



Mental Health Providers and Adult Protective Services



Partnering to Protect

One Team, One Goal.

Mental health providers are critical and valued Adult Protective Services (APS) partners in protecting and ensuring the safety of vulnerable adults in Texas. Our shared goal is to find solutions for adults who are in need so they can live healthier, safer lives with dignity. We achieve the best results when APS and mental health providers work side by side to help the people we serve.

About APS

APS is a division of the Texas Department of Family and Protective Services (DFPS). We serve Texans who live in the community who are age 65 or older and adults, age 18 to 64, who have a disability that substantially affects their ability to live independently. APS investigates when someone alleges that a member of either of these groups is a victim of abuse, neglect, or financial exploitation. When an investigation confirms an allegation, APS may provide or arrange for services to remedy or prevent further harm.

Reporting to APS

Report situations of suspected abuse, neglect, self-neglect, or financial exploitation to the Texas Abuse Hotline at 1-800-252-5400. For situations that are not urgent, you can report online at txabusehotline.org.

Please provide as much detail as possible and a good call-back number for APS to ask follow-up questions.

State law requires everyone to report suspected abuse, neglect, or financial exploitation of persons who are elderly or have disabilities to DFPS. The law also provides immunity from civil and criminal liability for those acting in good faith.

DFPS's Statewide Intake (SWI) program operates the hotline and the website. If the allegations meet APS's investigation criteria, SWI creates an intake, assigns a priority that is based on the severity of the situation, and sends it to a local APS office where a caseworker begins an investigation. The caseworker uses the priority to determine how quickly to see the client.

APS Role and Responsibilities

- APS investigates allegations of abuse, neglect and self-neglect, and financial exploitation when the adult is age 65 or older or has a disability causing significant impairment.
- APS collaborates with mental health providers on the best long-term outcomes for mutual clients.
- APS finds community resources to help clients with short-term needs such as emergency shelter, rent,

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Most of the cases APS investigates involve self-neglect. Self-neglect warning signs may include poor hygiene, lack of necessities, and unsanitary living conditions.

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house cleaning, minor home repairs, wheelchair ramps, food, and medications. Longer-term solutions include advocating for clients to receive government benefits and connecting clients with social service agencies.

Facts about APS

- APS clients who have the capacity to make decisions have the right to refuse services, such as home cleaning or medication assistance, but the investigation is not optional. APS is required to continue the investigation whether the client is cooperative or not.
- APS's ability to pursue legal intervention for imminent mental health concerns is limited.
- APS does not have emergency shelters or housing. APS works with mental health providers, law enforcement, homeless shelters, and others to find temporary housing for our clients, including hotels or apartments. If a client is in a situation that threatens their life or safety, APS must first pursue less restrictive alternatives. Clients who have capacity to make their own decisions can choose to remain in their homes. If they do not have capacity, APS may seek court orders to place these clients in a safe environment, such as a nursing home. APS does not serve as a guardian. If a client needs a guardian, APS looks for relatives or refers the client to other agencies.
- APS does not investigate allegations of abuse or neglect that occur in hospitals.
- APS does not investigate when there is not an ongoing need for protective services upon discharge. APS cannot pay for long-term care when the client is unable to do so.

Opportunities for Mental Health Providers and APS to Work Together

- **Collaborating on Mental Health Warrants.** Mental healthcare providers can write and initiate mental health warrants that can be granted by a judge in an APS case.
- **Sharing Information.** State law authorizes mental healthcare providers to share patient medical records with APS caseworkers.

- **Coordinating with APS on Services.** Mental healthcare providers can help determine if patients are experiencing mental health issues and refer patients for services or residential treatment. This includes situations where clients may have dementia, intellectual and developmental disabilities, or other co-existing conditions.
- **Helping Patients Get Support.** Mental healthcare providers can contact APS to help patients get short-term resources. Providers can help APS gain access to patients in psychiatric hospitals so caseworkers can provide additional assistance. APS cases are short-term in nature, so when involuntary mental health treatment is needed, providers can ensure the client gets primary long-term case management.
- **Discharge Planning When Protective Services Are Needed.** Before a patient is discharged, APS, mental health providers, social service agencies, and other partners can help hospital staff assess a patient's safety at home, discuss options, and line up services. Working together and sharing resources helps ensure that the patient transitions successfully from the hospital to home and the patient's needs are met.
- **Establishing Points of Contact and Clear Communication Channels.** APS welcomes the opportunity to build relationships with psychiatric hospital administrators, LMHA leaders, and mental health service providers to foster trust and effective communications. By establishing local points of contact, we can all work together to quickly resolve issues for our mutual clients.
- **Conducting Joint Meetings.** Mental health providers, APS, and law enforcement can more effectively address difficult cases involving adults with recurring issues by coordinating services and response plans in advance.
- **Expanding Training Opportunities.** Together, mental health providers and APS can develop cross-training opportunities such as Brown Bag Lunch-and-Learns and ride-alongs for mental health providers and APS staff to learn about each other's role and what services can be provided.

Contact your local APS office:

For more information, please visit PartneringToProtect.org.



TEXAS
Department of Family
and Protective Services
Adult Protective Services