

Department
for Aging and
Rehabilitative
Services

State
Fiscal
Year
2021

Adult Protective Services
Division

Annual Report



COMMONWEALTH OF VIRGINIA
DEPARTMENT FOR AGING AND REHABILITATIVE SERVICES

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Dear Colleagues:

I want to start off by acknowledging the incredible challenges that local Adult Protective Services (APS) and Adult Services (AS) staff continued to endure over the past 12 months. Many of us had hoped that we could put COVID-19 behind us and return to the way things used to be. However, 2021 had other plans! Yet local APS and AS workers continued to demonstrate their commitment to meeting the needs of Virginia's vulnerable adults.

Despite the ups and downs, there were a few reasons to be thankful in 2021. COVID-19 vaccines allowed us to re-engage with our loved ones and many of our clients after months of keeping our distance. A handshake or a long overdue hug helped make that important connection more than any virtual meetings could. The good news in late 2020, is APS would finally receive some federal funding, followed by even better news that more APS funding via the American Rescue Plan Act was also heading our way! This federal assistance will not only support local APS programs, but also enable the APS Division to make some significant improvements to Virginia's APS system over the next several years. Approximately \$1.5 million has already been sent to local departments and the APS Division used some funding to hire a full-time APS curriculum developer/trainer.

While the 2021 annual report continues to demonstrate an increase in APS reports over the past year, this difficult trend also says to me that both local and state APS staff are raising awareness about the importance of contacting authorities who can stop maltreatment of older adults and people with disabilities. So please stay positive and know that each day you improve the lives of so many citizens across Virginia.

Sincerely,

A handwritten signature in cursive script that reads "Kathryn A. Hayfield".

Kathryn A. Hayfield

Table of Contents

THE APS DIVISION AT THE DEPARTMENT FOR AGING AND REHABILITATIVE SERVICES ...2

ADULT SERVICES PROGRAM.....4

Table 1-LTSS Screenings by Region5

Table 2-Services by Type and Number6

Table 3-AS Expenditures7

Table 4-Five-Year Comparison of AS Expenditures7

Home-based Services and AFC Appeals8

Table 5- Home-based Services Appeals.....8

ADULT PROTECTIVE SERVICES PROGRAM9

Table 6-Source of APS Reports11

APS Reports and Investigations12

Table 7-Three-Year Comparison of APS Reports.....13

Table 8-APS Expenditures15

Table 9-Five-Year Comparison of APS Expenditures15

Table 10-Statewide Substantiated Maltreatment16

Table 11-Location of Incident.....17

Table 12-State and Regional APS Reports Statistics18

Table 13-Substantiated Maltreatment by Type and Region19

Table 14-Financial Exploitation-Regional Impact20

Table 15-Method Used to Financially Exploit21

Table 16-APS Reports by Locality22

Table 17-APS Hotline Reports.....24

GUARDIANSHIP PROGRAM25

Table 18-Annual Guardian Reports by Region25

The APS Division at the Department for Aging and Rehabilitative Services

"DARS' mission is to improve the employment, quality of life, security, and independence of older Virginians, Virginians with disabilities, and their families."

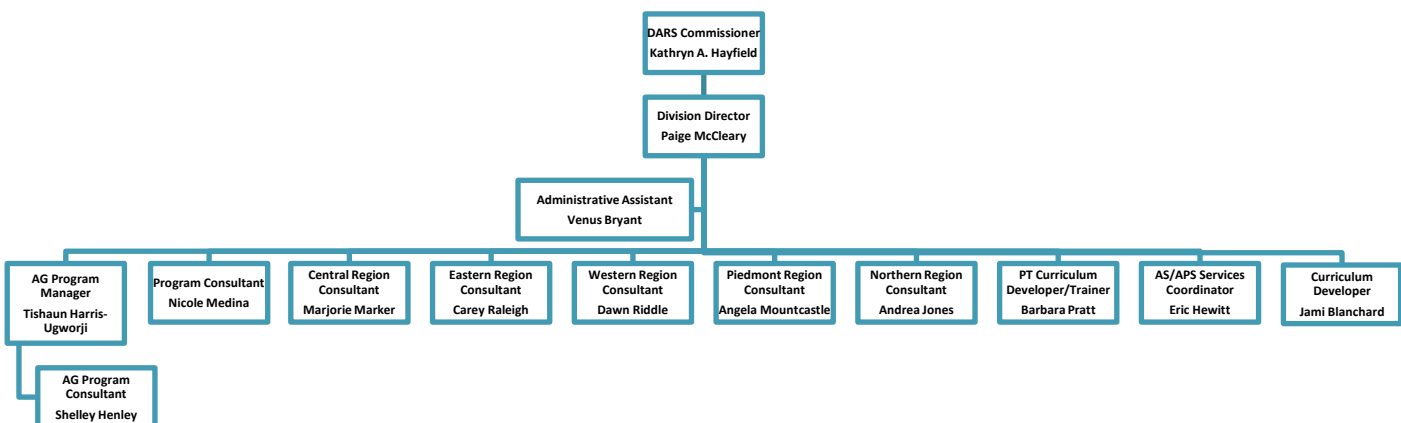
The Department for Aging and Rehabilitative Services (DARS) is home to several divisions and programs that provide essential services to older adults and individuals with disabilities. Programs include the Office of the State Long-term Care Ombudsman, the Virginia Public Guardianship Program, Brain Injury Services Coordination and the Personal Assistance Services Program. DARS is also the lead agency in Virginia in addressing the employment needs of individuals with disabilities. Vocational Rehabilitation services and the Wilson Workforce Rehabilitation Center help individuals with physical, cognitive, and developmental disabilities become successfully employed.

Legislative changes during the 2012 Session of the Virginia General Assembly moved the Adult Protective Services (APS) Division from the Department of Social Services (DSS) to DARS. The relocation, which occurred in July 2013, only affected Division staff as the service delivery system for APS Division programs remained with 120 local departments of social services (LDSS).

The DARS Commissioner, who the Governor appoints, oversees the Division at the state level. The following organizational chart outlines the Division's structure including Home Office and regional staff for all Division programs. Staff contact information is available on the Division's website at:

<https://www.vadars.org/aps/HomeStaff2.htm> and <https://www.vadars.org/aps/Regional.htm>.

APS Division Organizational Chart



The APS Division supervises three, locally delivered programs: **Adult Services (AS)**, **APS** and **Auxiliary Grant (AG)** Programs. These programs provide protection, empowerment, and the opportunity for independence for older adults and individuals with disabilities. APS Division staff develops policies, procedures, regulations, training, and standards for the three program areas and are responsible for the monitoring and evaluation of those programs. The Commissioner and Home Office staff serve as liaisons to federal and state legislative and executive agencies and to LDSS. Home Office staff, in collaboration with DSS, allocates and manages program funding for LDSS.

AG Program information is available in the AG Annual Report, which the Division submits each September. Pursuant to state budget language, the AG annual report highlights program statistics, including information about AG supportive housing (SH) and the number of individuals residing in this setting. The state fiscal year (SFY) 2021 AG Annual Report is accessible at the following link:

<https://rga.lis.virginia.gov/Published/2021/RD406>

The SFY 2021 AS and APS report reflects statistical data from the PeerPlace case management system. The Division continues to make changes to the PeerPlace case management system to enhance collection of comprehensive AS and APS metrics in the Commonwealth and to improve Virginia's data submission to the National Adult Maltreatment Reporting System (NAMRS). This year's annual report includes some of these additional data elements and also presents some new charts that further describe important aspects of APS cases.

It also should be noted, that LDSS staff continued to operate AS and APS programs successfully despite the ongoing challenges of another 12 months of the COVID-19 pandemic. LDSS workers remained flexible and collaborated with community partners to ensure older adults and individuals with disabilities were able to access necessary services.

Adult Services Program

The following sections provide an overview of Adult Services (AS) Program activities. The AS Program serves adults with an impairment¹ and their families when appropriate. Services 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. The types of services provided in an AS case may include:

Home-Based Services

Each LDSS is mandated to offer at least one home-based service to eligible adults to the extent that federal and state matching funds are available. LDSS may recruit and approve home-based providers using uniform provider standards or contract with licensed home health and other service delivery agencies.

Home-based care consists of three primary services:

- **Companion** services include 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.

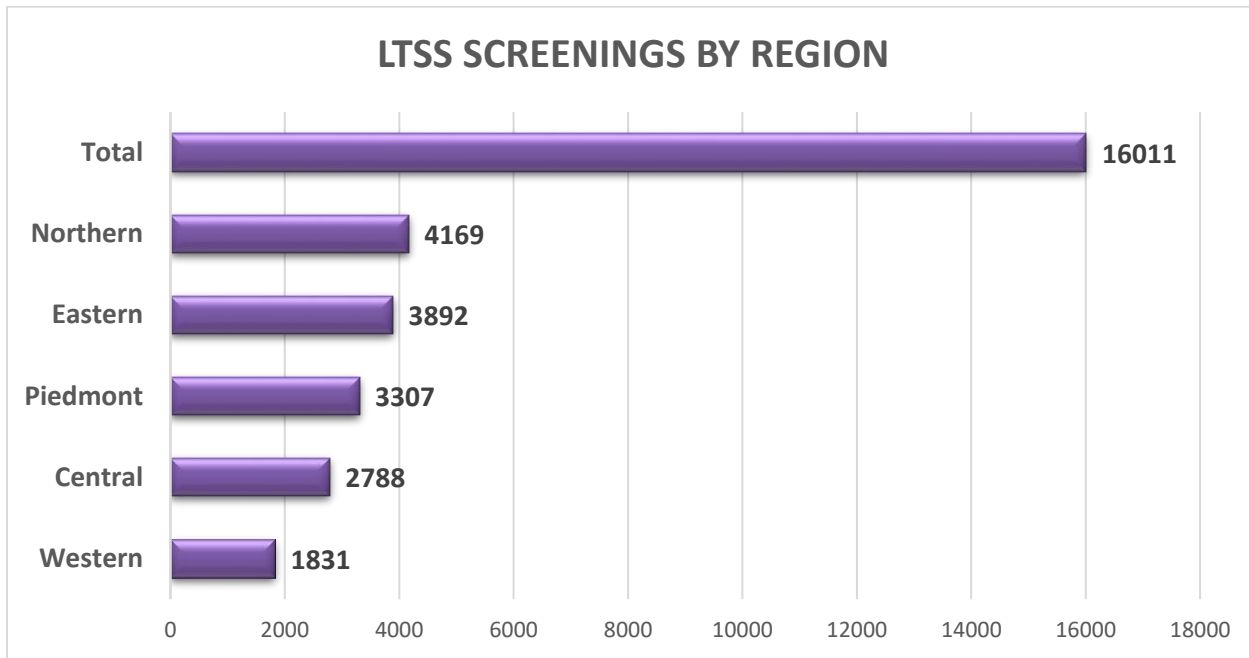
In Virginia, funding for home-based care services is through the Social Service Block Grant (SSBG), which is distributed among many other state programs. Funding for home-based care programs has not increased in several years. Localities struggle with the need to increase providers' wages, the inability to locate willing providers, and a growing number of individuals who request home-based care. Frequently, localities must reduce service hours for their clients or seek other types of long-term services for them. PeerPlace service plan data indicates that **4,574** adults received home-based services.

Long-term Services and Supports (LTSS) Screenings

The Code of Virginia (§ 32.1-330) requires that all individuals who apply for or request community or institutional long-term services and supports (LTSS) be screened to determine their functional eligibility for these services. The LDSS worker, in cooperation with local health department nurses, are responsible for performing screenings for LTSS for individuals residing in the community. Medicaid services that an individual may request include CCC Plus waiver, nursing facility placement or Program for the All-Inclusive Care for the Elderly (PACE). In SFY 2021 LDSS participated in screening **16,011** adults for LTSS, all of which were conducted virtually due to COVID flexibilities authorized by the Department of Medical Assistance Services (DMAS). **Table 1** shows the largest percentage of LTSS screenings (**26%**) occurred in the Northern region and the smallest percentage of LTSS screenings (**11%**) occurred in the Western region.

¹ Adult with an impairment means an adult whose physical or mental capacity is diminished to the extent that he needs counseling or supervisory assistance or assistance with activities of daily living or instrumental activities of daily living (§51.5-144 of the Code of Virginia).

Table 1-LTSS Screenings by Region²



Assisted Living Facility (ALF) Assessment and Reassessments

Individuals applying for or receiving AG must be assessed annually or whenever they experience a significant change using the UAI in order to ensure the appropriate level of care is being provided. Employees of the following agencies are authorized to complete initial assessments for individuals apply for or receiving AG:

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

With the exception of staff at acute care hospitals and the Department of Corrections, qualified assessors with the above-named agencies may also conduct 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. The AFC is an optional program and not all LDSS offer it. The following local departments offered AFC in 2021: Chesapeake, Fairfax, Fauquier, Hampton, Henrico, Montgomery, Norfolk, Prince William, Scott, Virginia Beach, and York/Poquoson. The local board of social services must authorize an AFC Program before the LDSS can offer the program. AFC homes must be approved by the LDSS and approved providers may accept no more than three AFC residents. All placements must be authorized by the LDSS worker. In SFY 2021, **56** individuals received AFC services.

² Source: Department of Medical Assistance Services (DMAS)

Other Services to Support Adults

In addition to home-based services, screenings, AFC, adult day services and ALF assessments, LDSS workers offer or arrange a variety of other assistance and support for their adult clients. **Table 2** lists these services by type and number.

Table 2-Services by Type and Number

SFY 2021 Services by Type and Number³	
Type of Service	Number of Cases with Service
Case Management Services	3688
Monitoring - LDSS	2259
Other	1269
Advocacy	1007
Medical Services	963
Assisted Living Facility (ALF) Placement	852
Emergency Assistance	720
Home-Delivered Meals	689
Housing Services	686
Nursing Facility (NF) Placement	646
Legal Assistance	568
Financial Management/Counseling	531
Food Assistance	515
Public Assistance	508
Transportation	439
Mental Health Services	385
Home Health	364
Home Maintenance	353
Substitute Decision-Maker	202
Hoarding/Declutter	187
Counseling	178
Caregiver Support	156
Volunteer Services	133
Emergency Shelter	121
Psychiatrist/Psychologist	85
Domestic Violence Services	84
PT/OT/ST Services	58
Adult Day Services	45
Community Living Waiver (CL)	44
Substance Abuse Services	43
Friendly Visitor/Caller	42
Respite Care	36
Project Lifesaver	26
Vision Services	26
Family Partnership/Team Meeting	24

³ Source: PP service plan, includes services provided in AS and APS programs.

Dental Services	23
Employment Services	14
Congregate Meals	13
Senior Center	10
Family and Individual Supports Waiver (FIS)	5
Building Independence Waiver (18+ years) (BI)	4
Vocational Rehabilitation	1

LDSS may use AS funding to provide in-home services and supports to provide necessary services such as companion, chore, or homemaker. AS funds may also be used for guardianship support services or to purchase goods or services to prevent disruption of or to stabilize the adult's situation before the adult may need more intrusive protective services. **Table 3** identifies AS expenditures for SFY 2021 and **Table 4** shows a five-year comparison of AS expenditures.

Table 3-AS Expenditures

SFY 2021 Adult Services Expenditures⁴					
Services	Federal & State	Local	Non-reimbursed local	Total Expenditures	% of Total Expenditures
Companion	\$3,658,261	\$914,565	\$3,248,403	\$7,821,229	94%
Chore	\$3,350	\$837	\$12,501	\$16,689	<1%
Homemaker	\$13,205	\$3,301	\$0	\$16,507	<1%
Guardianship	\$71,144	\$17,786	\$0	\$88,931	1%
Prevention	\$287,545	\$71,886	\$765	\$360,195	4%
Total	\$4,033,459	\$1,008,364	\$3,261,669	\$8,303,493	100%

Table 4-Five-Year Comparison of AS Expenditures

5-Year Expenditures				
SFY	Federal & State	Local	Non-reimbursed Local	Total Expenditures
2021	\$4,033,459	\$1,008,364	\$3,261,669	\$8,303,493
2020	\$4,301,554	\$1,075,388	\$4,158,633	\$9,535,576
2019	\$4,238,545	\$1,059,636	\$4,135,443	\$9,433,624
2018	\$4,444,245	\$1,111,060	\$3,946,331	\$9,501,636
2017	\$4,407,044	\$1,101,761	\$3,369,135	\$8,877,940

⁴ Source: LASER

Home-based Services and AFC Appeals

The DARS Commissioner is responsible for hearing home-based and adult foster care services appeals, pursuant to § 51.5-147 of the Code of Virginia. **Table 5** provides information about SFY 2021 appeals. Most of the appeals DARS received were deemed invalid as they did not pertain to LDSS' actions on home-based services or adult foster care cases. Most of the appeals DARS received were in response to denials of Medicaid funded long-term services and supports. When this type of appeal was submitted to DARS, the constituent was informed of the error and redirected to file the appeal with the DMAS Appeals Unit.

Table 5- Home-based Services Appeals

Appeals Received	5
Valid Appeals Received	2
Hearings Scheduled	3⁵
Hearings Completed	3

⁵ FY20 hearing was scheduled and held in FY21

Adult Protective Services Program

APS includes the receipt and investigation of reports of abuse, neglect, or exploitation and the provision of services to stop or prevent further abuse. Protective services also include assessing service needs, determining whether the adult is in need of protective services, documenting the need for protective services, specifying what services the adult needs, and providing or arranging for service delivery.

Because there is no federal statute directly related to the delivery of APS, each state has developed its own system for service delivery. State APS programs differ by the populations served, locations in which investigations are conducted, report response times, and post-investigation service delivery responsibilities. APS workers are typically the first responders to reports of adult abuse, neglect, and exploitation, though response mandates differ. In all states, APS programs conduct investigations in community settings, such as the adult's own home, while fewer than 50% are responsible for investigations in nursing facilities or state facilities for individuals with mental illness or developmental disabilities. In some states, local ombudsmen or other state program staff conduct APS investigations in facility settings.

Even though there is no federal oversight for elder and adult abuse, it is certainly an area of interest at the federal level. The Administration for Community Living (ACL) supports state APS programs primarily through federal grants to improve states' APS systems. ACL also developed the National Adult Maltreatment Reporting System (NAMRS), a database system to collect and organize APS data submitted by each state. Though submission is voluntary, most states, including Virginia, submit NAMRS data. Data for federal fiscal years (FFY) 2016-2020 is available at: <https://namrs.acl.gov/Learning-Resources/Adult-Maltreatment-Reports/2020-Adult-Maltreatment-Report.aspx>

ACL also coordinates with the APS Technical Assistance Resource Center (TARC), which provides education and technical assistance to state APS program through webinars, blog posts and helps programs with their FFY NAMRS submissions.

2021 Legislative Changes in Virginia

During the 2021 Virginia General Assembly Session, several legislative proposals were introduced to address local APS workers' concerns that they did not have the ability to file protective orders (e.g. "restraining orders") on behalf of incapacitated adults. While the bill that passed, **Senate Bill (SB) 1297**, did not provide workers directly with the ability to petition for a protective order, it did amend the existing emergency order for adult protective services statute, enabling LDSS who petitioned for an emergency order for protective services to seek additional protections for vulnerable adults who were being abused, neglected, or exploited.

When hearing a petition for an emergency order for adult protective services, a court could impose certain restrictions on an alleged perpetrator who subjected an incapacitated adult to an act of violence, force, or threat or financial exploitation. Restrictions could include prohibiting acts of violence, force, or threat or criminal offenses that may result in injury to person or property; prohibiting contact with the adult, the adult's family or other household members; and prohibiting financial exploitation.

Mandated Reporting in Virginia

In Virginia, an APS report is an allegation that an adult age 60 or older or an incapacitated person age 18 to 59 is being abused, neglected, or exploited. Reports are made to the appropriate LDSS or to the 24-hour toll-free APS Hotline (**1-888-832-3858**)

Virginia's mandatory reporting law (§ 63.2-1606) of the Code of Virginia) identifies professionals or individuals performing certain job functions, who are required to report suspected adult abuse, neglect, or exploitation to LDSS or to the 24 hour toll-free APS hotline immediately. These individuals, also known as mandated reporters, may face a civil penalty of up to \$1,000 for failure to report. Anyone who makes an APS report in good faith are protected from civil or criminal liability.

In SFY 2021 the APS Division used federal grant funding to update an e-learning module for mandated reporters training, titled "Mandated Reporters: Recognizing Adult Abuse, Neglect, and Exploitation in Virginia," was posted to the Virginia Learning Center, DARS APS Division public site, and the VDSS public site. The training may be accessed at: <https://www.vadars.org/aps/AdultProtServ.htm> and <https://www.dss.virginia.gov/abuse/aps.cgi>.

Mandated reporters include the following persons acting in their professional capacity:

- Any person licensed, certified, or registered by health regulatory boards listed in § 54.1-2503) with the exception of veterinarians;
- Any mental health services provider;
- 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;
- Any guardian or conservator of an adult;
- 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;
- 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
- Any law-enforcement officer.

Table 6 is a comprehensive list of reporters to the local departments in SFY 2021. More than **26,000** reports were made by mandated reporters. Occupations or professionals represented in blue in the table below represent mandated reporters. The category "unspecified" refers to reporters, who do not identify their occupation or their relationship to the subject of the report. **2,711** individuals exercised their right to remain anonymous in making a report. Relatives and family members continue to be the most frequent reporters to APS. Financial institutions retained their rank as the second highest reporter category.

Table 6-Source of APS Reports⁶

SFY 2021 REPORTER TYPE	# OF REPORTS
Relative (includes ex-wife/ex-husband)	4,466
Financial Institution Staff	4,316
Unspecified	3,300
Social Worker	3,170
Nurse/Nurse Manager/NP/Visiting Nurse/Public Health Nurse	2,912
Anonymous	2,711
Other	2,623
Law Enforcement	2,375
Self	2,249
Nursing Facility Staff	2,130
EMS/Fire Department	1,502
Friend/Neighbor	1,399
Hospital Staff	1,370
Community Services Board Staff	892
Mental Health Support Worker/Counselor/Psychologist/Psychiatrist	838
Assisted Living Facility Staff	603
DBHDS staff	562
Agency	442
LDSS Staff	413
Group Home Staff	344
Social Service Agency	319
Other Healthcare Professional (PT/OT/SLP)	296
Hospice Staff	264
Landlord	256
Home Based Care/Personal Care Provider	205
Caregiver (not specified)	194
Area Agency On Aging Staff	180
Medicaid	104
Guardian	99
Attorney	86
POA	59
Transportation Provider	55
Shelter Staff	53
Religious Org.	42
Roommate	42
PACE Staff	39
Supervisor	38
Educational Institution Staff	34
VDSS Licensing Programs Staff	30
Health Department Staff	27
Services Facilitator - CDS	26

⁶ Source: PeerPlace

Adult Day Care Staff	25
Domestic Violence Program Staff	24
Public Housing Staff	24
Volunteer	24
Intimate Partner	17
Medical Examiner	14
Meals-on-Wheels Staff	12
DARS Staff	11
Department of Health Professions Staff	9
Treatment Practitioner	9
Conservator	8
Domestic Partner	6
Long-Term Care Ombudsmen	6
Dentist/Dental Office Staff	5
Optometrist/Ophthalmologist	5
Pharmacist/Pharmacy Staff	5
Emergency Contact	4
Facility Resident	4
Representative Payee	4
Dietitian and Nutritionists	3
Paralegal	3
Superintendent	3
Funeral Home Staff	2
Workshop Staff	2
Adult Foster Care Provider	1
Non-Family Facility Visitor	1
Therapist - Radiological Tech	1
Therapist - Respiratory	1

APS Reports and Investigations

Every APS report must meet certain criteria in order for it to be 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 a report does not meet APS validity criteria, the LDSS may refer the reporter to other LDSS programs, an appropriate human service agency, or other service provider. A list of indicators of adult abuse, neglect, or exploitation is located at: <https://www.vadars.org/aps/AdultProtServ.htm>. The Code of Virginia definitions of adult abuse, neglect, and exploitation follow.

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 as defined in § 63.2-1603.” 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 older adult or an incapacitated person. 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 as defined in § 63.2-1603 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, unauthorized, improper, or fraudulent use of an adult as defined in § 63.2-1603 or his funds, property, benefits, resources, or other assets for another's profit, benefit, or advantage, including a caregiver or person serving in a fiduciary capacity, or that deprives the adult of his rightful use of or access to such funds, property, benefits, resources, or other assets. "Adult exploitation" includes (i) an intentional breach of a fiduciary obligation to an adult to his detriment or an intentional failure to use the financial resources of an adult in a manner that results in neglect of such adult; (ii) the acquisition, possession, or control of an adult's financial resources or property through the use of undue influence, coercion, or duress; and (iii) forcing or coercing an adult to pay for goods or services or perform services against his will for another's profit, benefit, or advantage if the adult did not agree, or was tricked, misled, or defrauded into agreeing, to pay for such goods or services or to perform such services.

Table 7 identifies three-year trends for APS reports. Total APS reports increased **5%** from SFY 2020 to 2021. Substantiated reports increased **3%** during the same time.

Table 7-Three-Year Comparison of APS Reports

THREE YEAR COMPARISON OF APS REPORTS⁷			
	2019	2020	2021
Total Reports Received	34,116	37,398	39,185
Total Investigated	21,785	23,969	24,221
Total Substantiated	11,040	12,004	12,359
Unfounded	9,745	10,578	10,591
Invalid Disposition⁸	1,000	1,386	1,269
Pending⁹	1,452	166	1,874
Invalid¹⁰	10,879	13,263	13,090
Percent of Reports Substantiated¹¹	51%	50%	51%
DISPOSITIONS OF SUBSTANTIATED REPORTS¹²			
Needs and Accepts Services		4,274	4,230
Needs and Refuses Services		2,501	2,441
Need No Longer Exists		5,229	5,688

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

⁷ Source: PeerPlace

⁸ “Invalid disposition” means upon the initiation of the investigation, the worker determined that the situation did not meet all validity criteria even though the report was validated.

⁹ Pending reports include reports undergoing investigation. PeerPlace does not have a pending category. For SFY 2020 & SFY 2021 pending was estimated by adding total investigated to reports invalidated upon receipt and subtracting the total from the total number of report.

¹⁰ Beginning in SFY 2019, “invalid” represented only reports invalidated upon receipt.

¹¹ Beginning in SFY 2019, percent substantiated was calculated by dividing the number of substantiated investigations by the number of investigations.

¹² In SFY 2019, PeerPlace did not differentiate substantiated dispositions. System enhancements enabled PeerPlace to capture these dispositions in SFY 2020.

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.

LDSS may use APS funding to provide critical services such as extermination of insect or rodent infestations in the home; home repairs including broken plumbing or a leaking roof; purchase food, medicine, or clothing; and emergency placement in a hotel, nursing facility, or assisted living facility. **Table 8** identifies APS expenditures for SFY 2021 and **Table 9** shows a five-year comparison of APS expenditures.

Table 8-APS Expenditures

SFY 2021 APS Program Expenditures ¹³					
Service	Federal & State	Local	Non-reimbursed local	Total Expenditures	% of Total Expenditures
APS	\$585,684	\$107,431	\$340,875	\$1,033,991	100%

Table 9-Five-Year Comparison of APS Expenditures

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¹³ Source: LASER

5-Year Expenditures				
SFY	Federal & State	Local	Non-reimbursed Local	Total Expenditures
2021	\$585,684	\$107,431	\$340,875	\$1,033,991
2020	\$527,194	\$96,703	\$166,604	\$790,501
2019	\$562,190	\$103,122	\$162,417	\$827,729
2018	\$740,595	\$135,849	\$168,786	\$1,045,230
2017	\$698,934	\$128,205	\$146,018	\$973,157

Victims may experience different types of abuse, neglect, or exploitation. Some victims may only experience self-neglect. Others may be the victims of poly-victimization, when one or more types of maltreatment co-occur. **Table 10** identifies the types of maltreatment that were substantiated in SFY 2021. Self-Neglect is the most common type of maltreatment experienced in Virginia at **56%**. Neglect and financial exploitation follow with **31%** when combined.

Table 10-Statewide Substantiated Maltreatment

SFY 2021 Substantiated Types of Maltreatment ¹⁴	#	%
Self-Neglect	8,373	56%
Neglect	2,473	17%
Financial Exploitation	1,929	13%
Physical Abuse	960	6%
Mental Abuse	771	5%
Other Exploitation	283	2%
Sexual Abuse	108	1%
TOTAL	14,897¹⁵	

¹⁴ Source: PeerPlace

¹⁵ More than one type of substantiated maltreatment may be selected.

Table 11 shows the location of the incident of maltreatment in the APS report. The majority of incidents occurred in the adult’s own home or apartment. The second most common location was another person’s home or apartment. The lower numbers of incidence in long term care settings such as nursing and assisted living facilities is indicative of the lockdowns and lack of visitation related to the COVID-19 pandemic.

Table 11-Location of Incident

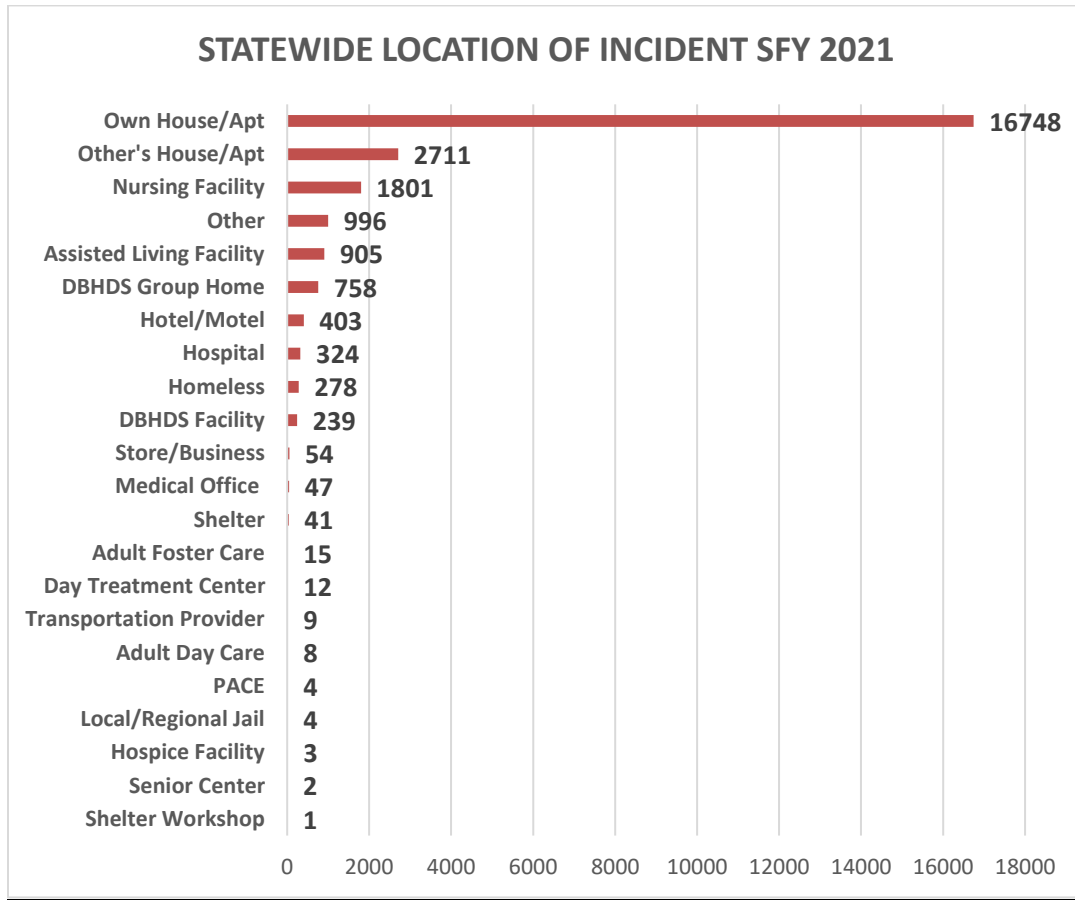


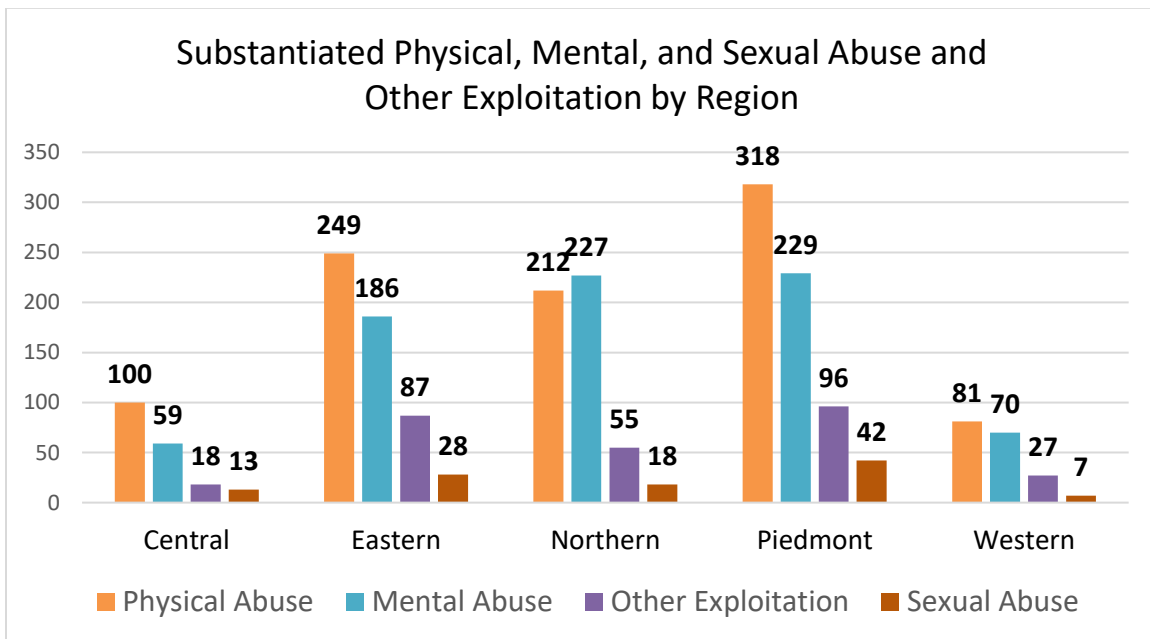
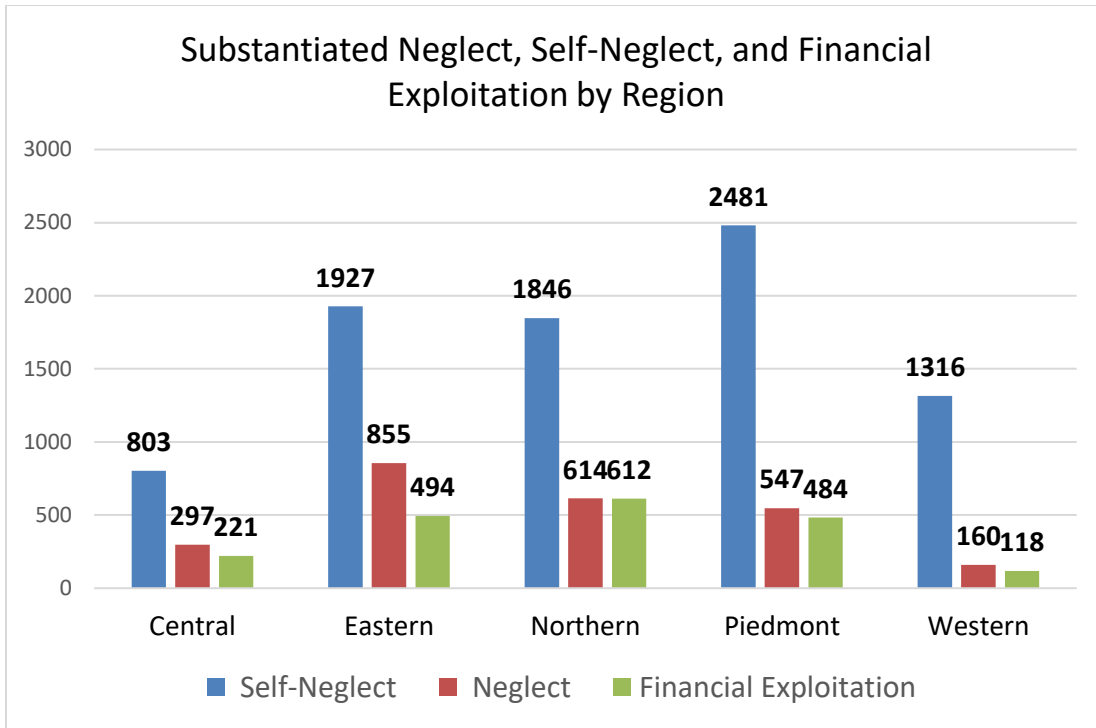
Table 12 reflects demographics of the APS report subjects by state and region. Statewide **77%** of subjects were age 60 or older. **3,283** individuals were age 85 or older.

Table 12-State and Regional APS Reports Statistics

SFY 2021 DEMOGRAPHICS OF REPORT SUBJECTS						
	CENTRAL	EASTERN	NORTHERN	PIEDMONT	WESTERN	STATE TOTAL
Reports Received	6,201	8,877	10,632	9,281	4,194	39,185
Reports Substantiated	1,219	2,861	3,112	3,613	1,554	12,359
DEMOGRAPHICS OF REPORT SUBJECT						
60+	77%	76%	81%	75%	77%	77%
18-59	19%	19%	17%	21%	19%	19%
Unknown	4%	5%	3%	3%	4%	4%
Female	58%	60%	58%	57%	60%	59%
Male	41%	39%	41%	43%	40%	41%
Unspecified/Unknown	<1%	<1%	<1%	<1%	<1%	<1%
Transgender	<1%	<1%	<1%	<1%	<1%	<1%
White not Hispanic	52%	51%	61%	67%	86%	63%
Black	30%	32%	14%	15%	4%	19%
Asian	1%	1%	3%	<1%	<1%	3%
American Indian or Alaska Native	<1%	<1%	<1%	<1%	<1%	<1%
White Hispanic	2%	2%	4%	2%	1%	2%
Native Hawaiian or Other Pacific Islander	<1%	<1%	<1%	<1%	<1%	<1%
Unknown/RTA	15%	13%	18%	15%	9%	14%
Married	15%	17%	20%	16%	18%	17%
Divorced	8%	8%	9%	11%	11%	9%
Separated	2%	1%	2%	2%	2%	2%
Single	22%	20%	21%	21%	16%	20%
Widowed	15%	16%	18%	17%	23%	18%
Unknown	37%	37%	31%	33%	31%	34%

Table 13 compares self-neglect, neglect, and financial exploitation by region in one illustration and physical abuse, mental abuse, other exploitation, and sexual abuse by region in the second illustration. Across all five regions self-neglect is the most prevalent type of maltreatment.

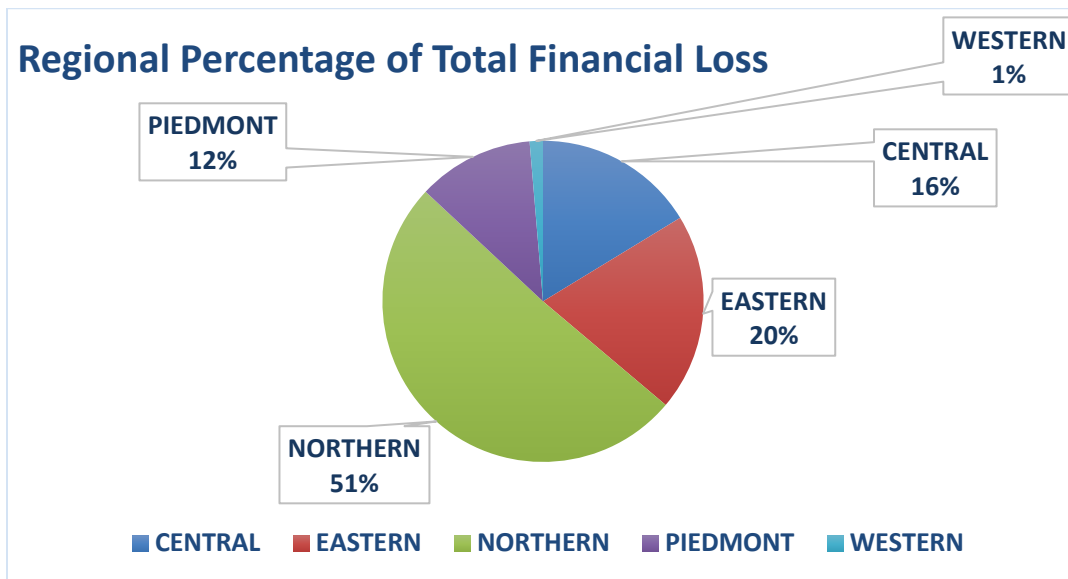
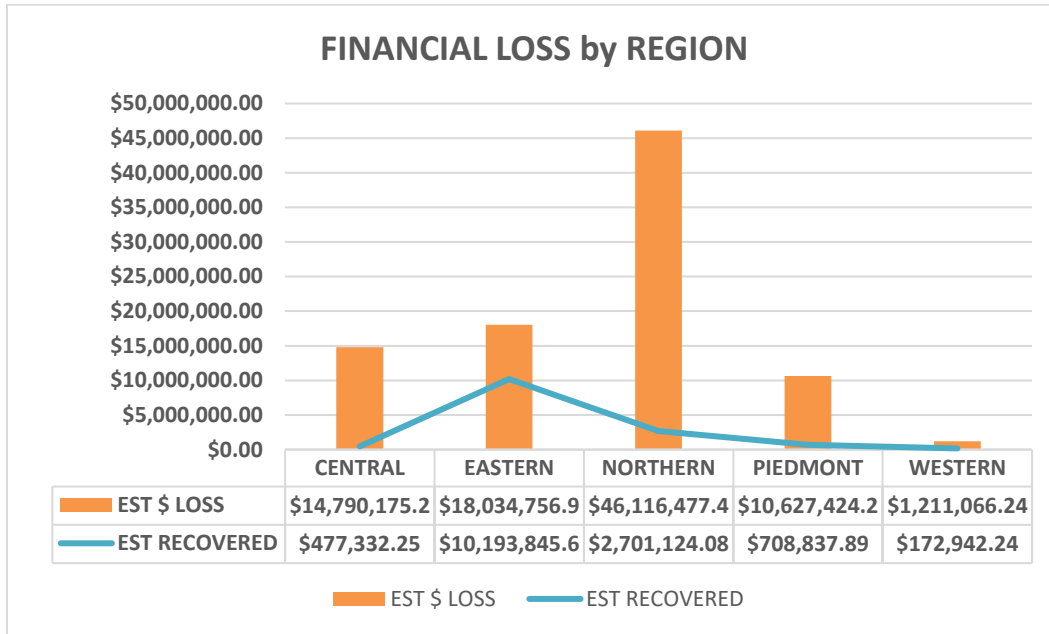
Table 13-Substantiated Maltreatment by Type and Region¹⁶



¹⁶ Source: PeerPlace

Table 14 reflects the impact of financial exploitation on victims by region. Based on APS workers' estimates, Virginians who were exploited financially lost **\$90,779,900** and approximately **16%** of these assets and resources or **\$14,254,082** was recovered. 51% of the total financial loss to Virginians in SFY 2021 occurred in the Northern region whereas the Western region accounted for 1%.

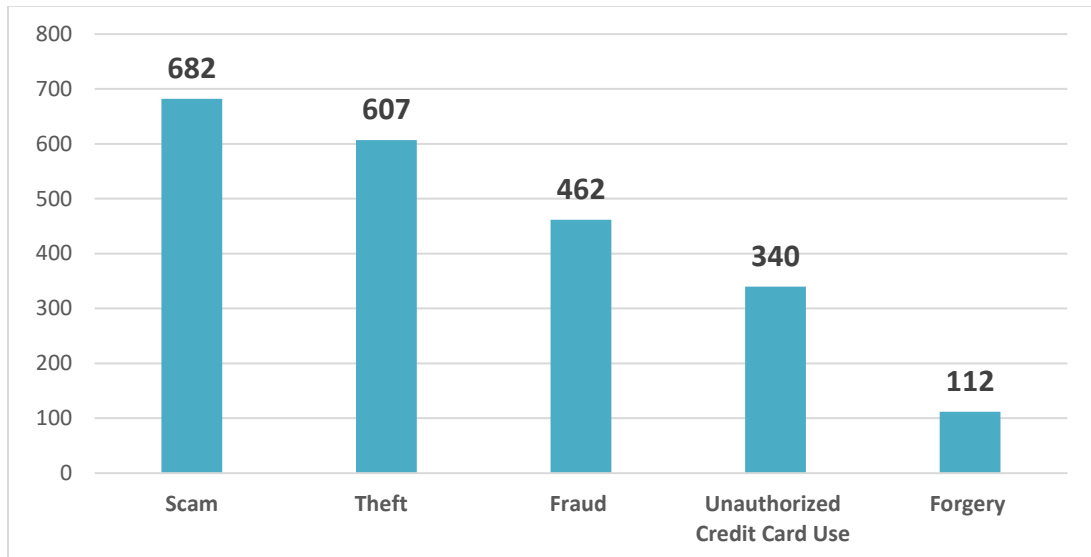
Table 14-Financial Exploitation-Regional Impact¹⁷



¹⁷ Source: PeerPlace

Table 15 reflects the methods perpetrators used to exploit victims financially. In SFY 2021 scams were the most prevalent form of financial exploitation.

Table 15-Method Used to Financially Exploit¹⁸



During the course of an APS investigation or during service provision, LDSS workers may find it necessary to initiate certain legal actions in order to stop the abuse, neglect or exploitation or prevent further maltreatment from occurring. In SFY 2021 LDSS, often in collaboration with local law enforcement or the LDSS attorney, initiated the following actions:

- **245** petitions for guardianship
- **348** petitions for conservatorship
- **79** protective orders
- **36** emergency orders for protective services
- **60** involuntary commitments to state or private hospitals
- **8** orders for medical treatment

Additionally, **330** cases were referred to legal authorities for possible criminal abuse, neglect, or financial exploitation charges.

Table 16 illustrates the number of APS reports received in each locality. Localities are organized according to region as well as agency level or size (in parentheses). Agency levels are as follows:

- Level I--A small office typically has less than twenty-one (21) approved permanent full-time equivalent (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.

¹⁸ Source: PeerPlace

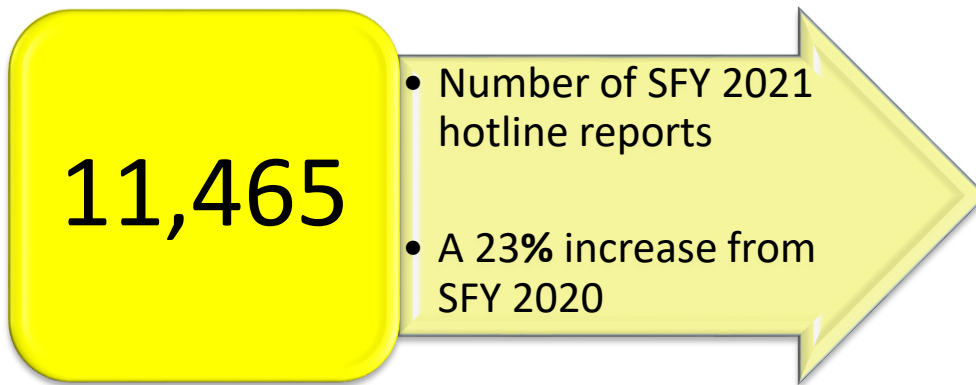
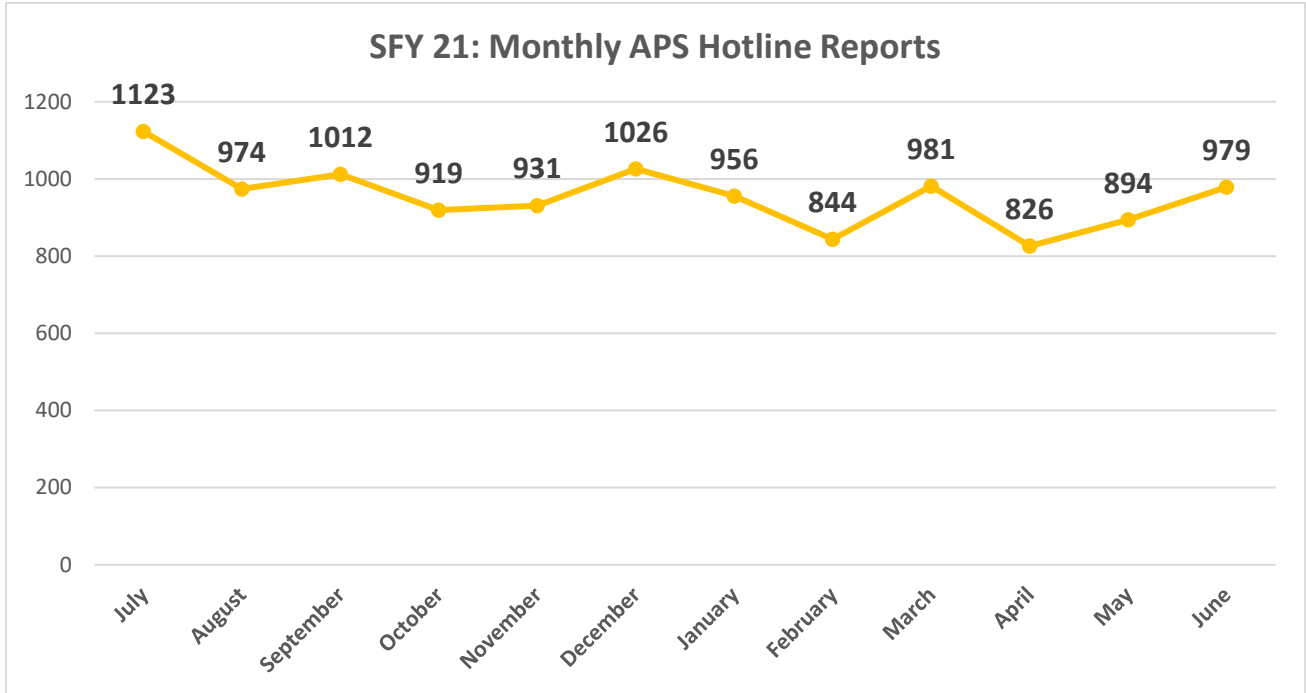
Table 16-APS Reports by Locality

CENTRAL REGION		EASTERN REGION		NORTHERN REGION	
Locality	# of Reports	Locality	# of Reports	Locality	# of Reports
Amelia (I)	53	Accomack (II)	234	Alexandria (III)	356
Buckingham (II)	59	Brunswick (II)	64	Arlington (III)	423
Caroline (II)	166	Chesapeake (III)	1,195	Clarke (I)	112
Charles City (I)	20	Dinwiddie (II)	173	Culpeper (II)	296
Chesterfield/ Colonial Heights (III)	1,168	Franklin City (II)	34	Fairfax/Fairfax City/Falls Church (III)	3,103
Cumberland (I)	62	Gloucester (II)	219	Fauquier (II)	589
Essex (I)	115	Greensville/Emporia (II)	60	Frederick (II)	504
Fluvanna (II)	142	Hampton (III)	457	Fredericksburg (II)	167
Goochland (I)	71	Isle of Wight (II)	107	Greene (I)	133
Hanover (II)	361	James City County (II)	445	Harrisonburg/ Rockingham (III)	477
Henrico (III)	1,684	Mathews (I)	45	King George (I)	56
Hopewell (II)	201	Newport News (III)	771	Loudoun (III)	804
King & Queen (I)	44	Norfolk (III)	1,210	Louisa (II)	211
King William (I)	26	Northampton (II)	55	Madison (I)	64
Lancaster (I)	44	Portsmouth (III)	343	Manassas City (II)	84
Lunenburg (I)	21	Prince George (II)	91	Manassas Park (I)	47
Middlesex (I)	161	Southampton (II)	73	Orange (II)	193
New Kent (I)	58	Suffolk (III)	448	Page (II)	150
Northumberland (I)	50	Surry (II)	48	Prince William (III)	1,162
Nottoway (I)	38	Sussex (II)	67	Rappahannock (I)	55
Petersburg (III)	217	Virginia Beach (III)	2,283	Shenandoah (II)	292
Powhatan (II)	69	Williamsburg (II)	131	Spotsylvania (III)	460
Prince Edward (II)	101	York/Poquoson (II)	324	Stafford (II)	358
Richmond City (III)	1,096			Warren (II)	281
Richmond County (I)	65			Winchester (II)	255
Westmoreland (II)	109				
TOTAL:	6,201	TOTAL:	8,877	TOTAL:	10,632

Piedmont Region		Western Region	
Locality	# of Reports	Locality	# of Reports
Albemarle (III)	471	Bland (I)	11
Alleghany/Covington/Clifton Forge (II)	165	Bristol (II)	138
Amherst (II)	221	Buchanan (II)	45
Appomattox (I)	26	Carroll (II)	187
Bath (I)	46	Dickenson (II)	41
Bedford (III)	666	Floyd (I)	99
Botetourt (I)	73	Galax (I)	84
Campbell (II)	343	Giles (II)	107
Charlotte (II)	41	Grayson (II)	125
Charlottesville (III)	342	Lee (II)	149
Craig (I)	16	Montgomery (II)	389
Danville (III)	104	Norton (I)	39
Franklin County (II)	270	Patrick (II)	158
Halifax/South Boston (II)	84	Pulaski (II)	383
Henry/Martinsville (III)	486	Radford (I)	63
Highland (I)	31	Russell (II)	205
Lynchburg (III)	681	Scott (II)	226
Mecklenburg (II)	128	Smyth (II)	240
Nelson (I)	135	Tazewell (II)	675
Pittsylvania (II)	238	Washington (II)	253
Roanoke City (III)	1,197	Wise (III)	404
Roanoke County/Salem (III)	1,071	Wythe (II)	173
Rockbridge/Buena Vista/Lexington (II)	256		
Staunton/Augusta/Waynesboro (III)	2,190		
TOTAL	9,281	TOTAL	4,194

Table 17-APS Hotline Reports

The 24-hour, 7 days a week, APS hotline is located at DSS in Richmond. **Table 17** illustrates APS hotline call volume for SFY 2021.



Guardianship Program

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

LDSS workers review the reports for completeness and determine if report contents reveal 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.

Twice a year LDSS workers are required to submit a list of guardians who are more than 90 days overdue in submitting their annual report. In SFY 2021, LDSS workers were responsible for reviewing annual guardian reports for **15,384** incapacitated adults.

Table 18 shows the volume of annual unduplicated guardian reports by region. Guardians filed the largest percentage **37%** of reports with LDSS in the Northern Region and the smallest percentage **10%** in the Western portion of Virginia.

Table 18-Annual Guardian Reports by Region

