



Training Bulletin

Los Angeles Port Police

Thomas E. Gazsi, Chief of Police

Senior and Disability Victimization

PURPOSE:

The purpose of this Training Bulletin is to provide information and resources to officers responding to senior and/or disabled victim related calls for service.

INTRODUCTION:

All reported or suspected cases of elder and dependent adult abuse require report, even if the allegations appear unfounded or unsubstantiated (Penal Code § 368.6). (see Port Police Policy Manual § 326).

RECOGNIZING AND REPORTING SUSPECTED ABUSE:

Port Police is responsible for responding to calls for service that may include senior and/or disabled victims. It is important for officers to know the resources available to them, how to make notifications to other agencies, and to provide others with relevant resources to seek additional help after our encounter with the victim.

The County of Los Angeles Area Agency on Aging and the City of Los Angeles Department of Aging have developed the attached resource guide to help recognize the signs of elder abuse, how to report suspected abuse, and resources for survivors. (attached).

Responding units and field supervisors should consider notifying a Criminal Investigations Section supervisors if the investigation warrants additional and immediate detective support.

RESOURCES:

- a) LAPP Elder Abuse Evidence Collection Checklist (LAPP Form No. 4/2-03.78).
- b) LAPP Elder Abuse First Responder Checklist (LAPP Form No. 4/2-03.79).
- c) Los Angeles County Department of Mental Health has resources available for victims and their family. (see attached pamphlet).
- d) City of Los Angeles has resources available for Protecting Oneself and Loved Ones as We Age. (see attached pamphlet).

Additional copies of pamphlets available at all Port Police Public Counter locations, Port Police Headquarters Report Writing Room, and in the Records Unit. Also, located on the share drive at [G Drive\Administrative Forms\Available Resources](#).

REFERENCES:

The Criminal Investigations Section shall be notified by the on-duty Watch Commander if suspected Elder Abuse has been identified. The Criminal Investigations Section shall ensure compliance with mandatory notifications and reporting requirements. Welfare and Institutions Code § 15630(b)(1) states “Any mandated reporter who, in their professional capacity, or within the scope of their employment, has observed or has knowledge of an incident that reasonably appears to be physical abuse, financial abuse, or neglect, or is told by an elder or dependent adult that they experienced behavior, including an act or omission, constituting physical abuse, financial abuse, or neglect, or reasonably suspects that abuse, shall report the known or suspected instance of abuse by telephone immediately or as soon as practicably possible, and by written report sent within two working days, as follows:

Location of abuse or suspected abuse	Agency to report to	Contact Phone Number	WIC Citation
Long-Term Health Care Facility	County Ombudsperson	(800) 334-9473	15630(A)
	State Department of Health Services	(888) 452-8609	15630(A)(i)
Adult Day Care Facility	State Department of Social Services	(323) 980-4934	15630(A)(ii)
Residential Care Facility for the Elderly	State Department of Social Services	(323) 980-4934	15630(A)(ii)
Adult Day Health Care Center	State Department of Health Services	(888) 452-8609	15630(A)(ii)
	CA Department of Aging	(800) 231-4024	
Any known or suspected criminal activity related to elder or dependent adult abuse	Bureau of Medi-Cal Fraud and Elder Abuse	(800) 722-0432	15630(A)(iv) 15630(B)
State Mental Hospital	State Department of Mental Health	(800) 854-7771	15630(B)
	State Department of Developmental Services	(916) 654-1690	
	Bureau of Medi-Cal Fraud and Elder Abuse	(800) 722-0432	

Location of abuse or suspected abuse	Agency to report to	Contact Phone Number	WIC Citation
State Developmental Center	State Department of Mental Health	(800) 854-7771	15640(B)
	State Department of Developmental Services	(916) 654-1690	
	Bureau of Medi-Cal Fraud and Elder Abuse	(800) 722-0432	
Anywhere else	Adult Protective Services	(833) 401-0832	15630(C)

These phone numbers are available in the Communications Center.

If you have any further questions, please contact Criminal Investigations Section.

RWA:NB:DRC:arl



Los Angeles Port Police
Elder Abuse Evidence Collection Checklist

LAPP Incident # _____
LAPP Report # _____

Medical Records:

- | | |
|--|---|
| <input type="checkbox"/> Emergency Room | <input type="checkbox"/> Lab Reports |
| <input type="checkbox"/> Treating Physician(s) | <input type="checkbox"/> Nurses' Notes |
| <input type="checkbox"/> Nursing Facilities | <input type="checkbox"/> X-rays |
| <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Social Workers' Notes |
| <input type="checkbox"/> Dentist(s) | <input type="checkbox"/> Adult Protective Services Records & Prior Contacts |
| <input type="checkbox"/> Prescriptions | <input type="checkbox"/> Other |

Legal Records:

All law enforcement contacts with involved parties and witnesses, including:

- Physical inventory checklist (Elder Abuse First Responder Checklist)
- 911 Tapes
- Arrest Reports
- Criminal Histories
- Jail Records including:
 - Phone Calls
 - Visitor Logs by or on behalf of suspects

Testimony & Background Evidence:

- Psychological/Psychiatric evaluation of victim (when consent, undue influence, or capacity may be an issue)
- Victim testimony or deposition with full-cross examination, as soon as possible after charging
- Videotape the victim at the early stage of the investigation, including the following:
 - Orientation (how does the victim perceive time and place)
 - Victim testifying to consent
 - Victim naming identity of suspect
 - Victim singing his/her name in video to compare to signature on questioned documents (financial abuse)
 - Impact of crime (video record a walk-through of neglect or abuse crime scene, if possible)

Consultation with Experts:

- | | |
|---|--|
| <input type="checkbox"/> Handwriting Analysts | <input type="checkbox"/> Geriatric Psychologists & Psychiatrists |
| <input type="checkbox"/> Geriatricians | <input type="checkbox"/> Wound Care Experts |
| <input type="checkbox"/> Forensic Accountants | <input type="checkbox"/> Medical Examiner |
| <input type="checkbox"/> Civil Attorneys | |



Los Angeles Port Police
Elder Abuse Evidence Collection Checklist

LAPP Incident # _____

LAPP Report # _____

Interviews:

Witnesses who can describe the victim’s condition, activities, and level of functioning and interaction with the defendant at the time of the incident and before. Describe changes over time.

Possible Witnesses:

- Family and Friends
- Acquaintances/Social
- Banking/Financial
- Hair Stylists/Barbers
- Faith Community
- Local Businesses
- Neighbors
- Adult Day Care Services
- Social Services (Meals on Wheels, etc.)
- Adult Protective Services
- Civil Attorneys
- Delivery Personnel
- Postal Carriers
- Meter Readers
- Payees for expenses the suspect paid with the victim’s money

Financial & Legal Records:

- Credit Card Records
- Investment Account Records
- Credit Reports
- Suspect’s Bank Records
- Victim’s Bank Records
- Checkbook Registers
- Powers of Attorney
- Prior Civil Cases
- Court/Protection Orders
- Wills and Trusts
- Property Deeds
- Conveyances
- Advanced Care Directives/Living Wills
- Guardianship/Conservatorship Documents

Physical Evidence:

Crime Scene photos and video, including, if relevant:

- Suspect’s living area
- Victim’s living area
- Major new purchases made by suspect
- Victim’s body
- Injuries over time
- Other signs of neglect
- Clothing victim was wearing at time of incident (including undergarments if applicable.
- Bedding
- Locks outside of doors
- Writings/Journals/Letters
- Photos and videos related to conduct
- Address Books and Calendars
- Defendant’s and victim’s ISP records
- Defendant’s computer, flash drives, etc.
- Legal file from victim’s civil attorney
- Assistive devices (or lack thereof)
- Nutritional Supplements
- Receipts for Purchases
- Restraints and Bindings
- Checkbooks, Check Registers
- Contents of refrigerator, cupboards, medicine cabinets (including actual bottles/containers for prescriptions to show physician and pharmacy, possession and full/empty status given recommended dosage over time from the date of the last refill)



Los Angeles Port Police Elder Abuse First Responder Checklist

Does the older adult have any impairments?

- Hearing impaired/uses hearing aid
- Visually impaired (wears glasses, full or partial blindness, cataracts)
- Requires walker, wheelchair, or cane
- Wears dentures

Does the older adult take medications? If so, list:

Does the older adult have any medical conditions? If so, list:

Can the older adult do the following things independently (without assistance)?

- | | | | |
|--------------------------|------------------------------|-----------------------------|----------------------------------|
| Bathing | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Dressing | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Toileting | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Transferring | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Continence | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Ability to use telephone | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Transportation | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |

Signs of Physical Abuse:

Victim's Self Report	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Victim's Self Report Description
Bruises	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	_____
Black Eyes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	_____
Lacerations	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	_____
Ligature/Restraint Marks	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	_____
Broken Bones	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	_____
Burns	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	_____
Bite Marks	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	_____
Over/Under Medicated	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	_____
Hair Pulled Out	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	_____
Uncooperative Caretaker	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	_____
Weapons	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	_____



Los Angeles Port Police Elder Abuse First Responder Checklist

Signs of Sexual Abuse:

	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown	Victim's Self Report Description
Victim's Self Report	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown	_____
Bruises	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown	_____
Black Eyes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown	_____
Lacerations	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown	_____
Ligature/Restraint Marks	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown	_____
Broken Bones	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown	_____
Burns	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown	_____
Bite Marks	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown	_____
Over/Under Medicated	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown	_____
Hair Pulled Out	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown	_____
Uncooperative Caretaker	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown	_____
Weapons	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown	_____

Signs of Neglect/Cruelty:

	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown	Victim's Self Report Description
Victim's Self Report	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown	_____
Lack of Basic Services	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown	_____
Lack of Assistive Device	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown	_____
Abandonment	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown	_____
Inappropriate Clothing	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown	_____
Inadequate Heating or Cooling	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown	_____
Bed Sores	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown	_____
Unsafe Environment	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown	_____
Fleas/Lice/Roaches/ Rodents	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown	_____
Fecal/Urine Odor/Stains	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown	_____
Lock/Chains on Interior Doors	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown	_____

Signs of Emotional Abuse:

	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown	Victim's Self Report Description
Victim's Self Report	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown	_____
Upset/Agitated	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown	_____
Withdrawn/ Non-Responsive	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown	_____
Nervous Around Caregiver/Others	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown	_____
Caregiver Restricts Communication to Friends & Family	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown	_____
Fearful or Saying or Doing Something Wrong	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown	_____



Los Angeles Port Police Elder Abuse First Responder Checklist

Signs of Financial Abuse:

Victim's Self Report	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Victim's Self Report Description
Unemployed Adults Reside in Home	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	_____
New Names on Signature Card(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	_____
Unauthorized Withdrawal(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	_____
Abrupt Changes in Will	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	_____
Disappearance of Funds/Possessions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	_____
Unpaid Bills/Adequate Funds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	_____
Forged Signature for Transactions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	_____
Appearance of Uninvolved Relatives	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	_____
Sudden Transfer of Assets	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	_____
Unlicensed Personal Care Home	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	_____
Large Purchases for Abuser's Benefit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	_____
Inappropriate Financial Reimbursement for Services to the Older Adult	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	_____

Signs of Self-Neglect:

Dehydration/Malnutrition	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Lack of Medical Attention	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Unsafe Living Conditions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Unsanitary Living Conditions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Inappropriate Clothing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Lack of Assistive Devices	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Inadequate Housing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown

Elder Abuse: Prevention through Prosecution

Physical Abuse

Neglect

Psychological Abuse

Financial Abuse

Sexual Abuse



Stop Elder ABUSE.

This Resource Guide was created in collaboration with WISE & Healthy Aging and was funded by The County of Los Angeles Area Agency on Aging and The City of Los Angeles Department of Aging.

This project was supported by Grant No. 2013-EW-AX-K005 awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.



RECOGNIZE the SIGNS of ELDER ABUSE

Physical Abuse

- Unexplained signs of injury such as bruises, welts, scars, broken bones or sprains
- Report of drug overdose or apparent failure to take medication regularly
- Broken eyeglasses or frames
- Signs of being restrained, such as rope marks on wrists
- Caregiver's refusal to allow you to see the person alone
- Physical or chemical restraints for caregiver's convenience

Emotional Abuse

- Threatening, belittling, or controlling caregiver behavior that you witness
- Behavior from the elder that mimics dementia, such as rocking, sucking, or mumbling

Sexual Abuse

- Bruises around breasts or genitals
- Unexplained venereal disease or genital infections
- Unexplained vaginal or anal bleeding
- Torn, stained, or bloody underclothing

Neglect by Caregivers or Self-Neglect

- Unusual weight loss, malnutrition, dehydration
- Untreated physical problems, such as bed sores
- Unsanitary living conditions: dirt, bugs, soiled bedding and clothes
- Dirty or unbathed
- Unsuitable clothing or covering for the weather
- Unsafe living conditions (no heat or running water; faulty electrical wiring, fire hazards)
- Desertion of the elder at a public place

Financial Exploitation

- Significant or unauthorized withdrawals from the elder's accounts
- Sudden changes in the elder's financial condition
- Items or cash missing from the household
- Suspicious changes in wills, power of attorney, titles, and policies
- Addition of names to the elder's signature card
- Unpaid bills or lack of medical care, although the elder has enough money to pay for them
- Financial activity the elder couldn't have done, such as an ATM withdrawal by a bedridden account holder
- Unnecessary services, goods, or subscriptions

Healthcare Fraud and Abuse

- Duplicate billings for the same medical service or device
- Evidence of overmedication or undermedication
- Evidence of inadequate care when bills are paid in full

California Welfare & Institutions Code § 15610.07

- An Elder is a person 65 years or older.
- A dependent adult is any person 18 to 64 years who has physical or mental limitations which prevent them from carrying out activities or render them unable to protect their rights, including persons who are physically or developmentally disabled. Also, anyone who has been admitted to an inpatient 24 hours facility.

Under California law, "Abuse of an elder or a dependent adult" means either of the following (causing or allowing):

(a) Physical abuse, neglect, financial abuse, abandonment, isolation, abduction, or other treatment with resulting physical harm or pain or mental suffering.

(b) The deprivation by a care custodian of goods or services (care) that are necessary to avoid physical harm or mental suffering.

REPORTING SUSPECTED ABUSE

Elder Abuse Hotline at **1-877-477-3646** or **1-800-992-1660** to report allegations of abuse when you are unsure on where to call.

Adult Protective Services, County of Los Angeles, **1-888-202-4248** if you suspect elder abuse in the community. Call 213-351-5401 if you are outside of Los Angeles County.

Long-Term Care Ombudsman, at WISE & Healthy Aging **1-800-334-9473** and report suspected abuse occurring at board and care homes, nursing homes and assisted living facilities in LA County. Statewide Ombudsman after hours crisis line: 1-800-231-4024.

California Attorney General Bureau of Medi-Cal Fraud & Elder Abuse: On-line complaint form: www.ag.ca.gov/bmfea **1-800-722-0432**

RESOURCES for SURVIVORS

- Los Angeles County District Attorney Victim-Witness Assistance:
<http://da.co.la.ca.us> 1-800-380-3811 or 1-626-927-2500
- Ageless Alliance <http://agelessalliance.org>
(uniting against elder abuse through awareness, support and community engagement)

Domestic Violence

- National Domestic Violence Hotline 1-800-799-7233
- Domestic Violence Hotline Southern California 1-800-978-3600
(callers may receive help in 13 languages)
- Jewish Family Service Family Violence Project 1-818-505-0900
- VINE- Victim Information and Notification Everyday
(a service by the Los Angeles County Sheriff's Department to notify you when the status of an inmate changes) 1-877-846-3452

Mental Health

- County of Los Angeles Department of Mental Health, Older Adult Services ACCESS Center
Help regarding hoarding and other mental health issues: 1-800-854-7771
- National Suicide Prevention Lifeline 1-800-273-8255

RESOURCES to FIGHT ABUSE



Mobile Apps: Available for Download on the Android and iPhone App Store

- 368+: Elder and Dependent Adult Abuse Guide for CA Law Enforcement
- GEAR: A Guide for Elder Abuse (includes practical information on abuse, tools, resources, and ways to report abuse)

General Information

- City of Los Angeles Department of Aging and Information and Assistance: 1-213-252-4030
- County of Los Angeles Area Agency on Aging: 1-800-510-2020
Department of Community and Senior Services: www.css.lacounty.gov 1-213-738-4004
- Los Angeles County Information and Referral, for senior services dial: 211
www.infoline-la.org
- WISE & Healthy Aging Information & Referral for senior services: 1-310-394-9871 ext. 464

Social Security Administration

- www.socialsecurity.gov Fraud Hotline: 1-800-269-0271

Legal Assistance

- Bet Tzedek Legal Services: www.bettzedek.org 1-323-939-0506
- California State Attorney General: www.ag.ca.gov 1-800-952-5225
- Legal Aid Foundation of Los Angeles: www.lafla.org 1-800-399-4529
- Los Angeles City Attorney's Office Elder Abuse Hotline: 1-877-477-3646
- Los Angeles County Bar Association Lawyer Referral & Information: www.lacba.org 1-213-243-1525
- Los Angeles County District Attorney Elder Abuse Section: 1-213-580-3383
- Los Angeles County Public Administrator – Public Guardian: 1-213-974-0515
- CANHR State Bar Certified Lawyer Referral Service: 1-800 474-1116

Medicare or Medi-Cal Fraud

- California Attorney General Bureau of Medi-Cal Fraud & Elder Abuse: 1-800-722-0432
On-line complaint form: www.oag.ca.gov/bmfea
- Center for Health Care Rights/California Health Advocates: www.cahealthadvocates.org
Health Insurance Counseling and Advocacy Program (HICAP)
Medicare and healthcare counseling: 1-800-434-0222
- Department of Health Services for Medi-Cal fraud 1-800-822-6222
- U.S. Health & Human Services TIPS Hotline to report Medicare fraud: 1-800-447-8477



Financial Fraud and Exploitation

Credit Card Fraud

If you are working with a victim of identity theft, they can call these agencies to freeze new accounts being opened in their name and for disputes regarding their credit record.

Experian: www.experian.com

1-888-397-3742

Equifax: www.equifax.com 1-800-525-6285

TransUnion: www.transunion.com

1-800-680-7289

Free Annual Credit Report:

www.annualcreditreport.com

1-877-322-8228

Mail Fraud

U.S. Postal Inspection Service – report mail fraud: <http://postalinspectors.uspis.gov>

1-877-876-2455

Opt-out from unsolicited mail, pre-

approved credit card and insurance offers:

1-888-567-8688

Direct Marketing Association Inc. – remove name from mailing & emailing list:

www.dmachoice.org

Telephone Fraud

Federal Trade Commission (FTC) – telemarketing fraud/identity theft:

1-877-382-4357

Do Not Call Registry – stop telemarketers from calling: www.donotcall.gov

1-888-382-1222

Internet Crime / Spam

Internet Crime Complaint Center: www.ic3.gov

Brokers/Investments Fraud

California Department of Corporations
Seniors Against Investment Fraud (SAIF):

1-866-275-2677

Concerns about brokers, investment advisers, financial planners, mortgage lenders and bill payers: www.corp.ca.gov

Financial Industry Regulatory Authority (FINRA) BrokerCheck – check the background of a broker or brokerage: 1-800-289-9999

Consumer Issues

California Department of Consumer Affairs – check licenses for doctors, nurses and other healthcare professionals: www.dca.ca.gov
1-800-952-5210

California Department of Insurance – insurance concerns: www.insurance.ca.gov
1-800-927-4357

California Department of Real Estate – real estate concerns: www.dre.ca.gov
1-213-620-2072

California Public Utilities Commission – utility complaints: www.cpuc.ca.gov/puc
1-800-649-7570

Contractors State License Board – concerns regarding licensed and unlicensed contractors: www.cslb.ca.gov 1-800-321-2752

Los Angeles County Department of Consumer Affairs – landlord/tenant issues, housing discrimination, homebuyer issues, consumer complaints: www.dca.lacounty.gov
1-800-593-8222 or 1-213-974-9778

PENAL CODE SECTIONS

Domestic Violence

273.5 – Any person who willfully inflicts injury upon: Spouse or former spouse; Cohabitant or former cohabitant; Fiancé, or someone with whom offender has or had a dating relationship; Mother or father of offender's child

242/243e – Battery against any of the above people without causing injury

242/243d – Battery with Serious Bodily Injury

245a1 – Assault with a Deadly Weapon, other than firearm

417a1 – Brandishing with a Deadly Weapon, other than firearm

245a2 – Assault with a Deadly Weapon, firearm

417a2 – Brandishing with a Deadly Weapon, firearm

245a4 – Assault with Force Likely to Produce Great Bodily Injury

Elder Abuse

368b – Elder Abuse likely to produce great bodily injury or death

368c – Elder Abuse other than that likely to produce great bodily injury or death

243.25-Battery on an elder or dependent adult

Miscellaneous

422 – Criminal Threats: 203 – Mayhem; 206 – Torture

Penalty Enhancement

667.9 – a. 1 year sentencing enhancement for the following crimes against elders or dependent adults: mayhem, kidnapping, robbery, carjacking, rape, spousal rape, sodomy, oral copulation, sexual penetration, burglary of the first degree ; b. 2 year sentencing enhancement with prior conviction for any of the offenses listed above

368 – If an elder or dependent adult suffers great bodily injury during the commission of felony elder abuse, an additional term in state prison applies as follows: Three years if the victim is under 70; Five years if the victim is 70 or older. If the abuse causes death, an additional term in state prison applies as follows: Five years if the victim is under 70; Seven years if the victim is 70 or older

Stalking & Harassment Statutes

646.9 – Stalking- Any person who maliciously and repeatedly: Follows or harasses; Makes a credible threat with intent to place person in fear of safety; Harass – engage in course of conduct that alarms, annoys, torments and terrorizes.

Firearm Possession Crimes

CCP 527.9 – any person who is subject to a criminal protective order must surrender any firearm to local law enforcement, (or lawfully transfer or sell to licensed gun dealer) within 24 hours after service of order.

25850 – loaded firearm possession

25400 – concealed firearm possession

26350 – open carrying of firearm

29805 – may not possess firearm if has specific misdemeanor conviction within 10 years

Sexual Abuse in Later Life Statutes

207b – Kidnapping for Lewd Act on Adult

209b1 – Kidnapping to Commit Sex Crime

220 – Assault with Intent to Commit Forcible Sex Crime

314(1) - Indecent Exposure

261(a) (1) – Rape of Incompetent Adult

261(a)(2) – Forcible Rape

261(a)(3) – Rape by intoxicant, anesthetic or controlled substance

261(a)(4) – Rape of Unconscious Victim

286(c)(2) – Forcible Sodomy

286(f) – Sodomy of Unconscious Victim

286(g) – Sodomy of Incompetent Victim

286(h) – Sodomy of Incompetent Victim by Fellow Patient in State Mental Hospital

289(a)(2) – Forcible Sexual Penetration

289(b) – Sexual Penetration of Incompetent Victim

298(c) – Sexual Penetration of Incompetent Victim by fellow Patient

289(d) – Sexual Penetration of Unconscious Victim

289(e) - Sexual Penetration by Intoxicant

Crimes of Neglect

Neglect is the refusal or failure to fulfill any part of a person's obligations or duties to an adult

- Failure to pay for necessary home care services; and or
- Failure to provide necessary care- Necessities- food clothing, shelter or medical attention, medicine, comfort, personal safety and other essentials, including, an implied or agreed upon responsibility to an elder. Note: There must be a duty to care for the victim in this crime.

California Penal Code Section 368 (b) and (c)

Failure of an Adult child to Provide for Indigent Parent

A rarely used Penal Code section which requires Adult child who has the ability to provide, but fails to provide necessary food, clothing, shelter or medical attention for an indigent parent, is guilty of a misdemeanor (Penal Code Section 270©)

Financial Exploitation

Penal Code 368 (d) Elder Financial Abuse by Non-Caretaker

- Any Person
- Theft and enumerated forms: PC 484 and 490a; Larceny; Fraud; False pretenses; Trick or Device; Embezzlement; Forgery; Fraud; ID Theft per PC 530.5; Of elder or dependent adult (status should reasonable be known to perpetrator); Value over \$950.00 (Felony); Value under 950.00 Misdemeanor.

Penal Code 368 (e) Elder Financial Abuse by Caretaker

- "Caretaker" a person who has the care, custody, or control of, or who is in a position of trust with, an elder for dependent adult.
- Same elements as Theft
- Also status of the victim is known to abuser
- Monetary Thresholds the same as 368 (d) and same punishments.
- Traditional Financial Crimes: Robbery, PC 211; Burglary, PC 459; Vandalism PC 594; Graffiti PC 594.
- Forgery-PC Sections 470, 476, 186 including 470 a (driver's license or identification card) or 470 (b) (possession of a forged ID);Forgery of records/ returns PC 471; and Medical Records, PC 471.5, Forgery of seals, PC 472 and telephone and telegraph messages, PC 474.
- Grand Theft- PC 487, Petty Theft 484and Petty with a Prior 666/484; Credit Card Theft 484 d-j and Receipt of Stolen Property, PC 496
- Other types of Fraud include Computer Fraud and tampering with computers within PC 502 et seq.
- Identity Theft and all of its related crimes within PC 529-532 et seq.
- Money Laundering PC 186.10
- NOTE THAT THE ENHANCEMENT WHICH IMPACT CRIMES AGAINST ELDERS ARE USEFUL TO LAW ENFORCEMENT and can provide for increase incarceration when the monetary losses are more. i.e. Felony theft/ embezzlement/extortion (PC 502.9/515/525) against an Elder/Dependent Adult as defined by 368 is a factor in aggravation for sentencing.

Privacidad y Confidencialidad

Podemos divulgar información del cliente sólo según lo permita la ley.

Después de la inscripción, el proveedor de LACDMH proporcionará al consumidor un "Aviso completo de Prácticas de Privacidad (NPP)." El consumidor recibe información completa y exhaustiva sobre cualquier información de salud confidencial que pueda ser recopilada durante el tratamiento.

¿Qué Información Se Recopila?

Podemos recopilar parte o toda la siguiente información sobre usted: su nombre, dirección, fecha de nacimiento, información financiera e información sobre su salud. Con el propósito de proporcionar servicios de atención médica de calidad, también se le puede pedir que dé su historia clínica que puede incluir cualquier medicamento que pueda estar tomando.

¿Qué Sucede con Su Información?

La información se utiliza para determinar si usted es elegible para participar en nuestro programa. La información que usted proporciona también puede ayudarnos a hacer la mejor referencia para satisfacer sus necesidades, así como ayudar en su tratamiento. Proteger su información médica es importante para nosotros.

¿Tiene Preguntas o Inquietudes sobre Sus Derechos de Privacidad?

Comuníquese con la División de Derechos del Paciente del Departamento de Salud Mental del Condado de Los Ángeles al 213.738.4888.

Valores de LACDMH

Integridad. Nos conducimos profesionalmente de acuerdo con los estándares éticos más altos.

Respeto. Reconocemos que cada persona es única y tratamos a todos de una manera que afirme su valor y su dignidad personal.

Responsabilidad. Asumimos la responsabilidad de nuestras decisiones y sus resultados.

Colaboración. Trabajamos juntos hacia objetivos comunes asociándonos con toda la comunidad, compartiendo conocimientos, construyendo un fuerte consenso y compartiendo la toma de decisiones.

Dedicación. Haremos lo que sea necesario para mejorar la vida de nuestros clientes y las comunidades.

Transparencia. Transmitimos abiertamente nuestras ideas, decisiones y resultados para garantizar la confianza en nuestra organización.

Calidad y Excelencia. Identificamos los estándares más altos a nivel personal, organizacional, profesional y clínico, y nos comprometemos a lograr esos estándares mejorando continuamente en todos los aspectos de nuestro desempeño.

Si está en crisis y necesita ayuda inmediata, llame a nuestra línea de ayuda gratis que funciona las 24 horas del día, los 7 días a la semana:

800.854.7771

dmh.lacounty.gov



▶▶ Asociación de Servicios Completos (FSP)
Adultos



LOS ANGELES COUNTY
DEPARTMENT OF MENTAL HEALTH
hope. recovery. wellbeing.



Acera

Asociación de Servicios Completos (FSP por sus siglas en inglés) es un programa de servicios intensivos para consumidores que experimentan y/o están en riesgo de institucionalización, falta de vivienda, encarcelamiento o servicios psiquiátricos hospitalarios.

Cada consumidor inscrito en FSP participa en el desarrollo de un plan de tratamiento que se centra en el bienestar y la recuperación. El equipo de tratamiento está disponible las 24 horas del día, los 7 días de la semana para proporcionar servicios de crisis al cliente.

Los servicios FSP apoyan al consumidor a medida que pasan a un nivel de atención más bajo.

¿Quién es Elegible para Recibir Servicios FSP para Adultos?

Adultos de 21+ años de edad con una enfermedad mental grave y persistente que resulta en dificultad para funcionar y que han experimentado lo siguiente en el último año:

- Desamparados (sin vivienda)
- En la cárcel o tiene contacto frecuente con el sistema de justicia penal
- Admisiones frecuentes a hospitales psiquiátricos o recibir servicios de emergencia psiquiátrica
- Vivir con miembros de la familia y en riesgo de cualquiera de las circunstancias anteriores

Juntos, el equipo de consumo y tratamiento determina el tipo y la frecuencia de los servicios prestados en función de los objetivos de recuperación del cliente. Debido a que los servicios prestados son exclusivos de cada consumidor individual, no todas las personas requerirán todos los servicios enumerados.

¿Qué Servicios FSP se Proporcionan a los Adultos?

Adultos de 21+ años de edad con una enfermedad mental grave y persistente que resulta en dificultad para funcionar y que han experimentado lo siguiente en el último año:

- Servicios de divulgación y participación a las comunidades y a aquellas personas que pueden necesitar servicios
- Servicios compatibles cultural y lingüísticamente
- Consejería, psicoterapia y manejo de casos
- Servicios basados en el campo
- Servicios de apoyo entre compañeros y padres
- Servicios de evaluación y crisis disponible las 24 horas de día, los 7 días de la semana
- Grupos de autoayuda y apoyo familiar
- Servicios de empleo, vinculación y apoyo
- Vinculación (enlace) con la educación
- Asistencia en la obtención de transporte relacionado con su plan (objetivo)
- Asistencia para encontrar un lugar seguro y accesible para vivir, o asistencia para permanecer en un hogar
- Acceso a los servicios de atención de salud física
- Establecimiento de los beneficios para personas calificadas
- Servicios de pago para beneficiarios
- Servicios integrados (incluidos) para consumidores con abuso de sustancias y trastornos de salud mental

Localice Los Servicios FSP en su Comunidad

Comuníquese con su navegador de área de servicio local para obtener información sobre cómo acceder a los servicios de FSP en el Condado de Los Ángeles o llame a la línea de ayuda de LACDMH las 24 horas del día, los 7 días de la semana: 800-854-7771.

Si tiene preguntas sobre el proceso de referencias o cómo funciona el programa FSP, comuníquese con la Unidad de Impacto en su área:

Valle del Antílope	661.223.3813
Valle de San Fernando	818.610.6705
Valle de San Gabriel	626.430.2915
Metro/Centro de Los Ángeles	213.922.8129
Oeste de Los Ángeles	310.482.4902
Sureste Los Ángeles	310.668.5826
Sureste de Los Ángeles	213.738.6150
Long Beach/South Bay	562.256.1278

Para más información, dentro del Condado de Los Ángeles, conéctese con la Administración FSP al teléfono 213.948.2972.





Get the Help You Need Now

Los Angeles County Department of Mental Health (LACDMH) provides a range of programs and services designed for adults (21+) and older adults (60+) who reside in Los Angeles County. Mental health services are available through directly operated and contract agencies throughout the County.

FSP for Adults/Older Adults

LACDMH offers FSP services for adults (21+) and older adults (60+), who would benefit from and are interested in participating in a program designed to address physical, emotional and living situation needs.

FSP programs for adult and older adult who are capable of providing an array of services beyond the scope of traditional mental health outpatient services.

Key Components of FSPs

Adult/Older Adult FSP program providers may deliver services in your residence as well as in your community. Adult/Older Adult FSP services includes 24/7 crisis response when there is an emergency or crisis. Each client enrolled in an Adult/Older Adult FSP program will participate in the creation of a plan focused on individualized goals with the assistance of clinicians and case managers.

LACDMH Values

Integrity. We conduct ourselves professionally according to the highest ethical standards.

Respect. We recognize the uniqueness of every individual and treat all people in a way that affirms their personal worth and dignity.

Accountability. We take responsibility for our choices and their outcomes.

Collaboration. We work together toward common goals by partnering with the whole community, sharing knowledge, building strong consensus, and sharing decision-making.

Dedication. We will do whatever it takes to improve the lives of our clients and communities.

Transparency. We openly convey our ideas, decisions and outcomes to ensure trust in our organization.

Quality and Excellence. We identify the highest personal, organizational, professional and clinical standards and commit ourselves to achieving those standards by continually improving every aspect of our performance.

If you are in crisis and need help right away, call our 24/7 toll-free Help Line: 800.854.7771

Those with hearing or speech disabilities may [call 711](#) and ask the operator – who will serve as the interpreter between the caller and our staff – to call our Help Line.

dmh.lacounty.gov



▶▶ Full Service Partnership (FSP)
Adult (21+)
Older Adult (60+)



LOS ANGELES COUNTY
DEPARTMENT OF MENTAL HEALTH
hope. recovery. wellbeing.



About

Full Service Partnership (FSP) programs provide comprehensive intensive mental health services for adult/older adult and their families in their homes and communities.

FSP programs have several defining characteristics, including providing a wide array of services and supports, guided by a commitment by providers to do “whatever it takes” within the resources available to help individuals within defined populations make progress on their particular paths to recovery and wellness.

Adult/older adult will find the following are potential examples of mental health services and supports clients may receive if participating in FSPs:

- Counseling and psychotherapy
- Assistance in obtaining transportation relating to the mental health treatment goal
- Help obtaining needed medication
- Help receiving physical health care
- Assistance in finding a safe and affordable place to live or assistance remaining in a present home
- Help with educational opportunities
- Help securing financial and health benefits to which you are eligible for
- Treatment for addictions, such as alcoholism, drugs, and other substances
- Help finding employment, vocational training, and/or volunteer opportunities
- Dedicated professionals committed to your success in accomplishing goals that are important to your health, wellbeing, safety and stability
- Support available 24/7

Eligibility

Adult FSP Eligibility (21+)

Adults ages 21 and above years old with a serious mental and persistent mental illness that results in difficulty functioning and who have experienced the following within the last year:

- Has a Serious Mental Illness (SMI) (e.g. schizophrenia, bipolar disorder, schizoaffective disorders, or other serious mental health diagnosis resulting in significant impairments to functioning)
- Meet the medical necessity requirements for specialty mental health services
- Is unserved, underserved or inappropriately served

Meet one or more of the focal population criteria:

- Homeless
- Justice-involved
- High utilizers

Older Adult Eligibility (60+)

- At risk of immediate physical harm or institutionalization



Interested in FSP Services?

To be considered for an Adult/Older Adult FSP program, a referral must be submitted to a LACDMH Service Area Navigation Team.

The referral will be screened for eligibility by LACDMH.

If you are **accepted** into the FSP program, you will be contacted by the FSP services provider assigned and service will begin immediately.

If you are **not accepted** into the FSP program, the LACDMH staff will help link you to other services and supports that may be helpful to you.

If you have questions regarding the referral process or how the FSP program works, please contact:

Service Area Navigation

Antelope Valley	661.223.3800
Long Beach/South Bay	562.256.7717
Metro Los Angeles	213.922.8122
San Fernando Valley	818.610.6734
San Gabriel Valley	626.430.2915
South Central Los Angeles	310.668.4902
Southeast Los Angeles	213.738.6150
West Los Angeles	310.482.6600

For more information, please contact Countywide FSP Administration at 213-948-2972.

Top Three Imposter Scams

Affecting Seniors:

YOU'VE WON!

Lottery Sweepstake Scams

Mailings, emails, phone calls from a lottery winning asking in advance for service fees or tax fees

Grandparent Scams

Phone calls, texts or emails saying "It's me, grandma. I'm in some trouble. Can you send me some money? But don't tell mom,"

pretending to be a grandchild in distress

Other Scams:

- Debt Collection
- Charities
- IRS

Romance Scams

Scammer expresses friendship or romantic interests too quickly, are never able to meet in person and asks for financial help

Ways to Protect Yourself



- Check it out first with friends and family
- Hang up on solicitors

- Shred financial or medical statements with your name/account numbers/address
- Guard financial information on your computer and phone

Never:

- **Never wire money or purchase prepaid gift cards** for someone you don't know or to pay bills charged.
- Never pay in advance fully for services.
- Never pay in advance to collect lottery winnings.

Types of Elder Abuse



- Physical
- Sexual
- Financial
- Emotional



- Self-Neglect
- Neglect
- Isolation from others



Report Fraud To These Agencies

- **Los Angeles Dept. of Consumer Affairs:** (213) 974-1452 or www.dcba.lacounty.gov
- **Federal Trade Commission:** (877) 382-4357 or www.ftc.gov Report scams/identity theft
- **Internet Crime Complaint Center:** www.ic3.gov Report Internet fraud
- **Consumer Financial Protection Bureau:** (855) 411-2372 or www.consumerfinance.gov/older-americans

Other Tips

- Sign up for the "Do Not Call" list at (888) 382-1222. If a stranger or business/contractor/home repair calls, they are a scam and you should hang up.
- To check credit card fraud or banking problems, call your bank and speak to a manager or call the number behind your credit card

How often does elder abuse happen?

1 in 10 Americans age 60+ experience abuse.

For every elder abuse report,

24 go unreported.



(National Center on Elder Abuse, 2013)

(New York State Elder Abuse Prevalence Study, 2011)

Potential Signs of Scams/Abuse



Fear and/or Isolation

Unusual banking activity or wiring money to strangers



Unclean Living Conditions



Skipped Medical appointments



New secret "best friend"

If you believe that you or someone you know is being abused or financially exploited, report it immediately to the Elder Abuse Hotlines below.

To report abuse or exploitation found at home:

**Adult Protective Services
(877) 477-3646**

To report abuse or exploitation at a nursing home, assisted living or board and care home:

**Long-Term Care Ombudsman
(800) 334-9473
After hours crisis line
(800) 231-4024**

About Reporting:

- You can make a report anonymously 24 hours a day, 7 days a week.
- You do not need to have proof that the abuse is occurring. Even if you suspect something, you should report it.

For more information or assistance about services for older adults and caregivers, contact us at:



City of Los Angeles
Department of Aging
221 N. Figueroa St., Ste. 500
Los Angeles, CA 90012

(800) 510-2020
(213) 482-7252

www.aging.lacity.org
Email: age.webinfo@lacity.org

**For information on other common scams, visit:
Federal Trade Commission
www.ftc.gov**

For information on scams, identity theft assistance, privacy and safer computing, visit:
www.onguardonline.gov

As a covered entity under Title II of the Americans with Disability Act, the City of Los Angeles does not discriminate on the basis of disability.

Programs and Services provided by the City of Los Angeles Department of Aging are funded by the Older Americans Act. The cost of printing this brochure was paid for by the CA Governor's Office of Emergency Services (U.S. Department of Justice, Victims of Crime Act, 2015-VA-GX-0058) and made possible through the support and cooperation of the Office of the Los Angeles City Attorney, City Council, and Mayor's Office.

**PROTECTING
ONESELF AND
LOVED ONES AS WE AGE**

