

**Department for Aging and
Rehabilitative Services**

**State Fiscal Year
2014**

**Adult Protective Services Division
Annual Report**



COMMONWEALTH OF VIRGINIA
DEPARTMENT FOR AGING AND REHABILITATIVE SERVICES

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Dear Colleagues:

I'm pleased to present the State Fiscal Year 2014 Adult Protective Services Division (APSD) Report from the Virginia Department for Aging and Rehabilitative Services (DARS)!

It was a busy year for the Division with the continued, successful integration of APS, Adult Services (AS) and Auxiliary Grant (AG) programs into DARS. In April, DARS launched the Home and Community Based Services Data Warehouse, an online repository which is accessible to local Departments of Social Services (LDSS) and houses several APS and AS statistical reports. Over the summer, DARS collaborated with two LDSS and local health departments to pilot the long-term care (LTC) feature in Peer Place. The pilot allowed these preadmission screening teams to submit screenings electronically for processing. We hope to bring other LDSS on board with Peer Place LTC in 2015.

At the conclusion of the 2014 Session of the General Assembly, Delegate Robert "Bobby" Orrock, Sr., Chairman of Health, Welfare and Institutions, requested that DARS write a report recommending strategies and programs to improve the safety, financial stability, and overall well-being of elderly individuals and adults with disabilities throughout the Commonwealth. DARS sought input from stakeholders for the report and many LDSS APS workers, supervisors and directors, as well as service providers and advocates participated in two listening sessions. The report proposed 15 recommendations and DARS looks forward to collaborating with stakeholders to address these recommendations.

This year's Division report contains a wealth of information about APS, AS, and AG programs. There were over 21,600 APS reports statewide in 2014, a 4.6% increase from the previous year. Other important AS and APS program trends appear on page 36 of the report.

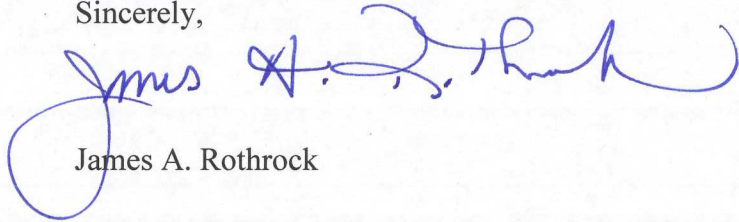
Once again the report highlights two LDSS innovative practices. This year's examples: Henrico's Multidisciplinary Team "Team Henrico" and Virginia Beach's Adult Foster Care Program provide excellent examples of how collaboration among community partners can positively impact the lives of older adults and individuals with disabilities.

Finally, as most of you know, the APSD Director, Gail Nardi, retired in June 2014. Though her expertise will be missed, I would like to recognize the hard work and leadership of Central Office APSD Program Consultants Tishaun Harris-Ugworji and Paige McCleary, Administrative Assistant Venus Bryant, and Regional Program Consultants Carol McCray, Andrea Jones, Marjorie Marker, Carey Raleigh and Angela Mountcastle, who have assumed additional responsibilities in her absence.

Thank you for your dedication in serving older adults and individuals with disabilities throughout the Commonwealth. Our mission to improve the employment, quality of life, security, and independence of older Virginians, Virginians with disabilities, and their families would not be possible without you.

With best wishes for a productive New Year, I am

Sincerely,

A handwritten signature in blue ink, appearing to read "James A. Rothrock". The signature is stylized and cursive, with a large loop at the beginning and a long, sweeping tail.

James A. Rothrock

JAR/pm

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DEPARTMENT FOR AGING AND REHABILITATIVE SERVICES

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

ORGANIZATION OF THE DEPARTMENT

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

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

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

Organization of the Adult Protective Services Division

Adult Protective Services Division (APSD) staff in the 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 APSD Richmond staff act as liaisons to federal and state legislative and executive agencies and to local boards of social services. The APSD Richmond staff, in collaboration with the Department of Social Services allocates and manages state and federal funding for local department of social services (LDSS).

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

One hundred nineteen (119) LDSS have been an integral part of the social services delivery system for almost 60 years, since the General Assembly first established local boards of welfare. LDSS are the focal point in each community for the delivery of family-focused preventive, supportive and protective services. LDSS use federal, state, and local funds to deliver services.

LDSS are the setting for direct contact with individual clients. Service programs are administered by family services specialists (FSS), while eligibility workers handle benefit programs.

OVERVIEW OF THE ADULT PROTECTIVE SERVICES DIVISION

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

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

The *role* of the Division is to:

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

The Division collaborates with DSS to:

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

The *goals* of the Division are to:

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

The APSD 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. Population figures alone present an overwhelming future for APS. Currently, more than 1.4 million individuals, or about 18% of Virginia's population is age 60 or over. 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.

According to the 2011 American Community Survey, nearly 470,000 Virginians age 16 to 64 reported having least one disability. Virginians with disabilities also are more likely to fall below the poverty line, rely on food stamps and have Medicare or Medicaid for health insurance.

While older individuals and adults with disabilities seek services through LDSS, state and federal budget issues pose concerns in providing assistance to these individuals. There is no direct federal funding for APS. Funding for supportive services comes through the Social Service Block Grant (SSBG), which is divided among many other state programs or through state general fund dollars. Budget concerns not only affect funding for assistance 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 other types of long-term care assistance for them.

Data Management

The ASAPS automated case management and reporting system is the system of record for AS and APS cases. The majority of information in this report is derived from data entered into ASAPS by LDSS workers. In 2009, the Commissioner of the Department of Social Services (DSS) mandated the use of ASAPS for all AS and APS cases. While ASAPS data entry has continued to improve, some LDSS have not fully 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) 2014 which began July 1, 2013 and ended June 30, 2014.

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

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

(companion, chore, and homemaker) is one of the protective services being provided. Contacts must be made at least monthly with the adult or collateral.

- **APS Investigation:** An APS report is being investigated and no disposition has yet been made. Once a disposition is made, either the case type is changed and the case remains open, or the case is closed.
- **AS:** Intervention is primarily needed to maintain and monitor on-going services to promote self-sufficiency and enhance functioning of the adult. Contact with the individual or collateral must be made at least quarterly.
- **AS-Home Based Care:** Intervention is primarily needed to maintain and monitor on-going services to promote self-sufficiency and enhance functioning of the adult. Home-based care (companion, chore, and homemaker) is one of the services being provided. Contact with the adult or collateral must be made at least quarterly.
- **AS-Intensive Services:** Intervention may be intensive and require many resources in an effort to stabilize the individual's situation. Frequent and planned contacts with the adult or collateral are documented in the service plan. Contacts must be made at least monthly with the adult or collateral.
- **AS-Intensive Services-Home Based Care:** Intervention may be intensive and require many resources in an effort to stabilize the individual's situation. Frequent and planned contacts with the adult or collateral are documented in the service plan. Home-based care (companion, chore, and homemaker) is one of the services being provided. Contacts must be made at least monthly with the adult or collateral.
- **Assisted Living Facility (ALF) Reassessment:** The only service being provided is the annual reassessment to maintain an adult's eligibility for AG. The case is opened and the redetermination date is the date the reassessment is due.
- **Guardian Report:** The only service being provided is the receipt and review of the Annual Report of the Guardian as required by the Code of Virginia, § [64.2-2020](#). The case is opened and the redetermination date is the date the initial or annual report is due.

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

Table 1-Statewide Caseload: All Case Types

SFY 2014 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
4,949	151	13,683	18,622	3,648	2,068	248	2,831	9,682	55,882

Table 2-Statewide Average Monthly Caseload

SFY 2014 Average Monthly Caseload²	
Case Type	Average Monthly Caseload
APS	1,737
APS-Home Based Care	81
APS Investigation	3,469
AS	6,026
AS-Home Based Care	2,417
AS-Intensive Services	740
AS- Intensive Services Home Based Care	94
ALF Reassessment	2,154
Guardian Report	8,409
All Cases Types	25,127

¹ Source: ASAPS.

² Source: ASAPS.

Adult Services

Adult Services (AS) provides assistance to adults with an impairment³ and to their families when appropriate. Services are designed to help adults remain in the least restrictive environment of their choosing -- preferably their own home -- for as long as possible. Adequate home-based services and case management decrease or delay the need for institutional placement, reduce costs, and ensure appropriate support services.

Assessment and Case Management

LDSS provide a statewide system of services and provide needs assessment and case management services. LDSS are the focal point for delivery of services through eligibility determination and needs assessment. Assessment is an integral part of case management and includes an assessment of both individual and family needs and wishes. LDSS workers use the Virginia Uniform Assessment Instrument (UAI) to assess an individual's strengths and identify unmet needs.

Home-Based Services

Each LDSS is mandated to offer at least one home-based service to eligible individuals 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. LDSS are also authorized to act as a fiscal agent on behalf of the adult to ensure that necessary taxes are paid.

Home-based care consists of three primary services:

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

Use of the ASAPS service plan is inconsistent among LDSS and limits the Division's ability to obtain complete data on homemaker, chore and companion services. However, based on available information in ASAPS approximately **65%** of the home-based services provided are companion services. Homemaker services make up **32%** of the

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

cases with the remainder being chore services. SFY 2014 information on the number of cases identified as home-based services cases types is shown in **Table 3**.

Table 3-Number of Adults Receiving Home-Based Services

All Home-Based Services SFY 2010-2014					
	2010	2011	2012	2013	2014
Number of Home-based Services Case Types	6,075	5,477	5,072	4,696	4,047

Preadmission Screenings

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. FSS, in cooperation with local health department nurses, are responsible for performing all community-based preadmission screenings (PAS) for Medicaid-funded long-term care services including nursing facility placement, the Elderly and Disabled with Consumer Direction (EDCD) waiver and Program for the All-Inclusive Care for the Elderly (PACE). **LDSS conducted nearly 13,900 PAS in SFY 2014.**

Assisted Living Facility (ALF) Assessment and Reassessments

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

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

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

With the exception of staff at acute care hospitals and the Department of Corrections, qualified assessors with the above-named agencies may also conduct ALF reassessments.

When qualified assessors from these agencies are unavailable, FSS 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. Not all LDSS offer AFC. An AFC Program must be authorized by the board of the local department of social services. 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 and regular monitoring of the provider, the home and the individual residing in the home is required. Adults residing in AFC usually meet at least residential living level of care. Currently **17** LDSS offer adult foster care programs. **Approximately 75 adults received AFC services in SFY 2014.**

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 2014, adult day services were arranged in 90 cases.**

Guardianship Reports

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

The FSS 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 FSS suspects that the adult is being abused or at risk of abuse the worker initiates an APS investigation. **LDSS workers were responsible for reviewing annual guardian reports in 9,682 cases in SFY 2014.**

Other Adult Services

In addition to home-based services, PAS, AFC, adult day services and ALF assessments, FSS offer or arrange a variety of other assistance and support. **Table 4** lists by type and number some of these services.

Table 4-Services by Type and Number

SFY 2014 Services by Type and Number ⁴	
Type of Service	Number of Cases with Service
Advocacy	1,119
Counseling (Individual)	711
Case Management	4,267
Emergency Assistance	597
Emergency Shelter	72
Financial Management/Counseling	811
Food Assistance	396
Home Delivered Meals	466
Home Repairs	318
Housing Services	594
Legal Services	728
Medical Services	1,091
Nutritional Supplement	138
Monitoring-LDSS	2,091
Transportation Services	607

⁴ Source: ASAPS service plan

Table 5-Purchased Adult Services Expenditures

SFY 2014 Adult Services and APS Program Expenditures⁵					
Services	Federal & State	Local	Non-reimbursed local	Total Expenditures	% of Total Expenditures
Companion	\$3,373,414	\$843,354	\$2,406,816	\$6,623,584	70%
Chore	\$211,095	\$52,774	\$0	\$263,869	3%
Homemaker	\$422,042	\$105,510	\$1,190,485	\$1,718,037	18%
Adult Day Services	\$17,636	\$4,409	\$0	\$22,045	<1%
APS (admin)	\$711,643	\$130,537	\$39,924	\$882,104	9%
Adult Foster Care	\$0	\$0	\$0	\$0	0%
Nutrition	\$0	\$0	\$3,907	\$3,907	<1%
Total	\$4,735,830	\$1,136,584	\$3,641,132	\$9,513,546	100%

Table 6-Five-Year Comparison of Adult Services Expenditures

5-Year Expenditures				
SFY	Federal & State	Local	Non-reimbursed Local	Total Expenditures
2014	\$4,735,830	\$1,136,584	\$3,641,132	\$9,513,546
2013	\$4,973,434	\$1,194,254	\$3,700,227	\$9,867,915
2012	\$5,232,840	\$1,261,810	\$3,634,558	\$10,129,208
2011	\$6,867,979	\$1,673,205	\$2,335,823	\$10,877,007
2010	\$8,084,291	\$1,979,425	\$2,502,611	\$12,566,327

⁵ Source: LASER

ADULT PROTECTIVE SERVICES IN VIRGINIA

BACKGROUND

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

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

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

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

HISTORY AND AUTHORITY

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

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

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

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

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

Changes to the Code of Virginia over the past several years have enhanced the safety and well-being of older adults and individuals with disabilities. These changes include:

- Expanding the list of professionals who are mandated to report suspected adult abuse, neglect, or exploitation.
- Requiring LDSS to refer relevant information to the appropriate licensing regulatory, or legal authority for administrative action or criminal investigation.
- 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 for Aging and Rehabilitative 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).
- Making it a Class 3 felony for the abuse or neglect of an incapacitated adult that resulted in death.
- Authorizing the creation of a state Adult Fatality Review Team (AFRT), under the Office of the Chief Medical Examiner (OCME).
- Strengthening APS workers' ability to take photographs, video recordings, or medical imaging during the course of an APS investigation.
- Making financial exploitation of a mentally incapacitated person a criminal offense. Prior to 2013, Virginia's Commonwealth's Attorneys did not have a separate criminal offense under which to prosecute individuals who financially exploited adults with a mental incapacity.

- Establishing the ability to award fees and court costs to financial exploitation victims who bring a civil action in response to deeds, contracts, or other instruments that were obtained by fraud or undue influence.

A significant change to Virginia’s state APS system occurred in 2012 when the General Assembly passed legislation that established DARS. DARS was created on July 1, 2012 through the merger of the Virginia Department for the Aging and the Department for Rehabilitative Services. On July 1, 2013, State staff, which was responsible for AS, APS and AG Programs, relocated from DSS to DARS. Direct services for AS, APS and AG Programs are still provided by LDSS.

FEDERAL RESPONSES TO ADULT ABUSE

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

- authorizes the first ever funding for state and local Adult Protective Services (APS) Programs;
- authorizes funding for APS demonstration projects;
- creates a new federal Elder Justice Coordinating Council and an Elder Abuse Advisory Committee;
- authorizes funding for new elder abuse forensic centers and for research;
- contains a number of long term care and ombudsman provisions, including a requirement that federally funded long term care facilities report any crimes committed against any of their residents to local law enforcement.

However, though portions of the EJA have been implemented, direct federal funding for the state APS programs has never been allocated.

The federal Administration for Community Living (ACL) has established the first National Resource Center for State APS Programs and selected the National Adult Protective Services Association (NAPSA) to develop and operate it. ACL also convened the Elder Justice Coordinating Committee, bringing together Aging, Social Security and Department of Justice resources. In October 2014, ACL reorganized and expanded the Office of Elder Rights to become the Office of Elder Justice and Adult Protective Services to reflect the role of many state APS programs to serve not only older adults but also individuals with disabilities.

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

In July 2013, the United States Government Accountability Office (GAO) issued the report, “Elder Justice: More Federal Coordination and Public Awareness Needed.” The report found that funding constraints present significant challenges to meeting the needs

of the growing elderly population. Additionally there is “a need for greater public awareness for elder abuse by the public and training of direct service providers who interact with older adult on a regular basis, to help prevent elder abuse and recognize its symptoms.” The report is available at <http://www.gao.gov/assets/660/655820.pdf>.

LOCAL DEPARTMENTS’ INNOVATIVE IDEAS

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

- developing a risk assessment tool which enables workers to better respond to the client in crisis; and
- implementing public awareness efforts that help community members identify signs of elder abuse and agencies to contact for assistance.

Two LDSS, Henrico County Department of Social Services and Virginia Beach Department of Human Services, have undertaken other efforts to work collaboratively to address unmet needs of adults in their communities. These local departments’ activities are discussed below.⁶

Henrico County Department of Social Services: Multidisciplinary Team

Background

Henrico DSS’s Multidisciplinary Team (MDT), “TEAM Henrico” held its first meeting in September 1998. Early participants included representatives from the Commonwealth’s Attorney’s Office, APS, law enforcement including the Special Victims Unit and the Economic Crimes Unit, victim witness, Area Agency on Aging, hospice providers, the Central Virginia Legal Aid Society, forensic nursing, the Alzheimer’s Association, domestic violence programs, parish nursing, mental health and a local assisted living providers. TEAM Henrico met monthly at various locations to learn what services each group contributed to the community.

Process

Selected cases are reviewed and group members discussed what each had to offer in a coordinated response to a citizen in crisis. APS, law enforcement and the Commonwealth’s Attorney’s Office also meet separately to staff common cases and work on a coordinated response.

Positive Outcomes

The MDT has resulted in successful prosecutions, the strengthening of working relationships, and increased familiarity with providers and what they have to offer. Group members are able to help victims and families understand how to report concerns, make referrals, watch for trends and repeat offenders and better protect vulnerable

⁶ Project descriptions were submitted by Henrico DSS and Virginia Beach DHS.

citizens. TEAM Henrico has also provided regional training for law enforcement on the signs of elder abuse and financial exploitation. For additional information about Henrico DSS's MDT contact Susan Umidi at umi@henrico.us.

Virginia Beach Department of Human Services Adult Foster Care Program

Background

The Virginia Beach Department of Human Services Adult Foster Care (AFC) Program is currently the largest in the state, with 12 approved adult foster care homes, and is continuing to grow.

From the onset, the Virginia Beach AFC Programs has taken an innovative approach by developing a partnership with the local community services board (CSB). The program has five areas of focus, including older adults, adults with intellectual disabilities, adults aging out of foster care, and adults with severe mental health issues. The collaboration with the city CSB provides an opportunity for stable, supportive housing. Further support is given with mental health case management and often, one-on-one mental health support services. It is also a requirement for CSB clients to participate in a day support program five days per week.

Program Enhancements

The latest development in this unique partnership is with the city's Supervision program. This program will serve individuals who were previously incarcerated and also have the added complexity of a mental health diagnosis. Program participants will be supported with wrap-around services including case management, day support programs (including substance abuse treatment if necessary), and mental health support services. The program not only provides better prospects for participants to transition back to the community successfully, but it also helps them develop independent living skills, laying the groundwork for future self-sufficiency. The City of Virginia Beach will continue to strive for excellence when meeting the needs of their citizens.

For additional information on Virginia Beach's AFC program contact Wendy Swallow at wswallow@vbgov.com.

REPORTING TO ADULT PROTECTIVE SERVICES

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

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

Mandated reporters of adult abuse, neglect or exploitation include:

- 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 (CAN), Advanced Medication Aide, Medication Aide,
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, Licensed Midwife, Behavioral Analysts, Assistant Behavioral Analysts
Board of Pharmacy	Pharmacists; Pharmacy Interns; Permitted Physicians; Medical Equipment Suppliers; Restricted Manufacturers; Humane Societies; Physicians Selling Controlled Substances; 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 Licensees; Funeral Services Interns, 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; Nursing Home Preceptors; Assisted Living Facility Administrators; Assisted Living Facility Preceptors
Board of Audiology and Speech Pathology	Audiologists; Speech-Language Pathologists; School Speech-language Pathologists
Board of Physical Therapy	Physical Therapist; Physical Therapist Assistant

- 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 7 illustrates the types of reporters who reported adult abuse, neglect or exploitation in SFY 2014. Occupations or individuals in pink represent mandated reporters. Some reporters make anonymous reports and do not identify their occupation or their relationship to the subject of the report.

Table 7-Source of APS Reports

SFY 2014 Reporter Type	# of Reports
Relative (includes ex-wife/ex-husband)	2,684
Social Worker	2,107
Other	2,046
Nurse	1,472
Law Enforcement Officer	1,241
Nursing Home Administrator/NH Staff	1,071
Hospital Staff	942
Friend/Neighbor	912
Self	863
Home Health Provider	739
Financial Institution	736
EMS Personnel/Fire Department	678
Mental Health Provider/Psychologist/Counselor/Psychiatrist	524
CSB Staff	515
Physician/Primary Physician/Physician Assistant	387
DBHDS Staff	357
ALF Staff	347
Agency Provider-Home Based Care/EDCD/Personal Care Provider	278
Group Home Staff	249
Virginia Department of Social Services Staff	234
Area Agency on Aging Staff	196
Family Services Specialist ⁷	122
Hospice	119
Adult Day Care Staff	88
Power of Attorney	75
Guardian/Conservator	73
Other Healthcare Professionals(PT/OT/RT/SLP)	69
Attorney	55
Public Housing Staff	43
Clergy	40
Certified Nursing Assistant (CNA)	35
Transportation Provider ⁸	33
Workshop Staff	31
Shelter Staff	28
Health Department Staff/Public Health Nurse	22
Long-term Care Ombudsmen	18
Department for the Aging Staff	11
Domestic Violence Program Staff	7
Dentist/Dental Office Staff	6
Pharmacist/Pharmacy Staff	6
Total	19,459

⁷ Family services specialist (FSS) includes LDSS AS and APS workers.

⁸ Mandated reporter if employed by services organization or receiving Medicaid reimbursement.

APS REPORTS

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

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

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

Types of Abuse

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

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

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

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

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

Table 8 shows three-year trends for APS reports.

Total APS reports increased **3.6%** from SFY 2012 to 2013 and **4.6%** from SFY 2013 to 2014. Substantiated reports decreased **5.6%** from SFY 2012 to 2013 but increased **0.7%** from SFY 2013 to 2014.

Table 8-Three-Year Comparison of APS Reports

THREE YEAR COMPARISON OF APS REPORTS			
	2012	2013	2014
Total Reports Received	19,990	20,704	21,650
Reports Investigated ⁹	16,473	16,632	17,319
Total Reports Substantiated ¹⁰	9,610	9,075	9,140
Unfounded	6,863	7,557	8,179
Pending ¹¹	124	87	114
Invalid ¹²	3,393	3,985	4,217
<i>Percent of Reports Substantiated</i>	<i>58%</i>	<i>55%</i>	<i>53%</i>
DISPOSITIONS OF SUBSTANTIATED REPORTS			
Needs and Accepts Services	4,391	4,048	4,066
Needs and Refuses Services	1,776	1,766	1,644
Need No Longer Exists	3,443	3,261	3,430

⁹ Investigated reports include substantiated and unfounded reports.

¹⁰ A substantiated report is defined as a completed investigation with a disposition that the adult needs protective services.

¹¹ Pending reports include reports undergoing investigation.

¹² 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-two percent of the adults were age 60 or older. Almost **400** of these individuals were age 96 or older. Over **807** adults were 18-25 years of age.

Table 9-Demographics of APS Reports

SFY 2014 DEMOGRAPHICS OF REPORT SUBJECTS		
TOTAL REPORTS RECEIVED		21,650
AGE	60 years or older	72%
	18-59	28%
SEX	Female	61%
	Male	39%
	Unknown	<1%
RACE	White	68%
	African American	24%
	Unknown	7%
	Asian	1%
	American Indian	<1%
	Alaskan Native	<1%
LIVING ARRANGEMENT AT TIME OF REPORT	Own House or Apt	65%
	Other's House or Apt	11%
	Nursing Facility	10%
	Assisted Living Facility	4%
	BHDS Facility or Group Home	5%
	Homeless	2%
	Shelter	<1%
	Adult Foster Care	<1%
	Local/Regional Jail	<1%
	Other	2%

Table 10-Regional APS Reports Statistics

SFY 2014 Regional Demographics of Report Subjects						
	CENTRAL	EASTERN	NORTHERN	PIEDMONT	WESTERN	STATE TOTALS
Reports Received	3,364	5,098	4,856	5,908	2,424	21,650
% Substantiated	45%	53%	50%	56%	59%	53%
Demographics of Report Subject						
60+	71%	71%	74%	71%	72%	72%
18-59	29%	29%	26%	29%	28%	28%
Female	62%	61%	61%	62%	62%	61%
Male	38%	39%	38%	38%	38%	39%
White	54%	54%	72%	74%	94%	68%
Black	37%	38%	15%	20%	3%	24%
Unknown	9%	6%	9%	6%	2%	7%
Other ¹³	<1%	1%	3%	<1%	<1%	1%
Living Arrangements of Subject at Time of Report						
Own House/Apt	62%	63%	66%	65%	71%	65%
Other's House/Apt	14%	12%	12%	8%	12%	11%
Nursing Facility	8%	10%	8%	15%	8%	10%
Assisted Living Facility	6%	4%	4%	5%	3%	4%
BHDS Facility or Group Home	5%	6%	6%	2%	3%	5%
Other Living Arrangements ¹⁴	5%	5%	4%	4%	3%	4%

¹³ Includes Asian, American Indian, & Alaskan Native

¹⁴ Includes shelter, jail, homeless, adult foster care and other undefined living arrangement

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

SFY 2014 APS REPORTS: Location of Incident						
Location	Central	Eastern	Northern	Piedmont	Western	State
Own House/Apt	60%	59%	62%	63%	71%	62%
Other's House/Apt	12%	11%	11%	7%	10%	10%
Nursing Facility	8%	10%	8%	15%	8%	11%
Assisted Living Facility	6%	4%	4%	5%	2%	4%
Other ¹⁵	6%	7%	7%	5%	4%	6%
BHDS Facility or Group Home	5%	6%	5%	2%	2%	4%
Hospital	2%	2%	2%	2%	2%	2%
Homeless	1%	1%	1%	1%	1%	1%

¹⁵ Other includes senior center, shelter, adult foster care, adult day care, jail, day treatment center, transportation provider, sheltered workshop and other undefined location of the incident.

Table 12-Demographics of Substantiated APS Reports

SFY 2014: Demographics of Subjects of Substantiated Reports		
TOTAL SUBSTANTIATED REPORTS		9,140
AGE	60 years or older	75%
	18-59	25%
SEX	Female	60%
	Male	40%
	Unknown	<1%
RACE	White	70%
	African American	24%
	Unknown	5%
	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 substantiated APS reports. The following graph also depicts the other eight most frequent locations of abuse that occurred in substantiated reports.

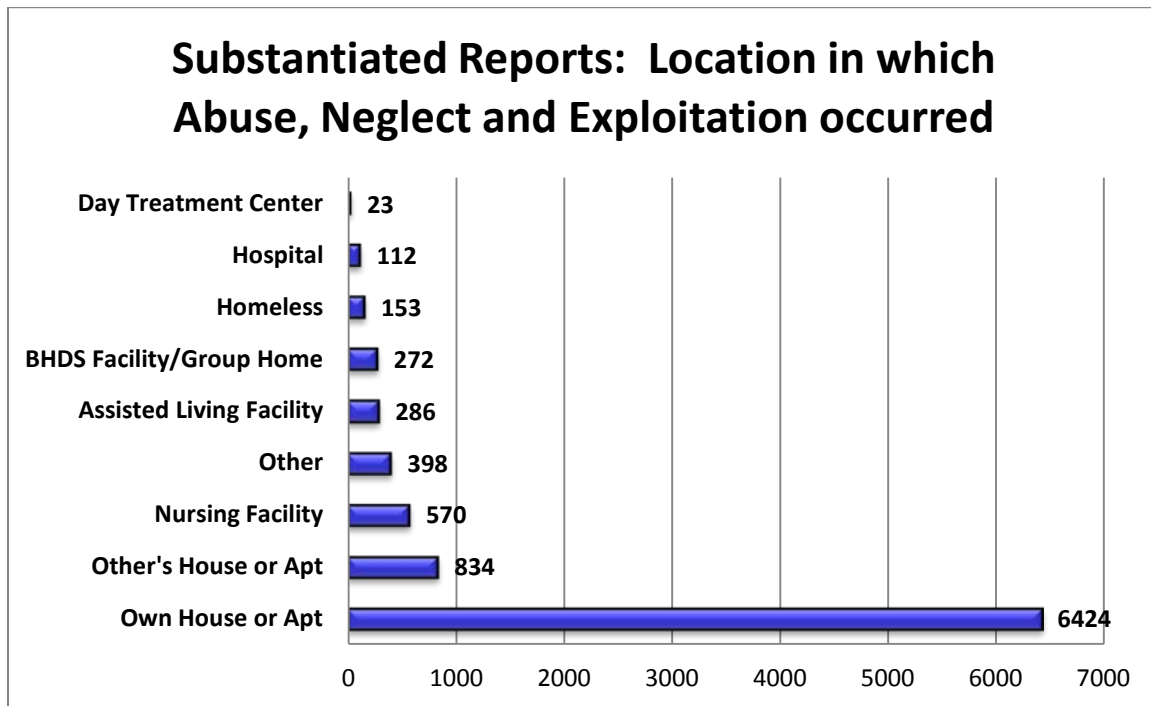
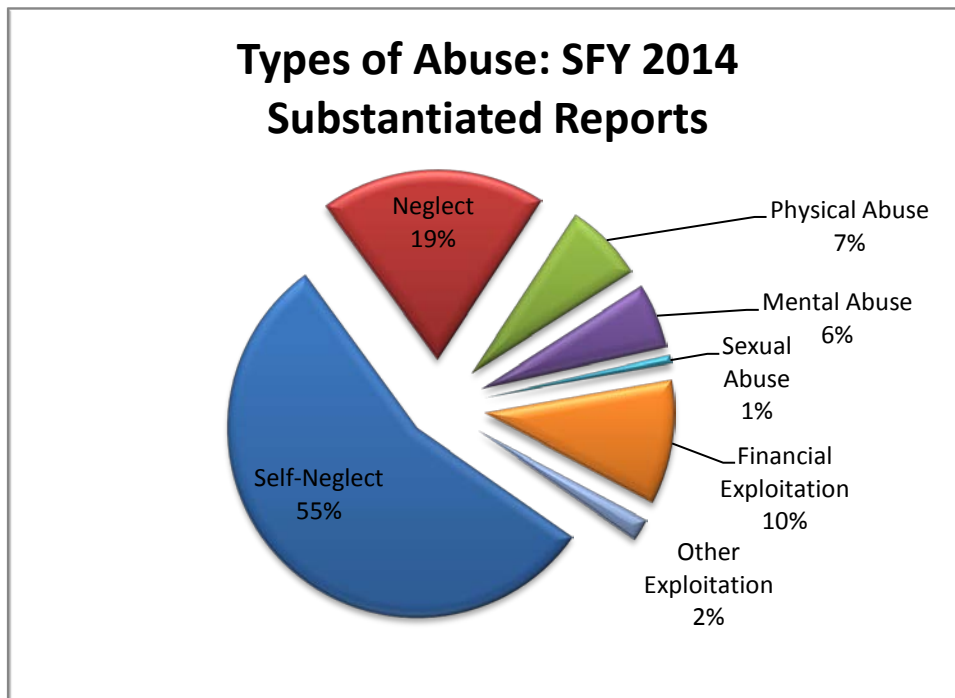


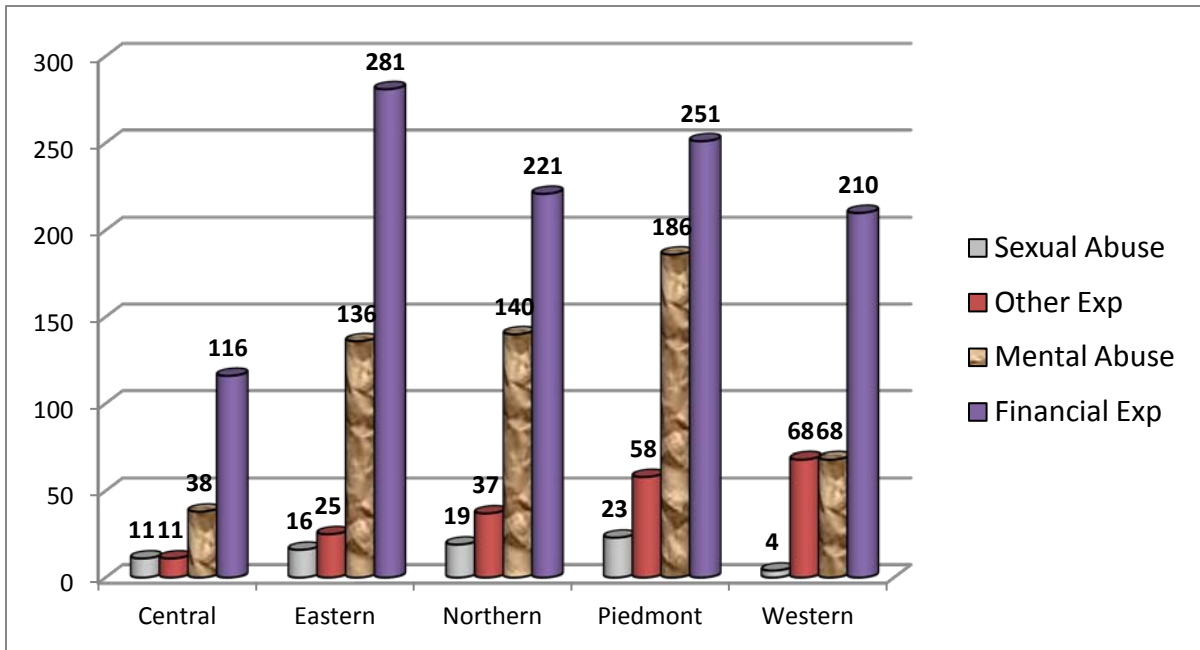
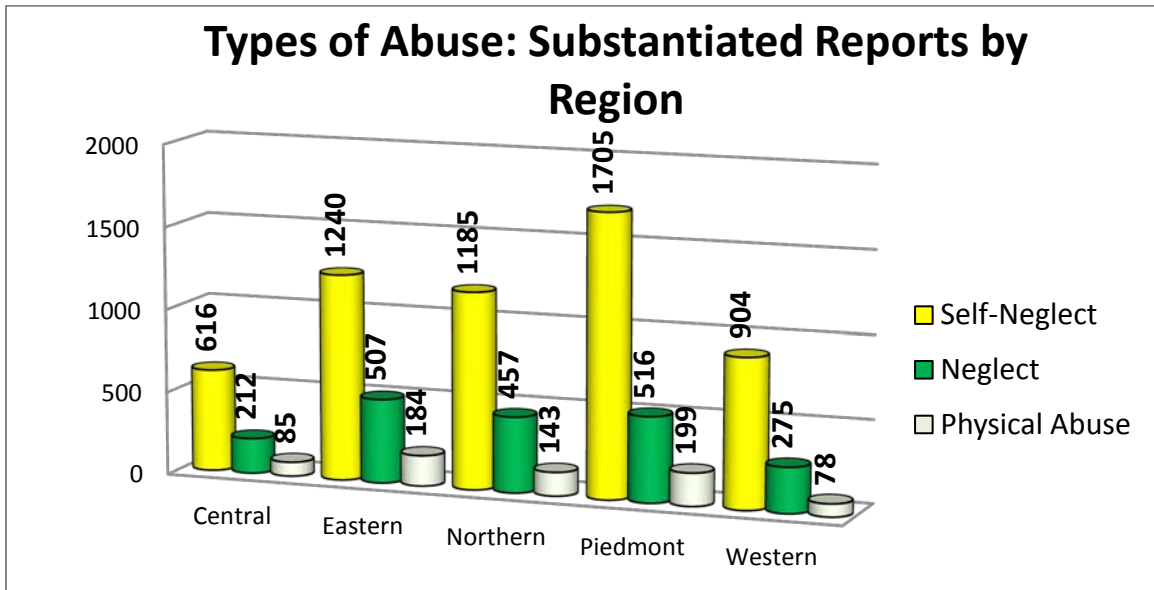
Table 13-Types of Abuse: Statewide Substantiated Reports

Abuse Type—SFY 2014 Substantiated Reports	#
Self-Neglect	5,650
Neglect	1,967
Financial Exploitation	1,079
Physical Abuse	689
Mental Abuse	568
Other Exploitation	199
Sexual Abuse	73
Total	10,225¹⁶



¹⁶ The total number of types of abuse is greater than the substantiated case total as cases may contain more than 1 type of abuse

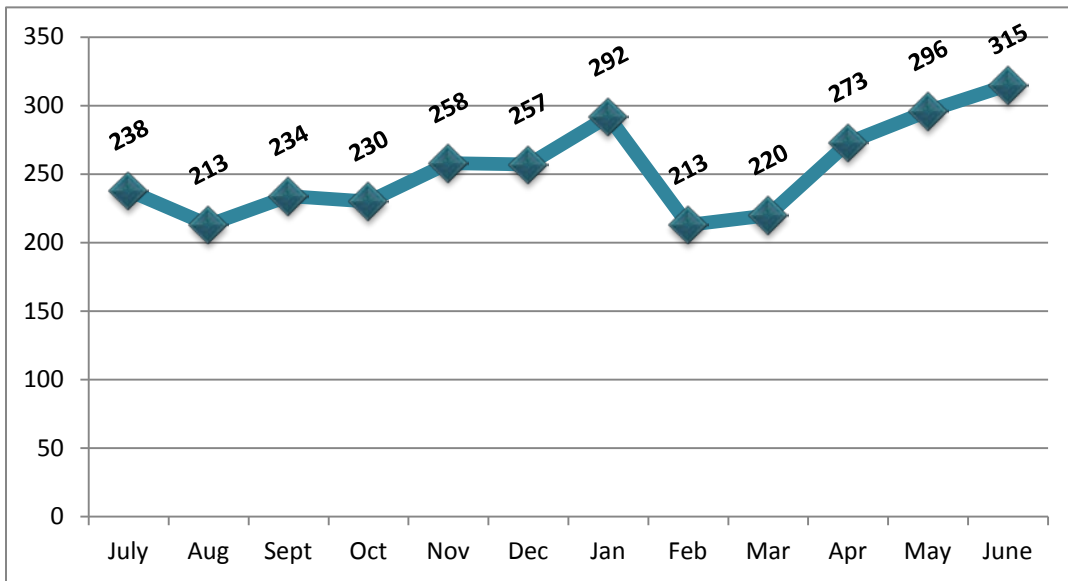
Table 14-Type of Abuse: Substantiated Reports by Region



The 24-hour, 7 days a week, APS hotline is housed at DSS Home Office in Richmond. Hotline staff receive APS reports about adult abuse, neglect, or exploitation and forward the reports to the appropriate LDSS. **Table 15** illustrates APS hotline call volume for the SFY.

Table 15-APS Hotline Reports

SFY 2014: Monthly APS Hotline Reports



Hotline staff received APS 3,039 reports in SFY 2014

- An 16% increase over SFY 2013

The following tables illustrate the number of SFY 2014 APS reports received in each locality. **Table 16** organizes the localities according to region.

Table 16-APS Reports by Locality

Central Region		Eastern Region		Northern Region	
<i>Locality</i>	<i># of Reports</i>	<i>Locality</i>	<i># of Reports</i>	<i>Locality</i>	<i># of Reports</i>
Amelia	24	Accomack	72	Alexandria	292
Buckingham	62	Brunswick	47	Arlington	269
Caroline	57	Chesapeake	691	Clarke	43
Charles City	11	Dinwiddie	55	Culpeper	43
Chesterfield/ Colonial Heights	534	Franklin City	2	Fairfax/Fairfax City/Falls Church	1,025
Cumberland	65	Gloucester	79	Fauquier	311
Essex	18	Greensville/Emporia	27	Frederick	295
Fluvanna	142	Hampton	194	Fredericksburg	72
Goochland	47	Isle of Wight	73	Greene	44
Hanover	258	James City County	278	Harrisonburg/ Rockingham	344
Henrico	909	Mathews	39	King George	19
Hopewell	79	Newport News	494	Loudoun	424
King & Queen	27	Norfolk	1,026	Louisa	94
King William	1	Northampton	12	Madison	3
Lancaster	57	Portsmouth	226	Manassas City	74
Lunenburg	5	Prince George	53	Manassas Park	43
Middlesex	81	Southampton	31	Orange	54
New Kent	31	Suffolk	194	Page	54
Northumberland	7	Surry	11	Prince William	804
Nottoway	9	Sussex	67	Rappahannock	30
Petersburg	160	Virginia Beach	1,122	Shenandoah	115
Powhatan	11	Williamsburg	95	Spotsylvania	112
Prince Edward	51	York/Poquoson	210	Stafford	65
Richmond City	665			Warren	70
Richmond County	2			Winchester	157
Westmoreland	51				
Total	3,364	Total	5,098	Total	4,856

Piedmont Region		Western Region	
<i>Locality</i>	<i># of Reports</i>	<i>Locality</i>	<i># of Reports</i>
Albemarle	472	Bland	5
Alleghany/Covington/Clifton Forge	58	Bristol	64
Amherst	103	Buchanan	8
Appomattox	39	Carroll	227
Bath	23	Dickenson	22
Bedford/Bedford City	407	Floyd	55
Botetourt	11	Galax	36
Campbell	118	Giles	116
Charlotte	5	Grayson	85
Charlottesville	380	Lee	47
Craig	20	Montgomery	169
Danville	186	Norton	1
Franklin County	205	Patrick	141
Halifax/South Boston	125	Pulaski	223
Henry/Martinsville	296	Radford	35
Highland	16	Russell	154
Lynchburg	646	Scott	107
Mecklenburg	131	Smyth	271
Nelson	66	Tazewell	250
Pittsylvania	138	Washington	86
Roanoke City	665	Wise	224
Roanoke County/Salem	697	Wythe	98
Rockbridge/Buena Vista/Lexington	42		
Staunton/Augusta/Waynesboro	1,035		
Total	5,884¹⁷	Total	2,424

¹⁷ When SFY Piedmont region reports were run individually, the total report count for the region was 5,884. However, the Piedmont region report, which captures data for all LDSS in one regional report, identified 5,908 APS reports. Reasons for the difference of 24 APS reports are unknown. APSD staff ran data for the Piedmont region on two separate days and obtained the same results.

Table 17-APS Reports by Agency Level

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

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

Level III	
<i>Locality</i>	<i># of Reports</i>
Albemarle	472
Alexandria	292
Arlington	269
Charlottesville	380
Chesapeake	691
Chesterfield/Colonial Heights	534
Danville	186
Fairfax	1,025
Hampton	194
Harrisonburg/Rockingham	344
Henrico	909
Henry/Martinsville	296
Loudoun	424
Lynchburg	646
Newport News	494
Norfolk	1,026
Petersburg	160
Portsmouth	226
Prince William	804
Richmond City	665
Roanoke City	665
Roanoke County	697
Staunton/Augusta/Waynesboro	1,035
Suffolk	194
Virginia Beach	1,122
Wise	224
Total	13,974

Level II				Level I	
<i>Locality</i>	<i># of Reports</i>	<i>Locality</i>	<i># of Reports</i>	<i>Locality</i>	<i># of Reports</i>
Accomack	72	Lee	47	Amelia	24
Alleghany/Covington	58	Louisa	94	Appomattox	39
Amherst	103	Manassas City	74	Bath	23
Bedford/Bedford City	407	Mecklenburg	131	Bland	5
Bristol	64	Montgomery	169	Botetourt	11
Brunswick	47	Northampton	12	Charles City	11
Buchanan	8	Orange	54	Clarke	43
Buckingham	62	Page	54	Cumberland	65
Campbell	118	Patrick	141	Essex	18
Caroline	57	Pittsylvania	138	Floyd	55
Carroll	227	Prince Edward	51	Galax	36
Charlotte	5	Prince George	53	Goochland	47
Craig	20	Pulaski	223	Greene	44
Culpeper	43	Rockbridge	42	Highland	16
Dickenson	22	Russell	154	King & Queen	27
Dinwiddie	55	Scott	107	King George	19
Fauquier	311	Shenandoah	115	King William	1
Fluvanna	142	Smyth	271	Lancaster	57
Franklin City	2	Southampton	31	Lunenburg	5
Franklin County	205	Spotsylvania	112	Madison	3
Frederick	295	Stafford	65	Manassas Park	43
Fredericksburg	72	Surry	11	Mathews	39
Giles	116	Sussex	67	Middlesex	81
Gloucester	79	Tazewell	250	Nelson	66
Grayson	85	Warren	70	New Kent	31
Greensville/Emporia	27	Washington	86	Northumberland	7
Halifax	125	Westmoreland	51	Norton	1
Hanover	258	Winchester	157	Nottoway	9
Hopewell	79	Wythe	98	Powhatan	11
Isle of Wight	73	York/Poquoson	210	Radford	35
James City County	278			Rappahannock	30
				Richmond County	2
				Williamsburg	95
		Total	6,653	Total	999

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 2014 LDSS, often in collaboration with local law enforcement or the LDSS attorney initiated the following actions:

- **282** petitions for guardianship
- **24** petitions for conservatorship
- **55** protective orders
- **6** emergency orders for protective services
- **41** involuntary commitments to state or private hospitals
- **9** orders for medical treatment

Additionally **71** cases met criteria for referral to legal authorities for possible criminal abuse or neglect charges.

Statistical Trends: Adult Services and Adult Protective Services in Virginia

- In SFY 2014, LDSS provided or arrange for over **30,000** services for clients, including, emergency assistance, home repairs, medical services, transportation and counseling.
- LDSS non-reimbursable expenditures for homemaker, chore and companion services decreased **1%** from SFY 2013 to 2014.
- Homemaker, chore and companion cases have declined about **9.6%** each year since SFY 2010.
- LDSS completed **13,900** preadmission screenings in SFY 2014, nearly a **7%** increase from the previous SFY.
- LDSS were responsible for review of annual guardian reports in **6.4%** more guardianship cases than in the previous SFY.
- LDSS received a total of **21,650** reports of adult abuse, neglect, or exploitation, a **4.6%** increase from SFY 2013.
- Though substantiated reports decreased **5.6%** from SFY 2012 to 2013, they increased **0.7%** from SFY 2013 to 2014.
- APS reports made by financial institution have increased **300%** since SFY 2010.
- **Seventy-two percent** of report subjects were adults age 60 years or older, a **1%** increase from the previous SFY.
- **Eighteen percent** of adults exercised their statutory right to refuse services, a consistent trend since SFY 2010.
- Self-neglect (**55%**) continues to remain the most common type of abuse in substantiated APS cases.

AUXILIARY GRANT PROGRAM

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

The AG program is specifically for individuals who reside in assisted living facilities (ALF) licensed by the Virginia Department of Social Services, Division of Licensing Programs, or in adult foster care (AFC) homes approved by LDSS. Not all ALFs accept AG. As of June 30, 2014, Virginia had 545 licensed ALFs with a licensed bed capacity of 32,966. Fewer than 300 of the 545 licensed ALFs accepted individuals with AG. Some ALFs may accept one or two individuals with AG, while in other facilities nearly all of the individuals residing there receive AG.

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

How is eligibility determined?

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

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

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

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

- ◆ Be a Virginia resident or meet the exception
- ◆ Have countable income less than the total of the AG rate approved for the assisted living facility plus the personal needs allowance;
- ◆ Have non-exempted resources less than \$2,000 for one person or \$3,000 for a couple¹⁸ 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.

¹⁸ These figures are current but are subject to change. Contact the eligibility unit at the local department of social services for current information.

Third party payments

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

The payments must be made:

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

Applying for AG or becoming an AG provider

Individuals interested in applying for AG should contact their LDSS.

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

Table 18-Auxiliary Grant Rates

Auxiliary Grant Rates 2008-2014									
	1/08	1/09	1/10	1/11	1/12	7/12	1/13	7/13	1/14
ALF Rate	\$1,075	\$1,112	\$1,112	\$1,112	\$1,136	\$1,150	\$1,161	\$1,196	\$1,207
AFC Rate	\$1,075	\$1,112	\$1,112	\$1,112	\$1,136	\$1,150	\$1,161	\$1,196	\$1,207
Planning District 8*	\$1,236	\$1,279	\$1,279	\$1,279	\$1,303	\$1,317	\$1,328	\$1,375	\$1,388
Personal Needs Allowance (PNA)	\$77	\$81	\$81	\$81	\$81	\$81	\$82	\$82	\$82
ALF = Assisted Living Facility; AFC = Adult Foster Care									
*Planning District 8 includes Arlington, Alexandria, Fairfax City and County, Falls Church, Loudoun County, Prince William County, Manassas City and Manassas Park.									

The table below provides SFY 2014 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 2014 Auxiliary Grant Expenditures and Monthly Case Counts¹⁹			
	Adult Foster Care	Assisted Living Facility	Total
Average Monthly Caseload (Aged)	6	1,581	1,587
Average Monthly Caseload (Blind)	8	7	15
Average Monthly Caseload (Disabled)	23	2,986	3,009
Average Monthly Caseload (Total)	37	4,574	4,611
State	\$189,841	\$21,940,761	\$22,130,602
Local	\$47,461	\$5,485,190	\$5,532,651
Local-Non Reimbursable	\$0	\$20,936	\$20,936
Total Expenditures	\$237,302	\$27,446,887	\$27,684,189

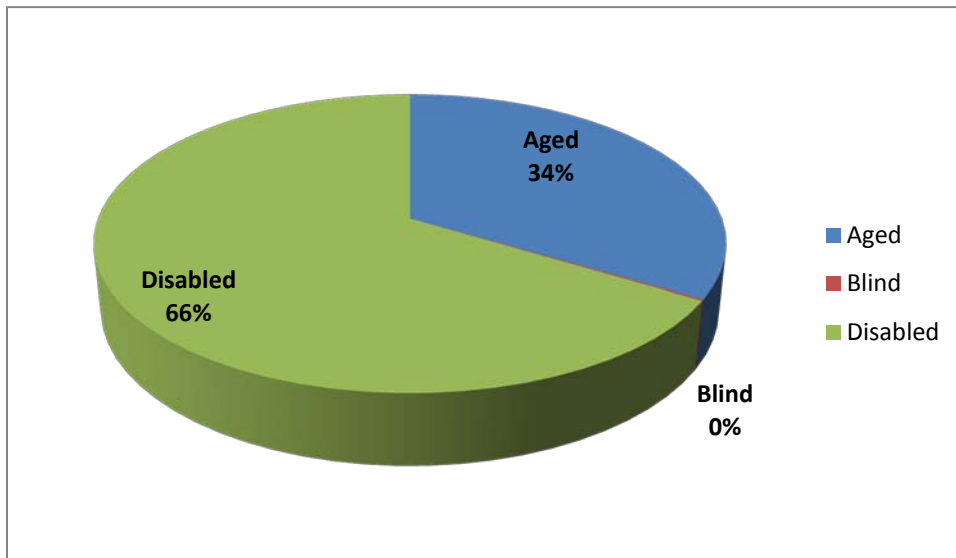
¹⁹ Source: Laser

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 2014 there were 5,374 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 2014 Data Warehouse statistics on individuals receiving AG.

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

Individuals with a disability made up 66% of the total number of individuals with AG. Eight individuals identified as blind.

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



In FY 2014, 62% of individuals were white and 33% were African American. Thirty-five individuals identified as Spanish American

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

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

Table 21-Auxiliary Grant Recipients’ Demographics: Race

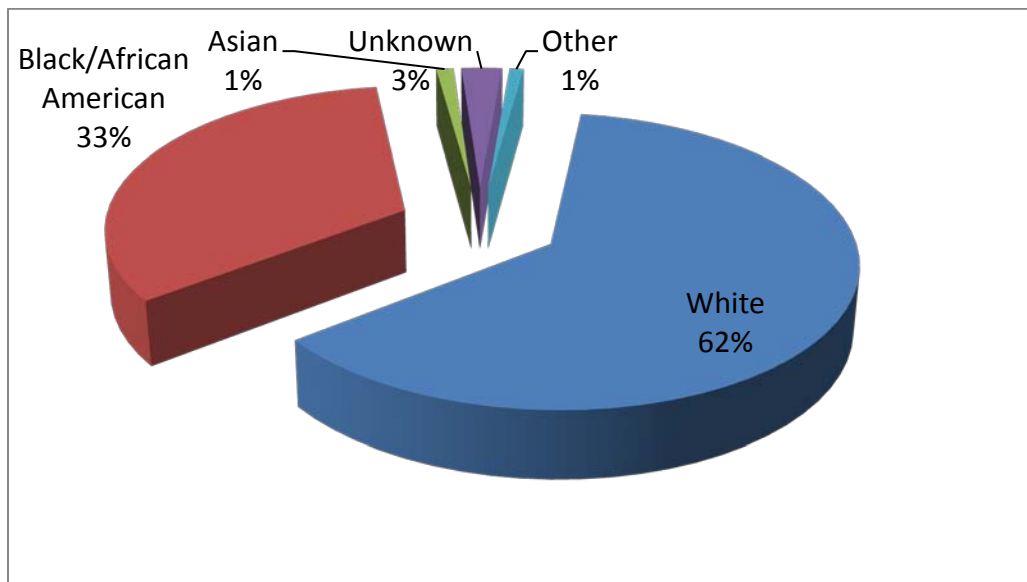
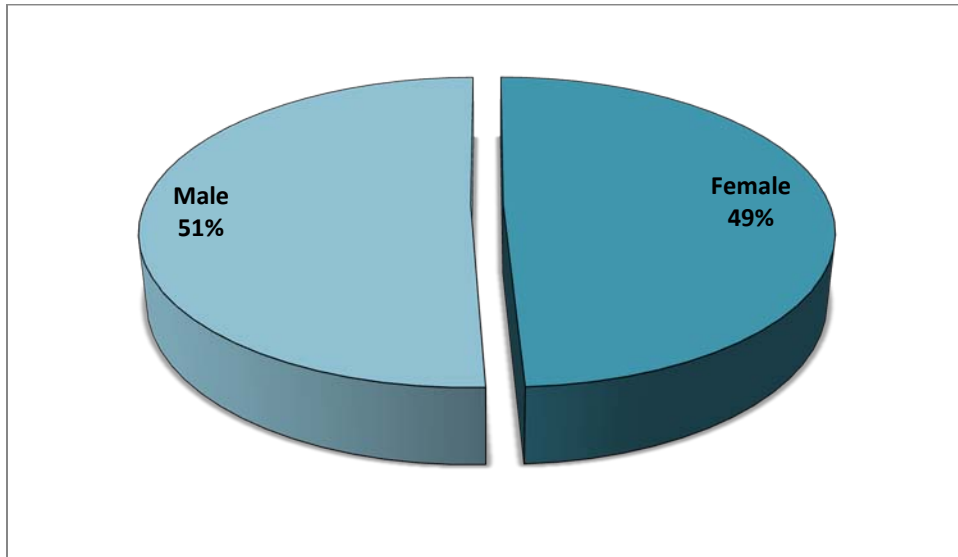


Table 22-Auxiliary Grant Recipients' Demographics: Male & Female



Appendices

APPENDIX A: Signs of Adult Abuse, Neglect or Exploitation



SIGNS OF ADULT ABUSE, NEGLECT OR EXPLOITATION

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

<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
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REPORT SUSPECTED ABUSE

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

PHYSICAL SIGNS OF ABUSE

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



1-888-832-3858

24-HOUR TOLL FREE HOTLINE

Virginia Department for Aging and Rehabilitative Services
Adult Protective Services Division
<http://www.dars.virginia.gov>



032-02-0744-02-eng (07/13)

APPENDIX B: Adult Protective Services Division Contacts

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

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

APPENDIX C: Adult Services Regional Assignments

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

APPENDIX D: Agencies and Organizations

VIRGINIA

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

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

Department of Social Services: www.dss.virginia.gov

Department of Health: www.vdh.virginia.gov

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

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

Virginia Board for People with Disabilities: www.vaboard.org

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

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

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

NATIONAL

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

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

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

Consumer Financial Protection Bureau: <http://www.consumerfinance.gov/older-americans/>

Center of Excellence on Elder Abuse & Neglect: <http://www.centeronelderabuse.org/>

Family Caregiver Alliance: <https://www.caregiver.org/>

National Alliance for Caregiving: <http://www.caregiving.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>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>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>AMELIA DSS SONDRRA HICKS, FAMILY SERVICES (FS) SUPERVISOR 16360 DUNN STREET, SUITE 201 PO BOX 136 AMELIA, VA 23002 804-561-2681; FAX: 804-561-6040 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>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>ARLINGTON DEPT OF HUMAN SVS REGINALD LAWSON, SUPERVISOR 2100 WASHINGTON BLVD., 1st FLOOR ARLINGTON, VA 22204 703-228-1708; FAX 703-228-1771 Webpage</p> <p>BATH DSS JASON MILLER, DIRECTOR 65 COURTHOUSE HILL ROAD PO BOX 7 WARM SPRINGS, VA 24484 540-839-7271; FAX 540-839-7278 Webpage</p> <p>BEDFORD DSS ROBIN ZIMMERMAN, SW SUPERVISOR 119 EAST MAIN STREET BURKS-SCOTT BUILDING PO BOX 1187 BEDFORD, VA 24523-7750 540-586-7750 x253; FAX 540-586-7785 Webpage</p> <p>BLAND DSS KIMBERLY BRINTLE, 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>

<p>BOTETOURT DSS LEIGH MARTIN, SW SUPERVISOR 220 COMMONS PARKWAY PO BOX 99 DALEVILLE, VA 24083 540-591-5960; FAX 540-591-5969 Webpage</p> <p>BRUNSWICK DSS DEBBIE BURKETT, SW SUPERVISOR 201 SHARPE STREET, SUITE 100 LAWRENCEVILLE, VA 23868 434-848-2142; FAX 434-848-2828 Webpage</p> <p>BUCHANAN DSS CECIL STILTNER, SW SUPERVISOR 3174 SLATE CREEK ROAD GRUNDY, VA 24614-0674 276-935-8106; FAX 276-935-5412 Webpage</p> <p>BUCKINGHAM DSS STEPHANIE COLEMAN, FS SUPERVISOR 13360 WEST JAMES ANDERSON HIGHWAY ROUTE 60, PO BOX 170 BUCKINGHAM COURT HOUSE, VA 23921-0170 434-969-4246; FAX 434-969-1449 Webpage</p> <p>CAMPBELL DSS SUSAN R. JONES, SW SUPERVISOR 69 KABLER LANE PO BOX 860 RUSTBURG, VA 24588-0860 434-332-9585; FAX 434-332-9699 Webpage</p>	<p>CAROLINE DSS MARSHALL MASSENBURG, ACTING FS SUPERVISOR 17202 RICHMOND TURNPIKE PO BOX 430 BOWLING GREEN, VA 22427 804-633-5071 EXT 109; FAX 804-633-5648 Webpage</p> <p>CARROLL DSS PATRICIA DRAUGHAN, SW SUPERVISOR CARROLL COUNTY GOVERNMENTAL COMPLEX 605-8 PINE STREET HILLSVILLE, VA 24343 276-730-3130; FAX 276-730-3135 Webpage</p> <p>CHARLES CITY DSS PHIL QUINN, FS SUPERVISOR 10600 COURTHOUSE ROAD PO BOX 98 CHARLES CITY, VA 23030-0098 804-652-1708; FAX 804-829-2430</p> <p>CHARLOTTE DSS PHYLLIS COLLEY, SOCIAL WORKER III 400 THOMAS JEFFERSON HIGHWAY PO BOX 440 CHARLOTTE COURT HOUSE, VA 23923 434-542-5164; FAX 434-542-5692 Webpage</p> <p>CHESTERFIELD-COLONIAL HGHTS DSS SCOTT GILCHRIST, FS SUPERVISOR 9501 LUCY CORR CIRCLE PO BOX 430 CHESTERFIELD, VA 23832-0430 804-748-1100; FAX 804-717-6294 Webpage</p>
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<p>CLARKE DSS ROBIN CHANSELLE, AS/APS WORKER 311 EAST MAIN STREET BERRYVILLE, VA 22611 540-955-3700; FAX 540-955-3958</p> <p>CRAIG DSS JIM WEBER, DIRECTOR 177 COURT STREET PO BOX 330 NEW CASTLE, VA 24127-0330 540-864-5117; FAX 540-864-6662 Webpage</p> <p>CULPEPER DSS CALVERT CHILTON, FAMILY SERVICES WORKER 1835 INDUSTRY DRIVE PO BOX 1355 CULPEPER, VA 22701 540-727-0372 X427; FAX 540-727-8496 Webpage</p> <p>CUMBERLAND DSS JESSICA OWNBY, FS SUPERVISOR 71 COMMUNITY CENTER DRIVE PO BOX 33 CUMBERLAND, VA 23040-9803 804-492-4915; FAX 804-492-9346</p> <p>DICKENSON DSS TRACY MULLINS, SOCIAL WORKER IV BRUSH CREEK ROAD 120 CLOVER STREET PO BOX 417 CLINTWOOD, VA 24228-0417 276-926-1661; FAX 276-926-8144 Webpage</p>	<p>DINWIDDIE DSS DORTHEA TOWNES, SW SUPERVISOR 12318 BOYDTON PLANK ROAD PO BOX 107 DINWIDDIE, VA 23841 804-469-4524; FAX 804-469-4506 Webpage</p> <p>ESSEX DSS EVELYN PORTER, FS SUPERVISOR 772 RICHMOND BEACH ROAD PO BOX 1004 TAPPAHANNOCK, VA 22560-1004 804-443-3561; FAX 804-443-8254</p> <p>FAIRFAX CO DEPT OF FAMILY SERVICES BARBARA ANTLEY, DIVISION DIRECTOR 12011 GOVERNMENT CENTER PARKWAY SUITE 232 FAIRFAX, VIRGINIA 22035 703-324-7500; FAX 703-222-9487 Webpage</p> <p>FAUQUIER DSS MITTIE WALLACE, AS PROGRAM MANAGER 320 HOSPITAL DRIVE, SUITE 11 PO BOX 300 WARRENTON, VA 20186-3037 540-422-8400; FAX 540-422-8449 Webpage</p> <p>FLOYD DSS TRACIE BREWSTER, DIRECTOR COURTHOUSE BUILDING 120 WEST OXFORD STREET PO BOX 314 FLOYD, VA 24091-2222 540-745-9316; FAX 540-745-9325 Webpage</p>
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FLUVANNA DSS

KAREN HEBERT, FS SUPERVISOR
8880 B JAMES MADISON HIGHWAY
PO BOX 98
FORK UNION, VA 23055
434-842-8221; FAX 434-842-2776

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FRANKLIN COUNTY DSS

HOLLY D'HERON, FS SPECIALIST
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[Webpage](#)

FREDERICK DSS

SUSAN HOCKENSMITH, FSS IV
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WINCHESTER, VA 22601
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GILES DSS

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211 MAIN STREET, SUITE 109
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GLOUCESTER DSS

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GOOCHLAND DSS

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GOOCHLAND, VA 23063-0034
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GRAYSON DSS

ANGIE THOMAS, SW SUPERVISOR
129 DAVIS STREET
PO BOX 434
INDEPENDENCE, VA 24348-0434
276-773-2452; FAX 276-773-2361

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GREENE DSS

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

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GREENSVILLE-EMPORIA DSS

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

HALIFAX DSS

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

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HANOVER DSS

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

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HARRISONBURG/ROCKINGHAM DSS

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

[Webpage](#)

HENRICO COUNTY DSS

SUSAN UMIDI, AS/APS SUPERVISOR
8600 DIXON POWERS DRIVE
PO BOX 90775
HENRICO, VA 23273-7032
804-501-4001; FAX 804-501-7370

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HENRY/MARTINSVILLE DSS

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

[Webpage](#)

HIGHLAND DSS

SARAH REXRODE, AS/APS
COURTHOUSE ANNEX
158 COURTHOUSE LANE
PO BOX 247
MONTEREY, VA 24465-0247
540-468-2199; FAX 540-468-3099

ISLE OF WIGHT DSS

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