The Texas Department of Human Services, in collaboration with 13 other public and private organizations, co-sponsored a statewide Collaborative Elder Abuse Prevention project. The goal of this project is to develop a comprehensive, long-range plan for the prevention of elder abuse, a method for achieving a coordinated service delivery system for abused and neglected elders in Texas, and a statewide public awareness campaign to increase the public's ability to identify and report elder abuse and neglect. This document describes the accomplishments of the executive steering committee so far: (1) a long-range plan to address the essential needs of elderly and disabled adults; (2) the establishment of four subcommittees to recommend strategies for achieving the long-range plan; and (3) the negotiation and signing of interagency agreements that clarify the roles and responsibilities of each agency concerning investigations in facilities operated, licensed, certified, or registered by a state agency. The introduction provides a brief background and describes the scope of the program, while the second chapter describes components of the coordinated service delivery system. Sidebars provide three illustrative case histories of elder abuse involving caregiver neglect, physical abuse, and financial exploitation respectively. Appended are the mission statement and long-range plan, followed by corporate, nonprofit, professional, and legislative briefing subcommittee recommendations, and copies of significant memoranda. (TE)
Preventing Elder Abuse

The Texas Plan for a Coordinated Service Delivery System
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The views expressed herein are those of the author and do not necessarily reflect the official position of the Office of Human Development Services of the U.S. Department of Health and Human Services.

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In 1989, the CEAP Project was named by APWA as one of the nation’s four most innovative and best managed state human services projects.
PREVENTING ELDER ABUSE:

The Texas Plan for a Coordinated Service Delivery System

February 28, 1989

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- Martha Alien, assistant attorney general, Office of the Attorney General, State and County Division;
- Pam Carley, director, Client Services and Rights, Texas Department of Mental Health and Mental Retardation;
- Reverend Frank Dietz, executive director, Texas Conference of Churches;
- Bob Elrod, administrator, Program Integrity of Nursing Home and Information Services, Texas Department of Health;
- Charlotte Flynn, co-convenor, Gray Panthers of Austin;
- Bob Kafka, president, Coalition of Texans with Disabilities;
- Bert Kruger Smith, consultant, University of Texas, Hogg Foundation for Mental Health;
- Judy Rouse, administrator, Adult Protective Services Division, Texas Department of Human Services;
- Carol Silvus, president, Texas Federation of Women's Clubs;
- Milton Lege, program and facilities specialist, Texas Rehabilitation Commission;
- Kay Vacha, American Association of Retired Persons;
- Judith Warren, Ph.D., Texas Agricultural Extension Service, Texas A & M University System;
- John Willis, state ombudsman/advocacy coordinator, Texas Department on Aging.

From DHS's Adult Protective Services Division, Mary Chavez, public awareness director, oversaw the daily management tasks necessary to ensure that project operations were accomplished. Ms. Chavez was also responsible for coordinating with the American Public Welfare Association to plan and develop three highly successful national conferences on adult protective services, which served as forums to promote training opportunities, public awareness, and research on abuse and neglect of elderly and disabled adults. Samantha Essary, conference aide, provided valuable clerical support in developing the national conferences.

From the Office of Strategic Management, Research, and Development, Special Projects Division, Garry L. McDaniel, M.A., M.Ed., served as project management specialist. Mr. McDaniel acted as planning consultant to the project, provided technical assistance, wrote and submitted reports to the funding source, and monitored progress on project operations.
EXECUTIVE SUMMARY

About 2.6 million elderly and disabled people live in Texas. Researchers estimate that 4 percent of this vulnerable population is abused, neglected, and/or exploited annually. Probably over 100,000 elderly and disabled Texans are victimized every year, many of them repeatedly.

To address the needs of this group, the Texas Department of Human Services (DHS) co-sponsored the Collaborative Elder Abuse Prevention (CEAP) Project with 13 other public and private organizations. These agencies make up the Executive Steering Committee (ESC), which gives overall direction to the project.

The goal of the CEAP Project is to develop a collaborative statewide effort to prevent abuse of elderly and disabled adults. The purpose of this document is to describe progress so far. To facilitate cooperation and collaboration among state agencies and private groups serving the elderly and disabled, the ESC members have accomplished the following tasks:

- developed a long-range plan to address the essential needs of elderly and disabled adults;
- established four subcommittees to recommend strategies for achieving the long-range plan; and
- negotiated and signed interagency agreements that clarify the roles and responsibilities of each agency concerning investigations in facilities operated, licensed, certified, or registered by a state agency.

The ESC will continue to refine this document, the Texas Plan for a Coordinated Service Delivery System, as conditions and progress of the plan require.
INTRODUCTION

BACKGROUND

An estimated 100,000 elderly and disabled adults are abused in Texas each year. Many are battered or subjected to unreasonable and unnecessary confinement. Some are sexually abused. Many are verbally or emotionally abused. Some are overmedicated; others do not have adequate food, clothing, or medication. Some are swindled out of money or property by relatives or purported caregivers. Many are severely neglected by caregivers or by themselves.

SCOPE OF THE PROGRAM

From September 1986 through August 1987, Adult Protective Services (APS) workers for the Texas Department of Human Services (DHS) investigated 15,647 reports of adult abuse. Of these, 75 percent were validated as needing protective services. Of the validated cases—

- **47 percent involved self-neglect**, the failure to provide one's self the necessary goods and services to avoid physical harm, mental anguish, or mental illness;
21 percent involved caregiver neglect, failure to provide an aged or disabled dependent the goods and services to avoid physical harm, mental anguish, or mental illness;

19 percent involved physical abuse, the willful infliction of injury, unreasonable confinement, or cruel punishment; and

13 percent involved exploitation, using the resources of an elderly or disabled person illegally or improperly for monetary benefit or personal gain.

While these figures may seem staggering, it is important to note that the U.S. House Select Subcommittee on Aging estimates that only 10 percent of all adult abuse cases are reported.

THE TEXAS APPROACH TO SOLUTIONS

While many organizations and individuals have been addressing the problem of elder abuse within the framework of established programs and services, there has not been an organized effort at the state level among organizations, groups, and individuals involved in the prevention of elder abuse. A few states have made efforts toward collaboration and public awareness education on a statewide basis. However, no state has demonstrated a model for organizing elder abuse prevention among state agencies on aging, adult protective services agencies, the courts, law enforcement officials, consumer protection agencies, and voluntary groups.

CASE HISTORY 1—CAREGIVER NEGLECT

DHS's Adult Protective Services received a report that Ms. B's son was armed and dangerous, on drugs, and threatening to shoot anyone who came to his home. Mrs. B lived in an upstairs bedroom. The rest of the family had not been allowed to see her in a year.

The caseworker found the 94-year-old woman nude from the waist down; dehydrated; lying in her own feces, urine, and blood; with bedsores to the bone teeming with maggots. The stench was overpowering. Mrs. B screamed with pain when moved and could not be dressed. Her skin had broken down so badly that she had to be placed in a body bag to be transferred to a stretcher.

When told that his mother's condition was serious enough to warrant placement in a nursing home, the son objected, asking, "Who will pay the utility bills here?" Mrs. B died two weeks later, and the son was convicted, under Section 2204 of the Texas Penal Code, of "willful neglect to an elderly individual causing physical harm."
degree of autonomy and self-determination. Services should be provided in the least restrictive setting, allowing individuals freedom to maintain their independence.

Goal

The goal of the CEAP Project is—
- to demonstrate a model collaborative statewide effort to deal with the issue of preventing the abuse of elderly and disabled adults.

Objectives

To meet the project's goal, three objectives were established:
1. to develop a statewide, cross-organizational, comprehensive long-range plan for the prevention of elder abuse in Texas;
2. to develop a statewide structure for achieving a coordinated service-delivery system for abused elderly persons in Texas; and
3. to plan and implement a statewide public awareness campaign to recognize and prevent abuse of elderly persons in Texas.

Program Definitions

Rather than categorize elder abuse programs as treatment (services) or prevention, the CEAP Project views all activities in elder abuse programs as preventive in nature and broadly defines elder abuse prevention on three levels:
- primary prevention—activities that promote health, well-being, and self-sufficiency among all elderly persons;
- secondary prevention—activities that promote health, well-being, and self-sufficiency of elderly persons at risk of being abused; and
- tertiary prevention—activities that aim toward remediating the effects of abuse of elderly persons and eliminating its recurrence.
COMPONENTS
OF THE COORDINATED SERVICE DELIVERY SYSTEM

THE CEAP LONG-RANGE PLAN

A national survey in America showed that 8 percent of the population was 65 and older in 1950. By the year 2000, 13 percent of the total U.S. population will be in that age group; by 2030, the 65-and-older group will make up 21 percent of the population. These changes in the structure of American populations will have enormous impact on the future of our society.

The CEAP member-agencies have developed a long-range plan to address those issues crucial for ensuring that the needs of elderly and disabled adults are adequately addressed in the future. The long-range plan (Appendix A) provides the

CEAP member-agencies and the state of Texas with the direction needed to coordinate planning and resources for serving the elderly and disabled over the next decade.

Definition of Plan Terms

The comprehensive long-range plan includes a mission statement and specific directions, targets, and strategies for addressing abuse and neglect of elders and disabled adults in Texas. Directions, targets, and strategies are defined as follows:

- **Direction**—a statement outlining a critical area where change is needed;
- **target**—a statement written so that it describes how one can measure movement in a chosen direction, how much progress should be made by a certain date, or what kind of sustained progress might be achieved;  
- **strategy**—a statement of how to move in the chosen direction in order to achieve the results expressed in the targets.

**Major Strategies under the Plan**

Major directions identified in the long-range plan are enhancing primary, secondary, and tertiary prevention and securing needed changes in legislation. The following paragraphs highlight the more crucial strategies under each direction.

**Enhancing Primary Prevention.** Major strategies toward the plan’s first direction include the following:

- Identify roles and responsibilities among agencies serving elderly and disabled adults;
- Improve collaboration among agencies serving elderly and disabled adults;
- Use more volunteers in public awareness activities; and
- Promote programs to increase and reinforce the self-esteem, self-advocacy, and self-responsibility of elderly and disabled adults.

**Enhancing Secondary Prevention.** The plan contains the following main strategies for enhancing secondary prevention:

- Develop programs to relieve caregivers, such as respite care;
- Pursue methods to strengthen and expand the ombudsman program;
- Identify gaps in services and develop programs to fill those gaps; and
- Promote training for those agencies involved in the enforcement of institutional care standards, particularly in the care of the mentally retarded.

**Enhancing Tertiary Prevention.** Important strategies to enhance tertiary prevention follow:

- Develop innovative means to increase specialized services, such as emergency shelter;
- Encourage local physicians and medical associations to increase the availability of medical care to victims; and
- Encourage the use of multidisciplinary teams and case consultation.

**Securing Changes in Legislation.** The following main strategies will be employed in seeking needed legislation:

- Encourage advocacy groups to support legislation and increased funding for the prevention and treatment of abuse;
- Encourage the amendment of pertinent legislation to clarify roles and responsibilities of state agencies serving elderly and disabled adults;
- Explore the feasibility of a statewide public guardianship program as well as other less restrictive alternatives; and
- Encourage changes in the law to increase the accountability of guardians.

**ESC SUBCOMMITTEE RECOMMENDATIONS**

The project’s Executive Steering Committee (ESC) formed four subcommittees responsible for recommending strategies to achieve the long-range plan: (1) the Subcommittee for Involving the Corporate/Private Sector; (2) the Subcommittee for Volunteer, Church, and Advocacy Groups; (3) the Subcommittee for Professional Groups; and (4) the Subcommittee for Legislative Briefing Ses-

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**CASE HISTORY 2—PHYSICAL ABUSE**

An alcoholic dentist in his 50s was beating up his alcoholic mother, who was in her 70s. The APS caseworker found the mother in her bed, unable to move because of a neck injury, with bruises on her wrists. She admitted that her son had injured her, but she refused to press charges.

The victim was confused, disoriented, and incompetent. APS arranged for a guardian, who filed charges against the son under the Family Code and made him move out of the house. The client now lives at home with no further problems.
sions. While detailed recommendations have been developed by each subcommittee, it is important to note that their activities will continue as the directions, targets, and strategies listed in the long-range plan are realized. The following paragraphs summarize major recommendations made by each committee.

**Corporate/Private Sector**

Recommendations for involving the private sector (detailed in Appendix B) can be summarized as follows:

- identify a point-of-contact in each DHS region for coordination with corporate/private sector groups;
- provide annual training opportunities for APS regional directors and APS staff;
- develop media products with vignettes depicting community coordination; and
- implement activities such as training and orientation for volunteers, develop community contacts to help implement an ongoing "marketing" approach acceptable to industry, and provide grassroots political organizations with information about legislative priorities.

**Volunteer, Church, and Advocacy Groups**

Appendix C gives details of recommendations for involving the voluntary sector; highlights follow:

- identify local community liaison groups modeled after the CEAP ESC;
- identify major community stakeholders with an interest in preventing abuse and neglect of elderly and disabled people;
- hold community awareness meetings;
- develop generic public awareness training programs; and
- evaluate and follow up on the community awareness meetings.

**Professional Groups**

Appendix D gives details on subcommittee recommendations for involving professionals; the highlights are as follows:

- plan and carry out a public awareness program tailored to the specific professional group; and
- develop a prevention program for each professional group.

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**CASE HISTORY 3—FINANCIAL EXPLOITATION**

Ellen H., Ph.D., 86 years old, was a former university professor who lived with Ms. T, aged 84, in Ms. T's boarding home. Ms. T was known for taking in the homeless and destitute, particularly mental health patients.

Dr. H's income was $400 per month. She had a respiratory condition for which she refused treatment, thought that she was running a major city bank, presented herself as the mayor's executive assistant, and claimed to advise the president of the United States. She regularly attended city council meetings of this large metropolitan area.

Dr. H and Ms. T were being exploited by an acquaintance. Taking advantage of their memory loss, this man would accept money for service never rendered, cash their checks, and keep the money. The man moved Dr. H into his sister's home, charging Dr. H $400 per month.

The caseworker could find no one to file for guardianship; the client had few assets and no relatives. The D.A. declined to prosecute for exploitation.

Dr. H died of active tuberculosis (previously undiagnosed) six weeks after the move.
Legislative Briefings

Recommendations of the subcommittee (detailed in Appendix E) can be summarized as follows:

- advocate for recognizing Elder Abuse Prevention Week each year;
- encourage support appropriations to fund APS staff at 100 percent of need, provide support services and respite care, and increase funding for community care services; and
- inform other groups about the CEAP strategies and enlist their support.

MEMORANDA OF UNDERSTANDING

The members of the ESC have begun to act upon the directions and strategies agreed to in the long-range plan and suggested by the various subcommittees. Toward these ends, agreements that clarify the roles and responsibilities of each agency regarding elder abuse and neglect were signed by Texas state agencies.

These agreements (copies of which appear in Appendix F) summarize the new procedures related to investigations in facilities operated, licensed, certified, or registered by a state agency. The agencies that have signed memoranda of understanding are:

- Texas Department of Health
- Texas Department of Mental Health and Mental Retardation
- Texas School for the Blind
- Texas School for the Deaf
- Texas Commission for the Blind/Criss Cole Center
- Texas Commission on Alcohol and Drug Abuse
- Texas Department on Aging
- Texas Department of Human Services
APPENDIX A

COLLABORATIVE ELDER ABUSE PREVENTION PROJECT
LONG-RANGE PLAN

MISSION STATEMENT

The mission of the Collaborative Elder Abuse Prevention (CEAP) Project is to provide the leadership necessary to coordinate and develop statewide efforts for (1) preventing abuse and neglect of aged and disabled Texans, and (2) promoting their dignity and worth.

This mission will be accomplished through inter-agency collaborative efforts in promoting supportive interventions to address physical, financial, social, legal problems, and provision of services which are adequate in amount to meet service needs. The CEAP Project will promote the least restrictive alternative to maltreatment while respecting the rights of aged and disabled citizens.

EXECUTIVE STEERING COMMITTEE MEMBERSHIP

Texas Federation of Women's Club
Coalition of Texans with Disabilities
Gray Panthers of Texas
Hogg Foundation for Mental Health
American Association of Retired Persons
Texas Conference of Churches
Texas Attorney General's Office
Texas Department on Aging
Texas Department of Health
Texas Department of Mental Health and Mental Retardation
Texas Rehabilitation Commission
Texas Agricultural Extension Service
Texas Department of Human Services
DIRECTION 1: ENHANCE PRIMARY PREVENTION IN TEXAS

Target 1.1: Increase public awareness of abuse* as measured by survey results

Target 1.2: Increase public awareness as measured by increased support for programs.

Strategies:

(1.a) Identify roles and responsibilities of the organizations represented by Executive Steering Committee (ESC) members related to primary prevention and promote increased collaboration and networking between member groups. Examples of collaboration might include the production and distribution of media materials and the expansion of media campaigns.

(1.b) Promote increased collaboration and networking between the ESC and other groups such as the Texas Council of Churches, Texas Federation of Women's Clubs, the Council of Family Violence, and the Texas Agricultural Extension Service.

(1.c) Increase the use of volunteers in public awareness activities that provide general information regarding the law and available community care services.

(1.d) Promote training for families and caregivers, as well as for professional groups such as law enforcement agencies, judges, clergy, lawyers, and health/mental health care professional on the identification and prevention of abuse.

(1.e) Develop innovative means to encourage changes in societal attitudes regarding aged and disabled adults, as well as attitudes about the use of violence as a coping mechanism. This would include addressing the socializing forces in society. An example might be a project to work with producers of popular media to reduce stereotyping by promoting positive models of elderly and disabled adults.

(1.f) Promote programs to increase and reinforce the self-esteem, self-advocacy, and self responsibility of the aged and disabled.

(1.g) Identify and work to remove the financial, legal, physical, and social barriers faced by the aged and disabled.

* The term "abuse" refers to abuse, neglect or exploitation of elderly and disabled persons.
(1.h) Continue to explore the feasibility of expanding the ESC's long-term role in primary prevention.

(1.i) Promote continued intensive training of health care professionals involved in enforcement of institutional care standards, particularly in the area of long-term care.

(1.j) Promote the development, utilization, and dissemination of research, such as the "Key Informant Survey" and Adult Protective Services Conference, which results in a better understanding of the problem of abuse.

(1.k) Encourage the private sector to develop and support tangible efforts toward the prevention of abuse.
DIRECTION 2: ENHANCE SECONDARY PREVENTION IN TEXAS

Target 2.1: By June of 1988, implement inter-agency agreements which coordinate secondary prevention activities to fill gaps and avoid duplication in services.

Target 2.2: Increase the availability of services to vulnerable adults at risk of being abused.

Strategies:

(2.a) Identify the roles and responsibilities of the organizations represented by the ESC members related to secondary prevention, and promote increased collaboration and networking between member groups.

(2.b) Actively promote the use of volunteers in public awareness activities.

(2.c) Develop creative ways in which to use volunteers can be used to help fill gaps in services.

(2.d) Pursue opportunities to increase community-based services.

(2.e) Develop programs to provide relief for caregivers such as respite care.

(2.f) Develop methods to increase counseling services.

(2.g) Pursue methods to strengthen and expand the ombudsman program.

(2.h) Identify gaps in services and develop programs to fill those gaps.

(2.i) Continue to explore the feasibility of expanding the ESC's long-term role in secondary prevention.

(2.j) Promote training for those agencies involved in enforcement of institutional care standards—particularly in the care of mentally retarded adults.
DIRECTION 3: ENHANCE TERTIARY PREVENTION IN TEXAS

Target 3.1: By January 1, 1988, inter-agency agreements will be signed implementing Sunset legislation to coordinate tertiary prevention to fill gaps and avoid duplication in services.

Target 3.2: Increase the availability of services to vulnerable adults in a state of abuse, neglect, or exploitation.

Strategies:

(3.a) Identify roles and responsibilities of the organizations represented by the ESC members related to tertiary prevention and promote increased collaboration and networking between member groups.

(3.b) Promote the use of volunteers to carry out public awareness activities.

(3.c) Increase public awareness focused on reporting suspected abuse.

(3.d) Develop innovative means to increase specialized services such as emergency shelter to meet the needs of abused adults.

(3.e) Encourage the cooperation of local physicians and medical associations to increase the availability of medical care for elderly and disabled victims of abuse and neglect.

(3.f) Encourage the use of multi-disciplinary teams and case consultation.

(3.g) Improve the working relationships between state agencies, churches, law enforcement agencies, the judiciary system* and health/mental health care professionals such as through the establishment of coordinated/integrated case management procedures.

(3.h) Continue to explore the feasibility of expanding the ESC's long-term role in tertiary prevention.

* The term "judiciary system" includes judges, parole officers, and the district attorney's office.
DIRECTION 4: SECURE NECESSARY CHANGES IN LEGISLATION PERTINENT TO THE PROTECTION OF ADULTS.

Target 4.1: By 1991, funding available for the prevention and treatment of abuse will be sufficient to meet the needs of the affected population.

Target 4.2: Continue to promote legislation which clearly defines the roles and responsibilities of the various state agencies which provide services to aged and disabled adults.

Target 4.3: During the 1989 legislative session, promote legislation addressing guardianship issues.

Target 4.4: During the 1989 legislative session, secure funding of agencies to expand the training of staff involved in the delivery of services to the elderly and disabled.

Strategies:

(4.a) Encourage advocacy efforts to support legislation and increase funding for the prevention and treatment of abuse.

(4.b) Encourage the amendment of pertinent legislation to clarify roles and responsibilities of the various state agencies which provided services to aged and disabled adults.

(4.c) Encourage the feasibility of a statewide public guardianship program as well as other less restrictive alternatives.

(4.d) Encourage the enforcement of current laws regarding the annual accounting by guardians.

(4.e) Encourage changes in the law to improve the accountability of guardians.
APPENDIX B

COLLABORATIVE ELDER ABUSE PREVENTION PROJECT

CORPORATE/PRIVATE SECTOR
SUBCOMMITTEE RECOMMENDATIONS

The Corporate/Community Support Subcommittee is composed of--

- John Willis, Chairperson, Texas Department on Aging;
- Bert Kruger Smith, Hogg Foundation for Mental Health; and
- Ron Trull, Texas Rehabilitation Commission.

The following suggestions are presented in order to expand the involvement of local corporate and private sector groups in the identification and prevention of elder abuse and neglect--

1. Each TDHS region should designate a point-of-contact for coordination with corporate and private sector groups. This person should be an experienced Adult Protective Services (APS) worker possessing good interpersonal communication skills, promotional abilities, and a high interest in community development.

2. TDHS should provide, at a minimum, annual in-depth training opportunities for all APS Regional Directors and APS staff to include:

   - Orientation to the proper use of slide shows and other publicity resources;
   - Discussions of how to interpret when intervention is necessary – philosophy of self-determination vs self-abuse;
   - Discussion of what constitutes the least restrictive method of intervention;
   - Discussion of the most effective models of community coordination;
   - Identification of potential joint training opportunities at the regional level – AAA's, TRC, TDOA, TDHS, etc.
3. TDHS should develop video cassettes depicting various vignettes involving some aspect of community coordination such as 1) discussions with hospital discharge planners or 2) orientation sessions for corporate and private sector groups.

4. Regional staff should consider implementing the following activities--

- Develop coordination at the regional level to involve private sector and corporate representatives. These orientation sessions could be used to identify possible volunteers for future follow-up.

- Schedule on-going training and orientation for volunteers promoting programs which stress prevention alternatives, resulting benefits to family members, and cost savings to business which provide adequate preventive services.

- Use community contacts to help develop an on-going market approach acceptable to industry.

- Through private sector and corporate advocacy groups, provide information to grass roots political structures regarding legislative priorities for future funding and commitment to human services.
APPENDIX C

COLLABORATIVE ELDER ABUSE PREVENTION PROJECT

VOLUNTEER, CHURCH, & ADVOCACY GROUP DEVELOPMENT SUBCOMMITTEE

The Volunteer, Church & Advocacy Group Development Subcommittee members are--

- Judith Warren, Ph.D., Chairperson, Texas Agricultural Extension Service;
- Kay Vacha, Ph.D., American Association of Retired Persons;
- Reverend Frank Dietz, Texas Council of Churches;
- Mary Chavez, Texas Department of Human Services; and

The Volunteer, Church & Advocacy Group Development Subcommittee has determined that the CEAP Executive Steering Committee (ESC) will be the model for the development of community groups throughout the state of Texas. The current ESC will serve as the central source of contact and an information clearinghouse for each community steering committee.

The involvement of volunteers in the prevention of elder abuse is a crucial step in reaching two goals: 1) bringing about public awareness of the elder abuse and neglect dilemma and 2) determining both public and private sector solutions. Volunteer groups including church and advocacy groups are a resource that can often be tapped at the local, state and national level. While a group's national organization may be quite usefully involved in an issue, the focus of guidelines set forth here as related to the CEAP Project will be involvement of volunteers at a local and state level.

Various ESC members will be responsible for developing community support groups with the following model as a guide--
1. IDENTIFY INTEREST

Identifying the volunteer groups, religious associations, councils, conferences and advocacy groups with potential interest in abuse prevention is the first step to mobilizing volunteers as a force in prevention.

A. A primary strategy includes recruiting local affiliates of the CEAP Executive Steering Committee (ESC) and determining areas of the state where a critical mass of interested affiliates exists (a critical mass is three or more interested affiliates). Representation on the ESC includes AARP, Texas Conference of Churches, The Hogg Foundation, Texas Department of Human Services, Texas Department on Aging, Gray Panthers, Texas Agricultural Extension Service, Coalition of Texans with Disabilities, Texas Rehabilitation Commission, Texas Federation of Women's Clubs, Texas Department of Mental Health and Mental Retardation, Texas Department of Health, and the Texas Attorney General's Office.

B. Several areas (up to five for 1989) of the state will then be selected by the ESC and Texas Department of Human Services (DHS) for ESC replication. By focusing replication efforts on those areas where a critical mass of interest exists the opportunity for creating community awareness and developing local responses is maximized.

C. Working with a list of interested affiliates, the local DHS regional contact will schedule an information meeting to establish a local steering committee/coalition.

D. The local steering committee will be encouraged to be modeled on the state level of ESC.

E. Commitments to participate will be obtained from local steering committee members.

F. A second strategy involves contacting participants of the 10 Public Forums on Elder Abuse and Prevention held in Texas during 1987 and 1988 for their assistance in
bringing the elder abuse and neglect dilemma to the attention of their community. Those informed of and/or participating in the public forums include representation from the following: Texas Department of Human Services-Adult Protective Services, Area Agencies on Aging, Ministerial Alliance, County Extension Service, Catholic Charities, Lutheran Social Services, Mental Health Association and Center, and other service providers to elderly.

G. Where interest of forum participants is congruent with areas of the state selected for ESC replication forum participants will be contacted as potential local steering committee members.

H. Where there is high interest of forum participants in areas where ESC affiliate interest has not yet emerged, forum participants could be provided with a support packet from DHS for creating community awareness.

2. PROVIDE SUPPORT MATERIALS AND MECHANISMS

A. The DHS would provide (or connect with CANE data base) a materials clearinghouse for resources on elder abuse and neglect which could be loaned to individuals/groups interested in working on elder abuse and neglect prevention. Included would be a bibliography of audio visuals, pamphlets, talking papers (policy issues) which groups individuals could use to access information. This provide a list of materials and resources an initial basis for clearinghouse.

B. The DHS would develop a specific support packet pertaining to Texas which could be used by those individuals/steering committees interested in creating awareness. Specifically, this would include an audio/visual presentation documenting the extent of elder abuse and neglect in Texas, the primary factors involved in situations of abuse and neglect, the services needed to strengthen families and to support isolated elders, the services gaps in most areas, community solutions and public policy issues. Other support materials would include 1) short speeches on (a) over-
all concerns and (b) on each specific concern addressed in the audio/visual presentation; 2) a community survey for group members to use in assessing local service gaps; 3) guidelines for encouraging generation of local solutions; 4) media support.

C. The DHS and ESC would develop methods of maintaining communication and support channels to the local steering committees and interested individuals.

3. DEVELOP COMMUNITY AWARENESS

Once an individual or steering committee has been identified in an area, a support packet and resource list will be provided through DHS for guiding the development of public awareness. Several avenues for creating community awareness are suggested, although it is hoped that local steering committees will generate other ideas. The suggested avenues include:

A. Community awareness meetings to discuss needs issues, improve channels of communication and generate potential solutions. The meetings would be organized around the following activities:

1. Set agenda (determine major topics of discussion)
2. Identify speakers
3. Select and secure a facility
4. Publicize meeting throughout the community
5. Identify and develop handouts/materials as needed
6. Arrange for media coverage

B. Mall Exhibits

C. Media

1. Radio
2. Television
3. Newspaper
4. Flyers

C-4
4. FACILITATE COMMUNITY ACTION

A. The local steering committee would function in an ongoing manner to facilitate local solutions to the problem of elder abuse and neglect including but not limited to the following:

1. **Area Caregiver Associations**
   In Austin four regional volunteer church networks provide services to isolated elderly.

2. **Family Caregiver Seminars**
   Texas Agricultural Extension Service (TAEX) holds county wide seminars for reducing caregiver stress which could be co-sponsored with the local steering committee.

3. **Gatekeeper Program**
   Texas Department on Aging (TDOA) sponsors this program where the observation skills of community gatekeepers such as bank tellers, utility company meter readers, grocery clerks are sensitized to spot potentially vulnerable elders. Referrals to TDOA for support services are made.

4. **Volunteer Guardian**
   Volunteer guardianship is another strategy which may be used to prevent elder abuse and neglect. While a specific individual must assume this court designated role, the interest and help of a formal group in which the volunteer is a member might provide important support for the volunteer guardian.

5. **Individual Strategies**
   Individual strategies include the following: informally developing a connection with a neighbor - either an elder who seems somewhat alone or a caregiver who has an elder at home or at a distance. While instrumental help at some level may ultimately be necessary (either referred or voluntarily performed) the initial focus would be on emotional support - being an interested caring
neighbor. The skills needed to accomplish this strategy include listening skills and knowledge of the information and referral number of the local senior center.

6. Respite Services for Families Giving Care
TAEX has programs which could be used to train volunteers or paid workers to provide respite. Coordination of such services is available through some AREA Agencies on Aging but in other areas community sponsorship may be needed.

7. Information Strategy
A variety of community groups could be informed of action opportunities from the Gatekeeper to educational opportunities to individual strategies. Resource pieces from the Preventive Elder Abuse Support Packet could be utilized. For example, an information sheet from the packet could be placed at each setting for a Rotary lunch meeting.

5. FOLLOW-UP/EVALUATION

Local efforts would be evaluated by determining:

A. The approaches and methods used by local steering committees to increase awareness of elder abuse and neglect and develop prevention strategies.

B. The degree to which these methods (community awareness meetings and other awareness efforts) increased awareness of elder abuse and interest in elder abuse prevention.

   1. attendance
   2. participant evaluations

C. The degree to which local solution ideas generated were implemented.

D. The impact of any locally implemented solutions.
APPENDIX D

COLLABORATIVE ELDER ABUSE PREVENTION

PROFESSIONAL GROUP INVOLVEMENT

SUBCOMMITTEE RECOMMENDATIONS

The Professional Group Involvement Subcommittee is composed of:

- Charlotte Flynn, Gray Panthers of Texas
- Paula Mixson, Texas Department of Human Services

The subcommittee for involving professional groups has been established in order to determine ways in which professional groups such as health care professionals, law enforcement personnel, and professional business staff can become involved in addressing the problems of abuse and neglect of elderly and disabled adults in their communities. The following guidelines have been developed:

1. Members of the subcommittee will select a liaison from each major professional group identified to establish a task force which will:
   - plan and carry out a public awareness campaign tailored to each specific profession;
   - plan and develop an abuse and prevention program for each specific profession; and
   - develop a method for reporting and evaluating progress on professional task force activities to the CEAP Executive Steering Committee.

2. Each TDHS region should designate a representative to work with the professional task force which is formed in that region.

3. Specific groups which have been identified to be target in the initial stages of task force development are:
Health care professional groups such as:

- Texas Medical Association
- Texas Nurses Association
- Texas Association of Home Health Agencies
- Hospital Social workers

Law enforcement personnel

Banking and business personnel

These four groups will be encouraged to develop and conduct periodic training in the following areas:

**Health Care Professionals**

A. In-hospital assessment
B. Dementia management techniques
C. Requirements of 48 Human Resource Code
D. Caregiver assessment and support
E. Recognition and identification of patients at risk of abuse
F. Information about resources
G. DRG for adult maltreatment syndrome

**Law Enforcement**

A. 48 Human Resources Code and the Family Code
B. Indicators of abuse and neglect
C. Identification of families at risk
D. Information and sources of information about abuse and neglect of the elderly and disabled

**Banking and Business Groups**

A. 48 Human Resources Code
B. Identification of clients at risk
C. Indicators of abuse and neglect
COLLABORATIVE ELDER ABUSE PREVENTION PROJECT

LEGISLATIVE BRIEFING SUBCOMMITTEE RECOMMENDATIONS

The legislative briefing subcommittee was developed in order to improve the quality of information regarding the needs and issues surrounding abused and neglect elderly and disabled adults in Texas. This subcommittee is composed of the following individuals:

- Kay Vacha, American Association of Retired Persons; and
- Charlotte Flynn, Gray Panthers of Texas.

The following suggestions are presented in order to expand the quantity and quality of information available to legislators in Texas——

1. Groups involved in the care and treatment of abused and neglected elderly and disabled adults should advocate to have one week in the month of May proclaimed "Elder Abuse Prevention Week."

2. Groups involved in the care and treatment of abused and neglected elderly will be encouraged to plan activities during Elder Abuse Prevention Week in order to increase public awareness of the problem.

3. Advocacy for abused and neglected elderly and disabled adults will be encouraged to support the following CEAP Project priorities during the 71st legislature——

   - support appropriations to fund TDHS Adult Protective Services at 100% of need;

   - support appropriations to provide additional adult protective services such as respite care; and

   - support increased appropriations for Community Care for the Aged and Disabled.

E-1
TO: Regional Directors  
FROM: Barry Fredrickson  
Barry Fredrickson  
Assistant Commissioner  
Client Services Branch  
State Office 330-W  

DATE: March 22, 1988

This is to summarize the new DHS procedures related to investigations in facilities operated, licensed, certified, or registered by a state agency. DHS Board approval of the Memoranda of Understanding (MOUs) was received March 10, 1988. Please note that the MOU with the Health Department has been amended since my memo of February 3, 1988, subject: "Facility Investigations."

The agencies with which we have negotiated MOUs are:

Texas Department of Health (TDH),  
Texas Department on Mental Health/Mental Retardation (MHMR),  
Texas School for the Blind (TSB),  
Texas School for the Deaf (TSD),  
Texas Commission for the Blind/Codey Cole Center (TC8),  
Texas Commission on Alcohol and Drug Abuse (TCADA),  
Texas Department on Aging (TDofA)

These memoranda are attached for your information.

REPORTS

When regional DHS staff receive a report of abuse, neglect, or exploitation which occurred in a facility that is operated, licensed, certified or registered by a state agency, the APS worker will:

1. Complete Form 2304.
2. Immediately telephone the referral to the appropriate agency contact. (See attached list.)
3. Mail the original Form 2304 to the agency contact.
4. Mail a copy of the Form 2304 to your APS liaison, 330-W.

State agencies must notify DHS state office of reports received and then submit to DHS copies of investigation reports. If such communication, oral or written, is inadvertently directed to regional staff, please refer it also to your APS liaison.
With all state agencies, including TDH, DHS will continue to investigate reports of abuse, neglect or exploitation when the act is committed outside the facility by a perpetrator who is not affiliated with the facility. The MOU with TDH does not affect ME trust fund responsibilities.

COMPLAINTS REGARDING THE CONDUCT OF INVESTIGATIONS BY OTHER STATE AGENCIES

When regional staff receive complaints regarding other state agency investigations, please refer the complaint to state office according to the following procedure:

1. Record the complaint on a Form 2067, being sure to include the name and telephone number of the complainant.

2. Write "Facility Complaint" on the top of the form and forward it to your APS liaison.

3. If the complaint has elements of an emergency nature, staff should call state office for consultation.

ROOM AND BOARD/BOARD AND LODGING HOMES

DHS will remain responsible for investigations in room and board homes. Although recent legislation authorizes the Texas Department on Aging (TDoA) to register board and lodging homes, it did not give TDoA enforcement authority. Registration is voluntary and there are no penalties for non-compliance. The memorandum of understanding between DHS and TDoA delegates to APS the responsibility for investigating in registered board and lodging homes. APS is also assuming responsibility for tracking data related to incidents in these homes.

Investigations in homes associated with the Texas Rehabilitation Commission (TRC), which contracts for room and board for some TRC clients, will also be conducted by APS staff. Room and board or board and lodging case documentation should note the owner as well as the operator of the home and the affiliation of the home, if known (e.g., TRC, VA, religious group, etc.).

Copies of all investigation reports related to room and board or board and lodging homes should be sent to state office to your APS liaison, who will determine which homes are registered and track the data for the required annual report. This procedure is retroactive for room and board investigations conducted on or after January 1, 1988.

Barry Fredrickson

Attachments

cc: Judy Rouse, 330-W
MEMORANDUM OF UNDERSTANDING

The Texas Department of Human Services, hereinafter called TDHS, and the Texas Department on Aging, hereinafter called TDoA, in accordance with the requirements of Chapter 48, Human Resources Code, agree to the following:

TDoA agrees to

1. Receive reports of abuse, neglect or exploitation of elderly or disabled adults in board and lodging facilities registered with TDoA.

2. Refer reports to TDHS for investigation and protective services.

3. Provide TDHS with list of registered board and lodging facilities on a quarterly basis, or as frequently as updated.

TDHS agrees to

1. Receive referrals of reports of abuse, neglect or exploitation of elderly or disabled adults in board and lodging facilities registered with TDoA.

2. Investigate reports received from TDoA.

3. Offer protective services to residents of facilities registered with TDoA when abuse, neglect or exploitation is validated.

4. Provide TDoA staff access to investigation reports involving facilities registered with TDoA.

The parties mutually agree to review and update this memorandum of understanding on or before August 31 of each fiscal year.

Signed this 30th day of December, 1987.

O. P. (Bob) Bobbitt
Executive Director
Texas Department on Aging

Marlin V. Johanns
Commissioner
Department of Human Services
MEMORANDUM OF UNDERSTANDING

This memorandum of understanding is written pursuant to a Memorandum of Understanding of January 27, 1988, entered into by the Texas Department of Health (TDH) and the Texas Department of Human Services (TDHS) in accordance with the requirements of Chapter 48, Human Resources Code.

This memorandum of understanding establishes certain procedures to be used by the two agencies to fulfill the requirements of the January 27, 1988 Memorandum of Understanding.

TDH delegates the responsibility of receiving and investigating reports of abuse, neglect, and exploitation of elderly or disabled persons who reside in facilities specified in the foregoing memorandum when the act is reported to have occurred outside such facilities and the perpetrator is not affiliated with the facility and the facility was not responsible for supervision at the time the act occurred.

TDHS agrees to receive and investigate such reports.

TDH will continue to receive and investigate reports of abuse, neglect, or exploitation of elderly or disabled persons when the act occurs in said facilities, when such facilities are responsible for supervision at the time the act occurs, or when the perpetrator is affiliated with the facility.

Signed this ______ day of __________, 198____

Robert Bernstein, M.D., F.A.C.P.
Commissioner
Texas Department of Health

Marlin W. Johnston
Commissioner
Texas Department of Human Services
MEMORANDUM OF UNDERSTANDING

The Texas Department of Human Services, hereinafter called TDHS, and the Texas Department of Mental Health - Mental Retardation, hereinafter called TDMHMR, in accordance with the requirements of Chapter 48, Human Resources Code, agree to the following:

TDMHMR agrees to

1. Receive reports of abuse, neglect or exploitation of elderly or disabled adults located in all facilities operated, licensed, certified, registered or regulated by TDMHMR.

2. Notify TDHS of all such reports involving facilities operated by TDMHMR, unless the report was referred to TDMHMR by TDHS.

3. Adopt rules related to the investigation and resolution of reports of abuse, neglect or exploitation of adults located in all facilities operated, licensed, certified, registered or regulated by TDMHMR in accordance with Chapter 48, Human Resources Code, and other applicable statutes. Rules shall provide for the prompt and thorough investigation of all reports, with initiation of the investigation to be within 24 hours of receipt of the report. Prior to adoption of the rules, TDMHMR will furnish a copy of the proposed investigation rules to TDHS for review and approval, to assure appropriateness and uniformity among agencies.

4. Provide TDHS a copy of the investigation report involving facilities operated, licensed, certified, registered or regulated by TDMHMR.

5. Assist TDHS in additional investigation activities if TDHS determines that the TDMHMR investigation was not conducted in accordance with Chapter 48, Human Resources Code.

6. Refer to TDHS for review all complaints it receives about investigations conducted in facilities operated, licensed, certified, registered or regulated by TDMHMR.

7. Keep on file copies of reports received and investigations conducted, in facilities operated, licensed, certified, registered or regulated by TDMHMR, which will be made available to TDHS for reporting purposes.

TDHS agrees to

1. Refer to TDMHMR all reports it receives relating to abuse, neglect or exploitation of a person in a facility operated, licensed, certified, registered or regulated by TDMHMR.

2. Review all reports of TDMHMR investigations of abuse, neglect or exploitation in a facility operated, licensed, certified, registered or regulated by TDMHMR. TDHS will conduct additional investigation activities, assisted by TDMHMR, if TDHS determines that the initial investigation did not meet the requirements of Chapter 48, Human Resources Code.
3. Conduct an investigation if necessary when a complaint is made about an investigation conducted by TDMHMR and report findings and recommendations to the TDMHMR Board.

The parties mutually agree to review and update this memorandum of understanding on or before August 31 of each fiscal year.

Signed this 21st day of January, 1988.

Gary Miller
Commissioner
Texas Department of Mental Health-Mental Retardation

Marlin W. Johnston
Commissioner
Texas Department of Human Services
MEMORANDUM OF UNDERSTANDING

The Texas Department of Human Services, hereinafter called TDHS, and the Texas School for the Blind, hereinafter called TSB, in accordance with the requirements of Chapter 48, Human Resources Code, agree to the following:

TSB agrees to

1. Receive reports of abuse, neglect or exploitation of elderly or disabled adults located in TSB.

2. Notify TDHS of all such reports involving facilities located in TSB unless the report was referred to TSB by TDHS.

3. Adopt rules related to the investigation and resolution of reports of abuse, neglect or exploitation of adults located in TSB, in accordance with Chapter 48, Human Resources Code. Rules shall provide for the prompt and thorough investigation of all reports, with initiation of the investigation to be within 24 hours of receipt of the report. Prior to adoption of the rules, TSB will furnish a copy of the proposed investigation rules to TDHS for review and approval, to assure appropriateness and uniformity among agencies.

4. Refer to TDHS for review all complaints it receives about investigations conducted in TSB.

5. Keep on file copies of reports received and investigations conducted, which will be made available to TDHS for reporting purposes.

6. Provide TDHS a copy of the investigation report involving TSB.

TDHS agrees to

1. Refer to TSB all reports it receives relating to abuse, neglect or exploitation of a person in TSB.

2. Conduct an investigation if necessary when a complaint is made about an investigation conducted by TSB and report findings and recommendations to the Board of Directors of TSB with a copy to the Executive Director of TSB.

The parties mutually agree to review and update this memorandum of understanding on or before August 31 of each fiscal year.

Signed this 31st day of January, 1988.

William H. Miller
Executive Director
Texas School for the Blind

Marten W. Johnston
Commissioner
Texas Department of Human Services
MEMORANDUM OF UNDERSTANDING

The Texas Department of Human Services, hereinafter called TDHS, and the School for the Deaf hereinafter called TSD in accordance with the requirements of the Chapter 48, Human Resources Code, agree to the procedures involving reports of abuse and neglect of TSD students age 18 and older.

TSD agrees to:

1. Receive reports of abuse, neglect, or exploitation of students enrolled at TSD.
2. Notify TDHS of all such reports involving students age 18 and older enrolled at TSD unless the report was referred to TSD by TDHS.
3. Adopt rules related to the investigation and resolution of reports of abuse, neglect or exploitation of students located at TSD, in accordance with Chapter 48, Human Resources Code and Chapter 34 of the Family Code. Rules shall provide for the prompt and thorough investigation of all reports involving students age 18 years and older, with initiation of the investigation to be within 24 hours of receipt of the report. Prior to the adoption of the rules, TSD will furnish a copy of the proposed investigation rules to TDHS for review and approval to assure appropriateness and uniformity among agencies.
4. Refer to TDHS for review all complaints it receives about investigations conducted at TSD.
5. Keep on file copies of reports received and investigations conducted, which will be made available to TDHS for reporting purposes.
6. Provide TDHS a copy of the investigation reports involving TSD students age 18 and older.

TDHS agrees to:

1. Refer to TSD all reports it receives relating to abuse, neglect or exploitation of students enrolled at TSD.
2. Conduct an investigation if necessary when a complaint is made about an investigation conducted by TSD and report findings and recommendations to the Executive Director and Board President.

The parties mutually agree to review and update this Memorandum of Understanding on or before August 31 of each fiscal year.

Signed this twenty-third day of January, 1988

Marvin B. Sallop
Executive Director
Texas School for the Deaf

Marlin M. Johnson
Commissioner
Texas Department of Human Services

REV. 2/88
MEMORANDUM OF UNDERSTANDING

The Texas Department of Human Services, hereinafter called TDHS, and the Texas Commission for the Blind, hereinafter called TCB, in accordance with the requirements of Chapter 48, Human Resources Code, agree to the following:

TCB agrees to

1. Receive reports of abuse, neglect or exploitation of elderly or disabled adults located in Criss Cole Rehabilitation Center.

2. Notify TDHS of all such reports involving Criss Cole Rehabilitation Center, unless the report was referred to TCB by TDHS.

3. Adopt rules related to the investigation and resolution of reports of abuse, neglect or exploitation of adults located in Criss Cole Rehabilitation Center, in accordance with Chapter 48, Human Resources Code. Rules shall provide for the prompt and thorough investigation of all reports, with initiation of the investigation to be within 24 hours of receipt of the report. Prior to adoption of the rules, TCB will furnish a copy of the proposed investigation rules to TDHS for review and approval, to assure appropriateness and uniformity among agencies.

4. Refer to TDHS for review all complaints it receives about investigations conducted in Criss Cole Rehabilitation Center.

5. Provide TDHS a copy of the investigation report involving Criss Cole Rehabilitation Center.

6. Assist TDHS in additional investigation activities if TDHS determines that the TCB investigation was not conducted in accordance with Chapter 48, Human Resources Code.

7. Keep on file copies of reports received and investigations conducted, which will be made available to TDHS for reporting purposes.

TDHS agrees to

1. Refer to TCB all reports it receives relating to abuse, neglect or exploitation of a person in Criss Cole Rehabilitation Center.

2. Conduct an investigation if necessary when a complaint is made about an investigation conducted by TCB and report findings and recommendations to the Board of Directors of TCB.

The parties mutually agree to review and update this memorandum of understanding on or before August 31 of each fiscal year.
Signed this 31st day of December, 1987.

Pat Westbrook
Executive Director
Texas Commission for the Blind

Marlin Y. Johnston
Commissioner
Texas Department of Human Services
MEMORANDUM OF UNDERSTANDING

The Texas Department of Human Services, hereinafter called TDHS, and the Texas Commission on Alcohol and Drug Abuse, hereinafter called TCADA, in accordance with the requirements of Chapter 48, Human Resources Code, agree to the following:

TCADA agrees to

1. Receive reports of abuse, neglect or exploitation of elderly or disabled adults located in all facilities licensed by TCADA.

2. Notify TDHS of all such reports involving facilities licensed by TCADA, unless the report was referred to TCADA by TDHS.

3. Adopt rules related to the investigation and resolution of reports of abuse, neglect or exploitation of adults located in all facilities licensed by TCADA, in accordance with Chapter 48, Human Resources Code. Rules shall provide for the prompt and thorough investigation of all reports, with initiation of the investigation to be within 24 hours of receipt of the report. Prior to adoption of the rules, TCADA will furnish a copy of the proposed investigation rules to TDHS for review and approval, to assure appropriateness and uniformity among agencies.

4. Refer to TDHS for review all complaints it receives about investigations conducted in facilities licensed by TCADA.

5. Keep on file copies of reports received and investigations conducted, which will be made available to TDHS for reporting purposes.

TDHS agrees to

1. Refer to TCADA all reports it receives relating to abuse, neglect or exploitation of a person in a facility licensed by TCADA.

2. Conduct an investigation if necessary when a complaint is made about an investigation conducted by TCADA and report findings and recommendations to the Board of Commissioners of the Texas Commission on Alcohol and Drug Abuse.

The parties mutually agree to review and update this memorandum of understanding on or before August 31 of each fiscal year.

Signed this ___ day of January, 1988.

Bob Dickson
Executive Director
Texas Commission on Alcohol and Drug Abuse

Marlin W. Johnston
Commissioner
Department of Human Services