APS

Adult Protective Services MH&MR Investigations Overview

The Adult Protective Services MH&MR Investigations Program investigates reports of abuse, neglect, and exploitation of persons with disabilities (children and adults) receiving services in state operated and/or contracted settings that serve adults and children with mental illness mental retardation, or other types of developmental disabilities. Investigation results are sent to the facility or program administrator for appropriate action.

Paid Expenditures and Total Average Filled Full-Time Equivalent (FTE) Staff

Total Staff	151.5
Direct Delivery Total	147.0
Direct Delivery Workers	106.0
Direct Delivery Supervisors	20.6
Direct Delivery Other	20.4
Staff Cost	\$8,322,953.75

Worker Demographics

Turnover Rate	18.1%
Tenure:	
Less Than 1 Year	25.0%
1 - 3 Years	39.5%
Greater than 3 Years	35.5%
Entry Salary	\$30,481.44
Average Age	40.6
Race/Ethnicity:	
African-American	16.9%
Anglo	58.9%
Hispanic	24.2%
Other	0.0%

Supervisor Demographics

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Turnover Rate	8.9%
Tenure:	
Less Than 1 Year	0.0%
1 - 3 Years	0.0%
Greater than 3 Years	100.0%
Entry Salary	\$39,117.96
Average Age	46.4
Race/Ethnicity:	
African-American	8.7%
Anglo	69.6%
Hispanic	17.4%
Other	4.3%

Report Assigned for Investigation

Notifications

The following persons are notified within one hour of the receipt of the intake:

- Facility administrator
- Law enforcement if allegations involves serious physical injury, sexual abuse, or death of an adult.
- Law enforcement of any allegation involving a child.

Investigation Activities

- Face to face contact with alleged victims
- Interview of witnesses and alleged perpetrator
- Collection of written statements and documentary evidence.
- Photographing of injuries
- Photographing/diagramming scene of incident
- Gathering other relevant evidence

Investigation Findings

- Analyze evidence
- Determine finding(s)
- Generate investigative report
- Provide report to facility administrator
- Provide report to law enforcement if investigation confirms abuse, neglect, or exploitation that may constitute a criminal offense

Note: This chart is for reference only and does not necessarily represent the flow of a case.

Statistics FY 2010

Completed MH&MR Investigations	9,922
Confirmed MH&MR Investigations	1.198

Most Common...

- Person reporting abuse/neglect/exploitation Facility Staff (28.7%)
- Allegation confirmed Neglect (55.7%)
- MH&MR setting investigated State Supported Living Centers (39.6%)

Legal Responsibility for Adult Protective Services

Statutory References:

Federal: Title XX, Social Security Act State: Human Resources Code, Chapters 40 and 48 Texas Family Code, Title V Health and Safety Code, Chapter 532 and Chapters 591-595

Major Provisions:

- Mandatory reporting of abuse, neglect, and exploitation of adults who are elderly (defined as age 65 and older) or adults with disabilities
- Receipt and investigation of all reports (unless patently false); initiation of investigations within 24 hours of receipt of report
- Responsibility for investigations of abuse, neglect, and exploitation of persons receiving services in state operated mental health and mental retardation facilities (State Hospitals, State Supported Living Centers, and Rio Grande State Center) and/or state contracted settings (Community MH and MR Centers, Home and Community-based Services programs, Texas Home Living Waiver Program, and (beginning in June 2010) privately operated Intermediate Care Facilities for Persons with Mental Retardation (ICFs/MR)) that serve adults and children with mental illness or mental retardation
- Responsibility for referring reports to other state agencies when DFPS is not the appropriate investigating agency
- Provision or arrangement of services needed to prevent or alleviate abuse, neglect and/or exploitation
- Enhancing and developing community resources in an effort to increase awareness of abuse, neglect and exploitation and to address increasing needs of APS consumers
- Responsibility for referring adult victims of abuse, neglect and/or exploitation to the Department of Aging and Disability Services (DADS) for guardianship services when these persons appear to lack the capacity to consent to services. Guardianship is the least restrictive alternative that will ensure the person's safety and well-being when no other guardian is available
- Assessment of factors that may indicate an adult's possible lack of capacity to consent to services and pursuit of a medical evaluation if indicated
- Using the least restrictive alternative in the provision of protective services
- Authority to seek court orders when necessary to gain access to the individual, to prevent interference with the provision of voluntary protective services, to provide emergency protective services, to access records or documents, and to initiate emergency protective services (e.g., a removal) after hours and on holidays without a court order

- Requirement to notify law enforcement if APS suspects that an elderly person or adult with a disability has been abused, neglected, or exploited in a manner that constitutes a criminal offense
- Confidentiality of case records

Other Programmatic Information:

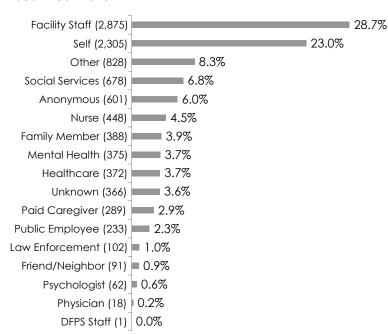
Factors Contributing to Abuse, Neglect, and Exploitation:

- · Aging population
- Growing number of younger persons with disabilities
- · Alcohol and drug dependency
- Poverty
- Lack of affordable housing and high costs of utility bills
- De-institutionalization of persons who are mentally ill and/or mentally retarded when community support is not adequate
- Inadequate access to health care and costly medications
- Pathological family relationships/violence as a coping mechanism in society
- Physical and mental stress of caregiving in traditionally non-violent, caring households
- Denial of benefits, such as SSI and Medicaid, to some elderly and disabled immigrants

Challenges:

- Affordable and safe housing for elders and adults with disabilities
- Waiting lists and other limitations in the availability of inhome care and home health care
- Shortage of resources to serve persons denied long-term care and other benefits under welfare reform
- Gaps in surrogate decision-making processes for incapacitated persons in hospitals, nursing homes and community-based settings
- Inadequate community services for persons discharged from state hospitals and SSLCs.
- Lack of statewide access to preventative or early intervention services such as long-term case management for elderly persons and adults with disabilities who are at risk, but not yet experiencing abuse, neglect, or exploitation
- Hiring and maintaining a skilled workforce while the availability of caseworkers and specialized geriatric social work training is not keeping pace with the ever-increasing number of older Americans

Completed Investigations in MH&MR Settings by Source of Report Fiscal Year 2010



Note: A report of abuse/neglect/exploitation may come from multiple sources.

Average Length of Completed MH&MR Investigations by Region Fiscal Year 2010

Region	Investigations	Average Days
1 Lubbock	515	11.4
2 Abilene	1,290	10.3
3 Arlington	1,266	8.0
4 Tyler	490	9.7
5 Beaumont	302	12.6
6 Houston	734	21.0
7 Austin	2,101	11.9
8 San Antonio	764	22.2
9 Midland	1,268	9.6
10 El Paso	252	7.4
11 Edinburg	923	11.3
Unknown*	17	12.9
State	9,922	12.1

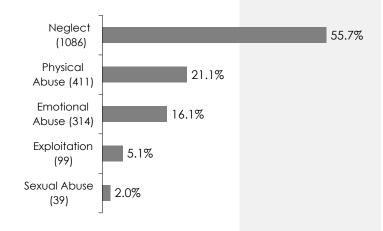
^{*}Unknown not included in calculation of state average.

Number of MH&MR Investigations Referred to Law Enforcement by Setting for Fiscal Year 2010

	Law Enforcement Provide					
Setting	Notification of Investigation*	Investigation Report**				
State Supported Living Center	1,241	576				
State Hospital	675	120				
HCS	597	171				
Community MH&MR Center	11 <i>7</i>	27				
Private ICF/MR	88	36				
State Center	40	1				
Other	15	0				
Total	2,773	931				

^{*} Notification sent on investigations which involve a child or serious physical injury, sexual abuse, or death of an adult person served.

Types of Confirmed Allegations in MH&MR Investigations Fiscal Year 2010



^{**} This data includes all cases in which a final investigation report was sent regardless of investigation disposition.

Characteristics of Victims in Confirmed MH&MR Investigations Fiscal Year 2010

		Female		Male	Un	known	Subtotal		
Characteristic Race/Ethnicity	Ν	% of Total	Ν	% of Total	N	% of Total	Ν	% of Total	
Anglo	334	21.3%	540	34.4%	2	0.1%	876	55.9%	
African American	72	4.6%	180	11.5%	0	0.0%	252	16.1%	
Hispanic	132	8.4%	223	14.2%	0	0.0%	355	22.6%	
Native American	0	0.0%	1	0.1%	0	0.0%	1	0.1%	
Asian	2	0.1%	4	0.3%	0	0.0%	6	0.4%	
Other	24	1.5%	48	3.1%	6	0.4%	78	5.0%	
Total Victims	564	36.0%	996	63.5%	8	0.5%	1,568	100.0%	

Note: A completed investigation may have more than one victim.

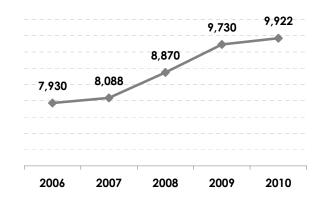
Characteristics of Perpetrators in Confirmed MH&MR Investigations Fiscal Year 2010

		Female		Male Unknown			Male Unknown Subtotal			ototal
Characteristic Race/Ethnicity	N	% of Total	N	% of Total	N	% of Total	Ν	% of Total		
Anglo	206	15.0%	123	9.0%	12	0.9%	341	24.9%		
African American	265	19.3%	177	12.9%	3	0.2%	445	32.5%		
Hispanic	146	10.7%	109	8.0%	1	0.1%	256	18.7%		
Native American	1	0.1%	0	0.0%	0	0.0%	1	0.1%		
Asian	1	0.1%	4	0.3%	1	0.1%	6	0.4%		
Other	86	6.3%	52	3.8%	183	13.4%	321	23.4%		
Age						_				
Under 18	0	0.0%	1	0.1%	9	0.7%	10	0.7%		
18-25	177	12.9%	170	12.4%	7	0.5%	354	25.8%		
26-35	183	13.4%	129	9.4%	54	3.9%	366	26.7%		
36-45	152	11.1%	80	5.8%	35	2.6%	267	19.5%		
Over45	191	13.9%	80	5.8%	31	2.3%	302	22.0%		
Unknown	2	0.1%	5	0.4%	64	4.7%	71	5.2%		
Total	705	51.5%	465	33.9%	200	14.6%	1,370	100.0%		

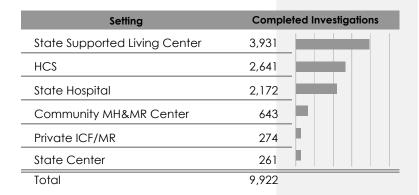
Note: Each victim may have more than one perpetrator.

Each perpetrator may have more than one victim.

Completed MH&MR Investigations by Fiscal Year by Fiscal Year



Completed MH&MR Investigations by Setting Fiscal Year 2010



Disposition of Completed MH&MR Investigations by Setting Fiscal Year 2010

	Con	firmed	Unco	nfirmed	Incon	clusive	Unfo	unded	0	ther	ВІ	lank	Su	ıbtotal
Setting	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Community														
MH&MR Center	115	1.2%	227	2.3%	96	1.0%	6	0.1%	80	0.8%	119	1.2%	643	6.5%
HCS	440	4.4%	1,119	11.3%	306	3.1%	44	0.4%	275	2.8%	457	4.6%	2,641	26.6%
Private ICF/MR	46	0.5%	85	0.9%	33	0.3%	3	0.0%	59	0.6%	48	0.5%	274	2.8%
State Center	27	0.3%	145	1.5%	30	0.3%	5	0.1%	6	0.1%	48	0.5%	261	2.6%
State Hospital	141	1.4%	981	9.9%	125	1.3%	122	1.2%	329	3.3%	474	4.8%	2,172	21.9%
SSLC	429	4.3%	1,789	18.0%	247	2.5%	442	4.5%	510	5.1%	514	5.2%	3,931	39.6%
State Total	1,198	12.1%	4,346	43.8%	837	8.4%	622	6.3%	1,259	12.7%	1,660	16.7%	9,922	100.0%

	Con	firmed	Unco	nfirmed	Incon	clusive	Unfo	unded	0	ther	В	ank	Su	btotal
Region	N	%	N	%	N	%	N	%	N	%	N	%	N	%
1 Lubbock	121	1.2%	219	2.2%	53	0.5%	44	0.4%	75	0.8%	36	0.4%	548	5.5%
2 Abilene	207	2.1%	614	6.2%	82	0.8%	47	0.5%	101	1.0%	248	2.5%	1,299	13.1%
3 Arlington	138	1.4%	446	4.5%	110	1.1%	70	0.7%	66	0.7%	413	4.2%	1,243	12.5%
4 Tyler	50	0.5%	234	2.4%	42	0.4%	3	0.0%	1	0.0%	162	1.6%	492	5.0%
5 Beaumont	40	0.4%	131	1.3%	51	0.5%	12	0.1%	20	0.2%	37	0.4%	291	2.9%
6 Houston	76	0.8%	379	3.8%	116	1.2%	7	0.1%	25	0.3%	128	1.3%	731	7.4%
7 Austin	172	1.7%	687	6.9%	90	0.9%	293	3.0%	446	4.5%	300	3.0%	1,988	20.0%
8 San Antonio	140	1.4%	411	4.1%	79	0.8%	26	0.3%	119	1.2%	43	0.4%	818	8.2%
9 Midland	95	1.0%	620	6.2%	98	1.0%	72	0.7%	298	3.0%	123	1.2%	1,306	13.2%
10 El Paso	37	0.4%	99	1.0%	21	0.2%	2	0.0%	95	1.0%	3	0.0%	257	2.6%
11 Edinburg	122	1.2%	505	5.1%	95	1.0%	46	0.5%	13	0.1%	153	1.5%	934	9.4%
Other	0	0.0%	1	0.0%	0	0.0%	0	0.0%	0	0.0%	14	0.1%	15	0.2%
State Total	1,198	12.1%	4,346	43.8%	837	8.4%	622	6.3%	1,259	12.7%	1,660	16.7%	9,922	100.0%

Note: "Other" and "Blank" include cases referred back to the provider or closed at intake because they do not meet the definitions of abuse, neglect, or exploitation and therefore are not investigated.