

COUNTY OF HUMBOLDT
DEPARTMENT OF HEALTH AND HUMAN SERVICES
BEHAVIORAL HEALTH

POLICY NO. :	POLICY TITLE:	EFFECTIVE DATE:
0100.301	SUSPECTED DEPENDANT ADULT AND ELDER ABUSE REPORTING	07/01//06
PROGRAM:	ADMINISTRATION	REVISION DATES: 06/29/10
AFFECTS:	ALL	REVIEW DATES: 06/26/12, 08/15/13, 09/13/17
APPROVED BY BEHAVIORAL HEALTH DIRECTOR: Signature On File		

PURPOSE To ensure all employees and volunteers working for the Department of Health and Human Services - Behavioral Health (DHHS-BH) report actual or suspected elder or dependent adult abuse.

DEFINITION(S)

Elder: Any person residing in the state, 65 years of age or older.

Dependent Adult: Any person between the ages of 18 and 64, who has physical or mental limitations which restrict his or her ability to carry out normal activities or to protect his or her rights. This includes any person between the ages of 18 and 64 who is admitted as an inpatient to a 24 hour health facility.

Fiduciary Abuse: This includes stealing, concealing, or appropriating money and/or property.

Neglect: Failure to assist in care by not providing food, water, clothing, medical care, shelter, or providing for basic needs.

Abandonment: Desertion or willful forsaking of a dependent adult or elder by someone who has custody to provide for their care.

Abduction: Removal from this State or restraining from returning to this State, any elder or dependent adult who does not have the capacity to give consent.

Isolation: Intentionally preventing an elder or dependent adult from receiving mail, phone call or have contact with family, friends, or concerned people against expressed wishes of the elder or dependent adult.

POLICY DHHS-BH employees and volunteers must report actual or suspected elder or dependent adult abuse when discovered and acting in their professional capacity or within the scope of their employment.

- PROCEDURE**
1. A mandated reporter, who is in his or her professional capacity, and within their scope of employment:
 - 1.1. Has reasonable suspicion, has observed or has knowledge of an incident that reasonably appears to be physical abuse, abandonment, abduction, isolation, fiduciary abuse or neglect,
 - 1.2. Or is told by an elder or dependent adult of the above experience.
 2. Shall report the known or suspected incident by telephone immediately or as soon as possible and by written report using the Dependent Adult–Elder Abuse Report within two days.
 3. During business hours of 8:00 AM to 5:00 PM, Adult Protective Services may be called at 707-476-2100.

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4. After 5:00 PM, Weekends, and Holidays, the Dependent Adult–Elder Abuse Report is completed and faxed to 707-476-2412, in addition to the After Hours Reporting Form.
 5. A copy of the form is filed in the ‘Miscellaneous’ tab of the client chart.
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FORM(S)/
ATTACHMENTS [Dependent Adult–Elder Abuse Report](#)
[After Hours Reporting Form](#)

REFERENCE <http://humboldt.gov/499/Adult-Protective-Services>
[Code of Federal Regulations, Title 45, §164.512 \(c\)](#)
[Welfare and Institutions Code \(WIC\), Ch. 11, Article 2 §15610-15610.57_and article 3, §15630](#)
