

**State
Fiscal
Year**

2011

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

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COMMONWEALTH of VIRGINIA

DEPARTMENT OF SOCIAL SERVICES

Dear Colleagues,

No one knows better than you who serve vulnerable adults in your communities every day that this has been a challenging year for all of us in Adult Services and APS. This report highlights the important work of our local departments of social services in providing Adult Services, Adult Protective Services and the Auxiliary Grant Program to vulnerable adults amidst challenging conditions. We had a record number of APS reports – nearly 18,000. We have documented a 38% increase in financial exploitation reports since 2009. The first wave of Baby Boomers turned 65, and we saw more and more adults with disabilities returning to their communities from institutional settings. It is heartening to report that despite budget challenges and ever-growing caseloads, you have worked every day to make a difference in lives and keep vulnerable adults safe.

It is clear that 2012 will be another year of challenge and opportunity, and we at the state Adult Services/APS program will be asking you, our partners, to get involved in charting the course ahead. The new Adult Services Guidance Advisory Group has already made important contributions to revisions of Adult Services policy guidance, and we will continue to work with localities as four of our regulations make their way through the regulatory process. Soon we will be recruiting members for the Adult Services Training Advisory Group to assist with revisions to the training curriculum. With the Government Reform and Restructuring Commission's recommendation that our programs become part of a new state department consolidating aging, rehabilitative and adult services, your voices, expertise and guidance will be especially important.

The road ahead can only be traveled together. More than ever, all of us will be called upon to be partners and leaders in creating the vision and direction that will enable us to continue to serve our communities and the vulnerable adults who depend on us. As we proceed forward, doing our best will require mutual communication, respect, commitment and pride in what we can accomplish together.

We all look forward to working with you as we take the next steps of our journey.

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 (Department) 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 when 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.

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 the Virginia Department of Social Services 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) 2011 which began on July 1, 2010 and ended June 30, 2011.

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, § [37.2-1022](#). The case is opened and the redetermination date is the date the initial or annual report is due.

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

Table 1-Statewide Caseload: All Case Types

SFY 2011 Total Caseload¹									
APS	APS-Home Based Care	APS Investigation	AS	AS-Home Based Care	AS-Intensive Services	AS-Intensive Services-Home Based Care	ALF Reassessment	Guardian Report	Total
4,827	189	11,184	15,070	4,696	2,067	592	3,254	6,922	48,801

Table 2-Statewide Average Monthly Caseload

SFY 2011 Average Monthly Caseload²	
Case Type	Average Monthly Caseload
APS	1740
APS-Home Based Care	107
APS Investigation	2,737
AS	5,127
AS-Home Based Care	3,027
AS-Intensive Services	766
AS- Intensive Services Home Based Care	263
ALF Reassessment	2,249
Guardian Report	5,884
All Cases Types	21,900

¹ Source: ASAPS. May reflect underreporting.

² 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 2011 is unavailable. However information on the number of cases types in which a home-based service was provided during SFY 2011 is available and is shown in **Table 3**.

Table 3-Number of Adults Receiving Home-Based Services

All Home-Based Services SFY 2007-2011³					
	2007	2008	2009	2010	2011
Number of Home-based Services Case Types	6,388	5,164	6,697	6,075	5,477

Preadmission Screenings

LDSS workers, in cooperation with the local health departments, are responsible for performing pre-admission screenings for all nursing facility placements from the community (except in acute care settings) and for the majority of 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 pre-admission screening, 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.

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, must be assessed using the UAI to determine their need for residential or assisted living services. After placement, 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

³ Source: For 2008: ASAPS service plan. Represents duplicate services provided to AS/APS clients by homemaker, chore or companion providers. For 2009-2011 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. Within these 20 LDSS there are 72 AFC providers who are providing AFC services to 66 adults.

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 2011, adult day services were provided in 117 adult services 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 [37.2-1021](#) 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 6,922 guardian report cases in SFY 2011.

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 services type and number many of the services that were provided or arranged for adults during SFY 2011. Information in **Table 4** is obtained from the ASAPS service plan.

Table 4-Services by Type and Number

SFY 2011 Services by Type and Number	
Type of Service	Number of Cases with Service
Advocacy	891
Counseling (Individual)	1,454
Case Management	3,746
Emergency Assistance	993
Emergency Shelter	51
Financial Management/Counseling	803
Food Assistance	464
Home Delivered Meals	436
Home Repairs	279
Housing Services	621
Legal Services	587
Medical Services	1,079
Nutritional Supplement	148
Social Worker Monitoring	2,127
Transportation Services	824

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

SFY 2011 Purchased Adult Services Program Expenditures⁴					
Services	Federal & State	Local	Non-reimbursed Local	Total Expenditures	% of Total Expenditures
Companion	\$5,200,003	\$1,300,001	\$1,486,245	\$7,986,249	73%
Chore	\$10,554	\$2,638	\$0	\$13,192	<1%
Homemaker	\$933,480	\$233,370	\$779,075	\$1,945,925	17%
Adult Day Services	\$59,967	\$14,992	\$0	\$74,959	1%
APS (admin.)	\$657,819	\$120,665	\$61,800	\$840,284	8%
Adult Foster Care	\$4,349	\$1,087	\$558	\$5,994	<1%
Nutrition	\$1,807	\$452	\$8,145	\$10,404	<1%
Total	\$6,867,979	\$1,673,205	\$2,335,823	\$10,877,007	100%

Table 6-Four-Year Comparison of Adult Services Expenditures

4-Year Expenditures				
SFY	Federal & State	Local	Non-reimbursed Local	Total Expenditures
2011	6,867,979	1,673,205	\$2,335,823	\$10,877,007
2010	\$8,084,291	\$1,979,425	\$2,502,611	\$12,566,327
2009	\$9,163,303	\$2,246,228	\$427,797	\$11,837,328
2008	\$9,021,114	\$2,209,254	\$3,314,589	\$14,544,957

⁴ 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 2011 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. Previous national studies had estimated that only 1 in 5 incidents of elder abuse were ever reported to authorities.

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 lags behind 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. In 1977, 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 requiring LDSS to 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 at VDSS, 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 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.

The 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.

Funding for the EJA has not yet been appropriated; however, the US Administration on Aging 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.

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 2011. Occupations or individuals highlighted in purple represent mandated reporters.

Table 7-Source of APS Reports

SFY 2011 Reporter Type	# of Reports
Relative (includes ex-wife/ex-husband)	2463
Social Worker	1995
Other	1775
Nurse	1130
Law Enforcement Officer	953
Friend/Neighbor	838
Nursing Home Administrator/NH Staff	787
Home Health Provider	685
Self	668
Hospital Staff	658
EMS Personnel/Fire Department	518
Mental Health Provider/Psychologist/Counselor/Psychiatrist	465
CSB Staff	436
Financial Institution	315
ALF Staff	293
Physician/Primary Physician/Physician Assistant	286
Area Agency on Aging Staff	228
DBHDS Staff	226
Virginia Department of Social Services Staff	214
Agency Provider-Home Based Care/EDCD/Personal Care Provider	206
Group Home Staff	137
Hospice	90
Power of Attorney	81
Attorney	54
Adult Day Care Staff	51
Workshop Staff	47
Other Healthcare Professionals(PT/OT/RT/SLP)	43
Long-term Care Ombudsmen	41
Certified Nursing Assistant (CNA)	41
Licensing Programs Staff	33
Guardian/Conservator	32
Public Housing Staff	32
Health Department Staff/Public Health Nurse	31
Clergy	29
Transportation Provider ⁵	25
Domestic Violence Program Staff	23
Shelter Staff	23
Pharmacist/Pharmacy Staff	7
Department for the Aging Staff	4
Optometrist	3
Adult Foster Care Provider	2
Total	15,968⁶

⁵ Mandated reporter if employed by services organization or receiving Medicaid reimbursement.

⁶ Source: ASAPS. Reflects underreporting.

APS REPORTS

Every APS report must meet the 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 the previous SFY year, while substantiated reports increase 2.2%.

Table 8-Three-Year Comparison of APS Reports

THREE YEAR COMPARISON OF APS REPORTS			
	2009	2010	2011
Total Reports Received	15,625	17,141	17,936
Reports Investigated ⁷	13,629	14,750	15,210
Total Reports Substantiated ⁸	8,076	8,752	8,941
Unfounded	5,553	5,998	6,269
Pending ⁹	157	87	73
Invalid ¹⁰	1,839	2,304	2,653
<i>Percent of Reports Substantiated</i>	<i>59%</i>	<i>59%</i>	<i>59%</i>
DISPOSITIONS OF SUBSTANTIATED REPORTS			
Needs and Accepts Services	4,440	4,466	4,274
Needs and Refuses Services	1,314	1,621	1,623
Need No Longer Exists	2,322	2,665	3,044

⁷ Investigated reports include substantiated and unfounded reports.

⁸ A substantiated report is defined as a completed investigation with a disposition that the adult needs protective services.

⁹ Pending reports include reports undergoing investigation.

¹⁰ Information on invalid reports was not available prior to the implementation of the ASAPS program. Invalid (reports not meeting validity criteria) includes reports that are invalidated at the time they are made as well as investigated reports that receive a disposition of “invalid.”

DISPOSITIONS

APS Investigations result in one of the following dispositions:

∇ NEEDS PROTECTIVE SERVICES AND ACCEPTS

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

∇ NEEDS PROTECTIVE SERVICES AND REFUSES

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

∇ NEED FOR PROTECTIVE SERVICES NO LONGER EXISTS

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

∇ UNFOUNDED

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

∇ INVALID

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

Table 9 reflects demographics of the APS report subjects. Seventy-one percent of the adults were age 60 or older. Three hundred and twenty-five of these individuals were age 96 or older. Six hundred and seventy-seven were adults ages 18-25.

Table 9-Demographics of APS Reports

SFY 2011 DEMOGRAPHICS OF REPORT SUBJECTS		
TOTAL REPORTS RECEIVED		17,936
AGE	60 years or older	71%
	18-59	29%
SEX	Female	63%
	Male	37%
	Unknown	<1%
RACE	White	69%
	African American	23%
	Unknown	6%
	Oriental/Asian	1%
	American Indian	<1%
	Alaskan Native	<1%
LIVING ARRANGEMENT AT TIME OF REPORT	Own House or Apt	65%
	Other's House or Apt	13%
	Nursing Facility	9%
	Assisted Living Facility	5%
	BHDS Facility or Group Home	3%
	Homeless	1%
	Shelter	<1%
	Adult Foster Care	<1%
	Local/Regional Jail	<1%
	Other	2%

Table 10-Regional APS Reports Statistics

SFY 2011 Regional Demographics of Report Subjects						
	CENTRAL	EASTERN	NORTHERN	PIEDMONT	WESTERN	STATE TOTALS
Reports Received	2645	3846	3863	4885	2697	17936
% Substantiated	58%	61%	51%	60%	66%	59%
Demographics of Report Subject						
60+	70%	72%	75%	69%	68%	71%
18-59	30%	28%	25%	31%	32%	29%
Female	64%	64%	63%	61%	62%	63%
Male	36%	36%	36%	39%	38%	37%
White	56%	54%	72%	72%	95%	69%
Black	37%	39%	14%	21%	4%	23%
Unknown	6%	6%	10%	6%	1%	6%
Other ¹¹	1%	1%	3%	<1%	<1%	1%
Living Arrangements of Subject at Time of Report						
Own House/Apt	60%	64%	65%	65%	72%	65%
Other's House/Apt	15%	14%	13%	11%	12%	13%
Nursing Facility	7%	8%	7%	12%	7%	9%
Assisted Living Facility	6%	5%	4%	6%	4%	5%
BHDS Facility or Group Home	4%	4%	5%	3%	1%	3%
Adult Foster Care	<1%	<1%	<1%	<1%	<1%	<1%
Other Living Arrangements ¹²	6%	5%	5%	3%	3%	4%

¹¹ Includes Oriental/Asian, American Indian, & Alaskan Native

¹² Includes shelter, jail, homeless and other undefined living arrangement

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

SFY 2011 APS REPORTS: Location of Incident						
Location	Central	Eastern	Northern	Piedmont	Western	State
Own House/Apt	60%	64%	63%	62%	71%	64%
Other's House/Apt	15%	12%	12%	10%	11%	12%
Nursing Facility	7%	8%	8%	11%	7%	9%
Assisted Living Facility	6%	5%	4%	6%	4%	5%
Other	5%	4%	5%	4%	3%	4%
BHDS Facility or Group Home	3%	4%	4%	3%	1%	3%
Hospital	1%	1%	1%	2%	2%	1%
Homeless	1%	1%	1%	1%	1%	1%
Day Treatment Center	<1%	<1%	<1%	<1%	<1%	<1%
Transportation Provider	<1%	<1%	<1%	<1%	<1%	<1%
Shelter	<1%	<1%	<1%	<1%	<1%	<1%
Adult Day Care	<1%	<1%	<1%	<1%	<1%	<1%
Adult Foster Care	<1%	<1%	<1%	<1%	<1%	<1%
Sheltered Workshop	0%	<1%	<1%	<1%	0%	<1%
Senior Center	0%	<1%	<1%	<1%	<1%	<1%

Table 12-Demographics of Substantiated APS Reports

SFY 2011: Demographics of Subjects of Substantiated Reports		%
TOTAL SUBSTANTIATED REPORTS		8941
AGE	60 years or older	73%
	18-59	27%
SEX	Female	61%
	Male	38%
	Unknown	<1%
RACE	White	71%
	African American	23%
	Unknown	5%
	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.

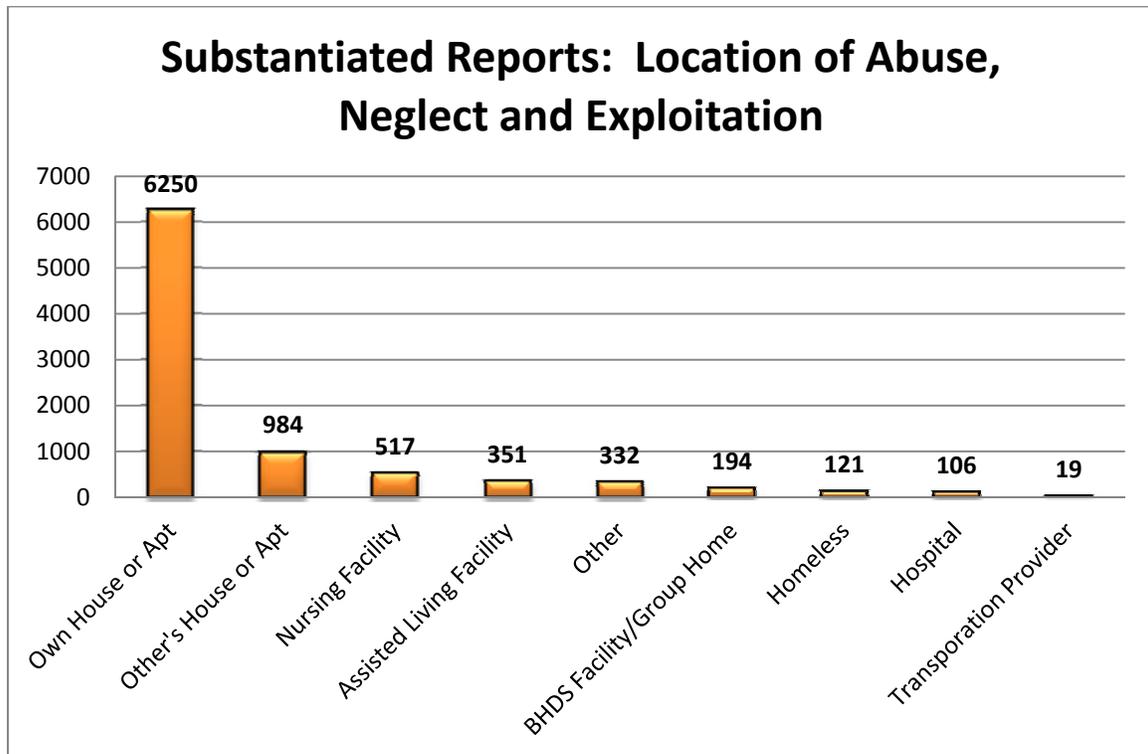
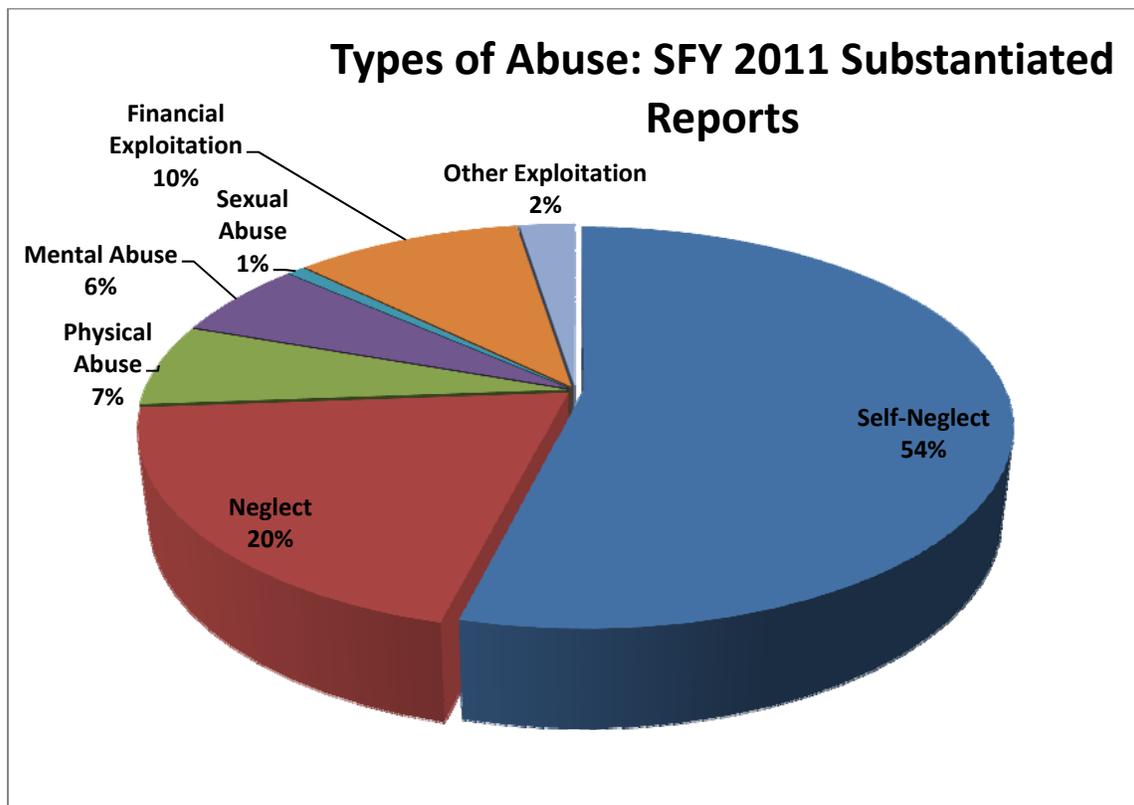


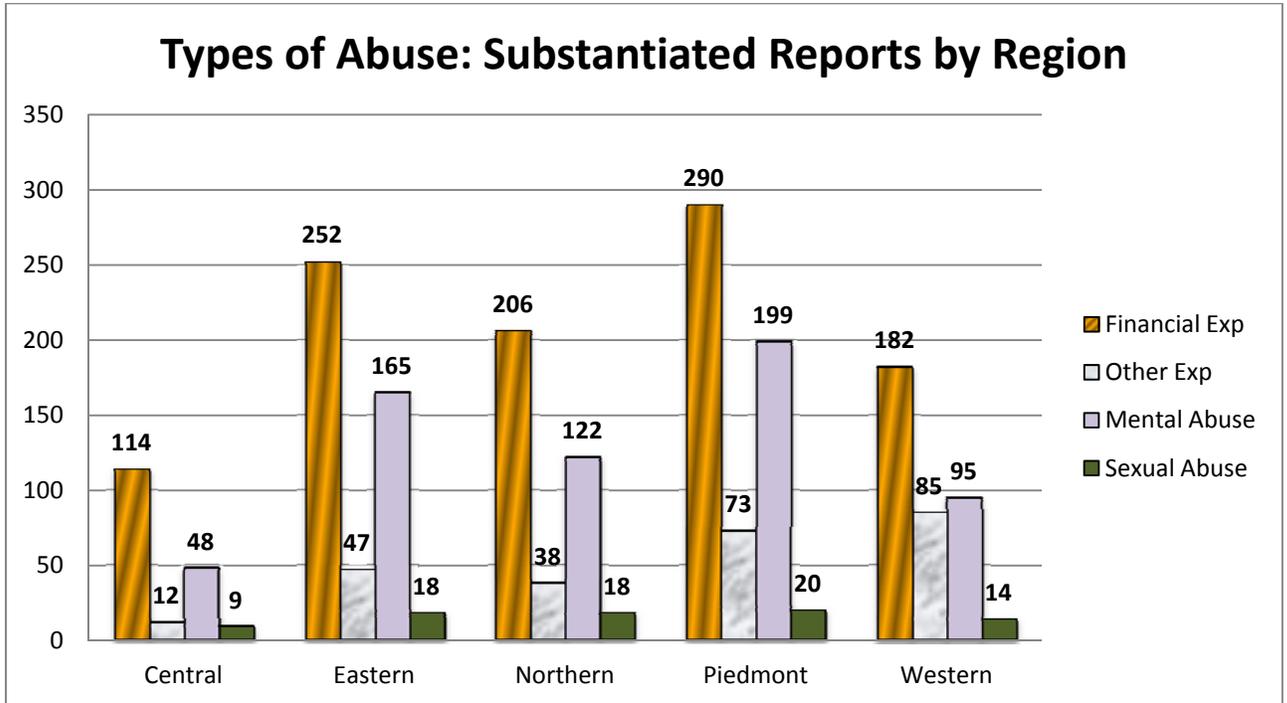
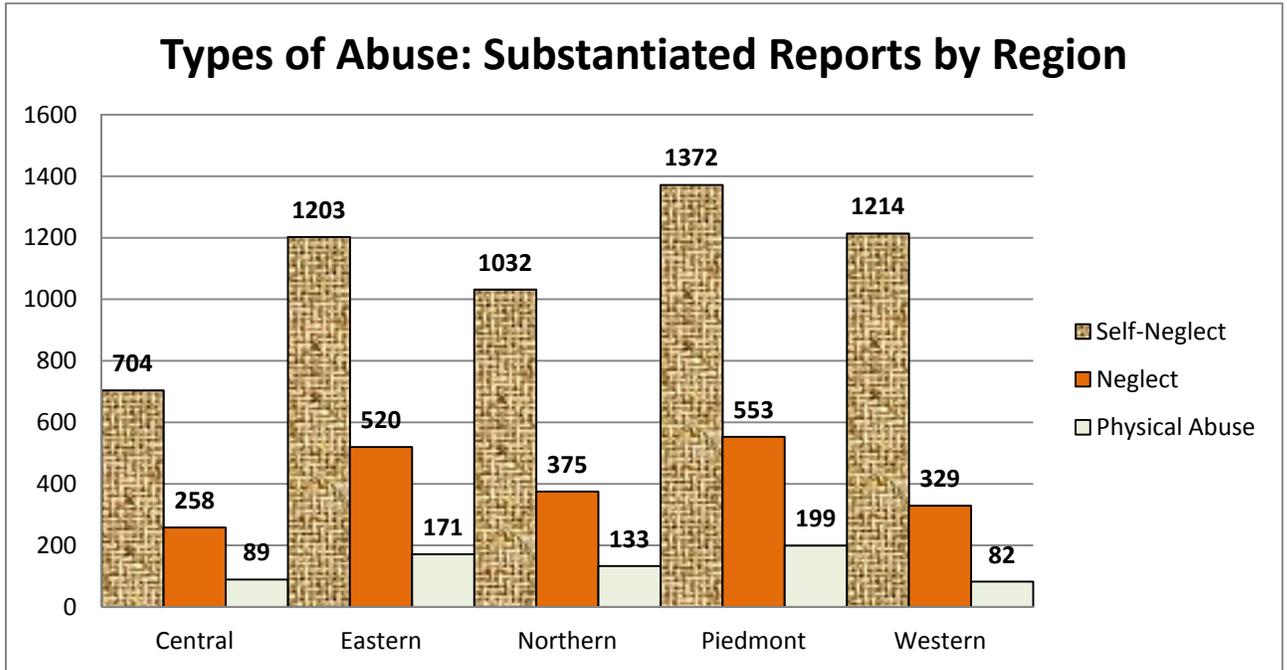
Table 13-Types of Abuse: Statewide Substantiated Reports

Abuse Type—SFY 2011 Substantiated Reports	#
Self-Neglect	5525
Neglect	2035
Financial Exploitation	1044
Physical Abuse	674
Mental Abuse	629
Other Exploitation	255
Sexual Abuse	79
Total	10,241¹³



¹³ Reports may contain more than 1 type of abuse.

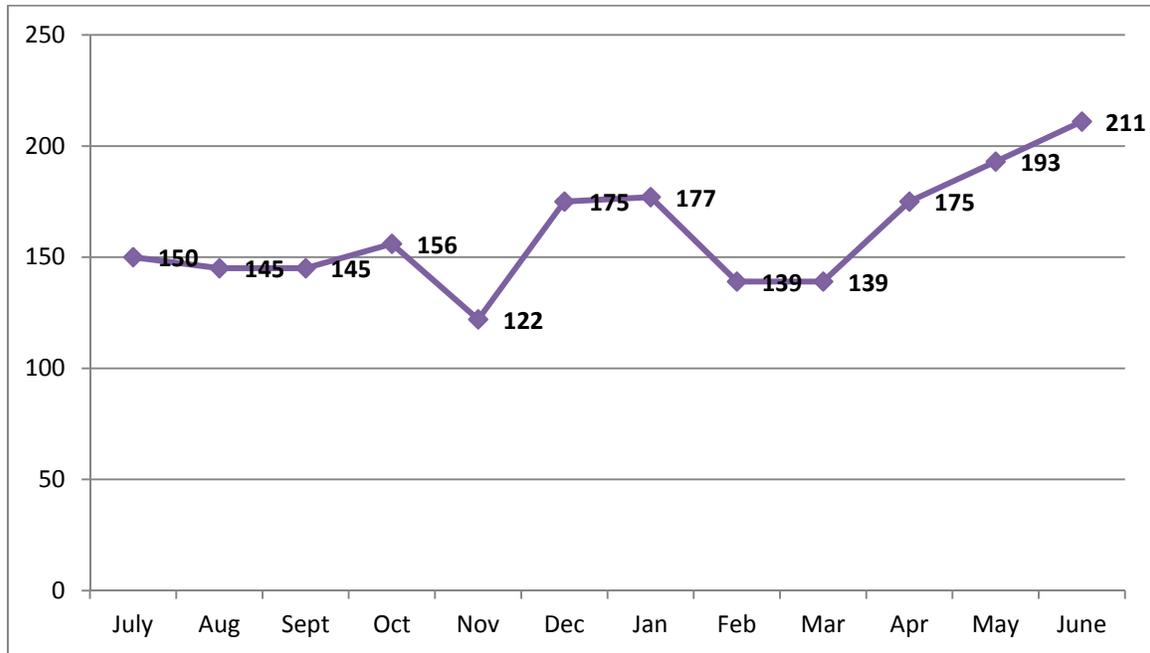
Table 14-Type of Abuse: Substantiated Reports by Region



The 24-hour, 7 days a week, APS hotline is housed within 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 2011: Monthly APS Hotline Reports



Hotline staff received **1,927** APS reports in SFY 2011

- A 17% increase over SFY 2010

The following tables illustrate the number of SFY 2011 APS reports received in each locality. **Table 16** organizes the localities according to their region. **Table 17** lists the localities according to agency level (size).

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	10	Accomack	66	Alexandria	190
Buckingham	33	Brunswick	22	Arlington	268
Caroline	32	Chesapeake	432	Clarke	35
Charles City	12	Dinwiddie	35	Culpeper	35
Chesterfield/Colonial Heights	447	Franklin City	12	Fairfax/Fairfax City/Falls Church	998
Cumberland	28	Gloucester	89	Fauquier	218
Essex	20	Greensville/Emporia	34	Frederick	214
Fluvanna	110	Hampton	121	Fredericksburg	57
Goochland	20	Isle of Wight	66	Greene	20
Hanover	183	James City County	217	Harrisonburg/Rockingham	164
Henrico	682	Mathews	13	King George	10
Hopewell	63	Newport News	352	Loudoun	415
King & Queen	17	Norfolk	723	Louisa	91
King William	7	Northampton	19	Madison	19
Lancaster	16	Portsmouth	176	Manassas City	21
Lunenburg	22	Prince George	39	Manassas Park	22
Middlesex	49	Southampton	44	Orange	114
New Kent	45	Suffolk	136	Page	38
Northumberland	15	Surry	10	Prince William	345
Nottoway	7	Sussex	31	Rappahannock	15
Petersburg	90	Virginia Beach	1001	Shenandoah	171
Powhatan	8	Williamsburg	90	Spotsylvania	125
Prince Edward	50	York/Poquoson	118	Stafford	116
Richmond City	616			Warren	97
Richmond County	8			Winchester	65
Westmoreland	55				
Total	2645	Total	3846	Total	3863

Piedmont Region		Western Region	
<i>Locality</i>	<i># of APS Reports</i>	<i>Locality</i>	<i># of APS Reports</i>
Albemarle	390	Bland	6
Alleghany/Covington/ Clifton Forge	38	Bristol	123
Amherst	37	Buchanan	25
Appomattox	61	Carroll	188
Bath	21	Dickenson	37
Bedford/Bedford City	348	Floyd	37
Botetourt	13	Galax	51
Campbell	144	Giles	98
Charlotte	45	Grayson	104
Charlottesville	266	Lee	87
Craig	7	Montgomery	369
Danville	185	Norton	3
Franklin County	149	Patrick	129
Halifax/South Boston	111	Pulaski	271
Henry/Martinsville	145	Radford	41
Highland	6	Russell	43
Lynchburg	599	Scott	100
Mecklenburg	115	Smyth	241
Nelson	60	Tazewell	317
Pittsylvania	155	Washington	68
Roanoke City	588	Wise	251
Roanoke County/Salem	574	Wythe	108
Rockbridge/Buena Vista/Lexington	91		
Staunton/Augusta/Waynesboro	737		
Total	4885	Total	2697

Table 17-APS Reports by Agency Level

LDSS are divided into three agency levels based on the number of full time employees (FTE).

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

Level III	
<i>Locality</i>	<i># of APS Reports</i>
Albemarle	390
Alexandria	190
Arlington	268
Charlottesville	266
Chesapeake	432
Chesterfield/Colonial Heights	447
Danville	185
Fairfax	998
Hampton	121
Harrisonburg/Rockingham	164
Henrico	682
Henry/Martinsville	145
Loudon	415
Lynchburg	599
Newport News	352
Norfolk	723
Petersburg	90
Portsmouth	176
Prince William	345
Richmond City	616
Roanoke City	588
Roanoke County	574
Staunton/Augusta/Waynesboro	737
Suffolk	136
Virginia Beach	1001
Wise	251
Total	10,891

Level II				Level I	
Locality	# of APS Reports	Locality	# of APS Reports	Locality	# of APS Reports
Accomack	66	Lee	87	Amelia	10
Alleghany/Covington	38	Louisa	91	Appomattox	61
Amherst	37	Manassas City	21	Bath	21
Bedford/Bedford City	348	Mecklenburg	115	Bland	6
Bristol	123	Montgomery	369	Botetourt	13
Brunswick	22	Northampton	19	Charles City	12
Buchanan	25	Orange	114	Clarke	35
Buckingham	33	Page	38	Cumberland	28
Campbell	144	Patrick	129	Essex	20
Caroline	32	Pittsylvania	155	Floyd	37
Carroll	188	Prince Edward	50	Galax	51
Charlotte	45	Prince George	39	Goochland	20
Craig	7	Pulaski	271	Greene	20
Culpeper	35	Rockbridge	91	Highland	6
Dickinson	37	Russell	43	King & Queen	17
Dinwiddie	35	Scott	100	King George	10
Fauquier	218	Shenandoah	171	King William	7
Fluvanna	110	Smyth	241	Lancaster	16
Franklin City	12	Southampton	44	Lunenburg	22
Franklin County	149	Spotsylvania	125	Madison	19
Frederick	214	Stafford	116	Manassas Park	22
Fredericksburg	57	Surry	10	Mathews	13
Giles	98	Sussex	31	Middlesex	49
Gloucester	89	Tazewell	317	Nelson	60
Grayson	104	Warren	97	New Kent	45
Greensville/Emporia	34	Washington	68	Northumberland	15
Halifax	111	Westmoreland	55	Norton	3
Hanover	183	Winchester	65	Nottoway	7
Hopewell	63	Wythe	108	Powhatan	8
Isle of Wight	66	York/Poquoson	118	Radford	41
James City County	217			Rappahannock	15
				Richmond County	8
				Williamsburg	90
		Total	6238	Total	807

SFY 2011 Summary of Adult Protective Services in Virginia

- Local departments of social services received a total of **17,936** reports of adult abuse, neglect, or exploitation, a **4.6%** increase from SFY 2010.
- **2,463** reports of abuse, neglect or exploitation were made by relatives--more than any other type of reporter.
- **59%** or **8,941** of investigated reports were substantiated.
- Substantiated cases of financial exploitation increased **10%** from the previous fiscal year.
- **71%** of report subjects were adults age 60 years or older; **29%** were incapacitated adults ages 18-59.
- **18%** or **1,623** adults found to be in need of protective services exercised their statutory right to refuse services.
- Self-neglect was substantiated in **54%** or **5,525** of the reports, and neglect was substantiated in **20%** or **2,035** of the reports.
- A majority (**64%**) 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 **263** petitions for guardianship, **45** petitions for conservatorship, **11** emergency orders for protective services, **75** involuntary commitments to state or private hospitals, **45** protective orders, and **6** 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 July 17, 2011, Virginia had 543 licensed ALFs with a licensed bed capacity of 31,796. Just over 300 of the 543 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. Any records or statements can be used to determine residency. If residency cannot be determined or the individual is from out of state, residency is where the individual is living at the time of application.

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 couple¹⁴ 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.

For more information

Individuals interested in applying for AG should contact their LDSS.

¹⁴ These figures are current but are subject to change. Contact the eligibility unit at the local department of social services for current information.

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

Auxiliary Grant Rates 2005-2011								
	7/05	1/06	1/07	7/07	1/08	1/09	1/10	1/11
ALF Rate	\$944	\$982	\$1,048	\$1,061	\$1,075	\$1,112	\$1,112	\$1,112
AFC Rate	\$944	\$982	\$1,048	\$1,061	\$1,075	\$1,112	\$1,112	\$1,112
Planning District 8*	\$1086	\$1,129	\$1,205	\$1,220	\$1,236	\$1,279	\$1,279	\$1,279
Personal Needs Allowance (PNA)	\$62	\$70	\$75	\$75	\$77	\$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 2011 average monthly AG case counts and total AG expenditures. The information is obtained from LASER, (Locality Automated System for Expenditure Reimbursement), a Department computer system.

Table 19-Auxiliary Grant Expenditures and Monthly Case Count

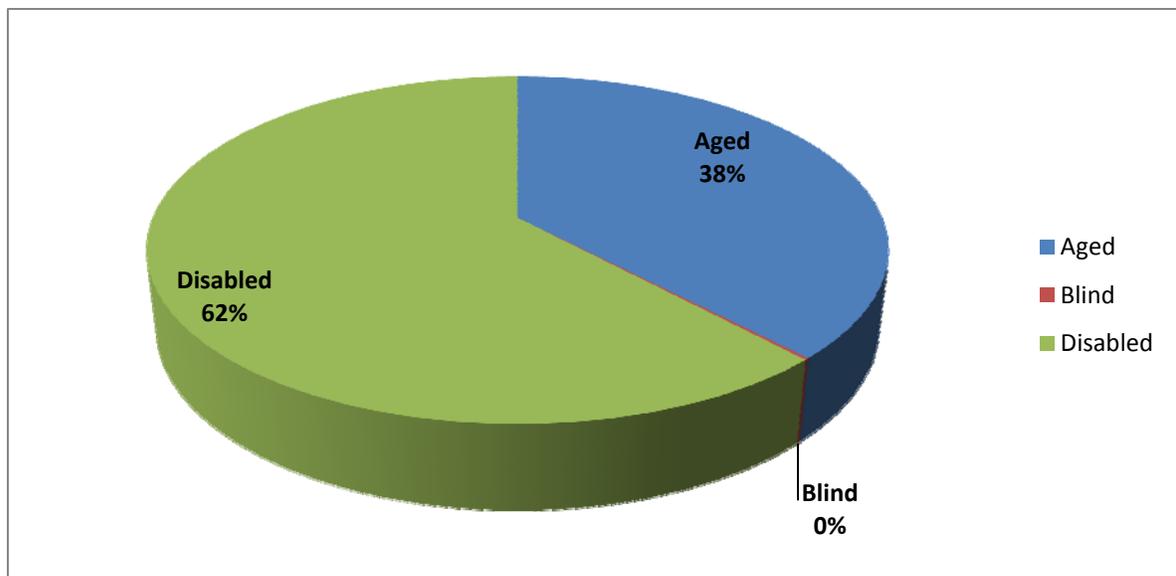
SFY 2011 Auxiliary Grant Expenditures and Monthly Case Count¹⁵			
	Adult Foster Care	Assisted Living Facility	Total
Average Monthly Caseload (Aged)	7	1,877	1,884
Average Monthly Caseload (Blind)	5	10	15
Average Monthly Caseload (Disabled)	25	3,023	3048
Average Monthly Caseload (Total)	37	4,910	4,947
State	\$185,673	\$22,087,725	\$22,273,398
Local	\$46,418	\$5,521,931	\$5,568,349
Local-Non Reimbursable	0	\$8,000	\$8,000
Total Expenditures	\$232,091	\$27,617,656	\$27,849,747

¹⁵ 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 2011 there were 6,111 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 2011 Data Warehouse statistics on individuals receiving AG.

Individuals applying for AG must meet a category of aged, blind or disabled. Individuals with a disability made up 62% of the total number of individuals with AG. Ten individuals identified as blind.

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



In FY 2011, 62% of individuals were white and 35% were African American. Twenty-eight 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

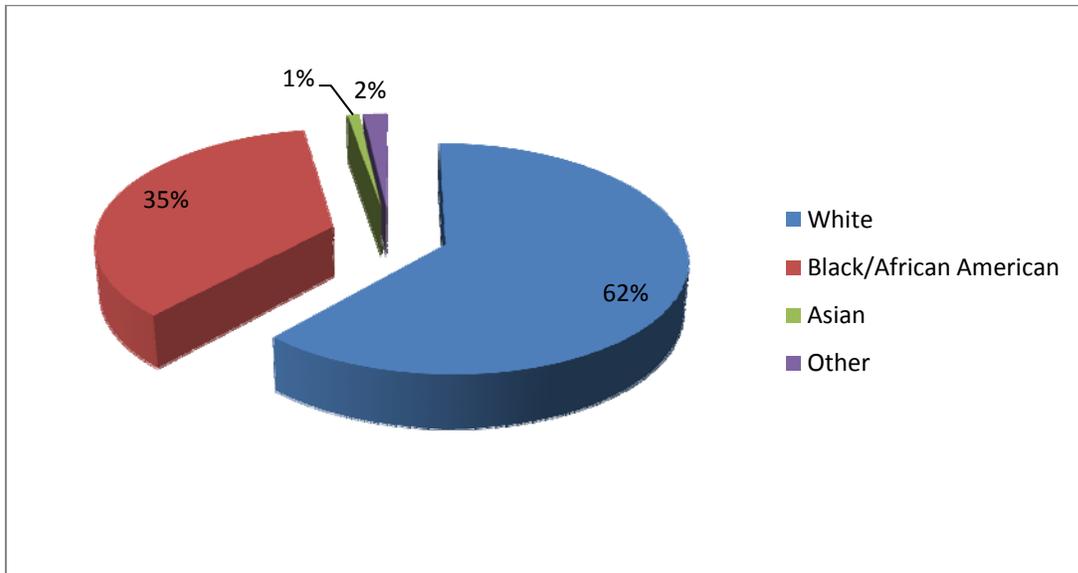


Table 22-Auxiliary Grant Recipients' Demographics: Male & Female

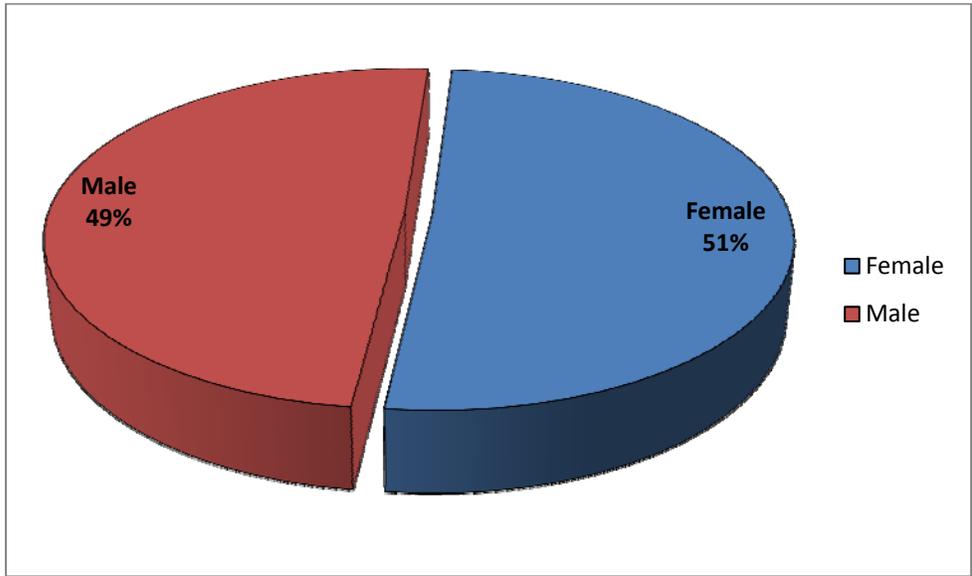
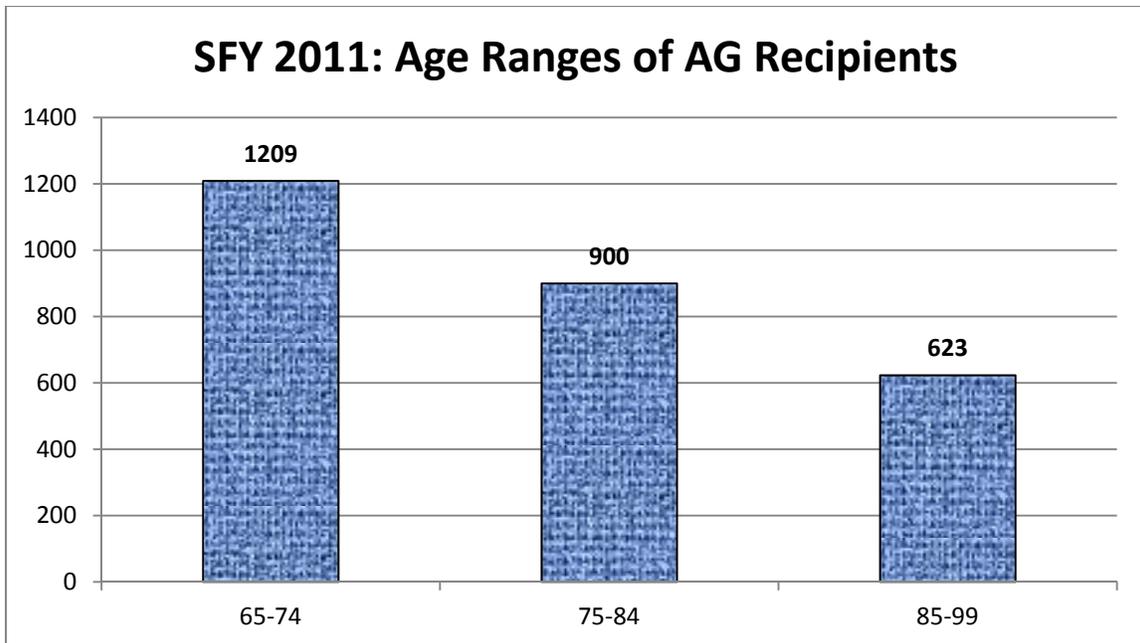
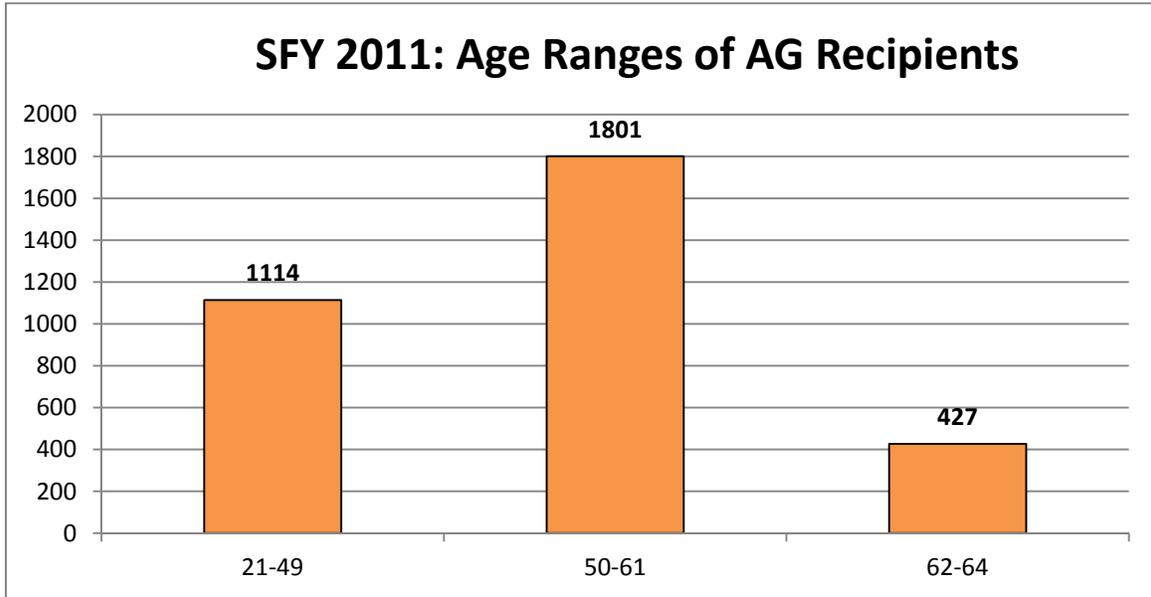


Table 23-Auxiliary Grant Recipients' Demographics: Ages

In FY 2011, 14 unduplicated AG recipients were 18 to 20 years old. Twenty-three AG recipients were 100 years old or older. Other age ranges of unduplicated AG recipients are depicted in the following bar graphs.



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







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

Adult Services Home Office Staff 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 gail.nardi@dss.virginia.gov</p>	<p>Venus Bryant Administrative Assistant ☎ 804-726-7533 venus.bryant@dss.virginia.gov</p>
<p>Paige McCleary Adult Services/Adult Protective Services Program Consultant ☎ 804-726-7536 paige.mccleary@dss.virginia.gov</p>	<p>Tishaun Harris-Ugworji Adult Services/Adult Protective Services Program Consultant ☎ 804-726-7560 tishaun.harrisugworji@dss.virginia.gov</p>
Adult Services Regional Staff	
<p>Carol McCray 190 Patton Street Abingdon, VA 24210 ☎ 276-676-5636 FAX: 276-676-5621 Carol.mccray@dss.virginia.gov</p>	<p>Andrea Jones 170 West Shirley Avenue, Suite 200 Warrenton, VA 22186 ☎ 540-347-6313 FAX: 540-347-6331 Andrea.jones@dss.virginia.gov</p>
<p>Angela Mountcastle 1351 Hershberger Road Suite 210 Roanoke, VA 24012 ☎ 540-204-9640 FAX: 540-561-7536 Angela.mountcastle@dss.virginia.gov</p>	<p>Margie Marker 1604 Santa Rosa Road Richmond, VA 23229 ☎ 804-662-9783 FAX: 804-662-7023 Marjorie.Marker@dss.virginia.gov</p>
<p>Carey Kalvig Pembroke Office Park, Pembroke IV, Suite 300 Virginia Beach, VA 23462 ☎ 757-491-3983 FAX: 757-552-1832 Carey.Kalvig@dss.virginia.gov</p>	

APPENDIX C: Adult Services Regional Assignments

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

APPENDIX D: Agencies and Organizations

VIRGINIA

Department of Social Services www.dss.virginia.gov

Department for the Aging www.vda.virginia.gov

Department of Health www.vdh.virginia.gov

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

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

Department of Rehabilitative Services www.vadrs.org

Virginia Board for People with Disabilities www.vaboard.org

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

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

Office of the State Long-term Care Ombudsman www.vaaaa.org/LTCOP/

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

NATIONAL

National Center on Elder Abuse www.ncea.aoa.gov/ncearoot/Main_Site/index.aspx

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

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

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

National Adult Protective Services Association www.apsnetwork.org/

APPENDIX E: Local Department of Social Services

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

<u>COUNTIES</u>	
<p>ACCOMACK DSS WAYMAN F. TRENT, SW SUPERVISOR 22554 CENTER PARKWAY PO BOX 210 ACCOMACK, VA 23301 757-787-1530; FAX 757-787-9303</p>	<p>APPOMATTOX DSS SUSAN HUNTER, SW SUPERVISOR 318 COURT STREET PO BOX 549 APPOMATTOX, VA 24522-0549 434-352-7125; FAX: 434-352-0064</p>
<p>ALBEMARLE DSS TRICIA SUSZYNSKI, SR SOCIAL WORKER 1600 FIFTH STREET, SUITE A CHARLOTTESVILLE, VA 22902 434-972-4010; FAX 434-972-4080 Webpage</p>	<p>ARLINGTON DEPT OF HUMAN SVS KAREN HANNIGAN, SOCIAL WORKER 2100 WASHINGTON BLVD. ARLINGTON, VA 22204 703-228-1350; FAX 703-228-1122 Webpage</p>
<p>ALLEGHANY/COVINGTON /CLIFTON FORGE DSS KAY P. WRENN, SW SUPERVISOR 110 ROSEDALE AVENUE, SUITE B COVINGTON, VA 24426-1244 540-965-1780; FAX: 540-965-1787 (SW) (540) 965-1772 (EW) VOICEMAIL 540-969-4223</p>	<p>BATH DSS CHERIE BEALE, SOCIAL WORKER 65 COURTHOUSE HILL ROAD PO BOX 7 WARM SPRINGS, VA 24484 540-839-7271; FAX 540-839-7278 Webpage</p>
<p>AMELIA DSS SONDRA HICKS, SW SUPERVISOR 16360 DUNN STREET, SUITE 201 PO BOX 136 AMELIA, VA 23002 804-561-2681; FAX: 804-561-6040 Webpage</p>	<p>BEDFORD DSS ROBIN ZIMMERMAN, SW SUPERVISOR 119 EAST MAIN STREET BURKS-SCOTT BUILDING BEDFORD, VA 24523-7750 540-586-7750 x253; FAX 540-586-7785 Webpage</p>
<p>AMHERST DSS BARBARA MCPHERSON, SW SUPERVISOR 224 SECOND STREET PO BOX 414 AMHERST, VA 24521-0414 434-946-9330; FAX 434-946-9319 Webpage</p>	<p>BLAND DSS KIMBERLY SOBEY, DIRECTOR 612 MAIN STREET BLAND COUNTY COURTHOUSE, SUITE 208 POST OFFICE BOX 55 BLAND, VA 24315 276-688-4111; FAX 276-688-1468 Webpage</p>

BOTETOURT DSS

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BRUNSWICK DSS

DEBBIE BURKETT, SW SUPERVISOR
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CECIL STILTNER, SW SUPERVISOR
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GRUNDY, VA 24614-0674
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BUCKINGHAM DSS

STEPHANIE COLEMAN, SW SUPERVISOR
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CAMPBELL DSS

SUSAN R. JONES, SW SUPERVISOR
69 KABLER LANE
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CAROLINE DSS

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CARROLL DSS

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CARROLL COUNTY GOVERNMENTAL COMPLEX
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HILLSVILLE, VA 24343
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CHARLES CITY DSS

ALISA FOLEY, PRINCIPAL SOCIAL WORKER
10600 COURTHOUSE ROAD
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CHARLOTTE DSS

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CHARLOTTE COURT HOUSE, VA 23923
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CHESTERFIELD-COLONIAL HGHTS DSS

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CLARKE DSS

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CRAIG DSS

MAGGIE JENNINGS, SW II
COURT STREET
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NEW CASTLE, VA 24127-0330
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CULPEPER DSS

CALVERT CHILTON, SOCIAL WORKER
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CULPEPER, VIRGINIA 22701
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CUMBERLAND DSS

JESSICA OWNBY, SW SUPERVISOR
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PO BOX 33
CUMBERLAND, VA 23040-9803
804-492-4915; FAX 804-492-9346

DICKENSON DSS

SUZZIE VANOVER, SR SOCIAL WORKER
BRUSH CREEK ROAD
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CLINTWOOD, VA 24228-0417
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DINWIDDIE DSS

DORTHEA TOWNES, SW SUPERVISOR
14012 BOYDTON PLANK ROAD
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DINWIDDIE, VA 23841
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ESSEX DSS

TONYA CHRISTIAN, SW SUPERVISOR
772 RICHMOND BEACH ROAD
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TAPPAHANNOCK, VA 22560-1004
804-443-3561; FAX 804-443-8254

FAIRFAX CO DEPT OF FAMILY SERVICES

BARBARA ANTLEY, DIVISION DIRECTOR
12011 GOVERNMENT CENTER PARKWAY
SUITE 232
FAIRFAX, VIRGINIA 22035
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FAUQUIER DSS

MITTIE WALLACE, PROGRAM MANAGER
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FLOYD DSS

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FLUVANNA DSS

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FORK UNION, VA 23055
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<p>FRANKLIN COUNTY DSS VICKIE SMITH, SW SUPERVISOR 11161 VIRGIL H. GOODE HIGHWAY ROCKY MOUNT, VA 24151 540-483-9247; FAX 540-483-1933 Webpage</p> <p>FREDERICK DSS SUSAN HOCKENSMITH, SOCIAL WORKER 107 NORTH KENT STREET, THIRD FLOOR WINCHESTER, VA 22601 540-665-5688; FAX 540-535-2146 Webpage</p> <p>GILES DSS PHILIP BLANKENBECKLER, SW SUPERVISOR 211 MAIN STREET, SUITE 109 NARROWS, VA 24124 540-726-8315; FAX 540-726-8253 Webpage</p> <p>GLOUCESTER DSS LINDA KERSEY, SW SUPERVISOR 6641 SHORT LANE PO BOX 1390 GLOUCESTER, VA 23601-0186 804-693-2671; FAX 804-693-5511 Webpage</p> <p>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</p>	<p>GRAYSON DSS NATALIE OSBORNE, SW SUPERVISOR 129 DAVIS STREET PO BOX 434 INDEPENDENCE, VA 24348-0434 276-773-2452; FAX 276-773-2361</p> <p>GREENE DSS KEVIN CARTER, SW SUPERVISOR 10009 SPOTSWOOD TRAIL STANARDSVILLE, VA 22973-0117 434-985-5246; FAX 434-985-5266 Webpage</p> <p>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</p> <p>HALIFAX DSS TRISH BARGER, SW SUPERVISOR 1030 COWFORD ROAD PO BOX 1189 HALIFAX, VA 24558-0666 434-476-6594; FAX 434-476-5258 Webpage</p> <p>HANOVER DSS CHRISTINE TILLMAN, APS SUPERVISOR 12304 SOUTH WASHINGTON HIGHWAY ASHLAND, VA 23005 804-365-4100; FAX 804-365-4110 Webpage</p>
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<p>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 Webpage</p> <p>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</p> <p>HENRY/MARTINSVILLE DSS MISSY SNOW, SW SUPERVISOR 20 PROGRESS STREET PO BOX 832 MARTINSVILLE, VA 24114 276-656-4300; FAX 276-656-4303</p> <p>HIGHLAND DSS SHARON SPONAUGLE, DIRECTOR COURTHOUSE ANNEX PO BOX 247 MONTEREY, VA 24465-0247 540-468-2199; FAX 540-468-3099</p> <p>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</p>	<p>JAMES CITY COUNTY DSS DENISE GREEN, SW SUPERVISOR 5249 OLD TOWNE ROAD WILLIAMSBURG, VA 23188 757-259-3100; FAX 7574-259-3188 Webpage</p> <p>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</p> <p>KING GEORGE DSS BERNADETTE DEEGAN, SOCIAL WORKER 10069 KINGS HIGHWAY PO BOX 130 KING GEORGE, VA 22485-0130 540-775-3544; FAX 540-775-3098 Webpage</p> <p>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 Webpage</p> <p>LANCASTER DSS DAWN MAHAFFEY, SW SUPERVISOR 9049 MARY BALL ROAD PO BOX 185 LANCASTER, VA 22503 804-462-5141; FAX 804-462-0330</p>
--	--

LEE DSS

SALLY LEWIS, SW SUPERVISOR
MAIN STREET
PO BOX 348
JONESVILLE, VA 24263-0346
276-346-1010; FAX 276-346-2217

LOUDOUN DSS

DINAH DITTON, APS SUPERVISOR
JENNIFER MCLAUGHLIN, APS
102 HERITAGE WAY, NE, SUITE 200
LEESBURG, VA 20176
703-777-0353; FAX 703-771-5214
[Webpage](#)

LOUISA DSS

VICKY MOORE, SW SUPERVISOR
103 MCDONALD STREET
PO BOX 425
LOUISA, VA 23093-0425
540-967-1320; FAX 540-967-0593

LUNENBURG DSS

DOROTHY A NEWCOMB, DIRECTOR
11387 COURTHOUSE ROAD
LUNENBURG, VA 23952
434-696-2134; FAX 434-696-2534

MADISON DSS

ROBIN BRECKENRIDGE, SOCIAL WORKER III
101 SOUTH MAIN STREET
PO BOX 176
MADISON, VA 22727-0176
540-948-5521; FAX 540-948-3762
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MATHEWS DSS

LISA BURNS-BROWN, SW SUPERVISOR
ROUTE 611, 536 CHURCH STREET
PO BOX 925
MATHEWS, VA 23109-0925
804-725-7192; FAX 804-725-7086
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MECKLENBURG DSS

JOY L. GUPTON, SW SUPERVISOR
911 MADISON STREET
PO BOX 400
BOYDTON, VA 23917
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MIDDLESEX DSS

REBECCA MORGAN, SW SUPERVISOR
2893 GENERAL PULLER HIGHWAY
PO BOX 216
URBANNA, VA 23175-0216
804-758-2348; FAX 804-758-2357
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MONTGOMERY DSS

ISAAC BOSCH, SW SUPERVISOR
210 SOUTH PEPPER STREET, SUITE B
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CHRISTIANSBURG, VA 24073
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NELSON DSS

MICHEL KOHL, DIRECTOR
JOUETTE ROWE, SW II
203 FRONT STREET
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NEW KENT DSS

VANESA LIVINGSTONE, SW II
 12025 COURTHOUSE CIRCLE, SUITE 100
 PO BOX 299
 NEW KENT, VA 23142
 804-966-1853 x20; FAX 804-966-9170

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