



Hospital Social Workers and Adult Protective Services



Partnering to Protect

One Team, One Goal.

Hospital social workers 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 hospital social workers 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](https://www.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 adults 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 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 seeks the least restrictive placement when an APS client is ready to leave the hospital and may

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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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advocate for home health services that meet the client's needs. APS finds community resources to help clients with short-term needs such as emergency shelter, rent, 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 does not have emergency shelters or placements. APS works with hospital social workers, mental health providers, law enforcement, homeless shelters, and others to find temporary placements 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. If a client has capacity to make their own decisions, they can choose to remain in their home. If they do not have capacity, APS may seek a court order to place the client in a safe environment, such as a nursing home. APS may participate in hospital discharge planning as part of its efforts to stabilize the client's situation if either of the following applies:
 - APS obtained an emergency order for protective services to hospitalize the client.
 - APS was involved in persuading the client to seek treatment at the hospital instead of seeking an emergency order.
- APS cannot enter a person's home without the permission of an adult who lives in the 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.

Opportunities for Hospital Social Workers and APS to Work Together

- **Discussing Discharge Planning When Protective Services Are Needed.** Before an APS client is discharged, APS, social service agencies, and other partners can help hospital staff assess the patient's safety at home, discuss options, and line up any services needed. Working together and sharing resources helps the patient transition successfully from the hospital to home and ensure his or her needs are met.
- **Sharing Information.** Texas law authorizes hospital social workers to share health and financial information of APS clients to assist with APS investigations and services.
- **Coordinating** to make service referrals for the patient's well-being.
- **Establishing Points of Contact and Clear Communication Channels.** APS welcomes the opportunity to build relationships with hospital social workers to foster trust and effective communications. By establishing local points of contact, hospital social workers and APS caseworkers can work together to quickly resolve issues for our mutual clients.
- **Expanding Training Opportunities.** Together, hospital social workers and APS can develop cross-training opportunities such as Brown Bag Lunch-and-Learns and ride-alongs for both providers and APS caseworkers 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