Welcome to the APS Research to Practice Webinar Series!

This webinar is sponsored by the joint research committee of the National Adult Protective Services Association and the National Committee for the Prevention of Elder Abuse, with support from NCCD.

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“Prosecution of Financial Exploitation Cases: Lessons from an Elder Abuse Forensic Center”

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Kathleen H. Wilber, PhD, Mary Pickford Foundation Professor of Gerontology, University of Southern California

Note: A copy of today’s presentation slides will be available along with a recording of the webinar on NCCD’s website within two weeks from today’s presentation.
Prosecution of Financial Exploitation Cases: Lessons from an Elder Abuse Forensic Center

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Funding Acknowledgement

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Objectives

I. Understanding the Problem

II. Elder Abuse Forensic Center
   - MDT (multidisciplinary team) Model
   - Focus on Financial Exploitation

III. The Case Review Process
   - Using a forensic lens

IV. Evaluation Findings
   - Focus on Prosecution Outcomes
Why do we care about this model?

Elder Justice Act (2010)

- First comprehensive national legislation enacted on elder abuse
  The EJA authorized (and awaits appropriations):
  - $26 million for the establishment and support of Elder Abuse, Neglect and Exploitation Forensic Centers to develop forensic expertise and provide services relating to elder abuse, neglect, and exploitation
    (Stiegel, 2010)

What are forensic centers and are they effective?
Elder Abuse: a “Wicked Problem”

- Complex: Multiple causes
  - Hard to describe/define
  - Enmeshed in other problems (drug abuse, mental disorder, social dysfunction)
- No clear “right answer” or prescribed pathway
- Disagreement about what should be done
  - What is success?
- Confusion, conflict, lack of progress in addressing
  - Lack of evidence that most elder abuse interventions work
Pareto Principle or "80-20 rule"

Predicts 20% of the clients use 80% of time/resources

<table>
<thead>
<tr>
<th>Case</th>
<th>Resources</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
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<td>80%</td>
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</tr>
<tr>
<td>120%</td>
<td>80%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Legend:
- Red: Resources
- Green: Cases
Professionals Responding to Abuse

- Municipal PD
- APS
- Disability Services
- Geriatrician
- Victim Advocates
- Civil Attorneys
- Prosecutors
- Other Physicians
- VICTIM
- Probate Attorneys
- Coroner
- Other Law Enforcement
- Neuropsych
- Public Guardian
- Mental Health Services
- Ombudsman
- Prosecutors
- Other Law Enforcement

USC
Part of the Solution: Collaboration

- Forensic Center Model harnesses diverse expertise
- Coordinates individual problem solving
- Getting people on the same page
- Learning each other’s language
- Synergy
- Some problems take a team
Elder Abuse Forensic Center Model

Forensic Center’s Collaborative Team

- Prosecutor
- Victim Advocates
- Coroner
- City Attorney
- Other Physician
- Regional Center
- Local Police
- APS
- Dept. of Mental Health
- Geriatrician
- Civil Attorneys
- Ombudsman
- Forensic Psych
- Other Law Enforcement
- Public Guardian
Multiple MDT Models

Various Combinations of Purpose:

- Networking
- Education
- Training
- Case Review(s)
  - Tracking & Follow-up
  - Results & Outcomes
- Frequency of meetings varies, often monthly
California Forensic Centers

Launched by Archstone Foundation’s Initiative

- Los Angeles County Elder Abuse Forensic Center
- San Francisco Elder Abuse Forensic Center
- The Elder Abuse Forensic Center in Orange County
- HOPE Team
Model: A flexible multidisciplinary team (MDT) to accommodate victim and provider needs

Process: Defined as: A highly-focused, problem-solving collaborative, meeting weekly

Why: Needed due to allegations increasingly becoming more time consuming and complex

Value: Model which can be superimposed on current systems, improving communication & problem-solving, without altering the current service delivery structure

The Los Angeles County Elder Abuse Forensic Center is a multidisciplinary team of professionals that protects vulnerable elders and dependent adults from abuse and neglect.
Conceptual Model

Bridging health, social services, & justice systems

Client Systems
- Adult Protective Service
- Geriatric Medical Care
- Neuropsychology
- Mental Health
- LTC Ombudsman
- Regional Center
- Victim Advocate
- Public Guardian

Elder Victims

Forensic Process
- Case Examination
- Documentation
- Consultations
- Training

Judicial Systems
- LA Police
- LA Sheriff
- Other Law Enforcement
- City Attorney
- District Attorney
- Civil Attorney

Improved Outcomes

Prosecution
Safety/Protective Interventions
Reduction in Recurrence
Overarching Center Goals

• Communication and coordination among Center team members

• Increased opportunities for justice and quality of life for victims

• Improved awareness and knowledge about prevention, protection, and prosecution of mistreatment/neglect, including the identification of best practices

• Ensuring the long-term sustainability of the Forensic Center
The Program Director is Key

“Henry! Our party’s total chaos! No one knows when to eat, where to stand, what to … Oh, thank God! Here comes a border collie!”
Focus on Elder Financial Exploitation

Complex, Growing, Multiple disciplines

Los Angeles County Adult Protective Services

<table>
<thead>
<tr>
<th>Year</th>
<th>Total reports</th>
<th>Financial</th>
<th>Bank Reports</th>
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<tbody>
<tr>
<td>2005</td>
<td>17,642</td>
<td>3977</td>
<td>73</td>
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<tr>
<td>2006</td>
<td>18,403</td>
<td>4141</td>
<td>127</td>
</tr>
<tr>
<td>2007</td>
<td>19,309</td>
<td>4734</td>
<td>940</td>
</tr>
<tr>
<td>2008</td>
<td>20,046</td>
<td>5512</td>
<td>1011</td>
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Forensic Case Review of Financial Exploitation

Before we move into specifics about the review process and the evaluation that was done...

Questions?
1. Profile of Victim
   - Medical/psychological status*
   - Cognitive status/capacity*
   - Functional abilities*
   - Support system

   Documents:
   - Medical records*
   - Prior assessments*
   - Capacity declaration
   - Conservatorships
   - Previous reports to APS
   - & law enforcement
   *At time in question

2. Profile of Suspected Abuser
   - Relationship*
   - Motives, conflicts of interest
   - Criminal background
   - Psychological status
   - Addictions
   *History of meeting, when/where

3. Case Facts
   - **Timeline**
   - Location/jurisdiction
   - Financial arrangements

   Documents:
   - Bank records
   - Loans/reverse mortgage*
   - Estate documents*
   - Power of attorney*
   - Property titles*, values
   - Contractual agreements*
   - including marriage license*
   *Dates, validity

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Case Analysis:
- Victim's safety/welfare risks?
- Victim's financial vulnerability?
- Has a crime occurred?
Case Review continued...

No: Supportive Actions
- Social service linkage
- Civil remedies
- Community resources
- Reports to investigate for fraud or misconduct

Unknown: Forensic Resources
- Medical Assessment
- Neuropsychological Evaluation
- Conservatorship Review
- Legal Consultation
- Law enforcement mentoring
- Victim advocacy/support

Yes: Protective Actions
- Social service linkage
- Freezing of assets
- Protective placement
- Restraining order
- Arrest
- Filing felony charges
- Expert court testimony
- Restitution order
- Involuntary hospitalization
- Conservatorship

Goals
- Protection of client's safety
- Protection of client's welfare
- Protection of client assets
Forensic Center Activities (2+38)

Center Meeting and beyond…

Client Services
- Medical Evaluations
- Neuro/Gero-psychological Evaluations
- Medical Record Reviews
- Capacity Declarations
- Expert Testimony in Court

Legal Services
- Prosecution
- Appropriate Conservatorships
- Civil litigation
Forensic Evaluations

- Multidisciplinary
- In home if possible
- Abilities/disabilities
- Medical history/medications
- Medical record review, when possible
- Collateral sources of information
Outputs to Date

- From 2006 to 2013:
  - Over 1,000 cases presented

- Team members have conducted approximately:
  - 175 Medical Evaluations
  - 190 Neuropsychological Evaluations
  - 41 Mental Health Services Referrals
## Demographics

(N=834)

<table>
<thead>
<tr>
<th></th>
<th>%</th>
<th>Mean (SD)</th>
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<tbody>
<tr>
<td>Age, years</td>
<td></td>
<td>76.7 (15.4)</td>
</tr>
<tr>
<td>Female</td>
<td>64</td>
<td></td>
</tr>
<tr>
<td><strong>Race / Ethnicity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caucasian</td>
<td>47</td>
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<tr>
<td>African American</td>
<td>19</td>
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<tr>
<td>Hispanic</td>
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<tr>
<td>Asian / Pacific Islander</td>
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<tr>
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<td>Unknown</td>
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<tr>
<td><strong>Marital Status</strong></td>
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<tr>
<td>Widowed</td>
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<tr>
<td>Single</td>
<td>26</td>
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<td>Married/Domestic Partnership</td>
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<td>Divorced/Separated</td>
<td>9</td>
<td></td>
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<tr>
<td>Unknown</td>
<td>11</td>
<td></td>
</tr>
</tbody>
</table>
Forensic Lens – Investigation

- Law enforcement report
  - Collateral sources
  - Isolation
  - Financial incentive?

- Prior APS reports
  - Neglect?
  - Other types of abuse?
Forensic Lens – The Victim

- Dependency of victim
  - Physical limitations
  - Sensory limitations
  - Cognitive limitations
  - Psychological conditions
  - All of these create vulnerability

- Victim’s story
- Caregiver’s story
Forensic Lens – Medical Records

- Documentation of abuse/neglect
  - Paramedic notes
  - Patient’s initial statements (elders recant)
  - Physician notes
- Laboratory findings
- Medical Social Worker’s documentation
  - Gold nuggets found here
  - “counseled son that she needs 24/7 care”
  - “patient declined SNF, despite understanding her limitations”
Research Evaluation

Before we move into specifics about the evaluation that was done...

Questions?
Full Sample by Abuse Types

Types of Abuse, 2007-2009 (N=574)

- Financial: 221
- Self Neglect: 49
- Neglect: 13
- Physical: 4
- Mixed/financial: 255
- Mixed/other: 32
Basics of Prosecution Process

Proof beyond a reasonable doubt

Submitted for DA Review

- APS and/or law enforcement works on case resolution
- If deemed appropriate, case is sent to DA for review and evaluation for prosecution
- APS worker and/or law enforcement determine the perpetrator will not be prosecuted

Charges Filed

- DA files a case with the court and takes it to trial if they believe they can successfully prosecute the
- DA deems the case as not fit for prosecution and declines to file it with the court

Plea/Conviction

- Perpetrator enters a plea of guilty, avoiding a trial, or a jury convicts the perpetrator as guilty
- Judge dismisses the case or a jury finds the perpetrator not guilty beyond a reasonable doubt
Prosecution Outcomes

1. Case investigated and submitted for District Attorney (DA) review
2. Charges filed against the alleged perpetrator
3. Judicial decision to accept plea bargain or convict
Research Question

What is the effect on the prosecution of elder financial exploitation cases, when APS accesses an elder abuse forensic center?
Matched Comparison Study

Financial Exploitation (N=476)

- Age (65-74, 75+)
- Race/ethnicity
- APS Office (provides 16 geographic categories)
- Total number of abuse types reported (complexity)
- Types of abuse (physical, financial, neglect, isolation, self-neglect, financial x neglect interaction)

Methods
Building on a system that is working

- Comparison study, matching cases 1:1
  - APS + Forensic Center (65+), 2007-2009
  - Matched with “usual” APS cases ($n = 33,650$)
  - Cases then linked to DA database outcomes

- Statistics compared APS + Forensic Center cases with matched usual care cases on sociodemographic, abuse, and outcome variables

- Models examined effect of 1) sociodemographics, 2) abuse characteristics, and 3) inclusion of the Forensic Center on the three prosecution outcomes: submitted for DA review, charges filed, and plea or conviction.
## Prosecution Results

*The Gerontologist, 2013*

<table>
<thead>
<tr>
<th>Total Sample</th>
<th>FC ((n = 237))</th>
<th>Usual Care ((n = 239))</th>
</tr>
</thead>
<tbody>
<tr>
<td>Submission to DA for Review</td>
<td>21.5 (51)</td>
<td>2.9 (7)</td>
</tr>
<tr>
<td>Charges filed</td>
<td>72.5 (37)</td>
<td>85.7 (6)</td>
</tr>
<tr>
<td>Guilty or Plea</td>
<td>89.2 (33)</td>
<td>83.3 (5)</td>
</tr>
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Odds of Prosecution, with the Forensic Center ($n=476$)

<table>
<thead>
<tr>
<th>Event</th>
<th>Increased odds ratio (OR)</th>
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</thead>
<tbody>
<tr>
<td>Submitted for DA review</td>
<td>10 times more likely</td>
</tr>
<tr>
<td>Charges filed</td>
<td>7.4 times more likely</td>
</tr>
<tr>
<td>Plea/conviction</td>
<td>8.5 times more likely</td>
</tr>
</tbody>
</table>

Cases heard at the Forensic Center were much more likely to receive a DA review, resulting in many more DA filings and ultimate convictions.
Reasons Goals are Met?

- Having people in the same room
- Team problem-solving
- Relationships across professions
- Marshaling resources to address abuse
- The “Forensic Lens”
- Forensic tools to sort out what intervention is needed
- Ongoing education by team for team
Summary of Findings

- These findings, combined with other Center research, indicates the Forensic Center model has changed the way professionals practice.

- We determined outcomes are significantly different from “usual care” for:
  - Prosecutions → significantly increased
  - Conservatorships → significantly increased
  - Recurrence → reduced overall
Implications and Next Steps

- Using systematic comparison methods – a large effect size was found for prosecution outcomes

- An MDT has the ability to accomplish both protection and prosecution  
  GAO report, 2012

- Additional research across other centers is needed to aid in replication of findings to inform best practices
Acknowledgments

- Jeanine Yonashiro Cho
- Marti DeLiema
- Zach Gassoumisis
- Diana Homeier
- Allyson Young
- Los Angeles County, Department of Community and Senior Services
- Los Angeles County, District Attorney’s Office


Thank You

Appreciate your interest and questions...
When: April 14, 2014

Presenter: Jason Karlawish, MD
Professor of Medicine, Medical Ethics and Health Policy
University of Pennsylvania, Perelman School of Medicine.

Topic: An Overview of the Assessment of Capacity for Everyday Decision Making (ACED)

Thank you!

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