

## **LOUISVILLE METRO DOMESTIC VIOLENCE PREVENTION COORDINATING COUNCIL**

### **Meeting Summary Thursday, April 27, 2017**

**Members Present:** Chief Steve Conrad and Ellie Kerstetter, Co-Chairs, Chris Foster, Chris Owens, , Dr. Linda Bledsoe, Marcia Roth, Onvia McDaniel, Dr. Renee Campbell, Steve Hilton, Eric Troutman, Crystal Wilder, Lt. David Allen, Marta Miranda, Tamara Reif, Eva Stansbury, David Nicholson, Judge Annette Karem, Judge Charlie Cunningham, and Ingrid Geiser.

**Staff and Guests:** Carol Jordan, Mary O'Doherty, Charlotte McPherson, Samantha Graves, and Kim Allen.

#### **I. Welcome/Call to Order/Co-Chairs' Report** Ellie Kerstetter, Co-Chair

The meeting was called to order by Ellie Kerstetter, Co-Chair, who thanked members for attending. She welcomed members and called for introductions.

#### **II. Approval of Meeting Summary from January 26, 2017**

Ellie called attention to the January 26, 2017 meeting summary included in the agenda packet and called for any additions or revisions. Following a brief review, a motion was made and seconded to adopt the summary as drafted. The motion was unanimously approved.

#### **III. Legislative Update: HB 309**

Ellie welcomed Mary O'Doherty, Deputy Director, Kentucky Coalition Against Domestic Violence and Carol E. Jordan, Executive Director, Office for Policy Studies on Violence Against Women, University of Kentucky, to present a legislative update. HB 309, which was signed by the Governor on April 11, 2017, enacted KCADV's two top legislative priorities: 1) providing new leasing protections for victims of domestic violence and 2) replacing domestic violence mandatory reporting with mandatory education and referral.

Carol began by providing an overview of mandatory reporting laws across the country. She conducted extensive research on how Kentucky's existing law compared to mandatory reporting provisions in other states in an effort to provide context for the legislative discussion. She reported that virtually every state has some type of mandatory reporting law and that the laws tend to fall into four categories: 1) mandatory reporting of child abuse (dating to the 1960's); 2) mandatory reporting of maltreatment of adults due to age and disability (Adult Protective Services; dating to the 1970's); 3) mandatory reporting of crime/injury (dating from the 1940's); and 4) stand-alone domestic violence reporting laws.

With regard to crime/injury reporting laws, Carol reported that 46 states require healthcare providers to report specified injuries (varying by state but often including

gunshot wounds, knife injuries, or serious burns to law enforcement. Some states include broader language requiring any injury arising from the commission of a crime to be reported to law enforcement. Carol advised that crime/injury laws are based on promoting public safety and identifying crime patterns in the community. Although two states include domestic violence within their crime/injury law (California and Colorado), four states specifically exclude domestic violence cases. The majority of the 46 states with crime/injury laws are silent regarding domestic violence.

Carol reported that only three states have passed stand-alone domestic violence reporting laws. Kentucky was the first state to enact a stand-alone domestic violence reporting law in 1978. That law was enacted after the 1976 passage of the Kentucky Adult Protection Act (KRS 209) that was designed to extend protections to adults who, by virtue of age or physical or mental disability could not care for themselves. Carol applauded the work of Louisville legislators Gerta Bendl and David Karem for their efforts with this legislation. The 1976 Adult Protection Act and the 1978 amendment to include domestic violence in that law created a statutory responsibility for the state to intervene in these cases.

The rationale for expanding the Adult Protection Act to include domestic violence was that, at that time, the state (Cabinet) was the primary service provider since only two domestic violence shelter programs were operating in Louisville and Lexington. Carol indicated that the second national stand-alone domestic violence reporting law was not passed until 2005. While Kentucky's law required any person who knows or suspects abuse to report, the Oklahoma law enacted a condition that the woman be over age 18 years and legally competent before a report was required. Arkansas was the third state to enact a mandatory domestic violence reporting law.

Carol presented an overview of research findings related to the effectiveness of mandatory reporting laws. She cited a California study which looked at the impact of the law on generating reports to the police. Although the research was limited, the findings indicated that the mandatory law did not increase the number of reports to the police and questions were raised regarding whether physicians understood the mandate. In response to a question, Carol clarified that while Kentucky mandated reporting to the Cabinet, other states require reporting to law enforcement. She added that Kentucky requires that reports be sent to the Cabinet, although forms also go to law enforcement, which established a unique process for sharing of information.

In response to a question, Carol clarified that SB 86 (sponsored by Sen. Ralph Alvarado), the original bill for replacing domestic violence mandatory reporting with mandatory education and referral, was attached to HB 309 (leasing protections for domestic violence victims) during the final days of the session and signed by the Governor on the last day. Legislative rules allow separate bills to be attached to another bill if the titles and subject matters are similar. The new provisions of HB 309 with SB 86 provisions will go into effect on July 1, 2017.

After having discussed the impact of mandatory reporting laws on the number of reports to law enforcement, Carol presented an overview of findings from a second category of research, that being the opinions of physicians or healthcare providers on mandatory reporting. She reported that the findings were a "mixed bag." Findings suggest that many

providers do not like mandatory reporting laws that they viewed as violating patient confidentiality and potentially putting the victim at higher risk by making a report that the victim does not want to be made. Although a number of physician organizations do not support mandatory reporting, the AMA has encouraged physicians to comply with the laws that exist in their states while actively pursuing changes in state laws.

The third primary category of research on mandatory reporting explores the views of abused and non-abused women. In an attempt to enlist feedback from victims in Kentucky, Carol reported on a study she conducted in partnership with the KCADV that solicited the views of 388 women served by one of the KCADV member programs across the state. Of concern, a significant percentage of the women reported that if they knew in advance about the mandatory reporting law, they would be less likely to go to a shelter and less likely to tell a doctor or therapist about the abuse. A separate survey of mental health professionals identified concerns related to violation of patient confidentiality and fear of putting victims at greater risk by reporting. Marcia asked if the research has been published and Carol noted that she co-authored a research article with Adam Pritchard, University of Central Florida (formerly on staff at the University of Kentucky), that has been submitted, but not published yet. She agreed to share the research article with members upon publication.

Although the original intent of Kentucky's mandatory reporting law was to connect more victims to services, Carol indicated that a review of Cabinet data indicates that this has not occurred as intended. She reported that in 2012, over 40,000 reports were made (largely by law enforcement), but over half the time the woman could not be contacted. Of those who were contacted, another half said they wanted no involvement from the Cabinet. The Cabinet reported that in 2012, only 40 domestic violence protective services cases were opened (that same year, 13,000 child protection cases were opened). Individuals contacted by the Cabinet are typically referred to a domestic violence program or told how to get an EPO, but few request services. In an attempt to remove barriers to seeking help, the new law allows a woman to get information directly from a trusted provider who has contacts and is familiar with local programs.

Under the new law, Mary O'Doherty reported that KCADV will be responsible for providing providers with information on what they need to do. She indicated that the new law provides a tremendous opportunity to raise awareness. She called attention to the KCADV handout which provides an overview of what professionals must do, i.e. provide victims with educational materials, referral sources and information on how to access protective orders. She advised that KCADV is developing a training plan to reach all parties and is on the KMA training agenda in August. She welcomed the opportunity to interact with county-level organizations on ways to implement the new mandate.

In response to a question from Judge Cunningham, Mary reported that 12 organizations, including the Justice and Public Safety Cabinet and Kentucky State Police, supported SB 86. Chief Conrad reported that although the measure was previously discussed at a DVPCC meeting, no consensus could be reached and the Council took no position on the bill. Judge Cunningham emphasized the importance of getting the word out to the public as well as professionals.

Marcia indicated that while she opposed the measure, efforts should now be focused on how to make it work. She questioned whether doctors will still be compelled by law to provide the information to victims and Carol advised that the legislation included language that the provider “shall” provide education and referral sources. David noted that the mandate is based on the victim bringing the abuse to the attention of the provider. Mary noted that if a professional has a suspicion that abuse has occurred, the victim should be questioned. Background information will be posted on the KCADV website and can be downloaded. Carol added that the legislation retained the “shall” language because licensed health and mental health professionals are prohibited from violating patient confidentiality unless there is a statutory mandate. Further, the language specifies that it is okay if a victim wants to report to law enforcement; however, the professional is still required to provide information and referral sources.

Marcia asked if there is a way to track the provision of information and referrals and Carol responded that creative approaches will need to be identified in implementation of the bill. Marcia also asked if KCADV will absorb the cost of training and materials and Mary indicated that KCADV would cover the cost since it is not anticipated to be a huge expense and it is part of the organization’s mission. David raised concern that the definition of professional is broad and Mary acknowledged that creative approaches will be needed in reaching out to ministers. David also noted that the penalty for violation of the mandate is a Class B Misdemeanor and Carol advised that the penalty remained the same as the original legislation. Chris Owens agreed that professionals are not comfortable in approaching victims and expressed hope that this would be addressed in the training. Tamara cited the training currently being provided to nurses at University of Louisville and Jewish Hospitals and believes that provides a good starting point.

Marta restated the importance of ensuring safety and sensitivity in asking questions of victims. Chris noted that mandatory training for professionals has been reduced over time. Carol advised that unlike most states, Kentucky requires mandatory training for health and mental health professionals (a law passed in 1996). Marcia stressed that the training will need to be broader than DV 101 and that research has indicated that when someone is in crisis, it is more effective to have an advocate immediately available rather than just handing someone a pamphlet. Even though the new mandate may require additional time on the part of professionals, Tamara noted that the same concern was initially raised regarding the additional time required for law enforcement follow-up under the LAP Program and officers are now performing the required tasks four to five times daily.

Chief Conrad summarized that the conversation was extremely helpful and expressed appreciation to Carol and Mary for providing information. He indicated that a number of questions remain and that he anticipates the need for additional discussion as the new law is implemented.

#### **IV. Presentation: Community Shield**

Marta Miranda presented a brief update on the Community Shield project and called attention to a handout of PowerPoint slides. She began by noting that initiative derived from the early work of the Child Who Witness Violence Committee of the DVPCC (chaired by Rep. Joni Jenkins and Dan Fox) and a presentation to the DVPCC by Dr. Barbara Burns,

University of Louisville, Department of Psychology, on the impact of exposure to violence on brain development. Marta noted that the shelters deal not only with survivors, but with their children and highlighted research on the impact of violence on these youth in the absence of intervention. Marta also emphasized that research has identified that children do not need to witness the violence, but merely be exposed. Although the initial DVPCC committee did good work and made a series of recommendations, little action had been taken.

Based on the relevance of the issue to the mission of the CWF, Marta reached out to the CEOs of community agencies who had core missions related to children and introduced the Collective Impact (CI) model to the work. While the previous collaboration was promoted in an effort to improve services, the CI approach focuses on social change and is specifically used to deal with complex issues. In 2012, the project was launched as Children Exposed to Violence and later renamed as Community Shield. To date, there are 30+ partners and institutions serving children and families in Jefferson County that are participating in the project.

Marta reported that an Executive Committee was formed along with subgroups focusing on data and data sharing, products and professional development. Community Shield focuses on secondary violence prevention and incorporates research on ACES and trauma-informed care. The group has been working on building capacity and creating a learning community. Over 342 professionals have been trained along with 500 out-of-school providers. Community Shield has hosted three national conferences and brought in speakers to discuss the topics of brain development and prevention.

Partners contribute funding to the effort based on the level of partnership and the national conferences have been supported by Kosair Charities and Metro United Way. Moving forward, the group will be focused on consolidating asset mapping; identifying overlaps between child abuse, domestic violence, homicides and poverty; and generating targeted recommendations. The ultimate goal is to build a community in which all youth exposed to violence receive services.

## **V. Project/Committee Updates**

### **a. Community Assessment/Safety Audit**

Lt. David Allen reported that he spoke with the potential vendor last week and is moving forward on the final proposal. He has met with the Metro Office of Management and Budget and is hopeful that the project will be launched this summer.

### **b. ODARA Update**

Eva Stansbury, Pretrial Services, recalled that training was held for all stakeholders in February and they are currently working on the logistics of implementing the ODARA risk assessment tool. The goal is to start on June 1<sup>st</sup>. Eva reported that although an official legal opinion has not been received, the preliminary report from the AOC Legal Department is that it will be permissible to share information related to the ODARA assessment.

In response to a question from Linda Bledsoe, Charlotte McPherson reported that the ODARA assessment will be used to provide information to judges on an individual's risk of

committing a future act of domestic violence. In order to obtain the necessary information for the tool, Tamara reported that a couple of questions will be added to the LAP form. Eva noted that judges will receive findings from both the PSA-CT and the ODARA. Lt. Allen has been in communication with two departments in Maine (one in Portland) that are using the tool. He noted that he will be attending their training and that the departments love the tool and report seeing a positive impact.

Lt. Allen anticipates a three-phased rollout that will begin on June 1, 2017 with the LMPD Domestic Violence Unit. The second phase will expand to the Third Division (South Dixie Highway), which has the highest number of domestic violence-related incidents. After making any necessary tweaks in the process, the third phase will involve department-wide implementation. Lt. Allen also reported that he has met with representatives from the Kentucky State Police who have agreed to create an addendum to the JC-3 that will include LAP and ODARA information. This will streamline the paperwork process and enable officers to print and distribute forms from their cars.

### **c. Lethality Assessment Program**

Lt. Allen reported that 487 LAP screens were conducted during the 1<sup>st</sup> Quarter of 2017, which is down from 556 during the same period last year. Tamara called attention to a data handout which includes year-to-date totals (July '16 – March '17) and indicated that the numbers are self-explanatory. She noted that the number of individuals who had previously received services has remained consistent at 19% over the past five years and highlighted that the program is reaching people who have no prior contact with CWF. Marta emphasized that there is a 40% chance of reducing a homicide if individuals receive information on domestic violence programs and where to go for help.

## **VI. Old Business/New Business**

As an item of new business, Judge Cunningham observed that the DVPCC agenda remains full and that the group has made continuous progress under the leadership of Chief Conrad. He made a motion that it would represent a huge hindrance to the progress of the DVPCC if Chief Conrad were replaced. The motion was seconded by David Nicholson and unanimously approved by members.

## **VII. Adjourn/Next Meeting**

With no further business to discuss, the meeting was adjourned. The next regularly scheduled meeting of the DVPCC will be held on Thursday, July, 27, 2017 in the 6<sup>th</sup> Floor Crown Room of the Judicial Center.