
STAYING CONNECTED: ADULT MALTREATMENT PREVENTION & AWARENESS NEWS

MAY 2024

VOLUME 4, ISSUE 11

Identifying problems is often an easy task. Coming up with solutions takes time and effort. Implementing the changes that are necessary to ensure that the solution addresses the problem is often daunting.

How does one ensure success when implementing a solution? We must get “buy-in” from the ones that are doing the “boots on the ground” work.

Research has shown that a top-down approach where we communicate reasons for the change and show excitement is not enough. The research shows that oftentimes this leads to doubt, distrust, and negativity.

Creating a culture of change acceptance before implementing the changes improves the chance of

success. Harvard Business Review suggests that there are six components of culture ([Getting Employee Buy-In for Organizational Change \(hbr.org\)](#)).

Legitimacy is when we utilize people within the organization/community that are already influencers. Oftentimes there are individuals that may not be in leadership roles but are well respected and sought out by their peers.

Ownership ensures that those involved in the change feel valued and are more likely to be champions for change.

Most organizations and communities have changes that are often too complex to address currently, so they are placed in a holding pattern. If we can tie a current change back to this more complex change, we have added some

relevancy, and this also reinforces the commitment to the more complex issue.

Ensure that our change is attainable. This often is accomplished through more manageable micro changes.

Authenticity requires that we act on the change rather than superficial actions like creating logos, posters, or stickers.

Occasionally the change may lead to tension between those involved and an impartial third party will come in handy to address the concerns and steady the course.

“Change will not come if we wait for some other person or some other time. We are the ones we’ve been waiting for. We are the change that we seek.” - Barack Obama



- APS TARC Podcast - On Demand
Trauma on the Job: Surviving Exposure in APS – [Listen Here](#)
- May 23rd, 2024, 3 p.m.—4 p.m. ET
Mental Health and Older Adults: What APS Needs to Know - [Register Here](#)
- YouTube – On Demand
The Fair Housing Institute: VAWA – What Is It, and Why Is It Important - [Watch Here](#)

The Time is Now

**Adult Protective Services,
the Elder Abuse Committee &
Local Coordinating Councils
on Elder Abuse**

Cordially Invite You

**To Show Your Support
to End Elder Abuse**

**In Honor of World Elder Abuse
Awareness Day**

**In the Capitol Rotunda
On June 14th, 2024
10:00—11:30am**

THE END

“WHAT IS 202A AND WHEN IS IT USED?”

202A is a reference to the Kentucky Mental Health Hospitalization Act, KRS 202A. This act provides the processes in which an individual, experiencing a psychiatric crisis, may receive court-ordered interventions.

If an individual is believed to be a danger to themselves or others, a Mental Inquest Warrant (MIW) can be pursued. This warrant allows for the police or a sheriff to transport the individual to a hospital for an evaluation.

An evaluation is conducted by a qualified mental health professional (QMHP). A QMHP can be a physician, psychiatrist, psychologist, a licensed clinical social worker (LCSW) with three years of clinical experience, and a few others as defined in KRS 202A.011(12).

The QMHP will certify that the individual meets the

following criteria for hospitalization:

1. Presents a danger or threat of danger to self, family, or others because of mental illness;
2. Can reasonably benefit from treatment; and
3. Hospitalization is the least restrictive mode of treatment presently available.

Once certified, the judge may order the individual to be hospitalized for 72 hours, excluding weekends and holidays.

During this initial involuntary hospitalization, the individual will begin receiving treatment to help alleviate the acute crisis. If the crisis cannot be alleviated in this time the individual may voluntarily stay longer, or be court-ordered to remain in the hospital for 60 or 360 days.

The individual will have the right to an attorney for representation during all

proceedings.

KRS 202A also provides an avenue to pursue court-ordered assisted outpatient treatment.

The criterion for this avenue is:

1. Diagnosed with a serious mental illness;
2. History of repeated nonadherence with treatment;
3. Unlikely to adequately adhere to outpatient treatment on a voluntary basis; and
4. This is the least restrictive alternative mode to treatment.

The QMHP must provide the court with a treatment plan upon certification.

If after holding a hearing, within six days of the petition, the judge finds that court ordered treatment is necessary, the judge will appoint an outpatient provider agency for treatment that is not to exceed 360 days.



- **Need, Access, Impact, and Opportunities: Findings From a Multi-Site Evaluation of Elder Justice Shelters in the U.S.** - [Click To Access](#)
- **Mental Health Literacy Among Elders: What Do We Know, What Can We Do** - [Click To Access](#)
- **Connecting Crime and Abuse Victims to Mental Health Services** – [Click To Access](#)



**What would you name your Derby Horse?
I would pick Lettuce, because it's always a head!**