HOW THE RIVERSIDE COUNTY EAFC (ELDER ABUSE FORENSIC CENTER) CAN ASSIST WITH YOUR INVESTIGATION

David Franklin, PsyD., MHA

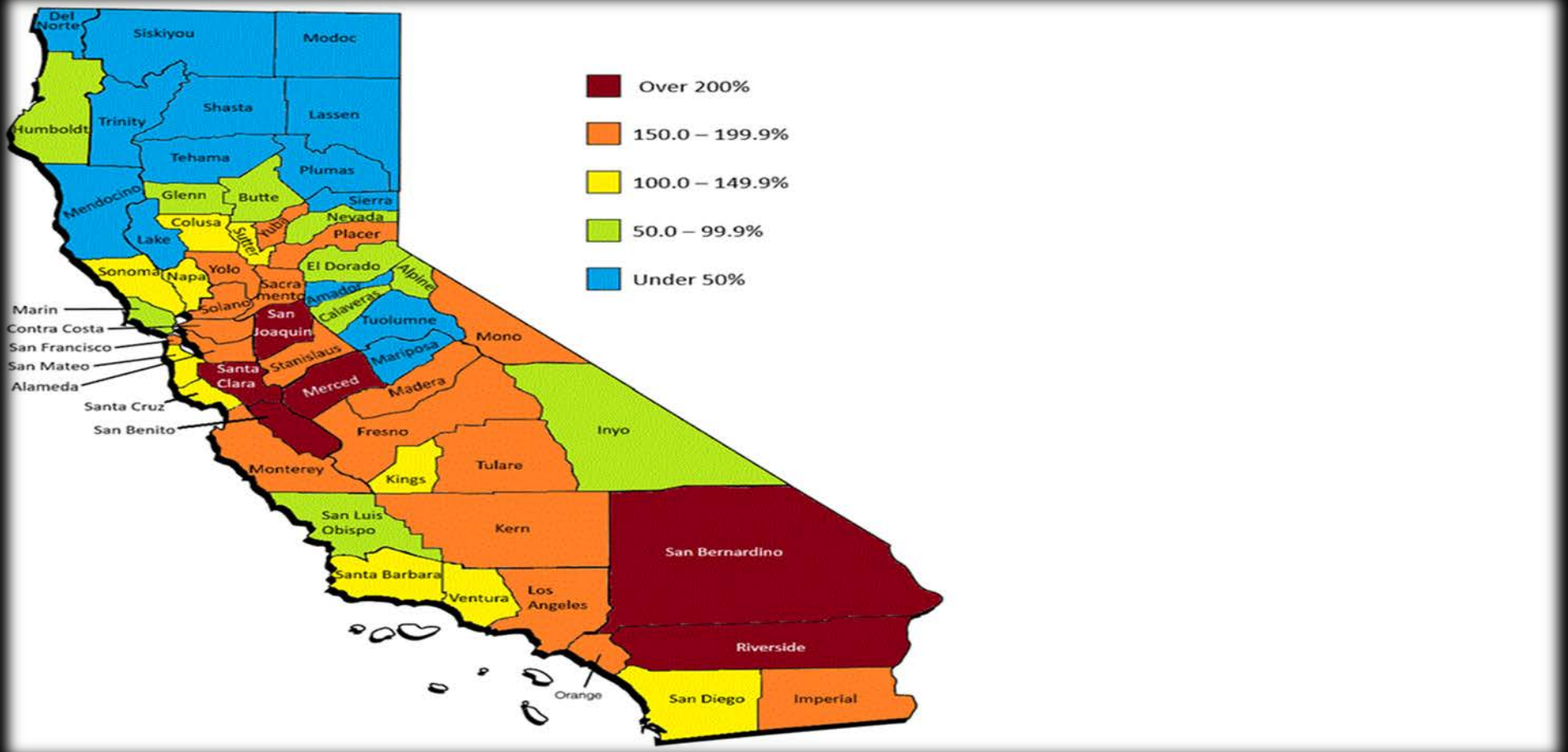
Neuropsychologist

Assoc. Clinical Professor, UC Riverside

Department of Psychiatry and Neuroscience

Director of the Elder Abuse Forensic Center, County of Riverside

POPULATION GROWTH FROM OVER 60 FROM YEAR 2010 TO 2060 (248%) – HIGHEST IN CALIFORNIA (CA DEPT OF AGING)



ELDER ABUSE FORENSIC CENTER

- The Elder Abuse Forensic Center (EAFC) strives to improve our community's ability to **combat, investigate**, and **prosecute** elder and dependent adult abuse

- The EAFC Team collaborates and determines coordinated response plans to improve case outcomes

- Reduce fragmentation and improve communication/problem solving related to preventing and addressing elder/dependent adult abuse, neglect, and exploitation.

EAFC OVERVIEW

- EAFC Services- Capacity Assessments, Forensic Evaluations/Medical Record Reviews, Geriatric Assessment, Forensic Accounting via DOJ-DMFEA

- Court expert testimony by EAFC doctors

(Provided on two criminal cases by both Neuro Psychologist and Geriatrician)

- EAFC MDT meetings are twice a month (1st & 3rd Mondays)

- Case Conference MDT meetings when requested

CORE MEMBERS OF THE EAFC

- EAFC Coordinator
- Neuropsychologists
- Geriatricians & Nursing Team
- Deputy District Attorney
- Law Enforcement
- Adult Protective Services
- Ombudsman
- Legal Aid
- Victim Services Advocate
- Public Guardians Office
- Behavioral Health
- ETS
- DOJ-DMFEA
- Sheriff Public Administrator
- Coroners Office

WHAT TYPE OF CASES CAN BE REFERRED TO EAFC

- Cases involving a crime or allegation of a crime and there is a consult needed from the team, including but limited to consult for pursuit of AIRO, urgent welfare check, pursuit of criminal prosecution or behavioral health evaluation.
- When a forensic evaluation is needed to determine if abuse or neglect occurred.
- When an in-home Capacity Assessment is needed to determine client's ability to make sound financial, legal and medical decisions.
- When an in-home Geriatric Assessment is needed to evaluate nutrition plan, environmental safety, fall risk, and medication compliance.
- Elder or dependent adult abuse cases that have medical, social, legal, and financial complexity that necessitates involvement and services provided by an array of disciplines to ensure client safety.

RESOURCES WITHIN THE CENTER

- Behavioral Health
  - CREST Teams
  - SMART Teams
  - ETS Connections

- Law Enforcement/DA Office/County Counsel
  - Provides Feedback and direction regarding what is needed for prosecution
  - Develop pathways to include the right individuals for protecting our community and case agents
  - Ensure that the center is within the protocols for such interventions as the AIRO and Conservatorship

RESOURCES WITHIN THE CENTER

- Riverside Legal Aid
  - legal expert to assist with ways to navigate civil remedies for EA victims
- Public Guardians Office
  - Crucial in ensuring the steps of conservatorship are being followed and to expedite TCONS if necessary, depending on the acuity of the situation
- Ombudsman
  - Crucial in developing contacts within the SNF facilities and other residential facilities

DIRECT EAFC SERVICES

- Forensic Evaluations
  - Physical abuse screening exams to determine if injuries are accidental/inflicted
  - Forensic accounting services for financial abuse cases (when there is a nexus to Medi-Cal)
  - Medical Consultations/ Medical Record Reviews (photos, radiology reports, medical records)

- Case consultation on complex cases involving a crime
  - Physical abuse, sexual abuse, financial abuse, caregiver neglect, abandonment, abduction or psychological abuse against Elder and Dependent Adults

- Medical/Capacity Assessments
  - Capacity, fall risk, environmental, nutrition, and pharmacological assessments

What is cognitive impairment?

- **Symptoms:**
- Memory loss.
- Frequently asking the same question or repeating the same story over and over.
- Not recognizing familiar people and places.
- Trouble exercising judgment, such as knowing what to do in an emergency.
- Changes in mood or behavior.
- Vision problems.
- Difficulty planning and carrying out tasks.

Conditions:

Alzheimer's

Vascular dementia (e.g. stroke)

Developmental delay

Traumatic Brain Injury (TBI)

Pharmacological

Disease side-effect (e.g. urinary tract infection)

CAPACITY VS. COMPETENCY

- Definition of Incapacity: An individual who, for reasons other than being a minor, is unable to receive and evaluate information or make or communicate decisions to such an extent that the individual lacks the ability to meet essential requirements for physical health, safety, or self-care, even with appropriate technological assistance (Uniform Guardianship and Protective Proceedings Act, 1997)

- Definition of Competency: Refers to Legal Findings Only. Competency refers to the mental ability to understand problems and make decisions.
  - Ex: Maybe competent to do ADLS but incompetent to handle the finances.

EAFC SERVICE: THE NEUROPSYCHOLOGICAL EVALUATION

- Portable: 1-7 hours
- Objectively scored
- Standardized, valid and reliable
- Quantitative and qualitative interpretation
- Biases: Age, Education, Culture

CONDITIONS COMMONLY REFERRED FOR NEUROPSYCHOLOGICAL ASSESSMENT

- Neurological conditions such as stroke, epilepsy, multiple sclerosis (MS), brain tumors, Parkinson's disease
- Suspected dementia
- Head trauma
- Attention-Deficit Disorders
- Learning Disorders
- Neuropsychiatric disorders
- Toxic exposures
- Medical conditions such as metabolic disorders, HIV infection, liver disease, renal disease, lupus, etc.

EVALUATING CAPACITY

- First Assumption – Patient **HAS** Capacity
- The right to make "bad decisions"
- Capacity has to deal with the question at hand
- Burden of proof is on the practioner.

NOT ONLY COGNITION

- Instrumental Activities of Daily Living
  - Cooking
  - Finances
  - Driving
  - Housekeeping
  - Medication Management
- Activities of Daily Living
  - Dressing
  - Bathing/Grooming
  - Toileting
- Behaviors/Psychosis

THE BOTTOM LINE IN HAVING A NEUROPSYCHOLOGICAL EVAL

- Provides a descriptive evaluation of the patient's strengths and weaknesses
- Able to provide statistics (numbers) as well as range of severity
- All instruments are normed and standardized to individuals who do not suffer from cognitive impairments
- Provides recommendations on treatments as well a determination of capacity utilizing standardized assessments

BARRIERS TO COMPLETING CAPACITY ASSESSMENTS

- Patient's relationship or lack of relationship with their physicians (Clinical Perspective)?
  - Possible Conflict of Interest
  - Patient has not seen their practioner for some time
  - Liability seen as a barrier for taking an individuals' rights away
  - Physicians not comfortable with completing a capacity declaration
  - Time to complete the assessment
  - Multiple mistakes made on the Capacity Declaration forms (GC335 and GC335-A)

PROBATE VS. LPS

Probate Conservatorship

- A probate conservatorship involves a court proceeding in which a judge appoints a responsible person ("conservator") to care for another adult who cannot care for himself/herself or his/her finances ("conservatee.") Conservatorships can only be established by order of the superior court, and are generally administered through county agencies.

Lanterman-Petris-Short (L.P.S.) Conservatorship

- A conservator of the person, of the estate, or of the person and estate may be appointed for any person who is gravely disabled. "Gravely disabled" means that the person is, as a result of a mental disorder or, as a result of impairment by chronic alcoholism, unable to provide for their basic personal needs for food, clothing or shelter.

PROBATE CONTINUED

Conservatorship of the person and estate with dementia powers.

- If a conservatee has been diagnosed with dementia, a conservator with dementia powers may be appointed. Under this type of conservatorship, a conservator may place the conservatee in a secure ward or facility, provided that this is the least restrictive placement appropriate to the needs of the conservatee. Have the right to use psychotropic medications to treat the symptoms of the dementia.

Length of Conservatorship

- A conservatorship is reviewed by the court six months after the initial appointment of the conservator, one year after the appointment, and annually thereafter

PROBATE CONT.

Conservator of the Estate

- If a conservator is appointed for a conservatee's estate:
  - the conservator must manage the conservatee's finances
  - protect their income and assets
  - make an inventory of the assets
  - make sure the bills are paid
  - invest the conservatee's money, make sure that the conservatee is receiving all the income and benefits he or she is entitled to, ensure that tax returns are filed on time, keep accurate financial records, and regularly report financial accounts to the court
  - Within 90 days of appointment as a conservator of the estate, the conservator must file an inventory and appraisal of all the assets in the estate. Additionally, the conservator must file a petition with the court one year after appointment and at least once every two years after that asking for court review and approval of the conservator's accounting of the estate

EAFC SERVICE: MEDICAL RECORD REVIEW (TIME STAMPING)

- Provide a review of medical records (inpatient or outpatient)
  - Can be from outpatient clinics
  - Hospitalizations
  - Hospice
  - SNFs

- Usually request information approximately within 2 years of the possible abuse or malfeasance and 1-2 years post abuse.

WHAT ARE YOU LOOKING FOR?

- The intake and discharge summaries from a hospital or SNF
  - Terms to know:
    - Is patient Alert and Oriented (normal is x3) (i.e. to person, place, and reason for the visit.
    - Screening instruments performed (SLUMs, MMSE, MOCA)
    - Progress reports describing patient's behaviors
    - Pages describing the patients abilities to perform his/her IADLS/ADLS
    - Descriptive changes in memory or mental status (i.e. key words such as memory loss, delirium, dementia, confusion)
    - Forms stating whether or not the patient has the capacity to make decisions.

TREATMENTS

- Medication for dementia:

  Acetylcholinesterase inhibitors

  - Aricept (donepezil), Reminyl (galantamine), Exelon (rivastigmine)

- Behavioral control
  - Antiepileptics: Depakote
  - Antipsychotics: Risperdal, Zyprexa, Seroquel

- Restraints

ANCILLARY INFORMATION

- Interview of family members or neighbors
  - When did the change in memory occur
  - When did the malfeasance occur
  - What changes were noted first
  - Behavioral changes
  - Most important changes in patient's IADLS/ADLs
    - Ex. Does he/she know how much monies he/she has in their accounts
    - Are they still driving and cooking complicated recipes
    - Any accidents while driving or are they becoming lost to certain places

REVIEW OF ANCILLARY INFORMATION (CON'T)

- Emails, logs or journals
  - Description of what the individual has been doing throughout the day
  - Documentation of change in behaviors, functioning, or cognition.
  - Dates of the emails

CASE DISCUSSION:

- Hospital Notes:
  - On admission patient noted to suffer from ***forgetfulness*** and ***confusion***. According to the progress notes, patient suffers from ***altered mental status***.
  - Needs ***moderate assistance*** with bathing and supervise assistance with oral care and total assistance with peri-care. According to the assessment of living, her ***bathing care and peri-care range from moderate assist to maximum assistance***. According to note on April 15, 2016 assessment on activities of daily living, it is noted that under safety awareness this this is impaired due to cognition
  - Patient was awake but ***confused times four.***
  - ***Only able to orient to self, thought processes is poor, and safety awareness impaired due to cognition.*** There are impairments noted in insight, memory for both long-term and short-term information, problem-solving, and sequencing, overall cognitive category rating is significant for moderate deficits. Moreover, barriers to learning include impaired cognition.

WHY NEUROPSYCHOLOGY:

Creates the whole picture of what the client is like now and if possible, what the client looked like at the time of the abuse.

CASE DISCUSSION:

- Emails (Ancillary Information)
  - I fed her three males a day, managed her meds properly so I hope she regains what was lost.
  - I was gone 15 minutes and come back and find her on the bedroom floor in a pool of pee. She kept asking me “what’s wrong with me.” For while she was looking for her mom yet knew me and where she was. Very sad indeed. I have no problem with any aspects of caring for her, (i.e. changing depend panties, cleaning pee or poop, feeding her by hand).
  - Person wrote about keeping patient on track with her medications and feeding her every day. She wrote about how she has been staying with the patient during the daytime hours and follow-ups with the patient with a phone call each night before bedtime. Person also wrote that patient is becoming more “absent-minded” and “forgetful” with the lack of ability to understand things. Person wrote about the patient refusing to dispose of things and how the houses become a disaster.

EAFC LESSONS LEARNED

- Alternatives to Conservatorship must be explored
- Protections such as AIROs/TROs are not immediate to safeguard client and their assets during an investigation or while pending Conservatorship
- Collaboration is key with all agencies involved in concurrent EA/DA Investigations. Law enforcement investigators are necessary and needed at the table.
- Funding is critical for service provision and program sustainability

EAFC MEETINGS FY 20/21

Between July 2020 and June 2021, the Elder Abuse Forensic Center (E.A.F.C.) hosted 21 general multidisciplinary team (MDT) meetings and an additional 30 focused MDT meetings, where all relevant parties are brought together for case discussion on a specific case.

In total, the E.A.F.C. hosted a total of 51 MDT meetings during this reporting period.

EAFC Meetings	
Type	#
EAFC MDT Meetings (general)	21
EAFC MDT Meetings (focused)	30
TOTALS	51

EAFC SERVICES: 20/21 FY STATS

The EAFC also coordinates special services that aid Adult Protective Services (APS) and other partner agencies in their investigation and service/safety coordination for the client. During this reporting period, the EAFC neuropsychologists completed a total of **29** capacity assessments, and the EAFC geriatric physicians conducted a total of **twenty-three (23)** in-home geriatric assessments. Additionally, the EAFC neuropsychologists and physicians conducted **one (1)** forensic evaluations of medical records or client injuries.

EAFC Services	
Type	#
Capacity Assessments	29
Geriatric Assessments	23
Forensic Evaluations (record or patient)	1
TOTALS	53