

Developing Geriatric Forensic Psychiatry at UR

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Geriatric Psychiatry

The focus on prevention, evaluation, diagnosis, and treatment of mental illness in the elderly population, which includes the unique specialized training in neurocognitive disorders

- Treating neuropsychiatric symptoms in individuals with dementia
- Evaluating psychiatric medication regimens for interactions and side effects becomes more important with medical complexity

Forensic Psychiatry

The subspecialty of psychiatry in which clinical expertise is applied in legal contexts involving civil, criminal, correctional, or legislative matters

- Lack of Criminal Responsibility by Reason of Mental Disease or Defect
- Capacity to Stand Trial
- Treating psychiatrist in state forensic psychiatric hospitals or correctional settings

Geriatric Forensic Psychiatry

- Using the geriatric psychiatry specialty training to complete an evaluation of a legal context in the elderly population, and then forming a medical opinion and writing a report to summarize findings
 - Examples: medical decision making, financial decision making, testamentary capacity, guardianship, independent living capacity, informed consent, advanced planning and end-of-life decision making, capacity to stand trial
- Medical opinions on these topics result in significant life changes for individuals, so dual training in geriatrics and forensics is ideal for thorough and accurate evaluations

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Why now?

- The population of individuals 65+ is projected to reach approximately 84 million people by 2050 which is almost DOUBLE what it was in 2012 due to the aging baby boomers
- The field of geriatric forensic psychiatry is new and clinics that specialize in these evaluations do not exist in our country yet
- These types of evaluations are difficult to obtain and also costly

Why UR?

Geriatric Psychiatry Fellowship since early 1980s.

Forensic Psychiatry Fellowship since late 1980s.

It's Rochester!

My Journey

HRSA Interdisciplinary Geriatrics Fellowship: Drs. Lyness and Walpole

SHARE Alliance:

- UR: Drs. Conwell, King, Podgorski
- Lifespan: Paul Caccamise, Ann Marie Cook

T32 Post-doc Research Fellowship & MPH

LIVV: Kate Cerulli & Corey Nichols-Hadeed

Elder Justice Act of 2009 (3/23/2010), Elder Justice Coordinating Council

Monroe County Elder Abuse Consortium: Art Mason

Monroe County Elder Fatality Review Team: Tracey Siebert-Konopko

E-MDTs: Allison Granata, Lindsay Calamia

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*Under the Radar:
New York State Elder Abuse Prevalence Study*

SELF-REPORTED PREVALENCE AND DOCUMENTED CASE SURVEYS

FINAL REPORT
May 2011

Prepared by:
Lifespan of Greater Rochester, Inc.
Weill Cornell Medical Center
of Cornell University
New York City Department for the Aging

Principal investigators:
Mark Lachs, MD (Cornell)
Jackie Berman, PhD (DFTA)

Advisory Board Member

The project was partially funded by the New York State Children and Family Trust Fund, a program administered by the NYS Office of Children and Family Services

NYS EAPS Major Findings

A total incidence rate of 76 per 1,000 older residents of New York State, in the past year, for any form of elder abuse was found (non-financial and/or financial).

The most common form of mistreatment was **major financial exploitation** (theft of money or property, using items without permission, impersonation to get access, forcing or misleading to get items such as money, bank cards, accounts, power of attorney) with a **rate of 41 per 1,000 (4.1% of all older adults in state)**.

Over 260,000 older adults in NYS are victims of elder abuse each year. (c. **150,000** experience financial exploitation.)

**For every one case of elder abuse
that comes to the attention of a
responsible entity. . .**

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**another twenty three cases
never come to light.**

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Source: NYS Elder Abuse Prevalence Study; Weill Cornell Medical College, NYC Department for the Aging, Lifespan; (2011)

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What do we do now?

Victims of elder abuse are at a higher risk for:

- negative physical and psychological symptoms
- increased healthcare usage
- premature death/mortality due to abuse

The cost of financial exploitation has shown to cost states billions of dollars in

- lost assets and
- increased need for social services and interventions

Need something *Time effective*

Need something *Cost effective*

Enhanced Multidisciplinary Teams

“E-MDTs are a partnership among public, profit and non-profit organizations with the goal of working collaboratively to improve the process of protecting victims of financial exploitation and abuse, as well as improve the outcomes of complex elder abuse cases.”

Center for Elder Law & Justice

What makes it "Enhanced"?

Access to a forensic accountant

Access to a geriatric psychiatrist

Access to community legal services

Why E-MDTs?

- Bring together agencies to provide improved and effective system collaboration
- Bridge system gaps to offer a prompt and holistic response
- Efficiently use scarce resources
- Provide relief to the victim at the earliest possible juncture, stop the abuse, prevent further inappropriate use of funds, restore sense of safety and security

No single agency can do it alone!

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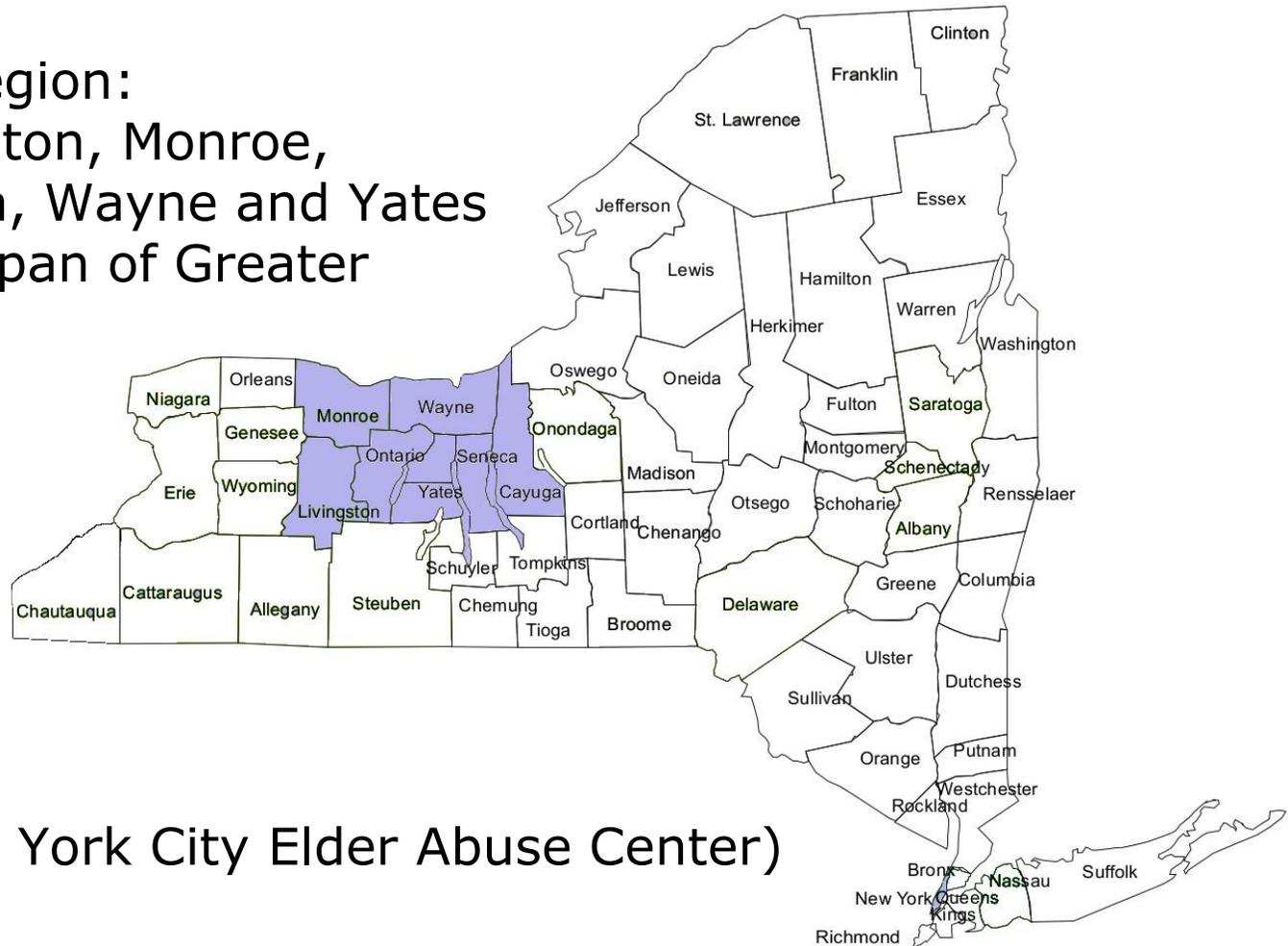
E-MDT Pilot

New York State from 2012-2016 with original funding from the Administration for Community Living

- Project title: 2012 Elder Abuse Prevention Intervention (NYS Office for the Aging)

Project goal was to pilot an intervention that prevents and addresses financial exploitation and elder abuse.

Finger Lakes Region:
Cayuga, Livingston, Monroe,
Ontario, Seneca, Wayne and Yates
counties – Lifespan of Greater
Rochester, Inc.



Manhattan- New York City Elder Abuse Center)

E-MDT Members

Core Team Members:

E-MDT Coordinator
Adult Protective Services
Office for the Aging
Law enforcement
District Attorney's Office
Bank/Credit Unions
Civil legal service provider
Forensic Accountant
Geriatric Psychiatrist

Additional Core or Liaison Members:

Elder Abuse Prevention Services
Financial Advisors
Welfare Fraud Investigator
County Attorney's Office
Ombudsman
Domestic Violence Providers
Attorney General's Office
Other community agencies

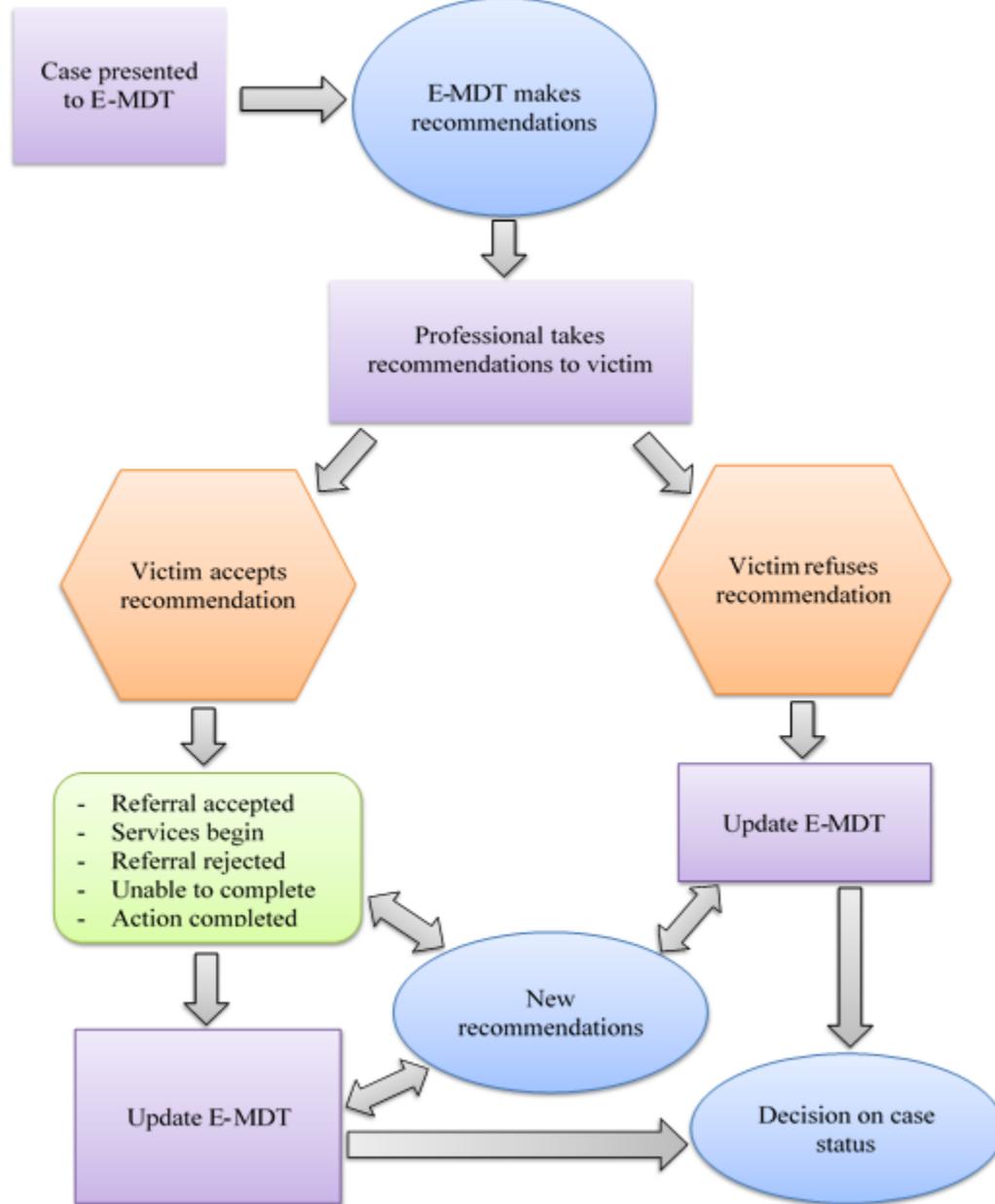
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E-MDT Functions

- E-MDTs meet regularly to review complex cases of elder abuse
- Identify multidisciplinary approaches for intervention or other appropriate measures to address the issues at hand.
- E-MDT meetings include the presentation and discussion of new complex cases and/or review and follow-up of cases discussed at previous meetings.
- E-MDTs develop and coordinate action plans as appropriate.
- Meetings may also include training and discussion of procedural and team development matters.

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E-MDT Case Flow



E-MDT Success

N = 221 cases:

Finger Lakes and Manhattan from
April 2013 – December 2015

30% of cases:

Financially-related interventions

200 referrals:

Access to professional services

81.5% of cases:

Reduction in exploitation of
assets

68.9% cases

End to financial exploitation

Restitution - Finger Lakes:
Court ordered or agreed
restitution: \$1,000,000+ with
\$200,000 repaid to victims
through 2017

E-MDT Expansion

2016: NYS Legislature sustains and enhances the Elder Abuse Preventions Initiative

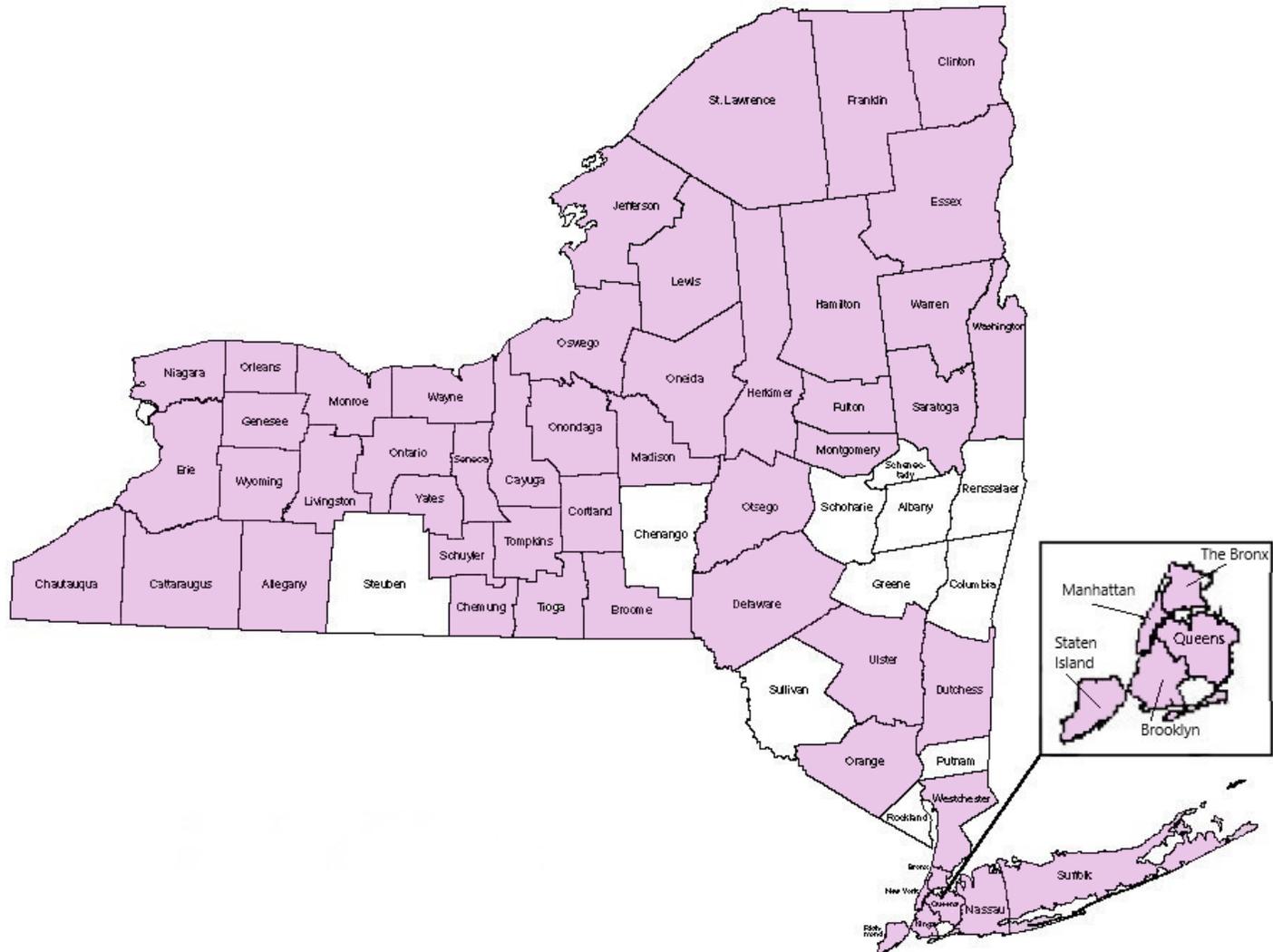
- Expansion to 14 additional counties

2017: Office of Victim Services partners with NYS Office for the Aging to expand funding for Elder Abuse Interventions and E-MDTs in NYS

- Funding administered through Lifespan of Greater Rochester, Inc.
- AIM: Expand E-MDTs to be available in every county of New York State by 2020

50 E-MDTs operational by end of 2020

NEW YORK



Geriatric Psychiatrist Roles

- Case consultations with:
 - Medical/mental health providers
 - DA's Office
 - APS caseworkers
 - Law Enforcement
 - Community organizations
 - Coroner's office
 - Others (e.g., PCPs)
- Medical and capacity evaluations
- Ongoing mental health treatment
- Differential Diagnoses

Education of team members:

- Dementia ≠ Incompetent
- Cognitive Impairment
- Mental Health
- Types of Capacity
- Explain Medications

Medical History and questions for PCPs

Bridge the medical gap with PCPs and Hospitals

Depositions and Court Testimony

Geriatric Forensic Psychiatry Fellowship

- Full year of Geriatric Psychiatry Fellowship
- Full year of Forensic Psychiatry Fellowship
- Closer collaborations
- Integrated Didactics
- Developing Rotations with elder law attorneys, APS, law enforcement

Capacity Clinic at OAS

- This is a novel clinic that does not exist elsewhere in the country, so we have been making our own template for the structure of the clinic
- We are coordinating with local agencies mentioned in previous slides to determine which evaluations are needed
- We are navigating a referral process to the clinic
- We are working on the billing component and are aiming to have it billed as a psychiatry consult so it will be covered by insurance
- The assessments will ideally occur at OAS, but if we cover additional counties, we may have to use telemedicine

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Capacity Clinic at OAS

- I have been working on templates for each type of evaluation to ensure organized and efficient reports
- This clinic is my dream job, and I am really looking forward to building a program with my dual specialty training that will enhance patient care for the vulnerable elderly population

Future Directions

- Closer collaboration between the fellowships
- Aging in prisons
- Crimes committed by patients with dementia
- NH care for patients with criminal histories

THIS IS VERY EXCITING!!



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