Introduction to Capacity Assessments

Director Dr. David Franklin

Riverside County Elder Abuse Forensic Center (EAFC)

DISCLOSURES

None of the faculty, planners, speakers, providers nor CME committee has any relevant financial relationships with commercial interest

There is no commercial support for this CME activity

Overview of the EAFC

- EAFC Services
- EAFC MDT meetings are twice a month (1st & 3rd Mondays in Riverside)
- Teleconference to meetings

What is the Elder Abuse Forensic Center?

- The Riverside County Elder Abuse Forensic Center (EAFC) is a team professionals that strives to improve our community's ability to combat, investigate, and prosecute elder and dependent adult abuse, neglect and exploitation, through enhanced collaboration and service provision among partner agencies.

- The EAFC schedules regular MDT meetings, where core partner agencies can collaborate, determine coordinated response plans and improve case outcomes.

Goals of the EAFC

- Reduce fragmentation and improve communication/problem solving related to preventing and addressing elder/dependent adult abuse, neglect, and exploitation.
- Raise public awareness about the multidimensional nature of and challenges associated with elder/dependent adult abuse, neglect, and exploitation.
- Educate and improve the competency of service professionals working with the elder/dependent adult population.
- Develop and advance practices in the field of elder and dependent adult protective services through the development of standardized tools and innovative research.

Meet the EAFC Core Team

- EAFC Director - UCR
- EAFC Assistant Director - RUHS
- EAFC Coordinator & RM - ASD
- District Attorney's Office
- DA Victims Services
- Sheriff's Department
- Coroner's Office
- Public Administrator
- APS
- Behavioral Health
- Public Guardian's Office
- Superior Court –Probate
- Long Term Care Ombudsman
- County Counsel
- Legal Aid
- Ad Hoc Members (i.e. CCL, DOJ)

EAFC Outcomes

- EAFC measures case outcomes
  - Based on results or outcomes of coordinated case plans discussed and recommended at EAFC meetings

- Education & Outreach

Why a CLINICAL/forensic evaluation?

- 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
  - Multiple mistakes made on the Capacity Declaration forms (GC335 and GC3351-A)

Forensic Evaluation Continued

- Forensic perspective (Medical Record Review)
  - District Attorney's Office (DA) and law enforcement needs supporting evidence for malfeasance.
  - Time stamp a neurodegenerative process for financial misconduct (please see case example at end).
  - Coroner's office noted suspicious findings.

Evaluating Capacity

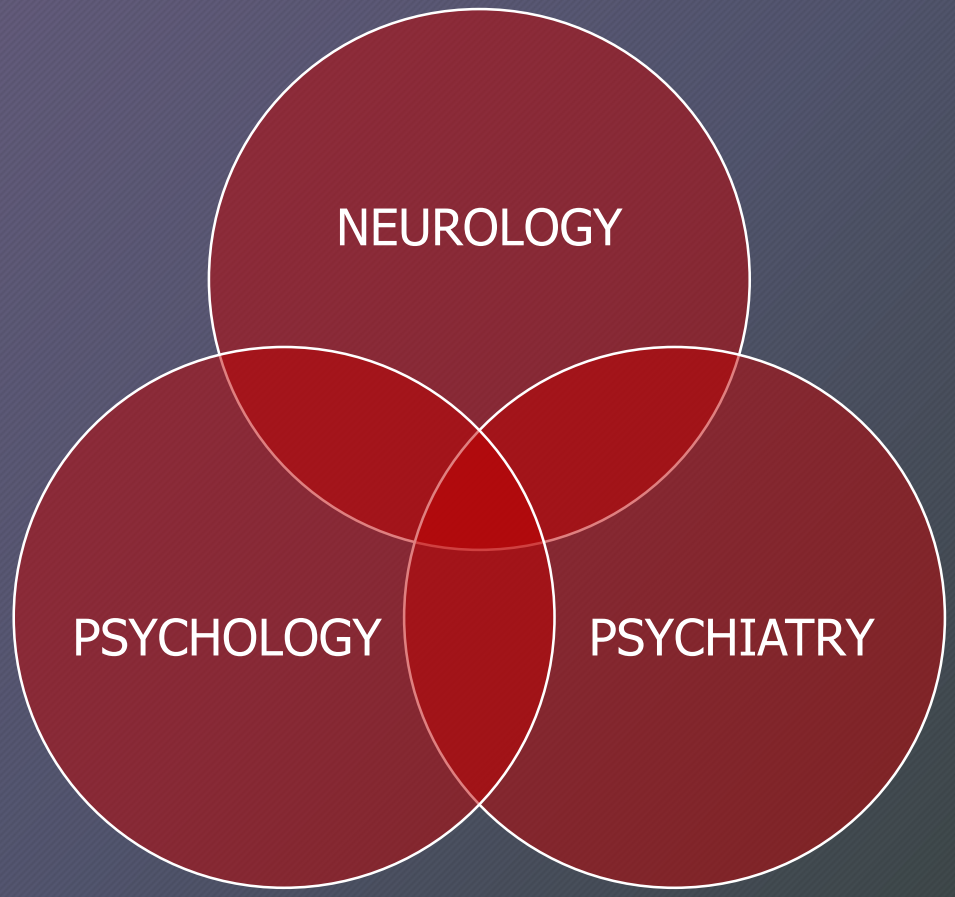
- Definition of Incapacity: An individual who, for reasons other than being a minor, is unable to received and evaluate information or make or communicate decisions to such an extent that the individual lacks the ability to meet essential requirements for physical health, safety, or self-care, even with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

- Definition of Competency: Refers to Legal Findings Only

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.
- Difference between Probate Conservatorship and Lanterman Petris Short (LPS)

Neuropsychological Evaluation



Neuropsychological Testing

- Memory; short term and remote
- Verbal function; Fluency
- Visuo-spatial function
- Attention
- Executive function
- Abstract thinking
- Account for education and social function

Not only cognition

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

Sometimes you just know

BENEFITS OF NEUROPSYCHOLOGICAL TESTING

- MUCH BETTER ASSESSMENT OF THE SEVERITY OF IMPAIRMENTS AND WHAT RESOURCES MAY BE HELPFUL
- HELP TO RULE OUT OTHER ETIOLOGIES FOR IMPAIRMENTS SUCH AS DELIRIUM
- PROVIDES A VERY GOOD OVERVIEW OF THE PATIENTS CAPACITY FOR THE JUDGE

BENEFITS OF NEUROPSYCHOLOGICAL TESTING (CONT.)

- PROVIDES A MORE ACCURATE DIAGNOSIS OF THE DISEASE STATE
- ABLE TO STATE THOSE SKILLS OR ABILITIES ARE ABLE TO RETAIN

The Number of Older Americans is *GROWING*

In 1900:
3.1 million

In 1999:
34.6 million

In 2050:
88.5 million

Source: U.S. Census Bureau. Census bureau projects doubling of nation's population by 2100. Press release, March 13, 2001.

What's Different About The 65+ Age Group?

- Age-related physiologic changes
- Decrease in reserves
- Increased incidence of comorbidity
- Cognitive impairment
- Atypical disease presentations
- Medication effects
- Higher need of social supports
- Increase in vulnerability to abuse

The Challenge in Elders

Geri Syndromes:

- Alzheimer's disease
- Falls
- Urinary incontinence
- Depression
- Frailty
- Functional Impairment
- Weight loss
- Polypharmacy

A Geriatrician's View

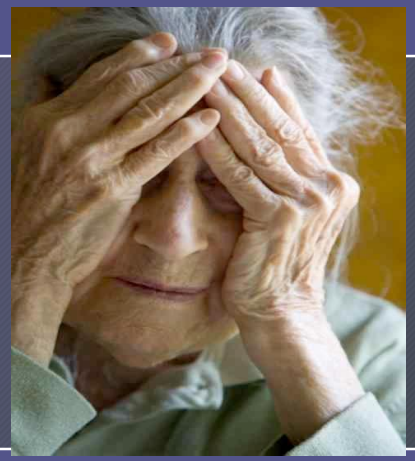
- Understand the patient's functional status (ADLs and IADLs)
- Understand the patient's vulnerabilities
  - Which activities require assistance?
  - Is the need due to physical issues, cognitive issues, or both?
  - What type of assistance is required?
- Identify the caregiver, if possible
- What are the caregiver's capabilities and limitations?
- Medical history and medical record including lab and meds
- Findings on physical examination

Mental Status Clues

Confused

Depressed

Anxious



Sudden change in behavior

Fearful, Suspicious

Patient reports that bills have become confusing

Relationship Status Clues

Stories aren't consistent	Caregiver won't let you talk to the patient alone	Caregiver speaks for the patient
Previous reports of abuse	Delay in seeking care	Body language of patient (won't make eye contact with you)

Caregiver Status Clues

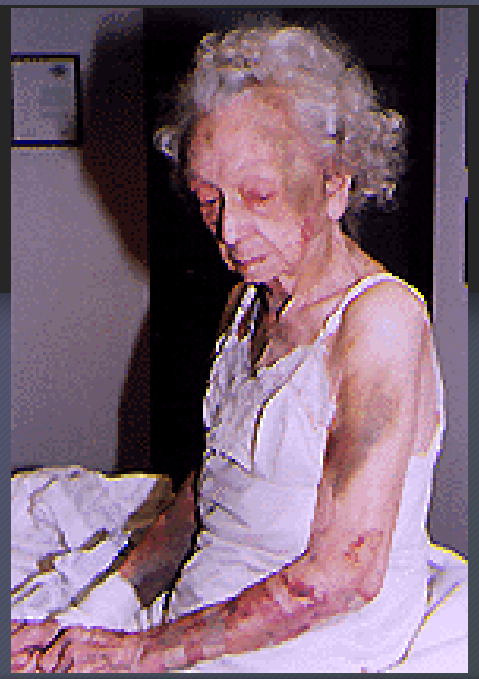
Caregiver has untreated mental health issues

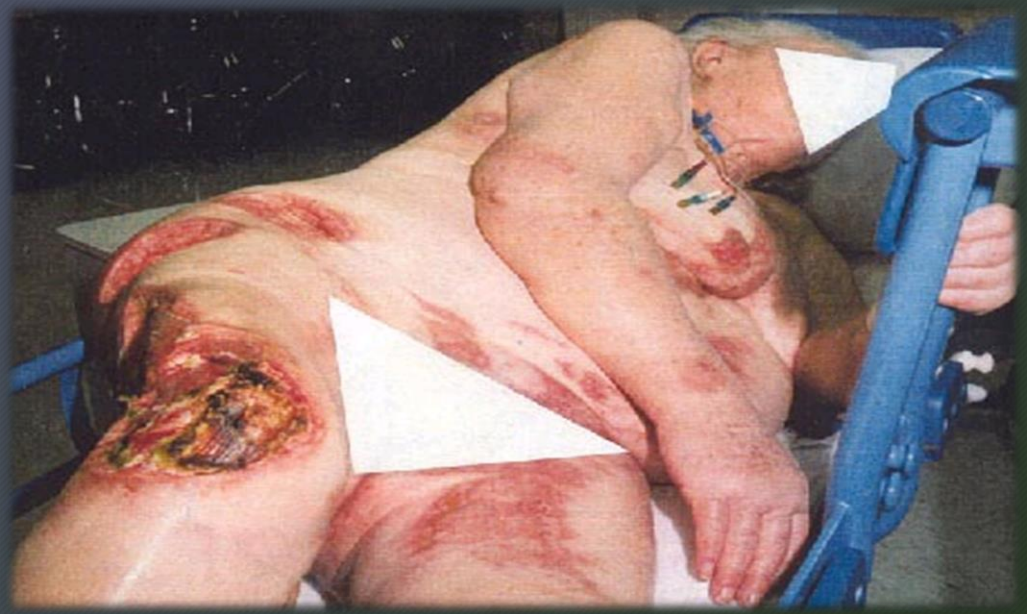
Caregiver indicates burden, resentment, frustration

Caregiver abuses alcohol, drugs

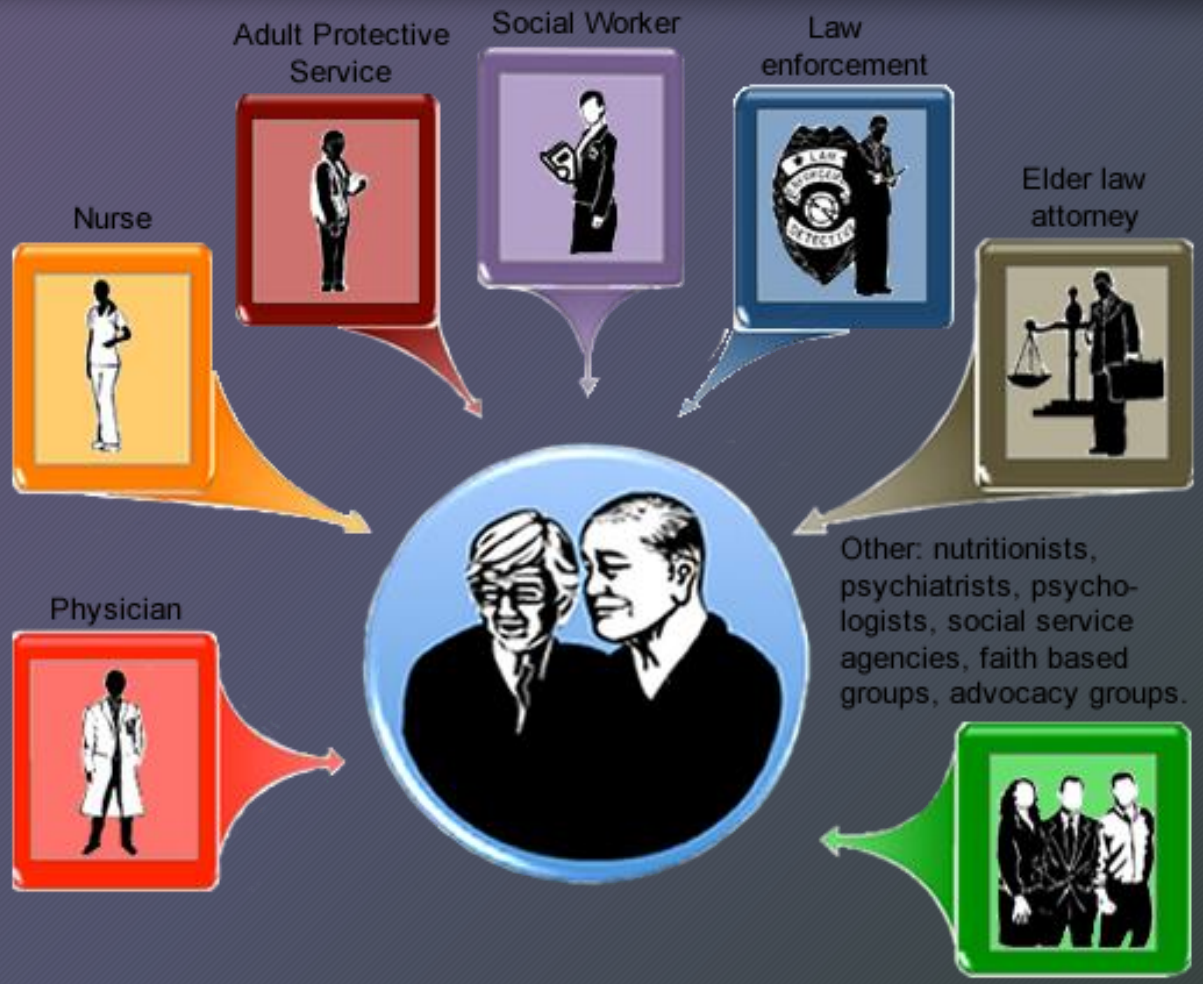
The Classic Case

- Dehydrated or Malnourished
- Deprivation of medical attention
- Deprivation of food
- Lack of ventilation, heat or light
- Poor hygiene, coated with fecal matter
- Contractures or Pressure sores
- Over or under-medicated





The Interdisciplinary Approach



Conservatorships

- Overview of Conservatorships
- Types of Conservatorships
- Probate Conservatorships
  - Limited Probate Conservatorships
  - Temporary and General
- Duration of Probate Conservatorships

Conservatorships

- Lanterman-Petris-Short (LPS)Conservatorships
  - LPS Conservatorship Referral Resources:
  - 5150 Designated Hospitals- Emergency Treatment Services,
  - Loma Linda Medical Center,
  - RUHS, etc; and some court ordered evaluations for LPS Conservatorship.
- LPS Conservatorship Investigations

Summary

- Aging is a big issue!
- Mistreatment of older adults is serious and prevalent, especially when the older adult is cognitively impaired
- Routine, systematic screening for mistreatment is essential
- Know the signs, and report suspected abuse and neglect
- Raise awareness
- Consider remaining life expectancy, quality of life, and functional status

Thank you

w.hamade@ruhealth.org

Questions & Closing Remarks

Please feel free to contact Alicia with an questions you may have.

Alicia (Ali) Platt

Program Coordinator

Geriatric Medicine Division

a.platt@ruhealth

(951) 486-5623