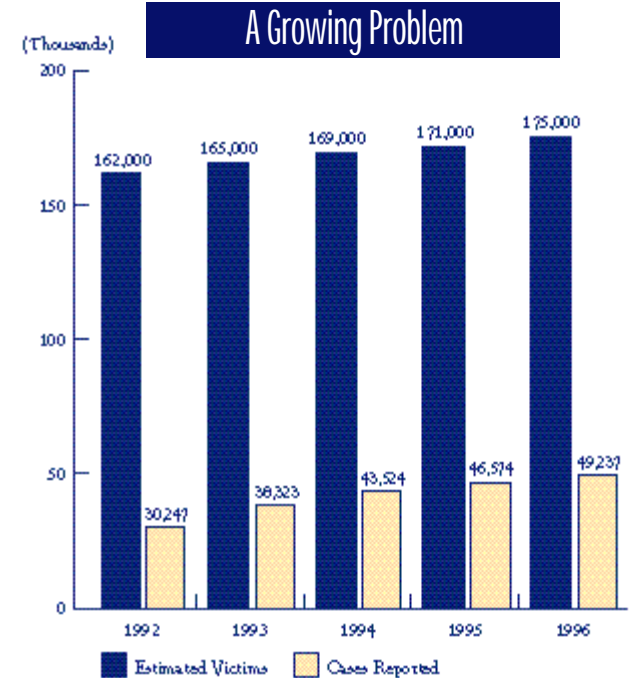


Services

Adult Protective Services

## Adult Protective Services



**I**n 1996 there were more than 1.8 million adults age 65 and older living in Texas, and an estimated 25 million Texans with disabilities under age 65. Many of these citizens are vulnerable to abuse, neglect, or exploitation. Because many live alone or are dependent on others for care, they sometimes become the victims of abusive or neglectful caretakers or have their money

or property stolen by a predatory family member or neighbor.

More than 75 percent of all cases reported to Adult Protective Services involve neglect. Most involve self-neglect. Through illness or diminished capacity, the person may no longer be able to provide adequately for his or her own health and safety. The person may live in unsanitary conditions or without heat or running

water, or may need assistance with meals and other daily activities. He or she may also require medical care.

Domestic violence is involved in many adult protective services cases. Of cases reported in fiscal year 1996, 2,599 (or 13%) involved abuse perpetrated by a spouse or paramour.

Since September 1992, the department has also been responsible for investigating

reports of abuse and neglect in facilities operated or funded by the Texas Department of Mental Health and Mental Retardation. There are some 60 MHMR facilities throughout the state, including state hospitals, state schools, community centers, and outreach programs, serving more than 190,000 people. Allegations of maltreatment include physical or sexual abuse, verbal abuse, neglect, and exploitation.

Though the problem of adult abuse has been widely recognized only in recent decades, some estimate it may be as common as child abuse. As the public has become more aware, reports of adult abuse have increased dramatically. This, and the growing population of elderly people, have led to increased demand for the agencies that serve them.

### Reporting and Investigation

The law requires anyone who has reason to believe that a person who is elderly or disabled is being abused, neglected, or exploited to report the information to PRS. Callers may contact any PRS office or the department's 24-hour, toll-free abuse hotline (1-800-252-5400). Adult Protective Services caseworkers begin an investigation within 24 hours of receiving a report. Services are voluntary and competent clients have the right to refuse any or all services.

In FY96, PRS completed 49,237 investigations of abuse, neglect, or exploitation involving adults. Of these, 39,668 were confirmed. In the last decade, the number of cases investigated each year by Adult Protective

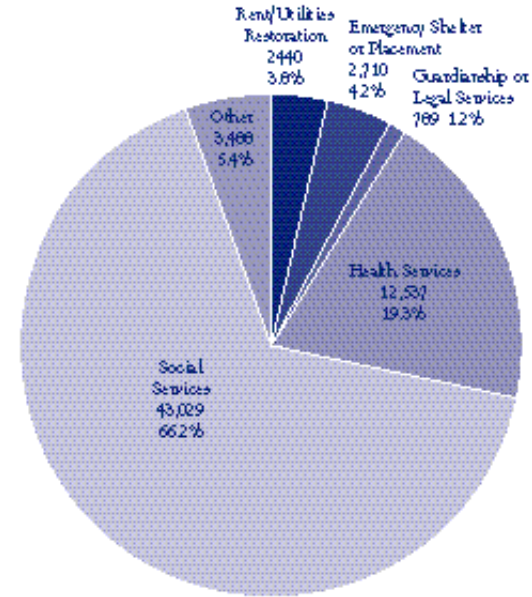
Services has increased more than 267 percent.

### Services

Many of the victims were in need of immediate services. In addition to direct services, victims in the community received services such as housing, medical care, and meals on a temporary basis while they were waiting to establish eligibility for long-term services or care. Short-term services provided to clients by the department included emergency shelter, cleaning and home repair, meals, transportation, help with financial management, home health services, and medical and mental health services. Most of these were purchased through contracts with local agencies and providers.

### Volunteers and Community Support

Volunteers throughout the state donated time and goods to help Adult Protective Services clients in their communities. In Jacksonville, for example, local organizations "adopted" the houses of several elderly clients.



### Types of Services Provided

Short-term services provided to Adult Protective Services clients during FY96.

Hundreds of volunteers turned up to make repairs, paint, and clean yards. Newspapers and radio and television stations donated publicity for the event, and churches and businesses displayed signs. One local builder donated his crew for a day.

In other areas, groceries, new blankets, clothing, electric fans,

smoke detectors, medical equipment, and many other items were donated by businesses, civic groups, and individuals. Volunteers also donated their time to help prepare meals for elderly neighbors, provide transportation, or visit.

In 1996, the department entered into agreements with the

Harris County and Montgomery County probation departments to provide community service labor on clean-up projects for APS clients.

## Guardianship

Texas law allows the department to apply for guardianship of an incapacitated person when it is necessary to prevent abuse, neglect, or exploitation, and the person has no family or friends able to take on the responsibility. The courts, on their own initiative, may also appoint the department as guardian when no other resources exist.

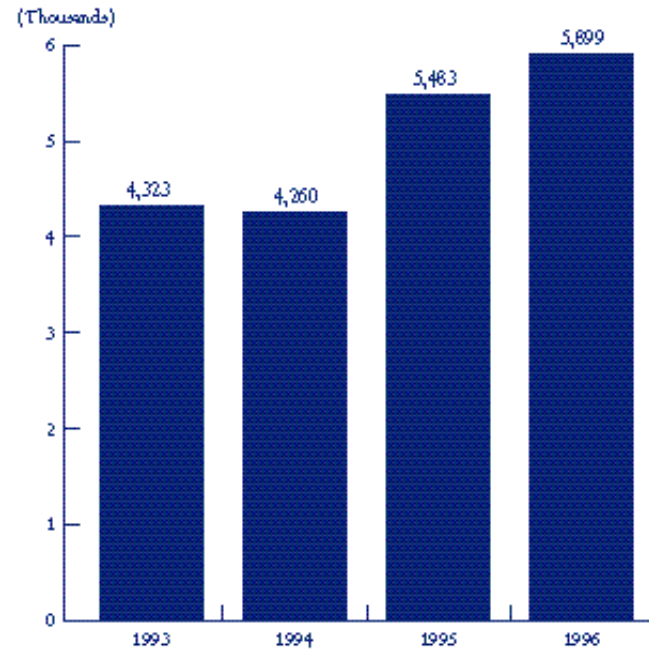
With few alternatives available, judges are increasingly appointing PRS as guardian of last resort. While guardianship is critical to the protection of these individuals, the growing numbers of cases pose a challenge for the department. In 1996, seven adult protective services workers specialized in guardianship, and some additional services were purchased from contract providers. But often, regular adult protective services caseworkers were appointed by the courts as guardians. Guardianship is a

time-consuming, round-the-clock responsibility not unlike parenting. Added to the demands of a worker's normal caseload, it can be overwhelming. The department continues to seek solutions to this challenging problem.

In FY96, PRS added new policies and procedures for guardianship and introduced new training for staff. The department also established a uniform accounting system to help staff manage the finances of wards and revised guardianship contracts to include new standards and performance measures.

## End-of-life Decisions

One of the most difficult decisions any family can face is whether to continue measures that artificially prolong the life of a terminally ill patient. But when the person is incapacitated and has no friends or family to act for him, someone else may have to make this decision. Although only a small number of guardianship cases involve these situations, they represent a growing concern. With the rising costs of medical care, there is increasing public debate about this issue.



**Investigations Initiated in MHMR Facilities\***

\* Does not include home and community-based services and community centers

## Investigations in MHMR Facilities

The department took over responsibility for investigating reports of abuse, neglect, and exploitation in facilities operated or funded by the Texas Department of Mental Health and Mental Retardation (MHMR) in September 1992. During FY95, PRS

responsibility expanded to investigations in community centers.

During FY 96, PRS initiated 7,447 facility investigations, including 5,899 in MHMR facilities (state hospitals, schools and centers); 1,381 in community centers; and 167 in home and community-based services. Of these, 7,064, or 95%, were completed at the end of FY 96. For those cases completed, 1,524 were confirmed. In 4,175 cases,

investigators were not able to confirm the allegations, and in 711 cases the evidence was inconclusive. Of the remainder, 219 were deemed unfounded or spurious, and 435 involved clients' rights and peer-review issues referred back to the facility or were misclassified reports closed without investigation.

Case findings and recommendations were turned over to MHMR, which was responsible for taking appropriate action.

### Improvements in MHMR Facility Investigations

PRS rules require investigations in facilities to be completed in 14 days in most cases. As the number of pending cases grew, there was mounting concern from the public and advocates for mental health services consumers. After an inquiry into facility investigations by the Texas Senate Health and Human Services Committee, PRS and the Texas Department of Mental Health and Mental Retardation made important changes to improve the process. The backlog was eliminated, PRS and MHMR revised statistical reporting systems to better track investigations and results,

and both agencies initiated a new long-term quality assurance effort. MHMR provided supplemental funding for PRS to hire additional investigators. This, combined with efforts to improve the quality and timeliness of PRS investigations, led to an increase in the number of confirmed cases. The number of reports also increased due to the availability of a 24-hour toll-free number for reporting and an increased emphasis on reporting by MHMR staff.

### Adult Protective Services Conference

The Thirteenth annual Adult Protective Services conference, co-sponsored by the American Public Welfare Association, was held in September in San Antonio. The event was attended by professionals from around the world. Other organizations, such as the National Committee for the Prevention of Elder Abuse, the National Association of Adult Protective Services Administrators, and the National Coalition on Abuse of Persons with Disabilities, meet in conjunction with the conference.



### Rising Caseloads

The average number of cases per adult protective services worker has increased 16 percent since 1985. In 1996, PRS workers carried an average of 41.8 open cases each month. Twenty four is the maximum caseload recommended by the National Association of Adult Protective Services Administrators.

High caseloads continue to present concerns about the quality and effectiveness of investigations. As the population of people over 65 increases, the issue of meeting the growing demands for services is becoming critical.



## Adult Protective Services in Texas

Definitions (from Texas Human Resources Code, Chapter 48.)

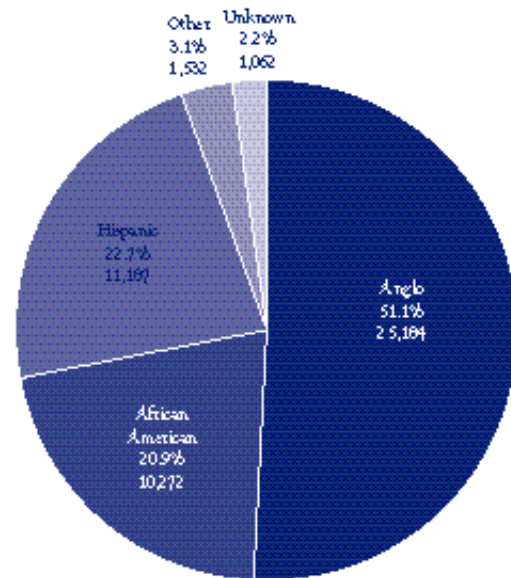
**Abuse** is “(A) the negligent or willful infliction of injury, unreasonable confinement, intimidation, or cruel punishment with resulting physical or emotional harm or pain, or (B) sexual abuse, including any involuntary or consensual sexual conduct that

would constitute an offense under: (i) Section 21.08, Penal Code (indecent exposure); or (ii) Chapter 22, Penal Code (assaultive offenses).”

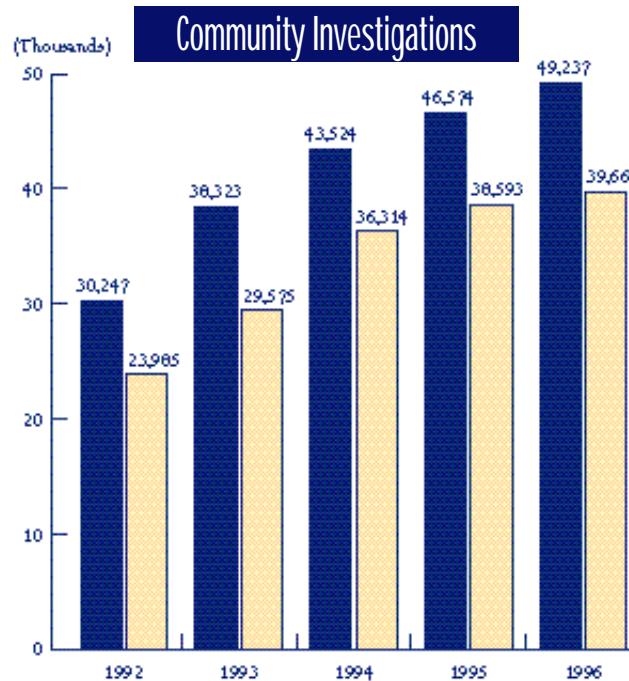
**Exploitation** is “the illegal or improper act or process of a caretaker, family member, or other individual who has an ongoing relationship with the elderly or disabled person using the resources of the elderly or disabled person for monetary or personal benefit, profit, or gain

without the informed consent of the elderly or disabled person.”

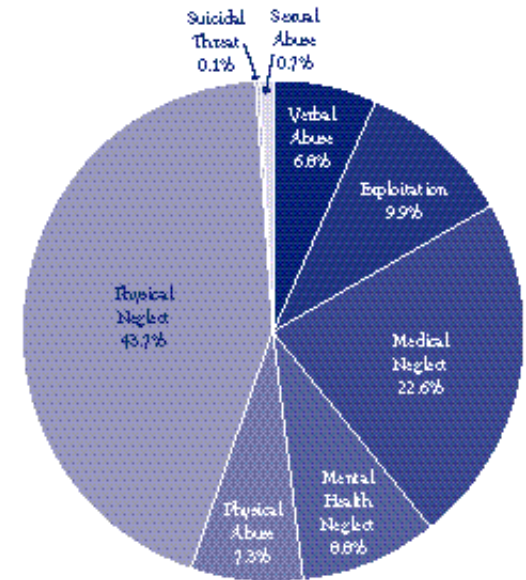
**Neglect** is “the failure to provide for one’s self the goods or services, including medical services, which are necessary to avoid physical or emotional harm or pain or the failure of a caretaker to provide such goods or services.”



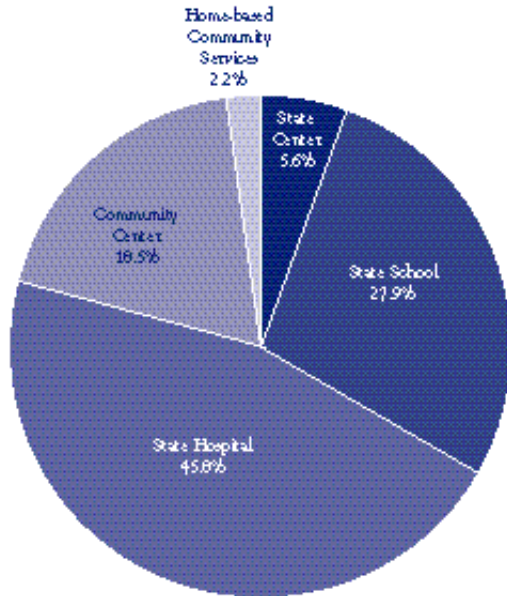
Ethnicity of Clients



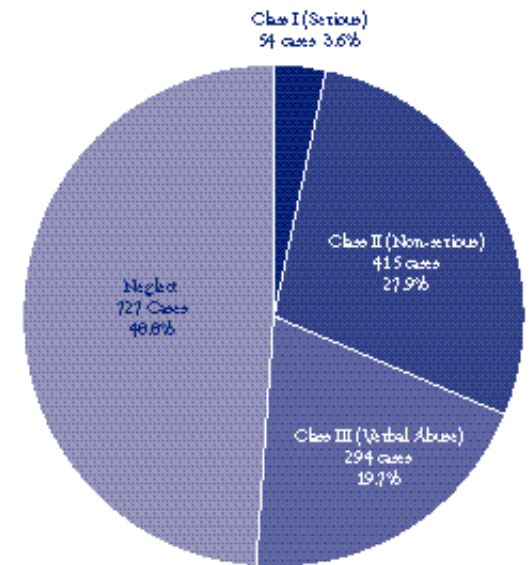
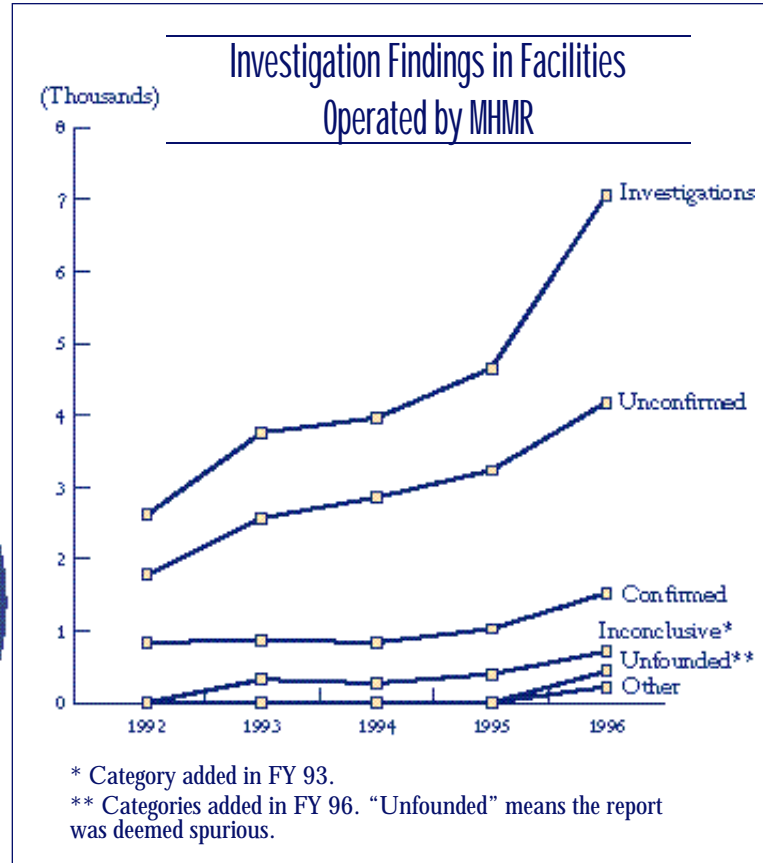
## Types of Allegations FY96



Investigations  
Confirmed



MHMR Investigations by Type of Facility



Types of Abuse in Confirmed Cases