State Fiscal Year 2013

Department for Aging and Rehabilitative Services
Adult Protective Services Division
Report

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COMMONWEALTH OF VIRGINIA

DEPARTMENT FOR AGING AND REHABILITATIVE SERVICES

Dear Colleagues,

I'm pleased to welcome you to the first Adult Protective Services Division (APSD) Annual Report to come to you from our state's newest agency-- the Virginia Department for Aging and Rehabilitative Services!

The APS Division came to life on July 1 with the transition of the former Adult Services, Adult Protective Services and Auxiliary Grant programs from the state Department of Social Services to DARS. Our first priority for the transition was that it be as seamless as possible for all of you – our colleagues and partners at the 120 local departments across the Commonwealth, and for the many partners and stakeholders on whom we rely in providing the best possible services and supports to the more 55,000 individuals who seek our services each year. It has been gratifying to hear from so many of you that the transition has been smooth.

As I read through this year's report, I have been impressed with the scope and depth of the information and analysis it contains. In addition to excellent background material describing and tracing the development of APSD programs, you will find specific local and regional data that illuminates the work in each community. I would especially commend to your attention the trends depicted on page 42.

An exciting new offering is the section on innovative practices and models that can be duplicated across the state. This year's examples – Norfolk's adaptation of the Strategic Decision-Making (SDM) model and Fairfax County's Risk Assessment Tool – are a great start to what will be an annual highlight.

Finally, I would like to recognize the hard work and leadership of Central Office APSD program consultants Tishaun Harris-Ugworji and Paige McCleary; administrative assistant Venus Bryant; regional program consultants Carol McCray, Andrea Jones, Marjorie Marker, Carey Raleigh and Angela Mountcastle; and Division Director Gail Nardi. They are making a difference already in reaching out to their new DARS colleagues to strengthen coordination and communication to ensure that DARS resources are available to your AS/APS and AG clients.

No one knows better than we who serve Vintage Virginians and Virginians with disabilities that “it takes a village” to put together the supports and services that enable our clients to live the most independent and secure lives possible. That is our mission – at DARS and across the Commonwealth.

Thank you for all you do every day to advance our mission. We are delighted to have you as partners.

With best wishes for a wonderful Holiday Season and a productive New Year, I am

Sincerely,

James A. Rothrock

DEPARTMENT FOR AGING AND REHABILITATIVE SERVICES

"The Department for Aging and Rehabilitative Services, in collaboration with community partners, provides and advocates for resources and services to improve the employment, quality of life, security, and independence of older Virginians, Virginians with disabilities, and their families."

ORGANIZATION OF THE DEPARTMENT

The Department for Aging and Rehabilitative Services consists of three divisions:

- Virginia Division for the Aging
- Division of Rehabilitative Services
- Adult Protective Services Division

The Commissioner, who is appointed by the Governor, directs the Department at the state level.

Organization of the Adult Protective Services Division

Adult Protective Services Division staff at the Home Office in Richmond and five regional offices develop policies, procedures, regulations, training, and standards for local social service programs and are responsible for the monitoring and evaluation of those programs. The Commissioner and Home Office staff act as liaisons to federal and state legislative and executive agencies and to local boards of social services. The Home Office, in collaboration with the Department of Social Services allocates and manages state and federal funding for local department of social services (LDSS).

The Division Director, two Program Consultants and one administrative assistant are located at the Home Office. Five regional Consultants are located in Abingdon, Henrico, Roanoke, Virginia Beach, and Warrenton. Regional consultants act as program liaisons to local Adult Services and Adult Protective Services (APS) staffs. They provide case consultation, technical assistance and training, and serve as resources in the areas of planning, organization and budgeting. (A list of regional Adult Protective Services Division Regional Consultants and the localities they serve is in Appendix C).

One hundred and twenty (120) LDSS have been an integral part of the social services delivery system for almost 60 years, since the General Assembly first established local boards of welfare. LDSS are the focal point in each community for the delivery of family-focused preventive, supportive and protective services. LDSS use federal, state, and local funds to deliver services.

LDSS are the setting for direct contact with individual clients. Service programs are administered by social workers, while eligibility workers handle benefit programs.

OVERVIEW OF THE ADULT PROTECTIVE SERVICES DIVISION

Pursuant to legislation passed during the 2012 Session of the Virginia General Assembly, on July 1, 2013, the Adult Protective Services Division (APSD) relocated from the Department of Social Services (DSS) to the Department for Aging and Rehabilitative Services (DARS).

APSD supervises the provision of services through three locally administered program areas:

- Adult Services (AS)
- Adult Protective Services (APS)
- Auxiliary Grant (AG)

The *role* of the Division is to:

- Develop and interpret regulations, manuals, procedures, and guidelines.
- Provide technical assistance, administrative, and program development consultation to local departments.
- Provide case consultation and review.
- Provide information to the legislature and other interested parties.
- Collect and disseminate statistical and program information.
- Represent DARS on program-related studies, commissions, and initiatives.
- Inform and educate stakeholders and the public about program services and the detection, reporting and prevention of abuse, neglect and financial exploitation of elders and adults with incapacities.
- Monitor local department expenditures.

The Division collaborates with DSS to:

- Develop, coordinate, and deliver training for LDSS workers.
- Maintain ASAPS, the statewide Web-based case management and reporting system for Adult Services and APS programs.
- Allocate funding to local programs.

The *goals* of the Division are to:

- Protect older and incapacitated adults from abuse, neglect, and/or exploitation.
- Prevent the abuse, neglect, and/or exploitation of older and incapacitated adults.
- Maximize the individual's independence, self-sufficiency and personal choice.
- Prevent the inappropriate or premature institutionalization of elderly or incapacitated adults.
- Assist when necessary with appropriate long-term care or alternative placement.

The APS Division provides protection, empowerment and the opportunity for independence for adults through a focus on individual self-reliance and choice, person-centered planning, case management and a community-based service delivery system.

Challenges

Meeting the needs of Virginia's aging and disabled populations will be an ongoing challenge. The Baby Boomer Age Wave has arrived and Virginia and the nation are seeing a significant increase in the aging population. According to the 2010 US Census, 18% of Virginia's population or approximately 1.4 million individuals is age 60 or older. By 2030, 24% of Virginia's population or approximately 2.3 million individuals will be age 60 or older---a 64% increase in two decades.

The US Census estimates that 9% of Virginians age 16 to 64 have a disability. According to the Bureau of Labor Statistics, individuals with a disability were more likely to be unemployed than were individuals who did not have a disability. "The unemployment rate for persons with a disability was 14.8 % in 2010, well above the figure of 9.4 % for those with no disability." Additionally the 2009 American Community Survey estimated that 21% of Virginians ages 18 to 64 who have a disability live below the poverty line.

A recent report issued by AARP found that the number of available family caregivers for older adults will continue to decline. By 2050 there will be only three caregivers for each adult age 80 or older.

While older individuals and adults with disabilities seek services through LDSS, state and federal budget issues pose concerns in providing assistance to these individuals. There is no direct federal funding for APS. Funding comes through the Social Service Block Grant (SSBG), which is divided among many other state programs. Budget concerns not only affect funding for services but resources for agency staff. As the demand for services to elders and individuals with disabilities increases, localities are seeing their current staff managing larger and often more complex caseloads. Most localities have been forced to significantly reduce home-based services or service hours for their clients or seek long-term care placement for them.

Data Management

The ASAPS automated case management and reporting system is the system of record for AS and APS cases. The majority of information in this report is derived from data entered into ASAPS by LDSS workers. In 2009, the Commissioner of the Department of Social Services (DSS) mandated the use of ASAPS for all AS and APS cases. While ASAPS data entry has continued to improve, some LDSS have not incorporated this mandate into case management practices, which causes underreporting of some AS and APS data. Statistical data for this report covers state fiscal year (SFY) 2013 which began July 1, 2012 and ended June 30, 2013.

Each service case that an AS or APS worker opens must be given a primary "case type" and must be entered in the ASAPS system according to one of the following definitions:

- **APS**: The APS report has been investigated and the disposition is "Needs Protective Services and Accepts." Protective services are being provided but not home-based care services. Contacts must be made at least monthly with the individual or collateral (relative, personal representative, etc).

- **APS-Home Based Care**: The APS report has been investigated and the disposition is "Needs Protective Services and Accepts." Home-based care (companion, chore, and homemaker) is one of the protective services being provided. Contacts must be made at least monthly with the adult or collateral.

- **APS Investigation**: An APS report is being investigated and no disposition has yet been made. Once a disposition is made, either the case type is changed and the case remains open, or the case is closed.

- **AS**: Intervention is primarily needed to maintain and monitor on-going services to promote self-sufficiency and enhance functioning of the adult. Contact with the individual or collateral must be made at least quarterly.

- **AS-Home Based Care**: Intervention is primarily needed to maintain and monitor on-going services to promote self-sufficiency and enhance functioning of the adult. Home-based care (companion, chore, and homemaker) is one of the services being provided. Contact with the adult or collateral must be made at least quarterly.

- **AS-Intensive Services**: Intervention may be intensive and require many resources in an effort to stabilize the individual's situation. Frequent and planned contacts with the adult or collateral are documented in the service plan. Contacts must be made at least monthly with the adult or collateral.

- **AS-Intensive Services-Home Based Care**: Intervention may be intensive and require many resources in an effort to stabilize the individual's situation. Frequent and planned contacts with the adult or collateral are documented in the service plan. Home-based care (companion, chore, and homemaker) is one of the services being provided. Contacts must be made at least monthly with the adult or collateral.

- **Assisted Living Facility (ALF) Reassessment**: The only service being provided is the annual reassessment to maintain an adult's eligibility for AG. The case is opened and the redetermination date is the date the reassessment is due.

- **Guardian Report**: The only service being provided is the receipt and review of the Annual Report of the Guardian as required by the Code of Virginia, § 64.2-

2020. The case is opened and the redetermination date is the date the initial or annual report is due.

Tables 1 and **2** provide SFY and average monthly caseloads for all cases types.

Table 1-Statewide Caseload: All Case Types

SFY 2013 Total Caseload[1]									
APS	APS-Home Based Care	APS Investigation	AS	AS-Home Based Care	AS-Intensive Services	AS-Intensive Services-Home Based Care	ALF Reassessment	Guardian Report	Total
4,864	**166**	**13,193**	**17,260**	**4,137**	**2,002**	**393**	**3,058**	**9,100**	**54,158**

Table 2-Statewide Average Monthly Caseload

SFY 2013 Average Monthly Caseload[2]	
Case Type	**Average Monthly Caseload**
APS	1,782
APS-Home Based Care	87
APS Investigation	3,383
AS	5,681
AS-Home Based Care	2,712
AS-Intensive Services	713
AS- Intensive Services Home Based Care	135
ALF Reassessment	2,280
Guardian Report	7,890
All Cases Types	**24,664**

[1] Source: ASAPS.
[2] Source: ASAPS.

Adult Services

Adult Services (AS) provides assistance to adults with an impairment[3] and to their families when appropriate. Services are designed to help adults remain in the least restrictive environment of their choosing -- preferably their own home -- for as long as possible. Adequate home-based services and case management decrease or delay the need for institutional placement, reduce costs, and ensure appropriate support services.

Assessment and Case Management

LDSS provide a statewide system of services and provide needs assessment and case management services. LDSS are the focal point for delivery of services through eligibility determination and needs assessment. Assessment is an integral part of case management and includes an assessment of both individual and family needs and wishes. Completing the Virginia Uniform Assessment Instrument (UAI) is the first step in obtaining services.

Home-Based Services

Each LDSS is mandated to provide case management and to offer at least one home-based service to eligible individuals to the extent that federal and state matching funds are available. LDSS recruit and approve home-based providers using uniform provider standards. LDSS are also authorized to act as a fiscal agent on behalf of the adult to ensure that necessary taxes are paid. Licensed home health and other local service delivery agencies may also be used in the provision of home-based care services.

Home-based care consists of three primary services:

- Companion services assist older adults and adults with disabilities with activities of daily living such as eating, dressing, bathing, toileting, light housekeeping, meal preparation, and shopping.
- Homemaker services include instruction in or the provision of activities to maintain a household and may include personal care, home management, household maintenance, nutrition, and consumer and health care education.
- Chore services are non-routine, heavy home maintenance tasks that may include window washing, floor maintenance, yard maintenance, painting, chopping wood, snow removal, and minor repair work in the home.

Use of the ASAPS service plan is inconsistent among LDSS and limits the Division's ability to obtain complete data on homemaker, chore and companion services. However based on available information in ASAPS approximately **67%** of home-based services

[3] Adult with an impairment means an adult whose physical or mental capacity is diminished to the extent that he needs counseling or supervisory assistance or assistance with activities of daily living or instrumental activities of daily living (§51.5-144 of the Code of Virginia).

provided are companion services. Homemaker services make up **30%** of the cases with the remainder being chore services. SFY 2013 information on the number of cases identified as home-based services cases types is shown in **Table 3**.

Table 3-Number of Adults Receiving Home-Based Services

All Home-Based Services SFY 2009-2012					
	2009	**2010**	**2011**	**2012**	**2013**
Number of Home-based Services Case Types	6,697	6,075	5,477	5,072	4,696

Preadmission Screenings

LDSS workers, in cooperation with local health departments, are responsible for performing pre-admission screenings (PAS) for all nursing facility placements from the community (except in acute care settings) and for some Medicaid waiver services. The Code of Virginia (§ 32.1-330) requires that all individuals who may be eligible for community or institutional long-term care services, and who are eligible for Medicaid or will be eligible for Medicaid within six months, to be screened to determine their need for these services. When indicated by the PAS, an individual may be diverted from institutional placement and have access to available community long-term care services through a Medicaid waiver program such as the Elderly or Disabled with Consumer Direction (EDCD) waiver. **LDSS conducted over 13,000 PAS in SFY 2013**.

Assisted Living Facility (ALF) Assessment and Reassessments

The Code of Virginia (§ 63.2-1804) requires that individuals residing in or planning to reside in an ALF, regardless of whether their payment status is public (Auxiliary Grant) or private, be assessed using the UAI to determine their need for residential or assisted living services. After admission, individuals must be reassessed annually or whenever they experience a significant change in their needs in order to ensure the appropriate level of care is being provided.

For individuals who are eligible for an Auxiliary Grant (AG), employees of the following agencies are authorized to complete initial assessments:

- Local departments of social services
- Area agencies on aging
- Centers for independent living
- Community services boards/Behavioral health authorities
- Local departments of health
- Department of Corrections, Community Release Units
- Acute care hospitals

With the exception of staff at acute care hospitals and the Department of Corrections, qualified assessors with the above-named agencies may also conduct ALF reassessments. When qualified assessors from these agencies are unavailable, LDSS workers are the assessors of last resort.

Adult Foster Care (AFC) Services

AG recipients may also have the option to reside in an AFC home. AFC provides room and board, supervision and special services to an adult who has a physical, intellectual, or mental health condition. An AFC Program must be authorized by the board of the local department of social services. Not all LDSS offer Adult Foster Care. The adult must be assessed to meet at least residential living level of care. AFC homes must be approved by the LDSS and approved providers may only accept up to three AFC residents. All placements must be authorized by the local Adult Services worker and regular monitoring of the provider, the home and the individual residing in the home is required. Currently **17** LDSS offer adult foster care programs. **Approximately 65 adults received AFC services in SFY 2013.**

Adult Day Services

Adult day services include the purchase of day-services for a portion of a 24-hour day from a provider approved by the LDSS or a licensed adult day care facility. Adult day services provide personal supervision of the adult and promote social, physical, and emotional well-being through companionship, self-education and leisure activities. Eligible persons must meet state and local board guidelines and be assessed using the UAI. **In SFY 2013, adult day services were arranged in 107 cases**.

Guardianship Reports

All individuals who have been appointed as guardians by Virginia courts are required to submit the "Annual Report of Guardian for an Incapacitated Person," along with a $5.00 filing fee, to the LDSS in the jurisdiction in which the incapacitated adult resides. Section 64.2-2020 of the Code of Virginia requires the guardian report fee to be used by the LDSS to provide protective services to adults.

The LDSS worker reviews the report for completeness and to determine if the content of the report indicates any safety or welfare concerns about the adult. If there is no reason to indicate the adult is being abused, neglected or exploited or is at risk of abuse, neglect or exploitation, the worker submits the report to the clerk of the court that appointed the guardian. If the LDSS worker suspects that the adult is being abused or at risk of abuse the worker initiates an APS investigation. **LDSS workers were responsible for reviewing annual reports in 9,100 guardian report case types in SFY 2013**.

Other Adult Services

In addition to home-based services, nursing facility preadmission screenings, AFC, adult day services and assisted living assessments, LDSS workers offer or arrange a variety of other assistance and support. **Table 4** lists by type and number some of these services.

Table 4-Services by Type and Number

SFY 2013 Services by Type and Number[4]	
Type of Service	**Number of Cases with Service**
Advocacy	**1085**
Counseling (Individual)	**1142**
Case Management	**4144**
Emergency Assistance	**675**
Emergency Shelter	**60**
Financial Management/Counseling	**801**
Food Assistance	**399**
Home Delivered Meals	**496**
Home Repairs	**308**
Housing Services	**527**
Legal Services	**689**
Medical Services	**1050**
Nutritional Supplement	**163**
Monitoring-LDSS	**2392**
Transportation Services	**724**

[4] Source: ASAPS service plan

Table 5-Purchased Adult Services Expenditures

SFY 2013 Adult Services and APS Program Expenditures[5]					
Services	Federal & State	Local	Non-reimbursed local	Total Expenditures	% of Total Expenditures
Companion	$3,517,937	$879,484	$2,562,703	$6,960,124	71%
Chore	$181,002	$45,251	$55	$226,308	2%
Homemaker	$511,371	$127,843	$1,073,561	$1,712,775	17%
Adult Day Services	$25,479	$6,370	$17,290	$49,139	<1%
APS (admin)	$737,645	$135,306	$40,340	$913,291	9%
Adult Foster Care	0	0	0	0	0%
Nutrition	0	0	$6,278	$6,278	<1%
Total	**$4,973,434**	**$1,194,254**	**$3,700,227**	**$9,867,915**	**100%**

Table 6-Five-Year Comparison of Adult Services Expenditures

5-Year Expenditures				
SFY	**Federal & State**	**Local**	**Non-reimbursed Local**	**Total Expenditures**
2013	$4,973,434	$1,194,254	$3,700,227	$9,867,915
2012	$5,232,840	$1,261,810	$3,634,558	$10,129,208
2011	$6,867,979	$1,673,205	$2,335,823	$10,877,007
2010	$8,084,291	$1,979,425	$2,502,611	$12,566,327
2009	$9,163,303	$2,246,228	$427,797	$11,837,328

[5] Source: LASER

ADULT PROTECTIVE SERVICES IN VIRGINIA

BACKGROUND

Adult Protective Services (APS) include the receipt and investigation of reports of abuse, neglect or exploitation and the provision of services to stop or prevent further abuse. Protective services also include assessing service needs, determining whether the adult is in need of protective services, documenting the need for protective services, specifying what services are needed, and providing or arranging for service delivery. Because there is no federal statute or funding directly related to the delivery of APS, each state has developed its own system for service delivery. Nationwide, APS is usually the first responder to reports of abuse, neglect, or exploitation of vulnerable adults.

A May 2012 report, *Under the Radar: New York State Elder Abuse Prevalence Study*, found an elder abuse incidence rate in New York State that was nearly **24 times** greater than the number of cases referred to social service, law enforcement or legal authorities who have the capacity as well as the responsibility to assist older adult victims.

Elder abuse not only has a significant impact on it victims but also on state human services systems. A recent Utah study, estimated that stealing seniors assets cost the state of Utah approximately $52,000,000 a year, several million of which occurred when the elderly individual's life savings were depleted and he needed to qualify for Medicaid to pay for long term care expenses (*The Utah Cost of Financial Exploitation, 2010*).

However, despite the pervasiveness of adult abuse, neglect and exploitation, federal dollars spent on these victims of violence is dwarfed by money designated for victims of child abuse or domestic violence. The National Adult Protective Services Association (NAPSA) estimates that **$.89** is spent on each victim of elder abuse, while more than **$5,000** is spent on child victims and **$230** is spent on victims of domestic violence.

HISTORY AND AUTHORITY

Statutory authority for providing adult protective services was added to the Code of Virginia in 1974. LDSS were assigned authority and responsibility to receive and investigate reports of abuse, neglect or exploitation across all care settings and living situations and to provide protective services to vulnerable adults.

Three years later, Virginia became one of the first states in the nation to recognize an adult segment of the population living at risk of harm and lacking the ability to act in their own best interest. The General Assembly amended protective services law to allow a court to authorize "involuntary protective services" for adults who need protection and who do not have the capacity to consent to the necessary services.

The 1983 Session of the General Assembly strengthened protections for vulnerable adults by mandating LDSS provide protective services when the need is documented through an APS investigation.

In 1991, the General Assembly established for the first time that abuse and neglect of an incapacitated adult are crimes. Under the law (§18.2-369 of the Code of Virginia), abuse or neglect of an incapacitated adult resulting in serious bodily injury or disease became a felony. Abuse or neglect of an incapacitated adult by a person responsible for the adult's care, custody or control was made a misdemeanor on the first offense and a felony on a second or subsequent offense.

In 2004, then Governor Mark R. Warner proposed landmark APS reform legislation based on the recommendation of a two-year study by a statewide advisory committee facilitated by state Adult Services/APS staff. Committee members included representatives of state and local adult protective services programs and partner agencies, long-term care provider organizations, business and financial interests, advocacy groups for elders and incapacitated individuals, and other stakeholders.

Changes to the Code of Virginia (§§ 63.2-1603 through 1610) included:

- Expanding the list of APS mandated reporters;
- Requiring LDSS to refer relevant information to the appropriate licensing, regulatory, or legal authority for administrative action or criminal investigation;
- Authorizing LDSS, with informed consent, to take or request relevant photographs, video recordings, or medical imaging of the adult and his environment;
- Expanding the list of APS situations in which law enforcement must be notified;
- Requiring law-enforcement and other state and local departments, agencies, authorities, and institutions to cooperate with APS investigations and prevention activities;
- Adding accounting firms to the list of financial institutions that may report voluntarily;
- Adding criminal penalties for making a false report;
- Authorizing the Commissioner of the Department of Social Services to impose civil penalties for cases of non-reporting by all mandated reporters with the exception of law-enforcement officers. Civil penalties for law enforcement are the responsibility of the court system.

The 2007 Session of the General Assembly made abuse or neglect of an incapacitated adult that resulted in death a Class 3 felony.

In 2008, the General Assembly authorized creation of a state Adult Fatality Review Team (AFRT), under the Office of the Chief Medical Examiner (OCME). The AFRT is similar to existing fatality review teams for victims of child abuse and domestic violence.

However no funding was provided for the AFRT, and efforts continue to identify potential funding sources.

When funding becomes available, the AFRT will review deaths of adults who were the subjects of APS investigations, died due to abuse or neglect, or whose deaths were investigated by the OCME. The sixteen-member team includes the Commissioner for Aging and Rehabilitative Services, the State Long-term Care Ombudsman, as well as representatives of law-enforcement, long-term care, emergency services, LDSS, and advocates for elder and disability issues appointed by the Governor. The team is required to report to the Governor and General Assembly each year and make policy, regulatory and budget recommendations.

The 2009 Session of the General Assembly changed the reporting requirements for Emergency Medical Services (EMS) personnel. Instead of making an APS report to the APS hotline or the LDSS, EMS personnel are permitted to report suspected abuse, neglect or exploitation directly to the attending physician at the hospital to which an adult is transported. The physician receiving the report must make the report to APS.

They also strengthened APS workers' ability to take photographs, video recordings, or medical imaging during the course of an APS investigation and added a religious treatment exemption to the definition of adult neglect.

In 2012, the General Assembly passed legislation that established a new state agency, the Department for Aging and Rehabilitative Services (DARS), effective July 1, 2012. DARS was created through the merger of the Virginia Department for the Aging and the Department for Rehabilitative Services. On July 1, 2013, State staff with the Adult Services, APS and AG Programs relocated from DSS to DARS. Direct services are still provided by LDSS.

The 2013 Session of the General Assembly passed House Bill 1682, which made financial exploitation of a mentally incapacitated person a criminal offense. Prior to this, Virginia's Commonwealth's Attorneys did not have a separate criminal offense under which to prosecute individuals who financially exploited adults with a mental incapacity.

FEDERAL RESPONSES TO ADULT ABUSE

In March 2010, President Obama signed the Elder Justice Act (EJA) in law. The EJA

- authorizes the first ever funding for state and local Adult Protective Services (APS) Programs;
- authorizes funding for APS demonstration projects;
- creates a new federal Elder Justice Coordinating Council and an Elder Abuse Advisory Committee;
- authorizes funding for new elder abuse forensic centers and for research;

- contains a number of long term care and ombudsman provisions, including a requirement that federally funded long term care facilities report any crimes committed against any of their residents to local law enforcement.

The federal Administration for Community Living (ACL) has established the first National Resource Center for State APS Programs and selected the National Adult Protective Services Association (NAPSA) to develop and operate it. ACL also has convened the Elder Justice Coordinating Committee, bringing together Aging, Social Security and Department of Justice resources.

In September 2012, the National Adult Protective Services Resource Center (NAPSRC) released a report summarizing the results of a baseline survey of state APS programs. The comprehensive report, which is available at http://www.napsa-now.org/resource-center/research/state-of-aps-2012/ highlighted the budgetary, staffing and service delivery challenges facing APS program across the country.

In July 2013, the United States Government Accountability Office (GAO) issued the report, "Elder Justice: More Federal Coordination and Public Awareness Needed." The report found that funding constraints present significant challenges to meeting the needs of the growing elderly population. Additionally there is "a need for greater public awareness for elder abuse by the public and training of direct service providers who interact with older adult on a regular basis, to help prevent elder abuse and recognize its symptoms." The report is available at http://www.gao.gov/assets/660/655820.pdf.

LOCAL DEPARTMENTS' INNOVATIVE IDEAS

LDSS are responding in a variety of ways to increasingly complex and difficult APS situations and the demand these circumstances place on limited resources. Efforts include:

- participating in multi-disciplinary teams comprised of APS workers, local law enforcement, and community based service providers, to review and offer assistance on challenging cases; and
- implementing public awareness efforts that help community members identify signs of elder abuse and agencies to contact for assistance.

Two LDSS, Fairfax County Department of Family Services and Norfolk Department of Human Services have undertaken other efforts to address the growing number of referrals to APS. These local departments' activities are discussed on the following pages.[6]

[6] Project descriptions were submitted by Fairfax DFS and Norfolk DHS

Fairfax County Department of Family Services Risk Assessment Tool

Project Background
In 2011, Fairfax County Adult and Aging Division contracted with the Center for Excellence in Aging and Geriatric Health (CEAGH) to develop a more evidenced-based tool which assessed a client's level of risk (of abuse, neglect or exploitation), and whether the risk level changed as a result of APS intervention. The goal was to provide workers with a systematic approach to risk assessment. The tool needed to incorporate structured decision making concepts and be integrated into current business processes. It needed to be a simple, objective, reliable assessment to inform and foster consistency in decision-making.

Development
CEAGH conducted a literature review of predictors of risk among older adults and adults with disabilities; analyzed 2 years of Fairfax County APS case data; interviewed county APS staff; consulted with APS experts, such as the Northern DSS Regional Consultant; and reviewed Virginia APS regulations. The result is an 18-question risk assessment tool that incorporates key predictors of risk, protective factors and other items which APS staff felt offered clinical evidence, such as involvement of a power-of-attorney, conservator or guardian, etc. The tool is divided into 4 sections: (1) report details; (2) predictors of risk i.e. client background and client functioning information, such as those found in the Uniform Assessment Instrument; (3) risk level; and (4) professional impressions and action taken. Each answer is assigned a specific point value which is scored, and scores are classified into risk levels (low, medium and high). Risk levels can be adjusted based on the worker's professional judgment; specific conditions being present; and the number of unknowns.

Pilot Implementation
Fairfax County APS workers piloted the tool for six months, and four APS localities (Arlington, Chesapeake, Fauquier and Smyth) piloted it for one month. The tool is completed at key decision points. The APS intake worker completes as much of the tool as possible (generally, the report details). During the investigation, the tool is updated by the APS worker so that it can be scored. Then, the tool is completed at the end of the investigation. If the case is opened for case management and the provision of continued intervention and/or services, the tool is completed at reassessment (one year after investigation) or at case closure.

Feedback
APS staff who piloted the tool shared the following comments:

- Holistic approach which encourages focusing on the client rather than just the allegation
- Helps to organize thinking, and focus of workers at critical decision points
- Informs service planning

- Can be used for legality purposes to show the impact of intervention(s)
- Increases consistency and validity of decisions
- Straight-forward, objective and easy to complete
- Summarizes information succinctly
- Tracks how a client is doing
- Access information quickly

Analysis
Marginally significant reductions in risk level were found from intake to case closure while significant reductions were found from 45-day to case closure—these were investigations that moved to APS ongoing case types.

Going Forward
The analysis will be used to further refine the tool and procedures and eventually offer the tool as an optional assessment in future enhancements to the Division's case management and reporting database system.

Additional Information
For additional information regarding the assessment tool contact: Yolanda Thompson, QA Manager, Fairfax County Adult and Aging at 703-324-5631 or yolanda.thompson@fairfaxcounty.gov

Norfolk Department of Human Services Implements Structured Decision Making

Background

Decades of research support the notion that for complex decisions, structured frameworks result in more reliable and accurate decisions than clinical judgments in the absence of that structured framework, even for highly skilled professionals. Decisions in Adult Protective Services (APS) are among the most complex in the social services field, given difficulties in reliably assessing older adults' capacity for decision making and ethical dilemmas raised when adults refuse services. It is important that APS adopt structured decision-making tools to guide key decisions at critical points during involvement with clients.

Project Development

Norfolk Department of Human Services (NDHS), in collaboration with the National Council on Crime and Delinquency (NCCD), began the research, planning, and investment in a new system of service delivery for APS, similar to the Structured Decision Making (SDM) system for Child Protective Services. NDHS made this decision due to the increasing number of investigations of adult abuse, neglect, and exploitation, as well as acknowledging that APS cases are significantly more complex than the cases of five or ten years ago. With decreasing budgets and at times staff, NDHS believed it was imperative to focus time and resources on those seniors at greatest risk of abuse, neglect, and /or exploitation; and using the four SDM assessment tools allows them to do just that. NDHS decided to implement the SDM system because it is an established, research-based, validated best-practice model for making difficult decisions in the field of social work.

Implementation

NDHS' mission, shared by NCCD, is to ensure that practices promote a well-managed government and a just and equitable system for individuals, families, and communities through research, policy, and practice. Both organizations believe in implementing programs, policies, and systems that are data-driven, effective and efficient, and result in services that are responsive, accountable, inclusive, and customer-focused. The goals of promoting safety, identifying needs, reducing harm, empowering social workers, and reducing recidivism led NDHS to implement "Norfolk SDM for APS" in 2011.

SDM provides Norfolk APS workers with simple, objective, reliable tools to support the difficult decisions they must make every day. Consistency and accuracy in decision-making have increased. SDM's data-driven focus also allows local supervisors and administrators the tools necessary to improve program planning, evaluation, and resource allocation.

Analysis
There have been clear benefits to implanting SDM into NDHS' APS investigation and ongoing casework practices. APS workers and supervisors report improved transparency in decision-making among workers, clients, and supervisors. For example, APS workers are able to use information organized in structured tools to explain to a vulnerable adult why they are recommending a particular course of action, whether initiating an investigation or recommending an emergency intervention to ensure immediate safety. APS workers can demonstrate clearly to supervisors how information gathered does or does not justify a given action (i.e. court or other intervention, or case closure).

SDM has assisted APS workers in prioritizing information gathered, in order to make critical decisions at various points of an investigation or case. Having a clear set of decision-making criteria at each point helps workers focus on gathering the information that is most important. APS workers across the country agree that while decisions are easily made at the extremes of the spectrum, "borderline cases" that fall closer to the middle can sometimes be very difficult to decide, and SDM assessments assist in clarifying criteria, allowing them to make decisions more swiftly and with greater confidence.

The most evident benefit and improvement experienced by NDHS APS is the structured focus on case narratives. At each decision point, workers are able to use the case narrative to communicate how and why a decision such as safety planning or a particular intervention was made. All workers benefit from a framework to ensure key elements of each critical decision point (intake, investigation, strengths and needs assessment, and risk assessment) are considered in a consistent manner in all assessment processes.

Breaking down the complexity of APS work into critical decision points and applying structured assessments accordingly creates a decision support framework for APS workers that increase consistency and equity in service delivery and improved outcomes for clients. For supervisors, the system has assisted in ensuring equitable case assignments (workload vs. caseload), and making effective staffing decisions.

The SDM system at NDHS consists of the following key assessments applied in every investigation or case assignment:

- Intake Assessment: What are the criteria? Do we investigate? How quickly do we respond?
- Safety Assessment: Is there a current threat of serious harm? What interventions are recommended?
- Risk Assessment: Informs the need for ongoing services to reduce recidivism.
- Strengths and Needs Assessment: What are the priority needs that must be addressed? What existing strengths can be used to address the needs?

Implications of Structuring Decisions

- Promotes consistency, validity, and equity in assessment

- Provides clarity and helps conceptualize “risk”
  - Establishes that risk, while related, is different from safety and needs
- Helps agencies target resources in more effective ways
  - Reducing recidivism by helping workers direct services to clients most in need
  - Helping supervisors make more equitable case assignments (workload vs. caseload)
  - Helping supervisors and administrators make more effective staffing decisions
  - Helping identify where and what types of resources are most needed

Additional Information

For additional information regarding NDHS’s implementation of SDM contact Heather Crutchfield at 757-664-7734 or heather.crutchfield@norfolk.gov

REPORTING TO ADULT PROTECTIVE SERVICES

An APS report is an allegation made by any person to an LDSS or to the 24-hour toll-free APS Hotline **(1-888-832-3858)** that he or she suspects that an elder or an incapacitated adult is being abused, neglected or exploited.

Virginia's mandatory reporting law (§ 63.2-1606 of the Code of Virginia) requires mandated reporters to report immediately to LDSS or to the 24 hour toll-free APS hotline upon suspecting abuse, neglect, or exploitation. Mandated reporters must report to both law enforcement and medical examiners any deaths arising from suspected abuse or neglect. A civil penalty of up to $1,000 may be imposed for failure to report any suspected abuse, neglect or exploitation. Individuals who make APS reports in good faith are protected from civil or criminal liability.

Mandated reporters of adult abuse, neglect or exploitation include:

1) Any person licensed, certified, or registered by health regulatory boards listed below:

Board of Nursing: Registered Nurse (RN); Licensed Nurse Practitioner (LNP); Licensed Practical Nurse (LPN); Clinical Nurse Specialist; Certified Massage Therapist; Certified Nurse Aide (CNA)

Board of Medicine: Doctor of Medicine and Surgery, Doctor of Osteopathic Medicine; Doctor of Podiatry; Doctor of Chiropractic; Interns and Residents; University Limited Licensee; Physician Assistant; Respiratory Therapist; Occupational Therapist; Radiological Technologist; Radiological Technologist Limited; Licensed Acupuncturists; Certified Athletic Trainers

Board of Pharmacy: Pharmacists; Pharmacy Interns; Permitted Physicians; Medical Equipment Suppliers; Restricted Manufacturers; Humane Societies; Physicians Selling Drugs; Wholesale Distributors; Warehousers, Pharmacy Technicians

Board of Dentistry: Dentists and Dental Hygienists Holding a License, Certification, or Permit Issued by the Board

Board of Funeral Directors and Embalmers: Funeral Establishments; Funeral Services Providers; Funeral Directors; Funeral Embalmers; Resident Trainees; Crematories; Surface Transportation and Removal Services; Courtesy Card Holders

Board of Optometry: Optometrist

Board of Counseling: Licensed Professional Counselors; Certified Substance Abuse Counselors; Certified Substance Abuse Counseling Assistants; Certified Rehabilitation Providers; Marriage and Family Therapists; Licensed Substance Abuse Treatment Practitioners

Board of Psychology: School Psychologist; Clinical Psychologist; Applied Psychologist; Sex Offender Treatment Provider; School Psychologist – Limited

Board of Social Work: Registered Social Worker; Associate Social Worker; Licensed Social Worker; Licensed Clinical Social Worker

Board of Long-Term Care Administrators: Nursing Home Administrator
Board of Audiology and Speech Pathology: Audiologists; Speech-Language Pathologists; School Speech-language Pathologists
Board of Physical Therapy: Physical Therapist; Physical Therapist Assistant

2) Any mental health services provider;
3) Any emergency medical services personnel certified by the Board of Health pursuant to § 32.1-111.5, personnel immediately reports the suspected abuse, neglect or exploitation directly to the attending physician at the hospital to which the adult is transported, who shall make such report forthwith;
4) Any guardian or conservator of an adult;
5) Any person employed by or contracted with a public or private agency or facility and working with adults in an administrative, supportive or direct care capacity;
6) Any person providing full, intermittent, or occasional care to an adult for compensation, including but not limited to companion, chore, homemaker, and personal care workers; and
7) Any law-enforcement officer.

Table 7 illustrates the types of reporters who reported adult abuse, neglect or exploitation in SFY 2013. Occupations or individuals in yellow represent mandated reporters. Some reporters make anonymous reports and do not identify their occupation or how they may be related to the subject of the report.

Table 7-Source of APS Reports

SFY 2013 Reporter Type	# of Reports
Relative (includes ex-wife/ex-husband)	2597
Social Worker	2294
Other	2118
Nurse	1373
Law Enforcement Officer	1052
Nursing Home Administrator/NH Staff	907
Hospital Staff	896
Self	890
Friend/Neighbor	866
Home Health Provider	830
EMS Personnel/Fire Department	643
Financial Institution	598
CSB Staff	511
Mental Health Provider/Psychologist/Counselor/Psychiatrist	504
Physician/Primary Physician/Physician Assistant	353
ALF Staff	328
DBHDS Staff	304
Agency Provider-Home Based Care/EDCD/Personal Care Provider	240
Virginia Department of Social Services Staff	215
Group Home Staff	165
Area Agency on Aging Staff	146
Hospice	111
Power of Attorney	87
Other Healthcare Professionals(PT/OT/RT/SLP)	63
Adult Day Care Staff	61
Guardian/Conservator	49
Workshop Staff	47
Attorney	43
Certified Nursing Assistant (CNA)	43
Long-term Care Ombudsmen	42
Public Housing Staff	40
Clergy	40
Transportation Provider[7]	36
Health Department Staff/Public Health Nurse	27
Shelter Staff	22
Domestic Violence Program Staff	9
Department for the Aging Staff	8
Adult Foster Care Provider	5
Dentist/Dental Office Staff	5
Pharmacist/Pharmacy Staff	3
Total	**18571**

[7] Mandated reporter if employed by services organization or receiving Medicaid reimbursement.

APS REPORTS

Every APS report must meet certain criteria in order for it to be deemed a "valid" report. The term "valid" does not refer to accuracy of the report but to specific elements that must be present to establish APS authority and jurisdiction:

- The adult must be at least 60 years or older or age 18 to 59 and incapacitated;
- The adult must be living and identifiable;
- Circumstances must allege abuse, neglect or exploitation; and
- The local department must be the agency of jurisdiction.

If APS validity criteria are not met, the local department or APS Hotline may refer the reporter to other LDSS programs or an appropriate human service agency or other service provider.

Types of Abuse

ADULT ABUSE is defined by the Code of Virginia, (§ 63.2-100), as "the willful infliction of physical pain, injury or mental anguish or unreasonable confinement of an adult." Abuse includes battery and other forms of physical violence including, hitting, kicking, burning, choking, scratching, rough-handling, cutting, and biting, etc. It includes sexual assault, inflicting pornography, voyeurism, exhibitionism, and other forms of forced sexual activity on an elder or an incapacitated adult. It includes any sexual activity with an adult who is unable to understand or give consent, the control of an adult through the use of threats or intimidation, and the abuse of a relationship of trust.

ADULT NEGLECT is defined by the Code of Virginia, (§ 63.2-100), as "an adult is living under such circumstances that he is not able to provide for himself or is not being provided services necessary to maintain his physical and mental health and that the failure to receive such necessary services impairs or threatens to impair his well-being. However, no adult shall be considered neglected solely on the basis that such adult is receiving religious nonmedical treatment or religious nonmedical nursing care in lieu of medical care, provided that such treatment or care is performed in good faith and in accordance with the religious practices of the adult and there is a written or oral expression of consent by that adult." This definition includes both adults who are self-neglecting, living under such circumstances that the adult is unable to provide for himself/herself as well as adults whose needs for physical or mental health services are not being met by a caregiver or responsible party.

Indicators of neglect include malnourishment, dehydration, the presence of pressure sores, inadequate personal hygiene, inadequate or inappropriate clothing, inadequate or inappropriate supervision, extreme filth of person or home, severe pest/rodent infestation, offensive odors, inadequate heat, lack of electricity or refrigeration, and untreated physical or mental health problems.

ADULT EXPLOITATION is defined by the Code of Virginia, (§ 63.2-100), as "the illegal use of an incapacitated adult or his resources for another's profit or advantage." Exploitation, including financial abuse and sexual exploitation, is accomplished by the use of covert, subtle, and deceitful means. It is usually a pattern of behavior rather than a single episode. Financial exploitation includes the crimes of larceny, embezzlement, theft by false pretenses, burglary, forgery, false impersonation, and extortion.

Some common signs of adult abuse, neglect, or exploitation are found in Appendix A.

Table 8 shows three-year trends for APS reports.

Total APS reports increased **11.4%** from SFY 2011 to 2012 and **3.6%** from SFY 2012 to 2013. Substantiated reports increased **7.4%** from SFY 2011 to 2012 but decreased **5.6%** from SFY 2012 to 2013.

Table 8-Three-Year Comparison of APS Reports

THREE YEAR COMPARISON OF APS REPORTS			
	2011	**2012**	**2013**
Total Reports Received	17,936	19,990	20,704
Reports Investigated[8]	15,210	16,473	16,632
Total Reports Substantiated[9]	8,941	9,610	9,075
Unfounded	6,269	6863	7,557
Pending[10]	73	124	87
Invalid[11]	2,653	3,393	3,985
Percent of Reports Substantiated	*59%*	*58%*	*55%*
DISPOSITIONS OF SUBSTANTIATED REPORTS			
Needs and Accepts Services	4,274	4,391	4,048
Needs and Refuses Services	1,623	1,776	1,766
Need No Longer Exists	3,044	3,443	3,261

[8] Investigated reports include substantiated and unfounded reports.
[9] A substantiated report is defined as a completed investigation with a disposition that the adult needs protective services.
[10] Pending reports include reports undergoing investigation.
[11] Information on invalid reports was not available prior to the implementation of the ASAPS program. Invalid (reports not meeting validity criteria) includes reports that are invalidated at the time they are made as well as investigated reports that receive a disposition of "invalid."

DISPOSITIONS

APS Investigations result in one of the following dispositions:

∇ NEEDS PROTECTIVE SERVICES AND ACCEPTS

An adult is found to need protective services when a preponderance of evidence shows that adult abuse, neglect, or exploitation has occurred or is occurring, or there is reason to suspect that the adult is at risk of abuse, neglect, or exploitation and needs protective services in order to reduce that risk. This disposition is assigned when the adult needing protective services accepts the needed services, or the adult needing protective services is not capable of making a decision to accept needed services. In cases where the adult is not capable of making a decision, the APS social worker petitions the court for the provision of involuntary protective services.

∇ NEEDS PROTECTIVE SERVICES AND REFUSES

An adult is found to need protective services when a preponderance of evidence shows that adult abuse, neglect, or exploitation has occurred or is occurring or there is reason to suspect that the adult is at risk of abuse, neglect, and/or exploitation and needs protective services in order to reduce that risk. This disposition is determined when the adult is capable of making a decision about needed services and his/her decision is to refuse services.

∇ NEED FOR PROTECTIVE SERVICES NO LONGER EXISTS

This disposition is determined when there is a preponderance of evidence that adult abuse, neglect, or exploitation has occurred but the adult is no longer at risk. This disposition is also used if the adult, who is the subject of the report, dies during the course of the investigation. If this finding is made in an institutional setting, a referral is made to the appropriate regulatory or legal authority for follow-up as necessary.

∇ UNFOUNDED

This disposition is determined when a review of the facts does not show a preponderance of evidence that abuse, neglect, or exploitation has occurred or that the adult is at risk of abuse, neglect, or exploitation.

∇ INVALID

This disposition is determined when, after an investigation has been initiated, the report is found not to meet the criteria of a valid report.

Table 9 reflects demographics of the APS report subjects. Seventy-one percent of the adults were age 60 or older. Two hundred sixty-seven of these individuals were age 96 or older. Over 875 adults were 18-25 years of age.

Table 9-Demographics of APS Reports

SFY 2013 DEMOGRAPHICS OF REPORT SUBJECTS		
TOTAL REPORTS RECEIVED		
AGE	60 years or older	71%
	18-59	29%
SEX	Female	62%
	Male	38%
	Unknown	<1%
RACE	White	67%
	African American	26%
	Unknown	7%
	Asian	1%
	American Indian	<1%
	Alaskan Native	0%
LIVING ARRANGEMENT AT TIME OF REPORT	Own House or Apt	65%
	Other's House or Apt	12%
	Nursing Facility	10%
	Assisted Living Facility	5%
	BHDS Facility or Group Home	4%
	Homeless	2%
	Shelter	<1%
	Adult Foster Care	<1%
	Local/Regional Jail	<1%
	Other	2%

Table 10-Regional APS Reports Statistics

SFY 2012 Regional Demographics of Report Subjects						
	CENTRAL	EASTERN	NORTHERN	PIEDMONT	WESTERN	STATE TOTALS
Reports Received	**3114**	**4977**	**4441**	**5528**	**2644**	**20704**
% Substantiated	53%	54%	49%	57%	63%	55%
Demographics of Report Subject						
60+	69%	71%	74%	70%	72%	71%
18-59	31%	29%	26%	30%	28%	29%
Female	63%	61%	62%	63%	61%	62%
Male	37%	39%	37%	37%	39%	38%
White	54%	52%	71%	72%	95%	67%
Black	38%	40%	15%	21%	3%	26%
Unknown	7%	6%	10%	7%	2%	7%
Other[12]	1%	2%	3%	<1%	<1%	1%
Living Arrangements of Subject at Time of Report						
Own House/Apt	61%	61%	65%	66%	70%	65%
Other's House/Apt	15%	13%	13%	19%	11%	12%
Nursing Facility	7%	10%	7%	13%	9%	10%
Assisted Living Facility	6%	6%	4%	6%	6%	5%
BHDS Facility or Group Home	6%	5%	6%	3%	1%	4%
Other Living Arrangements[13]	5%	5%	5%	3%	3%	4%

[12] Includes Asian, American Indian, & Alaskan Native
[13] Includes shelter, jail, homeless, adult foster care and other undefined living arrangement

Table 11-APS Reports: Location of Incident of Abuse, Neglect or Exploitation

SFY 2013 APS REPORTS: Location of Incident						
Location	Central	Eastern	Northern	Piedmont	Western	State
Own House/Apt	59%	60%	62%	64%	69%	62%
Other's House/Apt	13%	12%	12%	8%	9%	10%
Nursing Facility	7%	10%	7%	14%	9%	10%
Assisted Living Facility	6%	5%	4%	5%	6%	5%
Other[14]	7%	6%	8%	4%	4%	6%
BHDS Facility or Group Home	5%	5%	4%	2%	1%	4%
Hospital	1%	1%	2%	2%	1%	2%
Homeless	2%	1%	1%	1%	1%	1%

[14] Other includes senior center, shelter, adult foster care, adult day care, jail, day treatment center, transportation provider, sheltered workshop and other undefined location of the incident.

Table 12-Demographics of Substantiated APS Reports

SFY 2013: Demographics of Subjects of Substantiated Reports		
TOTAL SUBSTANTIATED REPORTS		**9075**
AGE	60 years or older	74%
	18-59	26%
SEX	Female	61%
	Male	39%
	Unknown	<1%
RACE	White	70%
	African American	24%
	Unknown	4%
	Oriental/Asian	1%
	American Indian	<1%
	Alaskan Native	0%

An adult's own home or apartment was the most common location of abuse, neglect or exploitation in APS substantiated reports. The following graph also depicts the other eight most frequent locations of abuse that occurred in substantiated reports.

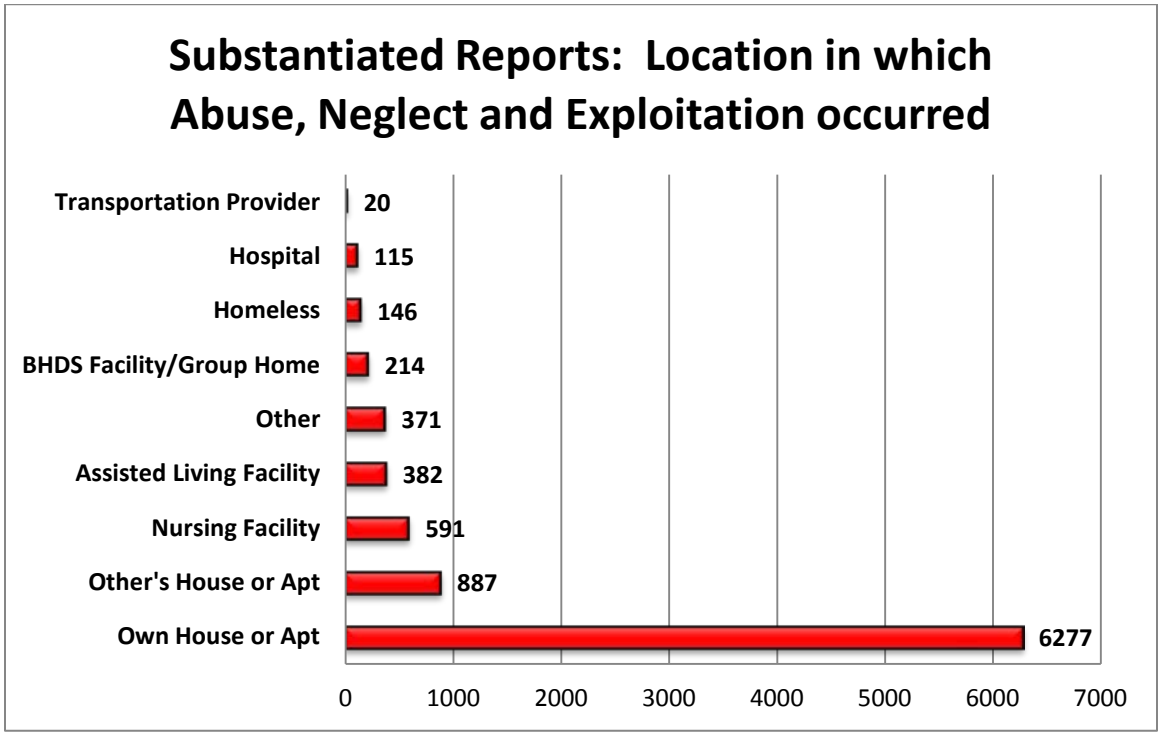
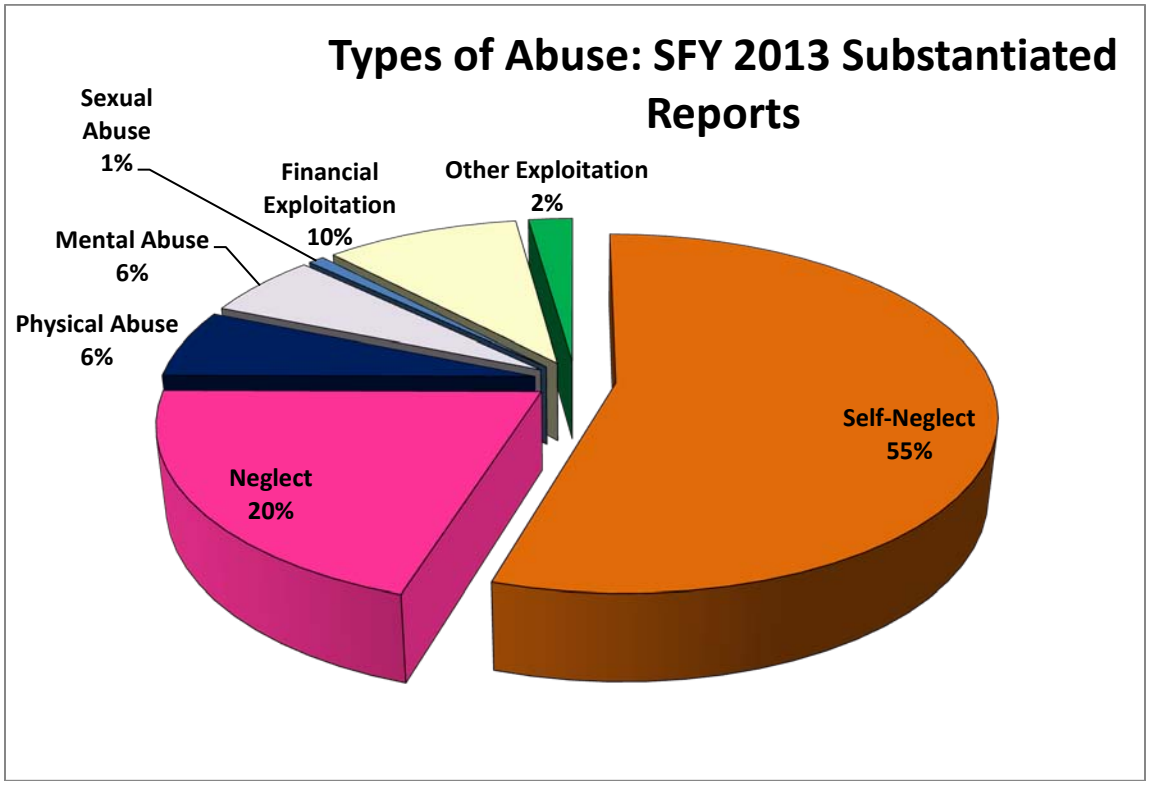


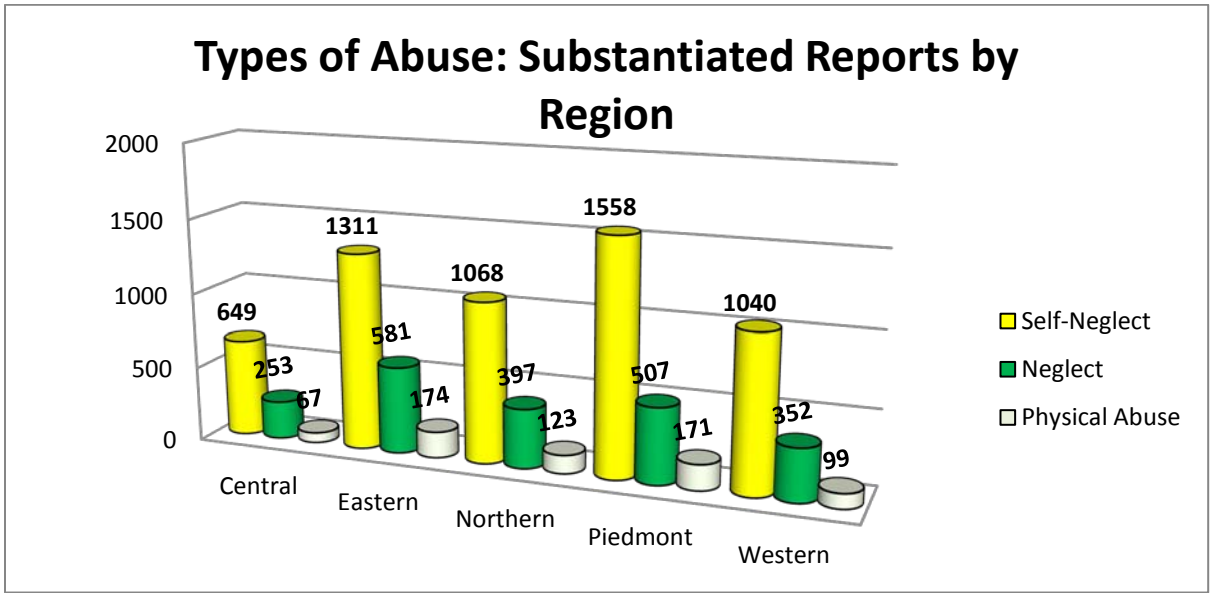
Table 13-Types of Abuse: Statewide Substantiated Reports

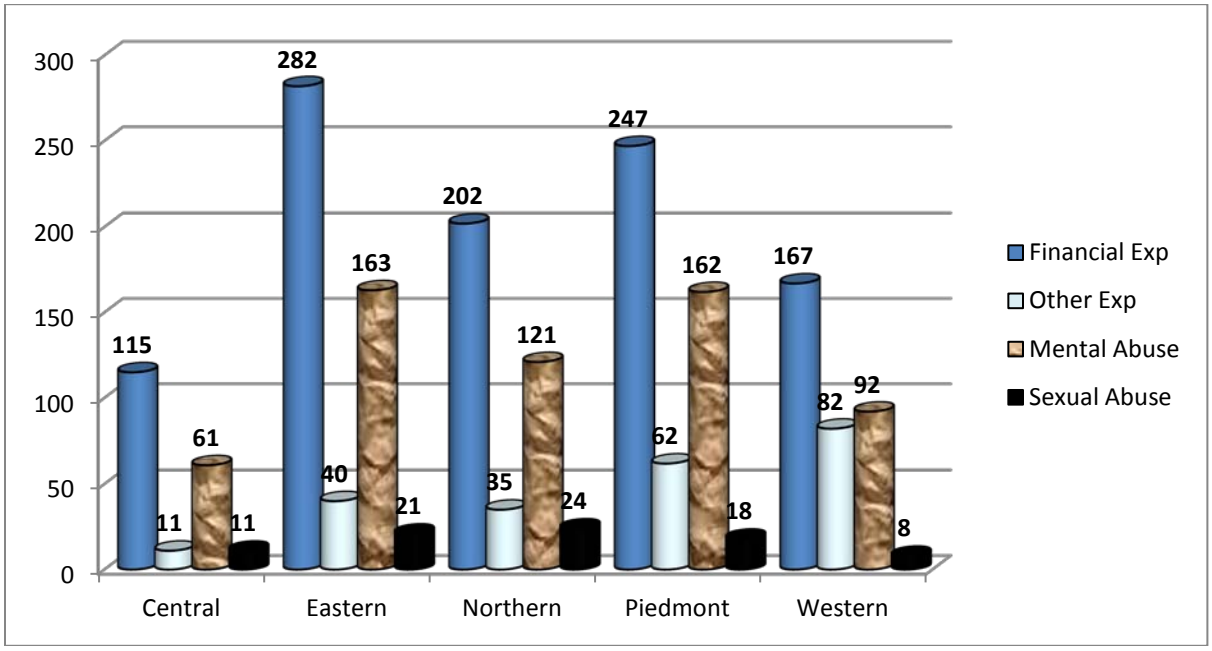
Abuse Type—SFY 2013 Substantiated Reports	#
Self-Neglect	5626
Neglect	2090
Financial Exploitation	1013
Physical Abuse	634
Mental Abuse	599
Other Exploitation	230
Sexual Abuse	82
Total	**10,274**[15]



[15] Reports may contain more than 1 type of abuse.

Table 14-Type of Abuse: Substantiated Reports by Region

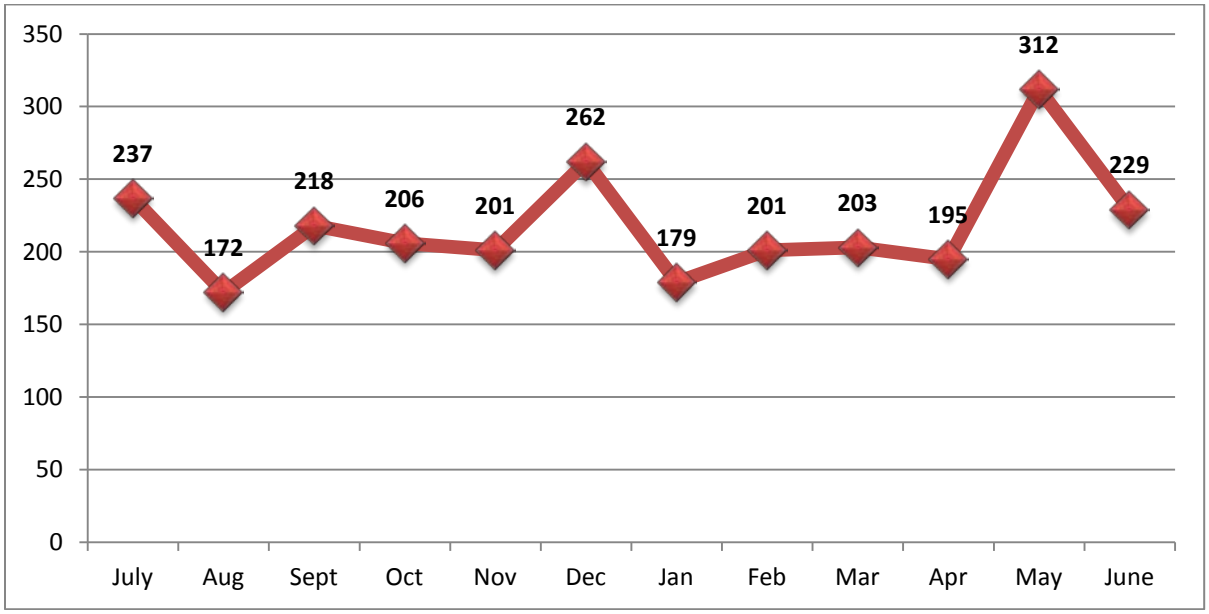




The 24-hour, 7 days a week, APS hotline is housed at the Virginia Department of Social Services. Hotline staff receive APS reports about adult abuse, neglect, or exploitation and forward the reports on to the appropriate LDSS. **Table 15** illustrates APS hotline call volume for the SFY.

Table 15-APS Hotline Reports

SFY 2013: Monthly APS Hotline Reports



Hotline staff received 2,615 APS reports in SFY 2013

- An 15% increase over SFY 2012

The following tables illustrate the number of SFY 2013 APS reports received in each locality. **Table 16** organizes the localities according to region.

Table 16-APS Reports by Locality

Central Region		Eastern Region		Northern Region	
Locality	*# of Reports*	*Locality*	*# of Reports*	*Locality*	*# of Reports*
Amelia	14	Accomack	90	Alexandria	285
Buckingham	28	Brunswick	28	Arlington	248
Caroline	40	Chesapeake	606	Clarke	44
Charles City	15	Dinwiddie	56	Culpeper	9
Chesterfield/ Colonial Heights	540	Franklin City	11	Fairfax/Fairfax City/Falls Church	987
Cumberland	39	Gloucester	87	Fauquier	228
Essex	20	Greensville/Emporia	84	Frederick	301
Fluvanna	110	Hampton	248	Fredericksburg	93
Goochland	27	Isle of Wight	87	Greene	28
Hanover	244	James City County	253	Harrisonburg/ Rockingham	221
Henrico	841	Mathews	32	King George	7
Hopewell	47	Newport News	435	Loudoun	342
King & Queen	19	Norfolk	873	Louisa	81
King William	2	Northampton	12	Madison	9
Lancaster	23	Portsmouth	336	Manassas City	38
Lunenburg	9	Prince George	47	Manassas Park	19
Middlesex	67	Southampton	45	Orange	119
New Kent	36	Suffolk	211	Page	55
Northumberland	8	Surry	11	Prince William	728
Nottoway	7	Sussex	58	Rappahannock	22
Petersburg	132	Virginia Beach	1088	Shenandoah	110
Powhatan	10	Williamsburg	106	Spotsylvania	138
Prince Edward	56	York/Poquoson	173	Stafford	59
Richmond City	715			Warren	109
Richmond County	3			Winchester	161
Westmoreland	62				
Total	**3114**	**Total**	**4977**	**Total**	**4441**

Piedmont Region		Western Region	
Locality	*# of Reports*	*Locality*	*# of Reports*
Albemarle	503	Bland	3
Alleghany/Covington/Clifton Forge	77	Bristol	46
Amherst	117	Buchanan	11
Appomattox	21	Carroll	163
Bath	30	Dickenson	43
Bedford/Bedford City	416	Floyd	51
Botetourt	8	Galax	48
Campbell	94	Giles	99
Charlotte	11	Grayson	77
Charlottesville	289	Lee	50
Craig	2	Montgomery	235
Danville	158	Norton	0
Franklin County	203	Patrick	148
Halifax/South Boston	152	Pulaski	238
Henry/Martinsville	234	Radford	30
Highland	16	Russell	171
Lynchburg	636	Scott	173
Mecklenburg	144	Smyth	314
Nelson	39	Tazewell	285
Pittsylvania	166	Washington	124
Roanoke City	550	Wise	256
Roanoke County/Salem	698	Wythe	79
Rockbridge/Buena Vista/Lexington	90		
Staunton/Augusta/Waynesboro	872		
Total	**5526**[16]	**Total**	**2644**

[16] A delay between when individual Piedmont region LDSS reports and the entire Piedmont region report were run may account for the difference of two reports in Table 16 (5526) and Table 10 (5528).

Table 17-APS Reports by Agency Level

Table 17 lists the number of APS reports for each locality according to agency level (size). LDSS are divided into three agency levels based on the number of full time employees (FTE).

- Level I--A small office typically has less than twenty-one (21) approved permanent FTE positions;
- Level II--A moderate office typically has twenty-one (21) to eighty (80) approved permanent FTE positions;
- Level III--A large office typically has more than eighty (81+) approved permanent FTE positions.

Level III	
Locality	***# of Reports***
Albemarle	**503**
Alexandria	**285**
Arlington	**248**
Charlottesville	**289**
Chesapeake	**606**
Chesterfield/Colonial Heights	**540**
Danville	**158**
Fairfax	**987**
Hampton	**248**
Harrisonburg/Rockingham	**221**
Henrico	**841**
Henry/Martinsville	**234**
Loudoun	**342**
Lynchburg	**636**
Newport News	**435**
Norfolk	**873**
Petersburg	**132**
Portsmouth	**336**
Prince William	**728**
Richmond City	**715**
Roanoke City	**550**
Roanoke County	**698**
Staunton/Augusta/Waynesboro	**872**
Suffolk	**211**
Virginia Beach	**1088**
Wise	**256**
Total	**13032**

Level II				Level I	
Locality	*# of Reports*	*Locality*	*# of Reports*	*Locality*	*# of Reports*
Accomack	90	Lee	50	Amelia	14
Alleghany/Covington	77	Louisa	81	Appomattox	21
Amherst	117	Manassas City	38	Bath	30
Bedford/Bedford City	416	Mecklenburg	144	Bland	3
Bristol	46	Montgomery	235	Botetourt	8
Brunswick	28	Northampton	12	Charles City	15
Buchanan	11	Orange	119	Clarke	44
Buckingham	28	Page	55	Cumberland	39
Campbell	94	Patrick	148	Essex	20
Caroline	40	Pittsylvania	166	Floyd	51
Carroll	163	Prince Edward	56	Galax	48
Charlotte	11	Prince George	47	Goochland	27
Craig	2	Pulaski	238	Greene	28
Culpeper	9	Rockbridge	90	Highland	16
Dickenson	43	Russell	171	King & Queen	19
Dinwiddie	56	Scott	173	King George	7
Fauquier	228	Shenandoah	110	King William	2
Fluvanna	110	Smyth	314	Lancaster	23
Franklin City	11	Southampton	45	Lunenburg	9
Franklin County	203	Spotsylvania	138	Madison	9
Frederick	301	Stafford	59	Manassas Park	19
Fredericksburg	93	Surry	11	Mathews	32
Giles	99	Sussex	58	Middlesex	67
Gloucester	87	Tazewell	285	Nelson	39
Grayson	77	Warren	109	New Kent	36
Greensville/Emporia	84	Washington	124	Northumberland	8
Halifax	152	Westmoreland	62	Norton	0
Hanover	244	Winchester	161	Nottoway	7
Hopewell	47	Wythe	79	Powhatan	10
Isle of Wight	87	York/Poquoson	173	Radford	30
James City County	253			Rappahannock	22
				Richmond County	3
				Williamsburg	106
		Total	6858	Total	812

During the course of an APS investigation or during service provision, LDSS workers may find it necessary to initiate certain legal actions in order to stop the abuse, neglect or exploitation or prevent further maltreatment from occurring. In SFY 2013 LDSS, often in collaboration with local law enforcement or the LDSS attorney initiated the following:

- **301** petitions for guardianship
- **22** petitions for conservatorship
- **54** protective orders
- **13** emergency orders for protective services
- **46** involuntary commitments to state or private hospitals
- **7** orders for medical treatment

Additionally **48** cases met criteria for referral to legal authorities for possible criminal abuse or neglect charges.

Statistical Trends: Adult Services and Adult Protective Services in Virginia

- Federal and state expenditures for homemaker, chore and companion services decreased **5.2%** from SFY 2012, continuing a downward trend since SFY 2010.

- LDSS non-reimbursable expenditures for homemaker, chore and companion services increased **3%** from SFY 2012 to 2013.

- Homemaker, chore and companion cases have declined about **8%** each year since SFY 2009.

- LDSS completed **13,000** preadmission screenings in SFY 2013 a **4%** increase from the previous SFY.

- LDSS were responsible for review of annual guardian reports in **8.3%** more guardianship cases than in the previous SFY.

- Local departments of social services received a total of **20,704** reports of adult abuse, neglect, or exploitation, a **3.6%** increase from SFY 2012.

- Though substantiated reports increased **7.4%** from SFY 2011 to 2012, they decreased **5.6%** from SFY 2012 to 2013.

- APS reports made by financial institution have increased **225%** since SFY 2010.

- **Seventy-one percent** of report subjects were adults age 60 years or older, a **2%** increase from the previous SFY.

- **Nineteen percent** of adults exercised their statutory right to refuse services, a consistent trend since SFY 2010.

- Self-neglect (**55%**) continues to remain the most common type of abuse in substantiated APS cases.

AUXILIARY GRANT PROGRAM

An Auxiliary Grant (AG) is a supplement for individuals with Supplemental Security Income (SSI) and certain other aged, blind, or disabled individuals residing in an assisted living facility or an adult foster care home. This assistance is available from LDSS to ensure that individuals are able to maintain a standard of living that meets a basic level of need. The AG Program is funded with 80 percent state money and 20 percent local money and is administered by the Department. The rate that an ALF may charge to provide services for an individual with AG is determined by the Virginia General Assembly and is adjusted periodically.

The AG program is specifically for individuals who reside in assisted living facilities (ALF) licensed by the Virginia Department of Social Services, Division of Licensing Programs, or in adult foster care (AFC) homes approved by LDSS. Not all ALFs accept AG. As of June 30, 2013, Virginia had 539 licensed ALFs with a licensed bed capacity of 32,091. Fewer than 300 of the 539 licensed ALFs accepted individuals with AG. Some ALFs may accept one or two individuals with AG, while in other facilities nearly all of the individuals residing there receive AG.

There are two levels of care provided in ALFs, residential and assisted living. Individuals meeting the residential level of care require minimal assistance with activities of daily living (ADLs) such as bathing, dressing, eating, transferring, toileting, and bowel and bladder continence, or need assistance with medication management. Individuals who need the assisted living level of care require assistance with more ADLs or have a dependency in behavior pattern.

How is eligibility determined?

To receive assistance from the AG program, an individual must file an application with and have his eligibility determined by the LDSS in the locality where the individual resides. Residence for AG eligibility is determined by the city or county within Virginia where the person last lived outside of an institution. For purposes of the AG program, hospitals, ALFs, and AFC homes are considered institutions.

In 2012 the AG regulations were revised to include a residency requirement for all individuals applying for AG. Individuals must be a resident of Virginia for at least 90 days or have relocated to Virginia to be closer to a relative who has been a resident for at least 90 days.

Additionally to be eligible for AG in Virginia, an individual must meet all of the following:

- Be 65 or over, or be blind, or be disabled;
- Reside in an ALF or approved AFC home;
- Be a citizen of the United States or an alien who meets specified criteria;

- Be a Virginia resident or meet the exception
- Have countable income less than the total of the AG rate approved for the assisted living facility plus the personal needs allowance;
- Have non-exempted resources less than $2,000 for one person or $3,000 for a couple[17] and;
- Have been assessed and determined to need ALF or AFC placement.

The LDSS issues a monthly AG payment once eligibility has been established. The AG payment is mailed directly to the individual or the individual's representative who pays the ALF or AFC provider for services provided.

What is covered under the Auxiliary Grant?

Room and Board:

- Provision of a furnished room in a facility that meets applicable building and fire safety codes;
- Housekeeping services based on the needs of the resident;
- Meals and snacks, including extra portions and special diets;
- Clean bed linens and towels as needed by the resident provided at least once a week.

Maintenance and Care:

- Minimal assistance with personal hygiene including bathing, dressing, oral hygiene, hair grooming and shampooing, care of clothing, shaving, care of toenails and fingernails, arranging for haircuts as needed, and care of needs associated with menstruation or occasional bladder or bowel incontinence;
- Medication administration as required by licensing regulations including insulin injections;
- Provision of generic personal toiletries;
- Minimal assistance with the following: care of personal possessions, care of personal funds if requested by the recipient and residence policy allows it, use of telephone, arranging transportation, obtaining necessary personal items and clothing, making and keeping appointments, and correspondence;
- Securing health care and transportation when needed for medical treatment;
- Providing social and recreational activities as required by licensing regulations;
- General supervision for safety.

[17] These figures are current but are subject to change. Contact the eligibility unit at the local department of social services for current information.

Third party payments

As of July 1, 2012, ALF and AFC providers can accept third party payment on behalf of an AG individual. These payments are not counted as income when determining eligibility for AG.

The payments must be made:

- Directly to the provider by the third party on behalf of the individual receiving AG after the goods or services have been provided
- Voluntarily by the third party, and not in satisfaction of a condition of admission, stay, or provision of proper care and services to the individual receiving AG and
- For specific goods and services provided to the individual receiving AG other food, shelter, or specific goods or services required to be provided by the provider as a condition of participation in the AG program

Applying for AG or becoming an AG provider

Individuals interested in applying for AG should contact their LDSS.

An ALF provider interested in accepting individuals eligible for Auxiliary Grant should contact the Department for Aging and Rehabilitative Services, Adult Protective Services Division, 8004 Franklin Farms Drive, Henrico, VA 23229 (telephone 804-662-7531). Providers need to fill out a Provider Agreement and return the completed agreement and a copy of their facility license to the APS Division.

Table 18-Auxiliary Grant Rates

Auxiliary Grant Rates 2007-2013

	7/07	1/08	1/09	1/10	1/11	1/12	7/12	1/13	7/13
ALF Rate	$1,061	$1,075	$1,112	$1,112	$1,112	$1,136	$1,150	$1,161	$1,196
AFC Rate	$1,061	$1,075	$1,112	$1,112	$1,112	$1,136	$1,150	$1,161	$1,196
Planning District 8*	$1,220	$1,236	$1,279	$1,279	$1,279	$1,303	$1,317	$1,328	$1,375
Personal Needs Allowance (PNA)	$75	$77	$81	$81	$81	$81	$81	$82	$82

ALF = Assisted Living Facility; AFC = Adult Foster Care

*Planning District 8 includes Arlington, Alexandria, Fairfax City and County, Falls Church, Loudoun County, Prince William County, Manassas City and Manassas Park.

The table below provides SFY 2013 average monthly AG case counts and total AG expenditures. The information is obtained from LASER, (Locality Automated System for Expenditure Reimbursement), a Department computer system.

Table 19-Auxiliary Grant Expenditures and Monthly Case Count

SFY 2013 Auxiliary Grant Expenditures and Monthly Case Counts[18]			
	Adult Foster Care	**Assisted Living Facility**	**Total**
Average Monthly Caseload (Aged)	8	1655	1663
Average Monthly Caseload (Blind)	1	6	7
Average Monthly Caseload (Disabled)	26	3008	3034
Average Monthly Caseload (Total)	35	4669	4704
State	$153,773	$21,702,968	$21,856,741
Local	$38,443	$5,425,742	$5,464,185
Local-Non Reimbursable	$0	$51,593	$51,593
Total Expenditures	$192,216	$27,180,303	$27,372,519

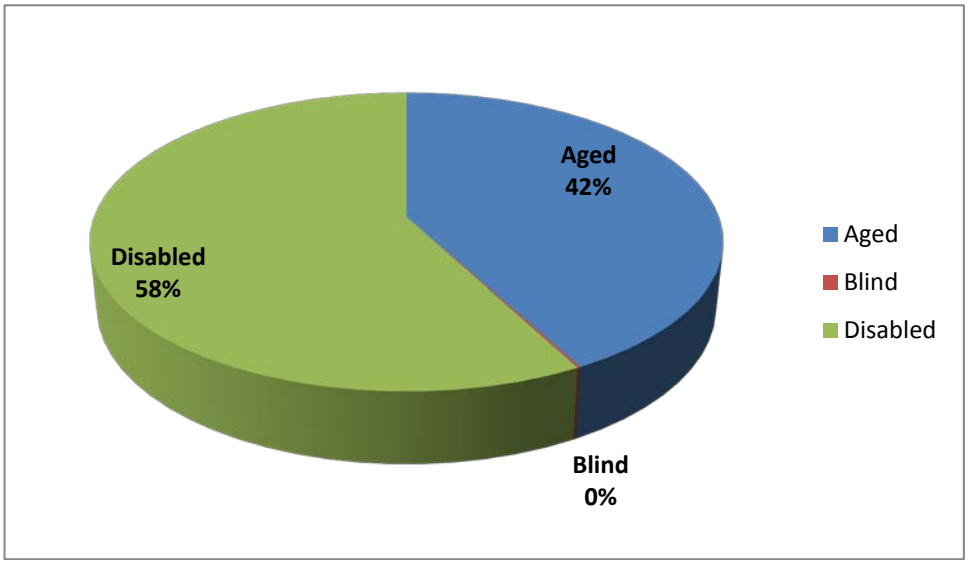
[18] Source: Laser

In order to develop a more comprehensive picture of the demographics of individuals who receive AG, information from the VDSS Data Warehouse database was analyzed. In SFY 2013 there were 5,766 individual (unduplicated) AG recipients who received an AG payment for at least one month during the fiscal year. The following graphs and charts depict SFY 2013 Data Warehouse statistics on individuals receiving AG.

Individuals applying for AG must meet a category of aged, blind or disabled. In order to meet the category of disabled, an individual must have been determined disabled by the Social Security Administration. Individuals who are 65 or older meet the category of aged.

Individuals with a disability made up 58% of the total number of individuals with AG. Eight individuals identified as blind.

Table 20-Auxiliary Grant Recipients' Demographics: Aged, Blind and Disabled (ABD) Categories



In FY 2013, 62% of individuals were white and 34% were African American. Forty-two individuals identified as Spanish American

The "Other" category (1%) includes individuals who identify as:

- Other Race
- Black/African American/Asian
- American Indian/Alaskan Native
- Spanish American

Table 21-Auxiliary Grant Recipients' Demographics: Race

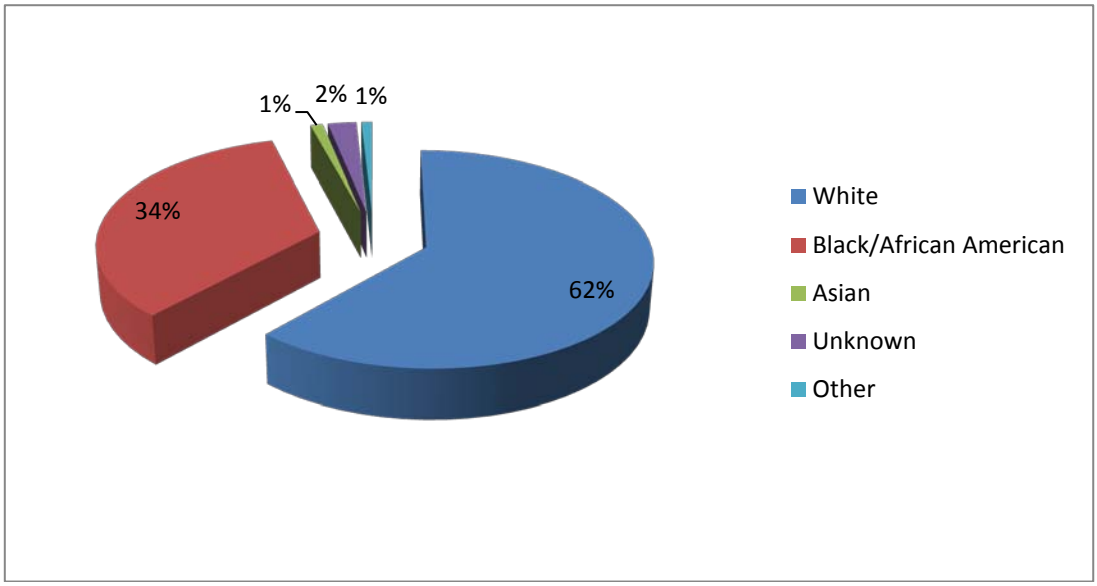
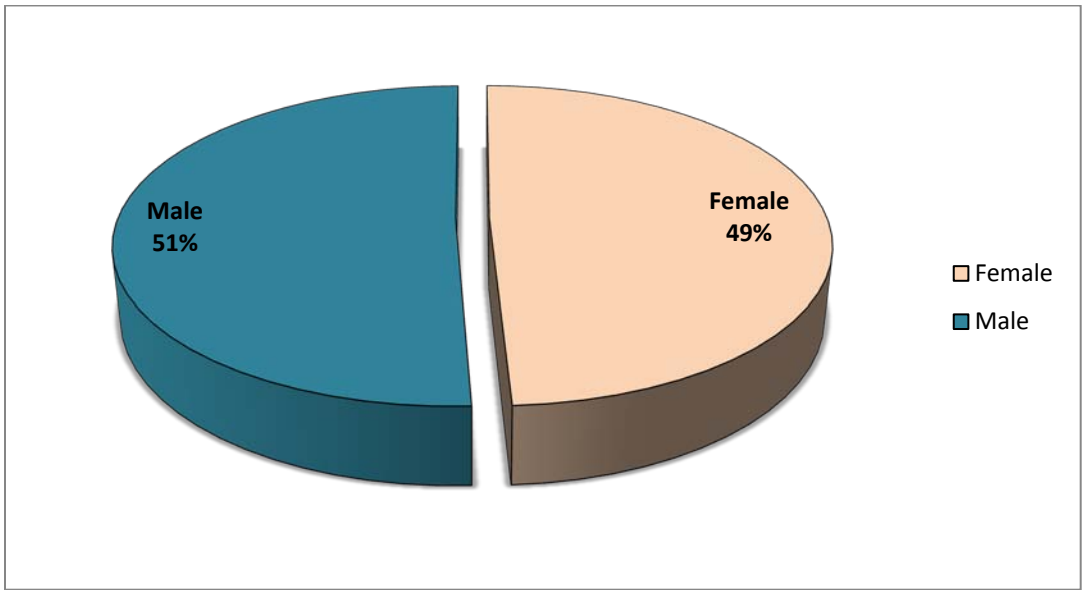


Table 22-Auxiliary Grant Recipients' Demographics: Male & Female



Appendices

APPENDIX A: Signs of Adult Abuse, Neglect or Exploitation

APPENDIX B: Adult Protective Services Division Contacts

Adult Protective Services Home Office Staff **Virginia Department for Aging and Rehabilitative Services** **8004 Franklin Farms Drive** **Henrico, VA 23229**	
Gail S. Nardi Division Director ☎ 804-662-7162 *gail.nardi@dars.virginia.gov*	**Venus Bryant** Administrative Assistant ☎ 804-726-1904 *venus.bryant@dars.virginia.gov*
Paige McCleary Adult Services/Adult Protective Services Program Consultant ☎ 804-662-7605 *paige.mccleary@dars.virginia.gov*	**Tishaun Harris-Ugworji** Adult Services/Adult Protective Services Program Consultant ☎ 804-662-7531 *tishaun.harrisugworji@dars.virginia.gov*

Adult Services Regional Staff	
Carol McCray 190 Patton Street Abingdon, VA 24210 ☎ 276-676-5636 FAX: 276-676-5621 *Carol.mccray@dars.virginia.gov*	**Andrea Jones** 170 West Shirley Avenue, Suite 200 Warrenton, VA 22186 ☎ 540-347-6313 FAX: 540-347-6331 *Andrea.jones@dars.virginia.gov*
Angela Mountcastle 1351 Hershberger Road Suite 210 Roanoke, VA 24012 ☎ 540-204-9640 FAX: 540-561-7536 *Angela.mountcastle@dars.virginia.gov*	**Margie Marker** 1604 Santa Rosa Road Richmond, VA 23229 ☎ 804-662-9783 FAX: 804-662-7023 *Marjorie.Marker@dars.virginia.gov*
Carey Raleigh 291 Independence Blvd. Pembroke IV, Suite 300 Virginia Beach, VA 23462 ☎ 757-491-3983 FAX: 757-552-1832 *Carey.Raleigh@dars.virginia.gov*	

APPENDIX C: Adult Services Regional Assignments

Eastern	Central	Northern	Piedmont	Western
Carey Raleigh 291 Independence Blvd. Pembroke Four, Suite 300 Virginia Beach, VA 23462 ☎ 757-491-3983 FAX: 757-552-1832	Margie Marker 1604 Santa Rosa Road Suite 130 Richmond, VA 23229 ☎ 804-662-9783 FAX: 804-662-7023	Andrea Jones 170 West Shirley Avenue Suite 200 Warrenton, VA 22186 ☎ 540-347-6313 FAX: 540-347-6331	Angela Mountcastle 1351 Hershberger Road Suite 210 Roanoke, VA 24012 ☎ 540-204-9640 FAX: 540-561-7536	Carol McCray 190 Patton Street Abingdon, VA 24210 ☎ 276-676-5636 FAX: 276-676-5621
Agencies	Agencies	Agencies	Agencies	Agencies
Accomack (001) 22 Brunswick (025) 13 Chesapeake (550) 23 Dinwiddie (053) 19 Franklin City (620) 23 Gloucester (073) 18 Greensville (081)/Emporia (595) 19 Hampton (650) 23 Isle of Wight (093) 23 James City (095) 23 Matthews (115) 18 Newport News (700) 23 Norfolk (710) 23 Northampton (131) 22 Portsmouth (740) 23 Prince George (149) 19 Southampton (175) 23 Suffolk (800) 23 Surry (181) 19 Sussex (183) 19 Virginia Beach (810) 23 Williamsburg (830) 23 York (199)/Poquoson (735) 23	Amelia (007) 14 Buckingham (029) 14 Caroline (033) 16 Charles City (036) 15 Chesterfield (041)/ Colonial Heights (570) 15 Cumberland (049) 14 Essex (057) 18 Fluvanna (065) 10 Goochland (075) 15 Hanover (085) 15 Henrico (087) 15 Hopewell (670) 19 King and Queen (097) 18 King William (101) 18 Lancaster (103) 17 Lunenburg (111) 14 Middlesex (119) 18 New Kent (127) 15 Northumberland (133) 17 Nottoway (135) 14 Petersburg (730) 19 Powhatan (145) 15 Prince Edward (147) 14 Richmond City (760) 15 Richmond County (159) 17 Westmoreland (193) 17	Alexandria (510) 8 Arlington (013) 8 Clarke (043) 7 Culpeper (047) 9 Fairfax (059)/Fairfax City (600)/Falls Church (610) 8 Fauquier (061) 9 Frederick (069) 7 Fredericksburg (630) 16 Greene (079) 10 Harrisonburg (660) 6/ Rockingham (165) King George (099) 16 Loudoun (107) 8 Louisa (109) 10 Madison (113) 9 Manassas City (683) 8 Manassas Park (685) 8 Orange (137) 9 Page (139) 7 Prince William (153) 8 Rappahannock (157) 9 Shenandoah (171) 7 Spotsylvania (177) 16 Stafford (179) 16 Warren (187) 7 Winchester (840) 7	Albemarle (003) 10 Alleghany005)/Covington (580) 5/ Clifton Forge (560) 5 Amherst (009) 11 Appomattox (011) 11 Bath (017) 6 Bedford (019)/Bedford City (515) 11 Botetourt (023) 5 Campbell (031) 11 Charlotte (037) 14 Charlottesville (540) 10 Craig (045) 5 Danville (590) 12 Franklin County (067) 12 Halifax (083)/South Boston (780) 13 Henry (089)/ Martinsville (690) 12 Highland (091) 6 Lynchburg (680) 11 Mecklenburg (117) 13 Nelson (125) 10 Pittsylvania (143) 12 Roanoke (770) 5 Roanoke Co. (161)/Salem (775) 5 Rockbridge (163)/Buena Vista (530)/ Lexington (678) 6 Shenandoah Valley (Staunton (790)Augusta (015)/ Waynesboro (820)6)	Bland (021) 3 Bristol (520) 3 Buchanan (027) 2 Carroll (035) 3 Dickenson (051) 2 Floyd (063) 4 Galax (640) 3 Giles (071) 4 Grayson (077) 3 Lee (105) 1 Montgomery (121) 4 Norton (720) 1 Patrick (141) 12 Pulaski (155) 4 Radford (750) 4 Russell (167) 2 Scott (169) 1 Smyth (173) 3 Tazewell (185) 2 Washington (191) 3 Wise (195) 1 Wythe (197) 3

APPENDIX D: Agencies and Organizations

VIRGINIA

Department for Aging and Rehabilitative Services www.dars.virginia.gov/

- Virginia Division for the Aging www.vda.virginia.gov
- Division of Rehabilitative Services
- Adult Protective Services Division

Department of Social Services www.dss.virginia.gov

Department of Health www.vdh.virginia.gov

Department of Medical Assistance Services (Medicaid)
http://dmasva.dmas.virginia.gov/default.aspx

Department of Behavioral Health and Developmental Services www.dbhds.virginia.gov

Virginia Board for People with Disabilities www.vaboard.org

Virginia Center on Aging http://www.sahp.vcu.edu/vcoa/

Virginia Coalition for the Prevention of Elder Abuse www.vcpea.org

Partnership for People with Disabilities www.vcu.edu/partnership

NATIONAL

National Center on Elder Abuse http://www.ncea.aoa.gov/

Family Caregiver Alliance www.caregiver.org/caregiver/jsp/home.jsp

National Alliance for Caregiving http://www.caregiving.org/

Centers for Disease Control-Elder Maltreatment
www.cdc.gov/ViolencePrevention/eldermaltreatment/index.html

National Adult Protective Services Association http://www.napsa-now.org/

APPENDIX E: Local Department of Social Services

ADULT SERVICES (AS) and ADULT PROTECTIVE SERVICES (APS) Contacts

COUNTIES

ACCOMACK DSS
WAYMAN F. TRENT, SW SUPERVISOR
22554 CENTER PARKWAY
PO BOX 210
ACCOMACK, VA 23301
757-787-1530; FAX 757-787-9303

ALBEMARLE DSS
TRICIA SUSZYNSKI, SR SOCIAL WORKER
1600 FIFTH STREET, SUITE A
CHARLOTTESVILLE, VA 22902
434-972-4010; FAX 434-972-4080
Webpage

ALLEGHANY/COVINGTON /CLIFTON FORGE DSS
KAY P. WRENN, SW SUPERVISOR
110 ROSEDALE AVENUE, SUITE B
COVINGTON, VA 24426-1244
540-965-1780; FAX: 540-965-1787 (SW)
(540) 965-1772 (EW) VOICEMAIL 540-969-4223

AMELIA DSS
SONDRA HICKS, FAMILY SERVICES (FS) SUPERVISOR
16360 DUNN STREET, SUITE 201
PO BOX 136
AMELIA, VA 23002
804-561-2681; FAX: 804-561-6040
Webpage

AMHERST DSS
BARBARA MCPHERSON, SW SUPERVISOR
224 SECOND STREET
PO BOX 414
AMHERST, VA 24521-0414
434-946-9330; FAX 434-946-9319
Webpage

APPOMATTOX DSS
SUSAN HUNTER, SW SUPERVISOR
318 COURT STREET
PO BOX 549
APPOMATTOX, VA 24522-0549
434-352-7125; FAX: 434-352-0064

ARLINGTON DEPT OF HUMAN SVS
REGGIE LAWSON, AS/APS PROGRAM MANAGER
2100 WASHINGTON BLVD.
ARLINGTON, VA 22204
703-228-1708; FAX 703-228-1771
Webpage

BATH DSS
JASON MILLER, DIRECTOR
65 COURTHOUSE HILL ROAD
PO BOX 7
WARM SPRINGS, VA 24484
540-839-7271; FAX 540-839-7278
Webpage

BEDFORD DSS
ROBIN ZIMMERMAN, SW SUPERVISOR
119 EAST MAIN STREET
BURKS-SCOTT BUILDING
PO BOX 1187
BEDFORD, VA 24523-7750
540-586-7750 x253; FAX 540-586-7785
Webpage

BLAND DSS
KIMBERLY SOBEY, DIRECTOR
612 MAIN STREET
BLAND COUNTY COURTHOUSE, SUITE 208
POST OFFICE BOX 55
BLAND, VA 24315
276-688-4111; FAX 276-688-1468
Webpage

BOTETOURT DSS
LEIGH MARTIN, SW SUPERVISOR
220 COMMONS PARKWAY
PO BOX 99
DALEVILLE, VA 24083
540-591-5960; FAX 540-591-5969
Webpage

BRUNSWICK DSS
DEBBIE BURKETT, SW SUPERVISOR
201 SHARPE STREET, SUITE 100
LAWRENCEVILLE, VA 23868
434-848-2142; FAX 434-848-2828
Webpage

BUCHANAN DSS
CECIL STILTNER, SW SUPERVISOR
3174 SLATE CREEK ROAD
GRUNDY, VA 24614-0674
276-935-8106; FAX 276-935-5412
Webpage

BUCKINGHAM DSS
STEPHANIE COLEMAN, FS SUPERVISOR
13360 WEST JAMES ANDERSON HIGHWAY
ROUTE 60, PO BOX 170
BUCKINGHAM COURT HOUSE, VA 23921-0170
434-969-4246; FAX 434-969-1449

CAMPBELL DSS
SUSAN R. JONES, SW SUPERVISOR
69 KABLER LANE
PO BOX 860
RUSTBURG, VA 24588-0860
434-332-9585; FAX 434-332-9699
Webpage

CAROLINE DSS
RAMONDA POLLARD, FS SUPERVISOR
17202 RICHMOND TURNPIKE
PO BOX 430
BOWLING GREEN, VA 22427
804-633-5071 EXT 119; FAX 804-633-5648
Webpage

CARROLL DSS
PATRICIA DRAUGHAN, SW SUPERVISOR
CARROLL COUNTY GOVERNMENTAL COMPLEX
605-8 PINE STREET
HILLSVILLE, VA 24343
276-730-313; FAX 276-728-9987
Webpage

CHARLES CITY DSS
ALISA FOLEY, PRINCIPAL SOCIAL WORKER
10600 COURTHOUSE ROAD
PO BOX 98
CHARLES CITY, VA 23030-0098
804-652-1708; FAX 804-829-2430

CHARLOTTE DSS
PHYLLIS COLLEY, SOCIAL WORKER III
400 THOMAS JEFFERSON HIGHWAY
PO BOX 440
CHARLOTTE COURT HOUSE, VA 23923
434-542-5164; FAX 434-542-5692
Webpage

CHESTERFIELD-COLONIAL HGHTS DSS
SCOTT GILCHRIST, FS SUPERVISOR
9501 LUCY CORR CIRCLE
PO BOX 430
CHESTERFIELD, VA 23832-0430
804-748-1100; FAX 804-717-6294
Webpage

CLARKE DSS
ROBIN CHANSELLE, AS/APS WORKER
311 EAST MAIN STREET
BERRYVILLE, VA 22611
540-955-3700; FAX 540-955-3958
Webpage

CRAIG DSS
REBECCA HORTEN, AS/APS WORKER
177 COURT STREET
PO BOX 330
NEW CASTLE, VA 24127-0330
540-864-5117; FAX 540-864-6662
Webpage

CULPEPER DSS
CALVERT CHILTON, FAMILY SERVICE WORKER
1835 INDUSTRY DRIVE
PO BOX 1355
CULPEPER, VA 22701
540-727-0372 X427; FAX 540-727-8496
Webpage

CUMBERLAND DSS
JESSICA OWNBY, FS SUPERVISOR
71 COMMUNITY CENTER DRIVE
PO BOX 33
CUMBERLAND, VA 23040-9803
804-492-4915; FAX 804-492-9346

DICKENSON DSS
TRACY MULLINS, SOCIAL WORKER IV
BRUSH CREEK ROAD
PO BOX 417
CLINTWOOD, VA 24228-0417
276-926-1661; FAX 276-926-8144
Webpage

DINWIDDIE DSS
DORTHEA TOWNES, SW SUPERVISOR
14012 BOYDTON PLANK ROAD
PO BOX 107
DINWIDDIE, VA 23841
804-469-4524; FAX 804-469-4506
Webpage

ESSEX DSS
TONYA CHRISTIAN, FS SUPERVISOR
772 RICHMOND BEACH ROAD
PO BOX 1004
TAPPAHANNOCK, VA 22560-1004
804-443-3561; FAX 804-443-8254

FAIRFAX CO DEPT OF FAMILY SERVICES
BARBARA ANTLEY, DIVISION DIRECTOR
12011 GOVERNMENT CENTER PARKWAY
SUITE 500
FAIRFAX, VIRGINIA 22035
703-324-7500; FAX 703-222-9487
Webpage

FAUQUIER DSS
MITTIE WALLACE, AS PROGRAM MANAGER
320 HOSPITAL DRIVE, SUITE 11
PO BOX 300
WARRENTON, VA 20186-3037
540-422-8400; FAX 540-422-8449
Webpage

FLOYD DSS
CARL E. AYERS, DIRECTOR
COURTHOUSE BUILDING
120 WEST OXFORD STREET
PO BOX 314
FLOYD, VA 24091-2222
540-745-9316; FAX 540-745-9325
Webpage

FLUVANNA DSS
KIMBERLY MABE, FS SUPERVISOR
8880 B JAMES MADISON HIGHWAY
PO BOX 98
FORK UNION, VA 23055
434-842-8221; FAX 434-842-2776
Webpage

FRANKLIN COUNTY DSS
BRANDON MCGHEE, AS/APS SUPERVISOR
11161 VIRGIL H. GOODE HIGHWAY
ROCKY MOUNT, VA 24151
540-483-9247; FAX 540-483-1933
Webpage

FREDERICK DSS
SUSAN HOCKENSMITH, SOCIAL WORKER IV
107 NORTH KENT STREET, THIRD FLOOR
WINCHESTER, VA 22601
540-665-5688; FAX 540-535-2146
Webpage

GILES DSS
PHILIP BLANKENBECKLER, SW SUPERVISOR
211 MAIN STREET, SUITE 109
NARROWS, VA 24124
540-726-8315; FAX 540-726-8253
Webpage

GLOUCESTER DSS
LINDA KERSEY, SW SUPERVISOR
6641 SHORT LANE
PO BOX 1390
GLOUCESTER, VA 23601-0186
804-693-2671; FAX 804-693-5511
Webpage

GOOCHLAND DSS
BARBARA SPEAS, FS SUPERVISOR
1800 SANDY HOOK ROAD, SUITE 200
PO BOX 34
GOOCHLAND, VA 23063-0034
804-556-5880; FAX 804-556-4718
Webpage

GRAYSON DSS
NATALIE OSBORNE, SW SUPERVISOR
129 DAVIS STREET
PO BOX 434
INDEPENDENCE, VA 24348-0434
276-773-2452; FAX 276-773-2361
Webpage

GREENE DSS
KEVIN CARTER, SW SUPERVISOR
10009 SPOTSWOOD TRAIL
STANARDSVILLE, VA 22973-0117
434-985-5246; FAX 434-985-5266
Webpage

GREENSVILLE-EMPORIA DSS
ALICIA WELLS, SW SUPERVISOR
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