

Department
for Aging and
Rehabilitative
Services

State
Fiscal
Year
2020

Adult Protective Services
Division

Annual Report



COMMONWEALTH OF VIRGINIA
DEPARTMENT FOR AGING AND REHABILITATIVE SERVICES

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Dear Colleagues:

I am pleased to present the State Fiscal Year (SFY) 2020 Adult Protective Services (APS) Division Annual Report from the Virginia Department for Aging and Rehabilitative Services (DARS). What a challenging year this has been for APS Division staff, local workers, and the individuals we serve! Yet we've all adapted, adhering to public health measures to protect our co-workers, our families, our clients, and ourselves. We've embraced technology to connect remotely with those needing assistance and relied on those already strong relationships with state and community partners.

Largely due to stay-at-home-orders, Virginia APS, like most state's programs, saw a significant drop in the number of APS reports from March 2020 to June 2020. Clearly fewer "eyes" on adults resulted in reduced reporting. Yet despite the nearly 35% decrease in reports during this time, APS reports for the entire SFY increase by 9.6%. While a jump in reports means that someone is asking for help, it is still troubling to think of the breadth and depth of maltreatment vulnerable Virginians have endured.

There were some bright spots during this difficult time. Twelve e-learning modules for APS workers will be available in the Virginia Learning Center this month and DARS Division staff revised the mandated reporter training and shared it with several state agencies. We are working on making the mandated reporter training accessible to the public on the DARS website. Our wonderful DARS Communications team developed a PSA to raise awareness about financial exploitation. And DARS received great news in late December that all state APS programs will soon receive federal funding for the first time ever. Though the funding is time-limited, I am confident that longer-term support will come. This is truly an historic moment for APS!

I know 2021 will be better, though we may have to "get through" more difficult months. I am comforted knowing that local department staff remain committed to serving older adults and individuals with disabilities despite the fear of increasing COVID-19 cases in your communities and your own physical and mental fatigue. Virginia's citizens need you now more than ever!

With sincere appreciation,

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

Kathy A. Hayfield

Cc: Paige McCleary
Director, Adult Protective Services

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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 SFY 2020 AG Annual Report is accessible at the following link:

<https://rga.lis.virginia.gov/Published/2020/RD308/PDF>

The SFY 2020 AS and APS report reflects a full year of statistics from the PeerPlace case management system, which the APS Division implemented in Virginia from July 2018-February 2019. PeerPlace was initially developed, and subsequently enhanced post implementation, to provide a more comprehensive and robust picture of APS and AS in Virginia. For example, the Division now reports exploitation victims' estimated financial loss as the amount recovered. PeerPlace also captures more data from guardian reports, which LDSS are required to review annually.

It is important to note that for the last four months of the SFY, the Division's programs like many human service agencies and providers, had to pivot quickly in response to COVID-19. Most LDSS staff began teleworking. DARS issued temporary flexibility in

program requirements to comply with Governor Northam’s “stay at home” orders while still ensuring that older adults and individuals with disabilities could obtain needed assistance. LDSS workers adapted quickly to the changing landscape and relied on new technology, social distancing, and community partnerships to stay connected with their clients. While the new way of conducting business was challenging, LDSS workers managed the crisis with creativity and dedication.

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 as 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 **4,349** adults received home-based services.

Long-term Services and Supports Screenings

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).

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. The LDSS worker, in cooperation with local health department nurses, are responsible for performing screenings for long-term services and supports (LTSS) for individuals residing in the community. Services that an individual may request include CCC Plus waiver², nursing facility placement or Program for the All-Inclusive Care for the Elderly (PACE). In SFY 2020, LDSS participated in screening **16,385** adults for LTSS.

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 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 2020, **57** individuals received AFC services.

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 1** lists these services by type and number.

² The CCC Plus waiver replaced the Tech and Elderly and Disabled with Consumer Direction waivers.

Table 1-Services by Type and Number

SFY 2020 Services by Type and Number³	
Type of Service	Number of Cases with Service
Case Management	3606
Monitoring-LDSS	1785
Advocacy	978
Medical Services	831
Emergency Assistance	719
Housing Services	605
Home Delivered Meals	572
Food Assistance	497
Financial Management/Counseling	474
Transportation Services	466
Legal Services	447
Home Repairs	295
Counseling (Individual)	180
Emergency Shelter	101

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

Table 2-AS Expenditures

SFY 2020 Adult Services Expenditures⁴					
Services	Federal & State	Local	Non-reimbursed local	Total Expenditures	% of Total Expenditures
Companion	\$3,943,503	\$985,875	\$4,134,423	\$9,063,803	95%
Chore	\$839	\$209	\$0	\$1,049	<1%
Homemaker	\$30,423	\$7,605	\$0	\$38,029	<1%
Adult Day Services	\$5,263	\$1,315	\$0	\$6,579	<1%
Guardianship	\$68,885	\$17,221	\$595	\$86,702	1%
Prevention	\$252,638	\$63,159	\$23,613	\$339,412	4%
Total	\$4,301,551	\$1,075,384	\$4,158,631	\$9,535,574	100%

Table 3-Five-Year Comparison of AS Expenditures

5-Year Expenditures				
SFY	Federal & State	Local	Non-reimbursed Local	Total Expenditures
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
2016	\$4,497,545	\$1,124,386	\$3,122,274	\$8,744,204

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 4** provides information about SFY 2020 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 Department of Medical Assistance Services (DMAS) Appeals Unit.

Table 4- Home-based Services Appeals

Appeals Received	12
Valid Appeals Received	3
Hearings Scheduled	2⁵
Hearings Completed	2

⁵ One appeal hearing was not scheduled until after the end of the SFY.

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) 2016-2019 is available at: <https://namrs.acl.gov/Learning-Resources/Adult-Maltreatment-Reports.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.

2020 Legislative Changes in Virginia

During the 2020 Virginia General Assembly Session, members evaluated several pieces legislation that strengthened Virginia guardianship laws. Other proposals addressed timely reporting of financial exploitation to APS, and directed DARS and staff with the Office of the Attorney General (OAG) to collaborate to raise awareness about financial exploitation. The following provides a summary of the legislation the General Assembly passed and the Governor signed into law.

House Bill (HB) 1166 & Senate Bill (SB) 261 required guardians of incapacitated persons to sign the initial, annual, and final annual guardian reports under oath, certifying the information contained in the report is true and correct to the best of their knowledge. Any false entry or statement is subject to a civil penalty of no more than \$500.

SB 391 required financial institution staff, who refuse to execute a customer's transaction, delay a transaction, or refuse to disburse funds if they are suspicious that the adult is being exploited financially, to report such refusal or delay within five business days to the LDSS or APS Hotline.

SB 695 directed the OAG to establish communication with the DARS Commissioner to ensure adults have access to information regarding the prevention of potential patterns of financial exploitation. The Attorney General will coordinate with the DARS Commissioner on the most effective manner to relay information to citizens in the Commonwealth.

SB 1072 clarified who may be appointed guardian or conservator of an incapacitated person. A suitable guardian may be the spouse of the respondent and the court should give deference to the wishes of the respondent. Unless there is a good reason, the court shall not appoint as guardian, an attorney who represents or has represented the petitioner within three calendar years of the appointment. This prohibition also applies to all other attorneys and employees of the law firm with which the attorney is associated. The proposed guardian or conservator must certify at the time of appointment that he has disclosed to the court any such representation of the petitioner or association with a law firm that represented the petitioner within the three calendar years preceding the appointment.

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.

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 5 lists some of the most frequent reporters of adult abuse, neglect, or exploitation in SFY 2020. Occupations or professionals in green represent mandated reporters. The category “unspecified” refers to anonymous reporters, who do not identify their occupation or their relationship to the subject of the report. Relatives and family members continue to be the most frequent reporters to APS. Financial institutions have increased their reporting to APS steadily over the past several years and have retained their rank as the second highest reporter category.

Table 5-Source of APS Reports⁶

SFY 2020 Reporter Type	# of Reports
Relative (includes ex-wife/ex-husband)	3,979
Financial Institution	3,769
Unspecified	3,355
Social Worker	3,115
Nurse	2,803
Other	2,653
Self	2,446
Nursing Facility Staff	2,430
Law Enforcement Officer	1,949
Hospital Staff	1,473
EMS Personnel/Fire Department	1,238
Friend/Neighbor	1,215
Community Services Board Staff	897
Assisted Living Facility Staff	753
Mental Health Support Workers/Psychologist/Counselor/Psychiatrist	744
Doctor/Physician Assistant	521
DBHDS Staff	390
LDSS Staff	355
Group Home Staff	288
Hospice Staff	262
Caregiver (not specified)	216
Area Agency on Aging Staff	212
Other Healthcare Professionals (PT/OT/SLP)	188
Landlord	186
Home Base Care/Personal Care Provider	163
Power-of-attorney	84
Meals on Wheels Staff	24

⁶ Source: PeerPlace

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 6 identifies three-year trends for APS reports. Total APS reports increased **9.6%** from SFY 2019 to 2020. Substantiated reports increased **10%** during the same time.

Table 6-Three-Year Comparison of APS Reports

THREE YEAR COMPARISON OF APS REPORTS⁷			
	2018	2019	2020
Total Report Received	31,436	34,116	37,398
Total Investigated⁸	21,461	21,785	23,968
Total Substantiated⁹	11,924	11,040	12,004
Unfounded	9,537	9,745	10,578
Invalid Disposition¹⁰		1,000	1,386
Pending¹¹	73	1,452	167
Invalid¹²	9,902	10,879	13,263
Percent of Reports Substantiated¹³	56%	51%	50%
DISPOSITIONS OF SUBSTANTIATED REPORTS¹⁴			
Needs and Accepts Services	5,090		4,274
Needs and Refuses Services	2,297		2,501
Need No Longer Exists	4,537		5,229

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

⁷ Source: PeerPlace.

⁸ In SFY 2018, investigated reports included substantiated and unfounded reports. Beginning in SFY 2019, total investigations included investigations with substantiated, unfounded, and invalid dispositions.

⁹ Substantiated means as a completed investigation with a disposition that the adult needs protective services.

¹⁰ “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.

¹¹ Pending reports include reports undergoing investigation. PeerPlace does not have a pending category. For SFY 2020 pending was estimated by adding total investigated (N=23,968) to reports invalidated upon receipt (N=13,263) and subtracting the total (N=37,231) from the total number of report (N=37,398).

¹² In SFY 2018, “invalid” included reports invalidated upon receipt and investigations that receive a disposition of “invalid.” Beginning in SFY 2019, “invalid” represented only reports invalidated upon receipt.

¹³ Beginning in SFY 2019, percent substantiated was calculated by dividing the number of substantiated investigations by the number of investigations.

¹⁴ In SFY 2019, PeerPlace did not differentiate substantiated dispositions. System enhancements enabled PeerPlace to capture these dispositions in SFY 2020.

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.

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 of food, medicine, or clothing; and emergency placement in a hotel, nursing facility, or assisted living facility. **Table 7** identifies APS expenditures for SFY 2020 and **Table 8** shows a five-year comparison of APS expenditures.

Table 7-APS Expenditures

SFY 2020 APS Program Expenditures¹⁵					
Service	Federal & State	Local	Non-reimbursed local	Total Expenditures	% of Total Expenditures
APS	\$527,194	\$96,703	\$166,604	\$790,501	100%

Table 8-Five-Year Comparison of APS Expenditures

APS 5-Year Expenditures				
SFY	Federal & State	Local	Non-reimbursed Local	Total Expenditures
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
2016	\$746,521	\$136,934	\$71,105	\$954,560

¹⁵ Source: LASER

Table 9-Types of Abuse: Statewide Substantiated Reports

Abuse Type—SFY 2020 Substantiated Reports ¹⁶	#	%
Self-Neglect	7,772	54%
Neglect	2,647	18%
Financial Exploitation	1,840	13%
Physical Abuse	892	6%
Mental Abuse	709	5%
Other Exploitation	352	2%
Sexual Abuse	102	1%
TOTAL	14,314¹⁷	

Table 10 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 a nursing facility.

¹⁶ Source: PeerPlace

¹⁷ More than one type of maltreatment may be substantiated

Table 10-Location of Incident

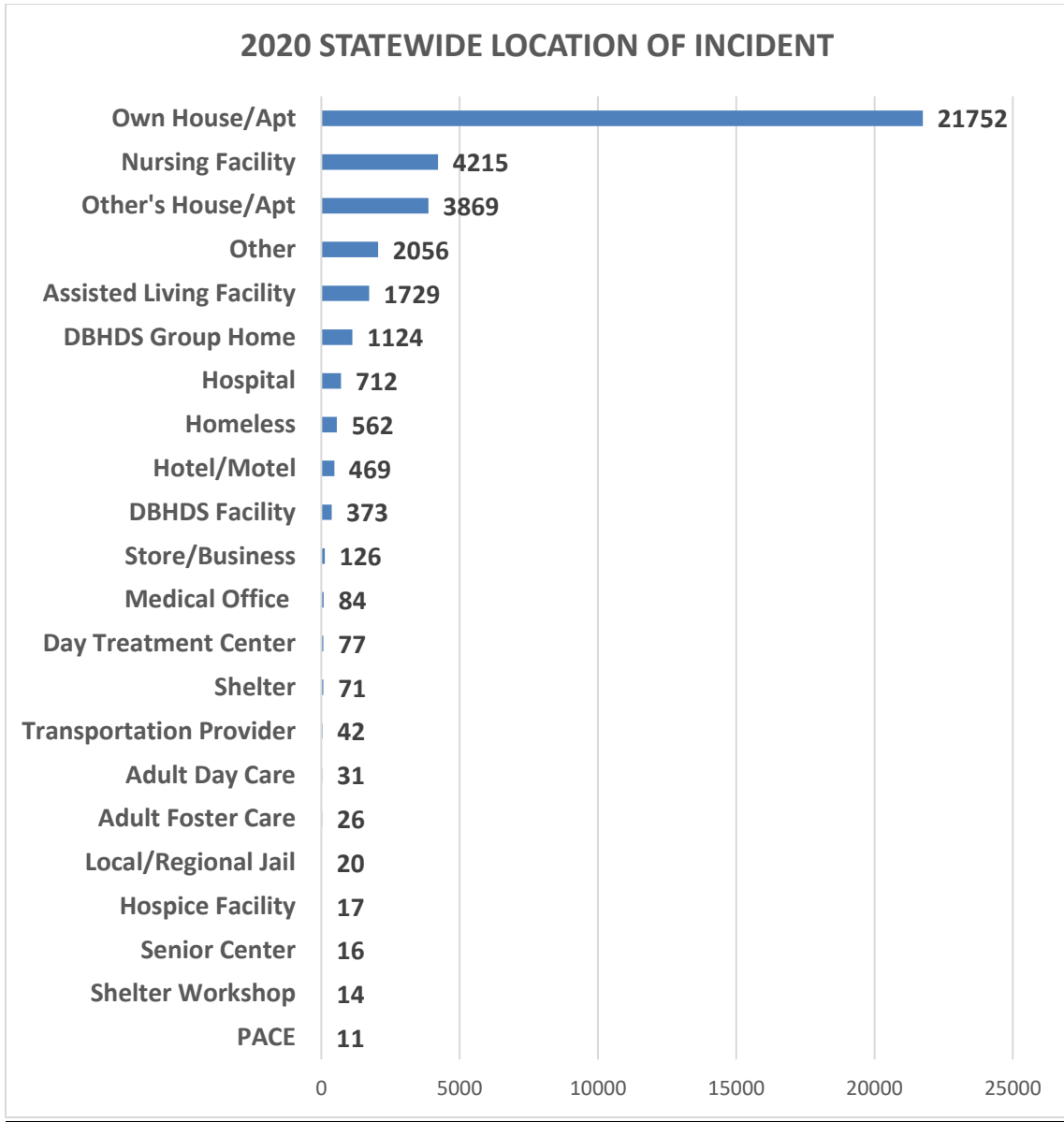


Table 11 reflects demographics of the APS report subjects by state and region. Statewide **73%** of subjects were age 60 or older. Nearly **5,170** individuals were age 85 or older.

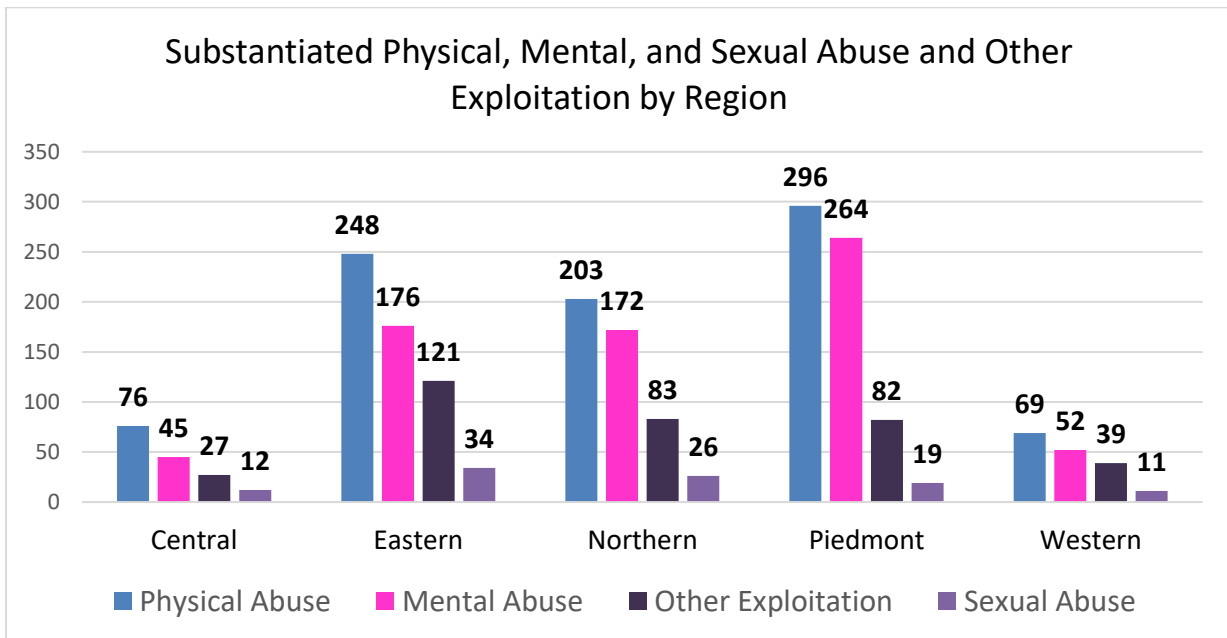
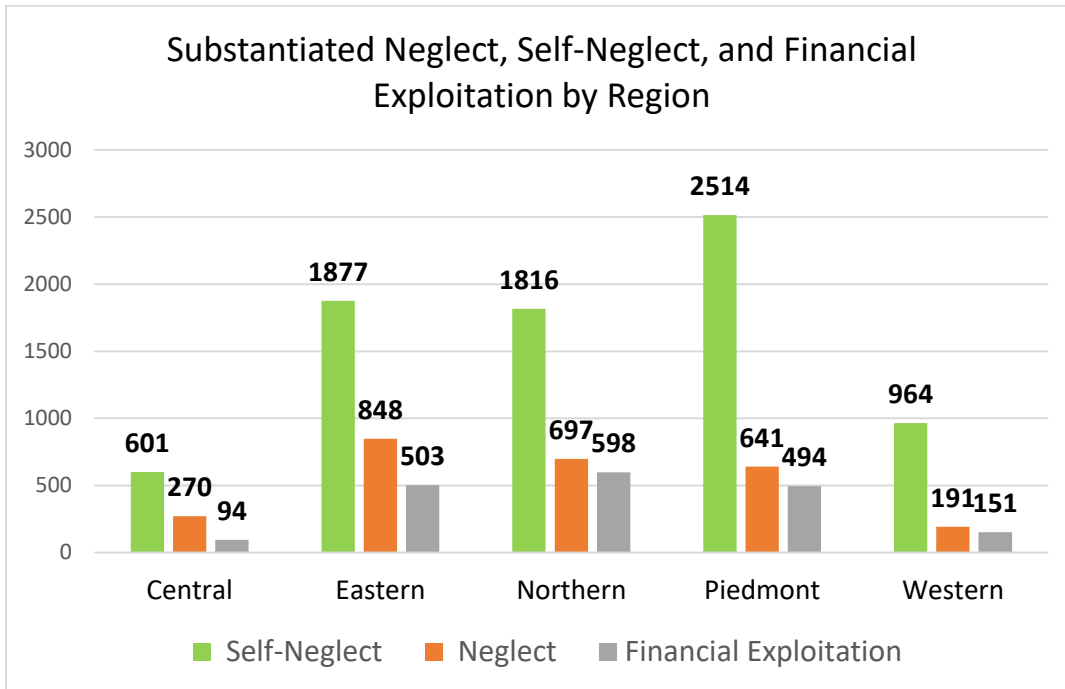
Table 11-State and Regional APS Reports Statistics

SFY 2020 Regional Demographics of Report Subjects¹⁸						
	CENTRAL	EASTERN	NORTHERN	PIEDMONT	WESTERN	STATE TOTAL
Reports Received	5,553	8,872	10,136	9,085	3,752	37,398
Reports Substantiated	942	2,967	3,139	3,665	1,291	12,004
Demographics of Report Subject						
60+	72%	73%	75%	72%	74%	73%
18-59	22%	20%	20%	23%	20%	21%
Unknown	6%	7%	5%	5%	6%	6%
Female	58%	61%	59%	58%	59%	59%
Male	41%	39%	40%	41%	41%	40%
Unspecified/Unk	1%	1%	1%	<1%	<1%	<1%
Transgender	<1%	<1%	<1%	<1%	<1%	<1%
White not Hispanic	46%	47%	54%	66%	85%	60%
Black	33%	32%	13%	16%	3%	19%
White Hispanic	1%	2%	4%	2%	1%	2%
Unknown/RTA ¹⁹	18%	17%	24%	15%	11%	17%
Asian	1%	1%	4%	<1%	<1%	1%
Other	<1%	<1%	<1%	<1%	<1%	<1%

¹⁸ Source PeerPlace

¹⁹ RTA=Refused to Answer

Table 12-Types of Abuse: Substantiated Reports by Region²⁰



²⁰ Source: PeerPlace

Table 13 reflects the impact of financial exploitation on victims by region. Based on APS workers’ estimates, Virginians who were exploited financially lost **\$93,075,535** and approximately 40% of these assets and resources or **\$37,015,263** was recovered.

Table 13-Financial Exploitation-Regional Impact²¹

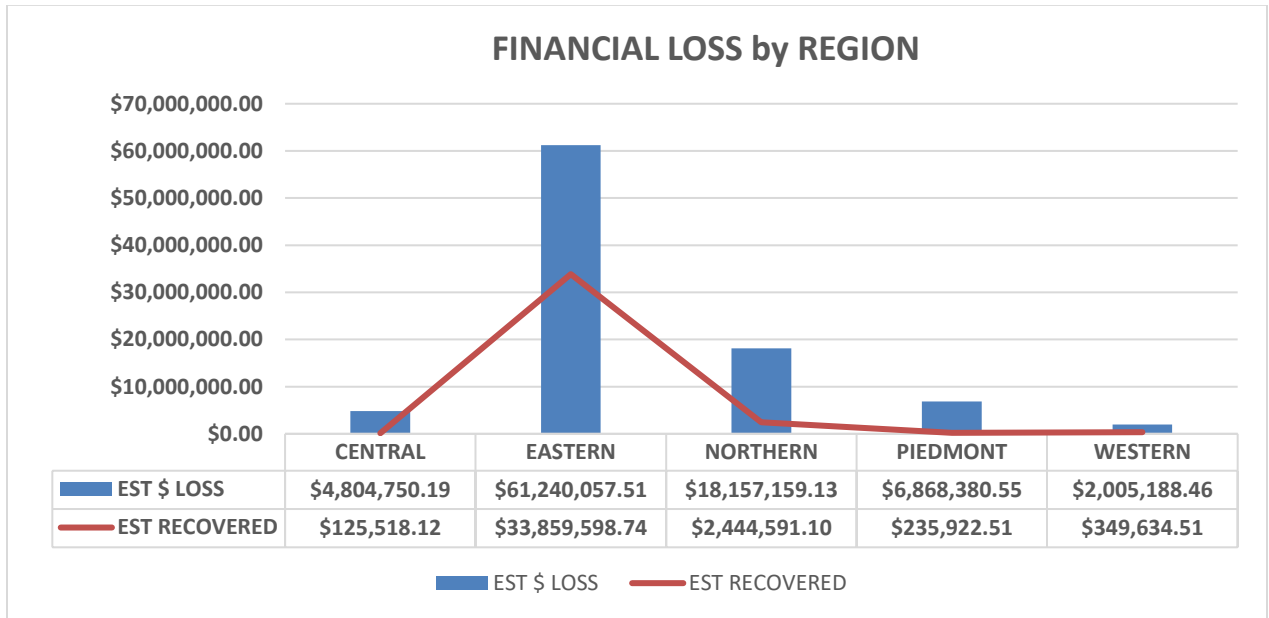
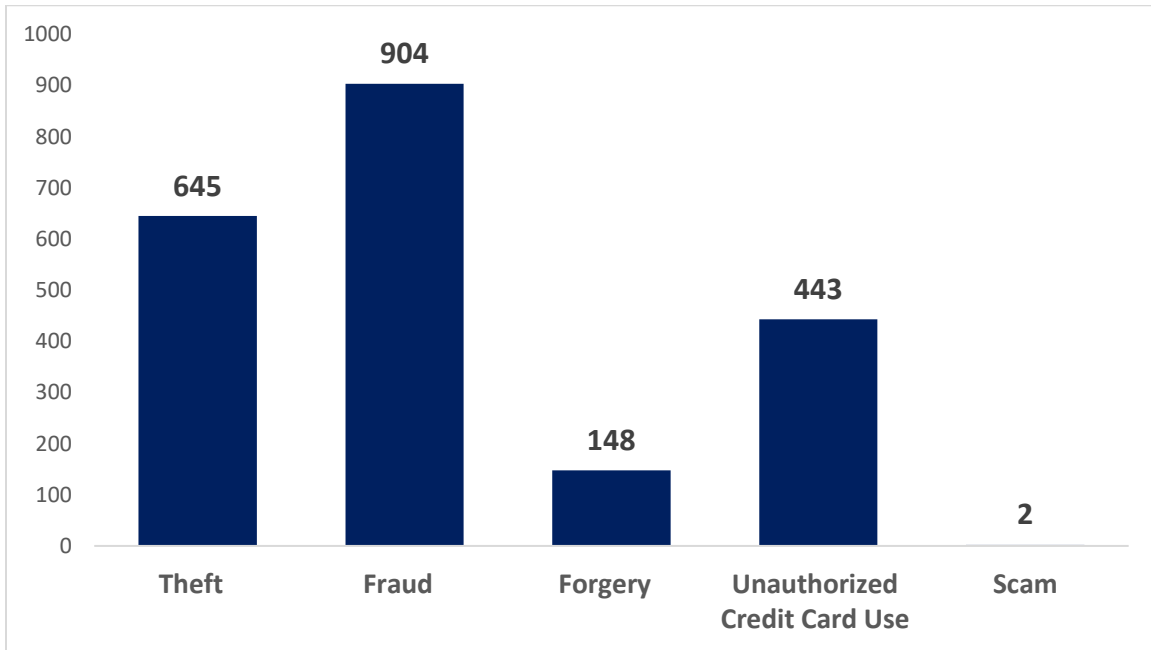


Table 14 reflects the methods perpetrators used to exploit victims financially. Near the end of SFY 2020, the Division added “scam” as an option that workers could select in PeerPlace. The low number is likely attributed to the late addition of the choice to the case management system and does not represent the actual number of scams, such as romance, grandparent, or pet scams perpetrated in Virginia. The Division anticipates this figure will be higher in SFY 2021.

²¹ Source: PeerPlace

Table 14-Method Used to Financially Exploit²²



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 2020 LDSS, often in collaboration with local law enforcement or the LDSS attorney, initiated the following actions:

- **252** petitions for guardianship
- **125** petitions for conservatorship
- **71** protective orders
- **31** emergency orders for protective services
- **56** involuntary commitments to state or private hospitals
- **9** orders for medical treatment

Additionally, **180** cases were referred to legal authorities for possible criminal abuse, neglect, or financial exploitation charges.

²² Source: PeerPlace

Table 15 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.

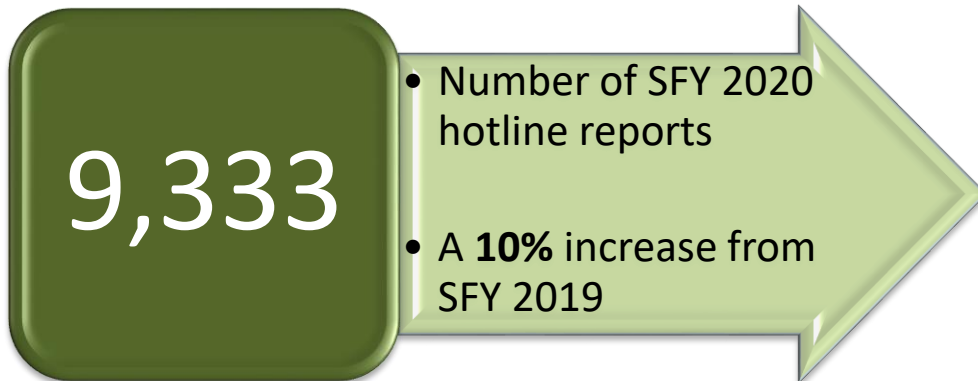
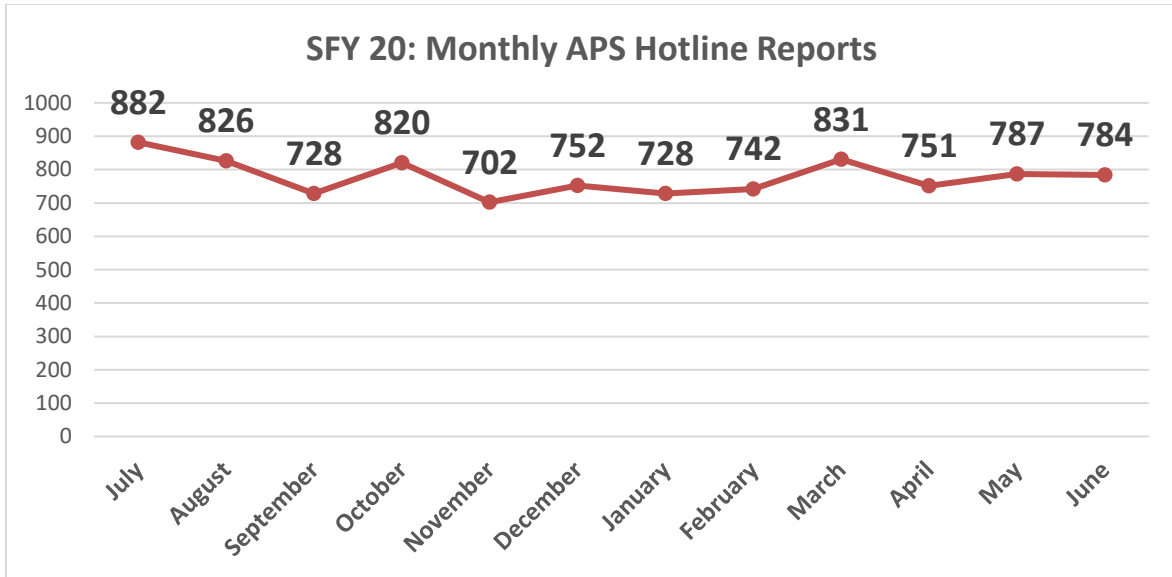
Table 15-APS Reports by Locality

CENTRAL REGION		EASTERN REGION		NORTHERN REGION	
Locality	# of Reports	Locality	# of Reports	Locality	# of Reports
Amelia (I)	63	Accomack (II)	255	Alexandria (III)	389
Buckingham (II)	44	Brunswick (II)	83	Arlington (III)	377
Caroline (II)	139	Chesapeake (III)	1,267	Clarke (I)	120
Charles City (I)	22	Dinwiddie (II)	76	Culpeper (II)	240
Chesterfield/ Colonial Heights (III)	947	Franklin City (II)	51	Fairfax/Fairfax City/Falls Church (III)	3,094
Cumberland (I)	41	Gloucester (II)	224	Fauquier (II)	544
Essex (I)	56	Greensville/Emporia (II)	35	Frederick (II)	408
Fluvanna (II)	139	Hampton (III)	396	Fredericksburg (II)	209
Goochland (I)	85	Isle of Wight (II)	169	Greene (I)	85
Hanover (II)	364	James City County (II)	465	Harrisonburg/ Rockingham (III)	421
Henrico (III)	1,560	Mathews (I)	41	King George (I)	58
Hopewell (II)	204	Newport News (III)	881	Loudoun (III)	708
King & Queen (I)	39	Norfolk (III)	1,416	Louisa (II)	228
King William (I)	34	Northampton (II)	50	Madison (I)	53
Lancaster (I)	73	Portsmouth (III)	372	Manassas City (II)	92
Lunenburg (I)	18	Prince George (II)	105	Manassas Park (I)	41
Middlesex (I)	115	Southampton (II)	73	Orange (II)	275
New Kent (I)	51	Suffolk (III)	393	Page (II)	65
Northumberland (I)	41	Surry (II)	29	Prince William (III)	1,159
Nottoway (I)	39	Sussex (II)	75	Rappahannock (I)	77
Petersburg (III)	210	Virginia Beach (III)	2,001	Shenandoah (II)	224
Powhatan (II)	34	Williamsburg (II)	106	Spotsylvania (III)	490
Prince Edward (II)	73	York/Poquoson (II)	309	Stafford (II)	318
Richmond City (III)	1,024			Warren (II)	238
Richmond County (I)	42			Winchester (II)	223
Westmoreland (II)	96				
TOTAL:	5,553	TOTAL:	8,872	TOTAL:	10,136

Piedmont Region		Western Region	
Locality	# of Reports	Locality	# of Reports
Albemarle (III)	560	Bland (I)	10
Alleghany/Covington/Clifton Forge (II)	160	Bristol (II)	111
Amherst (II)	212	Buchanan (II)	56
Appomattox (I)	39	Carroll (II)	213
Bath (I)	42	Dickenson (II)	53
Bedford (III)	749	Floyd (I)	62
Botetourt (I)	80	Galax (I)	64
Campbell (II)	306	Giles (II)	119
Charlotte (II)	38	Grayson (II)	108
Charlottesville (III)	269	Lee (II)	184
Craig (I)	20	Montgomery (II)	272
Danville (III)	68	Norton (I)	57
Franklin County (II)	312	Patrick (II)	118
Halifax/South Boston (II)	65	Pulaski (II)	332
Henry/Martinsville (III)	621	Radford (I)	67
Highland (I)	21	Russell (II)	225
Lynchburg (III)	672	Scott (II)	227
Mecklenburg (II)	113	Smyth (II)	221
Nelson (I)	107	Tazewell (II)	546
Pittsylvania (II)	266	Washington (II)	217
Roanoke City (III)	1,191	Wise (III)	336
Roanoke County/Salem (III)	1,032	Wythe (II)	154
Rockbridge/Buena Vista/Lexington (II)	186		
Staunton/Augusta/Waynesboro (III)	1,956		
TOTAL	9,085	TOTAL	3,752

Table 16-APS Hotline Reports

The 24-hour, 7 days a week, APS hotline is located at DSS in Richmond. **Table 16** illustrates APS hotline call volume for SFY 2020.



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 2020, LDSS workers were responsible for reviewing annual guardian reports for **15,837** incapacitated adults.

Table 17 shows the volume of annual unduplicated guardian reports by region. Guardians filed the largest percentage (**36%**) of reports with LDSS in the Northern Region and the smallest percentage (**9%**) in the Western portion of Virginia.

A review of annual guardian reports case records in PeerPlace also revealed that **56%** of incapacitated adults were under age 60 while **34%** were age 60 or older. In **9%** of the case records, the worker did not enter an age.

Table 17-Annual Guardian Reports by Region

