

# **Model Protocol**

for

## **Local Coordinating Councils on Elder Maltreatment**

**Developed by the Prevention, Intervention, and  
Coordination Sub-Committee of the  
Elder Abuse Committee  
2002**

Dedicated to the Elder Abuse Committee members, with special thanks to Deborah Rattle.

This document is based on information from the  
Model Protocol for Local Coordinating Councils on Domestic Violence.

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## Introduction

In 1976 Kentucky enacted the Protection of Adults statute, KRS 209 which mandated reports of persons over age 18 who have a mental and/or physical dysfunction who are being abused, neglected, or exploited to be provided protection by the Cabinet for Health and Family Services. The statute addresses remedying and preventing abuse, neglect, and exploitation and mandates anyone having reasonable cause to suspect abuse, neglect, or exploitation of an adult as defined in statute to report it excluding attorney-client privilege. The statute applies only to those over age 60 who have a mental and/or physical dysfunction. In 1998 KRS 209 was expanded to define General Adult Services to include a person over age 65 who is not mentally or physically dysfunctional but is being abused, neglected or exploited by a family member, household member or caretaker to be eligible for services provided by the Department for Community Based Services when the adult accepts services.

The Cabinet for Health and Family Services, Office of Aging, Long Term Care Ombudsman's program has a federal and state mandate to intercede on behalf of adults in long-term care placements. The Cabinet for Health and Family Services, Office of Inspector General, Division of Long Term Care, has a specified federal and state mandate to investigate violation of regulations in licensed long-term health care facilities.

Three agencies have been designated to provide services to protect adults. Other agencies, such as, Home Health, Senior Centers, Area Agencies on Aging, Mental Health, and Law Enforcement have roles in the provision of services. These agencies have not established a formalized working relationship to prevent, remedy, protect, intervene, and coordinate services for the elder population at risk of or being abused, neglected, or exploited. As a result, the state needs to establish a State Coordinating Council on Elder Maltreatment to facilitate the development of Local Coordinating Councils on Elder Maltreatment.

In 1998 Kentucky recognized the need to enhance services to the victims of abuse, neglect, and exploitation in the elder population, also referred to as elder maltreatment. The Protection of Adults statute, KRS 209, was amended to mandate the creation of an Elder Abuse Committee. One of the major goals of the Elder Abuse Committee is to "address issues of prevention, intervention, 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."(KRS 209.005 (2)) The Legislative Research Commission was also mandated to conduct a statewide study on elder maltreatment. As a result of their work, the Elder Abuse Committee recommended that Local Coordinating Councils on Elder Maltreatment be established to prevent, remedy, intervene, and coordinate services and resources by community partners to victims, perpetrators, families, and informal and formal caretakers.

There is a need to develop a statewide network of services by community partners for prevention, protection, intervention, and coordination of services and resources for elder abuse victims, perpetrators, family members, and caretakers. Each of the community professionals who are currently providing services to elders play key roles in identifying and addressing elder maltreatment. Communication, coordination, and collaboration between community partners are essential to any effort to effectively address elder maltreatment in the community.

Local Coordinating Councils on Elder Maltreatment are the most practical and functional method to bring all of the community partners together to form a coordinated multidisciplinary response to elder maltreatment. While law enforcement officers, social workers, case-managers, in-home care providers, medical professionals, clerks, prosecutors, judges, mental health, senior centers and adult day care providers and probation/parole officers alone cannot prevent or remedy elder maltreatment, it also cannot be prevented or remedied without their active participation. Each of the community partners provides an important service and together they form a comprehensive and coordinated multidisciplinary network of services and protection. It will not matter where a victim of elder maltreatment first seeks help, the same system of services and protection should be in place, and that system should be

well-coordinated to maximize effectiveness and use of limited resources. An essential function of the Local Coordinating Council will be the establishment not only of the Multidisciplinary Team but also the development of Crisis Response Teams.

The duties of the proposed State Coordinating Council on Elder Maltreatment include:

1. Facilitating the development of local coordinating councils on elder maltreatment through the provision of joint training opportunities and technical assistance.
2. Developing and distributing a model protocol for adoption by local coordinating councils on elder maltreatment. The model protocol shall include essential core components to be determined by the Council, which shall be required for inclusion in local protocols to ensure the uniform implementation.
3. Remaining active in an advocacy role at the state level as well as represent and advocate for the local coordinating councils.

### **Model Protocol for Local Coordinating Councils on Elder Maltreatment**

The Model Protocol is designed to assist communities who want to initiate coordinating councils and to provide ideas for further action to local councils. It is provided with the understanding that the resources and needs of each community is different and unique. While all communities should have coordinating councils on elder maltreatment to maximize the resources and effectiveness, organization and approach of the council will vary significantly depending on the community needs.

The Model Protocol offers ideas, guidelines, resources, and tools to facilitate the process of forming and operating a successful coordinating council. It includes some step-by-step guidelines for getting started, developing strategic plans, and evaluating the effectiveness of the council. The roles of professionals, who are essential to the effective functioning of local councils, are outlined to help all council members understand their basic responsibilities. Additionally, suggested goals, as well as strategies for achieving goals, are included to help local councils generate their own plans. Sample forms and documents are provided, which can be easily modified to suit the needs of local communities. For local councils that may need more information, a contact person is listed in the resource section of the protocol.

An important factor in achieving goals of the local coordinating council is the understanding that coordinating and improving a community's response to elder maltreatment is a long-term process that generally is achieved one step at a time. Local councils need to be careful not to become overwhelmed in the initial stages. As with any large project, it is necessary to define goals in smaller action steps and components to allow for initial and continued success. The "Strategies to Achieve Goals" section of the Model Protocol (pages 20-22) suggest ideas for projects. It is essential that coordination occur between local coordinating councils such as the Local Coordinating Council on Domestic Violence and the Child Sexual Abuse Local Councils.

The contents of the Model Protocol are not copyrighted, and Kentucky communities are encouraged to copy and distribute any information.

# Local Councils

## Goals

The Prevention, Intervention, and Coordination Sub-Committee of the Elder Abuse Committee proposes five primary goals for local coordinating councils on elder maltreatment. Local councils are encouraged to use and build on the goals, not to be restrained by the goals. Suggested strategies to achieve each of the goals are presented in the section on Strategic Planning.

**Goal 1:** To develop and facilitate an effective community-wide system of prevention and intervention that is responsive to the need of victims of elder maltreatment (abused, neglected, and/or exploited), perpetrators, family members, and formal or informal caretakers.

**Goal 2:** To identify and coordinate the roles and services of local agencies or offices that provide services to elder abused, neglected, and/or exploited victims; to investigate or prosecute elder maltreatment cases.

**Goal 3:** To monitor, evaluate, and promote the quality and effectiveness of services and protection in the community.

**Goal 4:** To promote a clear understanding of elder maltreatment, current laws, elder rights, and resources available in the community.

**Goal 5:** To serve as a clearinghouse for information on elder issues.

## Getting Started

The structure and focus of Local Coordinating Councils on Elder Maltreatment (hereafter referred to as “local councils”) need to be defined by the community to be served since communities in Kentucky vary greatly by size, population, topography, resources, and accessibility of services. There are three primary considerations in creating a council:

- What geographic areas will the council serve?
- What will the focus of the council be?
- Who needs to serve on the council?

Two or three interested people in a community can take the initial steps to start a council on elder maltreatment. If there are community leaders or elected officials who have expressed interest in improving the community’s response to elder maltreatment, they should be contacted first and included in a small group discussion to determine what geographic area the council should cover, what the focus of the council should be and who else should be invited to participate on the council. This initial discussion is intended to provide the base upon which to begin building the council. Once the council has been established, the whole council can revisit these issues, if needed.

## Geographic Area to Be Served by the Council

The first issue that needs to be decided is what geographic area the council will cover. Geographic areas served by councils can vary greatly by size and population. In less densely populated areas, several counties might join together to form a local council. In more densely populated areas, a council might cover only one county or judicial district.

In determining the area to be served, the primary consideration should be the working relationship of the agencies and professionals involved. In other words, the members of the council should be serving the needs of a common constituency. If the council serves a large region and its members work in disparate jurisdictions, it is unlikely that the participants will be able to coordinate their efforts.

The most commonly used geographic designations for councils are counties or judicial circuits or districts. It is important to strike a balance between including all of the primary players who intervene in elder maltreatment in a given community and limiting the council to participants who can establish effective working relationships and collaborative efforts.

### **Focus of the Council**

The majority of local councils that address elder maltreatment are single-issue councils. Many communities feel that elder maltreatment is such a serious, complex, and pervasive issue that it would be too difficult and distracting to include other issues, such as domestic violence/spouse abuse or child abuse. Other communities have chosen to form coordinating councils that deal with all areas of family violence, rather than focusing only on elder abuse.

While child abuse, partner abuse, and abuse of older persons and individuals with special needs are so closely connected that ideally they should be examined conjointly, to do so can dilute the focus of the council. Generally, when all areas of family violence are included, sub-committees are established to focus on each area, such as child abuse and adult abuse. The committees report back to the larger body, the council, where the issues are integrated in terms of community response.

Some communities already have established councils or task forces dealing with more general issues, such as human services, women's issues or crime. In some of these communities, councils or task forces with a more general focus have created special committees to coordinate their communities' response to elder maltreatment. This approach can be effective; however, it is critical that all of the primary players participate on the committee, and that the issue of elder maltreatment be recognized as a priority by the larger group, rather than one of many issues needing attention.

A community can examine the advantages and disadvantages of each of these approaches to determine the most beneficial model for any given community.

### **Who Should Participate on a Local Council**

Once there has been an initial discussion of the geographic area to be served and the focus of the council, the next step is to identify who should be involved (refer to Local Council Members). Who should be involved will be greatly influenced by the area served and the focus of the council.

However, all councils should include a mixture of policy makers, direct service staff and interested citizens, including victims/survivors. This balance is necessary to ensure that the work of the council is guided by the real needs of elder maltreatment victims and their families.

After potential council members have been identified, they need to be contacted and invited to join the council. Potential members can be invited to join by letter, though they may be more likely to respond affirmatively if they are personally contacted, especially if an influential member of the community contacts them. The involvement of a community leader, such as a mayor, county attorney, judge or county judge executive, can draw attention to the issue of elder maltreatment and give a message to the community and potential members that the council will have the necessary influence and resources to effect change in the community.

If the council is formalized (refer to Section on Organizational Structure) through incorporation or a city/county ordinance, members may be formally appointed to serve on the council. In some communities, this might give extra incentive to people who have not formerly shown much interest in elder maltreatment, but who are important to developing a coordinated community response.

If anyone who is approached declines to participate, the council should proceed without him/her. Once the council becomes visible in the community and demonstrates a cooperative spirit in its efforts, those who were initially reluctant might be a little more enthused about participating.

## **Local Council Members**

Elder maltreatment often is a serious crime that requires the intervention of a variety of disciplines to ensure victim safety and perpetrator accountability. To serve as the educational and functional connection between the various disciplines involved, local councils should be composed of representatives of all of the primary agencies that intervene in elder maltreatment. Interested citizens, including victims and survivors of elder maltreatment, should also be invited to participate on local councils. Each member brings a unique perspective that contributes to the combined strength of the council. The diversity of membership, and the level of participation of the members, will in great part determine the success of the council in eliminating elder maltreatment.

The “suggested core members” listed below play a key role in every community’s efforts to address elder maltreatment, and therefore, are considered crucial to the effective functioning of local councils. The participation of professionals and individuals identified as “other suggested members” may vary from community to community, but they can also greatly enhance the performance of local councils and their ability to develop policies and programs that respond to the needs of elder maltreatment victims and their families.

### **Core Members**

- County Attorney
- Commonwealth Attorney
- District Judge
- Circuit Judge
- Law Enforcement
- City, County, or Kentucky State Police
- Sheriff
- Area Agency on Aging
- Probation/Parole Officer
- CHFS Department for Community Based Services, Adult Protection
- Victim Advocate
- Circuit Clerk
- Victim/Survivor
- Former Rehabilitated Perpetrator
- Community Mental Health Professional
- Victim Counselor
- Health Care Provider (physician, nurse)



### **Other Team Members**

- FBI
- Pretrial Officer
- Jailer
- Coroner
- Representative of Business or Corporate Community
- Legal Services Representative
- Local Government Official (e.g. Mayor, City Council, Magistrate, County Judge Executive)
- Bar Association Representative
- Religious Leader/Clergy
- Private Mental Health Practitioner
- Researcher
- United Way Representative
- Homeless Center Representative
- Home Health Agency Representative
- Media
- Public Housing Authority Representative

### **Roles of Local Council Members**

The sections below identify the individualized role of each local council member. They are categorized by professionals and individuals considered “core” team members, and those professionals and individuals whose participation may not be required, but would enhance the local council’s operation. First, several key responsibilities are identified which are common to all team members.

#### **Responsibilities Common to All Council Members**

- Keep as the top priority – *the safety of victims and their families*;
- Respect the confidentiality of all victims;
- Stay well-trained and informed on elder maltreatment and other related issues;
- Cross-train and share information with other council members;
- Attend council meetings and actively participate in council activities;
- Participate on committees of the council, or identify appropriate agency personnel to serve on committees;
- Be willing to share statistical information collected by your agency;
- Identify trends in the community in elder maltreatment, victimization, and crime;
- Work and communicate in an open, cooperative, and respectful manner with other council members;
- Be willing to honestly identify problems in the current system and build consensus in designing solutions;
- Understand that all council members represent a discipline or a constituency rather than themselves – each member has a role;
- Participate in community awareness forums to whatever extent possible;
- As citizens of the Commonwealth of Kentucky, report all incidents of elder maltreatment to the Kentucky Department for Community Based Services or a law enforcement agency (KRS 209.030). Members of the local council, particularly those who work directly with victims/survivors or have personally experienced elder maltreatment, may assist the council by providing:
  - Insight into the nature, dynamics and effects of elder maltreatment on victims and families;
  - Insight into the varied needs of elder maltreatment victims;
  - Impact of elder maltreatment on the victims, families, and the community;

- ❑ Information regarding the quality, availability, and accessibility of resources, services, and protections for victims and families;
- ❑ Identifications of barriers to effective intervention in elder maltreatment crime specific to the community, including problems, gaps, and duplications in the network of services and protections for victims and their families;
- ❑ Information regarding the court processes and court practice in any given community; and
- ❑ Leadership in identifying the training needs of all personnel who work with elder maltreatment.

## **Roles of Core Council Members**

Local coordinating councils are as diverse as the communities they serve. Some councils serve one county or jurisdiction, while others cover larger geographic regions. There is no detailed model of what a council should look like, however, several representatives are considered essential as core members of a council. These representatives should be recruited by council organizers to actively participate in the earliest stages of development of the council. They include: law enforcement officers, the Kentucky Department for Community Based Services, prosecuting attorneys, victim advocates, judges, court clerks, probation/parole officers, victims/survivors, health care providers, mental health professionals, crisis centers, and senior service providers.

### **Law Enforcement Officers**

*Basic protective service responsibilities include:*

Law enforcement agencies and, 24-hour emergency and protection services providers.

The primary law enforcement agency within a particular area is dependent upon the jurisdiction. *It is recommended that all law enforcement agencies be required to have written policies and procedures related to proper agency response to elder maltreatment crime.*

Law enforcement plays a critical role in the coordinated community response to elder maltreatment crime. Goals of law enforcement intervention include:

- Stopping the violence;
- Reducing the incidence and severity of elder abuse, including homicide;
- Enhancing victim and public safety; and
- Holding perpetrators accountable for elder maltreatment.

Law enforcement duties and responsibilities in elder maltreatment situations may include:

- Responding promptly to the elder maltreatment calls;
- Checking Law Information Network of Kentucky (LINK) and/or the National Crime Information Center (NCIC) for outstanding warrants and existence/status of active/historical protective orders, including foreign protective orders, and responding appropriately;
- Establishing control and identifying the parties involved;
- Assessing the situation for risks to all parties;
- Attending to the emergency medical needs of those involved, when indicated;
- Attending to individuals at the scene;
- Interviewing the parties/witnesses separately;
- Arresting a perpetrator if the elements of a crime are present, including violation of a protective order or violations of conditions of release;
- Assisting the victim in securing medical attention, including arranging for transportation of the victim to the nearest medical facility;

- Using all reasonable means necessary to prevent further harm to a victim, including remaining at the scene as long as indicated to protect a victim;
- Informing a victim of his/her rights, including providing information on legal remedies for protection, community services, and safety planning;
- Providing victims and other interested parties with information about registration with the Victim Information Network Everyday (VINE), statewide victim notification system, to be notified of an offender's release from jail;
- Assisting a victim to secure legal protection (warrant, protective order);
- Reporting all actual and suspected incidents of domestic violence, including adult and child maltreatment, to the Cabinet for Health and Family Services, Department for Community Based Services, within 48 hours, using the JC-3 Standard Report form;
- Seizing any weapons used in the incident;
- Collecting and recording evidence of the crime, including photographs of the victim, perpetrator, and all relevant evidence, to support the arrest and enhance prosecution;
- Arranging for follow-up photographs of the victim;
- Adhering to departmental policy for packaging, marking, documentation, and paperwork in gathering evidence;
- Completing proper documentation of the incident via departmental policy and procedures; and,
- One or more officers may participate on a multidisciplinary case review team, if one has been established in the community.

### **Kentucky Department for Community Based Services**

The Cabinet for Health and Family Services, Department for Community Based Services (DCBS) provides protective services to adults alleged to be victims of abuse, neglect, exploitation, or partner abuse. There is a DCBS office in each of the 120 counties, with Social Service Workers who conduct investigations of Child and Adult Protective Services reports.

Kentucky law mandates reporting to DCBS by any person who knows or suspects that an adult is abused, neglected, or exploited (KRS 209). An adult is defined as "a person 18 years of age or older, who because of mental or physical dysfunction, is unable to manage his own resources, carry out the activities of daily living, or protect himself from neglect, hazardous or abusive situations without assistance from others and may be in need of protective services; or a married person without regard to age or who is the victim of abuse or neglect inflicted by a spouse". (KRS 209.020) Kentucky statute, KRS 403, also mandates law enforcement to report to DCBS any known or suspected incidents of adult abuse.

DCBS has the authority and the obligation to assure that reports meet the statutory definitions of abuse, neglect, or exploitation, per KRS 209, before a protection investigation is initiated. In those cases where the referral does not clearly identify maltreatment but indicates service needs, the Department may provide General Adult Services or refer the individual or family to an appropriate community agency.

The name of the person making a report is confidential except as designated in KRS 209. In rare instances the court has ordered the name of the person making the report to be released. All information gathered in the course of a DCBS protective service investigation is protected by statute. However, the law does allow some information to be shared with selected persons who have a legitimate interest in the case (e.g. law enforcement, health and mental health care providers, and social services personnel) or the records are accessed through the Open Records process. Persons reporting in good faith to DCBS are immune from civil or criminal liability.

Upon receipt of a report of adult abuse, neglect, or exploitation, DCBS shall take the following action as required by statute or policy:

- Notify the appropriate law enforcement agency, unless the law enforcement agency was the original reporting source;
- Initiate an investigation of the complaint;
- Conduct a joint investigation, depending on the nature of the report, with local law enforcement, Office of Aging, Long Term Care Ombudsman, Office of the Inspector General, the Division of Long Term Care, or the Attorney General's Office, per agreement;
- Make a written report of the initial findings together with recommendations for further action, if indicated; and,
- Provide assessment, referral and protective services when accepted or court ordered.

*Basic DCBS protection responsibilities include:*

- Responding properly to reports of alleged maltreatment of adults and children and determining the validity of the report;
- Assessing the nature and extent of maltreatment to the alleged victim;
- Evaluating the risk of further injury to the alleged victim;
- Determining and identifying the problems that may have contributed to, or resulted in, maltreatment;
- Offering and providing the protection and advocacy services of DCBS, if the adult victim requests or accepts services or if a need for services is indicated (\*);
- Making a written report of the initial findings together with a recommendation for further action, if indicated;
- Evaluating the potential for treatment and/or other services to rehabilitate or correct abusive or neglectful conditions;
- Planning a course of services and/or treatment (if indicated) calculated to protect, stabilize, and rehabilitate;
- Initiating, monitoring, and evaluating the plan; and
- Invoking the authority of the court where indicated or requested.

***\*Adult protective services are voluntary. This means the adult may accept or refuse services offered by DCBS, except in life-threatening situations where the adult lacks the capacity to consent and refuses to consent to services, in a state of abuse or neglect, and when an emergency exists. In these cases, a DCBS representative may petition the court for an order for involuntary adult emergency protective services.***

The findings of an adult protective service report reflect a Social Service Worker's judgment and do not constitute a legal or judicial determination. Protection and support services may be provided directly by DCBS or through appropriate referrals to the court system and community service agencies.

DCBS workers may also assist victims with safety planning or an action plan and serve as advocates for clients. If the community has established an elder maltreatment multidisciplinary case review team, DCBS workers may participate.

## **Prosecuting Attorneys**

### *Commonwealth Attorney*

The Office of the Commonwealth's Attorney prosecutes all felony crimes (those offenses which carry a penalty of one year or more) committed by persons 18 years of age or older, which occur in the judicial circuit of the prosecutor. In some specific incidents, the Commonwealth's Attorney may also prosecute juveniles charged with felony offenses. The Commonwealth's Attorney is responsible for presenting evidence of such violations to the grand jury.

### *County Attorney*

The County Attorney prosecutes all misdemeanor crimes, crimes committed by juveniles, and crimes involving child and adult abuse, neglect, exploitation, and child dependency. The County Attorney also conducts preliminary hearings in felony cases.

#### *Prosecuting Attorney's basic responsibilities include:*

- Ensuring victim safety and offender accountability;
- Providing victims and other interested parties with information about registration with the VINE system to be notified of an offender's release from jail or prison;
- Promptly notifying victims and witnesses who are required to appear at any court hearings and any scheduling changes that affect their appearance;
- Promptly notifying victims of a judicial proceeding relating to their case, such as the:
  - Defendant's release on bond,
  - Charges against the defendant,
  - Defendant's pleading to the charges,
  - Date set for the trial,
  - Changes in custody of the defendant,
  - Changes in trial dates,
  - Verdict,
  - Victim's right to make an impact statement,
  - Date of sentencing,
  - Victim's right to receive notice of any parole board hearing held for the defendant,
  - Office of the Attorney General will notify the victim if an appeal of the conviction is pursued by the defendant;
- Providing victims with information on how they may be protected from intimidation, harassment, and retaliation as defined in KRS 524.040, 524.045, or 524.055;
- In addition to the key responsibilities common to all council members, prosecuting attorneys as members of the local council may provide:
  - Leadership in the community effort to establish a coordinated and comprehensive system to respond to victims and families experiencing violence; and
  - Leadership in identifying the training needs of court personnel and coordinating joint training opportunities and technical assistance to local council members.

### **Victim Advocates**

#### *Victim Advocates' basic responsibilities include:*

Victim advocates provide support and assistance to victims of elder maltreatment and their families, particularly through the court process. Victim advocates are located in a limited but growing number of prosecutor's offices in Kentucky. In some communities, local victim service providers, such as the regional spouse abuse center, the regional mental health board, or the local Department for Community Based Services, serve in this role.

Services offered by victim advocates include:

- Crisis intervention/counseling;
- Providing information to victims about protective orders and legal remedies, victim rights, and services available;
- Serving as a liaison between the prosecutor, law enforcement, and victims (e.g. assist with collecting photos and other evidence; contacting witnesses; establishing the chronology of events; and coordinating meetings with victims, prosecutors, and law enforcement);
- Assessing the needs of victims and providing appropriate referrals to community resources and victim service agencies;

- Providing courtroom orientation;
- Accompanying victims during court proceedings to provide moral and emotional support;
- Providing for victim participation in decisions affecting his/her case during the court process, including decisions about plea bargaining, diversion, and sentencing;
- Assisting victims in obtaining financial restitution (e.g. through the Crime Victims Compensation Board, court-ordered restitution);
- Assisting victims who choose to complete impact statements to be considered by the trial court prior to any decision on sentencing;
- Providing victims and other interested parties with information about registration with the VINE system to be notified of an offender's release from jail or prison;
- Providing relevant case information to victims, including, as appropriate, court dates, court process, case status, and confirmation of service of subpoenas and protective orders;
- Notifying victims of parole eligibility and providing victim impact statements to be presented to the Parole Board;
- Assisting victims with development of a safety plan, and addressing safety issues through use of community resources (e.g. safe shelters, cellular phone, and lock replacement programs);
- Providing victims with information about the complaint process, if they think they have received inadequate assistance or unfair treatment in the criminal justice system; and
- Participating on local multi-disciplinary case review teams related to elder maltreatment.

## **Judges**

*A judge may properly lend the prestige of the judge's office to advance the public interest in the administration of justice.*

Judges are in the unique position to take a lead in implementing local coordinating councils by involving the entire community in the goals of preventing elder maltreatment, protecting victims, and holding offenders accountable. Judges have the ability to convene the criminal justice and advocacy communities and ensure that all members of the justice system are represented. The leadership role in this respect is consistent with the Kentucky Code of Judicial Conduct that describes the judge as a highly visible symbol of justice under the rule of law.

Judges have a unique perspective on the ways in which a court operates. They control the court structure, including how parties access judicial intervention. Changes within the court system need both judicial understanding and input. In addition, judges play a major role in deterring and controlling elder maltreatment. The courts are society's means of holding people accountable for criminal behavior while providing protective orders for victims. (Kentucky Code of Judicial Conduct, Canon 2, 1997)

It is important to have judges serve on the council who represent all parts of the court system in the specific jurisdictions which work with elder maltreatment, including family, criminal and civil. Not only will judicial participation facilitate a better understanding of how the system works and what is needed to improve its operation; it will increase the judge's understanding of elder maltreatment.

The role of a judge on a local coordinating council includes attention to matters concerning the law, the legal system, and the administration of justice in elder maltreatment cases. They may:

- Convene leaders from the justice system;
- Assist the community in establishing an organizational structure for the council with goals, regular meetings, committees, and specific projects relating to the courts;
- Locate best practice standards for courts in elder maltreatment cases from around the country and implement appropriate changes at the local and state levels;
- Change local procedures to accommodate the specific dynamics of elder maltreatment proceedings;

- Attend and participate in local, state-level, and national elder maltreatment training;
- Participate in public awareness forums and prevention efforts;
- Establish and distribute court protocols on the handling of elder maltreatment cases. This should include both criminal cases and the issuance and enforcement of civil protective orders on a 24-hour basis within the jurisdiction of the circuit and district court; and
- Use available resources for consultation on protocols or court practice, including the National Council of Juvenile and Family Court Judges, the Family Violence Prevention Fund, the Administrative Office of the Courts, the Governor's Council on Domestic Violence, the Attorney General's Office, the Kentucky Domestic Violence Association, and similar groups.

Once the council is established, judges must remain committed to the long-range improvement in the status of victim safety by providing energy and commitment to the entire council's projects. The participation of judges in a coordinated long-term community effort is essential.

### **Circuit Clerks**

*Basic responsibilities related to elder maltreatment include:*

- Providing information to the alleged victim about the specific types of protective orders she/he may request;
- Assisting the alleged victim in preparation of the petition;
- Immediately processing the petition and preparing the Emergency Protective Order (EPO);
- Accompanying the petitioner to the judge for issuance of an EPO;
- Distributing the petition/EPO to the agency serving the EPO and to the agency entering the date into LINK, DCBS, and the petitioner;
- Providing the petitioner with information on local resources and services, including telephone numbers for the local abuse shelter, DSS, or other victim advocates;
- Providing the petitioner with information about upcoming court appearances and court process;
- Providing the petitioner with an entered and certified copy of Domestic Violence Order (DVO) and information on foreign protective orders (other states protective orders);
- Answering questions of the petitioner in regards to the motion to amend prior DVO or Show Cause Affidavit.

Note: Other officials may be authorized by a judge to provide and verify petitions after regular business hours, pursuant to KRS 403.730 (2).

### **Probation/Parole Officers**

The primary function of the Division of Probation and Parole is to protect the citizens of the Commonwealth through the delivery of appropriate probation and parole services. Crime victim assistance is an integral part of these services.

*The basic responsibilities of probation and parole include:*

- Supervising and monitoring conditions of supervision for offenders who have been released on probation or parole;
- Providing investigative services for the court and the Parole Board, including pre-sentence investigation reports to the court that include information concerning the crime, the offender's personal and criminal history, victim information, and risk assessment at the time an offender is placed on probation or parole;
- Monitoring restitution payments;

- Providing the victim with information on community resources and victim services agencies, and registering with the VINE system, upon request.
- In addition, probation/parole officers may provide local councils with information about the availability of treatment for offenders (e.g. substance abuse treatment, elder maltreatment offenders' treatment, and sex offenders treatment).

### **Victims/Survivors**

Victims/Survivors of elder maltreatment bring a unique and critical perspective to local councils, an understanding of elder maltreatment born out of experience. Victims/Survivors are critical to a council's understanding of how system strengths and weaknesses affect victims of elder maltreatment, and to a council's ability to formulate realistic solutions. It is important for victims/survivors who serve on a council to understand that they represent a constituency even when they are not part of an agency.

### **Health Care Providers**

Health care providers may include physicians licensed pursuant to KRS 311.550, nurses licensed pursuant to KRS 314.011, and other health care providers licensed within Kentucky statute.

*Basic responsibilities of health care providers related to elder maltreatment include:*

- Universal screening of patients for the identification of elder maltreatment;
- Diagnosing and treating injuries incurred through elder maltreatment;
- Reporting known or suspected incidents of elder maltreatment;
- Providing proper medical record documentation and collecting/preserving physical evidence for potential use in the delivery of protective services and in legal proceedings;
- Providing information and referral services to remedy the abuse; and
- Providing expert testimony for the court.

Health care providers as members of the local council may provide:

- Leadership in the development of medical resources for victims of elder maltreatment in the community; and
- Consultation and training on elder maltreatment to other council members and members of the medical community.

### **Mental Health Professionals**

Local council membership may include private and public mental health professionals who provide victim counseling. Mental health professionals may include psychologists licensed or certified pursuant to KRS 319; social workers, marriage and family therapists, and professional counselors who are licensed or certified pursuant to KRS 335; physicians or psychiatrists licensed pursuant to KRS 311; psychiatric nurses licensed pursuant to KRS 314; art therapists certified pursuant to KRS 309; or other professionals with graduate degrees in counseling or related fields.

*Basic responsibilities of mental health professionals related to elder maltreatment cases include:*

- Maintaining confidentiality except as provided by law (KRS 209.030, KRS 202A.400, KRS 422A.0506-0507 or KRE 506, KRE 507);
- Providing specific support and help to the prosecutor (or the prosecutor's victim advocate) in preparing elder maltreatment victims for court-related meetings or proceedings;



- Providing psychological or psychosocial assessments of the mental health needs of victims, non-offending family members, or alleged perpetrators;
- Providing crisis intervention services to assist with the emotional crises of the victims or family, particularly in instances of apparent suicide/homicide risk;
- Providing ongoing therapeutic intervention to victims and families during and subsequent to the investigation and prosecution process;
- Providing specialized consultation to professionals involved in service provision with a goal toward providing insight into the impact of the victimization on the family members and interpreting behaviors within the context of trauma response; and
- Providing court-ordered evaluations on elder maltreatment offenders.

Mental Health Professionals as members of the local council may provide:

- Assistance to other council members in assessing adult mental health issues that impact the safety and welfare of victims and families; and
- Leadership in the development of appropriate mental health counseling and treatment resources in the community.

# Organizational Structure

## Structure

The organizational structure of local councils on abused, neglected, and exploited elders may be formal or informal. Formalized local councils are governed by bylaws that define the mission and goals, membership, committees, leadership, staff support, and operating procedures of the council. Some communities find this approach helpful in generating interest in, and support for, their local council. Local councils that are not formalized generally establish their organizational structure and operating procedures through consensus or democratic process. In communities where councils are composed of very few members, there may be little advantage to establishing a formal structure.

A council that is informally initiated may decide to adopt a formal structure later, which can allow time for the group to coalesce and establish some common goals. The decision for a local council to function formally or informally is based upon many variables, including the resources and inclinations of those involved.

Bylaws are important when a council wishes to raise money as a tax-deductible charity. The council can incorporate and apply for tax exempt status (501(c)(3)), or achieve tax exempt status as a government entity created by a city/county ordinance. In either case, bylaws are required. Sample articles of incorporation and bylaws and a sample ordinance Model Protocol for Local Coordinating Councils on Domestic Violence may be accessed at the Governor's Office Website, <http://gov.state.ky.us/domviol/protocol.pdf> .

## Leadership

A strong, knowledgeable chairperson is an important component for an effective council. In selecting or appointing a chairperson, the following characteristics are to be considered: ability to get people involved; relationship with the community and agencies involved; knowledge of elder abuse, neglect, and exploitation; and facilitation skills. Additionally, the chairperson should have a working knowledge of existing community needs and resources.

Generally, when a council is formalized, one person is selected to serve as chairperson or two people to serve as co-chairs for a designated period of time. Having co-chairs can be beneficial when an individual is unwilling to assume full responsibility for leadership. Further, the strengths of two people may enhance the importance and prominence of the council. If the decision to elect/appoint co-chairs is made, it is important to choose people who will work well together, compliment each other, and are in agreement with the goals and objectives.

Local councils are often chaired by an elected official, such as a prosecutor, county judge executive, or judge, a representative from an advocacy committee, the Department for Community Based Services, Legal Services or the Community Mental Health Center, and/or a prominent member of the community. Many communities find that when an advocate and criminal justice system representative jointly provide leadership, the council has the advantage of both perspectives. Local councils that are less formal may even choose to rotate the responsibility of leadership.

It is critical that local council leaders allow council members to participate in setting agendas and determining council priorities. If local council leaders misuse their position to legitimize their own positions and further their own agendas, other council members will quickly lose interest, or worse, councils will develop policies and programs that are counterproductive to the goal of ending elder abuse, neglect, and exploitation.

Other offices of the council may be elected by the council or appointed by the governing body. Again, the council needs to consider the diversity of perspective and community representation in selecting officers.

## **Staffing**

The governing body with which the council is affiliated often provides staff support. Some councils have a part-time paid position dedicated to the council, and some have simply included council staffing duties in the job description of associated positions. Given the importance of an elder abuse, neglect, and exploitation council, all efforts should be made to provide financial support for employing an individual who devotes the necessary time and energy required. This will be preferable in councils representing large geographic areas. No matter how a council chooses to approach the issue of staffing, someone needs to be designated to perform staff work between meetings, including sending out notices and meeting minutes.

## **Committees**

If the local council consists of a large number of members and has multiple functions, sub-committees may be created to take primary responsibility for specific issues. Sub-committees may meet between council meetings, and report to the council at its regular meetings. Examples include: criminal justice, mental health, housing and support services, public awareness, research, fundraising, membership, and legislative. Councils may develop sub-committees that function as case review teams, such as elder abuse, neglect, and exploitation multidisciplinary case review teams and fatality review teams.

Depending on community need, professional, and fiscal resource availability, a council may choose to establish a multidisciplinary geriatric crisis response and intervention team. Sample guidelines for these specialized committees are found in the Appendix, Multidisciplinary Geriatric Crisis Response and Intervention Team (MGCRIT) and Multidisciplinary Team (MDT) Approach for Elder Maltreatment.

Local councils also generally have executive committees composed of the council officers.

Each council may have standing subcommittees in the following areas:

1. Legislative
2. Public Awareness
3. Fund Raising; and,
4. Fatality Reviews

Standing subcommittees are ongoing subcommittees that generally work with long-term issues. Ad hoc committees may be formed to address short-term issues on an as needed basis. While committees may greatly increase the productivity of councils, it is important not to divide the council into groups that are too small to maintain their momentum.

## **Meetings**

### **Timing and Frequency**

The timing of meetings is crucial to achieving full attendance. Once the council has had an initial meeting, members should be polled to determine what time of day most members would be able to attend meetings. Some councils meet during the lunch hour, allowing members to brown bag their lunches, since many people are free during that time; others meet close to the end of the workday (e.g. 4:00 p.m.)

A common meeting frequency for councils is one meeting per month. However, the frequency of meetings should depend on the structure of the council and the needs of the community. Initially, a council may need to meet more often to build momentum and initiate action. If the council has formed committees, there should be time allowed for committee meetings in between regular council meetings. It is helpful for local councils to establish a regular meeting time (e.g. the third Thursday of every month at noon) so those members know to reserve that time.

### **Facilitating**

When people have taken time from their busy schedule to attend local council meetings, it is important that they feel their time is well spent. The manner in which the meetings are facilitated will, in part, determine the effectiveness of the council and the willingness of people to participate. Focused, well-run meetings are critical because:

- There is a forum for policy-makers, citizens, and field staff to interact.
- Ideas can bubble up from the bottom, where the rubber meets the road.
- Many people can communicate in a relatively short period of time.
- If you don't run effective meetings, no one will come.

## **Sample Projects**

### **Interagency Cross Training**

Interagency cross training can greatly enhance a community's response to elder abuse, neglect, and exploitation. Cross training is conducted to help agency professionals learn more about the services and resources of other community agencies, and to provide agencies with an outside professional's perspective on the services they offer. Agencies cross train by allowing one or more staff members to spend substantial amounts of time in agencies other than their own, and inviting staff from other agencies to reciprocate. After learning about what services are available and how they are delivered to clients, each professional provides feedback to the host agency about what they observed.

Cross training can be initiated by a local council and initiated in a number of ways from placing one agency's staff person in another agency for a specified time to having a professional in one field spend several hours or days training specific personnel in an ancillary field.

### **Multidisciplinary Case Review Team**

Multidisciplinary teams are an excellent way to use the combined knowledge and expertise of a variety of disciplines to benefit victims of elder abuse, neglect, or exploitation. Teams are composed of representatives from the key agencies and offices involved in elder maltreatment in a community. Through regularly scheduled meetings, the team can review individual cases to identify factors relevant to appropriate intervention and disposition of the case. Factors such as safety, cognitive and functional

status, appropriate housing, supportive and medical services, as well as legal issues, can be discussed and consensus attained. Additionally, the chair should be well-versed on existing community resources and needs. Interaction with the multidisciplinary team also allows adult protective services workers the opportunity for reciprocal learning.

Teams should meet on a regularly established and agreed upon schedule. However, whether the meetings are weekly, bi-weekly, or monthly, the decision should be based upon the needs of the local community. To keep team members apprised of cases reviewed, scheduled follow-up meetings (to learn of dispositions) can be arranged. This allows team members the opportunity of knowing how their suggestions and expertise were used.

### **Multidisciplinary Geriatric Crisis Response and Intervention Team (MGCRIT)**

Multidisciplinary geriatric crisis response and intervention teams bring together experts from the fields of aging, mental health, law enforcement, social services, advocacy, and physical health to provide comprehensive assessment, consultation, and development of a plan of action on behalf of elders who present complex, multifaceted problems. Due to the many and varied needs of an elder in crisis, input from experts in the field of allied health services, domestic and substance abuse, housing, et al., may also participate, if appropriate. Three important domains of an older person's life are the social, functional status, and physical health milieus. This approach also promotes coordination/cooperation between agencies and disciplines and enables those involved the chance to enhance their respective abilities through working/learning together.

The primary difference between Multidisciplinary Geriatric Crisis and Response Team and the Multidisciplinary Case Review Team is that the former serves as the first line of **face-to-face** intervention when a case is identified and, the response is **rapid**. Each team serves a distinct function; however, the teams compliment each another.

### **Fatality Review Teams**

The purpose of an elder maltreatment fatality review team is to prevent future injuries and deaths by analyzing and refining the community's response to elder abuse and neglect. (See Section on Fatality Review Teams)

### **Public Awareness Efforts**

Promoting awareness and educating the community about elder abuse, neglect, and exploitation is an important task for councils. Councils should examine what public awareness is currently taking place and where new efforts should be directed. Public awareness campaigns are likely to increase the number of victims accessing services, so the community should be prepared to accommodate new requests.

### **Caregivers Issues Team**

A majority of elder abuse, neglect, and exploitation cases involve a caregiver as the perpetrator. Frequently, the caregiver is a relative with virtually no training or insights into the care and needs of an older person with cognitive and functional declines. Oftentimes, the caregiver is left alone to provide support and care, is isolated, and is unaware of support networks that may exist. Unfortunately, in many communities, support for the caregiver is non-existent. The caregivers issues team would address the needs of caregivers and with their active support, lobby the appropriate parties to assist in meeting those needs.

## **Candidate Forums**

Candidates' forums can be a good way for councils to determine the knowledge and commitment of candidates for elected office to the issue of elder abuse, neglect, and exploitation. In addition, forums can demonstrate public interest in elder abuse, neglect, and exploitation to the candidates and provide visibility for councils. Forums give candidates and the public a chance to get to know the council, its goals, and the agencies/organizations involved. By sponsoring a forum, the council will have initiated a relationship and, hopefully, some credibility with the individual who ultimately wins the election.

## **Special Projects**

Based on their organizational structure and community needs, councils may choose to adopt special projects. Projects could include responding to requests for proposals (grant opportunities); linking with a college/university for research purposes; fund-raising activities to fund and expand community awareness of elder abuse, neglect, and exploitation; and collaborating with local law enforcement agencies to develop a TRIAD or a gatekeeper project. Engaging in such endeavors not only reinforces the council's image of commitment to ending elder abuse, neglect, and exploitation, it also relays the message to politicians and potential funders that council members are willing to go beyond meetings and discussion to reach their goals.

**Model Ordinance**  
**Local Maltreatment Coordinating Council**

NOTE: This sample ordinance was developed by the Elder Abuse Committee solely for use as a model to aid local councils in drafting their own ordinance. Local councils will wish to modify this model to suit their own particular needs. In order to be valid, all government ordinances must conform to the local municipal charter. Before the elder maltreatment council ordinance is enacted, either local council members or a member of the local government agency must ensure that the ordinance conforms to the charter.

**ARTICLE 1**

There is hereby created the \_\_\_\_\_ Elder Maltreatment Coordinating Council (hereinafter “the Council”), whose general purposes shall be to:

- (A) develop and facilitate an effective community-wide system of prevention and intervention that is responsive to the needs of elder maltreatment victims;
- (B) identify and coordinate the roles and services of local agencies or offices that provide services to elder maltreatment victims or investigate or prosecute elder maltreatment cases;
- (C) monitor, evaluate, and promote the quality and effectiveness of services and protection in the community;
- (D) promote a clear understanding of elder maltreatment, current laws, and resources available in the community; and,
- (E) serve as a clearinghouse for information on elder maltreatment issues.

**ARTICLE 2**

The Council shall consist of \_\_\_\_\_ appointed members and \_\_\_\_\_ ex-officio members. The appointed members shall be appointed by the [local government executive officer], subject to confirmation by a majority of the [local government members].

- (A) The appointed members of the Council shall be selected because of their demonstrated knowledge of elder maltreatment. These members shall be representative to the extent practicable of all the following categories: victim/survivors of elder maltreatment, legal community, victim advocates, medical community, mental health community, professional providers of elder maltreatment services, and volunteers in elder maltreatment services, especially preventive services. Appointed members shall serve a term of \_\_\_\_\_ years from the date of appointment. Vacancies shall be filled for an unexpired term in the manner prescribed for the original appointment.
- (B) The ex-officio members shall consist of the chief of police, the county attorney, the district judge, the circuit judge, the county sheriff, the Commonwealth’s attorney, the local office supervisor of Kentucky Department of Community Based Services, the chief officer or director of local social services agencies, rape crisis centers, and spouse abuse centers. The ex-officio members may select a designee authorized to represent them on the council.
- (C) Both the appointed members and the ex-officio members or their designees shall be voting members of the Council.
- (D) Council members shall receive no compensation for their services.

**ARTICLE 3**

The Council shall, as permitted by law, have the following duties:

- (A) Apply for, receive, and disburse funds and contract with any state, federal, public, or private organization, as well as solicit and receive contributions and donations from individuals and groups for the purpose of carrying out the Council’s duties as set forth herein;
- (B) Deposit any funds received into a trust account for disbursement to eligible agencies and organizations;

- (C) Review, endorse and disburse funds to local private, non-profit, or public agencies as may apply to the Council for funding of elder maltreatment prevention programs, provided that applicant agencies meet the criteria established by the Council pursuant to relevant state and federal laws and other conditions deemed by the Council as necessary to carry out the goal of elder maltreatment prevention;
- (D) Develop comprehensive plans for programs directed at prevention of elder maltreatment, embracing both the public and the private sector, using information and suggestions of individuals, governmental entities, and public and private organizations;
- (E) Sponsor intervention and prevention programs, conduct conferences and seminars, and dispense information aimed at educating the general public, teachers, the medical, legal, social work, and other professional communities about elder maltreatment detection, prevention, and treatment;
- (F) Monitor and evaluate the quality and effectiveness of elder maltreatment services and protection throughout the community to improve the community's response to elder maltreatment;
- (G) Recommend new programs, appropriate linkages, and modifications of existing programs dealing with elder maltreatment to the [local government executive officer and local government], and to public and private agencies in order to improve the community's response to elder maltreatment;
- (H) Examine and review legislation that relates to elder maltreatment and recommend appropriate action to the [local government agency];
- (I) Provide technical assistance and coordination to the public and private sector on programs, services, and issues related to elder maltreatment;
- (J) Prepare an annual report to the [local government executive officer and local government] setting forth projected goals and programs as well as completed programs and accomplishments;
- (K) Establish committees, which may include interested members of the public, as may be necessary for carrying out the duties as set forth herein;
- (L) Prepare an annual financial report to the [local government executive officer and local government] detailing amount and source of funds received, amount and recipients of any disbursements made, and any income received;
- (M) In accordance with the statutes of the Commonwealth of Kentucky, report all instances of abuse; and
- (N) Perform any other act necessary and appropriate to carry out the purposes of this article.

**ARTICLE 4**

Designate which organizations shall provide staff, facilities, and assistance to the Council as needed.

**ARTICLE 5**

The Council shall make and adopt bylaws consistent with this ordinance and the laws of the Commonwealth of Kentucky and [local government].

**ARTICLE 6**

This ordinance shall become effective on the date of its passage.

\_\_\_\_\_  
 PASSED [local governing agency]:      Date

\_\_\_\_\_  
 Officer Local Government Executive



## Strategic Planning

Strategic planning can be as simple or as complex as you want it to be. The basic purpose of strategic planning, no matter what method you use, is simple:

1. Identify the problem(s),
2. Set priorities for addressing the problem(s),
3. Plan action steps to solve or alleviate the problem(s), and
4. Evaluate the effectiveness of your actions.

### Identify Problems and Issues

To come up with a list of problems and issues and get as much input as possible from all council and community members, consider some of the following techniques:

- Brainstorm at a council meeting (write down all ideas mentioned);
- Have each council member submit a written list of problems/issues;
- Do a “round table” (go around the table at a council meeting and have each member give one problem or issue at a time, until each member has run out of ideas); or
- Distribute a simple survey to council members and people at involved agencies and organizations, including victims/survivors (a sample Community Needs Assessment survey follows).

Areas that could be considered include:

- the quality, availability, and accessibility of services;
- protections for victims;
- treatment for perpetrators; and
- working relationships and levels of collaboration among agencies.

### Set Priorities

Which problem do you need to address first? Is there a clear, short-term task with a high likelihood of success that will boost members’ enthusiasm and confidence? Pick your highest priority and decide on a plan of action to deal with it.

### Develop an Action Plan

Decide on the steps you need to take to improve the situation. Specify:

- who will complete each step,
- whether people from other agencies or organizations are needed to accomplish the step, and
- a target date for completion of the step.

A planning sheet is a good tool for updating and evaluating plans because all the information needed for review is compiled in one place. (A sample planning sheet follows.)

### Evaluate Effectiveness

Once an action plan is completed, look back over the plan to see whether the target problem or issue was solved or improved. If so, move on to the next problem or issue. If not, a new plan of action may be needed to address the problem.

## Sample Survey: Elder Abuse, Neglect, and Exploitation Community Needs Assessment

What do you see as the primary problems facing elder abuse victims in this community in getting the help that they need? Please rank each area as follows:

“1”= significant problem, “2”= somewhat of a problem, “3”= not a problem, or “0” if you do not have an opinion.

Emergency Shelter: \_\_\_\_\_ Quality \_\_\_\_\_ Availability \_\_\_\_\_ Accessibility

Protective Orders (Emergency Protective Orders and Domestic Violence Orders): \_\_\_\_\_ Quality \_\_\_\_\_ Availability \_\_\_\_\_ Accessibility

Criminal court remedies: \_\_\_\_\_ Quality \_\_\_\_\_ Availability \_\_\_\_\_ Accessibility

Court advocacy services: \_\_\_\_\_ Quality \_\_\_\_\_ Availability \_\_\_\_\_ Accessibility

Law enforcement services: \_\_\_\_\_ Quality \_\_\_\_\_ Availability \_\_\_\_\_ Accessibility

Free/Affordable legal assistance: \_\_\_\_\_ Quality \_\_\_\_\_ Availability \_\_\_\_\_ Accessibility

Counseling for victims: \_\_\_\_\_ Quality \_\_\_\_\_ Availability \_\_\_\_\_ Accessibility

Treatment for perpetrators: \_\_\_\_\_ Quality \_\_\_\_\_ Availability \_\_\_\_\_ Accessibility

Health Care Services: \_\_\_\_\_ Quality \_\_\_\_\_ Availability \_\_\_\_\_ Accessibility

Affordable Housing: \_\_\_\_\_ Quality \_\_\_\_\_ Availability \_\_\_\_\_ Accessibility

Employment/Training assistance: \_\_\_\_\_ Quality \_\_\_\_\_ Availability \_\_\_\_\_ Accessibility

Cooperation and collaboration among agencies working with elder abuse, neglect, and exploitation issues: \_\_\_\_\_ Quality \_\_\_\_\_ Availability \_\_\_\_\_ Accessibility

Other (please specify): \_\_\_\_\_ Quality \_\_\_\_\_ Availability \_\_\_\_\_ Accessibility

\_\_\_\_\_ Quality \_\_\_\_\_ Availability \_\_\_\_\_ Accessibility

\_\_\_\_\_ Quality \_\_\_\_\_ Availability \_\_\_\_\_ Accessibility

(Please Rank)

**What may be done to improve the problem areas you have identified?**

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**Thank you for your responses.**

## Sample Strategic Planning Sheet Issue Problem

- Potential strategies
- People/agencies who need to be involved
- Target dates
- Goals achieved? If not, why not?

## A Step-by-Step Planning Procedure

A structured, formal planning procedure is another way to clarify and streamline the planning process. Through the use of goals, objectives, and action steps, both the overall direction and the specific steps necessary to get there are written out in a clear, concise plan that can be easily evaluated.

**Goals:** Broad, global statements of the direction in which you are headed.

What is it that you want to accomplish? Goals are not necessarily totally achievable or measurable; they represent the best of all possible worlds. For example: Develop a fully coordinated effort to stop elder abuse, neglect, and exploitation in the community.

**Objectives:** Smaller steps toward achieving the goal.

Objectives are specific, targeted, time-limited, and measurable. Inherent in objectives is the means to determine whether they have been accomplished. For example: Establish regular interdisciplinary meetings with full attendance within eight weeks. (At the end of eight weeks, have regular meetings with full attendance been established?)

**Action Steps:** Specific, separate strategies aimed at completing an objective.

These are the front-line, practical tasks necessary to actually implement change. For example: Contact a member from each agency by Friday to invite them to the first meeting.

Goals, objectives, and action steps are a hierarchical planning structure; to be effective, each step lower on the hierarchy must contribute to the accomplishment of the step above it. For example, you should be able to pick out an objective and clearly understand how it contributes to the accomplishment of the goal above it.

The means of evaluation are built into the step-by-step planning process. By relating each level of the plan to the one above it, you can determine whether the objectives and action steps that you identified actually contributed to progress toward your goals. If you discover that some action steps did not contribute to the objectives, or that some objectives did not really address the goals, then you can develop new objectives and action steps that may be more effective in achieving your goals. A sample Step-by-Step Action Plan follows.

## Helpful Hints for Starting Out

- In the beginning of your cooperative planning process, as well as throughout the process, try to maintain a clear vision of your goals.
- Don't try to expand too quickly. To begin with, choose clear, short-term tasks with a high likelihood of success. This will boost members' enthusiasm and confidence.
- Think about maintaining the fluid and evolving nature of your strategic planning through ongoing meetings, if possible.
- Schedule regular meetings.
- Develop and distribute agendas.
- Get input from others in developing agenda.
- Schedule time within agendas for other business.
- Keep meetings on time and time-limited.
- Prepare and circulate minutes between meetings.
- Keep all records and documentation.

**Goal**

A. Objective 1 (measurable):

Action Step/Person Responsible/Target Date:

Action Step/Person Responsible/Target Date:

B. Objective 2 (measurable):

Action Step/Person Responsible/Target Date:

Action Step/Person Responsible/Target Date:

**Add as many goals, objectives, and action steps as needed.**

## Evaluating the Effectiveness of Local Councils

Local councils will want to periodically evaluate their progress to determine whether or not they are achieving their goals. Many organizations are adopting an outcome measurement approach. This approach focuses on the benefits/results to the client and provides a framework by which councils can evaluate their progress in achieving their goals. Simply defined, outcome measurement is the process and set of procedures for assessing, on a regular basis, the results of a program for its participants.

For example, a local council may select to measure its effectiveness on an intervention. An outcome may be: *Seniors who are victims of abuse in X county experience a safe environment within X number of hours from the report of the incident.* An indicator for the outcomes would be the number and percent of abused seniors who experience a safe environment within the stated time frame. Short-term outcomes, intermediate and long-term outcomes would also be defined with corresponding indicators. A data collection system and instruments to track and summarize the data would need to be developed. The local council would measure and analyze its performance and then determine how to improve its performance over time. Councils across the state may consider standardizing their outcomes and measurement systems in order to develop a “best practices” approach that could be used for benchmarking performances.

A simpler but less comprehensive approach would be to evaluate a council's progress by conducting limited opinion polls about the resources, services, protection, and interagency relationships in the community. The sample survey can be used to survey primary service providers and/or victims/survivors of abuse, neglect, and exploitation to measure their opinions about the quality, availability, and accessibility of the various programs. Periodically repeating surveys would give the council some basis to measure progress.

It should be noted, however, that opinion surveys do not always measure the effectiveness of the program. A program can be effective even if the client is not satisfied with the outcomes. When dealing with older maltreated victims, issues of self-determination and competency make opinion surveys even more challenging. If older maltreated victims are surveyed, wording of the survey questions need to be carefully crafted.

Finally, a local council can simply survey the members themselves, or another target group, to find out whether the council is achieving its goals. A sample survey for self-evaluation is provided. This type of evaluation can also take place in the form of a “round-table” discussion; however, some members may be more willing to provide honest feedback on an anonymous survey than in a public forum.

Communities need to decide which method of evaluation best suits their resources and needs. Regardless of the method chosen, it is important that local councils periodically take stock of their progress to ensure that their efforts are properly directed and productive.

**Sample  
Local Council Self-evaluation Survey**

Please review the goals of the \_\_\_\_\_ listed below and circle the rating that best describes how effective you feel the council has been in meeting each goal.

1 = Very effective   2 = Somewhat effective   3 = Little progress   4 = No progress   5 = No opinion

Goal 1      To develop and facilitate an effective community-wide system of intervention that is responsive to the needs of elder maltreatment victims.

1      2      3      4      5

Goal 2      To identify and coordinate the roles and services of local agencies or offices that provide services to elder maltreatment victims or investigate or prosecute elder maltreatment cases.

1      2      3      4      5

Goal 3      To monitor, evaluate, and promote the quality and effectiveness of services and protection in the community.

1      2      3      4      5

Goal 4      To promote a clear understanding of elder maltreatment, current laws, and resources available in the community.

1      2      3      4      5

Goal 5      To serve as a clearinghouse for information on elder maltreatment issues.

1      2      3      4      5

In the area where we are not meeting our goals, what coordinated efforts may be made to achieve them?

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**Thank you for your responses.**

## Multidisciplinary Case Review and Crisis Response Teams Strategies to Achieve Goals

The following strategies are offered as ideas to help local councils achieve the five goals established for Multidisciplinary Case Review and Crisis Response Teams. These strategies are not intended to restrict the creativity of local councils, but to help local councils generate their own ideas and plans for action. Local councils should recognize that developing an effective and comprehensive system of prevention and intervention for elder maltreatment in a community is a process. The strategies listed below represent steps for action that may occur over a long period of time. They are not listed in order of importance, since priorities must be developed in the local community.

**Goal 1:** To develop and facilitate an effective community-wide system of intervention and prevention that is responsive to the needs of victims of elder maltreatment (abused, neglected, and/or exploited) family members, caregivers (formal or informal), and perpetrators.

### Strategies:

1. Conduct community needs assessments.
  - Identify the immediate and long-term needs of victims of elder maltreatment, family members, and caregivers within the community.
  - Review current systems to identify gaps/problems in services and protections.
  - Compare current system to “state of the art” services and problems.
2. Ensure that essential protections and services are available and accessible to victims of elder maltreatment on an immediate and long-term basis.
  - Prioritize identified needs and establish short- and long-term goals to address them.
  - Develop services and protections based upon identified needs.
3. Create a multi-disciplinary case review team involving a judge, medical professionals, in-home care providers, mental health professionals, prosecutor, victim advocates, law enforcement, shelter, and social service personnel to discuss individual cases.
4. Promote implementation of “best practice” programs.

**Goal 2:** To identify and coordinate the roles and services of local agencies or offices that provide services to victims or agencies that investigate or prosecute cases involving victims of elder maltreatment.

### Strategies:

1. Promote effective communication among agencies, policy makers, and interested citizens including victims of elder maltreatment, family members, and caregivers.
  - Hold regular interagency meetings.
  - Sponsor in-service training for front-line staff, including clarifying roles and providing education on current laws and practices.
2. Facilitate interagency agreements or protocols.
3. Assist in the development of the policies and procedures for agencies that promote effective intervention and prevention.

**Goal 3:** To monitor, evaluate and promote the quality and effectiveness of services and protections in the community.

### Strategies:

1. Promote compliance with established protocols, including local, state, and federal laws and regulations concerning elder maltreatment.



2. Encourage local agencies to comply with established standards of care applicable to their particular professions.
3. Support and encourage the provision of services in a non-judgmental and empathetic manner.
4. Coordinate court watch or court monitoring programs through the use of volunteers and/or interns.
5. Commend agency personnel who effectively respond to victims of elder maltreatment.
6. Make information available to citizens about the process for filing a complaint against agency personnel or elected officials.
7. Establish a fatality review team to explore ways to improve the services and protections in the community.
8. Encourage the resolution of interagency conflicts through mediation.

**Goal 4:** To promote a clear understanding of elder maltreatment, current laws, resources, and services available in the community.

**Strategies:**

1. Inform citizens in the community of the nature and extent of elder maltreatment, current laws, and community resources and services.
  - Promote awareness through public awareness campaigns, presentations to civic groups and organizations, printed materials, and the media.
  - Promote awareness of victims in the community, the dynamics of elder maltreatment, victims' rights, available resources, current laws, and protections.
  - Create and provide a community resource guide.
  - Sponsor forums to provide the public with an opportunity to hear the views of candidates for public office on elder maltreatment issues.
2. Encourage the inclusion of elder maltreatment and prevention education in the schools.
  - Provide classroom presentations.
  - Encourage implementation of age appropriate elder maltreatment and prevention curricula in kindergarten through high school.
  - Encourage the inclusion of elder maltreatment in higher education curricula.
  - Inform college and university faculty/staff of the local and state job markets' needs for professionals knowledgeable of elder maltreatment issues.

**Goal 5:** To serve as a clearinghouse for information on elder maltreatment.

**Strategies:**

1. Promote community involvement by publicizing legislative proposals affecting victims of elder maltreatment and informing citizens how to contact legislators.
2. Identify and distribute information about potential funding sources for elder maltreatment programs (e.g. foundations, federal/state grants).
3. Provide council members, civic organizations, schools, universities and colleges, businesses, and interested citizens with current printed materials, video and audio tapes, and other resources that address elder maltreatment.

## Sample Guidelines for Elder Maltreatment Fatality Review Teams

These guidelines are based upon information provided by the Local Coordinating Council on Domestic Violence Fatality Review Teams.

### Purpose:

The purpose of the implementation of an Elder Maltreatment Fatality Review Team (FRT) is to define, implement, and coordinate the community's response to elder maltreatment (abuse, neglect, and exploitation) crime to prevent future injuries and fatalities. Through the analysis and review of elder abuse and neglect cases that result in fatalities, the FRT will:

- Identify gaps in services;
- Recognize patterns that may indicate escalating violence and the threat of death;
- Assess the current responses of the criminal justice and social services systems to victims of elder maltreatment; and
- Formulate findings and recommendations aimed at improving the community's system of prevention and intervention services.

The purpose of the FRT is not to affix blame or to challenge difficult decisions made by involved agencies and individuals.

### Components of the FRT:

Members: All members of the Fatality Review Team must have a legitimate interest in the case(s) to be reviewed. The following agency representatives may be potential members of the Fatality Review Team.

#### Critical Team Members

- CHFS Department for Community Based Services, Adult Protective Services
- Circuit/District Court Judge
- Commonwealth's Attorney
- County Attorney
- Coroner's Office
- Police Department (county/city/state)
- Sheriff's Office
- Medical Professional (physician, nurse, health department)
- Probation/Parole

#### Team Members

- Circuit Court Clerk
- Community Mental Health Center
- Senior Center Provider
- Adult Day Center
- Home Health Provider
- Division of Long Term Care, Office of the Inspector General (OIG)
- Long Term Care Ombudsman
- Agency on Aging
- Division of Medicaid Fraud and Abuse Control Division, Office of the Attorney General (OAG)
- Pretrial Services
- Spouse Abuse Center
- Victim Advocate

**Roles and Responsibilities:** Members will be responsible for providing information from their agencies and organizations (consistent with agency/organization confidentiality policies) related to the cases under review. They shall agree to comply with confidentiality measures due to the sensitive nature of the information provided. Members will also be expected to participate in the coordination and review of provided information as well as to objectively evaluate the data reviewed.

**Confidentiality:** A family who has lost a member deserves privacy. All information that relates to the identity of the family will remain confidential to team members and to those professionals involved with the treatment of the victim and/or perpetrator. General statistical information can be released to the public, provided that the identification of the victim, perpetrator, and family are withheld. The Chairperson of the FRT will be informed whenever a team member is contacted by a media representative or by some other publicity forum.

**Cooperation with Investigations:** Any evidence that the FRT might discover that suggests undocumented abuse, neglect, or exploitation, or any criminal activity, will be promptly turned over to the appropriate law enforcement agency. Further review of the case will be deferred until the law enforcement agency indicates that the review can proceed. In addition, the FRT will recognize that if a case is still under investigation by any agency, it might not be appropriate for that agency to share information with the team.

**Jurisdiction:** The FRT will address fatality cases involving elder abuse or neglect that occurred primarily in \_\_\_\_\_ [name of county(ies)]; for example, a case in which a victim died at a local hospital, but resided outside of the FRT's jurisdiction, will not be reviewed.

**Meetings:** An elected chairperson will conduct the FRT meetings. The team will convene initially to clarify member roles and responsibilities, to outline the review process, and to decide upon criteria for cases to be reviewed. Subsequent meetings will be scheduled as needed to review specific cases.

**Questions the team will seek to answer:** Throughout the review process, the FRT will consider the following questions, along with any others that may arise in specific cases:

- Which agencies/organizations had contact with the victim and perpetrator in the identified case?
- What services were provided to the victim?
- Were all current policies and procedures followed in the handling of criminal matters and/or civil matters involving the case?
- Did any criminal justice or civil system agency/organization have contact with the victim or perpetrator related to a domestic violence protective order?
- What changes could be made to improve the response of involved agencies/organizations?
- Was there sufficient sharing of information among all agencies and organizations involved in the case?
- Is sufficient local data collected to evaluate the effectiveness of the current intervention efforts in elder maltreatment cases?
- What changes in data collection procedures are necessary to obtain the needed information?

### **The Review Process:**

1. When a fatality occurs as a result of abuse or neglect to an elder, any member of the FRT may request that a team meeting be called. The FRT Chairperson is responsible for designating a meeting time and location, and for contacting the team members to notify them of the case under review.
2. All involved agencies and organizations will bring to the team meeting records and information (consistent with agency/organization confidentiality policies) regarding all contacts and actions relevant to the case.
3. Members of the FRT will review and discuss the case history and interventions, identifying strengths and weaknesses in the response network.
4. If appropriate, FRT members will formulate findings and recommendations based upon the review process to improve \_\_\_\_\_'s [name of county(ies)] system of protection and intervention services to victims of elder maltreatment.

**Confidentiality Agreement for Elder Maltreatment  
Multidisciplinary Case Review Teams and Crisis Response Teams  
Sample**

We, the undersigned, agree to abide by all statutes, specifically KRS 209.140, Administration Regulations and Standards of Practice concerning confidentiality. We agree that all information obtained or shared among team members will remain confidential.

<b>Signature</b>	<b>Organization</b>	<b>Date</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Confidentiality Agreement for Elder Maltreatment  
Fatality Review Teams  
Sample**

The Fatality Review Team requires the review of all existing records related to each fatality case in order to conduct a full investigation. To ensure the most sensitive and productive handling of the information, we, the undersigned, agree that all information secured in the review will remain confidential.

**Signature**

**Organization**

**Date**

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## **Safety Planning for Elder Maltreatment Guidelines**

1. Safety Planning is two-fold:
  - a. Strategy for getting a victim physically away from the maltreatment; and/or,
  - b. Planning for a victim to remain safely in the situation.
2. Safety Planning is based on principles of empowerment to assist in the development and implementation of the safety plan(s).
3. The Safety Plan:
  - a. Increases the elder's ability to protect self, particularly when a crisis exists and the potential for harm is high;
  - b. Helps to continually assess the degree of danger;
  - c. Confronts minimization and denial of the presence and extent of maltreatment;
  - d. Enhances safety by maximizing support system and resources; and,
  - e. Specifies a plan of action.
4. Safety planning is essential during any contact with a victim, whether it is by telephone or face-to-face. A safety plan is for the victim, to be carried out by the victim, and developed by the victim for self and others.
5. A safety plan can be brief or comprehensive.
6. It is essential that the safety plan be person-centered, specific, practical, detailed, and developed and implemented by the elder with appropriate supports.
7. The safety plan is, in part, based on participation of community partners, significant family members, and friends. The process may be difficult.
8. It is recommended that the elder and significant others practice the safety plan so that each develops automatic responses if a crisis occurs.

### **Elements**

Elements to consider in developing a safety plan with an elder victim of maltreatment.

1. Listen to the elder recount the events of maltreatment. Acknowledge and reinforce the elder's attempts to protect self and others.
2. Help the elder identify behaviors exhibited by the offender that may place the elder at risk of harm. (When are you the most vulnerable, such as time of day, week, or month?)
3. Educate the elder on the different types of maltreatment. Help identify the types of maltreatment the elder is experiencing or has experienced. Explain that it may be necessary for the elder to seek help to get out of the situation.
4. Explain to the elder that anticipated high-risk times can be reduced by having family members, friends, and other support system members visit during those times or periods of time, or by participating in community activities and agency programs, such as senior center, adult day, church, and so forth.
5. Identify areas of the house where maltreatment occurs most often, and develop strategies for avoiding these areas.
6. Consider a variety of options that may provide safety (for example, have friend or family member present in the home when an "outside" presence is there to prevent maltreatment; use of safe houses).
7. Educate the elder to recognize and use community resources such as emergency shelter, elder shelter, transportation, police intervention, and legal action.
8. Check for practicality, for example, the neighbor's home should not be considered a "safe home" if the neighbor is gone most of the time.

Isolation, fear, minimization, denial, and community and cultural values sometimes make it very difficult for elders to reach out for help, and even more difficult to acknowledge, recognize, and strategize for their own safety.

The dynamics of elder maltreatment are very different (cultural values, expectations of an elder person) with elder versus younger victims of domestic violence, abuse, neglect, and exploitation. Elders experience and internalize the victimization differently than other age groups.

### **Safety Planning with Maltreated Elders**

Sample questions for discussing safety:

1. What do you think you need to be safe?
2. What particular concerns do you have about your or other household members' safety?
3. How have you protected yourself in the past?
4. Do you have a support system?
5. Who in your support system will help you with what you want to do?
6. Are you willing to accept assistance from "outside" your current support system, i.e. community agencies?

#### **If the elder is not currently living in the situation that resulted in maltreatment, evaluate the following options:**

1. Change the locks on the doors and windows.
2. Install a better security system, i.e. window bars, locks, better lighting, and smoke detectors.
3. Find a lawyer knowledgeable about elder maltreatment and related issues, and ask about other options for protection.
4. In rural areas, the elder may want to cover the mail box with bright colored paper so the Police and/or emergency medical service may more easily locate the home. A beacon light may also be considered.
5. Educate the elder about getting an order of protection, and help the elder get one, if desired.
6. Tell a trusted neighbor that the offender no longer resides in the home and ask them to inform the elder when or if the offender returns to the area.
7. Help the elder decide whether to make in-home care service providers aware of the potential risk of harm and how they can enhance their safety as well as the elder's safety.

#### **If the elder is leaving the situation, review the following:**

1. How and when is it most safe to leave? Is there transportation? Money? A place to go? Special arrangements needed?
2. Is the new place where the elder will be staying safe?
3. What community, medical, legal, faith-based resources, and services are needed for the elder to feel safe? Provide information. Assist with telephone calls, if appropriate. Encourage the use of community resources.
4. Is the elder comfortable calling the police if needed?
5. Who will be told about the elder leaving?
6. Who needs to be contacted about the elder leaving?
7. Who is the elder's support network? Does the elder trust them for protection or assistance needed?
8. What options may be used so the offender does not locate or have access to the elder?
9. Is traveling safe?
10. Is a protective order a viable option?
11. Is the elder able to live alone and meet own needs? If not, what services are needed? Will the elder be able to live alone with supportive services?



12. Tell the elder that if the decision is to leave the situation, the elder should have the following available:

- Health insurance cards, i.e. Medicare;
- Social Security card;
- Bank account number(s), credit, savings, passbook(s), keys to safe deposit box;
- Mortgage papers, lease rental agreements, house deed;
- Medication(s) and prescriptions;
- Legal documents, such as Power of Attorney (POA), Durable Power of Attorney (DPOA), curatorship, conservatorship, and so forth;
- Assistive devices;
- Marriage license, driver's license, car title;
- Clothing and comfort items;
- Phone numbers and addresses for family, friends, and community agencies (i.e. faith community, medical professionals);
- Arrangements for animal care.

**If the elder is remaining with the offender, review the following:**

1. What works best to keep the elder safe in an emergency?
2. Who is available to call during a crisis?
3. Will the elder call the police or other protective services if maltreatment occurs again? Is there a telephone in the house? Is there a telephone accessible?
4. If the elder wants to leave temporarily, what is available? Help the elder think through the options. Provide information.
5. Is a protective order a viable option?
6. Is there a way out of the house?
7. Identify danger areas and/or items in the house.
8. Are resources available in the community to serve the maltreated elder? Are the resources accessible?
9. Does the elder have accessible emergency funds?
10. What is the elder's physical, mental, cognitive, and emotional status?

## Resource List

Resource/Person	Phone Number/Address	Contact
Shelter Services		
Emergency Shelter		
Other Safe Housing		
Faith Community		
Medical Care		
Providers		
Adult Protection		
Police		
Legal Assistance		
Mental Health		
Counseling		
Support Group(s)		
Other Support		
(Neighbors)		
Other Support		
(Family)		
Other Support		
(Friends)		
Other Helpful Agencies		

## **Control Plans With Elder Maltreatment Offenders Guidelines**

A Control Plan is the counterpart to a safety plan. It is a self-monitoring tool to help the adult control abusive actions\* when maltreatment is identified.

The purpose of the Control Plan is to help the offender use a set of pre-selected non-abusive alternatives. The plan is developed by the offender with the assistance of a qualified counselor, social worker, or other professional who has experience in the area of elder maltreatment. The plan contains non-abusive alternatives to choose from when signs that typically precede abusive behavior (like stress and anger) are detected.

The use of this tool increases the offender's sense of competency and ownership of responsibility for his or her own actions and behaviors. It is the first stage of starting to change abusive behaviors and actions. The existence of a Control Plan limits the usefulness of various excuses to deny responsibility.

Once cues have been identified, the claim that "suddenly something came over me" loses credibility that the adult's abusive actions were the only choice available. This weakens usual defenses and helps the offender move another step closer to accepting responsibility and recognizing the need for the use of non-abusive behaviors.

A Control Plan should include the following elements:

1. Identification by the offender of high-risk behavior (physical or emotional cues that are signals of arousal or escalation).
2. Action steps to take once the offender recognizes the presence of the cues.
3. Identification of the emotions/feelings preceding the cues.
4. Rehearsal of the plan/action steps.
5. A signed agreement/contract to be non-abusive and to use the Control/Prevention Plan.
6. Discussion of options, including use of formal and informal support services/groups.

\*Within these guidelines, abusive behaviors in this context do not include neglect and exploitation actions and behaviors.

The information in the Safety Plan and Control Plan is, in most part, based on the work of Anne Ganley and Susan Schechter, "*Domestic Violence: A National Curriculum for Child Protective Service.*" Family Violence Prevention Fund, 1996.

## Control Plan

In developing Control Plans with older offenders, be sensitive to issues related to:

1. Physical health,
2. Cognitive functioning,
3. Physical impairments, and
4. Overall functioning abilities.

Cues and Stress Indicators that indicate potential abusive actions:

Situation:

Physical:

Rehearsal:

Red Flags:

Emotions:

### Initial Plan for Controlling Abusive Behaviors

1. Point at which I will stop escalation:
2. Activity used to bring down stress:
3. Primary feelings and self-talk patterns:
4. Positive support system:
5. Other supports to be used:

### Agreement/Contract to Be Non-abusive

I agree to use this Control/Prevention Plan to be non-abusive while participating in \_\_\_\_\_.  
This agreement/contract includes being non-abusive with others.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

## **Community Resources**

The roles of agencies involved in elder maltreatment are described in the following section.

### **Area Agency on Aging**

The Area Agency on Aging (AAA) is the unit designated as the lead for aging issues, concerns, services, and programs within the Area Development District. The AAA administers programs that are authorized by the Older Americans Act and Kentucky Area Development Districts, Area Agencies on Aging for individuals age 60 and above.

Funds for programs for seniors are provided by the U. S. Department for Health and Human Services, U.S. Department of Labor, and Kentucky General Fund monies. Programs and services provided through contracts with the AAAs include:

- Title III – Supportive services, nutrition in congregate settings or home delivered meals, senior centers, in-home services;
- Title V – Senior Community Service Employment Programs;
- Title VIII – Vulnerable Elder Rights Protection;
- General Fund – Home Care, Adult Day Care Program, and Personal Care Attendant Program.

AAAs work with community agencies when appropriate to address the needs of the elderly. AAAs, working together with community partners, may help an elder obtain services such as medical assistance, food stamps, housing, legal assistance, and Medicaid.

In elder abuse issues, AAAs contact the Kentucky Cabinet for Health and Family Services's Department for Community Based Services to report suspected elder abuse situations. While there are many cases of abuse perpetrated against the elderly, statistics indicate that a significant number of cases are self-neglect. This type of case may require interventions such as making the home safer (cleanup, barrier removal, home maintenance or repair), providing basic human necessities (personal care, assistive devices, nutrition), addressing medical needs, or removing the elder from the abusive setting in an emergency. When an elder can remain at home through use of community-based resources, the AAAs may work with community partners to coordinate service delivery.

AAAs conduct follow-up reports, when appropriate, to identify potential service needs and develop a plan of service for addressing those needs. The AAA will work with other community-based agencies or organizations to achieve this goal.

### **Department for Community Based Services**

The Department for Community Based Services (DCBS) provides an array of services from financial assistance to protection. DCBS is mandated by statute to investigate reports of suspected adult/spouse abuse, neglect, and exploitation in the community and in long-term care facilities. DCBS staff provide adult protective services and supportive services to help elders remain safe in their homes or alternate care facilities. Adult Protective Services are voluntary unless court ordered. Examples of services that may be accessed through adult protection are social work counseling, coordination of services, guardianship, homemaker services, and court-ordered services. Homemaker services may help the elder adult remain in his or her home longer by helping with budgeting, activities of daily living, applications for other agency services and follow-up appointments with those agencies, and information and referral services.

In addition to Adult Protective Services, General Adult Services are provided to adults and elders. This includes elders who are 65 years and older (but who are not mentally or physically dysfunctional) who

are being abused, neglected, or exploited by a caretaker, family member, or household member. General Adult Services include referrals to community partners to help the adult remain at home and meet their own needs. All General Adult Services are voluntary services.

### **Community Mental Health Centers**

Community Mental Health Centers are the regional planning bodies for mental health and mental retardation services within the 14 regions throughout the state. The Community Mental Health Center Board and programs are established in accordance with KRS 210.370 – KRS 210.460. Of the many duties of the Community Mental Health and Mental Retardation Board, two of them are to 1) “act as administrative authority of community mental health and mental retardation programs” and 2) provide “oversight and be responsible for the management of the community mental health and mental retardation programs.” By law, Community Mental Health and Mental Retardation programs can provide inpatient services, outpatient services, partial hospitalization or psychosocial rehabilitation services, emergency services, consultation and education services, and mental retardation services. Services can be provided to all age groups.

### **Spouse Abuse Centers**

Kentucky has private and state-funded spouse abuse centers. A state-funded spouse abuse center is in each of the 15 Area Development Districts. A center provides services to victims, adult and child, of domestic violence. Among the services provided are shelter, counseling, advocacy, and support groups, and children programs.

### **Rape Crisis Centers**

There are 13 rape crisis centers providing services to all Kentuckians. Local rape crisis centers may offer any of the following services and can also provide referrals to other resources.

1. Victim assistance, such as a 24-hour rape crisis line, counseling for survivors, support to help family and friends of the rape victim, support groups for survivors;
2. Public awareness, such as rape awareness and risk reduction, sexual harassment in the workplace, legal and medical aspects of sexual victimization;
3. Consultation, such as consultation for area professionals working with survivors of rape and sexual abuse, and in-service training.

In addition to the above-described agencies, communities have many resources available to them, such as law enforcement, the faith community, and medical and health care resources.

A new, inventive approach to temporary shelter for elder victims of maltreatment opened on July 1, 2001. The ElderShelter Network in Louisville, Kentucky, was a collaborative effort of state and local agencies. For more information, contact the ElderShelter at 502-454-6005.

## Hot Line/Crisis Numbers

<b>Agency</b>	<b>Telephone Number</b>
Alzheimer's Association	800-272-3900
Child and Adult Abuse	800-752-6200
Better Business Bureau	800-948-5791
Department for Public Health	502-564-2154
Consumer Protection	800-727-4272
Attorney General	800-372-2960
Pathways Mental Health	800-562-8909
DUI Information (Pathways)	800-718-0377
DCS, Inc. (SSA Appeals)	800-601-1874
FIVCO Long Term Care Ombudsman	877-295-4137
General Telephone Company	800-483-6697
Guardianship	800-372-2973
KY Relay Voice Service	800-648-6057
	800-325-0778
KY Relay TDD Service	800-648-6056
KY State Police Emergency	800-222-5555
Legal Aid	800-274-5863
	800-245-4137
KMA Fraud	800-627-4720
Durable Medical Equipment	800-895-6465
Migrant Family Helpline	800-234-8848
State Ombudsman	800-372-2973
Poison Control	800-772-5725
Safe Return Registration	800-572-8566
Social Security Administration	800-772-1213
Samaritan Hospital Copeline	800-776-2673
Veteran's Administration	800-292-4562
Victim Information Notification Everyday (VINE)	800-816-0491
Long Term Care Ombudsman	800-372-2991
Legal Helpline for Older Kentuckians	800-200-3633
Elder Care Locator	800-677-1116

## Kentucky Area Agencies on Aging

Purchase Area	270-251-6114
Pennyrile Area	270-886-9484
Green River Area	270-926-4433
Barren River Area	270-781-2381
Lincoln Trail Area	270-769-2393
KIPDA Area	502-266-6084 888-737-3363
Northern Kentucky Area	859-283-1885
Buffalo Trace Area	606-564-6894
Gateway Area	606-674-6355
FIVCO Area	606-739-5191
Big Sandy Area	606-886-2375
KY River Area	606-436-3158
Cumberland Valley Area	606-864-7391
Lake Cumberland Area	270-866-4200
Bluegrass Area	859-269-8021



## Community Mental Health Centers and Hospitals by County

Appalachian Regional Hospital	606-439-1331
Eastern State Hospital	859-246-7000
Central State Hospital	502-253-7000
Western State Hospital	270-866-4431

County	Office Number	Crisis Number	Hospital
Adair	270-679-4782	800-633-5599	ESH
Allen	270-843-4382	800-223-8913	WSH
Anderson	859-253-1686	800-928-8000	ESH
Ballard	270-442-7121	800-592-3980	WSH
Barren	270-843-4382	800-223-8913	WSH
Bath	606-329-8588	800-562-8909	ESH
Bell	606-528-7010	800-526-9552*	ARH
Boone	859-331-6505	877-331-3292	ESH
Bourbon	859-253-1686	800-928-8000	ESH
Boyd	606-329-8588	800-562-8909	ESH
Boyle	859-253-1686	800-928-8000	ESH
Bracken	606-564-4016	606-564-4016*	ESH
Breathitt	606-666-9006	800-262-7491	ARH
Breckinridge	270-765-2605	800-641-4673	CSH
Bullitt	502-589-8600	800-221-0446	CSH
Butler	270-843-4382	800-223-8913	WSH
Caldwell	270-886-2205	800-264-5163	WSH
Calloway	270-442-7121	800-592-3980	WSH
Campbell	859-331-6505	877-331-3292	ESH
Carlisle	270-442-7121	800-592-3980	WSH
Carroll	859-331-6505	877-331-3292	ESH
Carter	606-329-8588	800-562-8909	ESH
Casey	606-679-4782	800-633-5599	ESH
Christian	270-886-2205	800-264-5163	WSH
Clark	859-253-1686	800-928-8000	ESH
Clay	606-528-7010	606-864-2104*	ARH
Clinton	606-679-4782	800-633-5599	ESH
Crittenden	270-886-2205	800-264-5163	WSH
Cumberland	270-864-5631	800-633-5599	ESH
Daviess	270-684-0696	800-433-7291	WSH
Edmonson	270-843-4382	800-223-8913	WSH
Elliott	606-329-8588	800-562-8909	ESH
Estill	606-253-1686	800-928-8000	ESH
Fayette	859-253-1686	800-928-8000	ESH
Fleming	606-564-4016	606-564-4016*	ESH
Floyd	606-886-8572	800-422-1060	ARH
Franklin	502-253-1686	800-928-8000	ESH
Fulton	270-442-7121	800-592-3980	WSH
Gallatin	859-331-6505	877-331-3292	ESH
Garrard	859-253-1686	800-928-8000	ESH
Grant	859-331-6505	888-578-3212	ESH
Graves	270-442-7121	800-592-3980	WSH
Grayson	270-765-2605	800-641-4673	CSH

Green	270-679-4782	800-633-5599	ESH
Greenup	606-329-8588	800-562-8909	ESH
Hancock	270-684-0696	800-433-7291	WSH
Hardin	270-765-2605	800-641-4673	CSH
Harlan	606-528-7010	606-864-2104*	ARH
Harrison	859-253-1686	800-928-8000	ESH
Hart	270-843-4382	800-223-8913	WSH
Henderson	270-684-0696	800-433-7291	WSH
Henry	502-589-8600	800-221-0446	CSH
Hickman	270-442-7121	800-592-3980	WSH
Hopkins	270-886-2205	800-264-5163	WSH
Jackson	606-528-7010	606-864-2104*	ARH
Jefferson	502-589-8600	800-221-0446	CSH
Jessamine	859-253-1686	800-928-8000	ESH
Johnson	606-996-8572	800-422-1060	ARH
Kenton	859-331-6505	877-331-3292	ESH
Knott	606-666-9006	800-262-7491	ARH
Knox	606-528-7010	606-864-2104*	ARH
Larue	270-765-2605	800-641-4673	CSH
Laurel	606-528-7010	606-864-2104*	ARH
Lawrence	606-329-8588	800-562-8909	ESH
Lee	606-666-9006	800-262-7491	ARH
Leslie	606-666-9006	800-262-7491	ARH
Letcher	606-666-9006	800-262-7491	ARH
Lewis	606-564-4016	606-564-4016*	ESH
Lincoln	606-253-1686	800-928-8000	ESH
Livingston	270-442-7121	800-592-3980	WSH
Logan	270-843-4382	800-223-8913	WSH
Lyon	270-886-2205	800-264-5163	WSH
Madison	859-253-1686	800-928-8000	ESH
Magoffin	606-886-8572	800-422-1060	ARH
Marion	270-765-2605	800-641-4673	CSH
Marshall	270-442-7121	800-592-3980	WSH
Martin	606-886-8572	800-422-1060	ARH
Mason	606-564-4016	606-564-4016*	ESH
McCracken	270-442-7121	800-592-3980	WSH
McCreary	606-679-4782	800-633-5599	ESH
McLean	270-684-0696	800-433-7291	WSH
Meade	270-765-2605	800-641-4673	CSH
Menifee	606-329-8588	800-562-8909	ESH
Mercer	859-243-1686	800-928-8000	ESH
Metcalfe	270-843-4382	800-233-8913	WSH
Monroe	270-843-4382	800-223-8913	WSH
Montgomery	859-329-8588	800-562-8909	ESH
Morgan	606-329-8588	800-562-8909	ESH
Muhlenburg	270-886-2205	800-264-5163	WSH
Nelson	502-765-2605	800-641-4673	CSH
Nicholas	859-253-1686	800-928-8000	ESH
Ohio	270-684-0696	800-433-7291	WSH
Oldham	502-589-8600	800-221-0446	CSH
Owen	859-331-3292	877-331-3292	ESH
Owsley	606-666-9006	800-262-7491	ARH
Pendleton	859-331-6505	877-331-3292	ESH
Perry	606-666-9006	800-262-7491	ARH
Pike	606-886-8572	800-422-1060	ARH

Powell	606-253-1686	800-928-8000	ESH
Pulaski	606-679-4782	800-633-5599	ESH
Robertson	606-564-4016	606-564-4016*	ESH
Rockcastle	606-528-7010	606-864-2104*	ARH
Rowan	606-329-8588	800-562-8909	ESH
Russell	270-679-4782	800-633-5599	ESH
Scott	502-253-1686	800-928-8000	ESH
Shelby	502-589-8600	800-221-0446	CSH
Simpson	270-843-4382	800-223-8913	WSH
Spencer	502-589-8600	800-221-0446	CSH
Taylor	270-679-4782	800-633-5599	ESH
Todd	270-886-2205	800-264-5163	WSH
Trigg	270-886-2205	800-264-5163	WSH
Trimble	502-589-8600	800-221-0446	CSH
Union	270-684-0696	800-433-7291	WSH
Warren	270-843-4382	800-223-8913	WSH
Washington	859-765-2605	800-641-4673	CSH
Wayne	606-679-4782	800-633-5599	ESH
Webster	270-684-0696	800-433-7291	WSH
Whitley	606-528-7010	606-864-2104	ARH
Wolfe	606-666-9006	800-262-7491	ARH
Woodford	859-253-1686	800-928-8000	ESH

**\* Please call collect**

**Local Department for Community Based Services Offices  
Telephone/Fax Numbers**

<b>County</b>	<b>Telephone Number</b>	<b>Fax Number</b>
Adair	270-384-4731	270-384-6460
Allen	270-237-3101	270-237-5365
Anderson	502-839-5176	502-839-5712
Ballard	502-335-5173	502-335-5373
Barren	270-651-8396	270-651-9224
Bath	606-674-6308	606-674-3920
Bell	606-337-6171	606-337-1329
Boone	859-371-8832	859-371-0265
Bourbon	859-987-4655	859-987-4376
Boyd	606-920-2032	606-920-2033
Boyle	859-239-7105	859-239-7008
Bracken	606-735-2195	606-735-2214
Breathitt	606-666-7506	606-666-5991
Breckinridge	270-756-2194	270-756-1684
Bullitt	502-955-6591 or 543-7051	502-955-8478
Butler	270-526-3833	270-526-3795
Caldwell	270-365-7275	270-365-7469
Calloway	270-753-5362	270-759-3084
Campbell	859-292-6733	859-292-6728
Carlisle	270-628-3434	270-628-5438
Carroll	502-732-6681	502-732-4144
Carter	606-474-6627	606-474-2898
Casey	606-787-8369	606-787-5485
Christian	270-889-6503	270-889-6594
Clark	859-737-7771	859-737-7549
Clay	606-598-2027	606-598-4385
Clinton	606-387-6655	606-387-7254
Crittenden	270-965-5246	270-965-2424
Cumberland	270-864-3834	270-864-4129
Daviess	270-687-7491	270-687-7004
Edmonson	270-597-2163	270-597-2788
Elliott	606-738-5167	606-738-5183
Estill	606-723-5146	606-723-3246
Fayette	East New Circle Rd. West Fourth St. West High St.	859-246-2325 or 2270 859-246-2320 or 2331 or 2283 859-246-2276
Fleming	606-845-2381	606-845-9044
Floyd	606-886-8192	606-886-9392
Franklin	502-564-5390	502-564-7873
Fulton	270-472-1850	270-472-2160
Gallatin	859-567-7381	859-567-2341
Garrard	859-792-2186	859-792-2049
Grant	859-824-4471	859-824-7910
Graves	270-247-4711	270-251-9177
Grayson	270-259-3184	270-259-0646
Green	270-932-7484	270-932-5051
Greenup	606-473-7366	606-473-9126
Hancock	270-927-8142	270-927-8775
Hardin	270-766-5099	270)766-5155

Harlan	606-573-4620 or 6334	606-573-4789 or 9848
Harrison	859-234-3884	859-234-3465
Hart	270-524-7111	270-524-2556
Henderson	270-826-6203	270-830-0510
Henry	502-845-2922	502-845-7402
Hickman	270-653-4335	270-653-2179
Hopkins	270-824-7566	270-824-7302
Jackson	606-287-7114	606-287-4475
Jefferson	502-595-4214, 4255, 3092, 4878, 5036, 4707	502-595-0882
Jessamine	859-885-9451	859-885-4189
Johnson	606-789-4373	606-789-5425
Kenton	859-292-6340	859-292-6545
Knott	606-785-3106	606-785-0970
Knox	606-546-5154	606-546-4779
Larue	270-358-4175	270-358-4133
Laurel	606-878-6228	606-864-7428
Lawrence	606-638-4360	606-638-9188
Lee	606-464-8801	606-464-8448
Leslie	606-672-2313	606-672-6155
Letcher	606-633-0191	606-633-3335
Lewis	606-796-2981	606-796-3595
Lincoln	606-365-3551	606-365-8285
Livingston	270-928-2158	270-928-3120
Logan	270-726-3516	270-726-8392
Lyon	270-388-2146	270-388-3729
McCracken	270-575-7110	270-575-7015
McCreary	606-376-5365	606-376-9538
McLean	270-273-3599	270-273-9961
Madison	Richmond Berea	859-623-1204 859-986-8411
Magoffin	606-349-3123	859-623-9119 859-986-4443
Marion	270-692-3135	606-349-3100
Marshall	270)527-1354	270-692-6485
Martin	606-298-7633	270-527-5096
Mason	606-564-6818	606-298-0879
Meade	270-422-3942	606-564-5536
Menifee	606-768-2154	270-422-1194
Mercer	859-734-5448	606-768-6118
Metcalfe	270-432-2721	859-734-0856
Monroe	270-487-6701	270-432-2722
Montgomery	859-498-6312	270-487-8138
Morgan	606-743-3158	859-497-0849
Muhlenberg	270-338-3072	606-743-3061
Nelson	502-348-9048	270-338-3729
Nicholas	859-289-7123	502-349-6450
Ohio	270-274-8996	859-289-4535
Oldham	502-222-9472	270-274-8988
Owen	502-484-3937	502-222-5813
Owsley	606-593-5191	502-484-0698
Pendleton	859-654-3381	606-593-7474
Perry	606-435-6060	859-654-5868
Pike	606-433-7596	606-435-6125
Powell	606-663-2881	606-433-7526
Pulaski	606-677-4086	606-633-4435
Robertson	606-724-5413	606-677-4081 606-724-2046

Rockcastle		606-256-2138	606-256-2188
Rowan		606-724-5413	606-724-2046
Russell		270-343-3512	270-343-6148
Scott		502-863-0565	502-868-0667
Shelby		502-633-1892	502-633-0737
Simpson		270-586-8266	270-586-0653
Spencer		502-477-8807	502-477-5679
Taylor		270-465-3549	270-789-4095
Todd		270-265-2543	270-265-3543
Trigg		270-522-3451	270-555-0131
Trimble		502-255-3236	502-255-4609
Union		270-389-2314	270-389-0391
Warren		270-746-7447	270-726-7046
Washington		859-336-9395	859-336-0034
Wayne		606-348-9361	606)348-6388
Webster		270-667-7043	270-667-7012
Whitley	Corbin	606-528-4234	606-526-9713
	Williamsburg	606-549-4505	606-539-9245
Wolfe		606-668-3101	606-668-3131
Woodford		859-873-8041	859-873-8410

## Kentucky Spouse Abuse Centers

Ashland	Safe Harbor	800-926-2156
Beattyville	Resurrection Home	606-464-8481
Bowling Green	BRASS	800-928-1183
Danville	Lexington Spouse Abuse Center	859-236-2293
Elizabethtown	Lincoln Trail Domestic Violence	800-767-5838
Hazard	LKLP Safe House	606-439-5129
Hopkinsville	Sanctuary	800-766-0000
Lebanon	Caring Place, Inc.	800-692-9394
Lexington	YWCA Spouse Abuse Center	800-544-2022
Louisville	Spouse Abuse Center	502-581-7222
Mt. Sterling	DOVES	800-221-4361
Northern Kentucky	Women's Crisis Center	800-928-6708
Owensboro	OASIS	800-882-2873
Paducah	Purchase Area Center	800-585-2686
Prestonsburg	Big Sandy Family Abuse Center	606-649-6605
Renfro Valley	Family Life Abuse Center	800-755-5348
Shelbyville	Spouse Abuse Center	502-633-7800
Somerset	Bethany House Center	800-755-2017

## Kentucky State Police Posts

Kentucky State Police Post 1  
Hickory, KY  
502-856-3721

Kentucky State Police Post 9  
Pikeville, KY  
606-437-7311

Kentucky State Police Post 2  
Nortonville, KY  
502-676-3313

Kentucky State Police Post 10  
Harlan, KY  
606-573-3131

Kentucky State Police Post 3  
Bowling Green, KY  
270-782-2010

Kentucky State Police Post 11  
London, KY  
606-878-6622

Kentucky State Police Post 4  
Elizabethtown, KY  
270-765-6118

Kentucky State Police Post 12  
Frankfort, KY  
502-227-2221

Kentucky State Police Post 5  
LaGrange, KY  
502-222-0151

Kentucky State Police Post 13  
Hazard, KY  
606-439-2343

Kentucky State Police Post 6  
Dry Ridge, KY  
859-428-1212

Kentucky State Police Post 14  
Ashland, KY  
606-928-6421

Kentucky State Police Post 7  
Richmond, KY  
859-623-2402

Kentucky State Police Post 15  
Columbia, KY  
502-384-4796

Kentucky State Police Post 8  
Morehead, KY  
606-784-4127

Kentucky State Police Post 16  
Henderson, KY  
270-826-3312



## Web Sites

Elder Abuse Awareness  
<http://cfc.ky.gov/elderabuse/index.asp>

ElderServe (national organization)  
<http://www.elderserve.org/>

Governor's Office of Child Abuse and Domestic Violence Services  
<http://gocadvs.ky.gov/>

KYCares  
<http://www.kycares.net/>

Legislative Research Commission  
<http://lrc.ky.gov/>

National Center on Elder Abuse  
<http://www.elderabusecenter.org/>

Office of Aging Services  
<http://chs.ky.gov/aging>

Crime	Mental State	Criminal Statutes Relating to Elder Maltreatment	Classification	Penalty
<b>Menacing</b> KRS 508.050	Intentional	Place another person in reasonable apprehension of imminent physical injury	Class B Misdemeanor	90 days
<b>Wanton Endangerment First Degree</b> KRS 508.060	Wanton	Under circumstances manifesting extreme indifference to the value of human life, engage in conduct that creates a substantial danger of death or serious physical injury to another person	Class D Felony	1-5 years
<b>Wanton Endangerment Second Degree</b> KRS 508.070	Wanton	Engage in conduct that creates a substantial danger of physical injury to another person	Class A Misdemeanor	12 months
<b>Terroristic Threatening</b> KRS 508.080	Intentional	Threat to seriously physically injure or kill another	Class A Misdemeanor	12 months
<b>Stalking First Degree</b> KRS 508.140	Intentional	ALL ELEMENTS OF Second Degree Stalking <b>and</b> perpetrator has received notice of protective order against him concerning the victim <b>or</b> perpetrator has received notice of pending criminal complaint against him concerning the victim <b>or</b> perpetrator has been convicted of a felony of Class A misdemeanor (other than Second Degree Stalking) concerning the victim <b>or</b> perpetrator committed stalking with a deadly weapon	Class D Felony	1-5 years
<b>Stalking Second Degree</b> KRS 508.150	Intentional	At least 2 acts <b>and</b> Acts directed at a specific victim <b>and</b> Acts seriously alarm, annoy, or intimidate the victim <b>and</b> Acts must be something that would cause a reasonable person to suffer substantial mental distress <b>and</b> Threat that causes victim to fear sexual contact, death, or physical injury	Class A Misdemeanor	12 months
<b>Assault First Degree</b> KRS 508.010	Intentional	Serious physical injury <b>and</b> deadly weapon or dangerous instrument	Class B Felony	10-20 years
	Wanton	Serious physical injury <b>and</b> conduct that causes grave risk of death to another	Class B Felony	10-20 years

Crime	Mental State	Criminal Statutes Relating to Elder Maltreatment	Classification	Penalty
<b>Assault Second Degree</b> KRS 508.020	Intentional	Serious physical injury	Class C Felony	5-10 years
	Intentional	Physical injury <b>and</b> deadly weapon or dangerous instrument	Class C Felony	5-10 years
	Wanton	Serious physical injury <b>and</b> deadly weapon or dangerous instrument	Class C Felony	5-10 years
<b>Assault Third Degree</b> KRS 508.030	Reckless	Dangerous instrument or deadly weapon <b>and</b> physical injury or attempt to physically injure <b>and</b> peace officer or employee of detention center <b>or</b> residential treatment facility <b>or</b> DCBS worker who is performing job <b>or</b> probation or parole officers	Class D Felony	1-5 years
	Intentional	Physical injury or attempt to physically injure <b>and</b> peace officer <b>or</b> employee of detention center or residential treatment facility <b>or</b> DCBS worker who is performing job <b>or</b> probation or parole officers	Class D Felony	1-5 years
<b>Assault Fourth Degree</b> KRS 508.030	Intentional or Wanton	Physical injury	Class A Misdemeanor	12 months
	Reckless	Physical injury <b>and</b> deadly weapon or dangerous instrument	Class A Misdemeanor	12 months
<b>Enhancement of Assault Fourth Degree</b> KRS 508.032		Assault Fourth Degree may be enhanced by one degree if assault was the third or subsequent Fourth Degree Assault committed within previous five years against a family member or member of an unmarried couple. The victim in the second or subsequent offense is not required to be the same person who was assaulted in the prior offenses in order for the provisions of this section to apply.	Class D Felony	12 months + enhancement
<b>Rape First Degree</b> KRS 508.030		Sexual intercourse <b>and</b> forcible compulsion	Class B Felony	10-20 years
		Sexual intercourse <b>and</b> victim is incapable of consent because of physical helplessness or is less than 12 years old	Class A if victim is less than 12 or receives a serious physical injury	20 years or more

<b>Crime</b>	<b>Mental State</b>	<b>Criminal Statutes Relating to Elder Maltreatment</b>	<b>Classification</b>	<b>Penalty</b>
<b>Rape Second Degree</b> KRS 508.050		Sexual intercourse <b>and</b> perpetrator is 18 or older <b>and</b> victim is less than 14	Class C Felony	5-10 years
<b>Rape Third Degree</b> KRS 508.060		Sexual intercourse <b>and</b> victim is mentally retarded or mentally incapacitated	Class D Felony	1-5 years
		Sexual intercourse <b>and</b> perpetrator is 12 or older <b>and</b> victim is less than 16 years old	Class D Felony	1-5 years
<b>Sodomy First Degree</b> KRS 510.070		Deviate sexual intercourse <b>and</b> forcible compulsion	Class B Felony	10-20 years
		Deviate sexual intercourse <b>and</b> victim is incapable of consent because victim is physically helpless or less than 12 years old	Class B Felony	10-20 years
<b>Sodomy Second Degree</b> KRS 510.080		Deviate sexual intercourse <b>and</b> perpetrator is 18 or older <b>and</b> victim is less than 14 years old	Class C Felony	5-10 years
<b>Sodomy Third Degree</b> KRS 510.090		Deviate sexual intercourse <b>and</b> victim is mentally retarded or mentally incapacitated	Class D Felony	1-5 years
		Deviate sexual intercourse <b>and</b> perpetrator is 21 or older <b>and</b> victim is less than 16 years old	Class D Felony	1-5 years
<b>Sexual Abuse First Degree</b> KRS 510.110		Sexual contact <b>and</b> forcible compulsion	Class D Felony	1-5 years
		Sexual contact <b>and</b> victim is incapable of consent because of being physically helpless or less than 12 years old	Class D Felony	1-5 years
<b>Sexual Abuse Second Degree</b> KRS 510.120		Sexual contact <b>and</b> victim is incapable of consent because of mental retardation, a mental incapacity <b>or</b> victim is less than 14	Class A Misdemeanor	12 months
<b>Sexual Abuse Third Degree</b> KRS 510.130		Sexual contact <b>and</b> without victim's consent	Class B Misdemeanor	90 days

Crime	Mental State	Criminal Statutes Relating to Elder Maltreatment	Classification	Penalty
<b>Complicity</b> KRS 502.020		Conspiracy with another <b>and</b> to commit underlying offense		Same as underlying offense
		Aids, counsels, attempts to aid another <b>and</b> to commit underlying offense		
		Has legal duty to prevent commission of underlying offense <b>and</b> fails to make proper effort to prevent offense		
<b>Criminal Abuse First Degree</b> KRS 508.100	Intentional	Abuses another person or permits the abuse of another person of whom he has actual custody <b>and</b> serious physical injury <b>or</b> places victim in a situation that may cause him serious physical injury <b>or</b> causes torture, cruel confinements, <b>or</b> cruel punishment to a child less than 12 years old or one who is physically helpless	Class C Felony	5-10 years
<b>Criminal Abuse Second Degree</b> KRS 508.110	Wanton	Abuses another person or permits the abuse of another person of whom he has actual custody <b>and</b> serious physical injury <b>or</b> places victim in a situation that may cause him serious physical injury <b>or</b> causes torture, cruel confinement, <b>or</b> cruel punishment to a child less than 12 years old or one who is physically helpless	Class D Felony	1-5 years
	Reckless	Abuses another person or permits the abuse of another person of whom he has actual custody <b>and</b> serious physical injury <b>or</b> places victim in a situation that may cause him serious physical injury <b>or</b> causes torture, cruel confinement, <b>or</b> cruel punishment to a child less than 12 years old or one who is physically helpless	Class A Misdemeanor	12 months
<b>Theft of Services</b> KRS 514.060	Intentional	Obtains services by deception or threat or by false token or other means to avoid payment for the services which he knows are available only for compensation... <b>or</b> having control over or unauthorized access to the use of the services of others to which the person is not entitled, the person intentionally diverts the services to the person's own benefit or the benefit of another not entitled thereto...	Class A Misdemeanor less than \$300	12 months
			Class D Felony \$300 or more	1-5 years
<b>Theft by Extortion</b> KRS 514.080	Intentional	Obtains property of another by threatening to inflict bodily injury on anyone <b>or</b> commits any other criminal offense <b>or</b> accuses anyone of criminal offense <b>or</b> exposes any secret tending to subject any person to hatred, contempt, or ridicule, or to impair his credit or business repute...	Class A Misdemeanor less than \$300	12 months
			Class D Felony \$300 or more	1-5 years

<b>Crime</b>	<b>Mental State</b>	<b>Criminal Statutes Relating to Elder Maltreatment</b>	<b>Classification</b>	<b>Penalty</b>
<b>Theft of Identity</b> KRS 514.160		Without another's consent, a person knowingly possesses or uses any identifying information of the other person, such as one's name, Social Security number, birth date, personal identification number or code <b>and</b> the theft is committed with the intent to represent that he or she is the other person for the purpose of: depriving the other person of property A) obtaining benefits or property to which he or she would otherwise not be entitled B) making financial or credit transactions using the other person's identity C) avoiding detection D) commercial or political profit...	Class D Felony	1-5 years
<b>Forgery First Degree</b> KRS 516.020		With intent to defraud, deceive or injure another, a person falsely makes, completes, or alters a written instrument which is or purports to be or which is calculated to become or to represent when completed: A) part of an issue of money, stamps, securities or other valuable instruments issued by a government or governmental agency B) part of an issue of stock, bonds, or other instruments representing interest in or claims against a corporate or other organization or its property	Class C Felony	5-10 years
<b>Forgery Second Degree</b> KRS 516.030		With intent to defraud, deceive, or injure another, a person falsely makes, completes, or alters a written instrument which is or purports to be or which is calculated to become or to represent when completed: A) a deed, will, codicil, contract, assignment, commercial instrument, credit card or other instrument that does or may evidence, create, transfer, terminate, or otherwise affect a legal right, interest, obligation or status B) a public record or an instrument filed or required or authorized by law to be filed in or with a public office or public employee C) a written instrument officially issued or created by a public office, public employee, or governmental agency	Class D Felony	1-5 years
<b>Forgery Third Degree</b> KRS 516.040		With intent to defraud, deceive, or injure another, a person falsely makes, completes, or alters a written instrument	Class A Misdemeanor	12 months

<b>Crime</b>	<b>Mental State</b>	<b>Criminal Statutes Relating to Elder Maltreatment</b>	<b>Classification</b>	<b>Penalty</b>
<b>Criminal Possession of Forged Instrument First Degree</b> KRS 516.050		With knowledge that it is forged <b>and</b> with intent to defraud, deceive, or injure another, a person utters or possesses any forged instrument of a kind specified in KRS 516.020	Class C Felony	5-10 years
<b>Criminal Possession of Forged Instrument Second Degree</b> KRS 516.060		With knowledge that it is forged <b>and</b> with intent to defraud, deceive, or injure another, a person utters or possesses any forged instrument of a kind specified in KRS 516.030	Class D Felony	1-5 years
<b>Criminal Possession of Forged Instrument Third Degree</b> KRS 516.070		With knowledge that it is forged <b>and</b> with intent to defraud, deceive, or injure another, a person utters or possesses a forged instrument	Class A Misdemeanor	12 months
<b>Misapplication of Entrusted Property</b> KRS 517.110		Applies or disposes of property that has been entrusted to him as a fiduciary, or property of the government or of a financial institution in a manner that he knows is unauthorized <b>and</b> involves substantial risk of loss or detriment to the owner of the property or to a person for whose benefit the property was entrusted	Class A Misdemeanor	12 months

## Abridged Review of Civil/Human Services Statutes Pertaining to Elder Maltreatment

<p><b>Protection of Adults KRS 209</b></p> <p>Legislative Intent KRS 209.090</p>	<p>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 imposing such restrictions.</p>
<p>Definitions for Chapter include: KRS 209.020</p>	<p>..."Abuse" means the infliction of physical pain, mental injury, or injury of an adult. "Exploitation" means the improper use of an adult or an adult's resources by a caretaker or other person for the profit or advantage of the caretaker or other person. "Neglect" means a situation in which an adult is unable to perform or obtain for himself the 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, or a situation in which a person deprives his spouse of reasonable services to maintain health and welfare. "Cabinet" means the Cabinet for Health and Family Services. "Emergency" means that an adult is living in conditions that present a substantial risk of death or immediate and serious physical harm to himself or others....</p>
<p><b>Remedies – Injunctive Relief KRS 209.040</b></p>	<p>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.</p>
<p><b>Rules and Regulations – Reports KRS 209.030 (2)</b></p>	<p>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.</p>
<p><b>Immunity from Civil or Criminal Liability KRS 209.050</b></p>	<p>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.</p>



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<p><b>Who May Make a Criminal Complaint</b> KRS 209.150</p>	<p>Any representative of the Cabinet acting officially in that capacity, any person with personal knowledge of the abuse, 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.</p>
<p><b>Penalties</b> KRS 209.990</p>	<ol style="list-style-type: none"> <li>(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.</li> <li>(2) Any caretaker who knowingly abuses or neglects an adult is guilty of a Class C felony.</li> <li>(3) Any caretaker who wantonly abuses or neglects an adult is guilty of a Class D felony.</li> <li>(4) Any caretaker who recklessly abuses or neglects an adult is guilty of a Class A misdemeanor.</li> <li>(5) Any caretaker 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.</li> <li>(6) Any caretaker 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.</li> <li>(7) Any caretaker 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.</li> <li>(8) Any person who knowingly and willfully financially exploits an adult within the meaning of this chapter is guilty of a Class C felony.</li> </ol>
<p><b>Guardianship and Conservatorship for Disabled Persons</b> KRS 387.500 – 990</p> <p>Declaration of Legislative Purpose KRS 387.500</p>	<ol style="list-style-type: none"> <li>(1) It is the intent and purpose of the General Assembly to recognize that disabled persons have varying degrees of disability.</li> <li>(2) Persons who are only partially disabled must be legally protected without a determination of total incompetency and without the attendant deprivation of civil and legal rights that such a determination requires.</li> <li>(3) Guardianship and conservatorship for disabled persons shall be used only as is necessary to promote their well-being, including protection from neglect, exploitation, and abuse; shall be designed to encourage the development of maximum self-reliance and independence in each person; and shall be ordered only to the extent necessitated by each person's actual mental and adaptive limitations.</li> <li>(4) If the court determines that some form of guardianship or conservatorship is necessary, partial guardianship or partial conservatorship shall be the preferred form of protection and assistance for a disabled person.</li> </ol>
<p>Definition: Disabled KRS 387.510 (8)</p>	<p>"Disabled" means a legal, not a medical disability, and is measured by functional incapacities. It refers to any person 14 years of age or older who is: (a) unable to make informed decisions with respect to his personal affairs to such an extent that he lacks the capacity to provide for his physical health and safety, including but not limited to health care, food, shelter, clothing, or personal hygiene; or, (b) unable to make informed decisions with respect to his financial resources to such an extent that he lacks the capacity to manage his property effectively by those actions necessary to obtain, administer, and dispose of both real and personal property.</p>

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<p>Penalties KRS 387.990</p>	<p>(1) Any person who wrongfully causes or conspires with or assists another in causing the unwarranted determination of disability or partial disability of any individual under KRS 387.500 to 387.770 or the denial of any individual of any rights accorded to him under the provisions of KRS 387.500 to 387.770 shall be guilty of a Class A misdemeanor.</p> <p>(2) Any person who intentionally violates the confidentiality of any records or reports under KRS 387.500 or 387.770 shall be guilty of a Class B misdemeanor.</p>
<p><b>Domestic Violence and Abuse</b> <b>KRS 403.715 to 403.785</b></p> <p>Definitions KRS 403.720</p>	<p>(1) "Domestic violence and abuse" means physical injury, serious physical injury, sexual abuse, assault, or the infliction of fear of imminent physical injury, serious physical injury, sexual abuse, or assault between family members or members of an unmarried couple;</p> <p>(2) "Family member" means a spouse, including a former spouse, a parent, a child, a stepchild, or any other person related by consanguinity or affinity within the second degree; and</p> <p>(3) "Member of an unmarried couple" means each member of an unmarried couple which allegedly has a child in common, any children of that couple, or a member of an unmarried couple who are living together or have formerly lived together.</p>
<p><b>Interpretation by the Court</b></p> <p>Legislative Purpose KRS 403.715</p>	<p>(1) To allow persons who are victims of domestic violence and abuse to obtain effective, short-term protection against further violence and abuse in order that their lives will be as secure and as uninterrupted as possible;</p> <p>(2) To expand the ability of law enforcement officers to effectively respond to situations involving domestic violence and abuse so as to prevent further such incidents and to provide assistance to the victims</p> <p>(3) To provide peace officers with the authority to immediately apprehend and charge for violation of a protective order any person whom the officer has probably cause to believe has violated an order of protection issued under KRS 403.740 or 403.750 and to provide courts with the authority to conduct contempt of court proceedings for these violations...</p>
<p><b>Petition, Who May File</b></p> <p>Protective Orders KRS 403.725</p>	<p>Any family member or member of an unmarried couple...or any adult family member or member of an unmarried couple on behalf of a minor family member...</p>

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<p>Emergency Protective Order KRS 403.740</p>	<p>If upon review of the petition, the court determines that the allegations contained therein indicate the presence of an immediate and present danger of domestic violence and abuse, the court shall, upon proper motion, ex parte, an emergency protective order</p> <ul style="list-style-type: none"> <li>(a) restraining the adverse party from any contact or communication with the petitioner except as directed by the court;</li> <li>(b) restraining the adverse party from committing further acts of domestic violence and abuse;</li> <li>(c) restraining the adverse party from disposing of or damaging any of the property of the parties;</li> <li>(d) directing the adverse party to vacate the residence shared by the parties to the action;</li> <li>(e) utilizing the criteria in KRS 403.270, 403.320, and 403.420, grant temporary custody; or</li> <li>(f) enter other orders the court believes will be of assistance in eliminating future acts of domestic violence and abuse; or any combination thereof.</li> </ul>
<p>Court Orders (Amendment) KRS 403.750</p>	<p>Following the hearing provided under KRS 403.745, the court, if it finds from a preponderance of the evidence that an act or acts of domestic violence and abuse have occurred and may again occur, may issue any order previously cited under KRS 403.740.</p> <p>Any order issued pursuant to this section shall be effective for a period of time, fixed by the court, not to exceed 3 years and may be reissued upon expiration for an additional period of up to 3 years. The number of times an order may be reissued shall not be limited....</p> <p>Upon proper filing of a motion, either party may seek to amend a domestic violence order....</p>
<p>Criminal Penalty for Violation of Protective Order KRS 403.763</p>	<p>...intentional violation of a protective order is a Class A Misdemeanor</p>
<p>Contempt of Court KRS 403.760</p>	<p>...any peace officer having probable cause to believe a violation has occurred shall arrest the respondent without a warrant for violation of a protective order...</p> <p>Court proceedings for contempt of court shall be held in the county where the order was issued.</p> <p>Civil proceedings and criminal proceedings for violation of a protective order for the same violation of a protective order shall be mutually exclusive. Once either proceeding has been initiated, the other shall not be undertaken regardless of the outcome of the original proceeding.</p>

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<p><b>Hospitalization of the Mentally Ill KRS 202A</b></p> <p>Definitions KRS 202A.011</p>	<p>“Danger” or “threat of danger to self, family, or others” means substantial physical harm or threat of substantial physical harm upon self, family, or others, including actions that deprive self, family, or others of the basic means of survival including provisions for reasonable shelter, food, or clothing.</p> <p>“Mentally ill person” means a person with substantially impaired capacity to use self-control, judgement, or discretion in the conduct of the person’s affairs and social relations, associated with maladaptive behavior or recognized emotional symptoms where impaired capacity, maladapted behavior, or emotional symptoms can be related to physiological, psychological, or social factors....</p>
<p><b>Child Protective Services KRS 620</b></p> <p>Legislative Purpose KRS 620.010</p>	<p>This chapter shall be interpreted to effectuate the following express legislative purposes regarding the treatment of dependent, neglected, and abused children. Children have certain fundamental rights that must be protected and preserved, including but not limited to, the rights to adequate food, clothing, and shelter; the right to be free from physical, sexual, or emotional injury or exploitation; the right to develop physically, mentally, and emotionally to their potential; the right to educational instruction; and the right to a secure, stable family. It is further recognized that upon some occasions, in order to protect and preserve the rights and needs of children, it is necessary to remove a child from his or her parents.</p>
<p><b>Health Care Surrogate and Living Will KRSA 311</b></p>	<p>If an adult patient, who does not have decisional capacity, has not executed an advance directive or, to the extent the advance directive does not address a decision that must be made, any one of the following responsible parties, in the following order of priority if no individual in a prior class is reasonably available, willing, and competent to act, shall be authorized to make health care decisions on behalf of the patient:</p> <ul style="list-style-type: none"> <li>(a) the judicially-appointed guardian of the patient, if the guardian has been appointed and if medical decisions are within the scope of the guardianship;</li> <li>(b) the spouse of the patient;</li> <li>(c) an adult child of the patient, or if the patient has more than one child, the majority of the adult children who are reasonably available for consultation;</li> <li>(d) the parent of the patient;</li> <li>(e) the nearest living relative of the patient, or if more than one relative of the same relation is reasonably available for consultation, a majority of the nearest living relatives.</li> </ul>

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## References

*"Abuse, Neglect, and Exploitation of Older Persons: Strategies for Assessment and Intervention,"* Baumhover, Lorin A. and Beall, S. Colleen (editors), Health Professions Press, 1996.

*"Diagnostic and Treatment Guidelines on Elder Abuse and Neglect,"* American Medical Association, 1992.

*"Elder Abuse Conflict in the Family,"* Pillemer, Karl A., and Wolf, Rosalie S. (editors), Auburn House Publishing Company, 1986.

*"Elder Abuse and Neglect: Causes, Diagnosis, and Intervention Strategies,"* Quinn, Mary Joy and Tomita, Susan K., Springer Publishing Company, 1986.

*Family Violence Across the Lifespan, An Introduction,* Barnett, Ola W., Miller-Perrin, Cindy L., Perrin, Robin D., Sage Publications, 1997.

*"Improving the Police Response to Domestic Elder Abuse,"* Instructor Training Manual, Office for Victims of Crime, U.S. Department of Justice, Office of Justice Programs, Washington, D.C.

*"Model Protocol for Local Coordinating Councils on Domestic Violence,"* published by the Governor's Council on Domestic Violence, October 1997.

*"Our Aging Population: Promoting Empowerment, Preventing Victimization, and Implementing Coordinated Interventions,"* A Report of Proceedings, National Symposium sponsored by the U.S. Department of Justice and U.S. Department of Health Services, December 2000.

*"Strategies for Helping Victims of Elder Mistreatment,"* Breckman, Risa S. and Adelman, Ronald D., Sage Publications, 1988.

*"Substance Abuse Among Older Adults,"* Treatment Improvement Protocol Series, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, U.S. Department of Health and Human Services, 1998.

*"Understanding and Combating Elder Abuse in Minority Communities,"* Archstone Foundation, 1997.