

**State  
Fiscal  
Year**

**2012**

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**Virginia Department of Social Services  
Adult Services Program Report**

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## COMMONWEALTH of VIRGINIA

DEPARTMENT OF SOCIAL SERVICES

Dear Colleagues,

There is a proverb that has always intrigued me: “May you live in interesting times.” Some say that it was meant to be a curse, but I’ve always thought of it as a blessing, though perhaps an ironic one. Who wants to live in uninteresting times? One thing is certain – for us in Adult Services (AS) and Adult Protective Services (APS), 2013 will be an interesting time!

On July 1, state Adult Services/APS and Auxiliary Grant (AG) staff and programs will become a part of the new Virginia Department for Aging and Rehabilitative Services (DARS). It is a move that many of us are working to make as seamless as possible for local AS/APS/ and AG staff, programs and operations.

Here’s how. Most day-to-day operations that affect local programs will remain at the Virginia Department of Social Services, including operation of the ASAPS system; distribution of AS/APS and AG funds through the LASER and BRS processes; and communication, information and guidance via SPARK.

Only state-level staff – Home Office and regional AS/APS employees – actually will transfer to DARS. Home Office staff will move to the DARS headquarters in Henrico County. Regional consultants will remain at VDSS regional offices, to maintain continuity, collaboration and communication with local program staff and their regional colleagues.

All of these and many other details will be spelled out in a memorandum of agreement between VDSS and DARS which is being drafted by interagency teams representing the two agencies. The Adult Services Committee of the League of Social Services Executives is providing valuable input as well. The goal is to anticipate as many elements and details as possible. We will be sharing updates with you as we move ahead.

Can we guarantee that come July 1 the transfer to DARS will be completely seamless and glitch-free? Of course not. But we are confident that it will be as smooth as possible for local agencies and that everyone involved is determined to resolve any issues that may arise.

“Interesting times” are also challenging times, of course. Our challenge is to turn the changes coming our way this year into a new opportunity to grow and strengthen the Commonwealth’s commitment to older Virginians and individuals who have a disability, the people we will serve both at VDSS and at DARS.

Thank you for all that you do. We look forward to sharing with you the blessings of these interesting times.

Sincerely,

*Gail Nardi*

Gail Shea Nardi  
Program Manager, Adult Services/Adult Protective Services

# MISSION OF THE DEPARTMENT

*“People helping people triumph over poverty, abuse and neglect to shape strong futures for themselves, their families, and communities.”*

Programs of the Virginia Department of Social Services (DSS) are designed to assist persons in need; provide effective intervention when necessary; and ensure the safety, stability, and well-being of the most vulnerable of our citizens.

One hundred and twenty (120) local departments of social services (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.

## ORGANIZATION OF THE DEPARTMENT

The State Board of Social Services (SBSS), created by the General Assembly in July 1974, is responsible for the development and approval of policy and for the adoption of rules and regulations consistent with federal and state law. It acts in an advisory capacity to the Commissioner of the Department. SBSS members, who represent the various regions of the state, are appointed by the Governor and may serve no more than two successive four-year terms. A list of SBSS members and SBSS meeting agendas may be found at [http://www.dss.virginia.gov/geninfo/state\\_board/index.cgi](http://www.dss.virginia.gov/geninfo/state_board/index.cgi).

The Commissioner, who is appointed by the Governor, directs the Department at the state level. Program 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 allocates and manages state and federal funding for LDSS.

The Adult Services Program is a unit of the Division of Family Services. State program consultants are located at the Home Office and in the Department’s regional offices 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 listing of regional Adult Services staff and the localities they serve is found in Appendix C).

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 SERVICES PROGRAM

The Adult Services Program at DSS 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 state Adult Services Program 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.
- ◆ Develop, coordinate, and deliver training.
- ◆ Develop and maintain ASAPS, the statewide Web-based case management and reporting system for Adult Services and APS programs.
- ◆ Collect and disseminate statistical and program information.
- ◆ Allocate funding to local programs and monitor local department expenditures.
- ◆ Provide information to the legislature and other interested parties.
- ◆ Represent VDSS 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.

The *goals* of the Adult Services Program 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 Adult Services Program 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.

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 AS and 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 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) 2012 which began on July 1, 2011 and ended June 30, 2012.

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**

<b>SFY 2012 Total Caseload<sup>1</sup></b>									
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
<b>4,872</b>	<b>188</b>	<b>12,473</b>	<b>15,849</b>	<b>4,283</b>	<b>2,002</b>	<b>601</b>	<b>3,312</b>	<b>8,403</b>	<b>51,983</b>

**Table 2-Statewide Average Monthly Caseload**

<b>SFY 2012 Average Monthly Caseload<sup>2</sup></b>	
<b>Case Type</b>	<b>Average Monthly Caseload</b>
APS	1,748
APS-Home Based Care	101
APS Investigation	3,080
AS	5,274
AS-Home Based Care	2774
AS-Intensive Services	748
AS- Intensive Services Home Based Care	252
ALF Reassessment	2,449
Guardian Report	7,252
<b>All Cases Types</b>	<b>23,676</b>

<sup>1</sup> Source: ASAPS. May reflect underreporting.

<sup>2</sup> Source: ASAPS. May reflect underreporting.

## Adult Services

**Adult Services (AS)** provides assistance to impaired individuals who are 18 or older 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 to adults who have an impairment. 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 clients 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.

Due to LDSS's underreporting in ASAPS, a breakdown of the number of companion, homemaker, or chore services offered by LDSS during SFY 2012 is unavailable. However information on the number of cases types in which a home-based service was provided during SFY 2012 is shown in **Table 3**.

**Table 3-Number of Adults Receiving Home-Based Services**

<b>All Home-Based Services SFY 2008-2012<sup>3</sup></b>					
	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
<b>Number of Home-based Services Case Types</b>	5,164	6,697	6,075	5,477	5,072

### **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 12,500 PAS in SFY 2012.**

### **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

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<sup>3</sup> Source: For 2008: ASAPS service plan. Represents duplicate services provided to AS/APS clients by homemaker, chore or companion providers. For 2009-2012 ASAPS case types listing.

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 20 LDSS have been authorized by their local boards to offer adult foster care.

**Approximately 87 adults received AFC services in SFY 2012.**

## **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 2012, adult day services were provided in 105 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 they were appointed. 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 8,403 guardian report case types in SFY 2012.**

## Other Adult Services

In addition to home-based services, nursing facility preadmission screenings, AFC, adult day services and assisted living assessments, LDSS social workers offer a variety of other assistance and support. **Table 4** lists by type and number many services that were provided or arranged for adults during SFY 2012. Information was obtained from the ASAPS service plan.

**Table 4-Services by Type and Number**

SFY 2012 Services by Type and Number	
Type of Service	Number of Cases with Service
Advocacy	971
Counseling (Individual)	1228
Case Management	4240
Emergency Assistance	775
Emergency Shelter	61
Financial Management/Counseling	836
Food Assistance	428
Home Delivered Meals	488
Home Repairs	273
Housing Services	554
Legal Services	603
Medical Services	1092
Nutritional Supplement	146
Social Worker Monitoring	2470
Transportation Services	785

### **Adult Services Social Workers: Assisting Elderly Individuals and Adults with Disabilities**

The following scenario illustrates how Adult Services workers can positively impact the lives of individuals throughout the Commonwealth.\*

*Mary is a 35-year-old with mild intellectual disability. She lives with her elderly father, Joe, at the family's home. Both are attentive to the other. Mary attends a vocational day program on weekdays and receives transportation services through a Medicaid Intellectual Disabilities waiver program.*

*Other family members contact the LDSS when Joe's health declines due to a mild stroke and other health complications. Mary has been called upon to care for her father, following his return home from the hospital. He is receiving short-term home health support from a home health agency through his Medicare. Relatives, who are temporarily assisting Joe and Mary, cannot stay indefinitely. Although Mary is willing to help her father, her absence from the vocational program is placing her waiver services in jeopardy, and the arrangement is not appropriate for a long term plan of care.*

*The LDSS Adult Services worker assists the family with completing a Medicaid application and a long term care screening for Joe. He is approved for 56 hours per week of in-home personal care support, and is authorized for a Personal Emergency Response System for times when he is at home alone. To assist the family in the evenings, an LDSS companion aide is approved for two hours per weeknight to provide an evening meal and housecleaning assistance. The social worker is able to locate family members and a neighbor to provide weekend support. The family is taught how to utilize Medicaid transportation services for Joe's medical appointments. This plan gives Mary the opportunity to return to work, with the confidence that her father is cared for and that they will be able to remain in their own home.*

(\*Information contained in the scenario is a composite of adult services cases and does not depict a specific client).

**Table 5-Purchased Adult Services Expenditures**

<b>SFY 2012 Purchased Adult Services Program Expenditures<sup>4</sup></b>					
<b>Services</b>	<b>Federal &amp; State</b>	<b>Local</b>	<b>Non-reimbursed Local</b>	<b>Total Expenditures</b>	<b>% of Total Expenditures</b>
<b>Companion</b>	\$3,917,586	\$979,397	\$2,619,527	\$7,516,510	74%
<b>Chore</b>	\$7,052	\$1,763	\$0	\$8,815	<1%
<b>Homemaker</b>	\$517,868	\$129,467	\$919,274	\$1,566,609	15%
<b>Adult Day Services</b>	\$93,302	\$23,325	\$18,191	\$134,818	<1%
<b>APS (admin.)</b>	\$697,032	\$127,858	\$71,506	\$896,396	9%
<b>Adult Foster Care</b>	\$0	\$0	\$0	\$0	0%
<b>Nutrition</b>	\$0	\$0	\$6,060	\$6,060	<1%
<b>Total</b>	<b>\$5,232,840</b>	<b>\$1,261,810</b>	<b>\$3,634,558</b>	<b>\$10,129,208</b>	<b>100%</b>

**Table 6-Five-Year Comparison of Adult Services Expenditures**

<b>5-Year Expenditures</b>				
<b>SFY</b>	<b>Federal &amp; State</b>	<b>Local</b>	<b>Non-reimbursed Local</b>	<b>Total Expenditures</b>
<b>2012</b>	\$5,232,840	\$1,261,810	\$3,634,558	\$10,129,208
<b>2011</b>	6,867,979	1,673,205	\$2,335,823	\$10,877,007
<b>2010</b>	\$8,084,291	\$1,979,425	\$2,502,611	\$12,566,327
<b>2009</b>	\$9,163,303	\$2,246,228	\$427,797	\$11,837,328
<b>2008</b>	\$9,021,114	\$2,209,254	\$3,314,589	\$14,544,957

<sup>4</sup> Sources: LASER

# ADULT PROTECTIVE SERVICES

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 subject of the report 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 its 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 adult protective services 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 seventeen-member team includes the Commissioner of the Virginia Department for the Aging, the director of the AS/APS program, 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 will leave DSS and become part of DARS. Services will continue to be provided by LDSS.

## **The Federal Elder Justice Act**

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.

Recently ACL awarded \$5.7 million in grants to states and Native American tribes to test interventions designed to prevent elder abuse, neglect, and exploitation. This three-year initiative helps to implement the Elder Justice Act. These projects will draw on existing research and promising practices that are needed to more effectively address the issue of adult abuse, neglect and exploitation.

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 November 2012, the United States General Accountability Office (GAO) issued the report “National Strategy Needed to Effectively Combat Elder Financial Exploitation.” The report available at <http://www.gao.gov/assets/660/650074.pdf> identified the need for increased safeguards and public education to prevent and address the problem of elder financial exploitation.

## 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.

As the number of elders continues to climb in Virginia and elders increasingly rely on unprepared or overwhelmed family members for their care, vulnerable adults are found in precarious situations which lend themselves to abuse, neglect, and exploitation. In response, Virginia, like most other states, enacted laws requiring certain professionals, called mandated reporters, to contact the local department of social services or the APS Hotline when they suspect that an elder or an adult who is incapacitated is being abused, neglected, or exploited or is at risk of abuse, neglect or exploitation.

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; Warehousemen, 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 2012. Occupations or individuals highlighted in purple 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**

<b>SFY 2012 Reporter Type</b>	<b># of Reports</b>
Relative (includes ex-wife/ex-husband)	2607
Social Worker	2228
Other	1965
Nurse	1131
Law Enforcement Officer	1002
Nursing Home Administrator/NH Staff	952
Self	869
Friend/Neighbor	813
Hospital Staff	813
Home Health Provider	812
EMS Personnel/Fire Department	565
Mental Health Provider/Psychologist/Counselor/Psychiatrist	478
Financial Institution	451
CSB Staff	435
Physician/Primary Physician/Physician Assistant	397
ALF Staff	389
DBHDS Staff	344
Virginia Department of Social Services Staff	212
Group Home Staff	210
Area Agency on Aging Staff	206
Agency Provider-Home Based Care/EDCD/Personal Care Provider	204
Hospice	116
Workshop Staff	75
Power of Attorney	63
Attorney	60
Adult Day Care Staff	59
Public Housing Staff	55
Guardian/Conservator	54
Certified Nursing Assistant (CNA)	39
Other Healthcare Professionals(PT/OT/RT/SLP)	38
Health Department Staff/Public Health Nurse	37
Clergy	35
Shelter Staff	32
Transportation Provider <sup>5</sup>	29
Long-term Care Ombudsmen	18
Domestic Violence Program Staff	15
Department for the Aging Staff	10
Pharmacist/Pharmacy Staff	3
Adult Foster Care Provider	2
Dentist/Dental Office Staff	1
<b>Total</b>	<b>17,884</b>

<sup>5</sup> 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 **4.6%** from SFY 2010 to 2011 and **11.4%** from SFY 2011 to 2012. Substantiated reports increased **2.6%** from SFY 2010 to 2011 and **7.4%** from SFY 2011 to 2012

**Table 8-Three-Year Comparison of APS Reports**

<b>THREE YEAR COMPARISON OF APS REPORTS</b>			
	<b>2010</b>	<b>2011</b>	<b>2012</b>
Total Reports Received	17,141	17,936	19,990
Reports Investigated <sup>6</sup>	14,750	15,210	16,473
Total Reports Substantiated <sup>7</sup>	8,752	8,941	9,610
Unfounded	5,998	6,269	6863
Pending <sup>8</sup>	87	73	124
Invalid <sup>9</sup>	2,304	2,653	3,393
<i>Percent of Reports Substantiated</i>	<i>59%</i>	<i>59%</i>	<i>58%</i>
<b>DISPOSITIONS OF SUBSTANTIATED REPORTS</b>			
Needs and Accepts Services	4,466	4,274	4,391
Needs and Refuses Services	1,621	1,623	1,776
Need No Longer Exists	2,665	3,044	3,443

<sup>6</sup> Investigated reports include substantiated and unfounded reports.

<sup>7</sup> A substantiated report is defined as a completed investigation with a disposition that the adult needs protective services.

<sup>8</sup> Pending reports include reports undergoing investigation.

<sup>9</sup> 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. Sixty-nine percent of the adults were age 60 or older. Three hundred and twenty-one of these individuals were age 96 or older. Just over 800 adults were 18-25 years of age.

**Table 9-Demographics of APS Reports**

SFY 2012 DEMOGRAPHICS OF REPORT SUBJECTS		
TOTAL REPORTS RECEIVED		
AGE	60 years or older	69%
	18-59	31%
SEX	Female	62%
	Male	38%
	Unknown	<1%
RACE	White	68%
	African American	24%
	Unknown	7%
	Oriental/Asian	1%
	American Indian	<1%
	Alaskan Native	<1%
LIVING ARRANGEMENT AT TIME OF REPORT	Own House or Apt	64%
	Other's House or Apt	12%
	Nursing Facility	9%
	Assisted Living Facility	5%
	BHDS Facility or Group Home	5%
	Homeless	2%
	Shelter	<1%
	Adult Foster Care	<1%
	Local/Regional Jail	<1%
	Other	2%

**Table 10-Regional APS Reports Statistics**

<b>SFY 2012 Regional Demographics of Report Subjects</b>						
	<b>CENTRAL</b>	<b>EASTERN</b>	<b>NORTHERN</b>	<b>PIEDMONT</b>	<b>WESTERN</b>	<b>STATE TOTALS</b>
Reports Received	<b>2938</b>	<b>4782</b>	<b>4307</b>	<b>5224</b>	<b>2739</b>	<b>19,990</b>
% Substantiated	60%	60%	50%	58%	69%	58%
<b>Demographics of Report Subject</b>						
60+	69%	70%	72%	69%	66%	69%
18-59	31%	30%	28%	31%	34%	31%
Female	63%	61%	62%	62%	62%	62%
Male	37%	38%	38%	38%	38%	38%
White	55%	53%	72%	70%	94%	68%
Black	37%	40%	14%	21%	4%	24%
Unknown	7%	6%	10%	8%	1%	7%
Other <sup>10</sup>	1%	1%	3%	<1%	<1%	1%
<b>Living Arrangements of Subject at Time of Report</b>						
Own House/Apt	61%	62%	65%	66%	71%	64%
Other's House/Apt	16%	13%	12%	11%	13%	12%
Nursing Facility	7%	9%	8%	12%	8%	9%
Assisted Living Facility	7%	7%	4%	5%	4%	5%
BHDS Facility or Group Home	5%	5%	7%	4%	1%	5%
Adult Foster Care	<1%	<1%	<1%	<1%	<1%	<1%
Other Living Arrangements <sup>11</sup>	5%	5%	3%	4%	4%	4%

<sup>10</sup> Includes Oriental/Asian, American Indian, & Alaskan Native

<sup>11</sup> Includes shelter, jail, homeless and other undefined living arrangement

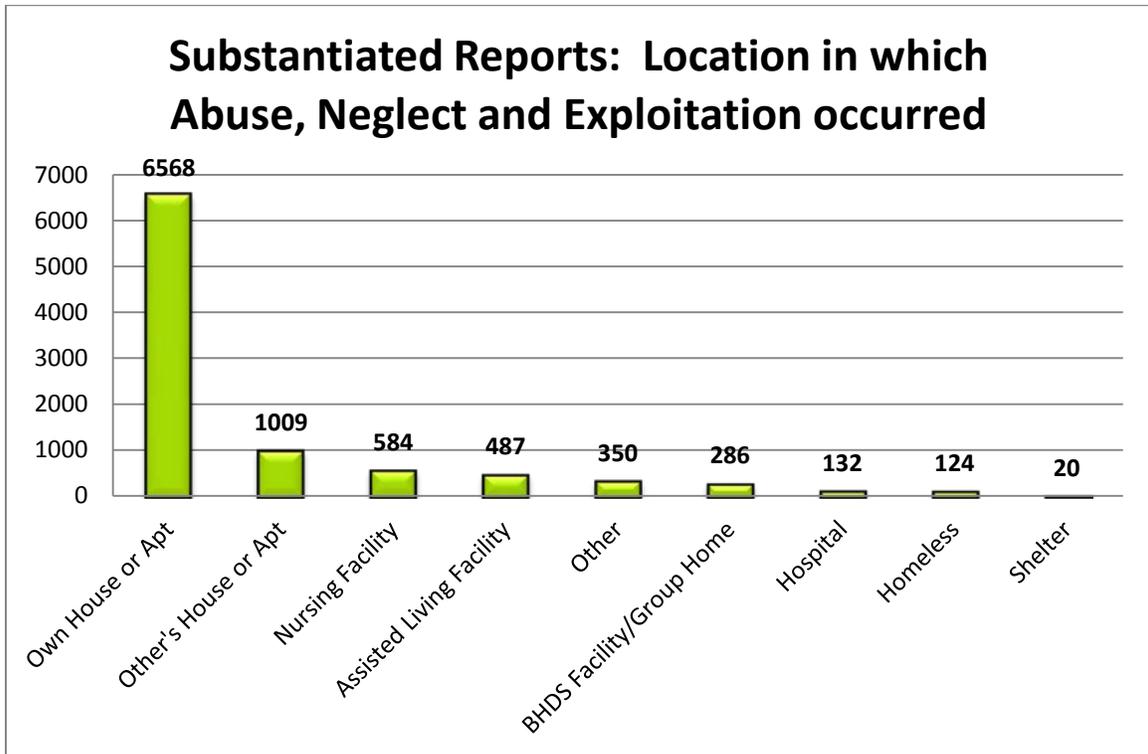
**Table 11-APS Reports: Location of Incident of Abuse, Neglect or Exploitation**

<b>SFY 2012 APS REPORTS: Location of Incident</b>						
<b>Location</b>	<b>Central</b>	<b>Eastern</b>	<b>Northern</b>	<b>Piedmont</b>	<b>Western</b>	<b>State</b>
<b>Own House/Apt</b>	59%	61%	62%	63%	69%	62%
<b>Other's House/Apt</b>	14%	12%	10%	9%	11%	11%
<b>Nursing Facility</b>	7%	9%	9%	12%	8%	9%
<b>Assisted Living Facility</b>	6%	7%	4%	5%	4%	5%
<b>Other</b>	6%	5%	4%	3%	3%	4%
<b>BHDS Facility or Group Home</b>	4%	5%	6%	3%	1%	4%
<b>Hospital</b>	1%	1%	1%	2%	2%	1%
<b>Homeless</b>	1%	1%	1%	1%	1%	1%
<b>Day Treatment Center</b>	<1%	<1%	<1%	<1%	<1%	<1%
<b>Transportation Provider</b>	<1%	<1%	<1%	<1%	0%	<1%
<b>Shelter</b>	<1%	<1%	<1%	<1%	<1%	<1%
<b>Adult Day Care</b>	<1%	<1%	<1%	<1%	<1%	<1%
<b>Adult Foster Care</b>	<1%	<1%	<1%	<1%	<1%	<1%
<b>Sheltered Workshop</b>	0%	<1%	<1%	<1%	<1%	<1%
<b>Senior Center</b>	0%	<1%	<1%	<1%	<1%	<1%

**Table 12-Demographics of Substantiated APS Reports**

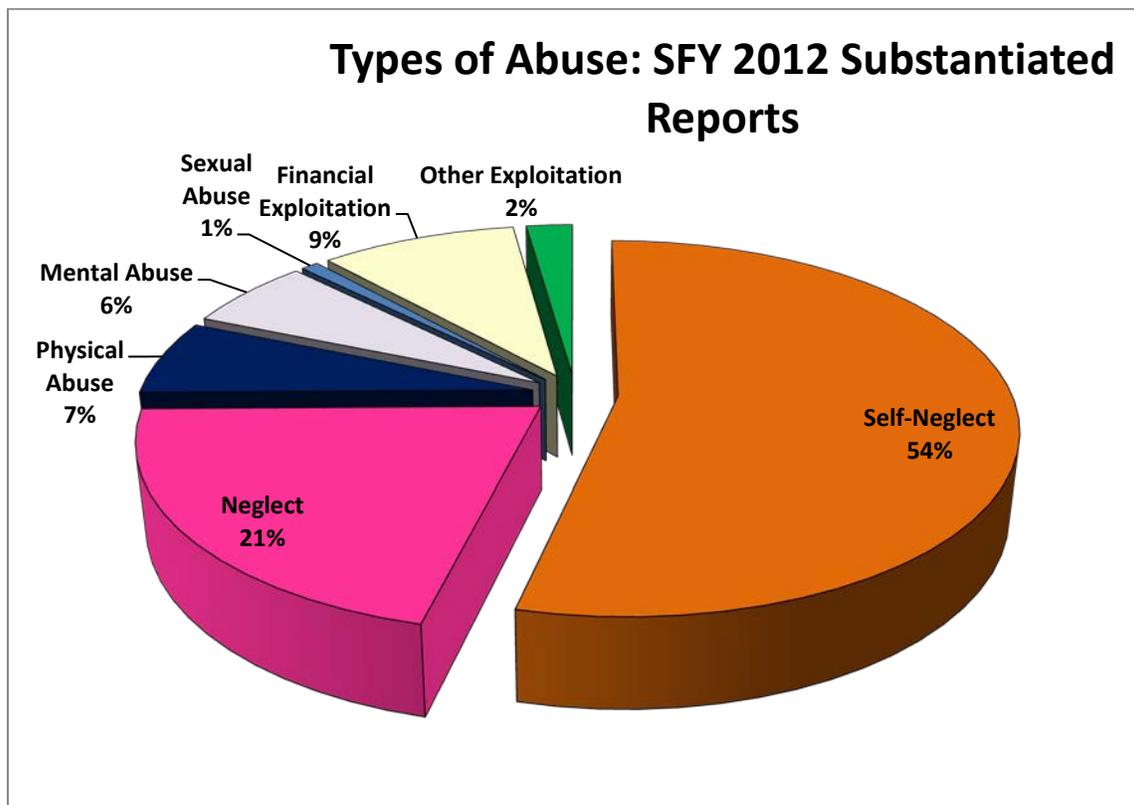
SFY 2012: Demographics of Subjects of Substantiated Reports		
TOTAL SUBSTANTIATED REPORTS		<b>9610</b>
AGE	60 years or older	71%
	18-59	29%
SEX	Female	61%
	Male	39%
	Unknown	<1%
RACE	White	70%
	African American	25%
	Unknown	4%
	Oriental/Asian	1%
	American Indian	<1%
	Alaskan Native	<1%

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.



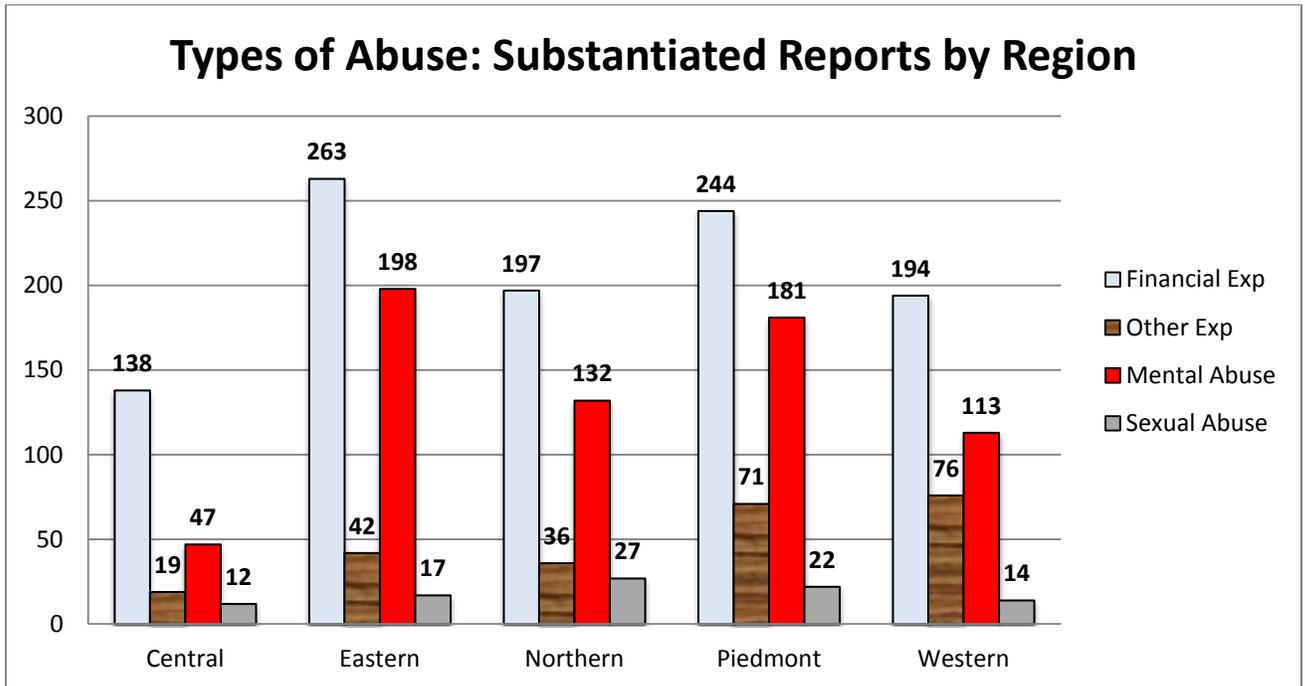
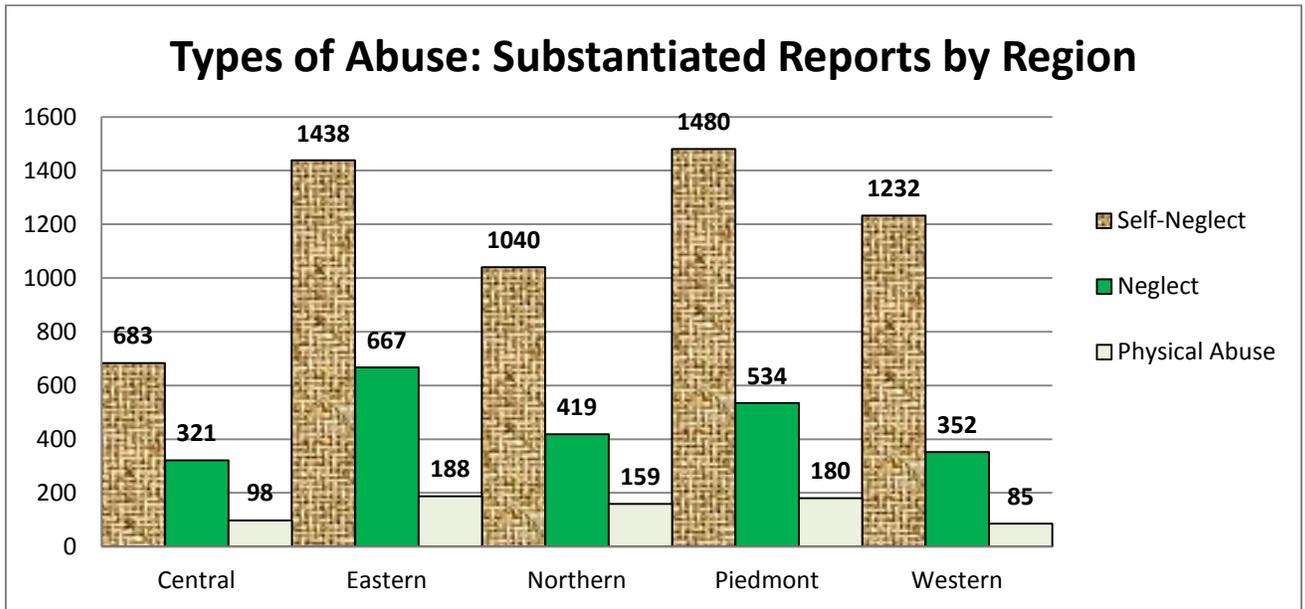
**Table 13-Types of Abuse: Statewide Substantiated Reports**

Abuse Type—SFY 2012 Substantiated Reports	#
Self-Neglect	5873
Neglect	2293
Financial Exploitation	1036
Physical Abuse	710
Mental Abuse	671
Other Exploitation	244
Sexual Abuse	92
<b>Total</b>	<b>10,919<sup>12</sup></b>



<sup>12</sup> Reports may contain more than 1 type of abuse.

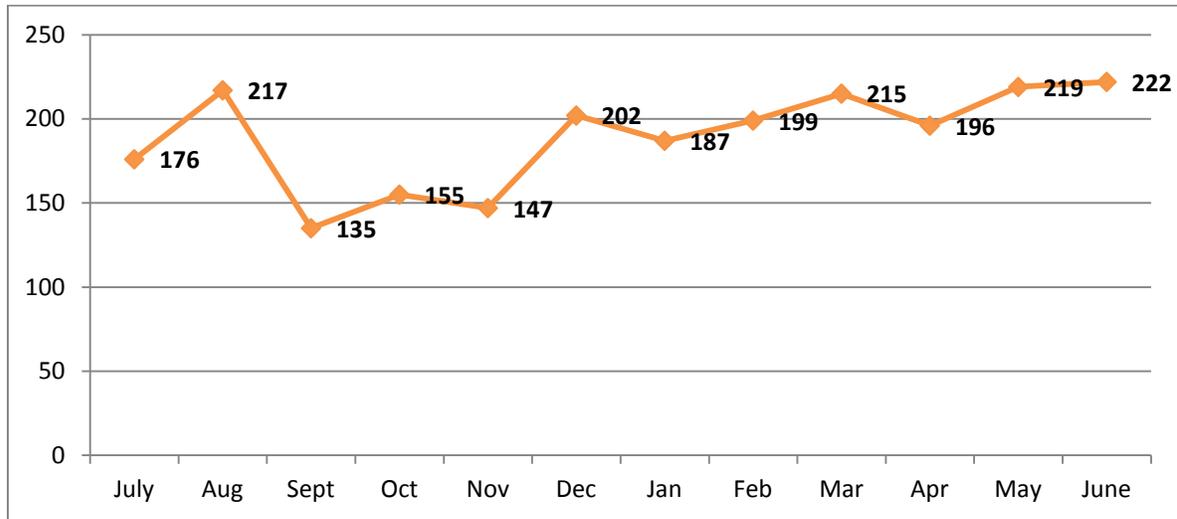
**Table 14-Type of Abuse: Substantiated Reports by Region**



The 24-hour, 7 days a week, APS hotline is housed at the VDSS Home Office in Richmond. 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 2012: Monthly APS Hotline Reports**



Hotline staff received 2,270 APS reports in SFY 2012

- An 18% increase over SFY 2011

The following tables illustrate the number of SFY 2012 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	
<i>Locality</i>	<i># of APS Reports</i>	<i>Locality</i>	<i># of APS Reports</i>	<i>Locality</i>	<i># of APS Reports</i>
Amelia	18	Accomack	95	Alexandria	241
Buckingham	32	Brunswick	32	Arlington	287
Caroline	50	Chesapeake	484	Clarke	59
Charles City	20	Dinwiddie	63	Culpeper	31
Chesterfield/ Colonial Heights	513	Franklin City	16	Fairfax/Fairfax City/Falls Church	1036
Cumberland	41	Gloucester	80	Fauquier	162
Essex	6	Greensville/Emporia	79	Frederick	286
Fluvanna	102	Hampton	209	Fredericksburg	59
Goochland	19	Isle of Wight	87	Greene	19
Hanover	250	James City County	283	Harrisonburg/ Rockingham	236
Henrico	724	Mathews	21	King George	4
Hopewell	57	Newport News	418	Loudoun	351
King & Queen	23	Norfolk	871	Louisa	85
King William	6	Northampton	8	Madison	5
Lancaster	17	Portsmouth	180	Manassas City	18
Lunenburg	19	Prince George	42	Manassas Park	23
Middlesex	53	Southampton	56	Orange	105
New Kent	23	Suffolk	221	Page	50
Northumberland	21	Surry	13	Prince William	663
Nottoway	6	Sussex	72	Rappahannock	22
Petersburg	79	Virginia Beach	1124	Shenandoah	132
Powhatan	6	Williamsburg	151	Spotsylvania	140
Prince Edward	64	York/Poquoson	177	Stafford	53
Richmond City	687			Warren	109
Richmond County	13			Winchester	131
Westmoreland	89				
<b>Total</b>	<b>2938</b>	<b>Total</b>	<b>4782</b>	<b>Total</b>	<b>4307</b>

Piedmont Region		Western Region	
<i>Locality</i>	<i># of APS Reports</i>	<i>Locality</i>	<i># of APS Reports</i>
Albemarle	419	Bland	2
Alleghany/Covington/ Clifton Forge	98	Bristol	109
Amherst	140	Buchanan	19
Appomattox	34	Carroll	177
Bath	14	Dickenson	37
Bedford/Bedford City	380	Floyd	33
Botetourt	15	Galax	48
Campbell	105	Giles	100
Charlotte	26	Grayson	113
Charlottesville	339	Lee	73
Craig	7	Montgomery	344
Danville	180	Norton	0
Franklin County	171	Patrick	153
Halifax/South Boston	134	Pulaski	263
Henry/Martinsville	224	Radford	34
Highland	9	Russell	109
Lynchburg	666	Scott	185
Mecklenburg	100	Smyth	284
Nelson	26	Tazewell	270
Pittsylvania	143	Washington	63
Roanoke City	576	Wise	251
Roanoke County/Salem	620	Wythe	72
Rockbridge/Buena Vista/Lexington	92		
Staunton/Augusta/Waynes boro	706		
<b>Total</b>	<b>5224</b>	<b>Total</b>	<b>2739</b>

## **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.

<b>Level III</b>	
<b><i>Locality</i></b>	<b><i># of APS Reports</i></b>
<b>Albemarle</b>	<b>419</b>
<b>Alexandria</b>	<b>241</b>
<b>Arlington</b>	<b>287</b>
<b>Charlottesville</b>	<b>339</b>
<b>Chesapeake</b>	<b>484</b>
<b>Chesterfield/Colonial Heights</b>	<b>513</b>
<b>Danville</b>	<b>180</b>
<b>Fairfax</b>	<b>1036</b>
<b>Hampton</b>	<b>209</b>
<b>Harrisonburg/Rockingham</b>	<b>236</b>
<b>Henrico</b>	<b>724</b>
<b>Henry/Martinsville</b>	<b>224</b>
<b>Loudon</b>	<b>351</b>
<b>Lynchburg</b>	<b>666</b>
<b>Newport News</b>	<b>418</b>
<b>Norfolk</b>	<b>871</b>
<b>Petersburg</b>	<b>79</b>
<b>Portsmouth</b>	<b>180</b>
<b>Prince William</b>	<b>663</b>
<b>Richmond City</b>	<b>687</b>
<b>Roanoke City</b>	<b>576</b>
<b>Roanoke County</b>	<b>620</b>
<b>Staunton/Augusta/Waynesboro</b>	<b>706</b>
<b>Suffolk</b>	<b>221</b>
<b>Virginia Beach</b>	<b>1124</b>
<b>Wise</b>	<b>251</b>
<b>Total</b>	<b>12305</b>

Level II				Level I	
<i>Locality</i>	<i># of APS Reports</i>	<i>Locality</i>	<i># of APS Reports</i>	<i>Locality</i>	<i># of APS Reports</i>
Accomack	95	Lee	73	Amelia	18
Alleghany/Covington	98	Louisa	85	Appomattox	34
Amherst	140	Manassas City	18	Bath	14
Bedford/Bedford City	380	Mecklenburg	100	Bland	2
Bristol	109	Montgomery	344	Botetourt	15
Brunswick	32	Northampton	8	Charles City	20
Buchanan	19	Orange	105	Clarke	59
Buckingham	32	Page	50	Cumberland	41
Campbell	105	Patrick	153	Essex	6
Caroline	50	Pittsylvania	143	Floyd	33
Carroll	177	Prince Edward	64	Galax	48
Charlotte	26	Prince George	42	Goochland	19
Craig	7	Pulaski	263	Greene	19
Culpeper	31	Rockbridge	92	Highland	9
Dickinson	37	Russell	109	King & Queen	23
Dinwiddie	63	Scott	185	King George	4
Fauquier	162	Shenandoah	132	King William	6
Fluvanna	102	Smyth	284	Lancaster	17
Franklin City	16	Southampton	56	Lunenburg	19
Franklin County	171	Spotsylvania	140	Madison	5
Frederick	286	Stafford	53	Manassas Park	23
Fredericksburg	59	Surry	13	Mathews	21
Giles	100	Sussex	72	Middlesex	53
Gloucester	80	Tazewell	270	Nelson	26
Grayson	113	Warren	109	New Kent	23
Greensville/Emporia	79	Washington	63	Northumberland	21
Halifax	134	Westmoreland	89	Norton	0
Hanover	250	Winchester	131	Nottoway	6
Hopewell	57	Wythe	72	Powhatan	6
Isle of Wight	87	York/Poquoson	177	Radford	34
James City County	283			Rappahannock	22
				Richmond County	13
				Williamsburg	151
		<b>Total</b>	<b>6845</b>	<b>Total</b>	<b>810</b>

## SFY 2012 Summary of Adult Protective Services in Virginia

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- Local departments of social services received a total of **19,990** reports of adult abuse, neglect, or exploitation, an **11.4%** increase from SFY 2011.
- **2,607** reports of abuse, neglect or exploitation were made by relatives--more than any other type of reporter.
- **9,610** or **58%** of investigated reports were substantiated.
- Substantiated cases of physical abuse increased **5%** from the previous fiscal year.
- **69%** of report subjects were adults age 60 years or older; **31%** were incapacitated adults ages 18-59.
- **1,623** or **18%** of adults found to be in need of protective services exercised their statutory right to refuse services.
- Self-neglect was substantiated in **5,873** or **54%** of the reports, and neglect was substantiated in **2,293** or **21%** of the reports.
- A majority (**62%**) of the APS reports received alleged that abuse, neglect or exploitation occurred in the adult's own home or apartment.
- **9%** of APS reports received alleged that abuse, neglect or exploitation occurred in nursing facilities.
- **5%** of APS reports received alleged abuse, neglect or exploitation in assisted living facilities.
- Local departments of social services filed **259** petitions for guardianship, **23** petitions for conservatorship, **10** emergency orders for protective services, **54** involuntary commitments to state or private hospitals, **52** protective orders, and **10** orders for medical treatment.

# 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, 2012, Virginia had 557 licensed ALFs with a licensed bed capacity of 32,490. Just over 300 of the 557 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.

The AG regulations, 22 VAC 40-25 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;

- ◆ 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<sup>13</sup> 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.

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<sup>13</sup> 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 participating in the AG Program should contact the Virginia Department of Social Services, Adult Services Program, 801 East Main Street, Richmond, VA 23219 (telephone 804-726-7560). Providers need to fill out a Provider Agreement and return the completed agreement and a copy of their facility license to the Adult Services Program.

### Table 18-Auxiliary Grant Rates

<b>Auxiliary Grant Rates 2006-2012</b>									
	1/06	1/07	7/07	1/08	1/09	1/10	1/11	1/12	7/12
<b>ALF Rate</b>	\$982	\$1,048	\$1,061	\$1,075	\$1,112	\$1,112	\$1,112	\$1,136	\$1,150
<b>AFC Rate</b>	\$982	\$1,048	\$1,061	\$1,075	\$1,112	\$1,112	\$1,112	\$1,136	\$1,150
<b>Planning District 8*</b>	\$1,129	\$1,205	\$1,220	\$1,236	\$1,279	\$1,279	\$1,279	\$1,303	\$1,317
<b>Personal Needs Allowance (PNA)</b>	\$70	\$75	\$75	\$77	\$81	\$81	\$81	\$81	\$81

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 2012 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**

<b>SFY 2012 Auxiliary Grant Expenditures and Monthly Case Count<sup>14</sup></b>			
	Adult Foster Care	Assisted Living Facility	Total
<b>Average Monthly Caseload (Aged)</b>	9	1749	1758
<b>Average Monthly Caseload (Blind)</b>	3	8	11
<b>Average Monthly Caseload (Disabled)</b>	28	3025	3053
<b>Average Monthly Caseload (Total)</b>	<b>40</b>	<b>4782</b>	<b>4822</b>
<b>State</b>	\$198,929	\$21,928,948	\$22,127,877
<b>Local</b>	\$49,732	\$5,482,237	\$5,531,969
<b>Local-Non Reimbursable</b>	0	\$47,914	\$47,914
<b>Total Expenditures</b>	<b>\$248,661</b>	<b>\$27,459,099</b>	<b>\$27,707,760</b>

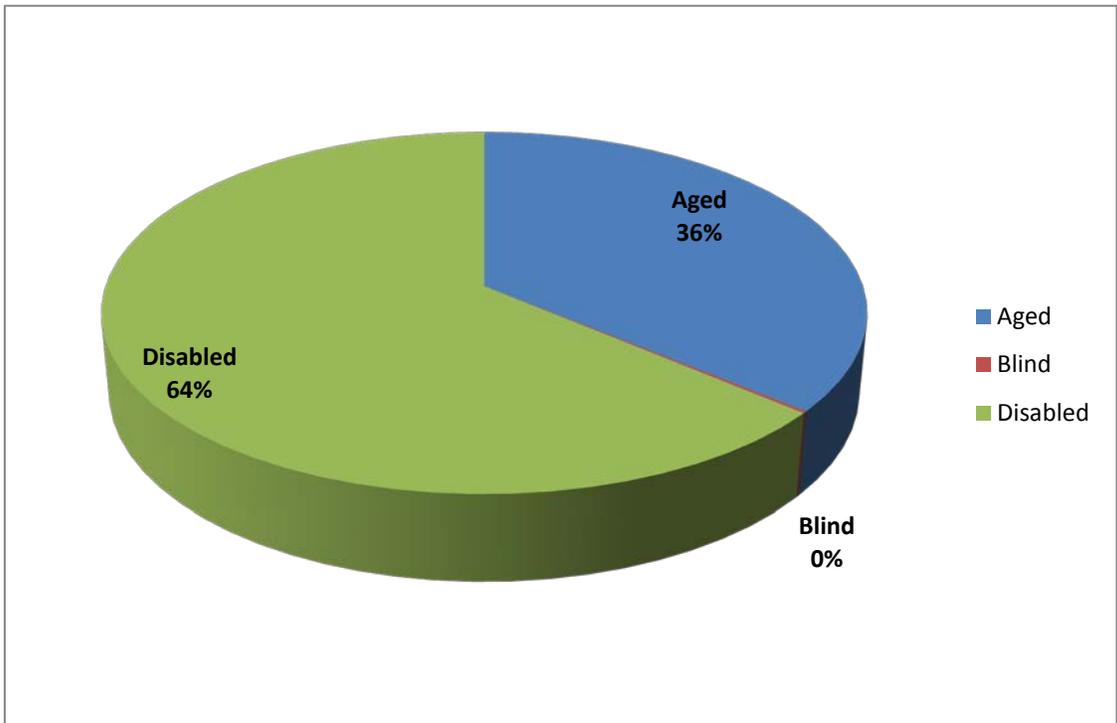
<sup>14</sup> Source: LASER

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 2012 there were 6,029 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 2012 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 64% of the total number of individuals with AG. Eleven individuals identified as blind.

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

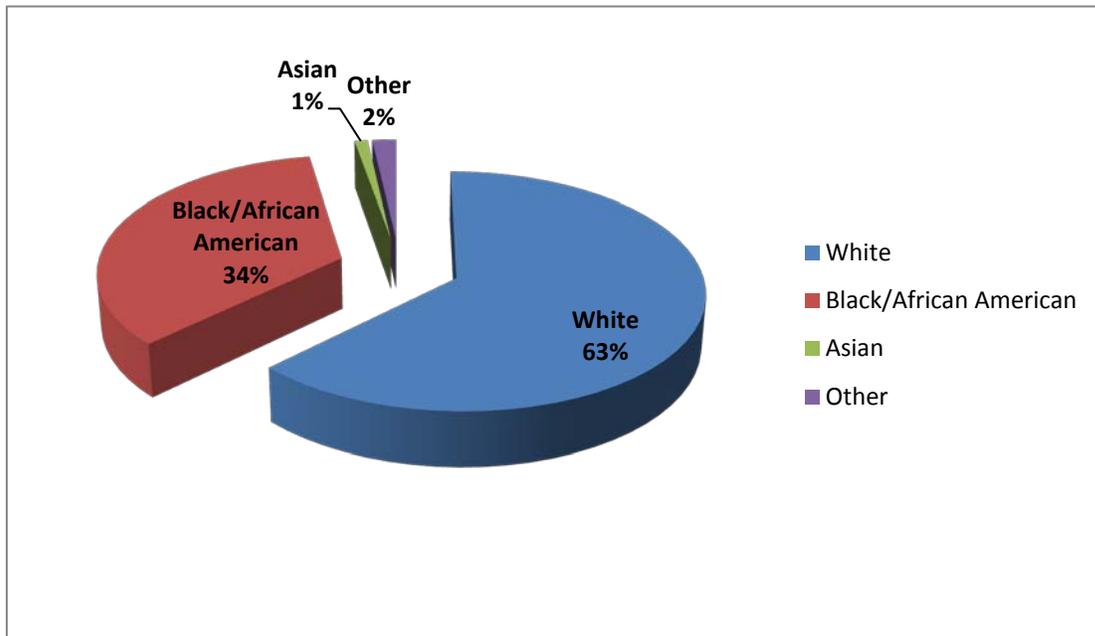


In FY 2012, 63% of individuals were white and 34% were African American. Twenty-five individuals identified as Spanish American

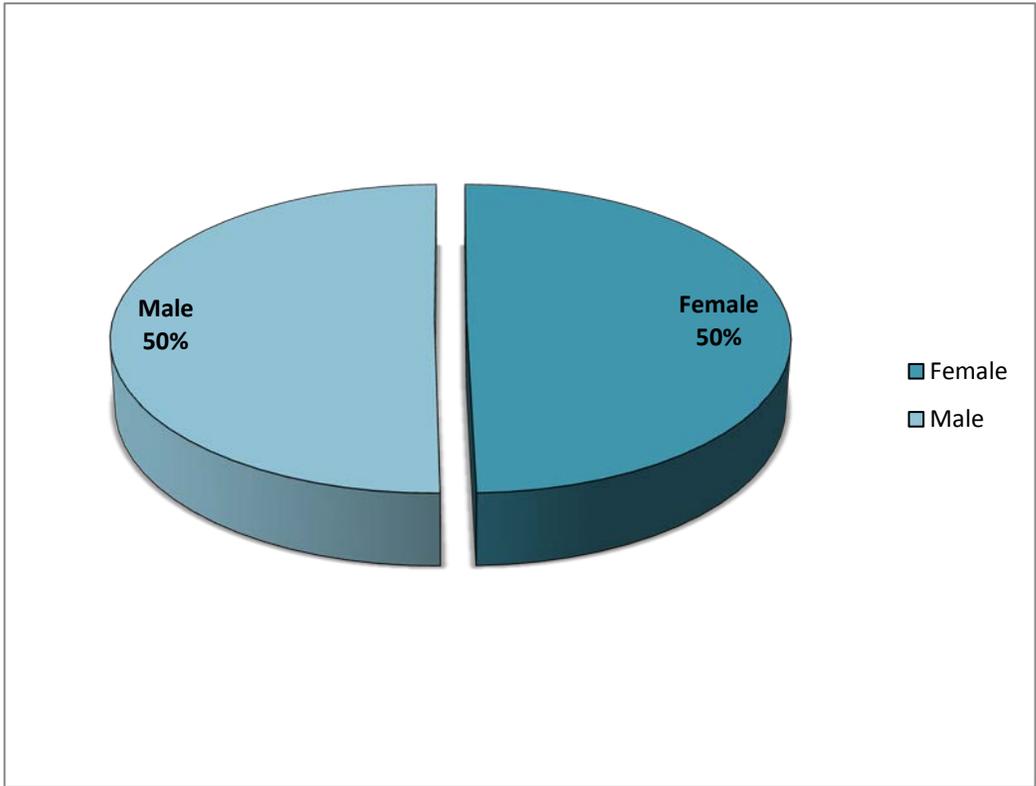
The “Other” category (2%) includes individuals who identify as:

- Other Race
- Hawaiian/Pacific Islander
- Black/African American/Asian
- American Indian/Alaskan Native
- Spanish American
- Unknown Race

**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



### SIGNS OF ADULT ABUSE, NEGLECT OR EXPLOITATION

**CONTACT ADULT PROTECTIVE SERVICES (APS)  
IF YOU NOTICE ANY OF THESE SIGNS:**

<p><b>CAREGIVER ABUSE</b></p> <ul style="list-style-type: none"> <li>• Forced isolation</li> <li>• Lack of affection or care for the adult</li> <li>• Communicates to others that adult is a burden</li> <li>• Conflicting stories or accounts of details</li> <li>• Prevents adult from speaking with others</li> <li>• Prevents visitation from family and friends</li> <li>• Inappropriate sexual relationship or language</li> <li>• History of dysfunctional behavior, criminal behavior, or family violence</li> </ul>	<p><b>FINANCIAL EXPLOITATION</b></p> <ul style="list-style-type: none"> <li>• Missing personal belongings</li> <li>• Suspicious signatures</li> <li>• Adult has no knowledge of monthly income</li> <li>• Frequent checks made out to "cash"</li> <li>• Numerous unpaid bills</li> <li>• Discrepancies in tax returns</li> <li>• Large bank withdrawal</li> <li>• Unusual bank activity</li> <li>• A changed will or POA</li> </ul>	<p><b>PSYCHOLOGICAL/ BEHAVIORAL</b></p> <ul style="list-style-type: none"> <li>• Depression</li> <li>• Lack of communication and talking</li> <li>• Isolation or withdrawal</li> <li>• Anxiety</li> <li>• Anger</li> <li>• Frequent change of health care professionals</li> </ul>
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**REPORT SUSPECTED ABUSE**

Any person, including financial institutions, may report suspected abuse to APS. If you or someone you know is being mistreated, contact your local department of social services and ask for an APS worker, or you may call the 24-hour, toll-free hotline listed below.

**PHYSICAL SIGNS OF ABUSE**

- Dehydration or malnutrition
- Broken bones or sprains
- Pain from touching
- Scratches, burns, bruises
- Soiled clothing or bed
- Restrained, tied to bed or chair





1-888-832-3858

24-HOUR TOLL FREE HOTLINE

Virginia Department of Social Services  
Adult Services Program  
801 E. Main Street  
Richmond, VA 23219-2901  
<http://www.dss.virginia.gov/index.html>

032-02-0744-01-eng (12/09)

## **APPENDIX B: Adult Services Program Contacts**

<b>Adult Services Home Office Staff</b> Virginia Department of Social Services 801 East Main Street Richmond, VA 23219	
<p>Gail S. Nardi Adult Services/Adult Protective Services Program Manager ☎ 804-726-7537 <a href="mailto:gail.nardi@dss.virginia.gov">gail.nardi@dss.virginia.gov</a></p>	<p>Venus Bryant Administrative Assistant ☎ 804-726-7533 <a href="mailto:venus.bryant@dss.virginia.gov">venus.bryant@dss.virginia.gov</a></p>
<p>Paige McCleary Adult Services/Adult Protective Services Program Consultant ☎ 804-726-7536 <a href="mailto:paige.mccleary@dss.virginia.gov">paige.mccleary@dss.virginia.gov</a></p>	<p>Tishaun Harris-Ugworji Adult Services/Adult Protective Services Program Consultant ☎ 804-726-7560 <a href="mailto:tishaun.harrisugworji@dss.virginia.gov">tishaun.harrisugworji@dss.virginia.gov</a></p>

<b>Adult Services Regional Staff</b>	
<p>Carol McCray 190 Patton Street Abingdon, VA 24210 ☎ 276-676-5636 FAX: 276-676-5621 <a href="mailto:Carol.mccray@dss.virginia.gov">Carol.mccray@dss.virginia.gov</a></p>	<p>Andrea Jones 170 West Shirley Avenue, Suite 200 Warrenton, VA 22186 ☎ 540-347-6313 FAX: 540-347-6331 <a href="mailto:Andrea.jones@dss.virginia.gov">Andrea.jones@dss.virginia.gov</a></p>
<p>Angela Mountcastle 1351 Hershberger Road Suite 210 Roanoke, VA 24012 ☎ 540-204-9640 FAX: 540-561-7536 <a href="mailto:Angela.mountcastle@dss.virginia.gov">Angela.mountcastle@dss.virginia.gov</a></p>	<p>Margie Marker 1604 Santa Rosa Road Richmond, VA 23229 ☎ 804-662-9783 FAX: 804-662-7023 <a href="mailto:Marjorie.Marker@dss.virginia.gov">Marjorie.Marker@dss.virginia.gov</a></p>
<p>Carey Kalvig Pembroke Office Park, Pembroke IV, Suite 300 Virginia Beach, VA 23462 ☎ 757-491-3983 FAX: 757-552-1832 <a href="mailto:Carey.Kalvig@dss.virginia.gov">Carey.Kalvig@dss.virginia.gov</a></p>	

**APPENDIX C: Adult Services Regional Assignments**

Eastern	Central	Northern	Piedmont	Western
<b>Carey Kalvig</b> Pembroke Four, Suite 300 Virginia Beach, VA 23462 ☎ 757-491-3983 FAX: 757-552-1832	<b>Margie Marker</b> 1604 Santa Rosa Road Suite 130 Richmond, VA 23229 ☎ 804-662-9783 FAX: 804-662-7023	<b>Andrea Jones</b> 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	<b>Carol McCray</b> 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 of Social Services [www.dss.virginia.gov](http://www.dss.virginia.gov)

Department for Aging and Rehabilitative Services [www.dars.virginia.gov/](http://www.dars.virginia.gov/)

- Virginia Division for the Aging [www.vda.virginia.gov](http://www.vda.virginia.gov)
- Department of Rehabilitative Services

Department of Health [www.vdh.virginia.gov](http://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](http://www.dbhds.virginia.gov)

Virginia Board for People with Disabilities [www.vaboard.org](http://www.vaboard.org)

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

Virginia Coalition for the Prevention of Elder Abuse [www.vcpea.org](http://www.vcpea.org)

Office of the State Long-term Care Ombudsman [www.vaaaa.org/LTCOP/](http://www.vaaaa.org/LTCOP/)

Partnership for People with Disabilities [www.vcu.edu/partnership](http://www.vcu.edu/partnership)

### **NATIONAL**

National Center on Elder Abuse [www.ncea.aoa.gov/ncearoot/Main\\_Site/index.aspx](http://www.ncea.aoa.gov/ncearoot/Main_Site/index.aspx)

Family Caregiver Alliance [www.caregiver.org/caregiver/jsp/home.jsp](http://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](http://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***

<b><u>COUNTIES</u></b>	
<b>ACCOMACK DSS</b> WAYMAN F. TRENT, SW SUPERVISOR 22554 CENTER PARKWAY PO BOX 210 ACCOMACK, VA 23301 757-787-1530; FAX 757-787-9303	<b>APPOMATTOX DSS</b> SUSAN HUNTER, SW SUPERVISOR 318 COURT STREET PO BOX 549 APPOMATTOX, VA 24522-0549 434-352-7125; FAX: 434-352-0064
<b>ALBEMARLE DSS</b> TRICIA SUSZYNSKI, SR SOCIAL WORKER 1600 FIFTH STREET, SUITE A CHARLOTTESVILLE, VA 22902 434-972-4010; FAX 434-972-4080 <a href="#">Webpage</a>	<b>ARLINGTON DEPT OF HUMAN SVS</b> REGGIE LAWSON, SOCIAL WORKER 2100 WASHINGTON BLVD. ARLINGTON, VA 22204 703-228-1708; FAX 703-228-1771 <a href="#">Webpage</a>
<b>ALLEGHANY/COVINGTON /CLIFTON FORGE DSS</b> 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	<b>BATH DSS</b> JASON MILLER, DIRECTOR 65 COURTHOUSE HILL ROAD PO BOX 7 WARM SPRINGS, VA 24484 540-839-7271; FAX 540-839-7278
<b>AMELIA DSS</b> SONDRA HICKS, SW SUPERVISOR 16360 DUNN STREET, SUITE 201 PO BOX 136 AMELIA, VA 23002 804-561-2681; FAX: 804-561-6040 <a href="#">Webpage</a>	<b>BEDFORD DSS</b> 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 <a href="#">Webpage</a>
<b>AMHERST DSS</b> BARBARA MCPHERSON, SW SUPERVISOR 224 SECOND STREET PO BOX 414 AMHERST, VA 24521-0414 434-946-9330; FAX 434-946-9319 <a href="#">Webpage</a>	<b>BLAND DSS</b> 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 <a href="#">Webpage</a>

<p><b>BOTETOURT DSS</b>  LEIGH MARTIN, SW SUPERVISOR  220 COMMONS PARKWAY  PO BOX 99  DALEVILLE, VA 24083  540-591-5960; FAX 540-591-5969  <a href="#">Webpage</a></p> <p><b>BRUNSWICK DSS</b>  DEBBIE BURKETT, SW SUPERVISOR  201 SHARPE STREET, SUITE 100  LAWRENCEVILLE, VA 23868  434-848-2142; FAX 434-848-2828  <a href="#">Webpage</a></p> <p><b>BUCHANAN DSS</b>  CECIL STILTNER, SW SUPERVISOR  3174 SLATE CREEK ROAD  GRUNDY, VA 24614-0674  276-935-8106; FAX 276-935-5412  <a href="#">Webpage</a></p> <p><b>BUCKINGHAM DSS</b>  STEPHANIE COLEMAN, SW SUPERVISOR  13360 WEST JAMES ANDERSON HIGHWAY  ROUTE 60, PO BOX 170  BUCKINGHAM COURT HOUSE, VA 23921-0170  434-969-4246; FAX 434-969-1449</p> <p><b>CAMPBELL DSS</b>  SUSAN R. JONES, SW SUPERVISOR  69 KABLER LANE  PO BOX 860  RUSTBURG, VA 24588-0860  434-332-9585; FAX 434-332-9699  <a href="#">Webpage</a></p>	<p><b>CAROLINE DSS</b>  BRANDI BENNETT, SUPERVISOR  17202 RICHMOND TURNPIKE  PO BOX 430  BOWLING GREEN, VA 22427  804-633-5071 EXT 119; FAX 804-633-5648  <a href="#">Webpage</a></p> <p><b>CARROLL DSS</b>  PATRICIA DRAUGHAN, SW SUPERVISOR  CARROLL COUNTY GOVERNMENTAL COMPLEX  605-8 PINE STREET  HILLSVILLE, VA 24343  276-730-313; FAX 276-728-9987  <a href="#">Webpage</a></p> <p><b>CHARLES CITY DSS</b>  ALISA FOLEY, PRINCIPAL SOCIAL WORKER  10600 COURTHOUSE ROAD  PO BOX 98  CHARLES CITY, VA 23030-0098  804-652-1708; FAX 804-829-2430</p> <p><b>CHARLOTTE DSS</b>  PHYLLIS COLLEY, SOCIAL WORKER III  400 THOMAS JEFFERSON HIGHWAY  PO BOX 440  CHARLOTTE COURT HOUSE, VA 23923  434-542-5164; FAX 434-542-5692  <a href="#">Webpage</a></p> <p><b>CHESTERFIELD-COLONIAL HGHTS DSS</b>  SCOTT GILCHRIST, SW SUPERVISOR  9501 LUCY CORR CIRCLE  PO BOX 430  CHESTERFIELD, VA 23832-0430  804-748-1100; FAX 804-717-6294  <a href="#">Webpage</a></p>
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<p><b>CLARKE DSS</b>  ROBIN CHANSELLE, AS/APS WORKER  311 EAST MAIN STREET  BERRYVILLE, VA 22611  540-955-3700; FAX 540-955-3958  <a href="#">Webpage</a></p> <p><b>CRAIG DSS</b>  MAGGIE JENNINGS, SW II  177 COURT STREET  PO BOX 330  NEW CASTLE, VA 24127-0330  540-864-5117; FAX 540-864-6662</p> <p><b>CULPEPER DSS</b>  CALVERT CHILTON, SOCIAL WORKER  1835 INDUSTRY DRIVE  PO BOX 1355  CULPEPER, VA 22701  540-727-0372 X427; FAX 540-727-8496  <a href="#">Webpage</a></p> <p><b>CUMBERLAND DSS</b>  JESSICA OWNBY, SW SUPERVISOR  71 COMMUNITY CENTER DRIVE  PO BOX 33  CUMBERLAND, VA 23040-9803  804-492-4915; FAX 804-492-9346</p> <p><b>DICKENSON DSS</b>  TRACY MULLINS, SOCIAL WORKER IV  BRUSH CREEK ROAD  PO BOX 417  CLINTWOOD, VA 24228-0417  276-926-1661; FAX 276-926-8144</p>	<p><b>DINWIDDIE DSS</b>  DORTHEA TOWNES, SW SUPERVISOR  14012 BOYDTON PLANK ROAD  PO BOX 107  DINWIDDIE, VA 23841  804-469-4524; FAX 804-469-4506</p> <p><b>ESSEX DSS</b>  TONYA CHRISTIAN, SW SUPERVISOR  772 RICHMOND BEACH ROAD  PO BOX 1004  TAPPAHANNOCK, VA 22560-1004  804-443-3561; FAX 804-443-8254</p> <p><b>FAIRFAX CO DEPT OF FAMILY SERVICES</b>  BARBARA ANTLEY, DIVISION DIRECTOR  12012 GOVERNMENT CENTER PARKWAY  SUITE 500  FAIRFAX, VIRGINIA 22035  703-324-7500; FAX 703-222-9487  <a href="#">Webpage</a></p> <p><b>FAUQUIER DSS</b>  MITTIE WALLACE, AS PROGRAM MANAGER  320 HOSPITAL DRIVE, SUITE 11  PO BOX 300  WARRENTON, VA 20186-3037  540-422-8400; FAX 540-222-8449  <a href="#">Webpage</a></p> <p><b>FLOYD DSS</b>  CARL E. AYERS, DIRECTOR  COURTHOUSE BUILDING  120 WEST OXFORD STREET  PO BOX 314  FLOYD, VA 24091-2222  540-745-9316; FAX 540-745-9325  <a href="#">Webpage</a></p>
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**FLUVANNA DSS**

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

[Webpage](#)

**FRANKLIN COUNTY DSS**

VICKIE SMITH, SW 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, SW 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

**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  
1748 EAST ATLANTIC STREET  
PO BOX 1136  
EMPORIA, VA 23847-1136  
434-634-6576 APS; FAX 434-634-9504

[Webpage](#)

**HALIFAX DSS**

TRISH BARGER, SW SUPERVISOR  
1030 COWFORD ROAD  
PO BOX 1189  
HALIFAX, VA 24558-0666  
434-476-6594; FAX 434-476-5258

[Webpage](#)

**HANOVER DSS**

CHRISTINE TILLMAN, APS SUPERVISOR  
12304 SOUTH WASHINGTON HIGHWAY  
ASHLAND, VA 23005  
804-365-4100; FAX 804-365-4110

[Webpage](#)

**HARRISONBURG/ROCKINGHAM DSS**

NANCY O'BAUGH, SW SUPERVISOR  
110 NORTH MASON STREET  
PO BOX 809  
HARRISONBURG, VA 22803  
540-574-5100; FAX 540-574-5127

**HENRICO COUNTY DSS**

SUSAN UMIDI, AS/APS SUPERVISOR  
8600 DIXON POWERS DRIVE  
PO BOX 90775  
HENRICO, VA 23273-7032  
804-501-4001; FAX 804-501-4006

[Webpage](#)

**HENRY/MARTINSVILLE DSS**

RONDA HANDY, SW SUPERVISOR  
20 PROGRESS STREET  
PO DRAWER 4946  
MARTINSVILLE, VA 24115  
276-656-4300; FAX 276-656-4303

**HIGHLAND DSS**

SHARON SPONAUGLE, DIRECTOR  
COURTHOUSE ANNEX  
PO BOX 247  
MONTEREY, VA 24465-0247  
540-468-2199; FAX 540-468-3099

**ISLE OF WIGHT DSS**

MAXINE BYRD, SOCIAL WORKER  
17100 MONUMENT CIRCLE, SUITE A  
ISLE OF WIGHT, VA 23397-0110  
757-365-0880; FAX 757-365-0886

[Webpage](#)

**JAMES CITY COUNTY DSS**

DENISE KIRSHBAUM, SW SUPERVISOR  
5249 OLD TOWNE ROAD  
WILLIAMSBURG, VA 23188  
757-259-3100; FAX 757-259-3188

[Webpage](#)

**KING & QUEEN DSS**

EVELYN PORTER, SW SUPERVISOR  
241 ALLEN CIRCLE  
PO BOX 7  
KING & QUEEN COURTHOUSE, VA 23085  
804-769-5003; FAX 804-785-5885

[Webpage](#)

**KING GEORGE DSS**

BERNADETTE DEEGAN, SOCIAL WORKER  
10069 KINGS HIGHWAY  
PO BOX 130  
KING GEORGE, VA 22485-0130  
540-775-3099; FAX 540-775-3098

[Webpage](#)

**KING WILLIAM DSS**

CHERLANDA SIDNEY-ROSS, SW SUPERVISOR  
172 COURTHOUSE LANE  
PO BOX 187  
KING WILLIAM, VA 23086-0187  
804-769-4905; FAX 804-769-4979

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<p><b>LANCASTER DSS</b> DAWN MAHAFFEY, SW SUPERVISOR 9049 MARY BALL ROAD PO BOX 185 LANCASTER, VA 22503 804-462-5141; FAX 804-462-0330</p> <p><b>LEE DSS</b> SALLY LEWIS, SW SUPERVISOR MAIN STREET PO BOX 348 JONESVILLE, VA 24263-0346 276-346-1010; FAX 276-346-2217</p> <p><b>LOUDOUN DFS</b> DINAH DITTON, ADULT &amp; FAMILY ADMINISTRATOR JENNIFER MCLAUGHLIN, AS/APS SUPERVISOR 102 HERITAGE WAY, NE, SUITE 200 LEESBURG, VA 20176 703-777-0353; FAX 703-771-5214</p> <p><b>LOUISA DHS</b> VICKE NESTER, SERVICE PROGRAM SUPERVISOR 103 MCDONALD STREET PO BOX 425 LOUISA, VA 23093-0425 540-967-1320; FAX 540-967-0515</p> <p><b>LUNENBURG DSS</b> MEDINA TRENT, SOCIAL WORKER 11387 COURTHOUSE ROAD LUNENBURG, VA 23952 434-696-2134; FAX 434-696-2534</p>	<p><b>MADISON DSS</b> ROBIN BRECKENRIDGE, SOCIAL WORKER IV 101 SOUTH MAIN STREET PO BOX 176 MADISON, VA 22727-0176 540-948-5521; FAX 540-948-3762 <a href="#">Webpage</a></p> <p><b>MATHEWS DSS</b> LISA BURNS-BROWN, SW SUPERVISOR ROUTE 611, 536 CHURCH STREET PO BOX 925 MATHEWS, VA 23109-0925 804-725-7192; FAX 804-725-7086 <a href="#">Webpage</a></p> <p><b>MECKLENBURG DSS</b> JOY L. GUPTON, SW SUPERVISOR 911 MADISON STREET PO BOX 400 BOYDTON, VA 23917 434-738-6138; FAX 434-738-6150 <a href="#">Webpage</a></p> <p><b>MIDDLESEX DSS</b> REBECCA BASS, SW SUPERVISOR 2893 GENERAL PULLER HIGHWAY PO BOX 216 URBANNA, VA 23175-0216 804-758-2348; FAX 804-758-2357 <a href="#">Webpage</a></p> <p><b>MONTGOMERY DSS</b> TERESA COOK, APS SUPERVISOR 210 SOUTH PEPPER STREET, SUITE B PO BOX 789 CHRISTIANSBURG, VA 24073 540-382-6990; FAX 540-382-6945 <a href="#">Webpage</a></p>
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**NELSON DSS**

MICHEL KOHL, DIRECTOR  
JOUETTE ROWE, SW II  
203 FRONT STREET  
PO BOX 357  
LOVINGSTON, VA 22949  
434-263-7160; FAX 434-263-8605

**NEW KENT DSS**

JESSICA M. KIRBY, AS SUPERVISOR  
12025 COURTHOUSE CIRCLE, SUITE 100  
PO BOX 299  
NEW KENT, VA 23142  
804-966-1853 x20; FAX 804-966-9170  
[Webpage](#)

**NORTHAMPTON DSS**

NAUDYA MAPP, SUPERVISOR  
GREG ROUTZONG, SR SOCIAL WORKER  
5265 THE HORNES  
PO BOX 568  
EASTVILLE, VA 23347-0568  
757-678-5153 X 331; FAX 757-678-0475  
[Webpage](#)

**NORTHUMBERLAND CO DSS**

JACKIE CLAYTON, SW SUPERVISOR  
6373 NORTHUMBERLAND HIGHWAY, SUITE A  
PO BOX 399  
HEATHSVILLE, VA 22473-0399  
804-580-3477; FAX 804-580-5815

**NOTTOWAY DSS**

BERNETTA S. WATKINS, SW SUPERVISOR  
288 WEST COURTHOUSE ROAD  
PO BOX 26  
NOTTOWAY, VA 23955-0026  
434-645-8494; FAX 434-645-7643

**ORANGE COUNTY DSS**

CAROLE SUE GRAVES, SERVICE SUPERVISOR  
146 MADISON ROAD, SUITE 201  
ORANGE, VA 22960  
540-672-1155; FAX 540-672-9047  
[Webpage](#)

**PAGE DSS**

WILLIAM N. AMONETTE, SOCIAL WORKER III  
215 WEST MAIN STREET, SUITE A  
PO BOX 47  
STANLEY, VA 22851  
540-778-1053; FAX 540-778-1504

**PATRICK DSS**

SHARON KIMBLE, SOCIAL WORKER  
106 RUCKER STREET, SUITE 128  
STUART, VA 24171  
276-694-3328 X222; FAX 276-694-8210

**PITTSYLVANIA DSS**

LINDA BENGSTON, SW SUPERVISOR  
220 H. G. MCGHEE DRIVE  
PO BOX E  
CHATHAM, VA 24531  
434-432-7281; FAX 434-432-0923

**POWHATAN DSS**

LYNNETT MURPHY, SOCIAL WORKER  
3908 OLD BUCKINGHAM ROAD, SUITE 2  
POWHATAN, VA 23139-0099  
804-598-5630; FAX 804-598-5614  
[Webpage](#)

**PRINCE EDWARD DSS**

CYNDI P. GABLE, SW SUPERVISOR  
111 SOUTH STREET  
PO BOX 628  
FARMVILLE, VA 23901-0628  
434-392-3113 X149; FAX 434-392-8453

**PRINCE GEORGE DSS**

LIBBY VINISH, SW SUPERVISOR  
 6450 ADMINISTRATION DRIVE, BUILDING 12  
 PO BOX 68  
 PRINCE GEORGE, VA 23875-0068  
 804-733-2650; FAX 804-733-2652  
[Webpage](#)

**PRINCE WILLIAM DSS**

LENA PURIFOY, INTERIM SOCIAL WORK  
 MANAGER  
 15941 DONALD CURTIS DRIVE  
 WOODBRIDGE, VA 22191  
 703-792-7561; FAX 703-792-7370  
[Webpage](#)

**PULASKI DSS**

GUY SMITH, SW SUPERVISOR  
 53 COMMERCE STREET  
 PO BOX 110  
 PULASKI, VA 24301-0110  
 540-980-7995; FAX 540-980-7993

**RAPPAHANNOCK DSS**

SHARON PYNE, AS/APS SOCIAL WORKER  
 354 GAY STREET  
 PO BOX 87  
 WASHINGTON, VA 22747-0087  
 540-675-3313; FAX 540-675-3315

**RICHMOND COUNTY DSS**

ELIZABETH SMITH, SW SUPERVISOR  
 5579 RICHMOND ROAD  
 PO BOX 35  
 WARSAW, VA 22572-0035  
 804-333-4088; FAX 804-333-0156

**ROANOKE COUNTY DSS**

HEATHER DAWN RIDDLE, SW SUPERVISOR  
 220 EAST MAIN STREET  
 P O BOX 1127  
 SALEM, VA 24153  
 540-387-6087; FAX 540-387-6210  
[Webpage](#)

**ROCKBRIDGE/BUENA VISTA/LEXINGTON DSS**

BRENDA PERRY, SW SUPERVISOR  
 20 EAST PRESTON STREET  
 LEXINGTON, VA 24450  
 540-463-7143; FAX 540-464-9110

**RUSSELL DSS**

PAM KINCAID, SOCIAL WORKER III  
 79 ROGERS STREET  
 PO BOX 1207  
 LEBANON, VA 24266  
 276-889-3031 x140; FAX 276-889-2662

**SCOTT DSS**

BRENDA STAPLETON, SW SUPERVISOR  
 190 BEECH STREET, SUITE 101  
 PO BOX 637  
 GATE CITY, VA 24251-0637  
 276-386-3631; FAX 276-386-6031

**SHENANDOAH COUNTY DSS**

KATHLEEN NIES-HEPNER, AS/APS WORKER  
 SHENANDOAH COUNTY GOVERNMENT  
 CENTER  
 494 NORTH MAIN STREET, SUITE 200  
 WOODSTOCK, VA 22664  
 540-459-6226; FAX 540-459-6223  
[Webpage](#)

**SHENANDOAH VALLEY DSS (WAYNESBORO OFFICE)**

NICOLE MEDINA, SUPERVISOR, 820  
1200 SHENANDOAH AVENUE  
WAYNESBORO, VA 22980  
540-942-6646; FAX 540-942-6658  
[\(Waynesboro Office\) Webpage](#)

**SHENANDOAH VALLEY DSS (STAUNTON-AUGUSTA OFFICE)**

NICOLE MEDINA, SUPERVISOR, 015 & 790  
68 DICK HUFF LANE  
PO BOX 7  
VERONA, VA 24482-0007  
540-245-5800; FAX 540-245-5880  
[\(Augusta County Office\) Webpage](#)

**SMYTH DSS**

MARY BETH SHEETS, SW SUPERVISOR  
121 BAGLEY CIRCLE, SUITE 200  
MARION, VA 24354  
276-783-8148 X 255; FAX 276-783-6327

**SOUTHAMPTON DSS**

DONNA BLYTHE, SW SUPERVISOR  
26022 ADMINISTRATION CENTER DRIVE  
PO BOX 550  
COURTLAND, VA 23837-0550  
757-653-3080; FAX 757-653-0357  
[Webpage](#)

**SPOTSYLVANIA DSS**

BETTY H. BAZEMORE, SW SUPERVISOR  
9019 OLD BATTLEFIELD BOULEVARD  
SPOTSYLVANIA, VA 22553  
**MAILING:** PO BOX 249  
SPOTSYLVANIA, VA 22553  
540-507-7819; FAX 540-507-7810  
[Webpage](#)

**STAFFORD DSS**

KAREN STIDEN, SW SUPERVISOR  
STAFFORD COUNTY GOVERNMENT CENTER  
1300 COURTHOUSE ROAD  
PO BOX 7  
STAFFORD, VA 22555-0007  
540-658-8720; FAX 540-658-8798  
[Webpage](#)

**SURRY DSS**

JOAN BROWN, SR SOCIAL WORKER  
ROUTE 626, 45 SCHOOL STREET  
PO BOX 263  
SURRY, VA 23883-0263  
757-294-5240; FAX 757-294-5248  
[Webpage](#)

**SUSSEX DSS**

TRAMALL HOLMES, SW SUPERVISOR  
20103 PRINCETON ROAD  
PO BOX 1336  
SUSSEX, VA 23884-1336  
434-246-7020; FAX 434-246-2504  
[Webpage](#)

**TAZEWELL DSS**

ANNE COATES, AS/APS SUPERVISOR  
253 CHAMBER DRIVE  
PO BOX 149  
TAZEWELL, VA 24651  
276-988-8500; FAX 276-988-2765  
[Webpage](#)

**WARREN DSS**

JESSICA HUNTER, APS SUPERVISOR  
912 WARREN AVENUE  
FRONT ROYAL, VA 22630-0506  
540-635-3430; FAX 540-635-8451  
[Webpage](#)

**WASHINGTON CO DSS**

JENNIFER HENSLEY, SW SUPERVISOR  
15068 LEE HIGHWAY, SUITE 100  
BRISTOL, VA 24202  
276-645-5000; FAX 276-645-5055

**WESTMORELAND DSS**

KATHRYN KNOELLER, SW SUPERVISOR  
PEACH GROVE LANE  
18849 KING'S HIGHWAY  
PO BOX 302  
MONTROSS, VA 22520-0302  
804-493-9305; FAX 804-493-9309

[Webpage](#)

**WISE DSS**

VICKI HALL, AS SUPERVISOR  
5612 NORTH BEAR CREEK RD  
PO BOX 888  
WISE, VA 24293-0888  
276-328-8056; FAX 276-328-8632

[Webpage](#)

**WYTHE DSS**

EDIE HURT, SW SUPERVISOR  
290 S. 6<sup>th</sup> STREET, SUITE 200  
WYTHEVILLE, VA 24382  
276-228-5493; FAX 276-228-9272

[Webpage](#)

**YORK-POQUOSON SOCIAL SERVICES**

KENDALL FERGUSON, SW SUPERVISOR  
301 GOODWIN NECK ROAD  
YORKTOWN, VA 23692-0917  
757-890-3787; FAX 757-890-3934

[Webpage](#)

**CITIES**

**ALEXANDRIA DSS**

VELDA WEATHERS, APS SUPERVISOR  
JO-ANN CALLENDAR, AS SUPERVISOR  
2525 MT. VERNON AVENUE  
ALEXANDRIA, VA 22301  
703-838-5700; FAX 703-836-5975

[Webpage](#)

**BRISTOL DSS**

DEBORAH HARVEY, SW SUPERVISOR  
621 WASHINGTON STREET  
BRISTOL, VA 24201-4644  
276-645-7450; FAX 276-645-7475

**CHARLOTTESVILLE DSS**

JEAN PEARSON, APS SUPERVISOR  
120 SEVENTH STREET, NE  
PO BOX 911  
CHARLOTTESVILLE, VA 22902-0911  
434-970-3472; FAX 434-970-3699

[Webpage](#)

**CHESAPEAKE DSS**

PAM COLE, SW SUPERVISOR  
100 OUTLAW STREET  
PO BOX 15098  
CHESAPEAKE, VA 23320  
757-382-2000; FAX 757-543-1644

[Webpage](#)

**DANVILLE DSS**

GLEN HARRIS, SW SUPERVISOR  
510 PATTON STREET  
PO BOX 3300  
DANVILLE, VA 24541  
434-799-6543; 434-797-8818

[Webpage](#)

**FRANKLIN CITY DSS**

DE'ANNA CHEATHAM, SW SUPERVISOR  
306 NORTH MAIN STREET  
PO BOX 601  
FRANKLIN, VA 23851  
757-562-8520; FAX 757-516-6683

[Webpage](#)

**FREDERICKSBURG DSS**

SHANNON HARTUNG, SW SUPERVISOR  
608 JACKSON STREET, SUITE 100  
FREDERICKSBURG, VA 22401  
540-372-1032; FAX 540-372-1157

[Webpage](#)

**GALAX DSS**

SUSAN CLARK, DIRECTOR  
105 EAST CENTER STREET  
PO BOX 166  
GALAX, VA 24333-0166  
276-236-8111; FAX 276-236-9313

**HAMPTON DSS**

BARBARA STEWART, SUPERVISOR  
1320 LASALLE AVENUE  
HAMPTON, VA 23669  
757-727-1800; FAX 757-727-1835

[Webpage](#)

**HOPEWELL DSS**

PHIL QUIN, SW SUPERVISOR  
316 EAST CAWSON STREET  
HOPEWELL, VA 23860  
804-541-2330; FAX 804-541-2347

[Webpage](#)

**LYNCHBURG DSS**

TED CAMPBELL, SW SUPERVISOR  
99 NINTH STREET  
PO BOX 6798  
LYNCHBURG, VA 24505  
434-455-5850; FAX 434-847-1785

[Webpage](#)

**MANASSAS DSS**

MELANIE TRABOSH, SUPERVISOR  
9324 WEST STREET  
MANASSAS, VA 20110  
703-361-8277; FAX 703-361-6933

[Webpage](#)

**MANASSAS PARK DSS**

NATASHA DEWER, SOCIAL WORKER  
CITY HALL  
ONE PARK CENTER COURT  
MANASSAS PARK, VA 20111  
703-335-8898; FAX 703-335-8899

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**NEWPORT NEWS DSS**

GLORIA DIXON, SW SUPERVISOR  
ROUSE TOWER  
6060 JEFFERSON AVENUE  
NEWPORT NEWS, VA 23605  
757-926-6300; FAX 757-926-6118

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**NORFOLK DSS**

HEATHER CRUTCHFIELD, APS SUPERVISOR  
FRANKLIN BUILDING  
741 MONTICELLO AVENUE  
NORFOLK, VA 23510-1506  
757-664-6000; FAX 757-664-3275

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**NORTON DSS**

ROGER RAMEY, DIRECTOR  
644 PARK AVENUE  
PO BOX 378  
NORTON, VA 24273-0378  
276-679-2701; FAX 276-679-0607

**PETERSBURG DSS**

MARGARET MORGAN, AS SUPERVISOR  
400 FARMER STREET  
PO BOX 2127  
PETERSBURG, VA 23804  
804-861-4720 x3021; FAX 804-861-0137

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**PORTSMOUTH DSS**

TONYA GARDNER, SW SUPERVISOR  
1701 HIGH STREET, SUITE 101  
PORTSMOUTH, VA 23704  
757-405-1800 X8114; FAX 757-405-1874

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**RADFORD DSS**

VICTORIA COLLINS, DIRECTOR  
928 WEST MAIN STREET  
RADFORD VA 24141  
540-731-3663; FAX 540-731-5000

**RICHMOND CITY DSS**

THOM BUTCHER, APS SUPERVISOR  
ARLENE LOVE, AS SUPERVISOR  
MARSHALL PLAZA BUILDING  
900 EAST MARSHALL STREET  
PO BOX 10129  
RICHMOND, VA 23240  
804-646-7212; FAX 804-646-7018

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**ROANOKE CITY DSS**

NANCY NORCROSS, MS SW SUPERVISOR  
1510 WILLIAMSON ROAD, NE  
ROANOKE, VA 24012  
540-853-2591; FAX 540-853-2027

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**SUFFOLK DSS**

INEZ CRAIG, SW SUPERVISOR  
135 HALL AVENUE, SUITE B  
SUFFOLK, VA 23434  
757-514-7341; FAX 757-923-3047

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**VIRGINIA BEACH DSS**

WENDY SWALLOW, AS/APS SUPERVISOR  
3432 VIRGINIA BEACH BOULEVARD, SUITE 342  
VIRGINIA BEACH, VA 23452-4420  
757-437-3200; FAX 757-437-3466

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**WILLIAMSBURG DSS**

WENDY EVANS, SOCIAL WORKER  
401 LAFAYETTE STREET  
WILLIAMSBURG, VA 23185  
757-220-6161; FAX 757-220-6113

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**WINCHESTER DSS**

SARAH WINGFIELD, SW COORDINATOR  
24 BAKER STREET  
WINCHESTER, VA 22601  
540-686-4824, FAX 540-662-3279

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