Testimony for the Elder Justice Coordinating Council

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# Using Technology to Bring Expertise, Access and Efficiency to Statewide Elder Abuse Client Investigations

## Case 1

A 74 year old male living in a small town in rural Texas was referred to Adult Protective Services (APS) because his neighbors believe that he is being financially exploited. During the investigation APS finds out that Mr. Jones (name changed to protect confidentiality) was an engineer for 30 years. He suffers from several medical conditions, lives alone and has no family living close to him. His home is clean and so is his person. However, he has a large hole in his roof and ceiling that he received money from his insurance company 1 year ago to repair. He has expired and new medications. The APS caseworkers reports that the client is living off of social security despite having a substantial retirement. He has recently signed his home over to someone else and his retirement has been depleted. APS suspects that he lacks decision-making capacity and requests needs a mental health assessment. The client has not seen his physician in over a year and thus, the physician refuses to provide an opinion on Mr. Jones’s mental capacity. Mr. Jones refuses to go see his physician. APS needs a mental capacity assessment before they feel comfortable putting a protective service plan in place. *What options does APS have?*

## Case 2

A 30 year old woman severely disabled from cerebral palsy is living in a home with her family who are her legal care providers. She has worked for years at a local newspaper where she performs menial tasks to give value to her life. She shows up at the hospital with various stages of pressure sores, bug larvae on her skin and in her hair, she is extremely thin, dehydrated and malnourished. Shortly after arriving at the hospital, Ms. Smith passes away. Her family makes the decision to cremate the body within two days following her death. Because of the situation the nurse at the hospital calls the case into the Texas Department of Health and Human Services Provider Investigations. The family reports that Ms. Smith suddenly started to decline, stopped eating and after about a week she was in poor condition so they rushed her to the hospital. Despite a thorough investigation with pictures taken at the hospital before the body was cremated the district attorney felt that there was not enough evidence to support criminal neglect based on the victims disabilities, level of dependency and uncertainty around the timeframe given by Ms. Smith’s family. HHSC provider services do not have access to neutral third party experts that can review the case details and provide case opinions. They must rely on the provider assessment of whether abuse occurred or not. *What are the odds of getting at the truth and achieving justice for a victim in a case like this?*

## Current Needs and Gaps

Sadly, these types of cases are common in the abuse world. Of course the first case being more common, but if not managed in a timely and efficient way likely to result in a similar outcome of reduced quality of life and as literature shows a premature death. Currently, APS agencies and other protective service agencies are inundated with cases and severely under resourced in terms of funding and workforce. Likewise, the availability of external support from geriatric and more so elder abuse experts are in extreme short supply. The need for APS and other protective services agencies to access experts who can provide critical and timely assessments and determinations in elder abuse cases is a long-standing problem that requires an innovative solution. There has been a national movement towards the development of multi-disciplinary elder abuse teams (i.e. forensic centers and other MDTs) and these teams provide great resources for communities who have taken on the challenge of stemming the tide of elder abuse. However, it may be a long time before each community has access to these sorts of teams due to funding and workforce shortages. This is especially true in rural communities. Even with access, however, many of victims of elder abuse, neglect and exploitation may refuse or be unable to leave their home for assessment. Any delays in getting these individuals assessed prolongs their risk for further mistreatment, loss, poor health outcomes and death.

## Innovative Solution to Expertise, Access and Efficiency

In 2017, the Texas Elder Abuse and Mistreatment Institute (TEAM) implemented a statewide assessment program accessible to two state agencies, Texas Adult Protective Services and Texas Department of Health and Human Services Commission, to assist with abuse, neglect and exploitation cases. This program is call the [TEAM- Forensic Assessment Center Network (TEAM-FACN)](https://www.facntx.org/) and utilizes available video-phone technology and a web-based platform to Houston-based geriatric and elder abuse experts with APS and HHSC workers across the state of Texas.

## Virtual In-Home Client Assessments

The TEAM-FACN program uses FaceTimeTM to connect with APS caseworkers and their clients anywhere in the state of Texas. Using FaceTimeTM allows the physicians to see and hear the client, but to also see the client’s environment. Seeing the environment is critically important for making mental capacity determinations as most capacity assessments statutes across the U.S. require opinions and evidence based on functional capacity. Objectively viewing the client’s environment is often not possible when the client is brought into a clinic and thus a true opinion of functional capacity may be hard to reach. Using FaceTimeTM and with the assistance of the APS caseworker, the clinician is able to conduct the same mental capacity assessment using a mix of standardized cognitive screens and evidence-based interview processes to identify deficiencies and parallels between client values and appreciations for their situational benefits and risks. The use of video-phone conferencing in mental health has been widely used and is widely accepted by those being assessed. Therefore, there is no longer any consenting APS client who is unable to receive a mental capacity assessment in the state of Texas.

## Web-Based Referral and Communication Portal

A critical component of the TEAM-FACN is the Health Insurance Portability and Accountability Act (HIPAA) compliant web-based referral and communication portal. This portal allows for APS and HHSC caseworkers to request a variety of assessments by uploading all relevant case information (i.e. medical records, interviews, pictures, de-identified intake reports) necessary for assisting with the requested service. Once input, the information and all other correspondence between the TEAM-FACN physicians and the caseworkers are safely contained within the system. This allows caseworkers to work on other cases and be notified within the system when changes take place with to their uploaded cases (i.e. assigned to a physician, request for more information or submission of determination letter after an assessment). This system was designed to capture data that caseworkers already collect during a routine investigation and works to increase the efficiency of making and request and transferring documents; a process that can be extremely delayed when using other modalities such as mail. Caseworkers can access this web-based portal anywhere in the state 24hrs a day. This portal has been especially helpful for assisting HHSC caseworkers since their cases often have many documents and acquire information over time. Waiting on mail reduces efficiency and security. Moreover, this portal provides a way for any state or county to maximize the resources around their state to assist with investigations and assessments. Experts can be located anywhere in the state and access the cases and with the use of video-phone conferencing there is no case that shouldn’t be able to receive an appropriate mental capacity assessment. This has great implications for forging partnerships to stem the tide of elder abuse and provide protective services for seniors and others in need.

## Expertise, Access and Efficiency

The TEAM-FACN program has made it to where a local experienced team of geriatric and elder mistreatment experts can provide their services to an entire state. Texas is 268,000 square miles. Within the first 3 months of implementing the program every APS and HHSC region in the state except for 1 utilized the program. Currently, every region has used the program. In the first year the TEAM-FACN program has increased the number of clients reached 5-fold. Where we were once completing approximately 100 cases a year, we are now completing over 500 cases in a year. This program has also increased efficiency. Given the ability to be in the client’s home within seconds of connecting, we have been able to reduce wait times for clients and increase the cost efficiency associated with travel, physician time and missed appointments.

## Case 1: Findings

Within a few days of the APS request, TEAM-FACN conducted a virtual mental capacity assessment and found that Mr. Jones was not lacking capacity in self-care such as food, clothing or hygiene. His home was in excellent condition despite the hole in the ceiling. However, Mr. Jones did lack capacity for making financial decisions. He did not remember signing his home over to someone and stated that he would never do that. He was surprised to know that his retirement was vastly depleted and stated that he did not want to move out of his own. TEAM-FACN provided an expert opinion that Mr. Jones needs supervision for his finances and that when he signed his home over to someone else he likely was not aware of what he was doing. Currently, the court is in process of reversing the home transfer so that Mr. Jones can remain in his home with financial supervision.

## Case 2: Findings

A referral was made to the TEAM-FACN for a forensic records review of the case for Ms. Smith. Upon review of the case, the TEAM-FACN physician provided a timeframe for the sustained injuries based on stages and conditions of the body. This expert timeframe discounted that of the family members, firmly stated that the neglect caused the death and this information led the District Attorney to pursue criminal neglect against the family. The TEAM-FACN physician was the last person to provide court testimony and after hearing the evidence against them, each perpetrator pled to a 20 year prison sentence. [The write up on this horrific, yet case of justice can be reviewed on the Star Telegram’s website](https://www.star-telegram.com/news/local/community/fort-worth/article35284053.html):

## Elder Justice Coordinating Council Assistance

The needs of APS and their clients long-standing and until now there was no reasonable solution to meet the demands. While the elder abuse expert and geriatric workforce is growing, it is greatly outpaced by the aging population and this will continue to add to the caseloads and burdens of APS caseworkers. Without innovative solutions their clients may not get the assessments they need or if they do, they may be at the cost of the client’s health and well-being due to delays.

The TEAM-FACN approach provides a way to increase access to experts and obtain timely and efficient assessments necessary to protect our seniors in need. Affordable and available technology has advanced making this sort of program extremely scalable. However, APS agencies work with under extremely limited budgets and high caseloads. Funding for demonstration projects that include implementation, cost effectiveness and outcomes analyses are needed. The development of needs and readiness assessments of APS agencies are needed. There needs to be a national strategic and policy plan for acquiring ongoing legislative appropriations to fund APS programs such as the TEAM-FACN. Finally, there needs to be assistance with determining how existing multi-disciplinary teams can utilize program like TEAM-FACN to increase their presence in communities where they are not available.