, the MFCU can also bring cases to federal prosecutors for criminal and civil actions by the United States.

The MFCU receives allegations of abuse, neglect, and financial exploitation from various sources. Direct referrals come from patients and family members. Some of these referrals come through the OAG abuse tip line, 877 ABUSE TIP (877-228-7384), which is answered 24 hours a day seven days a week, and online at https://ag.ky.gov/shielding-seniors. The MFCU also receives information directly from law enforcement agencies, service providers, and facilities. Most allegations are received through CHFS. MFCU investigators conduct investigations of allegations and, where applicable, work with other law enforcement agencies in these investigations. In addition to the investigations and prosecutions conducted by members of the MFCU, the MFCU focuses on outreach efforts and training to the community and law enforcement. The MFCU edits the prosecution manual of crimes against the elderly for county and Commonwealth’s Attorneys.
The Office of Inspector General (OIG) is Kentucky’s regulatory agency for licensing all health care facilities and services, including long-term care facilities, child day care centers, child-caring facilities, child-placing agencies, and certificate of need in the Commonwealth. OIG is also responsible for the prevention, detection, and investigation of alleged fraud, abuse, waste, mismanagement, and misconduct by the cabinet’s clients, employees, medical providers, vendors, contractors, and subcontractors. Additionally, OIG conducts special investigations into matters related to the cabinet and its programs, as requested by the cabinet secretary, commissioners, or office heads.

The OIG administers the Kentucky National Background Check Program (NBCP). The NBCP allows voluntarily participating long-term care providers the ability to conduct abuse registry checks, and request fingerprint-supported state, and national criminal records check on prospective employees. This type of comprehensive background check prevents individuals from hiding abusive actions and criminal offenses committed in other states, thereby enhancing efforts to protect elderly and vulnerable adults from possible abuse, neglect, or exploitation.

On November 28, 2017, the new Centers for Medicare and Medicaid Services (CMS) Emergency Preparedness (EP) regulations went into effect for all certified facilities to ensure that facilities have extensive plans in place to protect vulnerable residents during a disaster. In 2018, through the Civil Penalty Fund grant program, Emergency Preparedness 101 was offered to both providers and the state survey agency. In 2019, Emergency Preparedness 201 was completed and Emergency Preparedness 301 sessions began in late 2019.

The OIG, Division of Health Care, is responsible for inspecting, monitoring, licensing, and certifying all health care facilities as defined by KRS 216.510(1). The division also investigates complaints against health care facilities, facility plan review and developing regulations. The division recommends various long-term care facilities for certification to receive Medicaid and Medicare funds through contracts with the Centers for Medicare and Medicaid of the Services of the U.S. Department of Health and Human Services. The branch offices of the division are responsible for conducting onsite visits to health care facilities in the state to determine compliance with applicable licensing regulations and Medicare/Medicaid certification requirements. The branch office staff investigate complaints concerning these facilities.

The OIG, Division of Health Care, has a Complaint Coordinator in each of the four branch offices to receive and review complaints. The Complaint Coordinator notifies the Department of Community Based Services, Adult Protective Services, upon receipt of an allegation of abuse, neglect, or misappropriation of resident property. If a determination is made that immediate jeopardy may be present and ongoing in a Medicare/Medicaid certified long-term care facility, OIG is required to investigate within two working days of receipt of the complaint. Upon conclusion of the investigation, if the subject is found by OIG to have abused or neglected a facility resident or misappropriated resident property, OIG reports the substantiated finding to the nurse aide abuse registry or appropriate professional licensing boards. An individual is placed on the nurse aide registry after their appeal rights have been exhausted. They are also reported to the Kentucky Board of Nursing.

Additional information on how to report a complaint regarding a licensed long-term care facility is posted on the OIG’s website at:

https://chfs.ky.gov/agencies/os/oig/dhc/Pages/default.aspx
The United States Attorney’s Office for the Eastern District of Kentucky, in partnership with the United States Attorney’s Office for the Western District of Kentucky and in coordination with the United States Department of Justice Civil Division, has launched an Elder Justice Task Force to combat neglect, abuse, and financial exploitation of seniors occurring in Kentucky.


As part of this initiative, the office is actively engaged in efforts to:
- Pursue nursing homes and other facilities that provide grossly substandard care to seniors
- Investigate and prosecute financial scams targeting or disproportionately impacting seniors
- Promote greater coordination with state and local partners to combat elder abuse
- Provide training and resources to law enforcement to identify and respond to elder abuse

**COLLABORATIVE PARTNERS**

**Kentucky Protection and Advocacy**

Kentucky Protection and Advocacy (P&A) is a client-directed legal advocacy agency that protects and promotes the rights of Kentuckians with disabilities through information and referral, client representation, group advocacy, and systems change. Federal and state laws direct Kentucky P&A to advocate for and to protect individuals with disabilities from abuse and neglect. P&A receives funding from the Administration on Developmental Disabilities, the Center for Mental Health Services Substance Abuse and Mental Health Services Administration, the Rehabilitation Services Administration, the Health Resources and Services Administration, the Social Security Administration, and the Commonwealth of Kentucky.

P&A provides information, referral, and direct client representation. When P&A cannot offer assistance, referrals are made to the appropriate agency. P&A offers direct client representation on Olmstead issues such as transitioning from nursing homes and personal care homes to the community (through KY Transitions and the Second Amended Settlement Agreement), reconsideration and appeals of Medicaid waivers and services denials, and investigation of abuse and neglect allegations. In cases where there are allegations of abuse and neglect, P&A is granted the authority to investigate the allegations through access to individuals with disabilities, their records, and the locations where they receive services and supports. P&A is also granted the authority to monitor nursing homes, personal care homes, and hospitals.

During 2018, Protection & Advocacy reviewed allegations for approximately 400 individuals living in nursing homes and personal care homes, conducted investigations into the allegations of abuse and neglect, provided information and provided direct representation to approximately 452 elder individuals. P&A conducts abuse and neglect investigations of agencies that receive government funding to provide services to individuals with disabilities. P&A investigations often document system protections that work to prevent and identify abuse and neglect and to identify deficiencies and highlight areas that could be strengthened to protect individuals from abuse and neglect.
Local Coordinating Councils on Elder Abuse

In 1998, Kentucky Legislators responded to the hidden problem of elder maltreatment, by amending KRS to require the creation of Kentucky's Elder Abuse Committee. Shortly after its creation, the Elder Abuse Committee recommended creating the Local Coordinating Councils on Elder Abuse. In 2005, Kentucky legislators again reaffirmed their desire to address elder maltreatment with the passage of House Bill 298. There are currently 24 councils representing 94 counties. The 2019 local council map can be accessed by Clicking Here

Local Coordinating Councils share the following goals:

- Develop and build an effective communitywide system of prevention and intervention that is responsive to the need of victims, perpetrators, family members and formal or informal caretakers.
- Identify and coordinate the roles and services of local agencies that work with elder abused, neglected or exploited victims and to investigate or prosecute elder abuse cases.
- Monitor, evaluate, and promote the quality and effectiveness of services and protection in the community.
- Promote a clear understanding of elder abuse, current laws, elder rights and resources available in the community.
- Serve as a clearinghouse for information on elder issues.

Local Coordinating Councils on Elder Abuse

Barren River
Support of Mental Health and Aging Conference
Support of Hoarding Training
Hosted Bank Teller Training

KY River
Pom Poms for Elder Abuse
Elder Abuse Window Clings
Banners
Elder Abuse Walk
Table Tents for Restaurants

Bluegrass
Annual Elder Prevention Conference
Panelist for Bluegrass Aging Consortium
Coordinated Purple Light display at Univ. of Kentucky

TRACE
Christmas Basket Drive
Annual Health and Wellness Fair (Education on Elder Safety and How to Prevent Elder Abuse)

KIPDA
Elder Abuse Awareness Workshop
(Latest Scams, Opioid Epidemic, Guardianship & POA, New Medicaid Cards)

Madison CEMP
Annual Spring Forum
Annual Bowling Fundraiser
Shop with a Trooper
Hosted Chili Luncheons and Bingo at Local Senior Communities

Cumberland
“Hee Haw Senior Day”
“Senior Santa Tree”
New Council in 2019
Dr. Pamela Teaster from The Center for Gerontology at Virginia Tech and her associates partnered with the Kentucky Department for Community Based Services, Adult Protective Services, to study the correlation between the opioid crisis and the incident rate of abuse, neglect, and exploitation of vulnerable adults over the age of sixty (60). The study focused on Kentucky’s most rural areas in Breathitt, Floyd, Johnson, Knott, Lee, Leslie, Letcher, Magoffin, Martin, Owsley, Perry, Pike and Wolfe counties using APS data from 2015-2017.

Dr. Teaster’s preliminary report suggests older adults are hidden victims of the opioid crises, suffering abuse at the hands of those who seek resources to support their addiction. According to Dr. Teaster, she and her colleagues examined whether substantiated cases of elder abuse were associated with opioid misuse by perpetrators. Preliminary findings suggest overall, 9% of the 462 substantiated cases over the three-year period involved perpetrators who were substance users. The percentage of these cases rose from 5% in 2015 to 13% in 2016 before dropping to 7% of elder abuse cases in 2017. The preliminary report also suggests opioid use was most prevalent among perpetrators of financial abuse of older adults with cognitive and/or physical care needs. Dr. Teaster’s study offers a first look at empirical linkages between opioid misuse and elder abuse and reveals consistencies across cases that call for further investigation.

Types of Substances
- There was no significant difference in the type of substance involved in cases among younger adults or among older adults.

Age
- For both opioid cases and alcohol & other drugs, older adults appeared more often the victims.
  - Alcohol & Other Drugs = 62.50%
  - Opioids = 56%
  - These were trends, and did not reach significance

Gender
- Compared to cases where perpetrators were not abusing substances women were more likely to be victims of perpetrators who used alcohol & other drugs.
- Women were also more likely to be victims when perpetrators used Opioids, but this trend was not significant.

Exploitation
- Victims of perpetrators who use opioids were more likely to be financially exploited, than victims of perpetrators who used alcohol & other drugs or used no substances.
The National Resource Center

<table>
<thead>
<tr>
<th>Organization</th>
<th>Address</th>
<th>Phone Numbers</th>
<th>Website Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACL</td>
<td>330 C Street SW, Washington, DC 20201</td>
<td>(202) 401-4634</td>
<td><a href="https://acl.gov/">https://acl.gov/</a></td>
</tr>
<tr>
<td>NGA</td>
<td>174 Crestview Drive, Bellefonte, PA 16823</td>
<td>(877) 355-2452</td>
<td><a href="https://www.guardianship.org/">https://www.guardianship.org/</a></td>
</tr>
<tr>
<td>NCEA</td>
<td>C/O USC Keck School of Medicine, Alhambra, CA 91803</td>
<td>1-855-500-3537</td>
<td><a href="https://ncea.acl.gov/">https://ncea.acl.gov/</a></td>
</tr>
<tr>
<td>NCOA</td>
<td>251 18th St South, Ste 500, Arlington, VA 22202</td>
<td>(571) 527-3900</td>
<td><a href="https://www.ncoa.org/">https://www.ncoa.org/</a></td>
</tr>
<tr>
<td>Alzheimer’s Association</td>
<td>225 N. Michigan Ave., FL 17, Chicago, IL 60601</td>
<td>800-272-3900</td>
<td><a href="https://www.alz.org/">https://www.alz.org/</a></td>
</tr>
</tbody>
</table>

"Please look in on the elders in your area, they may need help, or just a good visit from you."
- Unknown
Kentucky Elder Abuse Committee

* Moving Forward *

In 2005, House Bill 298 established KRS 209.005, creating the Kentucky Elder Abuse Committee to 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 older adults. Over the course of 2019, the committee reviewed the work that has been ongoing in each of the focus areas defined by KRS 209.005 and identified opportunities for further progress:

1. Recommend a model protocol for the joint multidisciplinary investigation of reports of suspected abuse, neglect, or exploitation of older adults.

**Recommendation:**
- The Committee will continue to research model protocols for joint multidisciplinary investigations and in 2020 will recommend any next steps needed to enhance multidisciplinary investigations.

2. Recommend practices to assure timely reporting of referrals of abuse, neglect, or exploitation required under KRS 209.030(12).

**Recommendation:**
- The Committee will support and provide the Local Coordinating Councils on Elder Abuse the tools and resources to promote awareness on mandatory reporting.
- The Committee will support creation of a tool to aide officers in identifying and reporting abuse, neglect, or exploitation and directing victims to supportive services.

3. Explore the need for a comprehensive statewide resource directory of services for older adults.

**Recommendation:**
- The Committee will continue to support a statewide 211 system.
- The Committee will continue to support the Medicaid Online Resource Directory.

4. Enhance existing public awareness campaigns for elder abuse and neglect.

**Recommendation:**
- The Committee will partner with interested agencies to provide multi-agency support of World Elder Abuse Awareness Day.
- The Committee will also work with the Justice & Public Safety Cabinet to assist in the creation of a communication plan to inform the Administration of the Courts, judges, prosecutors, and other stakeholders about KRS 41.305.

5. Provide forums for the exchange of information to educate the elder population and their families on the rights of elders.

**Recommendation:**
- Expand upon the information provided on the Department for Community-Based Services Elder Abuse Awareness website to include member activities, presentations, and events; offer standardized tools and resources; provide links to member agencies; and create a central calendar for relevant events.

“Elder abuse, including neglect and exploitation, is experienced by 1 out of every 10 people, ages 60 and older, who live at home.”

- Center for Disease Control
“True prevention is not waiting for bad things to happen, it’s preventing things from happening in the first place.”

- Don McPherson