

The Use of Forensics in Adult Protective Services: Implementing a Forensic Center

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Introduction

Purpose

The Administration for Community Living (ACL) charged the Adult Protective Services Technical Assistance Resource Center (APS TARC) with conducting a review of best practices and innovations in APS, assessing the best practice/innovation for efficacy and replicability, and “translating” the practice/innovation to assist APS programs with implementing it. After a review of potential topics with ACL, the first topic chosen for review — the topic of this brief — was use of “forensic” approaches in APS.

Overview

The term “forensics” is commonly applied to the establishment of a scientific basis for evidence in criminal investigations and legal proceedings. It is the “incorporation of medical and legal evidence, typically interpreting medical evidence through a legal frame to inform prosecutor[ial] and other legal actions.”¹ Both Connolly (2022) and Heisler et al. (2017) described it as “where law and science intersect.” A more practice-oriented definition is: “Forensic science is the application of science to questions in a legal system. In this context, it involves utilizing elder abuse experts from differing disciplines to investigate and resolve cases of abuse or neglect” (Schneider et al., 2010, p. 256).

Forensics has wide application in APS, including identification of injury patterns of persons experiencing elder abuse, interviewing techniques², using forensic accounting in financial exploitation, and using legal and medical experts to assist with client assessments. In APS casework, forensics is applied to activities in which evidence and other information is collected from experts to help make casework decisions and guide next steps in investigations.

The APS TARC conducted a literature review to explore the evidence base for forensics use in APS. There are many articles on the concept and history of the application of forensics to APS/elder abuse, numerous articles on wound identification, one article on forensic accounting, and several articles on establishment of “forensic centers.” For APS practice, the forensics evidence base is established most clearly for the use of forensic centers — first in specific geographically based communities and, more recently, in a statewide network using communication technology in Texas. Therefore, this brief is focused on lessons learned from the establishment of forensic centers with a view toward how APS programs can use them, following a short summary of the history of forensics in APS.

¹ Email from Zach Gassoumis, one of the lead researchers in use of forensics in APS.

² For example, see [Adult Protective Services – The Alliance for Professional Development, Training and Caregiver Excellence or SAFE: Safe Accessible Forensic Interviewing for Elders](#) by the Department of Justice.

Why Forensics? A Brief History

As the [National APS Process Evaluation](#) discusses, one of the defining tensions in APS is conducting “investigations” to address social work needs. Indeed, the term “investigation” connotes a legal aspect to APS casework.³ Since the 1980s, APS has evolved from a traditional social services approach to a more evidence-based, multidisciplinary approach using forensics. As they evolved, APS programs increasingly recognized the criminal justice nature of elder abuse and, “began to take a more legalistic approach to their investigations” (Stiegel, 2006, p. 48). The resulting increases in civil (e.g., perpetrator registries) and criminal referral led to the recognition of a lack of knowledge about the detection and diagnosis of elder abuse and neglect and resources for assistance. A Department of Justice (DOJ) “Roundtable Discussion on Elder Justice: Medical Forensic Issues Relating to Elder Abuse and Neglect” in 2000 recommended the “need to develop forensic expertise and to consider developing forensic centers, as has been done in the child abuse field.”

Multi-disciplinary teams (MDTs), which had been used extensively for child abuse investigations, were adapted for APS to address the complex and multidimensional needs — medical, ethical, legal, and financial — of victims of elder abuse. Over time, specialized MDTs developed to integrate input from various experts who play a role in adult maltreatment cases but do not typically work together (Lachs and Pillemer, 2015). Community-based MDTs and medically based teams were established in different parts of the country, including, Massachusetts, New York, Minnesota, New Jersey, California, and Texas. “Enhanced MDTs,” as they were called, developed throughout New York. The first elder abuse forensic center was launched in 2003 in Orange County, California, with replication and adaptation in three additional sites in 2006. The late Carmel Dyer, M.D., established the Texas Elder Abuse and Mistreatment Team (TEAM) in 1995 as a collaborative effort of the Baylor College of Medicine Geriatrics Program, local county hospital, and local APS office. After Dr. Dyer moved TEAM to the University of Houston, it launched in 2017 the first remote, using telecommunications technology, statewide forensic network/program — the current TEAM-Forensic Assessment Center Network (TEAM-FACN).

In 2010, the Elder Justice Act mandated new grants for creation of forensic centers, development of forensic science, and training in a medical forensics subspecialty. DOJ created an elder justice website (www.justice.gov/elderjustice) to serve as a resource for elder abuse prosecutors, researchers, practitioners, victims of elder abuse and their families, and a resource center (MDT-TAC) to support development of elder abuse MDTs.

³ All but one state APS program in the U.S. conduct “investigations” — collecting and weighing evidence as to whether adult maltreatment occurred and reaching dispositions on that evidence. Even the one state program (New York) that does not conduct investigations per se or reach dispositions must address complex medical issues and has forensic centers as part of its system.

Forensic Elder Abuse Centers

Definition and Description

The distinction between an MDT and “forensic center” can be nebulous. In California, some MDTs are called “forensic centers”; in New York they are called “enhanced MDTs”; and the TEAM Institute in Texas eventually became the Forensic Assessment Center Network ([TEAM-FACN](#)). Navarro et al. (2013, p. 310) explains the distinction between an MDT and a forensic center as follows: “The Forensic Center is as an elegant MDT model. It brings together the resources and expertise of a number of different types of professionals who hear cases and make recommendations.” Schneider et al. (2010) provides a description of four forensic centers across California and explains that “what is distinct about a forensic center is that it has a greater array of disciplines [...] and more focused, action-oriented collaborations than the traditional MDT. The forensic center team is task-oriented, and each member of the team is expected and willing to provide a service for the given case within the constraints of the particular agency” (Schneider et al., 2010, p. 258-259).

For the Texas TEAM-FACN, the defining feature is use of telecommunications to make experts available to APS staff in remote areas of the state, focused primarily on capacity assessments. TEAM-FACN “leverages” available physician resources in Houston to increase timely access to forensic expertise to reduce ongoing harm in remote areas of the state. Compared to community-based forensic centers, TEAM-FACN is primarily focused on capacity assessments but also makes a geriatrician available for other case consultations. Further detail is provided in the Translation section below.

Evidence Review and Findings

Evidence Review Criteria

While the distinction between different types of MDTs and forensic centers can be nebulous, the extensive literature on forensic centers can be divided into a focus on community-based forensic centers and the TEAM-FACN. We used two sets of criteria to review the literature. The first is a “Continuum of Evidence of Effectiveness” that ACL has used to assess various tools and practices. Based on these criteria, the APS TARC believes that community-based forensic centers meet the criteria for “evidence-based,” while virtual forensic centers meet the criteria for “promising.”⁴

Additionally, we reviewed articles on forensic centers according to the five criteria ACL uses to determine evidence-based interventions, outlined in [Aging and Disability Evidence-Based Programs and Practices \(ADEPP\) Guide to Reviewing Evidence-Based Programs](#). Our review of community-based forensic centers found examples of random control trials or quasi-experimental studies (criteria 1) that were published in peer-reviewed journals (criteria 2), and some did yield positive significant outcomes ($p \leq .05$) when the forensic centers were compared with usual practice (criteria 3). Some implementation material (criteria 4) and translational work (criteria 5) is available, summarized in the next section of this brief. Therefore,

⁴ The literature on community-based forensic centers includes experimental and quasi-experimental methods, while the TEAM-FACN literature does not.

community-based forensic centers meet all five criteria and would be eligible for review as an evidence-based intervention. Our review of forensic networks found studies published in peer-reviewed journals (criteria 2), but these did not meet criteria 1 or 3 regarding research design, while some implementation material and translational work is available, summarized in the next section of this brief. Although promising based on the qualitative evidence, forensic networks would not be eligible for review as an evidence-based intervention.

Efficacy Analysis

Community-based Forensic Center

The early qualitative research published on community-based forensic centers described forensic centers that had begun operating in California and highlighted unique aspects of each one's implementation (Schneider et al., 2010). To inform standardization and model fidelity for future replication efforts, Yonashiro-Cho et al. (2019) conducted a cross-site comparison of four California forensic centers focusing on program structure, characteristics of cases and clients served, and impact as assessed by MDT participants. This research found they successfully brought together professionals from local law enforcement, medical, legal, and other service agencies. They provided a forum for case input, evaluation, and cross training to help identify barriers in the system and work together to address them. Participants gained a deeper knowledge and understanding of how other agencies worked and strengthened coordination and collaboration among core team partners. For example, the projects in California internally streamlined the process of case referral, prompting APS and the Office of Public Guardian to reevaluate their working arrangement to make the referral process more efficient overall. Cases brought to the forensic center received a more comprehensive review, and the multiple perspectives facilitated a holistic assessment of the client.

Forensic centers improved working relationships with law enforcement. For instance, Schneider et al. (2010) found they influenced and increased the ability of local law enforcement agencies to address elder abuse cases, including establishing relationships and collaboration outside of meetings for tandem, team approach investigations in areas such as home evaluations, new ideas for programs, trainings, systems changes, and research using the collaborative quality of the group. For financial exploitation cases, there were positive outcomes in terms of stopping the exploitation, managing risk of future victimization, and recovery of lost assets. Team members across sites noted that they applied information learned through their forensic center involvement to non-forensic center cases, enabling them to conduct more thorough investigations.

Experimental research findings on the community-based forensic centers have focused entirely on forensic centers in California (Navarro et al., 2013; Taylor & Mulford, 2015; Wilbur et al., 2014). Taylor and Mulford (2015) summarized these results in a National Institute of Justice article the experimental research findings on the community-based forensic centers, shown in the box below.

Experimental Research Findings on California Community-based Forensic Centers

Cases reviewed at the Forensic Center were significantly more likely to be submitted to the district attorney (22 percent) than the comparison APS cases were (3 percent). However, the proportion of cases in which the district attorney then filed charges did not differ significantly (73 percent for the center cases vs. 86 percent for the APS group), nor did the proportion of cases with a successful plea or conviction (92 percent for the center cases vs. 100 percent for the APS group).

Cases reviewed at the Forensic Center were significantly more likely to be referred to the Office of the Public Guardian (30.6 percent) than usual care APS cases (5.9 percent). However, the proportion of referred cases that needed conservatorship did not differ significantly between the Forensic Center (52.9 percent) and the APS cases (41.7 percent).

Recurrence of elder abuse was significantly reduced at the forensic center, from 42.7 percent at baseline to 24.6 percent. By contrast, usual care APS cases actually showed a small but nonsignificant increase in recurrence, from 16.7 percent at baseline to 20.3 percent.

Cases heard by the Forensic Center took longer on average (just over 10 hours, ranging from 3 to 39 hours) than usual care APS cases (just under 4 hours, ranging from 1 to 11 hours). When they factored in staff and team member costs of \$674.25 and a facility cost of \$306.77 per case, they found that the mean Forensic Center case processing cost was significantly higher than the mean cost for processing usual care APS cases (\$1,408.58 vs. \$153.30).

The recurrence finding is particularly noteworthy: the original research authors believe the reduction may be due to appropriate referrals for prosecution and conservatorship, and note that “research and next steps should include examining the role of various Center processes (prosecution, conservatorship, and additional services) in the reduction in repeat cases” (Wilber, et al, 2014).

Forensic Assessment Center Network

As noted above, the efficacy of TEAM-FACN remote network services have not been tested in a randomized control trial. The published articles (Burnett et al., 2018 and Halphen et al., 2020) provide a program overview, early program data, and legal support for the program. To date, the TEAM-FACN has completed over 2,500 videoconferencing capacity assessments across all APS regions in Texas. There is wide acceptance of the process, both among APS staff and the courts throughout Texas. Assessments

that previously took an average of 6 to 8 hours to complete now only take an average of 4.5 hours due to reduced travel time. Additionally, missed appointments due to refusal of services by APS clients, which account for 30 percent of all capacity assessment attempts in person or remote, now only take an average of 30 minutes compared to 2 hours.

Based on the literature, conversation with Jason Burnett (lead researcher at TEAM), and the Texas APS administrator, there are several benefits. TEAM-FACN makes a critical forensic service — physician assessments for capacity determination — available in remote areas of the state where there often is not a physician available. These assessments meet the legal system criteria for determining if someone can live independently or needs supervision. The process ensures that the interviews are efficacious and consistent across the state because a specialized team is conducting them. The TEAM-FACN experts are available to “go to court” when needed (or as needed) to support their findings unlike many physicians in the community..

The innovation of virtual involvement of experts shows promise for use of remote assessments. Factora & Hashmi researched how Cuyahoga County, Ohio APS, in coordination with Cleveland Clinic Geriatric Medicine, conducted remote physician assessments of APS clients. The study was a retrospective chart review and outcome review using the APS database. It concluded they were able to “successfully ... assess the client's cognition and decision-making, evaluate the client’s gait,” and “connect a large fraction of persons to a primary care provider to ensure appropriate management of the medical comorbidities” (Factora & Hashmi, 2023, p. 67).

Translation and Replicability

This section provides a summary of information from the literature on successfully operating a forensic center. The purpose is to provide APS programs and others in the community interested in elder abuse services with necessary information to establish a forensic center.

APS programs are important partners but do not operate the community-based forensic centers in California that were reviewed. These centers are focused on meeting the needs of all partners. In contrast, TEAM-FACN, while operated by the University of Houston, exists to serve the Texas APS program. Because of this contrast, the following discussion addresses issues of translation and replicability differently for each type, with more practical focus on TEAM-FACN, since an APS program is more likely to implement this type of forensic approach.

Community-based Forensic Center

Organizational Systems theory (see, for example, Meadows, 2008) provides a useful framework for understanding a forensic center. In systems theory, a system consists of four components, in order of importance:

1. Function or purpose
2. Structure
3. Elements
4. Interconnections/feedback loops

The following explains the community-based forensic center by each of these components.

Function or Purpose

The research team examining the forensic centers in California developed several charts and diagrams that provide an overall picture of the forensic center. These exhibits are reproduced and included in the appendix.

The function or purpose is defined in the Anticipated Outcomes box of Exhibit A (Overall Model) and by the Goals in Exhibit B (Case flow). There are two types of outcomes: process and client. The client outcomes are safety, protection (of welfare, assets), access to justice, and, for the entire community, prevention. All are outcomes the APS system strives to achieve. The process outcomes are increased communication, collaboration, and knowledge. Process improvement ideally will lead to better client outcomes, fulfilling the purpose of the forensic center.

Structure

A key principle of organizational systems thinking is that structure drives behavior. Structure is defined as the process, interrelationships, and cultural framework in which we work. This makes the “Structural Environment” description in the Overall Model (Exhibit A) critical to the success of a forensic center. Establishing rules for operation through a memorandum of understanding or other means is foundational and critical to success. Process should be driven based on common understanding and resources. The forensic process, defined in the middle of the diagram in the Overall Model (Exhibit A), should be based on agreement on function or purpose as defined in structure.

The Case Flow (Exhibit B) shows the processes and relationships that define the forensic center. The researchers on the California model, Navarro et al. (2016), conducted a Delphi review process to look inside the “black box” to document how the process works, resulting in this flow chart and a detailed description in the article, which is summarized as follows:

- The Center’s forensic activities include the case review, client assessments, added documentation, court testimony, and consultation/training. Professionals typically bring complex cases that potentially may benefit from multidisciplinary collaboration and expertise.
- Case review meetings are held weekly for 2 hours. At each weekly meeting, team members review two to four new cases and discuss updates and announcements on prior cases. In

preparation for the case review, the referring entity, generally APS or law enforcement, provides the project manager with client and suspected abuser information and case background. The Project Manager prepares a redacted version of the referral for review at the meeting to preserve client confidentiality.

- At the Los Angeles Center, case reviews lead to development of multidisciplinary action plans focused on: (a) ensuring the safety of the client, (b) collecting comprehensive and accurate information useful for the client's welfare in legal proceedings (e.g., prosecutions and/or guardianship/conservatorship), and (c) maintaining safety of his/her property and/or assets. In addition to recommendations for action, case presenters receive expert advice from team members on statutes and regulations, as well as resources and strategies.
- Case consultations may occur before, during, and after the weekly Center meetings over the course of an investigation. For example, the Center's director, a geriatrician, is available to review medical records and when necessary, make home visits to assess clients. Forensic neuropsychologists also may make home visits on select cases to assess cognition and decision-making capacity, including ability to make medical and legal decisions at the time of the suspected abuse. These professionals work with the clients' own medical and mental health providers when possible, streamlining information-sharing and assisting Center members. When needed, they provide expert witness testimony in court proceedings. Law enforcement investigators assist presenters by sharing criminal justice insights such as how to effectively conduct investigations and collaborate with APS staff and serving as a bridge to outside providers.

Elements

Elements are the individual parts of the system (e.g., people, components). This is the "who" and the "what" of the forensic center. The Overall Model and Case Flow exhibits list the elements that are common across most types of MDTs, from the type of staff involved (APS, aging network, law enforcement, etc.) to the types of documents (medical record, bank records, etc.). The Overall Model (A) shows three types of staff contributing to the forensic centers: investigators/direct services providers (e.g., APS, law enforcement, etc.), client services (APS, public guardian, ombudsman), and justice system (law enforcement, prosecutor, civil legal service, victim advocate).

What defines an MDT as a forensic center, however, is its specific use of expertise; this is laid out in the exhibit on Expertise (Exhibit C). This shows for each type of expert the nature of the information they provide and the type of adult maltreatment it relates to. From a forensic perspective, the key experts are:

- Mental health professionals can complete client assessments for capacity and conduct evaluations to determine a perpetrator's ability to stand trial via assessment of sanity;
- Health professionals (pharmacist, pharmacologist, toxicologist and pathologist, including medical examiner, nurses, eye doctors, dentists) can identify the source of injuries based on forensic analysis;

- Finance professionals (forensic accountant, tax attorney or investigator, banker, accountant) can analyze records for financial exploitation;
- Legal professionals (probate investigator or examiner and elder or civil law attorney) provide a link to the court system and can interpret the meaning of technical documents.

Interconnections/Feedback Loops

In systems thinking (Meadows, 2008), feedback loops are the relationships and feedback between elements. They are defined by collaboration and communication and created by the system structure. There are two basic kinds of feedback loops: constraining and enabling. The exhibits developed by the researchers show the relationships in the process but do not show any feedback loop, nor does the literature discuss communication and collaboration in this way. Perhaps this is because most documented communication is one time, one-way in a meeting; however, based on the efficacy discussion above, feedback loops exist to improve APS worker performance in the cases taken to the forensic center. This, in effect, extends learning and resources across additional cases as a result of relationships established in the forensic center. Building relationships establishes potential feedback loops, creating resource connections to improve casework decision-making.

TEAM-FACN

Unlike the community-based forensic center, the TEAM-FACN is focused specifically on meeting the needs of the APS program and not the partners in the network. Exhibit D in the Appendix is a reproduced chart with an overview of key program aspects, rationales, benefits, and challenges of TEAM-FACN. From an organizational systems thinking perspective, the TEAM-FACN network approach has a similar function or purpose — but with a different emphasis — as the community-based forensic center but differs in other system aspects. Exhibit E compares the community-based and TEAM-FACN approaches. The fact TEAM-FACN uses telecommunication technology to access experts means there are several key translation questions that must be answered if a state APS program is interested in such a model. This section addresses these questions.

Exhibit E – Comparison of Community-based Forensic Network and TEAM-FACN

Systems Thinking Component	Community-based	TEAM-FACN
Function or Purpose	<p>Process: increased communication, collaboration, and knowledge</p> <p>Client: safety, protection (of welfare, assets), access to justice, and, for the entire community, prevention.</p> <p>Focused on latter stages of APS investigations — referrals and dispositions</p>	<p>Is designed to achieve these same outcomes as community-based but address barriers due to remote access to expertise and inconsistent assessments across the state</p> <p>Focused on earlier stages of APS investigations — particularly capacity assessments.</p>

Systems Thinking Component	Community-based	TEAM-FACN
Structure	<p>Rules for operation through an MOU or other means among all parties</p> <p>Process: Case review meetings, client assessments, case consultations, expert testimony, action plans</p>	<p>Texas APS has both data use agreement and overall governance agreement between APS and TEAM-FACN</p> <p>Process: Uses telecommunications for medical case consultations, forensic record review, and weekly case consultations</p>
Elements	<p>Investigators/direct services providers, client services, and justice system</p> <p>Experts in mental health, physical health, finance, and legal professions</p>	<p>APS staff</p> <p>Geriatrician</p> <p>Nurse coordinator</p> <p>Web-based referral and case communication portal to manage cases</p>
Interconnection/ Feedback Loops	<p>In-person meetings to discuss cases</p> <p>Case consultations</p>	<p>Face-to-face client assessments via telecommunications</p> <p>Case consultations</p>

Why is a forensic network needed?

According to TEAM-FACN, Burnett et al. (2019), the program is focused on solving the problem of the “older adult’s inability to leave home and refusal to visit healthcare practitioners and the fact that they live in remote areas where access to home-visit practitioners and other expert medical services is limited.” This often delays or prohibits assessments, increasing the risk of poor outcomes, including continued mistreatment, hospitalization, and premature death.

Use of telehealth options for accessing healthcare providers has expanded in recent, post-pandemic, years. As TEAM-FACN (Burnett et al., 2019), stated: “With increasing elder mistreatment expert and geriatric workforce shortages and more older adults settling in rural, medically under-resourced areas, innovative models are needed to ensure access to timely medical and mental health assessments for vulnerable APS clients.”

How does the process work?

TEAM-FACN uses a Health Insurance Portability and Accountability Act (HIPAA) secure⁵ web-based referral and case communication portal to connect APS caseworkers around the state with geriatric and elder mistreatment experts in Houston. APS and TEAM-FACN staff can access the portal 24 hours a day. It

⁵ While the equipment is HIPAA compliant, note that APS does not have to comply with HIPAA because it is not a healthcare provider.

provides a standard, systematic process for ordering assessments, interagency communication, scheduling assessments, case updates, and tracking. The portal captures case information and workers submit client and case information. Despite the portal's benefits to making the process easier to manage, TEAM-FACN considers it to be "not critical" and could be omitted if other programs have an alternative process for managing communication and documents.

TEAM-FACN uses tablets and smartphones (real-time audio/visual interactive communication via Apple FaceTime) to conduct physician assessments of APS clients anywhere in the state. This allows the physician in Houston to conduct a "mental health assessment"⁶ in which the clinician sees and interacts with the client in their own environment — an important element of determining functional capacity. Except for not being in person, the process for evaluating capacity is the same for a remote assessment as for an in-person assessment. The remote assessment requires in-person assistance by the APS caseworker, guided by the evaluating physician, in administering the cognitive testing. The caseworker also assists with administration of the cognitive testing instruments, loading the completed instruments into the secure portal, and facilitating the viewing of additional information such as the conditions within the home.

In addition to mental health assessments, TEAM-FACN is used for medical case consultations and forensic record review, particularly helpful in cases potentially involving a referral to a perpetrator registry, and telephone case consultations, which are similar to an MDT meeting. Weekly case consultations to review assessment findings and recommend protective services are coordinated by the TEAM-FACN nurse coordinator and include the referring caseworker and supervisor, geriatric fellows and social worker, and the physician.

APS is provided with a detailed report containing the findings, opinion, and recommendations of the TEAM.

What are the technology considerations?

Video-assisted communication requires mobile phone and WI-FI connections that may not be available in all rural areas, but TEAM-FACN reports "few instances" of problems. If an APS program does not equip caseworkers with smartphones, other secure videoconferencing options must be used.

What are the staffing and cost considerations?

Most APS agencies have existing collaborations with medical professionals in their communities. TEAM-FACN believes that geriatricians working as part of APS is an optimal way to structure an APS-medical school collaboration to deliver forensic services to APS clients. The first-year personnel costs associated with TEAM-FACN was one full-time nurse coordinator, one full-time geriatrician, and a half-time program director. APS determined which clients should be assessed and pays for the physicians' time related to the assessments, equipment used, and support staff costs.

⁶ The evaluator is not determining capacity but conducting an assessment to be used by the judge who determines capacity.

What are the ethical considerations?

The forensic capacity assessments, which are similar to those performed by forensic psychiatrists, follow the ethical guidelines of the American Psychiatric Association, which includes: honoring client refusal to participate, following APS confidentiality requirements, and avoiding conflicts of interest. The focus is on well-supported and objective assessments; no treatment is offered or provided.

What are the legal considerations?

Since TEAM-FACN capacity evaluations are mental health assessments, they are allowable using telemedicine modalities instead of an in-person physician visit or referral. TEAM-FACN summarizes legal considerations as follows:

Although rules are different in each state regarding virtual assessments, the vast majority of states allow telehealth practices and place greater restrictions on uses in which treatment is involved. Given the proliferation of telemedicine programs around the United States and the use for assessment as opposed to treatment, it is highly unlikely that the TEAM-FACN model would meet any significant regulatory challenges limiting its adoption and implementation.

The assessment is a limited physician-patient relationship; the traditional physician-patient relationship does not exist. Texas law ([Human Resources Code, Chapter 48](#), Sec. 48.054) provides criminal and civil immunity to those who provide assessments and testimony for APS so long as the evaluator does not act in bad faith or with malicious purpose.

Implementation Considerations

The evaluators in California developed a “Lessons Learned” table, which is reproduced as Exhibit E in the Appendix. Additionally, the literature notes two critical implementation considerations:

- “In order to build a forensic center, a community must first know what relevant agencies exist within the community and must formally introduce them to each other. Another key factor in the development of a center is a “champion” to lead the cause. The center may very well be shaped by this person (or agency) and their professional view, which has both benefits and detriments. (Schneider et al., 2010, p. 272).
- “Developing trust, together with fostering an atmosphere of respect and collegiality, is essential to the Enhanced (similar to forensic) MDT’s functioning. The Enhanced MDT coordinators are key to facilitating the work, and the meetings enable cross-systems collaboration to address needs of vulnerable older adults who are victims of financial exploitation and other abuse. Ongoing implementation takes effort to foster culture change, sustained engagement, coordination, and sustainability” (Hafford et al., 2015, p. 2)

The scope of the TEAM-FACN model is not as broad as the community-based forensic center. The community-based model will require a strong partner with financial resources to establish a successful structure. The TEAM-FACN model could be implemented by APS programs with the necessary resources to pay for the experts in the system. The opinion of TEAM-FACN is that this approach “holds promise for

victims of adult mistreatment in other jurisdictions” (Halphen et al., 2020, p. 13). For TEAM-FACN, Jason Burnett from UT-Health believes that the technology and approach is easily replicable. While there may be upfront costs if the APS program wants a portal to manage cases, the primary associated with this model are personnel costs for the clinical provider. The clinician needs to be in-state if the state medical board deems capacity assessment a medical decision that must be made by a licensed practitioner within that state. He identified the following keys to successful implementation of a virtual approach:

1. Strong partnerships with similar missions
2. Open communication between partners
3. APS dedication to doing what is best to maximize the best outcomes for their clients
4. Covered coordinators, directors, clinician time
5. Program-specific data-sharing system⁷

In the opinion of the Texas APS administrator, the TEAM-FACN approach is cost-effective if the APS program is already paying physicians for capacity assessments. It has also had the benefit of sustaining a research partnership, which has spillover effects into other program areas.

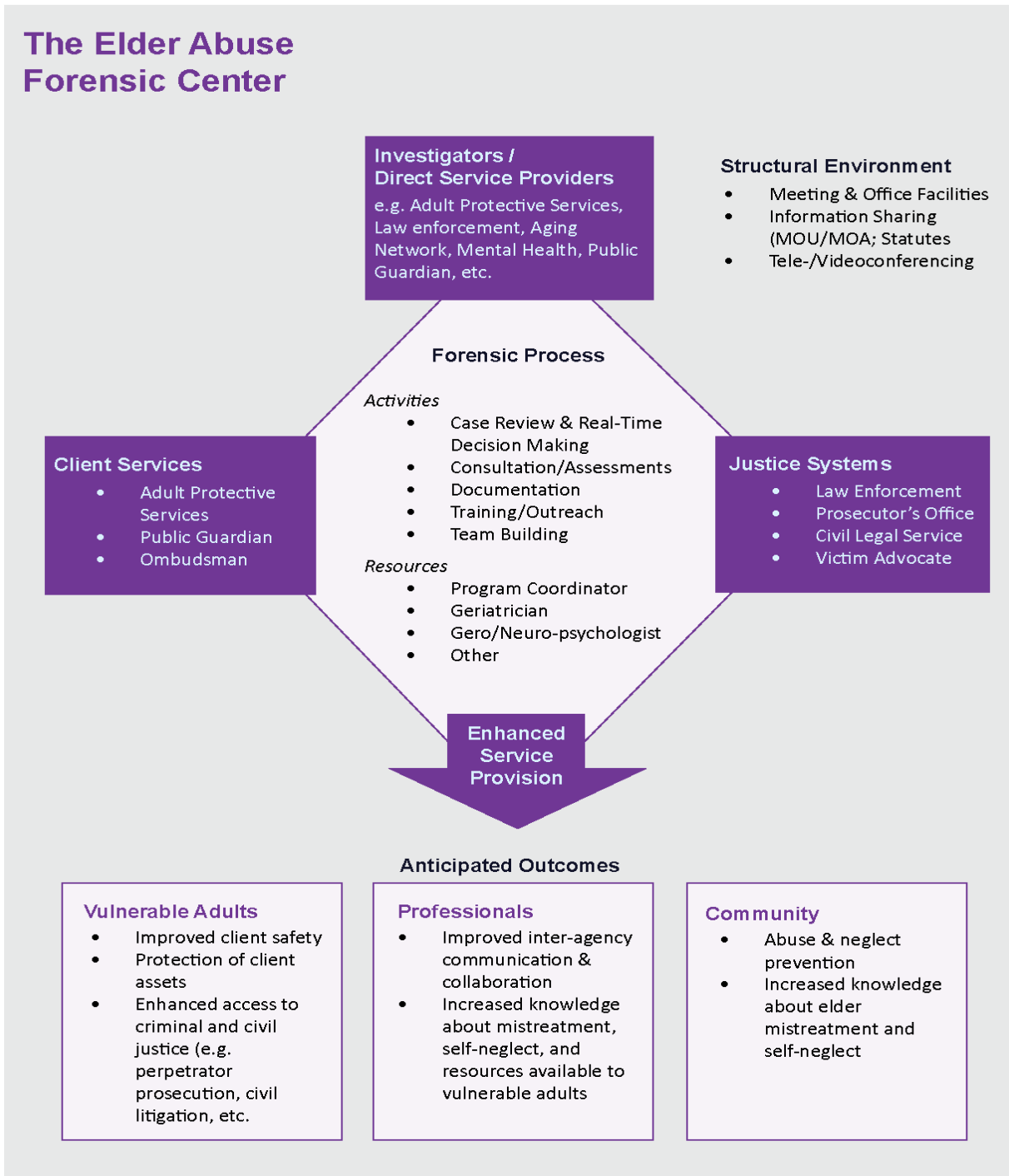
Conclusion

The use of forensics has improved the ability of APS programs and their community partners to better understand and address the needs of persons experiencing adult maltreatment. Although forensic principles are relevant across many areas of APS practice, the published literature most strongly supports forensic centers as an evidence-based approach. This APS TARC technical assistance brief outlines the overall efficacy of forensic centers and discusses important considerations for other APS programs or communities wanting to replicate them.

⁷ Email and phone call with staff of the APS TARC.

Appendices

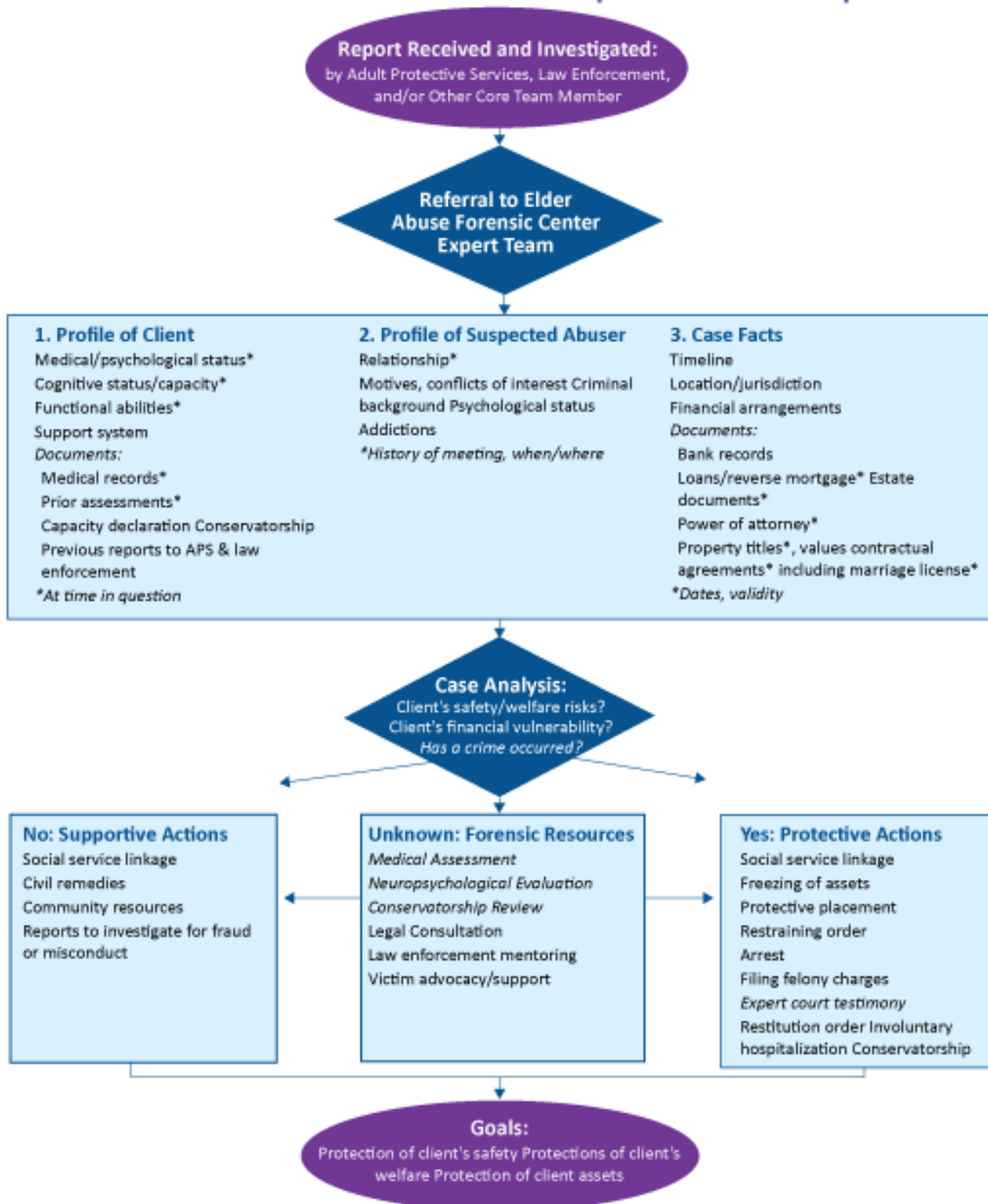
Exhibit A – The California Community-based Forensic Center Model



(Adapted from Yonashiro-Cho et al., 2019)

Exhibit B – Forensic Center Process for Financial Eligibility Cases

Elder Abuse Forensic Center examines suspected financial exploitation



(Adapted from Navarro et al., 2016)

Exhibit C – Role of Expertise in a Forensic Center

Expert	Nature of information	Type/form of elder abuse case
Mental health professionals, including geropsychologists, geropsychiatrists, neuropsychologists, psychologists, psychiatrists	Capacity assessments, functional abilities, susceptibility to undue influence, mental health conditions, witness legal capacity to testify, capacity to consent, capacity to consent in past	All types of elder abuse cases in civil, criminal, and probate matters
Mental health professionals, including geropsychologists, geropsychiatrists, neuropsychologists, psychologists, psychiatrists	Ability of defendant to stand trial, defendant’s sanity	Criminal elder abuse cases
Geriatrician and other doctors with geriatric training, including family medicine, cardiology, gerontologist	Identification of injuries, degree of harm or injury, causation, disease symptoms and progression, standard of care	Physical abuse, neglect, sexual assault
Treating physician	Medical history, identification of injury, disease symptoms and progression, care instructions provided to elder or caregiver, prescribed medications, tests ordered and results	Physical abuse, sexual assault, and neglect
Pharmacist, pharmacologist, toxicologist	Medication purpose, interactions, and effects	Physical abuse, sexual assault, and neglect
Pathologist, including medical examiner	Identification of injuries, harm caused, degree, cause and manner of death	Physical abuse, sexual abuse, and neglect
Nurse, including those specializing in wound care, In-home care, and geriatrics	Description of injury, treatment provided, progress with treatment, standard of care, wound care, evidence of inadequate or improper care, cause of injury	Physical abuse, sexual abuse, and neglect

Expert	Nature of information	Type/form of elder abuse case
Ophthalmologist, optometrist	Identification and cause of eye injuries or conditions	Physical abuse
Dentist	Identification and mechanism of force for injuries to mouth	Physical abuse, sexual abuse
SART/SANE	Examination and collection of evidence, description of injuries	Sexual abuse
Forensic accountant, tax attorney or investigator, banker, accountant	Accounting principles, fiduciary duty, victim and perpetrator's spending and assets, financial timeline, impact of financial issues and spending on tax laws and Medicare eligibility	Financial exploitation
Probate investigator or examiner	Prior accountings provided to court; information or training provided to guardian or conservator regarding duties and responsibilities	Financial exploitation
Elder or civil law attorney	Standard of practice, meaning of technical documents	

(Adapted from Heisler, 2017)

Exhibit D – TEAM-FACN Overview

Key program aspects	Rationales	Benefits	Challenges
UTHealth staff work within APS, which is not a covered entity for HIPAA purposes	HIPAA legal requirements not applicable APS pays all program expenses. No client billing APS custodian of records. Forensic evaluations are not patient care. Limited physician–patient relationship.	Simplified notice to the client. No obligation to provide clients or their surrogates with records. No business associate agreements required. Client not asked to agree to patient care. Less client influence on evaluation objectivity.	Addressing differences between evaluator and APS opinion
Telecommunications (secure store and forward web portal and synchronous, end-to-end encrypted, password protected, audiovisual for remote interviews)	Secure and confidential communications between UTHealth employees, APS employees, and clients	Service expandable to remote areas	Occasional Audio/visual connectivity issues Expense to build web-portal
Standardized capacity assessment process the same for remote or in-person interviews	In compliance with Texas regulations	Service expandable to remote areas Reliable assessment quality	Remote interviews require more APS assistance
Only mental health assessments remotely (such as capacity assessments)	In compliance with Texas regulations	Service expandable to remote areas. No in-person physical examination usually needed	Must be alert for indications that an in-person physical examination and labs are needed for the client
No treatment (forensic assessment and opinions only)	Limited administrative and physician resources Forensic evaluations alone are not patient care but treatment	Providing forensic assessment and opinions only is within the scope of assisting APS's investigation, for which there is civil and	Must be alert to recommend APS facilitate local patient care when needed by the client APS clients may refuse the interview and so

Key program aspects	Rationales	Benefits	Challenges
	would involve patient care	criminal immunity by Texas law	prevent a forensic capacity assessment
	Limited physician–patient relationship	Less client influence on evaluation objectivity	
Interdisciplinary team discussion of cases after the interview	Gather additional information on the client and better understand the concerns of the APS employees	<p>Train evaluating geriatricians, residents, students, and APS employees</p> <p>Share experience and insight with colleagues</p> <p>Promote reliability and quality of assessments</p>	<p>Preparation by the case discussants is required to</p> <p>keep the team discussions efficient and productive</p>

(Adapted from Halphen et al., 2021)

Exhibit E – Lessons Learned in a Community Forensic Center Model

In developing a forensic center, a county needs both decision-makers and front-line people involved so that both policy and real-world public service considerations can meld.

Instead of one assigned individual, multiple persons from an agency can be rotated to represent their agency. This broadens understanding of what the forensic center does within each agency as well as increasing the number of contacts the center has at each agency.

The relationship between the forensic center and each agency may change over time.

Working with county agencies or universities can be difficult as these are large systems with attendant bureaucracy. It is important for innovative people to nurture the relationship with these agencies to facilitate a collaborative attitude that will assist in overcoming barriers.

Tailoring the goals to each individual case is important because each case is unique.

The elder abuse victim advocate can be a valuable link to emotional support for the victim.

To build a forensic center, assess the opportunities in your area and anticipate your barriers.

A neuropsychologist who can do forensic assessments is essential to a forensic center.

The forensic center model can bridge divides between those in the county that work with victims of abuse and neglect.

(Adapted from Schneider et al., 2010)

References

- Blakely, B. E., & Dolon, R. (1991). The relative contributions of occupation groups in the discovery and treatment of elder abuse and neglect. *Journal of Gerontological Social Work, 17*(1–2), 183–199. https://doi.org/10.1300/J083v17n01_14
- Burnett, J., Dyer, C. B., Clark, L. E., & Halphen, J. M. (2019). A statewide elder mistreatment virtual assessment program: Preliminary data. *Journal of the American Geriatrics Society, 67*(1), 151–155. <https://doi.org/10.1111/jgs.15565>
- Burnett, J., Wasik, S., Cash, D., Olson, J., Medina, A., Pena, D., Hiner, J. A., & Cannell, M. B. (2024). A collaboration between adult protective services and forensic accounting examiners to investigate complex financial exploitation: Formative evaluation findings. *Journal of Elder Abuse & Neglect, 36*(3), 310–327. <https://doi.org/10.1080/08946566.2024.2315084>
- Connolly, M. T. (2022). *The Measure of Our Age*. PublicAffairs.
- Factora, R., & Hashmi, A. Z. (2023). Impact of a collaboration revolving around virtual capacity evaluations. *Health Services Research, 58*(S1), 63–68. <https://doi.org/10.1111/1475-6773.14068>
- Hafford, C., Nguyen, K., & Henning, S. (2015). New York State Office for the Aging: Enhanced multi-disciplinary teams. *Elder Abuse Prevention Intervention Program*. Washington, DC: Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services; NORC at the University of Chicago. https://acl.gov/sites/default/files/programs/2016-09/5_Elder_Abuse_NYSOFA_RB.PDF
- Halphen, J. M., Dyer, C. B., Lee, J. L., Reyes-Ortiz, C. A., Murdock, C. C., Hiner, J. A., & Burnett, J. (2020). Capacity evaluations for adult protective services: Videoconference or in-person interviews. *Journal of Elder Abuse & Neglect, 32*(2), 121–133. <https://doi.org/10.1080/08946566.2020.1740127>
- Halphen, J. M., Solis, C. F., & Burnett, J. (2021). A statewide elder mistreatment virtual assessment program: Legal, ethical, and practical issues. *Journal of the American Geriatrics Society, 69*(10), 2759–2765. <https://doi.org/10.1111/jgs.17424>
- Heisler, C.J. (2017). Elder Abuse forensics: The intersection of law and science. In: Dong, X. (eds) *Elder Abuse*. Springer, Cham. https://doi.org/10.1007/978-3-319-47504-2_18
- Koin, D. (2003). A forensic medical examination form for improved documentation and prosecution of elder abuse. *Journal of Elder Abuse & Neglect, 15*(3–4), 109–119. https://doi.org/10.1300/J084v15n03_07
- Lachs, M. S., & Pillemer, K. A. (2015). Elder abuse. *New England Journal of Medicine, 373*(20), 1947–1956. <https://doi.org/10.1056/NEJMr1404688>
- Meadows, D. (2008). *Thinking in Systems*. Chelsea Green Publishing

- Navarro, A. E., Gassoumis, Z. D., & Wilber, K. H. (2013). Holding abusers accountable: An elder abuse forensic center increases criminal prosecution of financial exploitation. *The Gerontologist*, 53(2), 303–312. <https://doi.org/10.1093/geront/gns075>
- Navarro, A. E., Wysong, J., DeLiema, M., Schwartz, E. L., Nichol, M. B., & Wilber, K. H. (2016). Inside the black box: The case review process of an elder abuse forensic center. *The Gerontologist*, 56(4), 772–781. <https://doi.org/10.1093/geront/gnv052>
- Quinn, M. J., & Tomita, S. K. (1986). *Elder abuse and neglect — causes, diagnosis, and intervention strategies*. Springer Publishing Co.
- Schneider, D. C., Mosqueda, L., Falk, E., & Huba, G. J. (2010). Elder abuse forensic centers. *Journal of Elder Abuse & Neglect*, 22(3–4), 255–274. <https://doi.org/10.1080/08946566.2010.490137>
- Stiegel, L. (2006). Recommendations for the elder abuse, health, and justice fields about medical forensic issues related to elder abuse and neglect. *Journal of Elder Abuse & Neglect*, 18(4), 41–81. https://doi.org/10.1300/J084v18n04_11
- Taylor, T., & Mulford, C. (20). Evaluating the Los Angeles County elder abuse forensic center / National Institute of Justice. *National Institute of Justice*. <https://nij.ojp.gov/topics/articles/evaluating-los-angeles-county-elder-abuse-forensic-center>. Accessed April 20, 2025
- Wilber, K. H., Navarro, A. E., Gassoumis, Z. D. (2014). Evaluating the elder abuse forensic center model (Document No. 246428). *U.S. Department of Justice*. <https://www.ojp.gov/pdffiles1/nij/grants/246428.pdf>. Accessed April 28, 2025
- Yonashiro-Cho, J., Rowan, J. M., Gassoumis, Z. D., Gironde, M. W., & Wilber, K. H. (2019). Toward a better understanding of the elder abuse forensic center model: Comparing and contrasting four programs in California. *Journal of Elder Abuse & Neglect*, 31(4–5), 402–423. <https://doi.org/10.1080/08946566.2019.1647326>