

Department
for Aging and
Rehabilitative
Services

State
Fiscal
Year
2022

Adult Protective Services
Division

Annual Report



COMMONWEALTH OF VIRGINIA
DEPARTMENT FOR AGING AND REHABILITATIVE SERVICES

KATHRYN A. HAYFIELD
Commissioner

8004 Franklin Farms Drive
Henrico, VA 23229

Office (804) 662-7000
Toll free (800) 552-5019
TTY users dial 711
Fax (804) 662-7644

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Dear Colleagues:

I am pleased to present the State Fiscal Year 2022 APS Division Annual Report. I want to acknowledge the hard work and creativity, from both state and local staff, that went into developing this valuable resource!

Programs that support vulnerable adults received some much-needed attention over the past year. The state budget authorized an additional 300 public guardian slots, which have benefitted several clients served by local departments. The APS Division received five new staff positions, increasing its ability to provide more technical assistance and guidance to local workers in a variety of areas. The Division also continued to leverage temporary COVID and American Rescue Plan Act funds to improve APS statistical reporting, upgrade public awareness materials, and ensure local departments can provide services to clients. State and local staff also collaborated to produce interesting and valuable studies about the unmet needs of older Virginians who age in place and the feasibility of implementing an APS perpetrator registry in Virginia.

Finally, there was some good news about the recent inclusion of \$15 million in APS funding in the Omnibus Bill passed by Congress in December 2022. While less than what advocates wished for, the funding represents some positive attention for dedicated APS staff and their deserving clients!

With sincere appreciation,

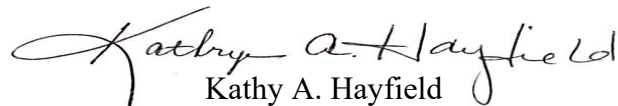

Kathy A. Hayfield

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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 Unit, 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.

The Adult Protective Services (APS) Division oversees three program areas, **Adult Services (AS)**, **APS** and **Auxiliary Grant (AG)**, which are delivered by 120 local departments of social services (LDSS). The DARS Commissioner, who the Governor appoints, oversees the Division at the state level. The Commissioner and Division Director serve as liaisons to federal agencies as well as state legislative entities and executive branch agencies. Other Division staff develops regulations and guidance documents, conducts training, and monitors LDSS performance in the three program areas.

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>

AG Program staff is mandated to submit an AG Annual Report to the Virginia General Assembly on September 1. For this reason, AG Program information is not included in this AS and APS report. The state fiscal year (SFY) 2022 AG Annual Report is accessible at the following link:

<https://rga.lis.virginia.gov/Published/2022/RD652/PDF>

The SFY 2022 APS Division Report reflects AS and APS statistical data from the PeerPlace case management system for the period of July 1, 2021, through June 30, 2022. The Division continues to enhance PeerPlace to improve collection of comprehensive AS and APS metrics in the Commonwealth as well as Virginia's annual submission to the National Adult Maltreatment Reporting System (NAMRS).

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. Home-based services and other supports also decrease or delay the need for more expensive institutional placement. The types of services and activities explained below may occur in AS cases.

Home-Based Services

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

Home-based care consists of three primary services:

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

In Virginia, funding for home-based care services is through the Social Service Block Grant (SSBG), which is distributed among many other state programs. Funding for home-based care programs has not increased in several years. Localities struggle with the need to increase providers' wages, the inability to locate willing providers, and a growing number of individuals who request home-based care. Frequently, localities must reduce service hours for their clients or seek other types of long-term services for them. PeerPlace service plan data indicates that **4,399** adults received home-based services, including **3,815** companion, **68** chore and **516** homemaker cases.

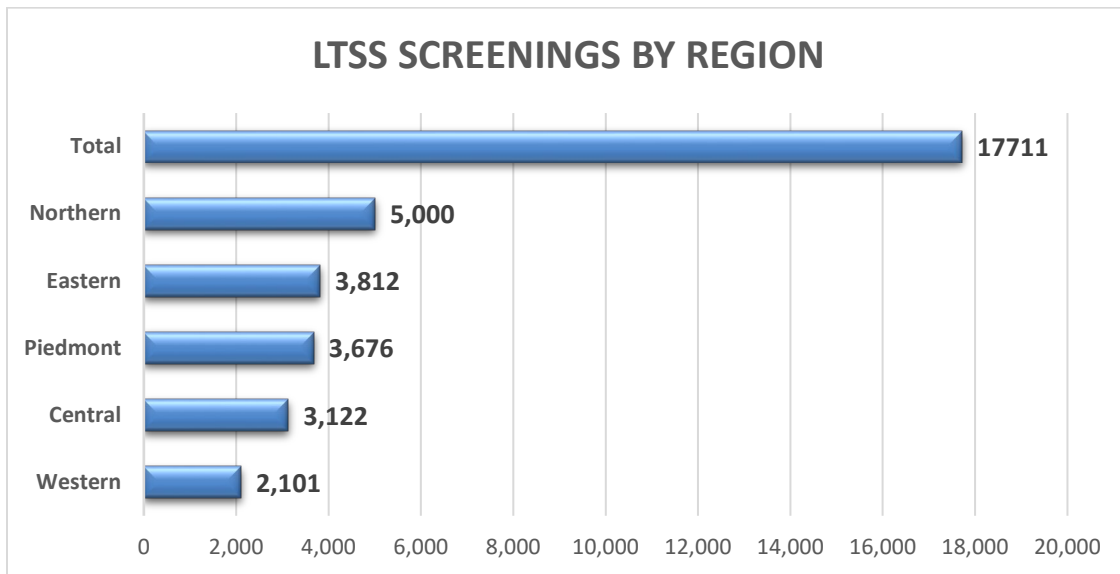
Long-term Services and Supports (LTSS) Screenings

The Code of Virginia (§ 32.1-330) requires that all individuals who apply for or request community or institutional long-term services and supports (LTSS) be screened to determine their functional eligibility for these services. The LDSS worker, in cooperation with local health department nurses, are responsible for performing screenings for LTSS for individuals residing in the community. Medicaid services that an individual may request include the CCC Plus waiver, nursing facility placement or Program for the All-Inclusive Care for the Elderly (PACE). In SFY 2022, LDSS participated in

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).

screening **17,711** adults for LTSS, an 11% increase from the previous SFY. Department of Medical Assistance Services (DMAS) COVID flexibilities, which permitted screenings to be conducted virtually, ended in March 2022. **Table 1** shows the largest percentage of LTSS screenings (**28%**) occurred in the Northern Region and the smallest percentage (**12%**) occurred in the Western Region.

Table 1-LTSS Screenings by Region²



Assisted Living Facility (ALF) Assessment and Reassessments

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

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

Except for 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.

² Source: Department of Medical Assistance Services (DMAS)

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 disability. The AFC is an optional program and not all LDSS offer it. The following local departments offered AFC in 2022: Chesapeake, Fairfax, Fauquier, Hampton, Henrico, Montgomery, Norfolk, Prince William, Virginia Beach, and York/Poquoson. The local board of social services must authorize an AFC Program before the LDSS can offer the program. AFC homes must be approved by the LDSS, and approved providers may accept no more than three AFC residents. All placements must be authorized by the LDSS worker. In SFY 2022, **50** individuals received AFC services.

Adult Services Funding

Most of the AS funding allocated to LDSS is used to provide in-home services and supports such as companion, chore, or homemaker. AS funds may also be used for guardianship support services and for preventative services to stabilize an adult’s situation before the adult may need more intrusive protective services. **Table 2** identifies AS expenditures for SFY 2022, and **Table 3** shows a five-year comparison of AS expenditures.

Table 2-AS Expenditures

SFY 2022 Adult Services Expenditures³					
Services	Federal & State	Local	Non-reimbursed local	Total Expenditures	% of Total Expenditures
Companion	\$3,641,489	\$910,372	\$2,632,094	\$7,183,956	95%
Chore	\$2,212	\$553	\$0	\$2,766	<1%
Homemaker	\$17,833	\$4,458	\$150	\$22,441	<1%
Guardianship	\$72,184	\$18,046	\$30	\$90,259	1%
Prevention	\$224,723	\$56,181	\$20,983	\$301,887	4%
Total	\$3,958,441	\$989,610	\$2,653,257	\$7,601,309	100%

³ Source: LASER

Table 3-Five-Year Comparison of AS Expenditures

5-Year Expenditures				
SFY	Federal & State	Local	Non-reimbursed Local	Total Expenditures
2022	\$3,958,441	\$989,610	\$2,653,257	\$7,601,309
2021	\$4,033,459	\$1,008,364	\$3,261,669	\$8,303,493
2020	\$4,301,554	\$1,075,388	\$4,158,633	\$9,535,576
2019	\$4,238,545	\$1,059,636	\$4,135,443	\$9,433,624
2018	\$4,444,245	\$1,111,060	\$3,946,331	\$9,501,636

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. DARS only received one appeal related to the denial of home-based services in SFY 2022. Other appeals were deemed invalid as they did not pertain to LDSS’ actions on home-based services or adult foster care cases but rather to denials of Medicaid LTSS. When this type of appeal was submitted to DARS, the constituent was informed of the error and redirected to file the appeal with the DMAS Appeals Unit.

Guardianship Program

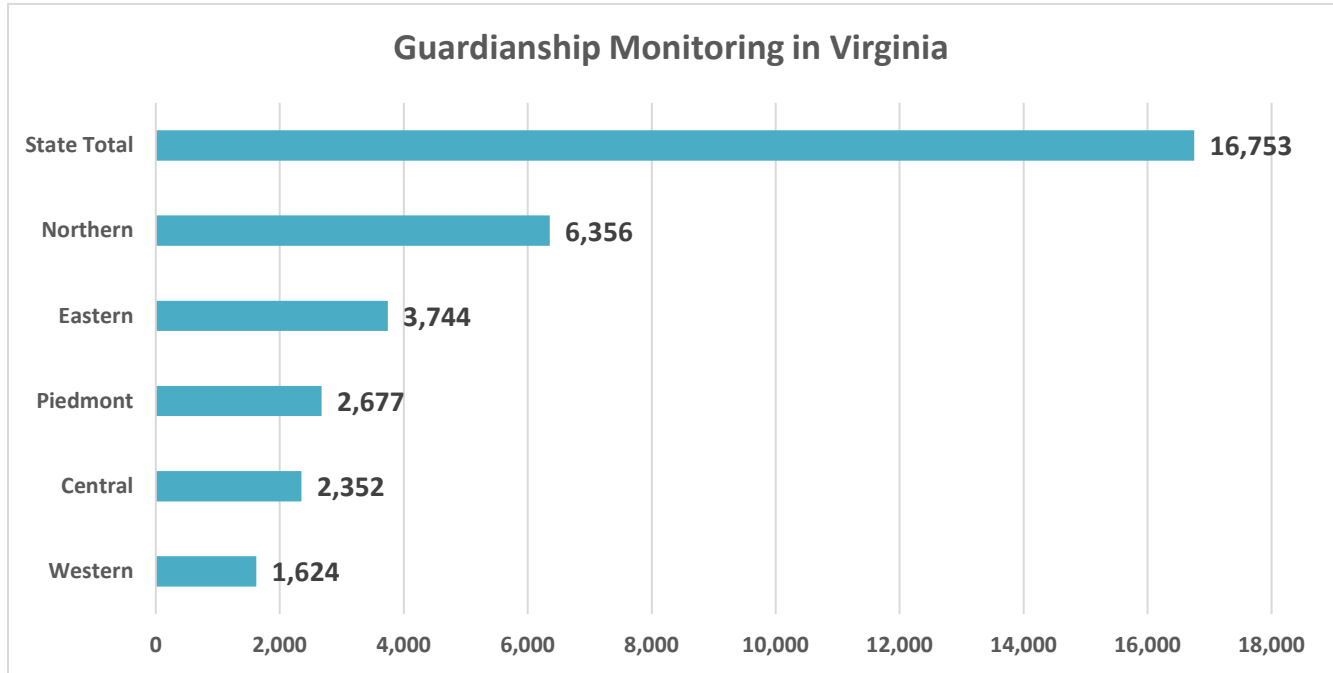
All individuals who have been appointed as guardians by Virginia courts are required to submit the “Annual Report of Guardian for an Incapacitated Person,” along with a \$5.00 filing fee, to the LDSS in the jurisdiction in which the incapacitated adult resides. Section 64.2-2020 of the Code of Virginia 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 2022, LDSS workers were responsible for reviewing annual guardian reports for **16,753** incapacitated adults.

Table 4 shows the volume of annual unduplicated guardian reports by region. Guardians filed the largest percentage **38%** of reports with LDSS in the Northern Region and the smallest percentage **10%** in the Western portion of Virginia.

Table 4-Annual Guardian Reports by Region



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 needs 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) 2016-2021 is available at:

<https://namrs.acl.gov/Data/Adult-Maltreatment-Reports/2021-Adult-Maltreatment-Report.aspx>

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

2022 Legislative Changes in Virginia

Two bills passed the 2022 Session of the Virginia General Assembly that addressed APS investigations and other protections for victims of adult maltreatment.

House Bill (HB) 95 added a new section to the Code of Virginia §6.2-103.1, which strengthens guidance to financial institutions regarding cooperation with APS investigations and sharing of information with LDSS.

HB 751 added practitioners of behavior analysis to the list of mandated reporters in §63.2-1606.

Mandated Reporting in Virginia

An APS report is an allegation that an adult age 60 or older or an incapacitated person aged 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.

A free e-learning module for mandated reporters, titled "Mandated Reporters: Recognizing Adult Abuse, Neglect, and Exploitation in Virginia," is available on the DARS APS Division public site at <https://www.vadars.org/aps/AdultProtServ.htm>.

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 as defined in §54.1-2400.1;
- Any emergency medical services provider certified by the Board of Health pursuant to § 32.1-111.5, unless such provider 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;
- Any law-enforcement officer; and
- Any person who engages in the practice of behavior analysis, as defined in §54.1-2900

Table 5 lists some of most common types of APS reporters. Occupations or professionals highlighted in orange represent mandated reporters. The category "unspecified" refers to reporters, who do not identify their occupation or their relationship to the subject of the report. Almost **3,000** individuals wished to

remain anonymous when making a report. Relatives or family members continue to be the most frequent reporters. Financial institutions continue to rank as the second highest reporter category.

Table 5-Source of APS Reports

SFY 2022 REPORTER TYPE	#
Relative (includes ex-wife/ex-husband)	4709
Financial Institution Staff	4018
Unspecified	3501
Social Worker	2962
Anonymous	2923
Nursing Facility Staff	2862
Nurse/Nurse Manager/NP/Visiting Nurse/Public Health Nurse	2808
Other	2722
Self	2583
Law Enforcement	2407
Friend/Neighbor	1533
EMS/Fire Department	1466
Hospital Staff	1454
Community Services Board Staff	954
Mental Health Support Worker/Counselor/Psychiatrist/Psychologist	797
Assisted Living Facility Staff	747
Doctor/Physician Assistant	544
LDSS Staff	450
Agency	435
Other Healthcare Professional (Physical/Occupational Therapist, Speech Language Pathologist)	338
Group Home Staff	324
Social Service Agency	316
Landlord	287
Hospice Staff	251
Department of Behavioral Health and Developmental Services Staff	221
Area Agency on Aging Staff	195
Caregiver (not specified)	189
Home Based Care/Personal Care Provider	172
Guardian	124
Medicaid	92
Attorney	71
POA	71
Educational Institution Staff	69
Shelter Staff	65
Transportation Provider ⁴	55

⁴ Mandated reporter if employed by services organization or receiving Medicaid reimbursement.

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 **3%** from SFY 2021 to 2022. Substantiated reports increased 4% during the same time.

Table 6-Three-Year Comparison of APS Reports

THREE YEAR COMPARISON OF APS REPORTS			
	2020	2021	2022
Total Reports Received	37,398	39,185	40,371
Total Investigated	23,969	24,221	26,747
Total Substantiated	12,004	12,359	12,824
Unfounded	10,578	10,591	12,355
Invalid Disposition⁵	1,386	1,269	1,567
Pending⁶	166	1,874	48
Invalid⁷	13,263	13,090	13,672
<i>Percent of Reports Substantiated⁸</i>	50%	51%	48%
DISPOSITIONS OF SUBSTANTIATED REPORTS			
Needs and Accepts Services	4,274	4,230	4,200
Needs and Refuses Services	2,501	2,441	2,679
Need No Longer Exists	5,229	5,688	5,945

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

⁵ “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.

⁶ Pending reports are reports under investigation that do not have a disposition.

⁷ “Invalid” represented only reports invalidated upon receipt.

⁸ Percent substantiated is calculated by dividing the number of substantiated investigations by total investigations.

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.

LDSS may use APS funding to provide critical services such as extermination of insect or rodent infestations in the home; home repairs including broken plumbing or a leaking roof; purchase food, medicine, or clothing; and emergency placement in a hotel, nursing facility, or assisted living facility. **Table 7** shows a five-year comparison of APS expenditures.

Table 7-Five-Year Comparison of APS Expenditures

5-Year Expenditures				
SFY	Federal & State	Local	Non-reimbursed Local	Total Expenditures
2022	\$720,171	\$132,100	\$252,460	\$1,104,732
2021	\$585,684	\$107,431	\$340,875	\$1,033,991
2020	\$527,194	\$96,703	\$166,604	\$790,501
2019	\$562,190	\$103,122	\$162,417	\$827,729
2018	\$740,595	\$135,849	\$168,786	\$1,045,230

Victims may experience different types of abuse, neglect, or exploitation. Some victims may only experience self-neglect. Others may be the victims of poly-victimization, when one or more types of maltreatment co-occur. **Table 8** identifies the types of maltreatment that were substantiated in SFY 2022. Self-Neglect is the most common type of maltreatment experienced in Virginia at **62%**. Neglect and financial exploitation, when combined, occur in **27%** of the cases.

Table 8-Statewide Substantiated Maltreatment

SFY 2022 Substantiated Types of Maltreatment	#	%
Self-Neglect	8,756	62%
Neglect	2,068	15%
Financial Exploitation	1,692	12%
Physical Abuse	770	5%
Mental Abuse	639	5%
Other Exploitation	210	1%
Sexual Abuse	62	<1%
TOTAL	14,197⁹	

Table 9 shows the location of the incident of maltreatment in the APS report. In SFY 2022, **65%** of incidents of maltreatment occurred in the adult’s own home or apartment. The second most common location was another person’s home or apartment. Incidents occurring in a nursing home or assisted living facility constituted **12%** of the reports.

⁹ More than one type of substantiated maltreatment may be selected.

Table 9-Location of Incident

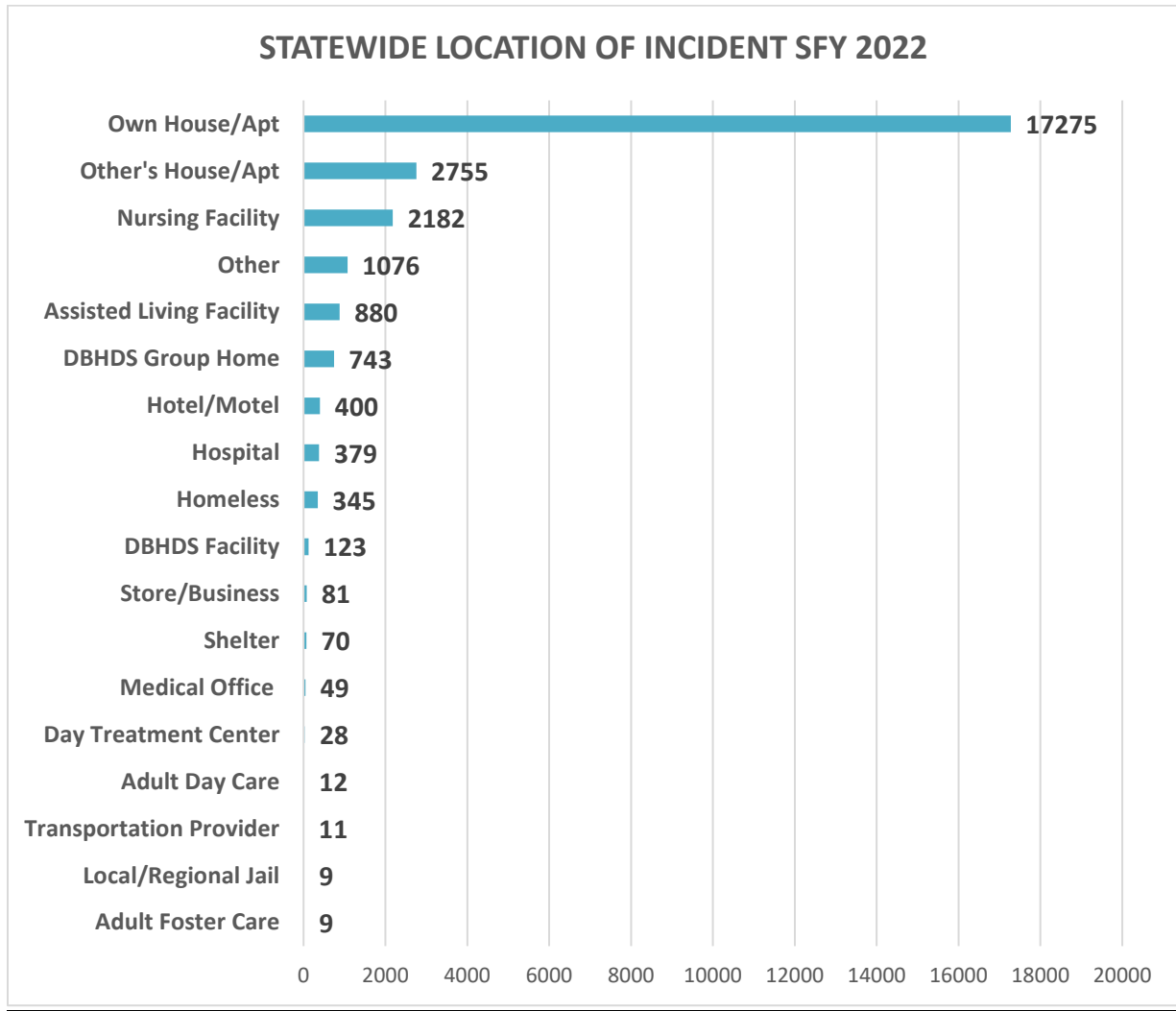


Table 10 reflects demographics of the APS report subjects, statewide and regionally. Statewide **77%** of subjects were age 60 or older. More than **3,000** individuals were age 85 or older.

Table 10-State and Regional APS Reports Statistics

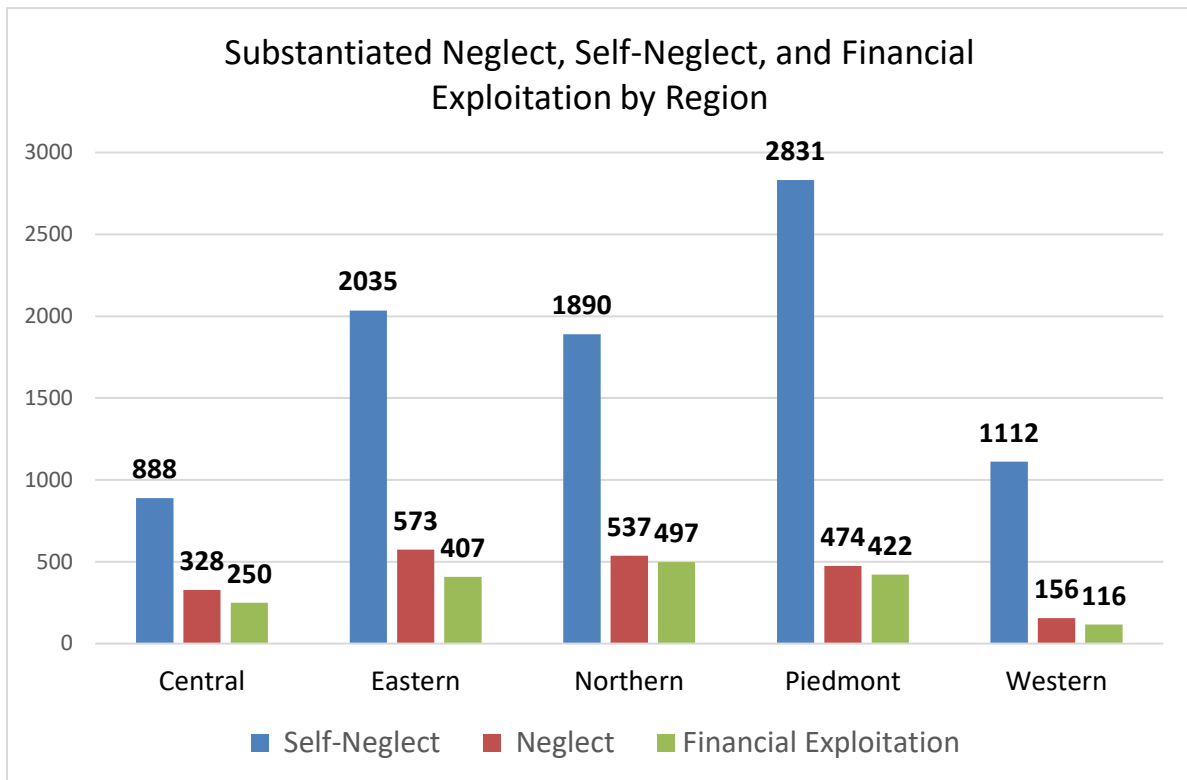
SFY 2022 REGIONAL DEMOGRAPHICS OF REPORT SUBJECTS						
	CENTRAL	EASTERN	NORTHERN	PIEDMONT	WESTERN	STATE TOTAL
Reports Received	6,698	8,722	11,004	9,670	4,277	40,371
Reports Substantiated	1,484	2,999	3,046	3,821	1,474	12,824
DEMOGRAPHICS OF REPORT SUBJECT						
60+	75%	77%	81%	76%	76%	77%
18-59	21%	18%	16%	21%	20%	19%
Unknown	4%	5%	3%	3%	4%	4%
Female	58%	60%	60%	60%	59%	59%
Male	42%	40%	40%	40%	41%	41%
Unspecified/ Unknown	<1%	<1%	<1%	<1%	<1%	<1%
Transgender	<1%	<1%	<1%	<1%	0%	<1%
White ¹⁰	53%	51%	65%	69%	87%	65%
Black	30%	32%	14%	15%	3%	19%
Asian	<1%	1%	4%	1%	1%	2%
American Indian or Alaska Native	<1%	<1%	<1%	<1%	<1%	<1%
Native Hawaiian or Other Pacific Islander	<1%	<1%	<1%	<1%	<1%	<1%
Unknown/RTA ¹¹	16%	15%	17%	15%	9%	14%
Married	15%	17%	20%	16%	16%	17%
Divorced	7%	8%	10%	12%	11%	10%
Separated	2%	2%	1%	2%	2%	1%
Single	24%	20%	21%	20%	18%	21%
Widowed	14%	15%	19%	18%	24%	18%
Unknown	38%	38%	29%	32%	29%	33%

¹⁰ In response to federal requirements, the race categories were changed October 1, 2021, and system users could select more than one race for a client. 89 cases had more than 1 race category selected.

¹¹ RTA=Refuse to Answer

Table 11 compares self-neglect, neglect, and financial exploitation by region in one chart and physical abuse, mental abuse, other exploitation, and sexual abuse by region in the second chart. Across all five regions self-neglect is the most prevalent type of maltreatment.

Table 11-Substantiated Maltreatment by Type and Region



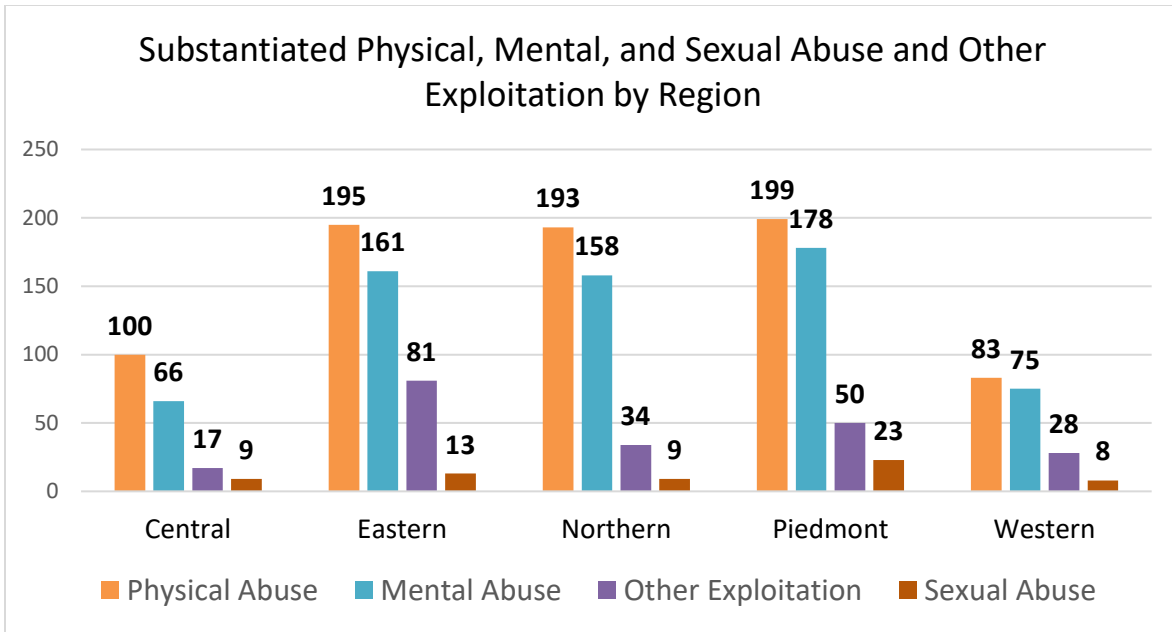


Table 12 reflects the impact of financial exploitation on victims by region. Based on APS workers' estimates, In SFY 2022, Virginians who were exploited financially lost **\$60,859,550** and approximately **8%** of these assets and resources or **\$4,660,336** was recovered. **36%** of the total financial loss to Virginians in SFY 2022 occurred in the Eastern region whereas the Western region accounted for **5%**.

Table 12-Financial Exploitation-Regional Impact

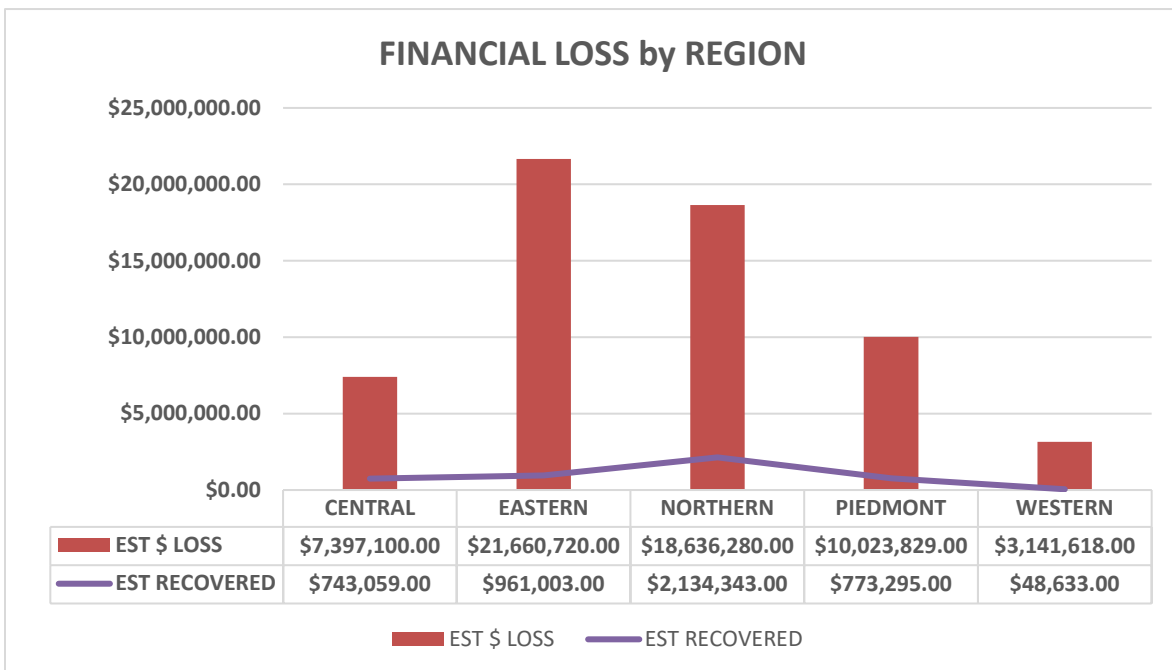
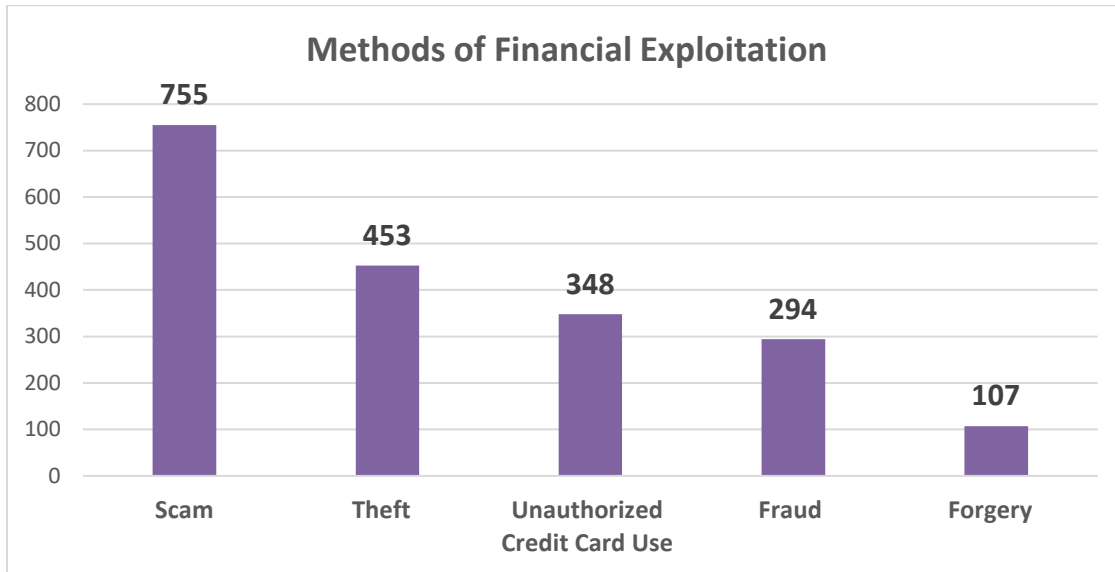


Table 13-Method Used to Financially Exploit



At any point during the APS investigation or as part of 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 2022 LDSS, often in collaboration with local law enforcement or the LDSS attorney, initiated the following actions:

- 217 petitions for guardianship
- 315 petitions for conservatorship
- 88 protective orders
- 36 emergency orders for protective services
- 64 involuntary commitments to state or private hospitals
- 11 orders for medical treatment

Additionally, 304 cases were referred to legal authorities for possible criminal abuse, neglect, or financial exploitation charges.

Protective services provided at the conclusion of an investigation help stop abuse and prevent further maltreatment. The adult, or the adult’s representative may accept one or more of the services offered by the worker, or in some instances services may be court ordered. The APS worker develops a service plan with the adult and others who may be involved in the adult’s care.

Table 14 lists several of the services provided in SFY 2022 to APS clients. The most common service provided was LDSS monitoring, which entails in-person or telephonic contacts between the APS worker and the client, or a designated party involved in the client’s care. Multiple services may be provided in each case and figures also include services provided in ongoing cases from SFY 2021.

Table 14-APS Post-Investigation Services

Post Investigation Services Provided to APS Clients	Number of Cases with Service
Monitoring - LDSS	1788
Advocacy	1008
Other	978
Case Management Services	801
Medical Services	696
CCC Plus	658
Emergency Assistance	618
Nursing Facility (NF) Placement	580
Screening (Medicaid)	511
Housing Services	506
Legal Assistance	460
Assisted Living Facility (ALF) Placement	440
Financial Management/Counseling	399
Food Assistance	396
Companion Services	354
Home Maintenance	344
Mental Health Services	315
Transportation	306
Home Health	297
Substitute Decision-Maker	279
Caregiver Support	243
Home-Delivered Meals	236
Hoarding/Declutter	215
Emergency Shelter	147
Public Assistance	112
Homemaker Services	100

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)	66	Accomack (II)	229	Alexandria (III)	395
Buckingham (II)	89	Brunswick (II)	50	Arlington (III)	335
Caroline (II)	172	Chesapeake (III)	1,088	Clarke (I)	136
Charles City (I)	30	Dinwiddie (II)	81	Culpeper (II)	250
Chesterfield/ Colonial Heights (III)	1,211	Franklin City (II)	47	Fairfax/Fairfax City/Falls Church (III)	3,204
Cumberland (I)	73	Gloucester (II)	308	Fauquier (II)	582
Essex (I)	74	Greensville/Emporia (II)	101	Frederick (II)	478
Fluvanna (II)	209	Hampton (III)	448	Fredericksburg (II)	200
Goochland (I)	64	Isle of Wight (II)	116	Greene (I)	176
Hanover (II)	409	James City County (II)	506	Harrisonburg/ Rockingham (III)	593
Henrico (III)	1,970	Mathews (I)	68	King George (I)	60
Hopewell (II)	231	Newport News (III)	755	Loudoun (III)	830
King & Queen (I)	34	Norfolk (III)	1,138	Louisa (II)	239
King William (I)	37	Northampton (II)	76	Madison (I)	88
Lancaster (I)	71	Portsmouth (III)	317	Manassas City (II)	92
Lunenburg (I)	15	Prince George (II)	120	Manassas Park (I)	47
Middlesex (I)	122	Southampton (II)	77	Orange (II)	237
New Kent (I)	66	Suffolk (III)	422	Page (II)	90
Northumberland (I)	68	Surry (II)	37	Prince William (III)	1,229
Nottoway (I)	52	Sussex (II)	90	Rappahannock (I)	64
Petersburg (III)	284	Virginia Beach (III)	2,244	Shenandoah (II)	280
Powhatan (II)	75	Williamsburg (II)	98	Spotsylvania (III)	498
Prince Edward (II)	102	York/Poquoson (II)	306	Stafford (II)	386
Richmond City (III)	963			Warren (II)	268
Richmond County (I)	72			Winchester (II)	247
Westmoreland (II)	139				
TOTAL:	6,698	TOTAL:	8,722	TOTAL:	11,004

PIEDMONT REGION		WESTERN REGION	
Locality	# of Reports	Locality	# of Reports
Albemarle (III)	413	Bland (I)	9
Alleghany/Covington/Clifton Forge (II)	186	Bristol (II)	126
Amherst (II)	210	Buchanan (II)	49
Appomattox (I)	55	Carroll (II)	215
Bath (I)	66	Dickenson (II)	79
Bedford (III)	804	Floyd (I)	104
Botetourt (I)	82	Galax (I)	125
Campbell (II)	348	Giles (II)	128
Charlotte (II)	61	Grayson (II)	139
Charlottesville (III)	289	Lee (II)	195
Craig (I)	15	Montgomery (II)	346
Darville (III)	68	Norton (I)	25
Franklin County (II)	435	Patrick (II)	133
Halifax/South Boston (II)	74	Pulaski (II)	292
Henry/Martinsville (III)	499	Radford (I)	67
Highland (I)	15	Russell (II)	244
Lynchburg (III)	762	Scott (II)	218
Mecklenburg (II)	108	Smyth (II)	344
Nelson (I)	98	Tazewell (II)	656
Pittsylvania (II)	236	Washington (II)	319
Roanoke City (III)	1,530	Wise (III)	289
Roanoke County/Salem (III)	1,189	Wythe (II)	175
Rockbridge/Buena Vista/Lexington (II)	265		
Staunton/Augusta/Waynesboro (III)	1,861		
TOTAL	9,669	TOTAL	4,277

Table 16-APS Hotline Reports

DSS operates the 24-hour, 7 days a week, APS hotline. **Table 16** illustrates monthly APS hotline call volume for SFY 2022. There were **10,069** reports to the APS Hotline in SFY 2022, a **12%** decrease from SFY 2021. Overall, **25%** of the total number of APS reports in SFY 2022 were made through the APS hotline.

