



Isle of Wight County

Department of Social Services

Administrative Board Meeting Table of Contents

November 18, 2025

3) Agenda

4A) Previous Session Minutes

4B) IT Report

4C) Energy Assistance Report

4D) Fraud Report

4E) Child Welfare Report

5A) Federal Shutdown IPR

6A) Board Training – Staff Development Day Recap

6B) 2026 LDSS Holiday Schedule

7A-1) Information & Program Management Update

7B-1) Local Budget Report

7B-2) State Budget Report

7B-3) Monthly Expenditures

7B-4) Auxiliary Grant

7C-1) Fleet Report

7C-2) Benefits Performance Report

7C-3) SNAP Monthly Participation Report

7C-4) Child Care Cases

7C-5) In-Home & Prevention Safe Measures

7C-6) CPS Monthly Data

7C-7) SRM Summary Report

7C-8) DARS 2024 Annual Report

7C-9) Director's Training Certificates

7C-10) WINGS – Virginia Decision-Making Options

7C-11) VLSSE Roadmap 2026

8) County Attorney's Report



Isle of Wight County

Department of Social Services

Administrative Board Meeting Agenda

November 18, 2025

- 1) Call to Order and Roll Call
- 2) Determination of a Quorum
- 3) Approval of Agenda
- 4) Consent Agenda
 - A) Approval of Minutes from October 21, 2025, meeting
 - B) IT Report
 - C) Energy Assistance Report
 - D) Fraud Report
 - E) Child Welfare Report
- 5) Old Business
 - A) Federal Shutdown IPR
- 6) New Business
 - A) Board Training – Staff Development Day
 - B) 2026 LDSS Holiday Schedule
- 7) Department Director's Report
 - A) Information & Program Management
 - B) Budget IPR
 - C) Staffing/Operations
- 8) County Attorney's Report
- 9) Closed Session (specific case discussion as needed)
 - A) Child/Adult Welfare
 - B) Personnel
 - C) Client

Vote from Closed Session
- 10) Vote to Adjournment



Isle of Wight County

Department of Social Services

Isle of Wight County Department of Social Services Administrative Board held its regular monthly meeting October 21, 2025, in the Human Services Building at the Courthouse Complex in Isle of Wight, Virginia.

Call to Order:

At 4:01pm Chairperson Stafford called the meeting to order and called roll:

Present:

Barbara Stafford, Chairperson
Pam Barton, Vice-Chairperson
Barbara Davis, Member
Rudolph Jefferson, Liaison

Staff Attending:

Bobby Jones, IOWC Attorney
Reynold Jordan, Director
Christy Little, Recorder
Gail Schreiner, Assistant Director
Wanda Savedge, Family Services Supervisor
Jodie Cofield, Information Systems Support
Michelle Chess, Fiscal Manager
Phyllis Barnett, Administrative Services Manager

Determination of Quorum

Chairperson Stafford determined a Quorum was present.

Approval of Agenda

Barton moved to adopt the Agenda as presented. Davis seconded. Call for vote; motion carried 3-0.

Consent Agenda

Barton moved to approve the Consent Agenda. Davis seconded. Call for vote; motion carried 3-0.

Old Business

A. Electronic Board Package

As requested, the board packet was made available electronically on the Agency website. Mr. Jordan asked which the Board prefers during meetings.

Stafford called to approve a Hybrid Board Package providing both electronic and paper copies based on member preference. Barton moved. Stafford second. Motion carried 3-0.

New Business

A. Board Training "In Pursuit of Perfection"

Savedge presented an informational PowerPoint for Adoption Awareness Month providing statistics in Virginia and goals for IOW-DSS. The Board is invited to the Agency's Adoption Celebration on November 15.

B. 2026 Board Meeting Schedule

IOW-DSS Administrative Board Meetings are typically held at 4:00pm on the 3rd Tuesday of the month. Mr. Jordan provided and requested approval for the "IOW-DSS Administrative Board 2026 Meeting Schedule."

Stafford called to approve the Administrative Board 2026 Meeting Schedule as presented. Barton moved. Davis second. Motion carried 3-0.

Department Director's Report

A. Information and Program Management Modernization Update

1. Mr. Jordan and Cofield briefed the Board on the Virginia Department of Social Services Information Technology (VDSS IT) communications. The information provided is as follows:
 - DMAS, the State record system, is still experiencing technical difficulties.
 - The State experienced system issues due to the recent Amazon outage but have since been resolved.
 - The VDSS IT Service Desk provides quick turnaround times for LDSS issues.
2. Cofield reviewed updates to the Agency website. Board bylaws, files, and new Board packet are available on the Administration page.
3. Cofield presented an informational PowerPoint for Cybersecurity Awareness Month. The importance of cybersecurity, how to stay safe online, and recognizing phishing was described.

B. Budget IPR

Mr. Jordan and Chess briefed the Board on the Agency Budget. The information provided is as follows:

1. "Local Year-To-Date Budget Report" not available. Mr. Jordan met with the County Administrator and Finance Director to correct syncing issues with Munis. The issue has been resolved. Chess will make the necessary journal entry adjustments to correct the last 3 months and bring reports to next session.
2. "State Budget Balance Report YTD" reviewed.
3. "IOW-DSS Monthly Expenditures" report reviewed revealing expenses in each budget line by reimbursable or non-reimbursable funds and by Federal, State, Local, or Local-Only match rates.
4. The final Local Audit will begin November 10.

C. Agency Staffing/Operations

1. "Fleet Inventory Report" usage reviewed.
2. "Benefits Performance Indicator Report" reviewed.
3. "SNAP Monthly Participation Report" with household cost data briefed. 3591 persons were served with a total issuance of \$588,335.

4. Agency currently has 65 childcare cases, 94 children authorized with a 121 target.
5. "In-Home and Prevention Safe Measures - Eastern Region" results reviewed. Isle of Wight earned 100% in all categories.
6. IOW-DSS amended Companion Services Program Agency Standard Operating Procedure provided. Recommendations on verbiage clarity received after a recent audit.

Stafford called to approve the amended Companion Services Program as presented. Barton moved. Davis second. Motion carried 3-0.

7. VDSS Director's Coffee Break notes from September 3 meeting reviewed.
8. Press release from Office of the Governor, "Governor Glenn Youngkin Rallies Over 1,500 DSS Workers in Statewide Effort to Improve SNAP Accuracy" provided. The State has not released guidance regarding the Federal shutdown at this time. Mr. Jordan met with the County Administrator and Finance Director on the probable local match to SNAP and suggested actions if the shutdown continues. Other implications of the shutdown discussed.
9. Mr. Jordan provided certificates of completed trainings.
10. Mr. Jordan invited the Board to the Agency's Staff Development Day on November 18 at Windsor Town Center.

Stafford called to approve moving the Board meeting for November 18 to 3pm at Windsor Town Center as presented. Barton moved. Davis second. Motion carried 3-0.

D. County Attorney's Report

No report.

Closed Session

At 5:45pm Barton, pursuant to Section 2.2-3711(A) of the Code of Virginia, made a motion to move to the Closed Session for the limited purpose of discussing:

1. Personnel matters related to the assignment, appointment, promotion, performance, demotion, salaries, standards of conduct, or resignation of specific public officers, appointees, or employees pursuant to subsection (1).
2. Client matters requiring the protection of the privacy of individuals in personal matters not related to public business pursuant to subsection (4); and
3. Consultation with legal counsel requiring the provision of legal advice by counsel pursuant to subsection (7).

Davis seconded the motion and Stafford called for vote. The motion carried 3-0 and the meeting moved to Closed Session.

At 6:10pm Barton moved to return to the Open Session. Davis seconded. Call for vote; Motion Carried 3-0.

Pursuant to Subsection 2.2-3712 of the Code of Virginia, Bradshaw made a motion certifying that to the best of each member's knowledge, only public business matters lawfully exempt from the open session meeting requirements and only those matters identified in the motion to move to Closed Session were heard, discussed, or considered during the Closed Session. Barton seconded.

Chairperson Stafford took a roll call vote to certify the motion:

Stafford – Yes

Barton – Yes

Davis – Yes

Call for vote; Motion Carried 3-0.

At 6:13pm Chairperson Stafford announced the meeting adjourned.

The next meeting will be November 18, 2025, at 3:00pm at the Windsor Town Center.

Chairperson: _____

Barbara Stafford

Chairperson

Attested by: _____

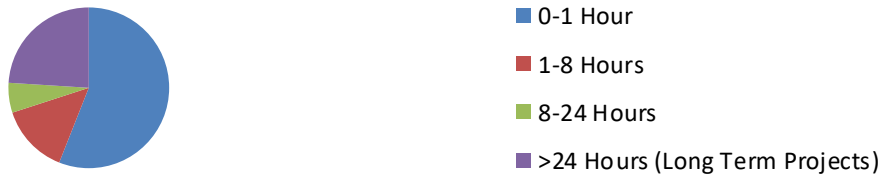
Reynold Jordan, Jr.

Director/Secretary to the Board

**Isle of Wight County Social Services
October 2025
Information Technology and Security Officer Report**

Received Tickets: 104
Solved Tickets: 102
One Touch Tickets: 100% One Touch Tickets (Immediately solved)

Ticket Completion Times



Local IT News and Projects:

- a. Microsoft Entra Computer Login Update
 - i. Changes with Microsoft Windows 11 require us to upgrade our computer login procedures
 - ii. We are building a hybrid on premises and cloud system
 - iii. Sandbox Testing
 - A. We are building our new login system locally and will be thoroughly testing it prior to rolling it out to all users
 - iv. Update
 - A. We are continuing to consult with Microsoft to work through issues connecting our local Active Directory to the Entra Cloud
 - B. Entra Cloud Testing
 - a. We have several workers testing this live connection
 - C. Update
 - a. We have begun moving workers to the Microsoft Entra Cloud Active Directory system.
- b. Annual Security Officer Training
 - i. VDSS has announced in person and virtual training sessions
 - A. Our local security officers have enrolled in one of these training courses.
- c. Windows 11 25H2 Upgrade
 - i. Microsoft has released a new upgrade for Windows 11
 - A. This version has many security and system enhancements
 - ii. We have thoroughly tested this upgrade in our Sandbox
 - iii. We anticipate deploying it to all agency computers in the very near future
 - iv. Update
 - A. Deployment is moving along well. As of this report, 50% of the agency's computers have received the update
- d. October is Cybersecurity Awareness Month
 - i. We will be posting items on the agency webpage to promote this

**Commonwealth of Virginia
Department of Social Services
CLIENT MANAGEMENT LOCAL REPORT**

For the Week of: 10/26/25

Group By: Locality

Locality: Isle of Wight County (093)

Report Id: RP-077B

Report Run Date: 11/02/2025

Report Run Time: 11:20:40 PM

Fuel Summary	Number of Fuel Applications
Total Number of Cases = 322	
Total Approved Applications	307
Total Closed Applications	1
1. Individual not in group = 1	
Closed-Issued = 0	
Closed without issuance = 0	
Closed - End of Season = 0	
Total Denied Applications	3
1. Duplicate Application = 2	
2. No eligible members = 1	
Total Pending Applications	14
Total Applications	325

* Only EAP applications associated/attached with VaCMS case(s) are included in this report.
* Multiple applications for the same case are included in the Total Applications count.



Isle of Wight County

Department of Social Services

Board Fraud Report

October 2025

PARIS – Interstate: 12

BIS Completed: 10

Outstanding: 2

PARIS – Veterans: 0

BIS Completed: 0

Claim: 0

PARIS – Federal: 0

BIS Completed: 0

Outstanding: 0

Referrals (EW): 3

In progress: 1

Pending completion: 2

Referrals (Public/Anonymous/Hotline): 0

Outstanding: 0

Closed: 0

ADH Submitted: 0

ADH Decision: 0

Claims Submitted/Collections This Month: 0

Claims Amount: \$0

Other Information

Fraud cases in the VaCMS Fraud Module created by previous Fraud Investigators and not completed and/or closed have been completed.

There is one (1) New case, it is one of my cases. There is a system issue with the case, and I will have to seek assistance from the VaCMS consultant to fix it.

IRMS (set off debt collection program)

Claims to be entered into IRMS between November 3 and December 31 2025. Claims will be downloaded on 11/05/2025. The spreadsheet includes all city and county Departments of Social Services of which includes a total of 234 claims, however, some of these claims are paid off and not cleared from the system. Actually, Isle of Wight County has **116 claim cases** that still owe monies to the local DSS. This will be loaded into IRMS for the upcoming tax season.

Child Welfare Report: OCTOBER 2025

Foster Care*

Number of children in Foster Care (<18 years) effective October 31st	5
Youth in Foster Care services (>18 years) effective October 31st	3
Number of children entering Foster Care	0
Number of children (<18 years) discharged from Foster Care	0
Number of youths (>18 years) discharged from Foster Care	0
Approved Foster Care Homes (By IOW)	8

Child Protective Services

Total Incoming Referrals	22
Validated complaints	9
Family Assessments	7
Investigations	2
Screened-Out Percentage	59%
New In-Home Cases	1
Current In-Home Cases	4

Other

Appeals (CPS)	0
Finalized Adoptions	0
New Interstate Supervised Cases	0
Interstate Supervised Cases effective October 31st (including new)	1
New Home Studies effective October 31st	0
Total Home Studies effective October 31st	0

* **Note:** Foster Care is defined as active in OASIS and in care or receiving Foster Care services.

Federal Shutdown IPR



Isle of Wight County

Department of Social Services

6A

Staff Development Day

November 18, 2025

Windsor Town Center

10:00 – 11:30	Set-up
11:30 – 12:00	Agency Closes Lunch Pickup
12:00 – 12:45	Lunch
12:45 – 2:15	Training
2:15 – 2:45	Awards
2:45 – 3:00	Clean-up
3:00 – 5:00	Board Meeting



Isle of Wight County

Department of Social Services

MEMORANDUM

TO: IOW County DSS Employees

FROM: Reynold W. Jordan, Jr.
Director of Social Services

RE: 2026 Holiday Schedule

DATE: November 12, 2025

In accordance with the Administrative/Human Resources Manual for Local Department of Social Services, Chapter 2: Classification & Compensation, Section VI – Holidays, the following is a list of the holidays and corresponding dates that shall be observed by Isle of Wight County DSS employees for the 2026 calendar year.

New Year's Day	January 1, 2026
Martin Luther King, Jr. Day	January 19, 2026
George Washington Day	February 16, 2026
Memorial Day	May 25, 2026
Juneteenth	June 19, 2026
Independence Day	July 3, 2026 (observed)
Labor Day	September 7, 2026
Columbus Day / Yorktown Victory Day	October 12, 2026
Election Day	November 3, 2026
Veteran's Day	November 11, 2026
4 Hours Additional Holiday Time	November 25, 2026 (<i>offices close at noon</i>)
Thanksgiving	November 26, 2026
Day after Thanksgiving	November 27, 2026
8 Hours Additional Holiday Time	December 24, 2026
Christmas Day	December 25, 2026

Please see the Admin/HR Manual for LDSS, Chapter 2: Class/Comp, Section VI, Holidays. *****The above dates correspond to those designated by the Commonwealth of Virginia; however, dates are subject to change should the Governor declare an official holiday that is not among those listed in Chapter 2, the LDSS will be closed, and such holiday shall be observed.***

Information & Program Management Update

DEPARTMENT OF SOCIAL SERVICES



7B-1

YEAR-TO-DATE BUDGET REPORT

FOR 2026 04 (October)

	ORIGINAL APPROP	REVISED BUDGET	YTD EXPENDED	MTD EXPENDED	ENCUMBRANCES	AVAILABLE BUDGET	PCT USED
410 Social Services							
0001JN Joint Admin 0001J-0099	3,230	3,230	915.10	215.32	.00	2,314.90	28.3%
80404R Aged Assistance 80404	26,000	26,000	6,285.00	1,160.00	.00	19,715.00	24.2%
80406R Disabled Assistance 80406	69,000	69,000	22,880.00	5,720.00	.00	46,120.00	33.2%
80801R ADC-TANF 80801	1,000	1,000	-51.28	.00	.00	1,051.28	-5.1%
81001R TANF Emergency Assistance	500	500	.00	.00	.00	500.00	.0%
81108R Child Placing Agency N/P 8110	10,000	10,000	2,708.00	677.00	.00	7,292.00	27.1%
81110R Agency Foster Homes 81110	20,000	20,000	5,139.95	.00	.00	14,860.05	25.7%
81112R Licensed CPA-Enhanced Supervs	35,000	35,000	8,064.00	2,016.00	.00	26,936.00	23.0%
81113R Foster Home-Enhanced Supervsn	15,000	15,000	2,240.05	.00	.00	12,759.95	14.9%
81201R Subsidized Adoption 81201	125,000	125,000	40,848.00	10,437.00	.00	84,152.00	32.7%
81203R Enhanced Maint Addtl Supervis	115,000	115,000	37,868.00	9,467.00	.00	77,132.00	32.9%
81301R General Relief 81301	9,432	9,432	3,144.00	786.00	.00	6,288.00	33.3%
81401R FF LIC CHIL D P-AG-BAS MAINT	5,000	5,000	.00	.00	.00	5,000.00	.0%
81402R Fostering Futures-Basic Maint	10,000	10,000	3,444.00	861.00	.00	6,556.00	34.4%
81403R FF Ind Living-Basic Maint.	5,000	5,000	.00	.00	.00	5,000.00	.0%
81404R FF IV-E Child Placng Agency E	5,000	5,000	.00	.00	.00	5,000.00	.0%
81405R Fostering Futures-Enhanced	10,000	10,000	1,344.00	.00	.00	8,656.00	13.4%
81701R State Special Needs PS	5,000	5,000	.00	.00	.00	5,000.00	.0%
81702R State Basic Maintenance	5,000	5,000	.00	.00	.00	5,000.00	.0%
81703R St Enhanced Maint Daily Supvs	5,000	5,000	.00	.00	.00	5,000.00	.0%
82001R Adoption Incentive	6,000	6,000	.00	.00	.00	6,000.00	.0%
82201R KinGAP Basic Maintenance	7,900	7,900	2,708.00	677.00	.00	5,192.00	34.3%
82202R KinGAP Enhanced Supervision	4,400	4,400	1,456.00	364.00	.00	2,944.00	33.1%
82418N Local Emergency Assist Fund	0	13,661	13,661.20	1,400.00	.00	.00	100.0%
82904R SSBG-Family Support PS	1,085	1,085	.00	.00	.00	1,085.00	.0%
82905R SSBG-Family Preserve PS	1,281	1,281	.00	.00	.00	1,281.00	.0%
83001R CW Substance Abuse Services	1,479	1,479	.00	.00	.00	1,479.00	.0%
83002R CW Supplemental Services	1,478	1,478	.00	.00	.00	1,478.00	.0%
83304N Companion Lcl Only	150,000	150,000	10,162.50	.00	.00	139,837.50	6.8%
83304R Companion P/R 83304	115,000	109,000	55,349.58	15,975.00	.00	53,650.42	50.8%
83306R Prevention Services	0	6,000	.00	.00	.00	6,000.00	.0%
84325R Central Service Cost Allocati	435,327	435,327	.00	.00	.00	435,327.00	.0%
84801R TANF ADC Unemployd Prnts 8480	1,000	1,000	.00	.00	.00	1,000.00	.0%
84901R S & O Medicaid	98,000	96,932	37,233.32	9,308.33	.00	59,698.68	38.4%
85501N Staff & Operations	0	5,404	5,404.38	-193.44	.00	.00	100.0%
85501R Staff & Operations	2,520,243	2,495,993	1,073,656.97	269,442.58	.00	1,422,336.03	43.0%
85601R S&O No Local Match	0	15,512	15,512.00	.00	.00	.00	100.0%
85801N Staff & Operations Pass Thru	0	1,756	1,650.70	738.96	.00	105.00	94.0%
85801R Staff & Operations Pass Thru	950,000	950,000	23,605.49	7,427.11	.00	926,394.51	2.5%
86101R Independent Lvng Educate/Trai	1,550	1,799	1,799.00	1,799.00	.00	.00	100.0%

DEPARTMENT OF SOCIAL SERVICES

YEAR-TO-DATE BUDGET REPORT

FOR 2026 04

	ORIGINAL APPROP	REVISED BUDGET	YTD EXPENDED	MTD EXPENDED	ENCUMBRANCES	AVAILABLE BUDGET	PCT USED
86201R Independent Living P/S 86201	1,375	1,375	.00	.00	.00	1,375.00	.0%
86401R Respite Care P/S 86401	563	563	.00	.00	.00	563.00	.0%
86601R PSSF-Family Support	7,800	7,800	942.24	.00	.00	6,857.76	12.1%
86602R PSSF-Family Preservation	6,600	6,600	2,040.58	1,118.21	.00	4,559.42	30.9%
86605R Time-Limited Reunification	3,600	3,600	1,613.50	.00	.00	1,986.50	44.8%
86608R Monthly Caseworker Contacts	628	628	.00	.00	.00	628.00	.0%
87202R View Support Services	20,000	18,500	1,698.33	1,300.00	.00	16,801.67	9.2%
87207N Transportation	0	0	250.00	250.00	.00	-250.00	100.0%
87207R View Transportation 87207	5,000	5,000	1,133.52	.00	.00	3,866.48	22.7%
87211R Trans Supportive Services	0	1,500	1,500.00	1,500.00	.00	.00	100.0%
87301R FC/Adopt Parent Training 8730	1,000	1,000	.00	.00	.00	1,000.00	.0%
87302R F/C Local Staff Training 8730	1,235	1,235	.00	.00	.00	1,235.00	.0%
89501R APS P/S 89501	5,842	5,842	1,496.99	1,601.99	.00	4,345.01	25.6%
90000N Unallocated-Local Match Funds	356,958	339,895	.00	.00	.00	339,895.47	.0%
90000R Unallocated-Fed & State	397,790	403,588	.00	.00	.00	403,588.25	.0%
TOTAL EXPENSES	5,582,296	5,582,296	1,387,703.12	344,048.06	.00	4,194,592.88	
GRAND TOTAL	5,582,296	5,582,296	1,387,703.12	344,048.06	.00	4,194,592.88	24.9%

** END OF REPORT - Generated by Michelle Chess **

DEPARTMENT OF SOCIAL SERVICES

YEAR-TO-DATE BUDGET REPORT

FOR 2026 03 (September)

	ORIGINAL APPROP	REVISED BUDGET	YTD EXPENDED	MTD EXPENDED	ENCUMBRANCES	AVAILABLE BUDGET	PCT USED
410 Social Services							
0001JN Joint Admin 0001J-0099	3,230	3,230	699.78	215.32	.00	2,530.22	21.7%
80404R Aged Assistance 80404	26,000	26,000	5,125.00	-63.00	.00	20,875.00	19.7%
80406R Disabled Assistance 80406	69,000	69,000	17,160.00	5,720.00	.00	51,840.00	24.9%
80801R ADC-TANF 80801	1,000	1,000	-51.28	.00	.00	1,051.28	-5.1%
81001R TANF Emergency Assistance	500	500	.00	.00	.00	500.00	.0%
81108R Child Placing Agency N/P 8110	10,000	10,000	2,031.00	677.00	.00	7,969.00	20.3%
81110R Agency Foster Homes 81110	20,000	20,000	5,139.95	769.05	.00	14,860.05	25.7%
81112R Licensed CPA-Enhanced Supervs	35,000	35,000	6,048.00	2,016.00	.00	28,952.00	17.3%
81113R Foster Home-Enhanced Supervsn	15,000	15,000	2,240.05	448.05	.00	12,759.95	14.9%
81201R Subsidized Adoption 81201	125,000	125,000	30,411.00	11,114.00	.00	94,589.00	24.3%
81203R Enhanced Maint Addtl Supervis	115,000	115,000	28,401.00	11,483.00	.00	86,599.00	24.7%
81301R General Relief 81301	9,432	9,432	2,358.00	786.00	.00	7,074.00	25.0%
81401R FF LIC CHLD P-AG-BAS MAINT	5,000	5,000	.00	.00	.00	5,000.00	.0%
81402R Fostering Futures-Basic Maint	10,000	10,000	2,583.00	861.00	.00	7,417.00	25.8%
81403R FF Ind Living-Basic Maint.	5,000	5,000	.00	.00	.00	5,000.00	.0%
81404R FF IV-E Child Placng Agency E	5,000	5,000	.00	.00	.00	5,000.00	.0%
81405R Fostering Futures-Enhanced	10,000	10,000	1,344.00	672.00	.00	8,656.00	13.4%
81701R State Special Needs PS	5,000	5,000	.00	.00	.00	5,000.00	.0%
81702R State Basic Maintenance	5,000	5,000	.00	.00	.00	5,000.00	.0%
81703R St Enhanced Maint Daily Supvs	5,000	5,000	.00	.00	.00	5,000.00	.0%
82001R Adoption Incentive	6,000	6,000	.00	.00	.00	6,000.00	.0%
82201R KinGAP Basic Maintenance	7,900	7,900	2,031.00	677.00	.00	5,869.00	25.7%
82202R KinGAP Enhanced Supervision	4,400	4,400	1,092.00	364.00	.00	3,308.00	24.8%
82418N Local Emergency Assist Fund	0	12,261	12,261.20	.00	.00	.00	100.0%
82904R SSBG-Family Support PS	1,085	1,085	.00	.00	.00	1,085.00	.0%
82905R SSBG-Family Preserve PS	1,281	1,281	.00	.00	.00	1,281.00	.0%
83001R CW Substance Abuse Services	1,479	1,479	.00	.00	.00	1,479.00	.0%
83002R CW Supplemental Services	1,478	1,478	.00	.00	.00	1,478.00	.0%
83304N Companion Lcl Only	150,000	150,000	10,162.50	.00	.00	139,837.50	6.8%
83304R Companion P/R 83304	115,000	109,000	39,374.58	16,862.50	.00	69,625.42	36.1%
83306R Prevention Services	0	6,000	.00	.00	.00	6,000.00	.0%
84325R Central Service Cost Allocati	435,327	435,327	.00	.00	.00	435,327.00	.0%
84801R TANF ADC Unemployd Prnts 8480	1,000	1,000	.00	.00	.00	1,000.00	.0%
84901R S & O Medicaid	98,000	98,000	27,924.99	9,308.33	.00	70,075.01	28.5%
85501N Staff & Operations	0	5,404	5,597.82	193.44	.00	-193.44	103.6%
85501R Staff & Operations	2,520,243	2,520,243	804,214.39	272,509.77	.00	1,716,028.61	31.9%
85601R S&O No Local Match	0	15,512	15,512.00	.00	.00	.00	100.0%
85801N Staff & Operations Pass Thru	0	912	911.74	396.65	.00	.00	100.0%
85801R Staff & Operations Pass Thru	950,000	950,000	16,178.38	5,468.80	.00	933,821.62	1.7%
86101R Independent Lvng Educate/Trai	1,550	1,550	.00	.00	.00	1,550.00	.0%

DEPARTMENT OF SOCIAL SERVICES

YEAR-TO-DATE BUDGET REPORT

FOR 2026 03

	ORIGINAL APPROP	REVISED BUDGET	YTD EXPENDED	MTD EXPENDED	ENCUMBRANCES	AVAILABLE BUDGET	PCT USED
86201R Independent Living P/S 86201	1,375	1,375	.00	.00	.00	1,375.00	.0%
86401R Respite Care P/S 86401	563	563	.00	.00	.00	563.00	.0%
86601R PSSF-Family Support	7,800	7,800	942.24	.00	.00	6,857.76	12.1%
86602R PSSF-Family Preservation	6,600	6,600	922.37	367.51	.00	5,677.63	14.0%
86605R Time-Limited Reunification	3,600	3,600	1,613.50	.00	.00	1,986.50	44.8%
86608R Monthly Caseworker Contacts	628	628	.00	.00	.00	628.00	.0%
87202R View Support Services	20,000	20,000	398.33	.00	.00	19,601.67	2.0%
87207R View Transportation 87207	5,000	5,000	1,133.52	.00	.00	3,866.48	22.7%
87301R FC/Adopt Parent Training 8730	1,000	1,000	.00	.00	.00	1,000.00	.0%
87302R F/C Local Staff Training 8730	1,235	1,235	.00	.00	.00	1,235.00	.0%
89501R APS P/S 89501	5,842	5,842	-105.00	-25.00	.00	5,947.00	-1.8%
90000N Unallocated-Local Match Funds	356,958	338,381	.00	.00	.00	338,380.68	.0%
90000R Unallocated-Fed & State	397,790	382,278	.00	.00	.00	382,278.00	.0%
TOTAL EXPENSES	5,582,296	5,582,296	1,043,655.06	340,821.42	.00	4,538,640.94	
GRAND TOTAL	5,582,296	5,582,296	1,043,655.06	340,821.42	.00	4,538,640.94	18.7%

** END OF REPORT - Generated by Michelle Chess **

DEPARTMENT OF SOCIAL SERVICES

YEAR-TO-DATE BUDGET REPORT

FOR 2026 02 **(August)**

	ORIGINAL APPROP	REVISED BUDGET	YTD EXPENDED	MTD EXPENDED	ENCUMBRANCES	AVAILABLE BUDGET	PCT USED
410 Social Services							
0001JN Joint Admin 0001J-0099	3,230	3,230	484.46	215.32	.00	2,745.54	15.0%
80404R Aged Assistance 80404	26,000	26,000	5,188.00	2,383.00	.00	20,812.00	20.0%
80406R Disabled Assistance 80406	69,000	69,000	11,440.00	5,720.00	.00	57,560.00	16.6%
80801R ADC-TANF 80801	1,000	1,000	-51.28	-25.64	.00	1,051.28	-5.1%
81001R TANF Emergency Assistance	500	500	.00	.00	.00	500.00	.0%
81108R Child Placing Agency N/P 8110	10,000	10,000	1,354.00	677.00	.00	8,646.00	13.5%
81110R Agency Foster Homes 81110	20,000	20,000	4,370.90	1,538.00	.00	15,629.10	21.9%
81112R Licensed CPA-Enhanced Supervs	35,000	35,000	4,032.00	2,016.00	.00	30,968.00	11.5%
81113R Foster Home-Enhanced Supervsn	15,000	15,000	1,792.00	896.00	.00	13,208.00	11.9%
81201R Subsidized Adoption 81201	125,000	125,000	19,297.00	9,760.00	.00	105,703.00	15.4%
81203R Enhanced Maint Addtl Supervis	115,000	115,000	16,918.00	7,451.00	.00	98,082.00	14.7%
81301R General Relief 81301	9,432	9,432	1,572.00	786.00	.00	7,860.00	16.7%
81401R FF LIC CHILd P-AG-BAS MAINT	5,000	5,000	.00	.00	.00	5,000.00	.0%
81402R Fostering Futures-Basic Maint	10,000	10,000	1,722.00	861.00	.00	8,278.00	17.2%
81403R FF Ind Living-Basic Maint.	5,000	5,000	.00	.00	.00	5,000.00	.0%
81404R FF IV-E Child Placng Agency E	5,000	5,000	.00	.00	.00	5,000.00	.0%
81405R Fostering Futures-Enhanced	10,000	10,000	672.00	.00	.00	9,328.00	6.7%
81701R State Special Needs PS	5,000	5,000	.00	.00	.00	5,000.00	.0%
81702R State Basic Maintenance	5,000	5,000	.00	.00	.00	5,000.00	.0%
81703R St Enhanced Maint Daily Supvs	5,000	5,000	.00	.00	.00	5,000.00	.0%
82001R Adoption Incentive	6,000	6,000	.00	.00	.00	6,000.00	.0%
82201R KinGAP Basic Maintenance	7,900	7,900	1,354.00	677.00	.00	6,546.00	17.1%
82202R KinGAP Enhanced Supervision	4,400	4,400	728.00	364.00	.00	3,672.00	16.5%
82418N Local Emergency Assist Fund	0	12,261	12,261.20	700.00	.00	.00	100.0%
82904R SSBG-Family Support PS	1,085	1,085	.00	.00	.00	1,085.00	.0%
82905R SSBG-Family Preserve PS	1,281	1,281	.00	.00	.00	1,281.00	.0%
83001R CW Substance Abuse Services	1,479	1,479	.00	.00	.00	1,479.00	.0%
83002R CW Supplemental Services	1,478	1,478	.00	.00	.00	1,478.00	.0%
83304N Companion Lcl Only	150,000	150,000	10,162.50	.00	.00	139,837.50	6.8%
83304R Companion P/R 83304	115,000	109,000	22,512.08	19,562.08	.00	86,487.92	20.7%
83306R Prevention Services	0	6,000	.00	.00	.00	6,000.00	.0%
84325R Central Service Cost Allocati	435,327	435,327	.00	.00	.00	435,327.00	.0%
84801R TANF ADC Unemployd Prnts 8480	1,000	1,000	.00	.00	.00	1,000.00	.0%
84901R S & O Medicaid	98,000	98,000	18,616.66	9,308.33	.00	79,383.34	19.0%
85501N Staff & Operations	0	5,404	5,404.38	.00	.00	.00	100.0%
85501R Staff & Operations	2,520,243	2,520,243	531,704.62	260,033.09	.00	1,988,538.38	21.1%
85601R S&O No Local Match	0	15,512	15,512.00	15,512.00	.00	.00	100.0%
85801N Staff & Operations Pass Thru	0	515	515.09	108.20	.00	.00	100.0%
85801R Staff & Operations Pass Thru	950,000	950,000	10,709.58	4,848.98	.00	939,290.42	1.1%
86101R Independent Lvng Educate/Trai	1,550	1,550	.00	.00	.00	1,550.00	.0%

DEPARTMENT OF SOCIAL SERVICES

YEAR-TO-DATE BUDGET REPORT

FOR 2026 02

	ORIGINAL APPROP	REVISED BUDGET	YTD EXPENDED	MTD EXPENDED	ENCUMBRANCES	AVAILABLE BUDGET	PCT USED
86201R Independent Living P/S 86201	1,375	1,375	.00	.00	.00	1,375.00	.0%
86401R Respite Care P/S 86401	563	563	.00	.00	.00	563.00	.0%
86601R PSSF-Family Support	7,800	7,800	942.24	942.24	.00	6,857.76	12.1%
86602R PSSF-Family Preservation	6,600	6,600	554.86	554.86	.00	6,045.14	8.4%
86605R Time-Limited Reunification	3,600	3,600	1,613.50	.00	.00	1,986.50	44.8%
86608R Monthly Caseworker Contacts	628	628	.00	.00	.00	628.00	.0%
87202R View Support Services	20,000	20,000	398.33	.00	.00	19,601.67	2.0%
87207R View Transportation 87207	5,000	5,000	1,133.52	.00	.00	3,866.48	22.7%
87301R FC/Adopt Parent Training 8730	1,000	1,000	.00	.00	.00	1,000.00	.0%
87302R F/C Local Staff Training 8730	1,235	1,235	.00	.00	.00	1,235.00	.0%
89501R APS P/S 89501	5,842	5,842	-80.00	-40.00	.00	5,922.00	-1.4%
90000N Unallocated-Local Match Funds	356,958	338,777	.00	.00	.00	338,777.33	.0%
90000R Unallocated-Fed & State	397,790	382,278	.00	.00	.00	382,278.00	.0%
TOTAL EXPENSES	5,582,296	5,582,296	702,833.64	344,848.46	.00	4,879,462.36	
GRAND TOTAL	5,582,296	5,582,296	702,833.64	344,848.46	.00	4,879,462.36	12.6%

** END OF REPORT - Generated by Michelle Chess **

DEPARTMENT OF SOCIAL SERVICES

YEAR-TO-DATE BUDGET REPORT

FOR 2026 01 (July)

	ORIGINAL APPROP	REVISED BUDGET	YTD EXPENDED	MTD EXPENDED	ENCUMBRANCES	AVAILABLE BUDGET	PCT USED
410 Social Services							
0001JN Joint Admin 0001J-0099	3,230	3,230	269.14	269.14	.00	2,960.86	8.3%
80404R Aged Assistance 80404	26,000	26,000	2,805.00	2,805.00	.00	23,195.00	10.8%
80406R Disabled Assistance 80406	69,000	69,000	5,720.00	5,720.00	.00	63,280.00	8.3%
80801R ADC-TANF 80801	1,000	1,000	-25.64	-25.64	.00	1,025.64	-2.6%
81001R TANF Emergency Assistance	500	500	.00	.00	.00	500.00	.0%
81108R Child Placing Agency N/P 8110	10,000	10,000	677.00	677.00	.00	9,323.00	6.8%
81110R Agency Foster Homes 81110	20,000	20,000	2,832.90	2,832.90	.00	17,167.10	14.2%
81112R Licensed CPA-Enhanced Supervs	35,000	35,000	2,016.00	2,016.00	.00	32,984.00	5.8%
81113R Foster Home-Enhanced Supervsn	15,000	15,000	896.00	896.00	.00	14,104.00	6.0%
81201R Subsidized Adoption 81201	125,000	125,000	9,537.00	9,537.00	.00	115,463.00	7.6%
81203R Enhanced Maint Addtl Supervis	115,000	115,000	9,467.00	9,467.00	.00	105,533.00	8.2%
81301R General Relief 81301	9,432	9,432	786.00	786.00	.00	8,646.00	8.3%
81401R FF LIC CHILd P-AG-BAS MAINT	5,000	5,000	.00	.00	.00	5,000.00	.0%
81402R Fostering Futures-Basic Maint	10,000	10,000	861.00	861.00	.00	9,139.00	8.6%
81403R FF Ind Living-Basic Maint.	5,000	5,000	.00	.00	.00	5,000.00	.0%
81404R FF IV-E Child Placng Agency E	5,000	5,000	.00	.00	.00	5,000.00	.0%
81405R Fostering Futures-Enhanced	10,000	10,000	672.00	672.00	.00	9,328.00	6.7%
81701R State Special Needs PS	5,000	5,000	.00	.00	.00	5,000.00	.0%
81702R State Basic Maintenance	5,000	5,000	.00	.00	.00	5,000.00	.0%
81703R St Enhanced Maint Daily Supvs	5,000	5,000	.00	.00	.00	5,000.00	.0%
82001R Adoption Incentive	6,000	6,000	.00	.00	.00	6,000.00	.0%
82201R KinGAP Basic Maintenance	7,900	7,900	677.00	677.00	.00	7,223.00	8.6%
82202R KinGAP Enhanced Supervision	4,400	4,400	364.00	364.00	.00	4,036.00	8.3%
82418N Local Emergency Assist Fund	0	11,561	11,561.20	11,561.20	.00	.00	100.0%
82904R SSBG-Family Support PS	1,085	1,085	.00	.00	.00	1,085.00	.0%
82905R SSBG-Family Preserve PS	1,281	1,281	.00	.00	.00	1,281.00	.0%
83001R CW Substance Abuse Services	1,479	1,479	.00	.00	.00	1,479.00	.0%
83002R CW Supplemental Services	1,478	1,478	.00	.00	.00	1,478.00	.0%
83304N Companion Lcl Only	150,000	150,000	10,162.50	10,162.50	.00	139,837.50	6.8%
83304R Companion P/R 83304	115,000	109,000	2,950.00	2,950.00	.00	106,050.00	2.7%
83306R Prevention Services	0	6,000	.00	.00	.00	6,000.00	.0%
84325R Central Service Cost Allocati	435,327	435,327	.00	.00	.00	435,327.00	.0%
84801R TANF ADC Unemployd Prnts 8480	1,000	1,000	.00	.00	.00	1,000.00	.0%
84901R S & O Medicaid	98,000	98,000	9,308.33	9,308.33	.00	88,691.67	9.5%
85501N Staff & Operations	0	5,404	5,404.38	5,404.38	.00	.00	100.0%
85501R Staff & Operations	2,520,243	2,520,243	271,671.53	271,671.53	.00	2,248,571.47	10.8%
85601R S&O No Local Match	0	15,512	.00	.00	.00	15,512.00	.0%
85801N Staff & Operations Pass Thru	0	407	406.89	406.89	.00	.00	100.0%
85801R Staff & Operations Pass Thru	950,000	950,000	5,860.60	5,860.60	.00	944,139.40	.6%
86101R Independent Lvng Educate/Trai	1,550	1,550	.00	.00	.00	1,550.00	.0%

DEPARTMENT OF SOCIAL SERVICES

YEAR-TO-DATE BUDGET REPORT

FOR 2026 01

	ORIGINAL APPROP	REVISED BUDGET	YTD EXPENDED	MTD EXPENDED	ENCUMBRANCES	AVAILABLE BUDGET	PCT USED
86201R Independent Living P/S 86201	1,375	1,375	.00	.00	.00	1,375.00	.0%
86401R Respite Care P/S 86401	563	563	.00	.00	.00	563.00	.0%
86601R PSSF-Family Support	7,800	7,800	.00	.00	.00	7,800.00	.0%
86602R PSSF-Family Preservation	6,600	6,600	.00	.00	.00	6,600.00	.0%
86605R Time-Limited Reunification	3,600	3,600	1,613.50	1,613.50	.00	1,986.50	44.8%
86608R Monthly Caseworker Contacts	628	628	.00	.00	.00	628.00	.0%
87202R View Support Services	20,000	20,000	398.33	398.33	.00	19,601.67	2.0%
87207R View Transportation 87207	5,000	5,000	1,133.52	1,133.52	.00	3,866.48	22.7%
87301R FC/Adopt Parent Training 8730	1,000	1,000	.00	.00	.00	1,000.00	.0%
87302R F/C Local Staff Training 8730	1,235	1,235	.00	.00	.00	1,235.00	.0%
89501R APS P/S 89501	5,842	5,842	-40.00	-40.00	.00	5,882.00	-.7%
90000N Unallocated-Local Match Funds	356,958	339,586	.00	.00	.00	339,585.53	.0%
90000R Unallocated-Fed & State	397,790	382,278	.00	.00	.00	382,278.00	.0%
TOTAL EXPENSES	5,582,296	5,582,296	357,985.18	357,985.18	.00	5,224,310.82	
GRAND TOTAL	5,582,296	5,582,296	357,985.18	357,985.18	.00	5,224,310.82	6.4%

** END OF REPORT - Generated by Michelle Chess **

LASER

Local Agency Budget Balance Report YTD

Current Period: SEP-25

Date: 21-OCT-25 13:10:36

Currency: USD

Fiscal Periods Remaining: 8

BL	Description	YTD Budget	Total Expended	% Revised Budget Expended	Total Match Balance
804	Auxiliary Gran	\$ 92,700.00	\$ 30,177.00	33%	\$ 62,523.00
808	TANF - Manual	\$ 1,000.00	\$ (76.92)	-8%	\$ 1,076.92
810	TANF - Emergen	\$ 1,500.00	\$ -	0%	\$ 1,500.00
811	AFDC - Foster	\$ 30,384.00	\$ 19,228.10	63%	\$ 11,155.90
812	Title IV-E Ado	\$ 235,543.00	\$ 78,458.00	33%	\$ 157,085.00
813	General Relief	\$ 20,790.00	\$ 3,144.00	15%	\$ 17,646.00
814	Fostering Futu	\$ 23,627.00	\$ 5,435.00	23%	\$ 18,192.00
817	State Adoption	\$ 15,177.00	\$ -	0%	\$ 15,177.00
820	Adoption Incen	\$ 6,000.00	\$ -	0%	\$ 6,000.00
822	Kinship Guardi	\$ 12,239.00	\$ 4,145.00	34%	\$ 8,094.00
824	Other Purchase	\$ -	\$ 12,961.20	n/m	\$ -
829	Family Preserv	\$ 2,366.00	\$ -	0%	\$ 2,366.00
830	Child Welfare	\$ 2,957.00	\$ -	0%	\$ 2,957.00
833	Adult Services	\$ 115,000.00	\$ 61,555.83	54%	\$ 75,625.42
835	IV-E Preventio	\$ 20,000.00	\$ -	0%	\$ 20,000.00
848	TANF - Up Manu	\$ 1,000.00	\$ -	0%	\$ 1,000.00
849	Staff & Operat	\$ 98,567.00	\$ 27,924.99	28%	\$ 70,641.23
855	Staff & Operat	\$ 2,520,843.00	\$ 810,673.48	32%	\$ 1,716,627.86
856	Staff and Oper	\$ 15,512.00	\$ 15,512.00	100%	\$ 0.12
858	Staff & Operat	\$ 832,857.00	\$ 297,833.22	36%	\$ 536,899.11
861	Chafee Educati	\$ 2,000.00	\$ -	0%	\$ 2,000.00
862	Independent Li	\$ 1,375.00	\$ -	0%	\$ 1,375.00
864	Respite Care f	\$ 563.00	\$ -	0%	\$ 563.00
866	Promoting Safe	\$ 18,628.00	\$ 4,293.63	23%	\$ 14,334.38
872	VIEW - Purchas	\$ 20,951.00	\$ 1,531.85	7%	\$ 19,419.15
873	IV-E Foster/Ad	\$ 2,235.00	\$ -	0%	\$ 2,235.00
895	Adult Protecti	\$ 5,842.00	\$ 881.00	15%	\$ 4,961.01

Currency: USD Fiscal Periods Remaining: 8

BL	Description	FIPS	Local Department	Region	YTD Budget	Federal Match Expended	State Match Expended	Local Match Expended	Special Fund Match Expended	Non Reimb. (Local Only) Expended	Total Expended	% Revised Budget Expended	Total Match Balance	Local Match Rate	Estimated Local Match Funds Balance
804	Auxiliary Gran	093	Isle of Wight	Eastern	\$ 92,700.00	\$ -	\$ 24,141.60	\$ 6,035.40	\$ -	\$ -	\$ 30,177.00	33%	\$ 62,523.00	20%	\$ 12,504.60
808	TANF - Manual	093	Isle of Wight	Eastern	\$ 1,000.00	\$ (39.24)	\$ (37.68)	\$ -	\$ -	\$ -	\$ (76.92)	-8%	\$ 1,076.92	0%	\$ -
810	TANF - Emergen	093	Isle of Wight	Eastern	\$ 1,500.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0%	\$ 1,500.00	n/m	n/m
811	AFDC - Foster	093	Isle of Wight	Eastern	\$ 30,384.00	\$ 9,804.41	\$ 9,423.69	\$ -	\$ -	\$ -	\$ 19,228.10	63%	\$ 11,155.90	0%	\$ -
812	Title IV-E Ado	093	Isle of Wight	Eastern	\$ 235,543.00	\$ 40,005.73	\$ 38,452.27	\$ -	\$ -	\$ -	\$ 78,458.00	33%	\$ 157,085.00	0%	\$ -
813	General Relief	093	Isle of Wight	Eastern	\$ 20,790.00	\$ -	\$ 1,965.00	\$ 1,179.00	\$ -	\$ -	\$ 3,144.00	15%	\$ 17,646.00	38%	\$ 6,617.25
814	Fostering Futu	093	Isle of Wight	Eastern	\$ 23,627.00	\$ 2,771.29	\$ 2,663.71	\$ -	\$ -	\$ -	\$ 5,435.00	23%	\$ 18,192.00	0%	\$ -
817	State Adoption	093	Isle of Wight	Eastern	\$ 15,177.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0%	\$ 15,177.00	n/m	n/m
820	Adoption Incen	093	Isle of Wight	Eastern	\$ 6,000.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0%	\$ 6,000.00	n/m	n/m
822	Kinship Guardi	093	Isle of Wight	Eastern	\$ 12,239.00	\$ 2,113.51	\$ 2,031.49	\$ -	\$ -	\$ -	\$ 4,145.00	34%	\$ 8,094.00	0%	\$ -
824	Other Purchase	093	Isle of Wight	Eastern	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 12,961.20	\$ 12,961.20	n/m	\$ -	n/m	n/m
829	Family Preserv	093	Isle of Wight	Eastern	\$ 2,366.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0%	\$ 2,366.00	n/m	n/m
830	Child Welfare	093	Isle of Wight	Eastern	\$ 2,957.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0%	\$ 2,957.00	n/m	n/m
833	Adult Services	093	Isle of Wight	Eastern	\$ 115,000.00	\$ 31,499.66	\$ -	\$ 7,874.92	\$ -	\$ 22,181.25	\$ 61,555.83	54%	\$ 75,625.42	20%	\$ 15,125.09
835	IV-E Preventio	093	Isle of Wight	Eastern	\$ 20,000.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0%	\$ 20,000.00	n/m	n/m
848	TANF - Up Manu	093	Isle of Wight	Eastern	\$ 1,000.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0%	\$ 1,000.00	n/m	n/m
849	Staff & Operat	093	Isle of Wight	Eastern	\$ 98,567.00	\$ 16,393.68	\$ 11,389.52	\$ -	\$ 142.57	\$ (0.78)	\$ 27,924.99	28%	\$ 70,641.23	0%	\$ -
855	Staff & Operat	093	Isle of Wight	Eastern	\$ 2,520,843.00	\$ 472,083.85	\$ 204,050.09	\$ 123,977.00	\$ 4,104.20	\$ 6,458.34	\$ 810,673.48	32%	\$ 1,716,627.86	15%	\$ 264,633.63
856	Staff and Oper	093	Isle of Wight	Eastern	\$ 15,512.00	\$ 9,140.36	\$ 6,289.70	\$ -	\$ 81.82	\$ 0.12	\$ 15,512.00	100%	\$ 0.12	0%	\$ -
858	Staff & Operat	093	Isle of Wight	Eastern	\$ 832,857.00	\$ 106,749.65	\$ -	\$ 189,208.24	\$ -	\$ 1,875.33	\$ 297,833.22	36%	\$ 536,899.11	64%	\$ 343,243.88
861	Chafee Educati	093	Isle of Wight	Eastern	\$ 2,000.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0%	\$ 2,000.00	n/m	n/m
862	Independent Li	093	Isle of Wight	Eastern	\$ 1,375.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0%	\$ 1,375.00	n/m	n/m
864	Respite Care f	093	Isle of Wight	Eastern	\$ 563.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0%	\$ 563.00	n/m	n/m
866	Promoting Safe	093	Isle of Wight	Eastern	\$ 18,628.00	\$ 3,220.23	\$ 407.88	\$ 665.51	\$ -	\$ 0.01	\$ 4,293.63	23%	\$ 14,334.38	16%	\$ 2,221.83
872	VIEW - Purchas	093	Isle of Wight	Eastern	\$ 20,951.00	\$ 382.96	\$ 911.45	\$ 237.44	\$ -	\$ -	\$ 1,531.85	7%	\$ 19,419.15	16%	\$ 3,010.01
873	IV-E Foster/Ad	093	Isle of Wight	Eastern	\$ 2,235.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0%	\$ 2,235.00	n/m	n/m
895	Adult Protecti	093	Isle of Wight	Eastern	\$ 5,842.00	\$ 744.44	\$ -	\$ 136.55	\$ -	\$ 0.01	\$ 881.00	15%	\$ 4,961.01	16%	\$ 768.94

OCTOBER 2025

B/L #	BATCH PROGRAM	NET	
		REIMBURSABLE	NON-REIMBURSABLE

ADMINISTRATION

849	S&O MED. EXPANSION	9,308.33	-
855	S&O BASE	269,442.58	21.88
858	S&O PASS THRU	7,833.14	738.96

	\$	286,584.05	\$	760.84	\$	287,344.89
--	----	------------	----	--------	----	------------

ASSISTANCE

804	AUXILIARY GRANTS	6,880.00	-
808	TANF	-	-
810	TANF EAP	-	-
811	FOSTER CARE	2,693.00	-
812	ADOPTION ASSISTANCE	19,904.00	-
813	GENERAL RELIEF	786.00	-
814	FOSTERING FUTURES	861.00	-
817	STATE ADOPTION	-	-
820	ADOPTION INCENTIVES	-	-
822	KINGAP	1,041.00	-
848	TANF UP	-	-

	\$	32,165.00	\$	-	\$	32,165.00
--	----	-----------	----	---	----	-----------

PURCHASE SVCS

824	LEAF	-	1,400.00
829	SSBG-SUPPORT/PRESERVE	-	-
830	CW ABUSE/SUPPLE SVCS	-	-
833	COMPANION / PREV.SVCS	15,975.00	-
861	IL EDUCATE/TRAIN	1,799.00	-
862	IL PURCHASE SVC	-	-
864	RESPIRE CARE	-	-
86601	PSSF-FAMILY SUPPORT	-	-
86602	PSSF-FAMILY PRESERVE	1,118.21	-
86605	PSSF-TIME LTD REUNIFICATION	-	-
871	VIEW DAY CARE	-	-
872	VIEW PURCHASE SVC	2,800.00	250.00
87301	FOSTER PARENT TRAINING	-	-
87302	FOSTER STAFF TRAINING	-	-
895	ADULT PROTECTIVE SVC	1,601.99	-

	\$	23,294.20	\$	1,650.00	\$	24,944.20
--	----	-----------	----	----------	----	-----------

	\$	342,043.25	\$	2,410.84	
--	----	------------	----	----------	--

	\$	344,454.09	\$	344,454.09
--	----	------------	----	------------

A/C Trial Balance Totals	\$	344,048.06	
--------------------------	----	------------	--

Plus	\$	406.03	SEP-25 Postage
------	----	--------	----------------

Minus		
-------	--	--

\$344,454.09	
--------------	--

\$0.00	
--------	--

MLC 11/10/25

NET BY BUDGET LINE

OCTOBER 2025

NET BY BUDGET LINE

FED/STATE

B/L #	BATCH PROGRAM	TOTAL	FEDERAL/STATE	LOCAL MATCH	LOCAL ONLY	LCL MATCH
80404	AGED (80/20)	\$ 1,160.00	\$ 928.00	\$ 232.00	\$ -	
80406	DISABLED GRANTS (80/20)	\$ 5,720.00	\$ 4,576.00	\$ 1,144.00	\$ -	
80801	TANF	\$ -	\$ -	\$ -	\$ -	
81001	TANF EAP	\$ -	\$ -	\$ -	\$ -	
81107	RESIDENTIAL F/C	\$ -	\$ -	\$ -	\$ -	
81108	CHILD PLACING AGENCIES	\$ 677.00	\$ 677.00	\$ -	\$ -	
81110	AGENCY FOSTER HOMES	\$ -	\$ -	\$ -	\$ -	
81112	LICENSED CPA-ENHANCED SUPERVISION	\$ 2,016.00	\$ 2,016.00	\$ -	\$ -	
81113	FOSTER HOME-ENHANCED SUPERVISION	\$ -	\$ -	\$ -	\$ -	
81201	FED ADOPTION-MAINTENANCE	\$ 10,437.00	\$ 10,437.00	\$ -	\$ -	
81202	FED ADOPTION-MISC	\$ -	\$ -	\$ -	\$ -	
81203	FED ADOPTION-SUPERVISION	\$ 9,467.00	\$ 9,467.00	\$ -	\$ -	
81301	GENERAL RELIEF (62.50/37.50)	\$ 786.00	\$ 491.25	\$ 294.75	\$ -	
81401	FF CPA BASIC MAINTENANCE	\$ -	\$ -	\$ -	\$ -	
81402	FF BASIC MAINTENANCE	\$ 861.00	\$ 861.00	\$ -	\$ -	
81403	FF IND LVNG BASIC MAINTENANCE	\$ -	\$ -	\$ -	\$ -	
81404	FF CPA ENHANCED SUPERVISION	\$ -	\$ -	\$ -	\$ -	
81405	FF ENHANCED SUPERVISION	\$ -	\$ -	\$ -	\$ -	
81701	FED/STATE SPECIAL NEEDS PS	\$ -	\$ -	\$ -	\$ -	
81702	STATE BASIC MAINTENANCE	\$ -	\$ -	\$ -	\$ -	
81703	STATE ENHANCED SUPERVISION	\$ -	\$ -	\$ -	\$ -	
82001	ADOPTION INCENTIVES	\$ -	\$ -	\$ -	\$ -	
82201	KINGAP BASIC MAINTENANCE	\$ 677.00	\$ 677.00	\$ -	\$ -	
82202	KINGAP ENHANCED SUPERVISION	\$ 364.00	\$ 364.00	\$ -	\$ -	
84801	TANF UP CKS	\$ -	\$ -	\$ -	\$ -	
	Total Assistance	\$ 32,165.00	\$ 30,494.25	\$ 1,670.75	\$ -	\$ 32,165.00
84901	STAFF & OPERATIONS M.E. (100/0)	\$ 9,308.33	\$ 9,308.33	\$ -	\$ -	
85501	STAFF & OPERATIONS BASE (84.5/15.5)	\$ 269,464.46	\$ 227,678.98	\$ 41,763.60	\$ 21.88	
85601	STAFF & OPERATIONS NON-GOV'T FUNDS (100/0)	\$ -	\$ -	\$ -	\$ -	
85801	STAFF & OPERATIONS P/T (32/68)	\$ 8,572.10	\$ 2,506.60	\$ 5,326.54	\$ 738.96	
	Total Administration	\$ 287,344.89	\$ 239,493.91	\$ 47,090.14	\$ 760.84	\$ 287,344.89
82418	LEAF	\$ 1,400.00	\$ -	\$ -	\$ 1,400.00	
82904/5	SSBG-SUPPORT/PRESERVE (84.5/15.5)	\$ -	\$ -	\$ -	\$ -	
83001	CW ABUSE SERVICES (84.5/15.5)	\$ -	\$ -	\$ -	\$ -	
83002	CW SUPPLEMENTAL SERVICES (84.5/15.5)	\$ -	\$ -	\$ -	\$ -	
83304	COMPANION P/R (80/20)	\$ 15,975.00	\$ 12,780.00	\$ 3,195.00	\$ -	
83306	PREVENTION SERVICES (80/20)	\$ -	\$ -	\$ -	\$ -	
86101	IND LIVING ETV (80/20)	\$ 1,799.00	\$ 1,439.20	\$ 359.80	\$ -	
86201	IND LIVING (80/20)	\$ -	\$ -	\$ -	\$ -	
86401	RESPIRE CARE	\$ -	\$ -	\$ -	\$ -	
86601	PSSF-FAMILY SUPPORT (84.5/15.5)	\$ -	\$ -	\$ -	\$ -	
86602	PSSF-FAMILY PRESERVE (84.5/15.5)	\$ 1,118.21	\$ 944.89	\$ 173.32	\$ -	
86605	PSSF-FAMILY PRESERVE (84.5/15.5)	\$ -	\$ -	\$ -	\$ -	
87102	VIEW DAYCARE	\$ -	\$ -	\$ -	\$ -	
872##	VIEW P/S (84.5/15.5)	\$ 3,050.00	\$ 2,366.00	\$ 434.00	\$ 250.00	
87301	FOSTER PARENT TRAINING (57/43)	\$ -	\$ -	\$ -	\$ -	
87302	STAFF/VOLUNTEER TRAINING (57/43)	MLC 11/10/25	\$ -	\$ -	\$ -	
89501	APS (84.5/15.5)	\$ 1,601.99	\$ 1,353.68	\$ 248.31	\$ -	
	Total Purch Svcs	\$ 24,944.20	\$ 18,883.77	\$ 4,410.43	\$ 1,650.00	\$ 24,944.20
	Laser Expense Totals	\$ 344,454.09	\$ 288,871.93	\$ 53,171.32	\$ 2,410.84	
	Percentage of Total		83.9%	15.4%	0.7%	
	Less Batch Munis Total	344,454.09				
	DIFFERENCE:	\$ -	\$342,043.25		\$ 2,410.84	\$344,454.09

MLC 11/10/25

Net of local dollars

\$55,582.16



Auxiliary Grant Rate

From Fusion Server <donotreply@dss.virginia.gov>

Date Mon 11/10/25 12:52

To Christy Little <christy.little@iowdss.com>

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Auxiliary Grant Rate

Categories: [Adult Protective Services/Auxiliary Grants](#)

CONTACT(S):

Tishaun Harris-Ugworji, AG Program Manager

(804) 662-7531, Tishaun.harrisugworji@dars.virginia.gov

Acronyms used in this broadcast:

AG: Auxiliary Grant

ALF: Assisted Living Facility

AFCH: Adult Foster Care Home

GA: General Assembly

LDSS: Local Department of Social Services

PNA: Personal Needs Allowance

SSA: Social Security Administration

SH: Supportive Housing

This broadcast informs LDSS staff that there will be a rate increase for January 1, 2026, due to the COLA increase from SSA. The AG rates for January 2026 will increase from \$2,103 to \$2,130 and District 8 (Northern VA) will increase from \$2,418 to \$2,450 with a 15% differential for ALF, AFCH and SH. The PNA will remain the same at \$87.

[Unsubscribe](#)

IOW-DSS Fleet Inventory October 2025

Assign	Dept	Make	Model	Color	Tag	VIN#	Condition	Year	Age	Odometer	Mileage	Usage
1	Admin	Ford	Escape	Blue	157-778L	1FMCU9C76AKC90132	Yellow	2010	15	83,923	1	0.0%
5	Services	Ford	Transit	Gray	193-826L	NM0GE9F79F1183987	Green	2015	10	70,094	214	6.6%
2	Services	Chevrolet	Equinox	Silver	185-999L	2GNFLEEK6G6165813	Green	2016	9	34,741	404	12.4%
8	Director	Chevrolet	Malibu	White	198-222L	1G1ZE5ST4HF268113	Green	2017	8	49,654	497	15.3%
4	Eligibility	GMC	Terrain	White	227-962L	3GKALMEV3LL183803	Green	2020	5	14,975	289	8.9%
10	Services	Honda	Odyssey	Blue	218-189L	5FNRL6H57MB037412	Green	2021	4	21,302	383	11.8%
6	Director	Chevrolet	Malibu	White	221-588L	1G1ZC5ST5PF158742	Green	2023	2	8,607	216	6.6%
9	Admin	Chevrolet	Malibu	White	221-589L	1G1ZC5ST4PF158831	Green	2023	2	6,055	117	3.6%
3	Services	Kia	Carnival	White	214-738L	KNDNB4H33R6433313	Green	2024	1	10,481	924	28.4%
11	Services	Nissan	Rogue	White	254-600L	5N1BT3CB2RC732670	Green	2024	1	4,161	206	6.3%
								Total	57	303,993	3,251	100%
								Average	6	30,399	325	10.0%
								Median	4.5	18,139	253	7.8%
								Status	Count	Avg		
								Green	9	90.0%		
								Yellow	1	10.0%		
								Red	0	0.0%		
								Total Fleet	10			

IOW-DSS Fleet Inventory Year-to-Date Usage 2025

Assign	Dept	Make	Model	Color	Tag	VIN#	Condition	Kelly Bluebook	Year	Age	Odometer 01/01/25	Odometer Current	Mileage	Usage
7	Services	Ford	Taurus SE	White	115-626L	1FAFP53U85A260929								
1	Admin	Ford	Escape	Blue	157-778L	1FMCU9C76AKC90132	Yellow	\$ 2,934	2010	15	82,226	83,923	1,697	4.7%
5	Services	Ford	Transit	Gray	193-826L	NM0GE9F79F1183987	Green	\$ 17,313	2015	10	66,722	70,094	3,372	9.4%
2	Services	Chevrolet	Equinox	Silver	185-999L	2GNFLEEK6G6165813	Green	\$ 13,219	2016	9	29,644	34,741	5,097	14.1%
8	Director	Chevrolet	Malibu	White	198-222L	1G1ZE5ST4HF268113	Green	\$ 12,438	2017	8	43,962	49,654	5,692	15.8%
4	Eligibility	GMC	Terrain	White	S61106	3GKALMEV3LL183803	Green	\$ 17,360	2020	5	12,865	14,975	2,110	5.9%
10	Services	Honda	Odyssey	Blue	X64711	5FNRL6H57MB037412	Green	\$ 26,068	2021	4	16,652	21,302	4,650	12.9%
6	Director	Chevrolet	Malibu	White	M62343	1G1ZC5ST5PF158742	Green	\$ 17,796	2023	2	5,588	8,607	3,019	8.4%
9	Admin	Chevrolet	Malibu	White	M62346	1G1ZC5ST4PF158831	Green	\$ 17,796	2023	2	4,702	6,055	1,353	3.8%
3	Services	Kia	Carnival	White	214-738L	KNDNB4H33R6433313	Green		2024	1	3,267	10,481	7,214	20.0%
11	Services	Nissan	Rogue	White	254-600L	5N1BT3CB2RC732670	Green		2024	1	2,320	4,161	1,841	5.1%
*As of October 31									Total	57	267,948	303,993	36,045	100%
									Average	6	26,795	30,399	3,605	10.0%
									Median	4.5	14,759	18,139	3,196	8.9%
									Status	Count	Avg			
									Green	9	90.0%			
									Yellow	1	10.0%			
									Red	0	0.0%			
									Total Fleet	10				

*As of October 31

Performance Indicator Monthly Report

Quality Assurance Error rates have maximum targets, all other measures have minimum targets

For Quality Assurance Positive Action Error Rate and Quality Assurance Negative Action Error Rate:

If the data is available for FIPS in FFY 2025 then showing that, if it is not available for FFY 2025, then it is showing FFY 2024

Report Begin:				Oct 2024	Oct 2024								
Report End:	Sep 2025	Sep 2025	Sep 2025	May 2025	May 2025	Sep 2025	Aug 2025	Sep 2025	Sep 2025	Sep 2025	Sep 2025	Sep 2025	Sep 2025
Target:	97%	97%	97%	3%	2%	97%	50%	97%	97%	97%	97%		97%
Statewide:	96.1%	98.7%	98.0%	10.5%	46.9%	98.0%	26.1%	90.3%	89.2%	89.9%	97.8%	28,654.00	89.7%
LOCAL DEPARTMENT	Timeliness of Application Processing-Expedited SNAP Applications	Timeliness of Application Processing-Regular SNAP Applications	Timeliness of Application Processing-Combined Expedited and Regular	Quality Assurance Positive Action Error Rate	Quality Assurance Negative Action Error Rate	Timeliness of TANF Application Processing	TANF Federal Work Participation Rate	LDSS,Online Timeliness of Medicaid Application Processing	CoverVA Timeliness of Medicaid Application Processing	FFM/SBE Timeliness of Medicaid Application Processing	Medicaid Timeliness of Reviews	Number of Overdue Medicaid Reviews	Timeliness of Child Care Application Processing
Accomack	97.1%	98.7%	98.3%	55.7%	66.7%	100.0%	0.0%	82.4%	77.8%	100.0%	93.8%	395	93.3%
Brunswick	100.0%	100.0%	100.0%	0.0%	0.0%	100.0%	3.8%	100.0%	100.0%	100.0%	100.0%		100.0%
Chesapeake	98.1%	97.3%	97.6%	7.4%	45.5%	97.7%	52.3%	86.9%	87.0%	90.7%	97.0%	853	87.0%
Dinwiddie	100.0%	100.0%	100.0%	0.0%	0.0%	100.0%	16.7%	92.0%	92.3%	100.0%	97.1%	133	78.9%
Franklin City	100.0%	96.7%	98.1%	0.0%	100.0%	100.0%	5.1%	100.0%	88.9%	100.0%	96.8%	71	100.0%
Gloucester	95.0%	100.0%	98.0%	0.0%	66.7%	100.0%	0.0%	90.0%	85.7%	91.7%	98.0%	98	75.0%
Greensville/Empo	97.5%	100.0%	98.8%	23.5%	100.0%	100.0%	15.8%	97.5%	95.0%	50.0%	96.0%	193	18.2%
Hampton	96.0%	98.1%	97.3%	13.9%	41.7%	97.9%	5.3%	82.9%	73.7%	90.0%	93.7%	1514	88.1%
Isle of Wight	100.0%	100.0%	100.0%	0.0%	100.0%	100.0%	4.5%	92.2%	100.0%	100.0%	96.8%	134	100.0%
James City	100.0%	100.0%	100.0%	0.0%	100.0%	96.9%	14.3%	81.8%	82.0%	84.2%	97.4%	162	100.0%
Mathews	92.3%	92.3%	92.3%	0.0%	0.0%	100.0%	0.0%	94.1%	100.0%	0.0%	100.0%		100.0%
Newport News	95.9%	97.4%	96.7%	1.5%	60.0%	95.8%	36.2%	81.8%	78.4%	85.5%	97.9%	743	85.3%
Norfolk	97.2%	99.0%	98.2%	20.0%	41.7%	99.1%	40.9%	90.9%	95.6%	92.4%	98.8%	548	99.5%
Northampton	83.3%	100.0%	97.1%	0.0%	100.0%	100.0%	31.3%	95.0%	100.0%	100.0%	99.8%	4	100.0%
Portsmouth	98.5%	99.7%	99.2%	7.7%	27.3%	99.0%	30.3%	92.6%	91.7%	100.0%	99.8%	52	85.8%
Prince George	94.4%	100.0%	97.8%	0.0%	100.0%	100.0%	15.0%	88.3%	87.5%	100.0%	99.4%	25	100.0%
Southampton	93.8%	95.5%	94.7%	0.0%	0.0%	100.0%	0.0%	92.9%	91.7%	100.0%	97.4%	86	100.0%
Suffolk	98.3%	100.0%	99.3%	10.7%	60.0%	98.0%	30.5%	94.4%	95.5%	61.1%	99.6%	59	94.5%
Surry	100.0%	100.0%	100.0%	0.0%	50.0%	100.0%	0.0%	88.9%	100.0%	100.0%	98.5%	15	0.0%
Sussex	100.0%	100.0%	100.0%	0.0%	0.0%	100.0%	40.0%	83.3%	100.0%	0.0%	99.7%	9	100.0%
Virginia Beach	97.4%	98.3%	98.0%	9.5%	33.3%	98.4%	36.5%	89.1%	87.9%	98.0%	97.3%	1260	100.0%
Williamsburg	97.0%	96.7%	96.8%	0.0%	100.0%	100.0%	41.7%	78.1%	50.0%	100.0%	95.6%	66	100.0%
York/Poquoson	93.6%	100.0%	97.8%	0.0%	100.0%	97.1%	39.3%	89.1%	92.3%	94.4%	98.7%	70	91.2%

SNAP monthly Participation

7C-3

REGION	LOCALITY	FIPS	HOUSEHOLDS (PA)	HOUSEHOLDS (NPA)	HOUSEHOLDS (TOTAL)	PERSONS (PA)	PERSONS (NPA)	PERSONS (TOTAL)	ISSUANCE (PA)	ISSUANCE (NPA)	
Eastern	Isle of Wight County	093	292	1677	1969	362	3229	3591	58,664.00	540,067.00	598,731.00

Child Target and Authorized Counts

▶ Locality	▶ Budget Line	▶ Approved Child Target	▶ Current Authorized Child Count	▶ Suspended Authorization Child Count
Isle of Wight County (093)	TANF (VIEW Child Care) (871)	16	13	0
Isle of Wight County (093)	Head Start (878)	0	0	0
Isle of Wight County (093)	Fee (883)	112	82	4

Total Cases = 61

Sent: Wednesday, November 5, 2025 4:52:54 PM

Subject: In-Home and Prevention Safe Measures-Eastern Region, September 2025

Good afternoon Eastern Region In-Home and Prevention Team,

Below is the Safe Measures data for In-Home Case Contacts, Family Support Case Contacts, and Service Plans for September 2025, with an extraction date of October 30th, 2025. **Please note that if your agency is not listed in the charts below, it may be due to having no cases opened for either Family Support or In-Home services in September 2025.**

High/ Very High Case Opening: (Extract date 10/1/2025)

Note: This is an important monthly performance measure, with a statewide goal of 45% by February 2026. The focus of this measure is on referrals assessed as High or Very High risk for the targeted population of children ages 0–3 years old. The intent is to ensure these referrals are appropriately opened to In-Home cases so that families receive the necessary services and supports to promote child safety, well-being, and permanency.

- If your agency does **not have data** reflected in this area, it may indicate that either:
 - No referrals were closed for the reporting month, or
 - None of the closed referrals were assessed as High or Very High risk.

If you would like more detailed information or a breakdown specific to your agency, please feel free to contact me directly.

- The **Eastern Region** achieved a **39.6%** case opening rate, the **highest in the state**. We had a increase from last month of **9.9% Excellent work**, it remains below the **45% State goal**. However, we have made great progress let's continue to work toward meeting or exceeding this benchmark to ensure families with the highest risk receive appropriate intervention and support.
- **Agencies Meeting or Exceeding 45%:** *Brunswick, Chesapeake, Dinwiddie, Franklin City, Gloucester, Mathews, Newport News, Prince George, and Suffolk.* **Awesome job!**

Region	Number of Referrals	HVH Referrals 3 and Under	In-Home/ Dual	Foster Care	Family Support	No Case	Percent In-Home/ Dual
Central	670	60	18	11	0	31	30.0%
Eastern	856	96	38	15	2	41	39.6%
Northern	900	92	23	11	0	58	25.0%
Piedmont	720	131	35	21	1	74	26.7%
Western	488	66	21	7	0	38	31.8%
State	3634	445	135	65	3	242	30.3%

Eastern Region:

Agency	Number of Referrals	HVH Referrals 3 and Under	In-Home/ Dual	Foster Care	Family Support	No Case	Percent In-Home/ Dual
Accomack	25	6	2	4	0	0	33.3%
Brunswick	7	1	1	0	0	0	100.0%
Chesapeake	62	4	3	0	0	1	75.0%
Dinwiddie	13	4	2	1	0	1	50.0%
Franklin City	9	2	1	0	0	1	50.0%
Gloucester	14	3	1	1	0	1	33.3%
Greensville/Emporia	6	0	0	0	0	0	N/A
Hampton	71	4	1	0	0	3	25.0%
Isle of Wight	9	1	0	0	0	1	0.0%
James City	14	2	0	0	0	2	0.0%
Mathews	8	1	1	0	0	0	100.0%
Newport News	60	10	6	0	0	4	60.0%
Norfolk	149	20	7	3	0	10	35.0%
Northampton	3	0	0	0	0	0	N/A
Portsmouth	65	11	4	0	1	6	36.4%
Prince George	10	2	1	0	0	1	50.0%
Southampton	22	0	0	0	0	0	N/A
Suffolk	33	4	2	0	0	2	50.0%
Surry	0	0	0	0	0	0	N/A
Sussex	9	0	0	0	0	0	N/A
Virginia Beach	256	21	6	6	1	8	28.6%
Williamsburg	2	0	0	0	0	0	N/A
York/Poquoson	9	0	0	0	0	0	N/A
Total	856	96	38	15	2	41	39.6%

In-Home Case Contacts:

- **Eastern Region:** Achieved an outstanding **92.3%**, maintaining the highest performance statewide for the **17th consecutive month**, and surpassing the **90% state goal. Excellent work Team Eastern!**
- **Top Performing Agencies (100% Achievement):** *Franklin City, Gloucester, Greenville/Emporia, Hampton, Northampton, Portsmouth, Prince George, Suffolk, Surry, and Williamsburg.* **Kudos to these agencies for their exceptional work.**
- **Agencies Meeting or Exceeding 90%:** *Accomack, Brunswick, Mathews, Norfolk, Virginia Beach, and York/Poquoson.* **Congratulations on meeting the State standards in In-Home case contacts.**

Region	Contact Made	Contact Missing	Total
Central	83.0%	17.0%	100.0%
Eastern	92.3%	7.7%	100.0%
Northern	87.2%	12.8%	100.0%
Piedmont	89.6%	10.4%	100.0%
Western	91.9%	81.1%	100.0%
Total	89.0%	11.0%	100.0%

Eastern Region:

Locality	Locality Level	Contact Made	Contact Missing	Total
Accomack	Level 2	95.7%	4.3%	100.0%
Brunswick	Level 2	95.2%	4.8%	100.0%
Chesapeake	Level 3	76.6%	23.4%	100.0%
Dinwiddie	Level 2	82.5%	17.5%	100.0%
Franklin City	Level 2	100.0%	0.0%	100.0%
Gloucester	Level 2	100.0%	0.0%	100.0%
Greensville/Emporia	Level 2	100.0%	0.0%	100.0%
Hampton	Level 3	100.0%	0.0%	100.0%
Isle of Wight	Level 2	0.0%	100.0%	100.0%
James City	Level 2	83.3%	16.7%	100.0%
Mathews	Level 1	94.4%	5.6%	100.0%
Newport News	Level 3	83.5%	16.5%	100.0%
Norfolk	Level 3	99.1%	0.9%	100.0%
Northampton	Level 2	100.0%	0.0%	100.0%
Portsmouth	Level 3	100.0%	0.0%	100.0%
Prince George	Level 2	100.0%	0.0%	100.0%
Southampton	Level 2	50.0%	50.0%	100.0%
Suffolk	Level 3	100.0%	0.0%	100.0%
Surry	Level 2	100.0%	0.0%	100.0%
Sussex	Level 2	80.0%	20.0%	100.0%
Virginia Beach	Level 3	97.9%	2.1%	100.0%
Williamsburg	Level 1	100.0%	0.0%	100.0%
York/Poquoson	Level 2	95.5%	4.5%	100.0%
Total		92.3%	7.7%	100.0%

Family Support Case Contacts (90 Day Contact Standard):

- **Eastern Region:** Achieved a percentage of **96.2%**, the highest in the state for the **11th consecutive month**. The minimum standard for Family Support Case Contacts is at least once every 90 days, though monthly contact is best practice. As a region, we surpassed the **90% state goal**. Excellent job and keep up the great work!
- **Top Performing Agencies (100% Achievement):** Brunswick, Dinwiddie, Gloucester, **Isle of Wight**, Mathews, Portsmouth, Prince George, Suffolk, Surry, Sussex, Williamsburg, and York/Poquoson. **Congratulations to these agencies!**
- **Agencies Meeting or Exceeding 90%:** Accomack, Chesapeake, Newport News, Norfolk, and Virginia Beach. **Great Job!**

Region	Contact Made in Month	Contact Missing	Contact Made Within 90 Days	Total
Central	68.6%	15.5%	15.9%	84.5%
Eastern	83.3%	3.8%	13.0%	96.2%
Northern	79.8%	6.1%	14.1%	93.9%
Piedmont	69.7%	14.3%	16.0%	85.7%
Western	51.1%	32.6%	16.2%	67.4%
Total	72.6%	12.6%	14.8%	87.4%

Eastern Region:

Locality	Locality Level	Contact Made in Month	Contact Missing	Contact Made Within 90 Days	Total
Accomack	Level 2	87.9%	3.0%	9.1%	97.0%
Brunswick	Level 2	100.0%	0.0%	0.0%	100.0%
Chesapeake	Level 3	78.9%	3.5%	17.5%	96.5%
Dinwiddie	Level 2	81.8%	0.0%	18.2%	100.0%
Gloucester	Level 2	74.0%	0.0%	26.0%	100.0%
Hampton	Level 3	61.8%	26.3%	11.8%	73.7%
Isle of Wight	Level 2	0.0%	0.0%	100.0%	100.0%
James City	Level 2	80.0%	20.0%	0.0%	80.0%
Mathews	Level 1	100.0%	0.0%	0.0%	100.0%
Newport News	Level 3	86.1%	0.5%	13.4%	99.5%
Norfolk	Level 3	86.2%	3.4%	10.3%	96.6%
Portsmouth	Level 3	100.0%	0.0%	0.0%	100.0%
Prince George	Level 2	100.0%	0.0%	0.0%	100.0%
Suffolk	Level 3	100.0%	0.0%	0.0%	100.0%
Surry	Level 2	93.8%	0.0%	6.2%	100.0%
Sussex	Level 2	83.3%	0.0%	16.7%	100.0%
Virginia Beach	Level 3	86.1%	2.9%	11.0%	97.1%
Williamsburg	Level 1	90.0%	0.0%	10.0%	100.0%
York/Poquoson	Level 2	27.3%	0.0%	72.7%	100.0%
Total		83.3%	3.8%	13.0%	96.2%

Service Plans Status:

- **Eastern Region:** Achieved a percentage of **90.3%**, the highest statewide, and slightly above the **90% state goal**. Let's continue to strive to reach and exceed the state goal, Great Job!
- **Top Performing Agencies (100% Achievement):** Brunswick, Gloucester, Greenville/Emporia, Hampton, **Isle of Wight**, Mathews, Northampton, Portsmouth, Prince George, Suffolk, Surry, Sussex, Williamsburg, and York/Poquoson. **Excellent Job!**
- **Agencies Meeting or Exceeding 90%:** Accomack, Dinwiddie, Norfolk, and Virginia Beach. **Kudos!**

Region	Service Plan Current	Service Plan Not Current	Total
Central	76.5%	23.5%	100.0%
Eastern	90.3%	9.7%	100.0%
Northern	83.9%	16.1%	100.0%
Piedmont	86.0%	14.0%	100.0%
Western	88.5%	11.5%	100.0%
Total	85.3%	14.7%	100.0%

Eastern Region:

Locality	Locality Level	Service Plan Current	Service Plan Not Current	Total
Accomack	Level 2	90.0%	10.0%	100.0%
Brunswick	Level 2	100.0%	0.0%	100.0%
Chesapeake	Level 3	72.5%	27.5%	100.0%
Dinwiddie	Level 2	90.9%	9.1%	100.0%
Franklin City	Level 2	50.0%	50.0%	100.0%
Gloucester	Level 2	100.0%	0.0%	100.0%
Greensville/Emporia	Level 2	100.0%	0.0%	100.0%
Hampton	Level 3	100.0%	0.0%	100.0%
Isle of Wight	Level 2	100.0%	0.0%	100.0%
James City	Level 2	87.5%	12.5%	100.0%
Mathews	Level 1	100.0%	0.0%	100.0%
Newport News	Level 3	77.3%	22.7%	100.0%
Norfolk	Level 3	91.1%	8.9%	100.0%
Northampton	Level 2	100.0%	0.0%	100.0%
Portsmouth	Level 3	100.0%	0.0%	100.0%
Prince George	Level 2	100.0%	0.0%	100.0%
Southampton	Level 2	0.0%	100.0%	100.0%
Suffolk	Level 3	100.0%	0.0%	100.0%
Surry	Level 2	100.0%	0.0%	100.0%
Sussex	Level 2	100.0%	0.0%	100.0%
Virginia Beach	Level 3	98.6%	1.4%	100.0%
Williamsburg	Level 1	100.0%	0.0%	100.0%
York/Poquoson	Level 2	100.0%	0.0%	100.0%
Total		90.3%	9.7%	100.0%

Sent: Tuesday, October 14, 2025 8:12:18 AM

Subject: CPS Monthly Data - August

Good morning Eastern Protection Team!

Below and attached are the August 2025 Data Reports for Timeliness of First Contact with the Victim Child and Timeliness of the Initial Safety Assessment (*Extracted on September 29, 2025*).

Timeliness of First Contact with Victim Child (TFCV)

- Federal Goal: 95%
- Eastern Region Performance: **August - 75.58%** (Eastern rose slightly from July – 73.27%)
- State Average: 85.62%
- Eastern LDSS meeting or exceeded the Federal goal: 8

Regional TFCV Results:

Region	% Contacts Made Timely
Central	80.32%
Eastern	75.58%
Northern	88.24%
Piedmont	86.91%
Western	94.77%
State	85.62%

Agency Achievements

Meeting Federal Goal of 95% or Higher: Greenville/Emporia, James City, Mathews, Newport News, Northampton, Prince George, Surry and Williamsburg. **Outstanding!**

90% or Higher: Hampton and York/Poquoson. **Kudos!**

Locality	Contact Made Timely	Contact Not Made Timely	Total Contacts	% Contacted Timely
Accomack	20	5	25	80%
Brunswick	8	4	12	67%
Chesapeake	53	48	101	52%
Dinwiddie	12	2	14	86%
Franklin City	2	3	5	40%
Gloucester	16	3	19	84%
Greensville/Emporia	6	0	6	100%
Hampton	67	6	73	92%
Isle of Wight	22	6	28	79%
James City	24	1	25	96%
Mathews	3	0	3	100%
Newport News	76	4	80	95%
Norfolk	83	22	105	79%
Northampton	2	0	2	100%
Portsmouth	58	56	114	51%
Prince George	20	1	21	95%
Southampton	13	2	15	87%
Suffolk	33	26	59	56%
Surry	1	0	1	100%
Sussex	3	5	8	38%
Virginia Beach	165	34	199	83%
Williamsburg	1	0	1	100%
York/Poquoson	27	3	30	90%
Total	715	231	946	76%

Trends

- The Raw Data spreadsheet and LDSS Data spreadsheet are filtered to show only Eastern LDSS
- The Raw Data spreadsheet is sorted by Staff Locality, Timeliness (Contact Made on Time/ Contact Not Made on Time) then Response Priority
- Review your agency's data to see the practice that led to meeting timely response and any opportunities that were missed

Key Reminders & Documentation Guidance

- All staff - FSS, Supervisors, Program Managers - should have access to Safe Measures
 - How are Supervisor's using Safe Measures to review and ensure timely contact with the child who is a victim?
-

Timeliness of Initial Safety Assessment

- **Federal Goal:** 90%
- Eastern Region Performance: **August - 49.01%** (- 52.18% (Eastern decrease 3% from July – 49.01%))
- State average: 53.11%
- Number of referrals validated in the Eastern Region: **August = 604**

Regional Safety Assessment Timeliness

Region	% Contacts Made Timely
Central	38.52%
Eastern	49.01%
Northern	63.33%
Piedmont	48.62%
Western	74.09%
State	55.91%

Agency Achievements

Exceeded the federal goal of 90%: Surry, Williamsburg and York/Poquoson. **Excellent!**

Just below the federal goal: James City and Newport News. **Great work!**

Locality	Locality Level	On Time	Not on Time	Not Completed	No 1st Meaningful Contact	SA Before Contact	Total	% SA Timely
Accomack	Level 2	5	1	0	2	6	14	36%
Brunswick	Level 2	5	0	1	1	0	7	71%
Chesapeake	Level 3	22	3	18	17	6	66	33%
Dinwiddie	Level 2	5	3	0	1	4	13	38%
Franklin City	Level 2	0	1	1	1	1	4	0%
Gloucester	Level 2	8	0	2	1	0	11	73%
Greensville/Emporia	Level 2	2	0	1	0	1	4	50%
Hampton	Level 3	21	3	4	4	11	43	49%
Isle of Wight	Level 2	9	0	2	0	0	11	82%
James City	Level 2	15	0	0	1	1	17	88%
Mathews	Level 1	2	0	0	0	1	3	67%
Newport News	Level 3	51	1	1	3	2	58	88%
Norfolk	Level 3	28	4	14	6	17	69	41%
Northampton	Level 2	1	1	0	0	0	2	50%
Portsmouth	Level 3	23	2	4	20	13	62	37%
Prince George	Level 2	13	0	1	0	3	17	76%
Southampton	Level 2	6	0	0	2	1	9	67%
Suffolk	Level 3	11	2	4	3	13	33	33%
Surry	Level 2	1	0	0	0	0	1	100%
Sussex	Level 2	1	1	0	2	1	5	20%
Virginia Beach	Level 3	48	22	15	19	31	135	36%
Williamsburg	Level 1	1	0	0	0	0	1	100%
York/Poquoson	Level 2	18	1	0	0	0	19	95%
Total		296	45	68	83	112	604	49%

Trends:

- Raw Data spreadsheet and LDSS Data spreadsheet are filtered to show only Eastern LDSS.
- The Raw Data spreadsheet is sorted by Staff Locality and Timeliness (*completed on time, not done on time, not completed, no 1st meaningful contact, data issues*)
- Review your agency's data to see the practice that led to the SDM Safety Assessment being completed and entered timely.
- Review your agency's data to determine opportunities to complete the SDM Safety Assessment timely and completing the first meaningful contact timely
- Review *no first meaningful contact and safety assessment before contact* data for documentation errors.

Key Reminders & Documentation Guidance

- **SDM Safety Assessment** must be completed at the first meaningful contact with the family and document the results in COMPASS mobile/portal within 24 hours of the first meaningful contact or any time safety changes.
- **First Meaningful Contact:**
In order for a contact to be recorded in Safe Measures as the first meaningful contact, the following criteria must be met:
 - The contact must have a purpose of Interview, Investigation, or Family Assessment.
 - The contact must have a source of Referral, Investigation, or Family Assessment.
 - The contact must have a type of face-to-face.
 - The contact must have a contact purpose of safety assessment.
 - The location cannot be Failed Attempt.
 - A client must be selected in the Client/Collateral section.
 - The "1st Meaningful Contact" box must be checked.
- **Safe Measures:**
 - Do staff have access to Safe Measures? Are they utilizing Safe Measures to manage their caseload requirements?
 - How are Supervisors using Safe Measures to review and ensure timely completion of the SDM Safety Assessment and First meaningful Contact?

The attached spreadsheets are filtered to show only Eastern LDSS. Hopefully this will assist with identifying trends within your agency. Please let me know if you would like assistance in reviewing and understanding the data.

Thank you for your steadfast leadership and unwavering commitment to child safety through timely, thoughtful, and effective action. Reflecting on current practices and refining our processes is key to strengthening safety-centered decision-making across all levels of practice.

Your dedication and influence continue to make a lasting difference for the children and families we serve and the staff you support. With our shared commitment and collaboration, I'm confident we will continue to build stronger systems and sustainable improvements.

Eastern Region

Locality	Locality Level	Completed on Time	Not Done on Time	Not Completed	No 1st Meaningful Contact	Data Issue	Total
Accomack	Level 2	5	1	0	2	6	14
Brunswick	Level 2	5	0	1	1	0	7
Chesapeake	Level 3	22	3	18	17	6	66
Dinwiddie	Level 2	5	3	0	1	4	13
Franklin city	Level 2	0	1	1	1	1	4
Gloucester	Level 2	8	0	2	1	0	11
Greensville/Emporia	Level 2	2	0	1	0	1	4
Hampton	Level 3	21	3	4	4	11	43
Isle of Wight	Level 2	9	0	2	0	0	11
James city	Level 2	15	0	0	1	1	17
Mathews	Level 1	2	0	0	0	1	3
Newport news	Level 3	51	1	1	3	2	58
Norfolk	Level 3	28	4	14	6	17	69
Northampton	Level 2	1	1	0	0	0	2
Portsmouth	Level 3	23	2	4	20	13	62
Prince george	Level 2	13	0	1	0	3	17
Southampton	Level 2	6	0	0	2	1	9
Suffolk	Level 3	11	2	4	3	13	33
Surry	Level 2	1	0	0	0	0	1
Sussex	Level 2	1	1	0	2	1	5
Virginia beach	Level 3	48	22	15	19	31	135
Williamsburg	Level 1	1	0	0	0	0	1
York/Poquoson	Level 2	18	1	0	0	0	19

Sub-Recipient Monitoring Summary Report

Isle of Wight DSS

October 2025

7C-7

I. Scope and Content of Review

- Date(s) of review: October 2025
- Name of reviewer: Alex Patterson
- Time period covered: 10/2024 -9/30/2025
- Area(s) reviewed: Fuel, Crisis, Cooling
- Sample size: 10

II. Findings

- Fuel: No Findings
- Crisis: No Findings
- Cooling: No Findings

III. Conclusion

- Your agency did an excellent job with this case reading with thorough case documentation.

IV. Recommendation(s)

- We encourage you to share the findings with staff regarding the processing of Energy Assistance applications as a learning opportunity.
- Staff should review training and guidance offered for all EAP components found in the COVLC and EAP fusion page.
- Refresher trainings should be reviewed prior to the beginning of each component.
- Local EAP supervisor should periodically review cases internally for accuracy.

V. Follow-Up Procedures

The local agency should continue to contact their assigned EAP consultant if they have any questions or need clarifications during each of the Energy Assistance components.

VI. Corrective Action Plan

No Corrective Action Plan Required

Department
for Aging and
Rehabilitative
Services

State
Fiscal
Year
2024

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

January 27, 2025

Dear Colleagues:

I am pleased to present the State Fiscal Year (SFY) 2024 Adult Protective Services (APS) Division Annual Report. It was an exciting year for APS in Virginia and across the country. In May 2024, the Administration for Community Living (ACL) released first-ever federal regulations for APS programs. These regulations address standards for APS response, least-restrictive alternatives, conflicts of interest, and coordination and collaboration with other entities. The standards are considered a “floor” or a minimum set of requirements, but states are encouraged to adopt practices and procedures that exceed them. Virginia APS is focusing on meeting the May 2028 compliance timeline and is identifying areas where our processes surpass the regulations and where more work needs to be done.

As in past years, APS reports and substantiated investigations continued their upward trend in SFY 2024. LDSS, with additional resources from American Rescue Plan Act (ARPA), were better able to meet the growing needs of adult abuse victims and other vulnerable adults. However, these funds ended and unfortunately the new federal regulations were not accompanied by substantial funding for APS programs. DARS will continue to advocate for the APS system and raise awareness of the challenges it faces.

To our state and local APS professionals—thank you for dedication! Every day I am made aware of the miracles you work throughout Virginia supporting vulnerable adults!

With sincere appreciation,

Kathryn A. Hayfield
Kathryn A. Hayfield

Table of Contents

THE APS DIVISION AT THE DEPARTMENT FOR AGING AND REHABILITATIVE SERVICES.....	2
ADULT SERVICES PROGRAM	3
Table 1-LTSS Screenings by Region	4
Table 2-AS Expenditures	6
Table 3-Five-Year Comparison of AS Expenditures	6
Table 4-Annual Guardian Reports by Region	8
ADULT PROTECTIVE SERVICES PROGRAM.....	9
Table 5-Source of APS Reports	12
Table 6-Three-Year Comparison of APS Reports	14
Table 7-Five-Year Comparison of APS Expenditures	16
Table 8-Statewide Substantiated Maltreatment.....	16
Table 9-Location of Incident.....	17
Table 10-State and Regional APS Reports Statistics	18
Table 11-Substantiated Maltreatment by Type and Region	19
Table 12-Financial Exploitation-Regional Impact	20
Table 13-Method Used to Financially Exploit.....	20
Table 14-Perpetrators in Substantiated APS Cases	21
Table 15-Types of Perpetrator Legal Actions	22
Table 16-APS Post-Investigation Services	23
Table 17-APS Reports by Locality	24
Table 18-APS Hotline Reports.....	26

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 two program areas, Adult Services (AS) and APS, which are delivered by 120 local departments of social services (LDSS).¹ 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 two program areas.

The SFY 2024 APS Division Report reflects AS and APS statistical data from the PeerPlace case management system for the period of July 1, 2023, through June 30, 2024.

¹ The Auxiliary Grant (AG) Program was formerly part of the APS Division. An agency reorganization relocated the AG Program to the Division for Community Living effective July 1, 2023.

Adult Services Program

The following sections provide an overview of Adult Services (AS) Program activities. The AS Program serves adults with an impairment and their families when appropriate.² 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.

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. SSBG funding for home-based care programs has not increased in several years. Localities have struggled to offer competitive provider wages, locate willing providers, and respond to a growing home-based care service population. Frequently, localities must reduce service hours for their clients or seek other types of long-term services for them.

However, LDSS received some financial relief in SFY 2024, when DARS was allocated temporary funding through the American Rescue Plan Act (ARPA). DARS distributed ARPA funds to LDSS which helped them deliver home-based care and meet other needs of vulnerable adults. However, ARPA funding ended and LDSS will have to rely on limited state funding for home-based care needs moving forward.

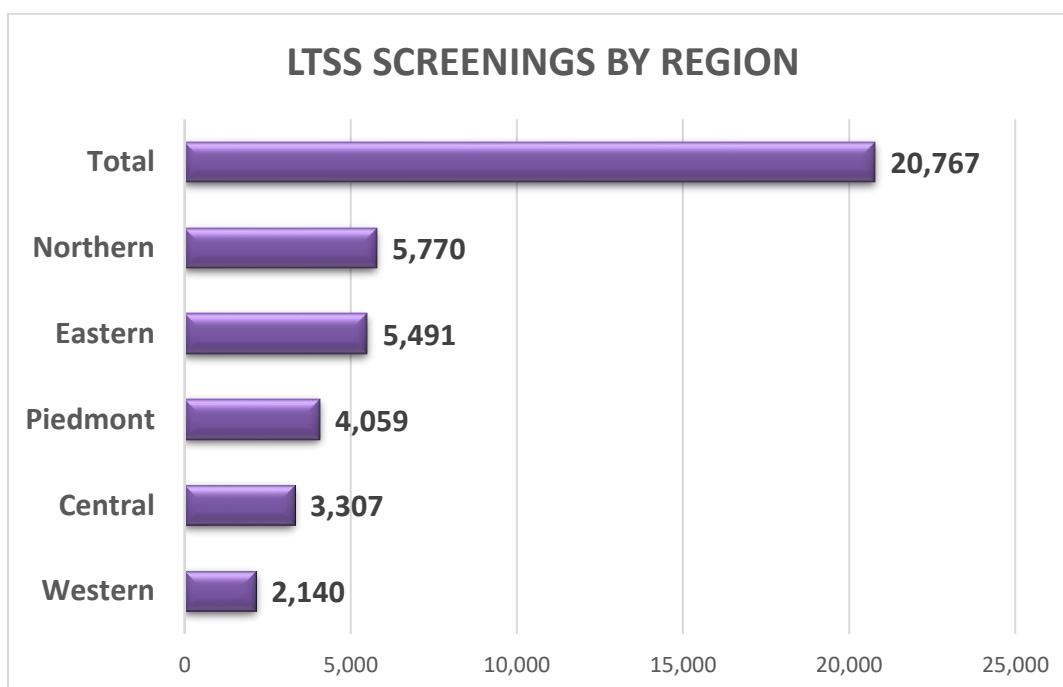
PeerPlace service plan data indicates that **4,626** adults received home-based services a **7%** increase from SFY 2023 likely as a result of temporary ARPA funds. In SFY 2024 home-based services included **4,010** companion, **62** chore and **554** homemaker cases.

² 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).

Long-term Services and Supports (LTSS) Screenings

The Code of Virginia (§ 32.1-330) requires that all individuals who apply for or request Medicaid-funded 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. Individuals may request Medicaid services such as the CCC Plus waiver, nursing facility placement or Program for the All-Inclusive Care for the Elderly (PACE). In SFY 2024, LDSS participated in screening **20,767** adults for LTSS, a **4%** increase from the previous SFY. **Table 1** shows that **28%** of LTSS screenings occurred in the Northern Region and the smallest percentage (**10%**) were in the Western Region.

Table 1-LTSS Screenings by Region³



Assisted Living Facility (ALF) Assessment and Reassessments

Individuals using the Auxiliary Grant (AG) for ALF placement must be assessed using the Uniform Assessment Instrument (UAI) upon admission, annually, or whenever they experience a significant change. Employees of the following agencies are authorized to complete initial ALF assessments for individuals apply for or receiving AG:

³ Source: Department of Medical Assistance Services (DMAS)

- 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 annual 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 disability. The AFC is an optional program and not all LDSS offer it. The following local departments offered AFC in 2024: Chesapeake, Fairfax, Fauquier, Montgomery, Norfolk, Prince William, and Virginia Beach. 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 2024, **40** individuals received AFC services.

AS 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 2024, and **Table 3** shows a five-year comparison of AS expenditures.

Table 2-AS Expenditures

SFY 2024 Adult Services Expenditures⁴					
Services	Federal & State	Local	Non-reimbursed local	Total Expenditures	% of Total Expenditures
Companion	\$3,723,543	\$930,885	\$3,520,130	\$8,174,559	91%
Chore	\$21,051	\$5,263	\$0	\$26,314	<1%
Homemaker	\$9,255	\$2,314	\$0	\$11,569	<1%
Guardianship	\$67,384	\$16,846	\$2,236	\$86,466	1%
Prevention	\$415,214	\$103,803	\$127,377	\$646,395	7%
Adult Day	\$6,994	\$1,749	\$10,266	\$19,009	<1%
Total	\$4,243,441	\$1,060,860	\$3,660,009	\$8,964,312	100%

Table 3-Five-Year Comparison of AS Expenditures

5-Year Expenditures				
SFY	Federal & State	Local	Non-reimbursed Local	Total Expenditures
2024	\$4,243,441	\$1,060,860	\$3,660,010	\$8,964,312
2023	\$4,086,444	\$1,021,611	\$3,297,550	\$8,405,606
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

Home-based Services and AFC Appeals

⁴ Source: LASER

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 received two appeals related to the denial of home-based services in SFY 2024. However, both cases were dismissed when appellant failed to appear.

Guardianship Program

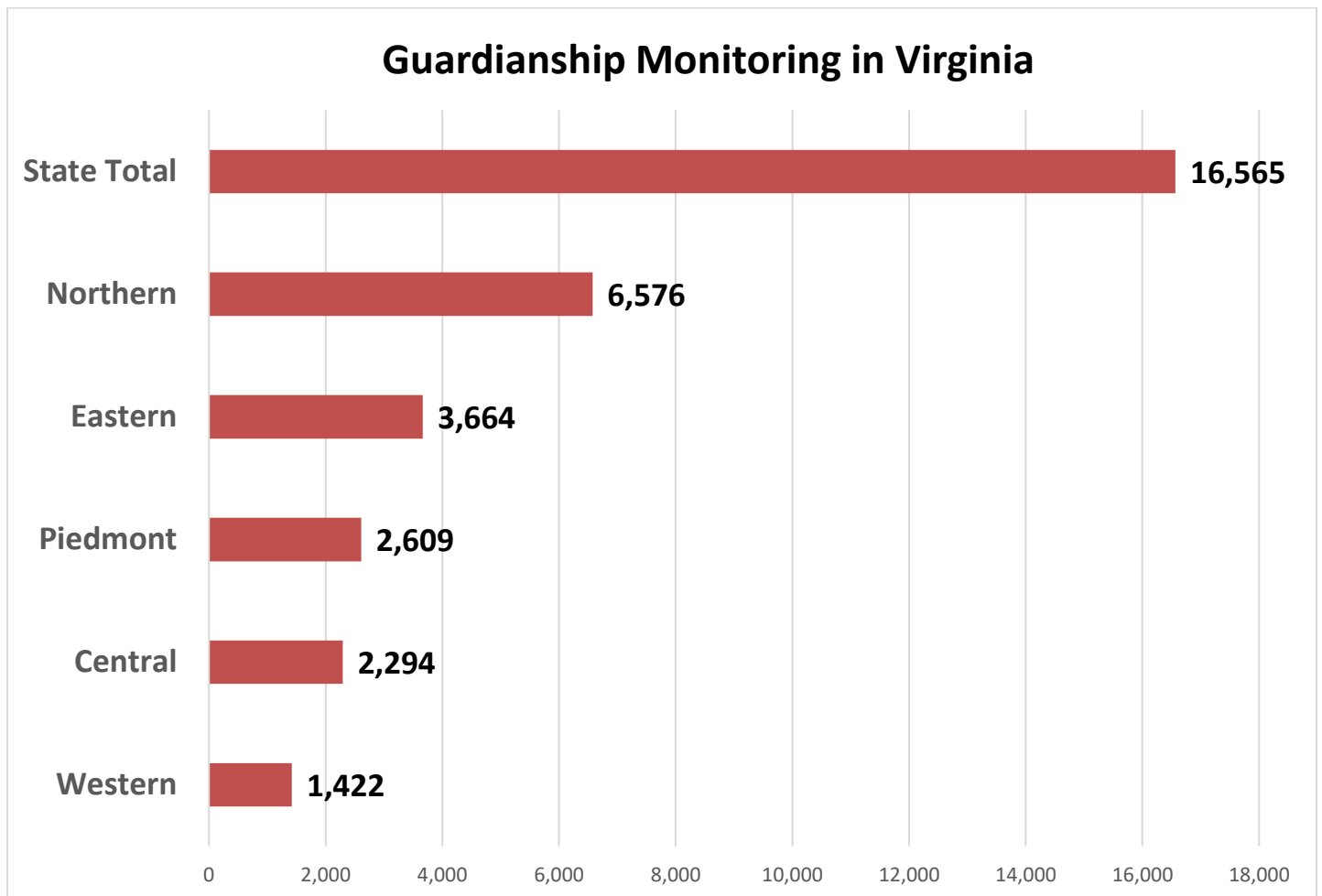
All individuals who have been appointed as guardians by Virginia courts are required to submit the “Annual Report of Guardian for an Incapacitated Person,” along with a \$5.00 filing fee, to the LDSS in the jurisdiction in which the incapacitated adult resides. Section 64.2-2020 of the Code of Virginia 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 2024, LDSS workers were responsible for reviewing annual guardian reports for **16,565** incapacitated adults.

Table 4 shows the volume of annual unduplicated guardian reports by region. Guardians filed the largest percentage (**40%**) of reports with Northern Region LDSS and the smallest percentage (**9%**) 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.

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. However, only about half of the state APS programs investigate in facilities such as nursing homes, or residential programs for individuals with mental illness or developmental disabilities. In some states, local ombudsmen or state licensing program staff conduct APS investigations in facility settings.

In Fall 2023, the Administration for Community Living (ACL) released proposed, first ever federal regulations (Final Rule) for APS. After reviewing public comments from state APS programs, advocacy organizations, and others about the proposed regulations, ACL released the Final Rule on May 7, 2024. Regulations became effective on June 7, 2024, and all APS programs will have to be compliant by May 8, 2028. The APS Final Rule will:

- Elevate best practices and bring greater consistency to APS systems nationwide while respecting the unique needs of states and localities
- Minimize the burden on state APS systems while setting minimum standards to ensure quality APS services
- Support person-directedness, least restrictive alternatives, and flexibility in service delivery

The Final Rule may be accessed at: <https://www.federalregister.gov/documents/2024/05/08/2024-07654/adult-protective-services-functions-and-grants-programs>

ACL also operates the National Adult Maltreatment Reporting System (NAMRS), a database system to collect and organize APS data submitted by each state. Though submission is voluntary, 56 states and territories and the District of Columbia submit NAMRS data. Data for federal fiscal years (FFY) 2016-2022 is available at: <https://namrs.acl.gov/data>. ACL also coordinates with the APS Technical Assistance Resource Center (TARC), which provides education and technical assistance to state APS programs through webinars, blog posts and helps programs with their FFY NAMRS submissions.

2024 Session of the Virginia General Assembly

Several bills that passed the 2024 Session of the Virginia General Assembly focused on strengthening oversight and accountability related to adult guardianship. One proposal, Senate Bill (SB) 291 directed DARS to develop and provide training to court appointed guardians by July 1, 2025. Guardianship education around roles and responsibilities is critically important in ensuring that incapacitated adults receive appropriate care and support.

Adult financial exploitation was the focus of House Bill (HB) 692 & SB 174 which enabled older and other vulnerable adults to provide financial institutions with a list of “trusted persons” whom the financial institution staff may contact if there is a suspicion that the adult is a victim or target of financial exploitation. Financial institutions, under certain circumstances, may also contact others associated with the adult, such as a family member, if there is a suspicion the adult is a victim of financial exploitation. The legislation also establishes processes for financial institutions to train their staff on identifying and reporting suspicions of financial exploitation to legal authorities as well as to the APS hotline or the appropriate LDSS. The State Corporation Commission is required to develop guidelines for financial institution trainings by January 1, 2026.

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.dars.virginia.gov/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 blue represent mandated reporters. The category “unspecified” refers to reporters, who do not identify their occupation or their relationship to the subject of the report. More than **4,423** individuals wished to remain anonymous when making a report. In SFY 2024 financial institution staff ranked as the second most frequent reporter category to APS. Relatives or family members were the third highest reporter category.

Table 5-Source of APS Reports

SFY 2024 REPORTER TYPE	# OF REPORTS
Unspecified	7,537
Financial Institution Staff	6,624
Relative (includes ex-wife/ex-husband)	4,681
Anonymous	4,423
Nursing Facility Staff	3,114
Nurse/Nurse Manager/NP/Visiting Nurse/Public Health Nurse	3,068
Social Worker	2,952
Other	2,726
Law Enforcement	2,341
EMS/Fire Department	1,565
Hospital Staff	1,504
Friend/Neighbor	1,467
Community Services Board Staff	1,091
Assisted Living Facility Staff	907
Mental Health Support Worker/Counselor/Psychiatrist/Psychologist	815
Self	559
Doctor/Physician Assistant	540
LDSS Staff	468
Agency	399
Social Service Agency	395
Group Home Staff	391
Other Healthcare Professional (Physical/Occupational Therapist or Speech Language Pathologist)	310
Landlord	259
Hospice Staff	256
Caregiver (not specified)	249
Department of Behavioral Health and Developmental Services Staff	204
Area Agency On Aging Staff	184
Home Based Care/Personal Care Provider	175
Guardian	154
Educational Institution Staff	85
POA	77
Shelter Staff	72
Medicaid	69
Attorney	58
Transportation Provider	52

APS Reports and Investigations

Every APS report must meet certain criteria 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.dars.virginia.gov/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 **6%** from SFY 2023 to 2024. Substantiated reports increased **2.5%** during the same time.

Table 6-Three-Year Comparison of APS Reports

THREE YEAR COMPARISON OF APS REPORTS			
	2022	2023	2024
Total Reports Received	40,371	43,443	45,946
Total Investigated	26,747	27,511	29,443
Total Substantiated	12,824	12,514	12,816
Unfounded	12,355	12,842	14,234
Invalid Disposition ⁵	1,567	1,630	1,595
Pending ⁶	48	525	798
Invalid ⁷	13,672	15,690	15,865
<i>Percent of Reports Substantiated⁸</i>	48%	46%	44%
DISPOSITIONS OF SUBSTANTIATED REPORTS			
Needs and Accepts Services	4,200	4,072	3,678
Needs and Refuses Services	2,679	2,526	2,669
Need No Longer Exists	5,945	5,916	6,469

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

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.

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 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 the 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 investigation and there was a preponderance of evidence that the adult abuse, neglect, or exploitation occurred. 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 ALF. **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
2024	\$722,660	\$132,557	\$653,170	\$1,508,388
2023	\$757,867	\$139,015	\$475,831	\$1,372,713
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

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 2024. Self-neglect is the most common type of maltreatment experienced in Virginia occurring in **60%** of substantiated investigations. Financial exploitation accounted for **17%** of substantiated investigations.

Table 8-Statewide Substantiated Maltreatment

SFY 2024 Substantiated Types of Maltreatment	#	%
Self-Neglect	7,978	60%
Financial Exploitation	2,345	17%
Neglect	1,666	12%
Physical Abuse	647	5%
Mental Abuse	574	4%
Other Exploitation	218	2%
Sexual Abuse	62	<1%
TOTAL	13,488 ⁹	100%

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

Table 9 shows the location of the incident of maltreatment in the APS report. In SFY 2024, the majority of maltreatment incidents occurred in the adult’s own home or apartment. The second most common incident location was a nursing facility.

Table 9-Location of Incident

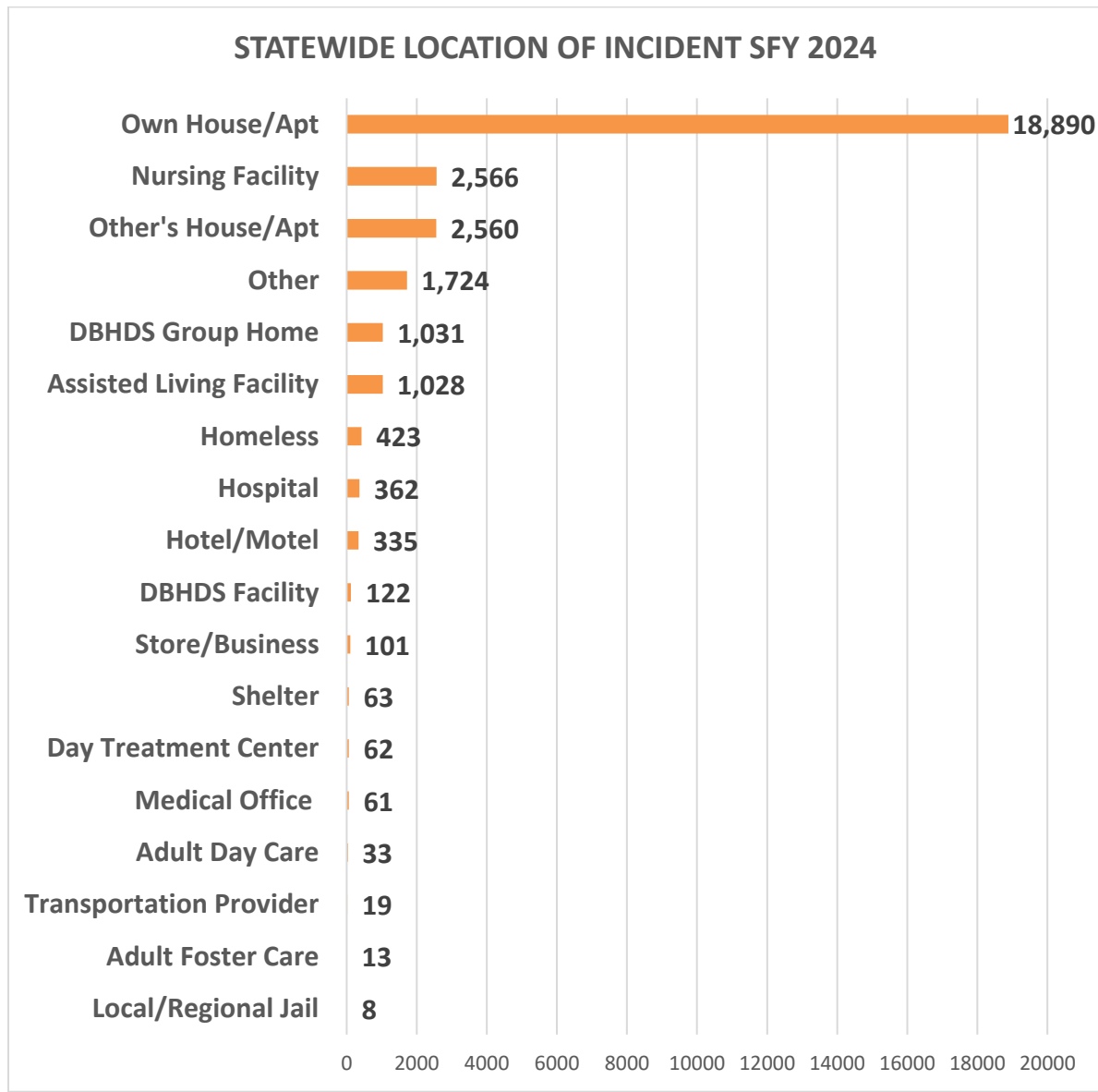


Table 10 reflects demographics of the APS report subjects, statewide and regionally. Statewide **83%** of subjects were age 60 or older. Nearly **4,400** individuals were age 85 or older.

Table 10-State and Regional APS Reports Statistics

SFY 2024 REGIONAL DEMOGRAPHICS OF REPORT SUBJECTS						
	CENTRAL	EASTERN	NORTHERN	PIEDMONT	WESTERN	STATE TOTAL
Reports Received	8,172	10,392	12,887	10,236	4,259	45,946
Reports Substantiated	1,874	3,009	2,662	3,845	1,426	12,816
DEMOGRAPHICS OF REPORT SUBJECT						
60+	81%	84%	84%	83%	83%	83%
18-59	19%	15%	16%	16%	17%	16%
Unknown	<1%	<1%	<1%	<1%	<1%	<1%
Female	57%	59%	59%	58%	62%	59%
Male	41%	40%	40%	42%	38%	41%
Unspecified/Unknown	2%	1%	<1%	<1%	<1%	<1%
Transgender	<1%	<1%	<1%	<1%	<1%	<1%
White ¹⁰	50%	50%	63%	69%	87%	61%
Black	31%	33%	15%	16%	3%	21%
Asian	1%	2%	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%
Unk/RTA ¹¹	18%	16%	19%	15%	10%	16%
Married	13%	17%	20%	16%	17%	17%
Divorced	8%	8%	9%	11%	13%	9%
Separated	2%	2%	1%	2%	2%	2%
Single	22%	22%	22%	19%	18%	21%
Widowed	11%	15%	16%	17%	23%	16%
Unknown	45%	37%	32%	35%	27%	36%

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. 176 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

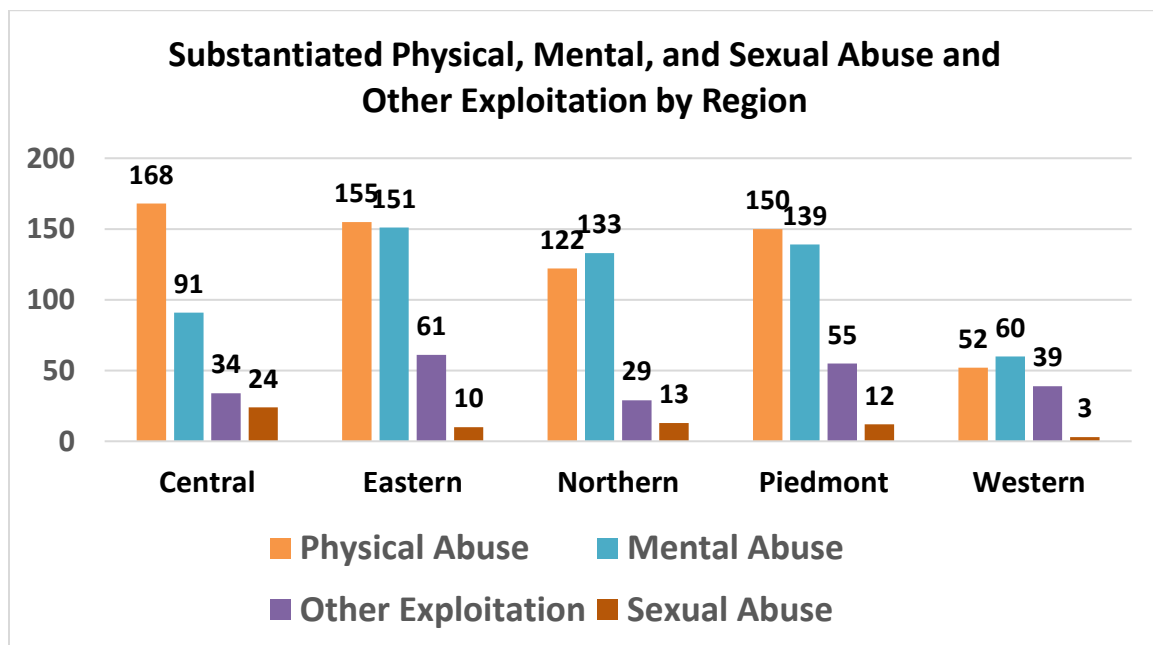
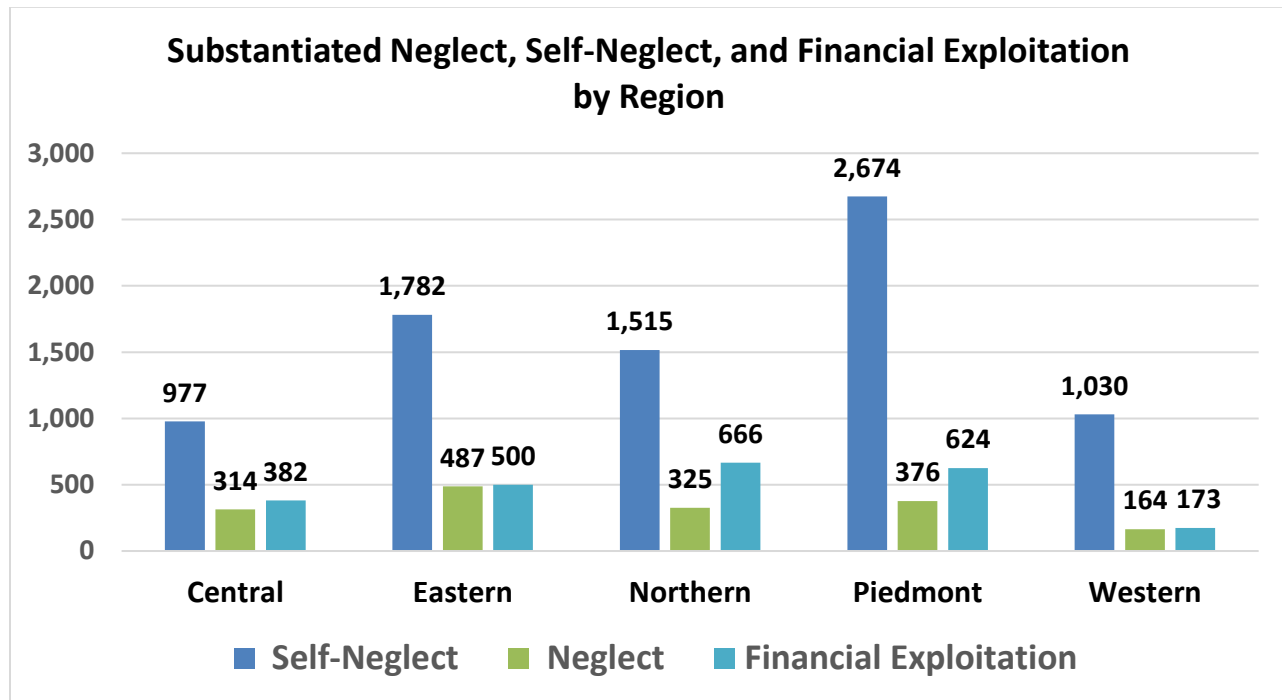


Table 12 reflects the impact of financial exploitation on victims by region. Based on APS workers’ estimates during SFY 2024 exploited adults lost **\$92,857,010** and approximately **8%** of these assets and resources or **\$7,695,915** was recovered. **Forty-four percent** of the total financial loss impacted adults in the Northern Region.

Table 12-Financial Exploitation-Regional Impact

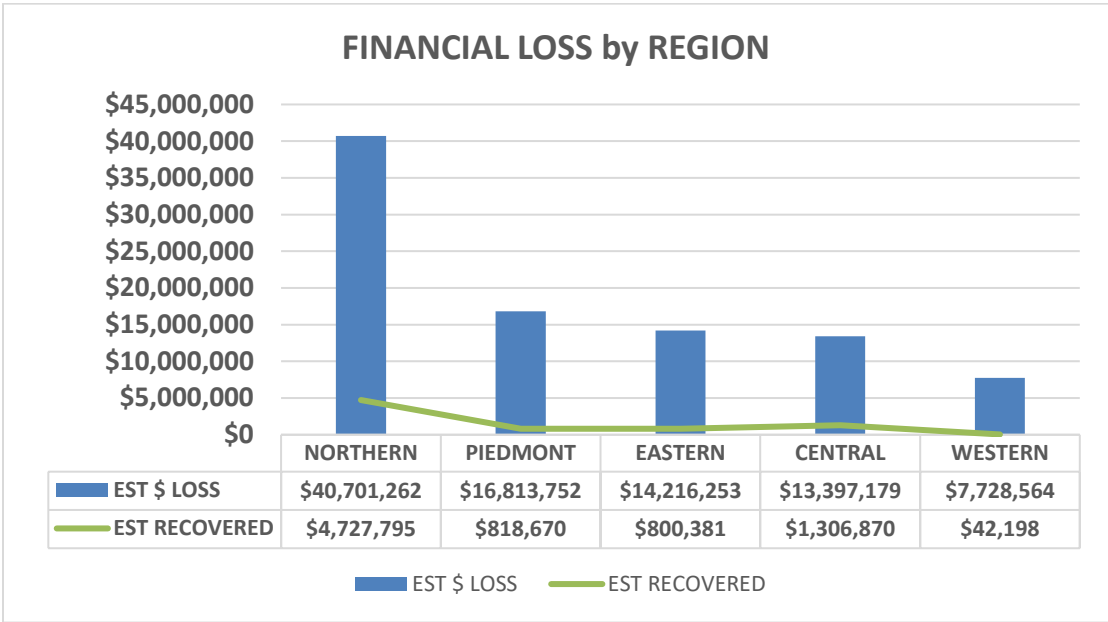


Table 13-Method Used to Financially Exploit

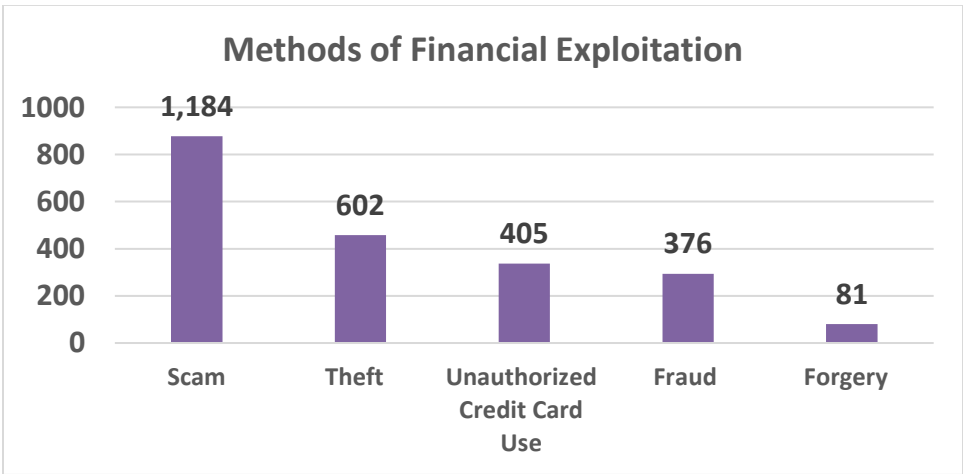
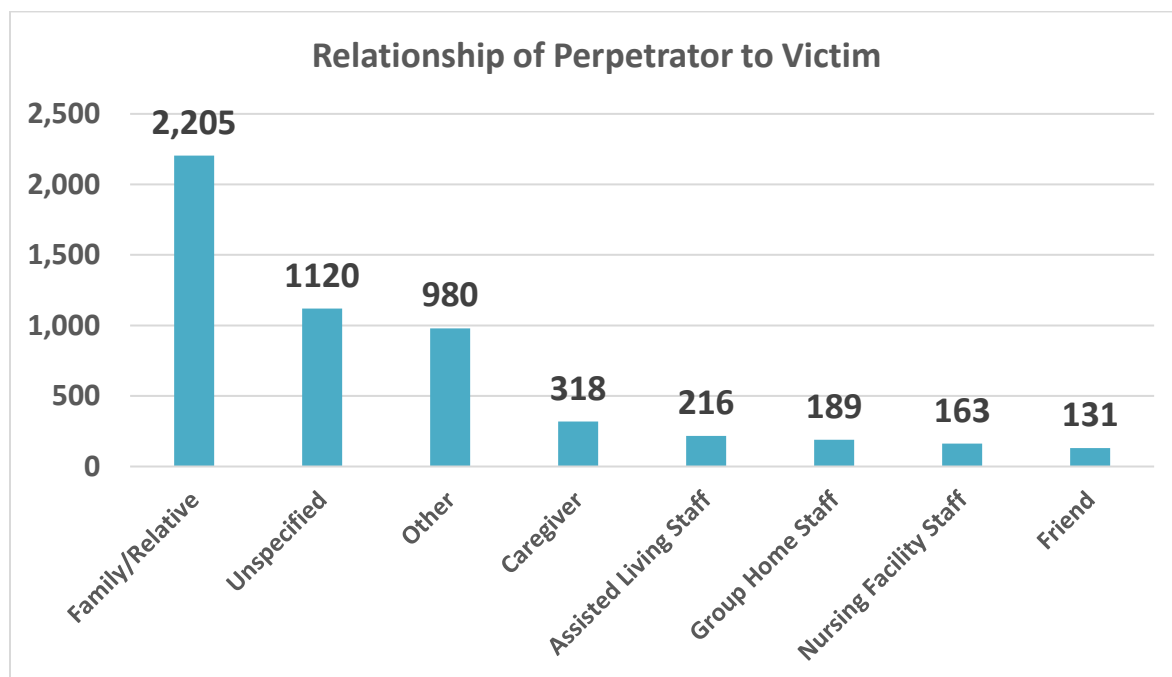


Table 14 represents some of the common types of perpetrators of adult maltreatment. Most perpetrators are relatives of victims. The worker would choose the value “other” if none of the available descriptions of the relationship between the perpetrator and the adult applies. The worker would select “unspecified” when the perpetrator is unidentifiable or unknown, for example, when the adult has been exploited through a telephone or computer scam.

Table 14-Perpetrators in Substantiated APS Cases



Actions against the perpetrator are another tool to help APS workers protect the adult.

Table 15 lists some perpetrator related legal actions.

Table 15-Types of Perpetrator Legal Actions

Other legal remedy	331
Referral to law enforcement for criminal financial exploitation	307
Referral to law enforcement for criminal abuse/neglect	147
Protective order (restraining order)	139
Eviction of perpetrator from victim's residence	102
Court ordered restitution made by perpetrator	57
Court order to remove perpetrator as guardian	45
Court order to remove perpetrator as conservator	27
Court order to gain access to victim to provide protective services	11
Court order to prevent interference by another person	7

An APS worker may also take steps to secure necessary services or identify a surrogate decision maker for the adult. In SFY 2024, APS workers and their LDSS attorneys filed:

- **184** petitions for guardianship
- **88** petitions for conservatorship
- **82** emergency orders for protective services
- **63** involuntary commitments to state or private hospitals
- **3** orders for medical treatment

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 16 lists several of the services provided in SFY 2024 to APS clients. The most common service provided was LDSS monitoring, which is 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 2024.

Table 16-APS Post-Investigation Services

Post Investigations Services Provided to APS Clients	Number of Cases with Service
Monitoring - LDSS	1,935
Other	1,159
Advocacy	1,120
Case Management Services	821
Emergency Assistance	778
CCC Plus	746
Medical Services	727
Screening (Medicaid)	660
Nursing Facility (NF) Placement	642
Housing Services	611
Legal Assistance	528
Financial Management/Counseling	518
Assisted Living Facility (ALF) Placement	462
Food Assistance	439
Home Maintenance	397
Companion Services	366
Substitute Decision-Maker	348
Transportation	345
Mental Health Services	343
Home Health	332

Table 17 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.

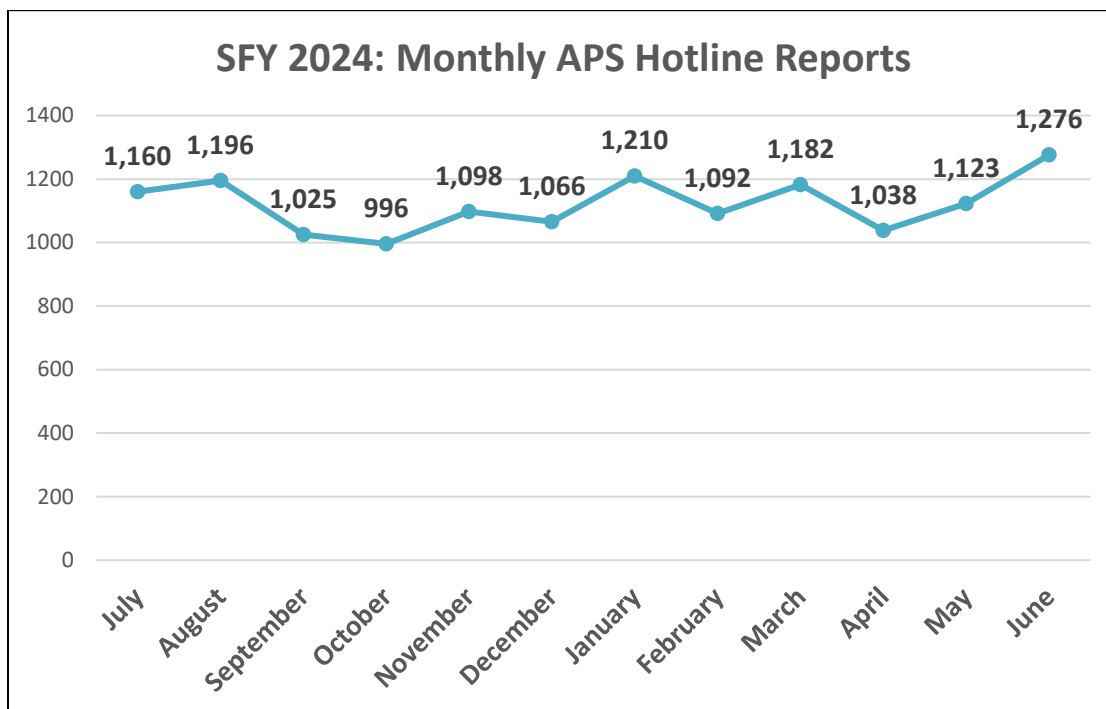
Table 17-APS Reports by Locality

CENTRAL REGION		EASTERN REGION		NORTHERN REGION	
Locality	# of Reports	Locality	# of Reports	Locality	# of Reports
Amelia (I)	96	Accomack (II)	216	Alexandria (III)	384
Buckingham (II)	93	Brunswick (II)	91	Arlington (III)	684
Caroline (II)	167	Chesapeake (III)	1,286	Clarke (I)	122
Charles City (I)	21	Dinwiddie (II)	73	Culpeper (II)	288
Chesterfield/ Colonial Heights (III)	1,849	Franklin City (II)	55	Fairfax/Fairfax City/Falls Church (III)	3,747
Cumberland (I)	65	Gloucester (II)	262	Fauquier (II)	466
Essex (I)	89	Greensville/Emporia (II)	95	Frederick (II)	604
Fluvanna (II)	161	Hampton (III)	576	Fredericksburg (II)	231
Goochland (I)	64	Isle of Wight (II)	178	Greene (I)	157
Hanover (II)	546	James City County (II)	575	Harrisonburg/ Rockingham (III)	613
Henrico (III)	2,248	Mathews (I)	87	King George (I)	85
Hopewell (II)	265	Newport News (III)	1,086	Loudoun (III)	986
King & Queen (I)	51	Norfolk (III)	1,311	Louisa (II)	295
King William (I)	61	Northampton (II)	77	Madison (I)	110
Lancaster (I)	44	Portsmouth (III)	480	Manassas City (II)	129
Lunenburg (I)	38	Prince George (II)	136	Manassas Park (I)	33
Middlesex (I)	124	Southampton (II)	68	Orange (II)	262
New Kent (I)	92	Suffolk (III)	503	Page (II)	69
Northumberland (I)	64	Surry (II)	43	Prince William (III)	1,359
Nottoway (I)	104	Sussex (II)	80	Rappahannock (I)	62
Petersburg (III)	245	Virginia Beach (III)	2,567	Shenandoah (II)	379
Powhatan (II)	89	Williamsburg (II)	107	Spotsylvania (III)	728
Prince Edward (II)	108	York/Poquoson (II)	440	Stafford (II)	491
Richmond City (III)	1,311			Warren (II)	309
Richmond County (I)	44			Winchester (II)	294
Westmoreland (II)	133				
TOTAL:	8,172	TOTAL:	10,392	TOTAL:	12,887

PIEDMONT REGION		WESTERN REGION	
Locality	# of Reports	Locality	# of Reports
Albemarle (III)	481	Bland (I)	21
Alleghany/Covington/Clifton Forge (II)	325	Bristol (II)	199
Amherst (II)	229	Buchanan (II)	97
Appomattox (I)	37	Carroll (II)	167
Bath (I)	49	Dickenson (II)	53
Bedford (III)	861	Floyd (I)	114
Botetourt (I)	164	Galax (I)	135
Campbell (II)	346	Giles (II)	83
Charlotte (II)	69	Grayson (II)	110
Charlottesville (III)	287	Lee (II)	187
Craig (I)	39	Montgomery (II)	385
Danville (III)	108	Norton (I)	33
Franklin County (II)	456	Patrick (II)	238
Halifax/South Boston (II)	86	Pulaski (II)	356
Henry/Martinsville (III)	538	Radford (I)	86
Highland (I)	37	Russell (II)	202
Lynchburg (III)	839	Scott (II)	243
Mecklenburg (II)	152	Smyth (II)	369
Nelson (I)	73	Tazewell (II)	456
Pittsylvania (II)	274	Washington (II)	272
Roanoke City (III)	1,544	Wise (III)	279
Roanoke County/Salem (III)	1,235	Wythe (II)	174
Rockbridge/Buena Vista/Lexington (II)	278		
Staunton/Augusta/Waynesboro (III)	1,729		
TOTAL	10,236	TOTAL	4,259

Table 18-APS Hotline Reports

The Virginia Department of Social Services (VDSS) operates the 24-hour, 7 days a week, APS hotline in conjunction with the Child Protective Services (CPS) hotline. **Table 16** illustrates monthly APS hotline call volume for SFY 2024. There were **13,462** reports to the APS Hotline, a **20%** increase from SFY 2023. **Twenty-nine percent** of SFY 2024 APS reports were made through the APS hotline.





COMMONWEALTH OF VIRGINIA
LEARNING CENTER
TRAINING ★ SHARING ★ LEARNING ★ FOR SUCCESS

7C-9

CERTIFICATE OF COMPLETION

Reynold Jordan

Has successfully completed the following:

**VDSS - CWSE5505: Digital Safety & Connection:
Supporting Youth in Safe Social Media Use**

Contact Hours 0.5

On 10/17/2025

MEGAN JOHNSON

CDVLC Administrator



Less Restrictive Options in Virginia

Guardianship and Conservatorship Are Not the Only Options

Virginia Decision-Making Options:

Contents

Contents

Introduction.....	p.1
Health Care and Personal Decision Supports.....	p.2
Advance Medical Directives.....	p.2
Physician Orders for Life Sustaining Treatment (POLST).....	p.3
Durable Do Not Resuscitate (DDNR) Order.....	p.4
Guardianship.....	p.5
Financial Decision Supports.....	p.6
Informal Decision Supports.....	p.6
Authorized Signers.....	p.6
Powers of Attorney.....	p.7
Living Trusts.....	p.7
Representative Payees and Veterans' Fiduciaries.....	p.8
Conservatorship.....	p.9
Financial Powers of Attorney.....	p.10
What is a Financial Power of Attorney?.....	p.10
When is a Financial Power of Attorney Effective?.....	p.10
What is a Durable Financial Power of Attorney?.....	p.11
How to Create a Financial Power of Attorney.....	p.11
Supported Decision-Making.....	p.12
What is Supported Decision-Making?.....	p.12
How Does Supported Decision-Making Work?.....	p.12
Who Should Use Supported Decision-Making?.....	p.12
How to Create a Supported Decision-Making Agreement.....	p.13

Virginia Decision-Making Options: Introduction

Adults Have the Right to Make Their Own Decisions

If someone needs help with making decisions, they can get informal help from trusted people, like family or friends, or set up formal legal help, for example by creating a power of attorney. This guide explains the roles of a wide range of such supporters, both informal and formal.

How Support Works

Supporters can help by:

- Explaining the options available.
- Helping the person make informed decisions.
- Communicating those decisions to others.

Supporters should always respect the person's values, wishes, and preferences.

Support can cover:

- Health and Personal Choices: Deciding where to live, whether to agree to medical treatments or surgery, and who is allowed to visit.
- Financial Choices: Deciding to sell property or a business, choosing investments, managing daily spending, and making big purchases.

Sometimes, support may be needed for both personal and financial decisions.

When Support Isn't Available

If an adult needs help with decision-making, a court might appoint a guardian or conservator to make decisions for the person. However, this is usually the last option because it limits the person's ability to make their own choices.

Virginia Decision-Making Options: Health Care and Personal Decision Supports

Advance Medical Directives

An adult can create a legal document called an advance directive to plan for times when they are unable to make their own health care decisions. An advance directive can:

- Appoint someone to make health care decisions for them.
- Provide instructions for care, including end-of-life decisions and other medical situations.

Advance directives help doctors and family members understand and respect the person's wishes. They only take effect when the person is unable to make their own decisions.

An advance directive may also be called:

- Health Care Power of Attorney
- Durable Power of Attorney for Health Care
- Health Care Proxy

A living will is a type of advance directive that provides instructions for care but does not name someone to make decisions on the person's behalf.

Staying in Charge

Even if someone appoints another person to make decisions for them in the future, they still have the right to make their own decisions as long as they are able. They can also cancel or update their advance directive at any time.

What Happens Without an Advance Directive?

If someone cannot make or communicate their own medical decisions and does not have an advance directive, the law prioritizes certain people, such as family members, who may make decisions about the adult's health care. They must make decisions based on the adult's known preferences.

Can My Advance Directive Include Specific Instructions About Mental Health Treatment?

Yes, Virginia law allows an adult to make an addendum to an advance directive setting out instructions on psychiatric treatment. This could include decisions to request or refuse certain medications or hospitalization. In the addendum the adult can, if they wish, allow the agent to authorize treatment over their objection during a period of mental illness when they are not thinking clearly. Such an addendum helps in planning for a crisis

Virginia Decision-Making Options: Health Care and Personal Decision Supports

Physician Orders for Life Sustaining Treatment (POLST)

What Is a POLST?

A POLST is a Physician Orders for Life-Sustaining Treatment. It is different from an advance directive in that it is a medical order signed by a doctor; and it is for people who are seriously ill or very frail. It used as part of advance care planning.

How Does It Work?

- The patient and doctor discuss the patient's wishes for end-of-life care.
- The doctor records the patient's decisions on a medical order form called a POLST.
- The form is signed by both the doctor and the patient.

Why Is a POLST Important?

A POLST tells emergency medical providers what the patient wants during an emergency if the patient cannot communicate. This includes:

- Whether to perform CPR (resuscitation).
- Whether to be hospitalized.
- Specific treatment preferences.
- What matters most in the patient's care plan.

POLST Follows the Patient

The POLST stays with the patient across different healthcare settings, such as hospitals, nursing homes, and rehabilitation facilities, to ensure their wishes are followed.

Other Names for POLST

In some places, a POLST may be called a POST (Physician Orders for Scope of Treatment).

Virginia Decision-Making Options: Health Care and Personal Decision Supports

Durable Do Not Resuscitate (DDNR) Order

A Durable Do Not Resuscitate (DDNR) Order is a medical order that tells emergency responders and other healthcare providers not to perform CPR or other resuscitation if a person's heart or breathing stops outside of a hospital.

How Is a DDNR Order Created?

- A doctor issues the order.
- The patient, or someone legally allowed to make decisions for the patient, must give consent and sign the order.

DDNR Identification

Patients with a DDNR order may also wear an approved bracelet or necklace to ensure their wishes are followed in an emergency.

Virginia Decision-Making Options: Health Care and Personal Decision Supports

Guardianship: If There Are No Less Restrictive Options

What Is a Guardian?

A guardian is a person appointed by the court to make healthcare and personal decisions for an adult who cannot make these decisions on their own.

Responsibilities of a Guardian

- Guardians may make decisions about the adult's support, care, health, safety, education, therapy, treatment, and about where the adult lives.
- Guardians must follow laws and court rules.
- Guardians must file an annual report with the local department of social services where the adult lives.
- Guardians should encourage the adult to make their own decisions whenever possible and consider the adult's wishes and values when making decisions.

Impact of Guardianship

Guardianship often removes basic rights, including the right to:

- Vote (Some guardianship orders allow the adult to keep the right to vote).
- Choose where to live, including moving to another state.
- Make health care decisions.
- Sign legal documents

Because it limits personal rights, guardianship is only used as a last resort, when other less restrictive decision-making options or supports are not enough.

Limited Guardianship

A court may decide that an adult is unable to make some, but not all, decisions needed to take care of themselves. In this case, the court can appoint a limited guardian to help with specific areas where support is needed.

How Does Limited Guardianship Work?

- The court's order allows the person to keep certain rights while limiting the guardian's authority to only the areas where help is required.
- The court customizes the guardianship to meet the person's unique needs.

Limited guardianship ensures the individual retains as much independence as possible while still receiving the necessary protection and support.

Virginia Decision-Making Options: Financial Decision Supports

Be Careful When Giving Someone Control Over Your Money or Property

Allowing someone else to manage your money or property can increase the risk of misuse or theft. To protect yourself, it's a good idea to consult an attorney before making this decision.

Informal Decision Supports

What Are Informal Financial Supports?

Informal financial supports are simple tools and services that help an adult manage their own money and property.

Examples of Helpful Tools:

- Direct Deposit: Automatically depositing benefits, pensions, or other income into a bank account.
- Automatic Bill Payments: Setting up payments for regular expenses like utilities or rent.
- Money Management Programs: Local programs that assist with tasks like paying bills or organizing financial documents, while the adult remains in control of their decisions.

These supports make financial management easier while allowing the adult to stay in charge of their money and choices.

Authorized Signers

What Is an Authorized Signer?

An adult can allow a trusted person, like a relative, to handle transactions on their financial accounts.

What an Authorized Signer Can Do:

- Write and sign checks.
- Deposit or withdraw money.
- Handle other day-to-day transactions for the account owner.

Important to Know:

- An authorized signer does not own the account and will not inherit the money in it when the account owner passes away.
- Make sure the financial institution clearly understands that the person is a authorized signer and not a joint owner.
- Usually adding an authorized signer is better and safer than adding a joint owner
- Be sure the bank knows the account is not to be jointly owned.

Virginia Decision-Making Options: Financial Decision Supports

Be Careful When Giving Someone Control Over Your Money or Property

Allowing someone else to manage your money or property can increase the risk of misuse or theft. To protect yourself, it's a good idea to consult an attorney before making this decision.

Powers of Attorney

What Is a Power of Attorney?

A power of attorney is a legal document that allows one adult (the “agent”) to make decisions about another adult’s money or property.

Key Points:

- The adult giving the authority still keeps their decision-making power.
- The document must be signed while the adult is still able to make decisions.
- The agent’s authority can be anywhere from limited to broad:
 - Limited: Restricted to specific tasks or transactions.
 - Broad: Covering many or all financial matters.

A power of attorney is a flexible tool that can provide support while respecting the adult’s independence (For more on financial powers of attorney see pages 11 - 12).

Living Trusts

What Is a Living Trust?

A living trust is a legal document that lets someone (a trustee) manage money or property for someone else, called the beneficiary. This allows continued management of the money or property if the owner cannot make their own decisions.

How It Works:

- Ownership of the money or property is transferred to the trust.
- The trustee manages the money or property based on instructions in the trust document.

Important to Know:

There are many types of trusts, and each serves a different purpose. It’s important to consult an attorney to decide if a trust is the right option for your situation.

Virginia Decision-Making Options: Financial Decision Supports

Representative Payees and Veterans' Fiduciaries

When someone receives federal government benefits but cannot manage the funds themselves, the government may assign a representative to help.

Types of Representatives:

- Representative Payee: Manages Social Security and Railroad Retirement benefits.
- VA Fiduciary: Manages Veterans' benefits.

What They Do:

- Handle only the specific government benefits assigned to them.
- Make decisions in the best interest of the person receiving the benefits.

What They Cannot Do:

- Control or manage the person's other money or property (unless they have a court order or a power of attorney).

These representatives ensure that federal benefits are used appropriately while protecting the rights of the individual.

Virginia Decision-Making Options: Financial Decision Supports

Conservatorship: If There Are No Less Restrictive Options

What Is a Conservator?

A conservator is someone appointed by the court to manage money and property for an adult who cannot make these decisions on their own. A conservator may also be serving as guardian, or they may be two separate people.

Responsibilities of a Conservator:

- Carefully manage the adult's money and property for the adult's benefit.
- Encourage the adult to participate in financial decisions whenever possible.
- Consider the person's wishes and values when making decisions.
- Follow legal and court rules, including submitting an annual financial report to the local Commissioner of Accounts.

Impact of Conservatorship:

Conservatorship can take away basic rights, such as the ability to:

- Sign contracts.
- Buy or sell property.
- Manage personal financial affairs.

This arrangement provides necessary financial management but limits the person's independence, so it is typically only used when absolutely necessary.

What is Limited Conservatorship?

Limited conservatorship is a court-appointed arrangement for adults who need help managing some, but not all, financial decisions.

How It Works:

- The court appoints a limited conservator to assist with specific financial matters where support is needed.
- The court's order preserves the adult's rights in areas where they can still manage their own affairs.
- The order is tailored to address the person's unique needs.

This approach provides the necessary protection while allowing the adult to maintain as much independence as possible.

Virginia Decision-Making Options: Financial Powers of Attorney

Be Careful When Giving Someone Control Over Your Money or Property

Allowing someone else to manage your money or property can increase the risk of misuse or theft. To protect yourself, it's a good idea to consult an attorney before making this decision.

What is a Financial Power of Attorney?

A financial power of attorney is a legal document that lets someone (called the agent) act on behalf of another person (called the principal) to manage money and property.

Key Points:

- The principal is the person giving the authority. The agent is the person receiving the authority.
- The agent should be someone the principal trusts completely.
- The principal must understand how a power of attorney works and be able to make their own decisions when they sign the document.
- A financial power of attorney does not take away the principal's ability to act. It simply adds another person who can make financial decisions on their behalf.

What Can the Agent Do?

- The agent may have broad authority to handle all money and property matters or may be limited to specific actions, such as paying bills or selling property.

Why Is It Useful?

Having a financial power of attorney can help avoid the need for a court to appoint a conservator if the principal is unable to manage their finances in the future.

When is a Financial Power of Attorney Effective?

A financial power of attorney becomes effective as soon as it is signed.

- It stays in effect until it is revoked (canceled by the principal) or the principal passes away.

This ensures the agent can act on the principal's behalf for as long as needed, unless the principal decides to end it.

Virginia Decision-Making Options: Financial Powers of Attorney

Be Careful When Giving Someone Control Over Your Money or Property

Allowing someone else to manage your money or property can increase the risk of misuse or theft. To protect yourself, it's a good idea to consult an attorney before making this decision.

What is a Durable Financial Power of Attorney?

In Virginia, most financial powers of attorney are durable. This means they stay in effect even if the person who created it (the principal) later becomes unable to manage their own finances.

A durable financial power of attorney ensures that the agent can continue to handle financial matters if the principal is no longer able to do so.

How to Create a Financial Power of Attorney

To create a financial power of attorney, it's important to work with an attorney. The attorney will:

- Make sure the document meets Virginia's legal requirements.
- Include the correct wording.
- Ensure the agent is given the proper authority to act on behalf of the principal.

This ensures the document is valid and works as intended.

Avoid using power of attorney forms from the Internet. They may not comply with state law or meet the specific needs of the adult.

Virginia Decision-Making Options: Supported Decision-Making

What is Supported Decision-Making?

Supported decision-making is a newer concept in Virginia that helps adults who need assistance with decision-making. It allows them to:

- Choose trusted supporters to help them understand their options, make decisions, and communicate those decisions. Supporters assist and advise but are **not** actual decision-makers. Decisions remain with the adult.
- Keep control over their own choices, as there is no substitute decision-maker involved.

Supported decision-making empowers individuals to stay in charge while receiving the help they need.

How Does Supported Decision-Making Work?

In supported decision-making:

- The adult chooses one or more trusted supporters.
- Different supporters can help with different types of decisions (e.g., healthcare, finances, or daily life).
- Supporters work together with the adult and with each other to provide assistance.

A written agreement can outline:

- The types of help the adult wants.
- Who the supporters are.

The adult can change or cancel the agreement at any time, keeping full control over their decisions. A supported-decision making agreement is very different from a power of attorney. The adult makes their own decision with the help of supporters.

Who Should Use Supported Decision-Making?

Supported decision-making is a good option for adults who need help making decisions but still want to stay in control of their own lives.

- **How It Works:** Trusted supporters help the adult think through options, weigh the pros and cons, and make informed choices.
- **Who Decides:** The adult makes the final decisions, not the supporters.

With supported decision-making, the adult keeps all their legal rights and gains more independence with the right support.

Virginia Decision-Making Options: Supported Decision-Making

How to Create a Supported Decision- Making Agreement

An adult and their supporters can create a written agreement in two ways:

- Write their own agreement that outlines the support they need.
- Use Virginia's Supported Decision-Making Agreement form.

Virginia provides resources on supported decision making and a form to help you create a supported decision-making agreement. These are available at: <https://dbhds.virginia.gov/supported-decision-making-supported-decision-making-agreements/>



Ways to get help with **MAKING DECISIONS**

We all need help with making decisions at some point.

The way we get help will be different for each person.
People that you trust can help you when you need to make a decision.

Ways you can get help with making decisions:

Supported Decision-Making

You can use people that you trust to help you understand your options so that you can make an informed decision. You can document who you want to help you, what decisions you want help with, and how you like to be helped in a *Supported Decision-Making Agreement*.

- You keep all of your rights.
- You make all decisions for yourself.

Power of Attorney

A document that lists a person, or multiple people, that you select and trust to make decisions when you cannot make decisions for yourself.

- You keep all of your rights.
- You make decisions for yourself, when you can. A person you select makes decisions for you when you can't.

Advance Medical Directive

A document that says what medical care you want if something happens and you can't tell the doctor what you want. You can select a person you trust to make these decisions for you.

- You keep all of your rights.
- You make decisions for yourself, when you can. A person you select makes decisions for you when you can't.

Conservator

A person that the court/judge assigns to make decisions about your money.

- You lose some of your rights.
- Another person makes decisions about your money, but you should tell them how you do and do not want to spend your money and what is important to you about spending your money.

Limited Guardian

A person that the court/judge assigns to make some decisions for you.

- You lose some of your rights.
- You can make some decisions for yourself.
- Another person makes some decisions for you, but you should tell them what you do and do not want.

Full Guardian

A person that the court/judge assigns to make all decisions for you.

- You lose all of your rights.
- Another person makes all decisions for you, but you should tell them what you do and do not want.



6 steps to making a decision using Supported Decision-Making

2 Who can help you?

Think about people that you trust and who know and support your goals. Who might know more information about the decision you need to make? This could be family members, friends, teachers, doctors, or other people. These people can be your Supporters.

3 Ask for Support

Talk to your Supporters and ask them for help. They can help you think about your options, make a pros and cons list, or other ways to help you make a decision.

4 Make Your Decision

Using the information you learned from your Supporters, decide what you are going to do.

5 Act on Your Decision

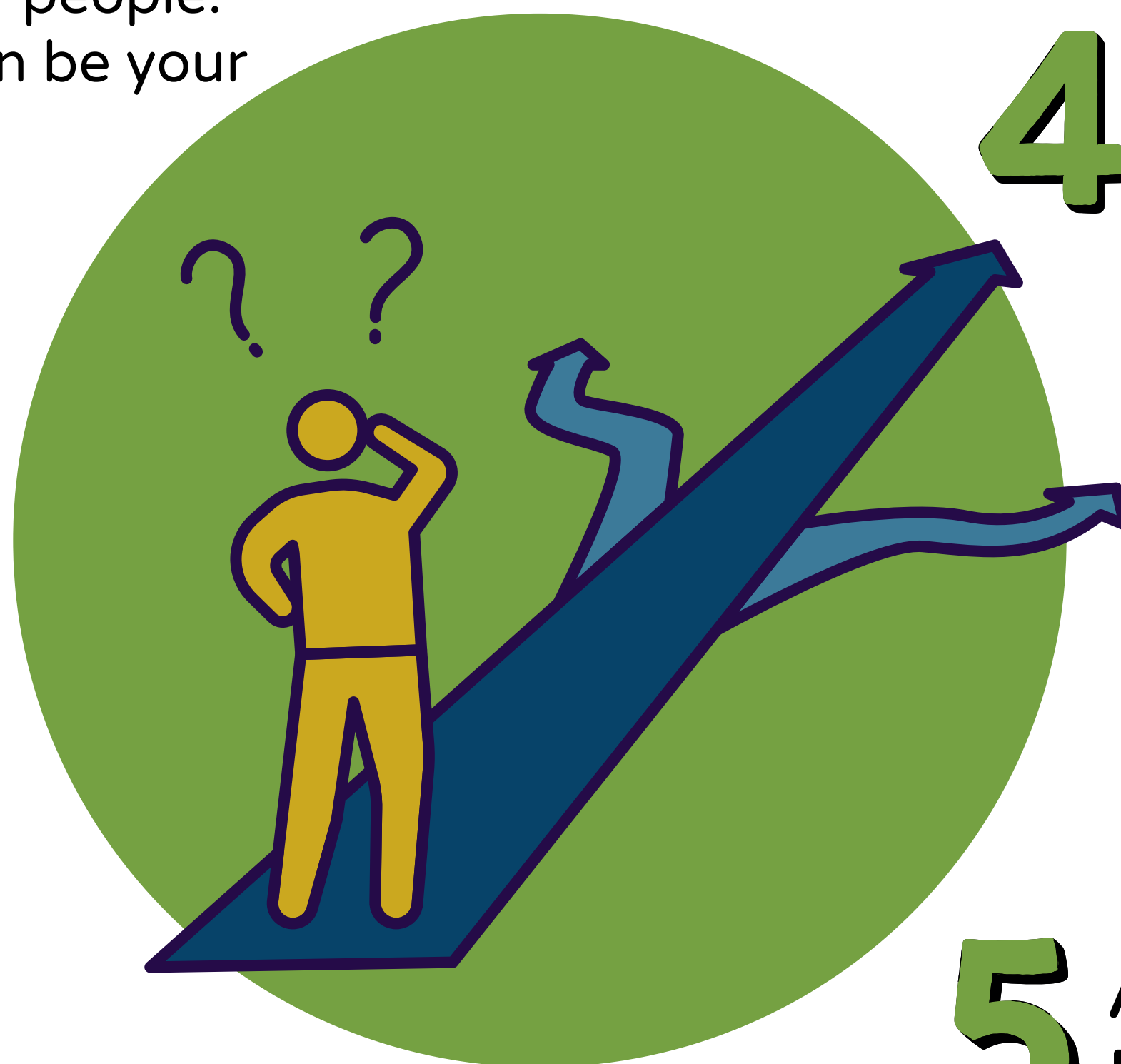
Do what you decided to do. If you need help doing this, ask your Supporters for help.

6 Review and Learn

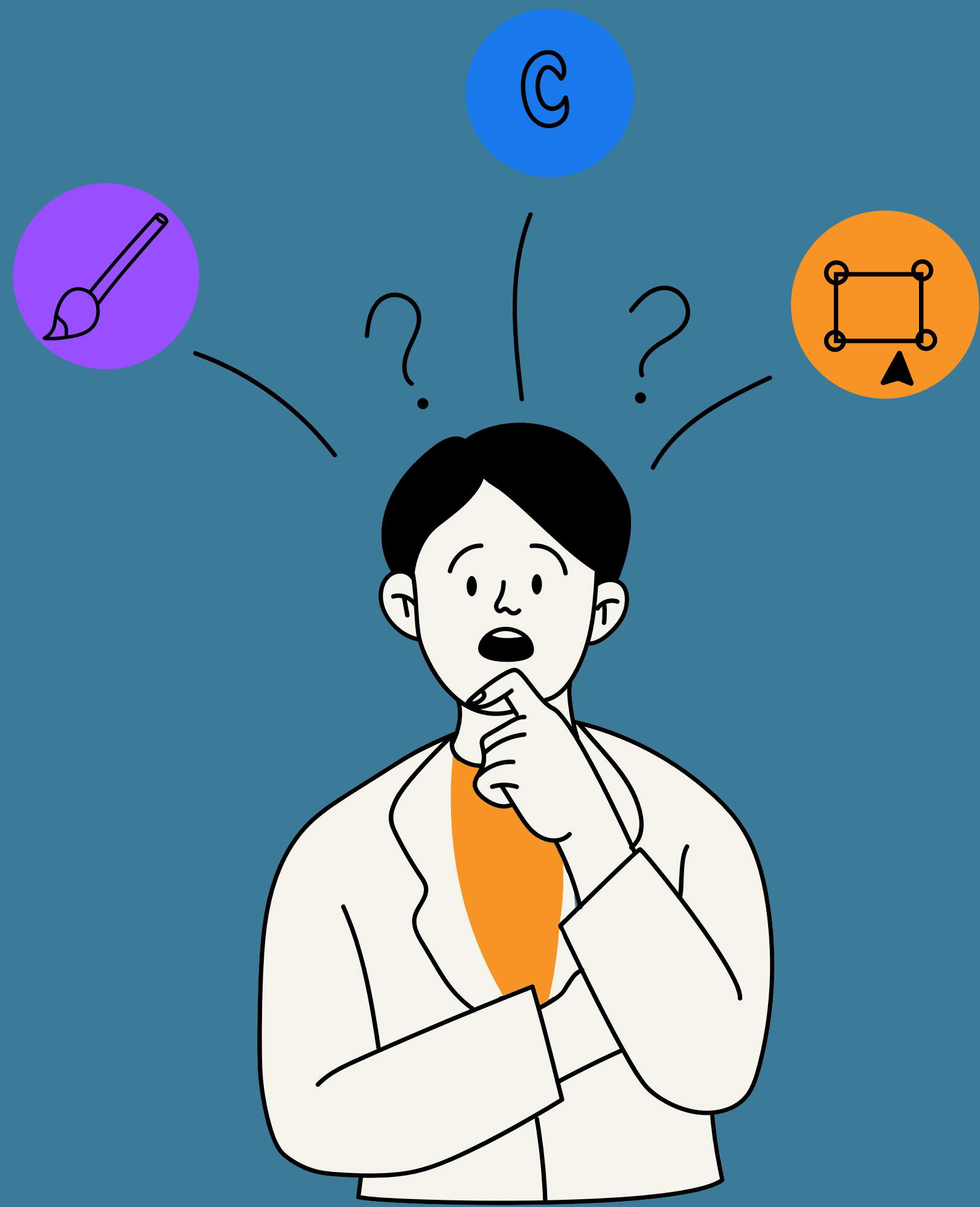
Think about how your decision worked out. Are there things you would do differently next time? Are there things you would do the same? You can talk with your Supporters about this and use what you learned to help you make other decisions.

1 Identify the Decision

What is the decision that you need to make?



Make decisions about my life.



Vote.



Choose where to live.



Decide how to spend my money.



When I turn 18 years old, I have certain rights.

I keep these rights unless a court/judge says that I cannot make decisions and assigns someone to make decisions for me. This person is called a guardian or a conservator.

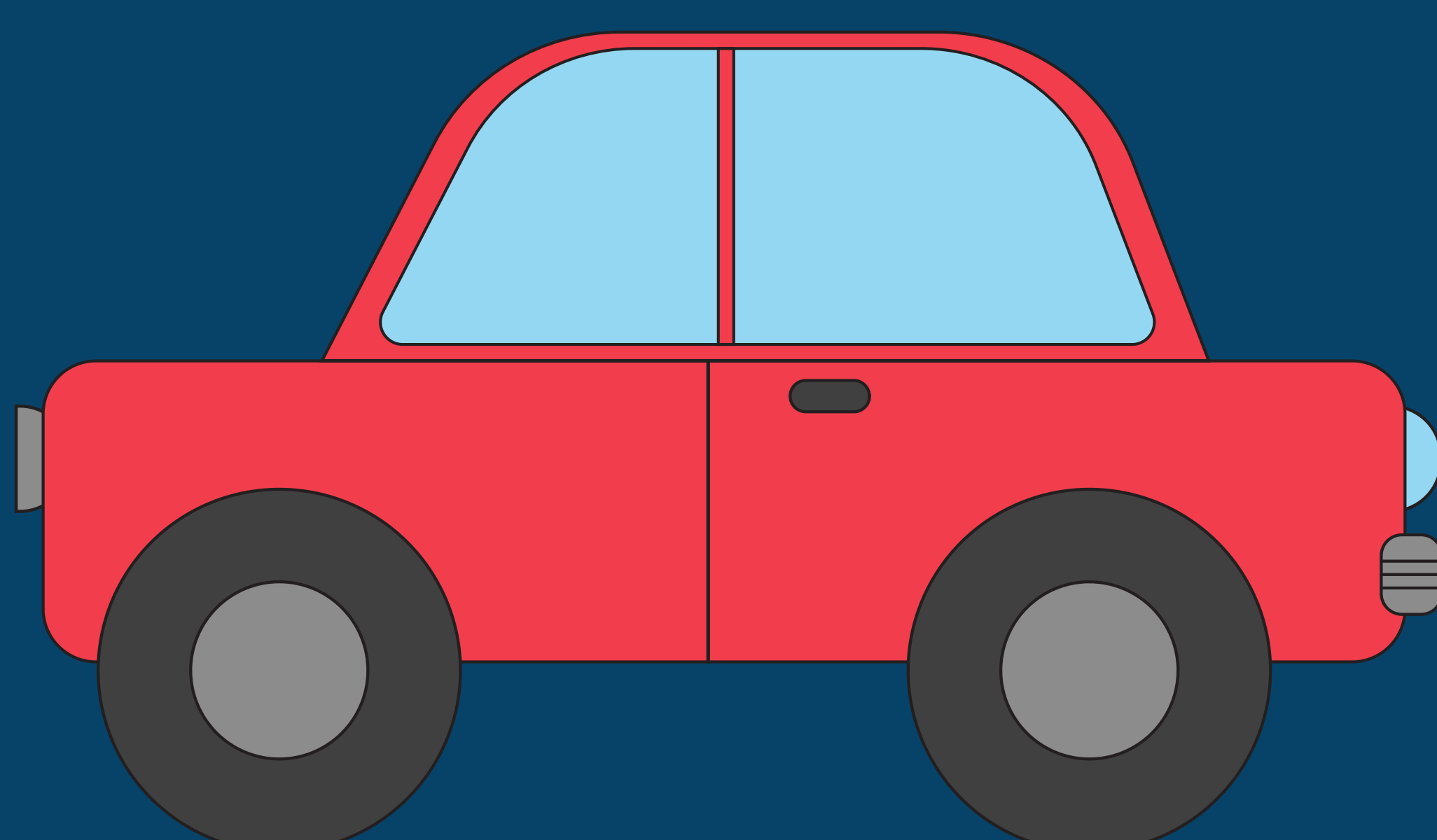
Sign documents (contracts).



Make decisions about my health and medical care.



Drive.



DBHDS
Virginia Department of Behavioral Health
and Developmental Services

Make decisions about relationships with others.



Virginia League of Social Services Executives (VLSSE) Roadmap
FY2026



The Virginia League of Social Services Executives (VLSSE) is a professional organization comprised of the leaders of the 120 local Departments of Social Services in the Commonwealth. VLSSE holds quarterly board meetings and conducts two conferences per year for members. In addition, VLSSE manages content committees that focus on improving the provision of federally and state mandated social services to the citizens of the Commonwealth. Content committees collaborate with the Virginia Department of Social Services (VDSS), the Virginia Department for Aging and Rehabilitative Services (DARS), the Department of Medical Assistance Services (DMAS), the Office of Children's Services (OCS), the Virginia Department of Education (VDOE), and other governmental and non-profit organizations such as the Virginia Commission on Youth and the Virginia Poverty Law Center to jointly develop system improvements. The content committees set goals for VLSSE and make recommendations to the entire membership about VLSSE positions on changes to legislation, regulation, and guidance promulgated by federal and state partners. Identified below are the primary obstacles facing social services in Virginia, designated by mandated program area, with proposed solutions outlined. By addressing these issues, VLSSE believes the Commonwealth can improve its social services programs and ensure the best service delivery possible to Virginia's citizens.

Adult Services

There are five main issues impacting the work of serving vulnerable adults in Virginia:

1. Increase the Timeframes for Completion of Adult Protective Services Investigations
2. Increase in LTSS screening requests
3. Increase in receipt of duplicate Adult Protective Services reports and system redundancy
4. Notification of LDSS of on-call after hours APS reports received from the Adult Protective Services Reporting Portal
5. The need for increased funding in both Adult Services and the Adult Protective Services

Increase the Timeframe for Completion of Adult Protective Services Investigations

As was reported in the 2022, 2023 and 2024 Roadmaps, Adult Protective Services investigations have increased statewide. In addition to the cases having increased in complexity, local departments of social services are experiencing higher vacancies than ever. The increase in investigations, many of which have a myriad of complex issues, coupled with local department staffing shortages causes a delay in final dispositions. Financial exploitation investigations involve gathering bank records and other financial records which is a lengthy process, which also impacts the timeliness of dispositions. Often other community partners are also delayed in providing necessary information to APS staff. The APS Dashboard reflects overdue dispositions without providing the rationale for process improvement and how APS work is completed, in that the reason for overdue dispositions is not reflected in the data. In order for staff to do a more thorough job and collaborate with community partners in an investigation, they need more time to complete investigations.

Proposed Solution:

- Increase the timeframe for completing Adult Protective Services investigations from 45 to 60 days; or allow for an extension of up to 60 days when an investigation cannot be completed in 45 days.

Increase in LTSS Screening Requests

LDSS are experiencing an increase in requests for Long-Term Services and Supports (LTSS) Screenings. Adult Services staff are mandated members of the LTSS screening teams, along with our partners from the Virginia Department of Health (VDH) and the Department of Medical Assistance Services (DMAS). Adult Services staff are key members in that they are skilled in assessing an individual's needs; however, they are not ultimately making the decision for the level of care for an individual. VDH and DMAS are responsible for determining the level of care. Both LDSS and VDH are experiencing higher than normal vacancy rates, which can impact the timeliness of LTSS screenings, often delaying service provision to the individual.

When a screening request is made, the individual may also apply for Long-Term Care Medical Assistance. These applications are cumbersome, and individuals are required to submit a variety of verifications in regard to income and resources. Adult Services staff work with Benefit Programs staff in completing the applications and obtaining verifications necessary to determine eligibility. Each locality is served by an Area Agency on Aging (AAA), whose staff are trained to assist individuals in completing Medical Assistance applications; however, these AAA staff may not collaborate with screening teams. Once a screening is complete, Benefit Programs staff have no way of checking the outcome of the screening without relying on another member of the screening team.

Proposed Solutions:

- Work collaboratively with DMAS to grant Benefit Programs staff access to the MES system so that they can verify LTSS Medicaid at the time of intake, as well as screening outcomes and print the necessary forms to process the Medical Assistance application.
- Work collaboratively with DMAS to maintain an updated and reliable listing of Medicaid-approved providers on the DMAS website.

- Create a workgroup made up of LDSS, DMAS, VDH, and AAA to explore ways in which to streamline the screening process. The workgroup should consider the role of Adult Services staff in completing the screenings and explore ways to improve screening capability and ensure timely screenings, so the vulnerable individuals have timely access to services.
- Create a “floater” position that is available to LDSS when support is needed to complete screenings timely. The VDH has an established floater nurse who is sent to any locality statewide when that locality is unable to complete screenings timely due to staffing shortages or an increase in screening requests.
- Enable LDSS to be reimbursed for completing screenings similarly to the manner in which VDH is reimbursed. Currently, VDH receives \$250 for every screening completed, however LDSS receives no reimbursement for this service.

Increase in Receipt of Duplicate Adult Protective Services Reports and System Redundancy

Over the past four years, there has been a gradual increase in the number of total Adult Protective Services reports received by LDSS from 37,398 in fiscal year 2020 to 45,946 in fiscal year 2024. Additionally, LDSS have experienced unprecedented vacancies in Family Services positions that perform adult welfare duties. As a combined result of increased workload and staffing shortages, the issue of receiving duplicate APS reports has become overwhelming for LDSS.

There is currently no allowance or mechanism for LDSS to screen out identical APS reports when there is already an active APS investigation. Because the subjects of APS reports often encounter multiple mandated reporters, LDSS often receive duplicate reports on the same individuals that meet validity requirements within a short amount of time. Currently when a subsequent valid report is received that is like or identical to a previous report, the LDSS must investigate and document the report. The Adult Services Committee has

identified two main issues. One, there is no provision in APS Regulation, VA Code or state policy that specifies or defines a duplicate APS report. Child Protective Services policy states the following in reference to the receipt of new allegations in an existing family assessment or investigation:

When a report has been accepted as valid and the investigation or family assessment response is initiated and subsequent allegations are made, the type of allegation and the time elapsed since the initial report will determine whether the new allegation is treated as a new report or assessed within the context of the existing response. If the allegations do not provide any new or different information, they may be added into the initial investigation or family assessment. If the additional allegations address new types of abuse or neglect and five (5) or more days have elapsed since the first report, the additional allegations should be taken as a new report and screened using the CPS Intake Tool. (VDSS Child and Family Services Manual, C. Child Protective Services, 3.4.3.1)

Accepting multiple identical APS reports about the same individual causes the LDSS to have more than one open report in the system. Staff must therefore document much of the same investigative work in more than one report, an onerous and administrative staff burden that leads to a fragmented client case record. Additionally, as APS reports increase and vacancies persist, this administrative requirement further detracts from the core of APS investigative and protective client centered work. Creating or allowing a provision in State Code that defines a duplicate report would provide LDSS the allowance to integrate the duplicate information received into the existing investigation in lieu of opening an entirely new report.

The second issue identified is that the PeerPlace system does not allow for the merging of similar or identical reports from multiple reporters, nor does it have a screen out functionality. LDSS staff are currently keeping multiple reports open, and only documenting in one report. The work that is being done is only being captured in one investigation, and showing as incomplete in all others, even though the casework is actually covering all open reports in the system. This reflects poorly on LDSS because it appears that the work is not actually being completed. Due to a recent system change, and to satisfy this system limitation, the need for additional administrative documentation was increased

for LDSS. Failure to address these system limitations has direct implications for the newly established APS state dashboard and results in an inaccurate picture of LDSS APS performance.

The VLSSE Adult Services Committee has formed a workgroup to more closely examine duplicate reports in efforts to capture not only the number of duplicate reports received, but how this volume of work impacts compliance with policy and regulations.

Proposed Solutions:

- When an Adult Protective Services Report is received and there is a current Adult Protective Services Investigation open, if the allegations do not provide any new or varying information, they may be added to the initial investigation.
- Add functionality to PeerPlace to allow for duplicate Adult Protective Services Reports to be merged and/or screened out.

Notification to LDSS of on-call after hours APS reports received from the Adult Protective Services Reporting Portal

On November 1, 2024 DARS completed the launch of the APS Online Portal providing any member of the public the ability to make a report of suspected adult abuse, neglect, or exploitation at any time. While we support the increased ability of the public to make APS reports, there are some concerns about how these reports are communicated to LDSS.

When an APS report is made in the portal, the information is sent directly to PeerPlace, the system of record for all Adult Services cases and APS reports. There is no mechanism to alert LDSS staff that a report has been received in a locality's queue other than an automatically generated email. The email is distributed only to the users on the email distribution list in PeerPlace. During normal business hours, this notification is sufficient to alert LDSS that a report has been received. However, after hours, on holidays and on weekends this notification is not sufficient for the reasons listed below:

- LDSS must have the ability to receive reports of child and adult abuse and neglect 24-hours/day. To do this, LDSS establish on-call rotations to cover the period of time outside of business hours. On-call time is compensated by LDSS per 8-hour shift for the time spent waiting for a report. During this time, on-call staff is only considered actually working when a call is received. Non-exempt employees are compensated at a rate of time and one half the regular hourly rate for each hour of actual work in excess of 40 hours in the work week, or at the regular salary rate for each hour if under 40 hours in the work week. Exempt employees are compensated at the regular salary rate for each hour of actual work. Because the APS online portal only signals LDSS that a report has been received through email, on-call staff have to engage in actual work to periodically check email throughout the on-call shift. This time of checking email to determine if a report has been received or not is considered actual or direct work, and is compensated in 15-minute increments when no email is received.
- The portal specifies that only reports of a non-emergent nature should be made online. LDSS have received reports of an emergent nature as there is no mechanism to prevent anyone from making such reports online. While there is language that states the portal should be used for only non-emergent reporting purposes, mandated reporters and others are making serious reports online to avoid wait times when calling the 24-hour state hotline. DARS recommends that on-call staff check the PeerPlace APS program queue twice over a weekend; at 12:00pm on Saturday and 12:00pm on Sunday to ensure a valid report is initiated for investigation within 24 hours of receipt by the LDSS. Because there is no direct prompt to LDSS that a report has been made other than an email from PeerPlace, emergent issues may not get response timely, further placing vulnerable adults at continued risk of harm.
- To receive reports from PeerPlace, all on-call staff have to be active in the system prior to the beginning of an on-call shift. This either requires more licenses for use in PeerPlace, or it requires the supervisor to activate or re-activate staff at each on-call shift. When an employee is activated or reactivated in PeerPlace he/she has to complete the security acknowledgement each time. This is a cumbersome process especially for larger agencies who have multiple employees serving in an on-call capacity at one time.

Proposed Solution:

Create a pathway to and enhance the capability of the state hotline to receive reports directly from the APS Online Portal so that after hours APS reports can be received by the LDSS timely.

The need for increased funding in both Adult Services and Adult Protective Services

As has been referenced in this roadmap previously, LDSS continue to experience an increase in the need for Adult Services as well as Adult Protective Services as evidenced by an increasing number of referrals and reports received over the past 5 years. It is important to note that during this time period, despite increased need, no additional funding has been dedicated to the provision of AS or APS services at the local level. Funding for AS and APS comes from the Social Services Block Grant, and accounts for 16% of the base award to VDSS. Other than the local match, which is 20% for Adult Services and 15.5% for Adult Protective Services, no additional funding is received.

Proposed Solution:

Increase funding for Adult Services and Adult Protective Services is needed to continue to serve this vulnerable population.

Benefit Programs

The five main areas impacting benefit programs and employment/TANF services:

1. VACMS
2. VDSS/DMAS/VLSSE Collaboration surrounding SNAP Payment Error Rate reduction, Medicaid
3. EBT Chip Cards/Combating EBT Skimming, Cloning, Phishing
4. Caseload Standards
5. Submission of Client Verifications via Email

VaCMS

VaCMS supports the Child Care Subsidy program, Medicaid eligibility, the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Virginia Initiative for Education and Work (VIEW), and the three Energy Assistance Programs (EAP) components. Approximately 6,000 local department of social services workers use the system to determine eligibility and provide case management. The VaCMS code base is close to 16 years old and expensive to change when new federal and state legislative and programmatic mandates are required. Additionally, because of the age of the system, there are severe downtimes that affect case processing timeliness. In order to address the key social determinants of health (food security, housing security, health care access and employment), comply with state and federal requirements, and ensure no disruption to citizen services, the legacy system must be migrated to a modern, supportable technology platform. Additionally, system replacement could take three to four years to accomplish. Accordingly, the VLSSE is asking that the state provide guidance to local agencies for operating in a faulty system.

Proposed Solution:

- VLSSE fully supports legislative funding for the replacement of the VaCMS system.

VDSS/DMAS/VLSSE Collaboration surrounding SNAP Payment Error Rate reduction, Medicaid

Leverage frontline insights to help reduce SNAP payment errors and improve service delivery, training, and system functionality. These insights should inform both immediate and long-term policy changes to strengthen SNAP program accuracy and integrity across Virginia. Currently, it's difficult for LDSS agencies to gauge their individual contributions to the Payment Error Rate (PER), given the small sample size assigned to each locality. Recommendations are needed for how LDSSs can assess their own error trends beyond the current pre-authorization Rushmore case reviews.

Additionally, identify policy and operational strategies to support the successful implementation of the Medicaid Work Requirement and Six-Month Renewal processes.

Proposed Solution:

Establish a structured frontline feedback process, in partnership with VLSSE, BPRO, VDSS, and DMAS, supported by data analysis to identify and address SNAP error sources. Use insights to develop targeted training, streamline policies, and implement system improvements. Maintain a continuous improvement cycle to monitor results, strengthen program accuracy and integrity, and ensure effective implementation of the Medicaid Work Requirement and Six-Month Renewals statewide.

EBT Chip Cards/Combating EBT Skimming, Cloning, Phishing

VLSSE and VDSS will partner to ensure customers receive all available tools to safeguard their benefits. VLSSE will advocate for an updated EBT manual and for the expedited issuance of EBT chip cards to all recipients to enhance security and protect benefits as quickly as possible.

Proposed Solution:

VLSSE and VDSS will form a joint workgroup inclusive of front line local DSS staff to update the EBT manual and fast-track chip card production and distribution. A targeted outreach campaign to educate customers on new tools and security benefits. Progress will be monitored to ensure a timely rollout of chip EBT cards and prompt resolution of any issues.

Caseload Standards

Establishing clear caseload standards is essential to delivering high-quality services and ensuring the well-being of both clients and staff. These standards must go beyond simply counting cases; they should account for the complexity of different programs and populations. For example, non-citizen applications often require extensive verification, specialized knowledge of immigration documents, and tend to involve larger household sizes. These factors make it

difficult to compare one case directly to another. To truly understand and manage workload, we need to evaluate the depth and demands of each case, not just the volume. Reasonable caseloads help reduce staff burnout, improve accuracy, and ensure timely eligibility determinations. By setting thoughtful, data-informed standards, we strengthen accountability, reduce costly errors, and build a stronger case for the resources needed to sustain success and drive better outcomes.

Proposed Solution:

VDSS, DMAS, and VLSSE will form a joint workgroup to define caseload standards using frontline local DSS staff input and data analysis.

Submission of Client Verifications via Email

Due to IT security concerns customers are unable to submit the required verifications to local agencies via email. Thus, verifications must be submitted in person, by mail or via facsimile. This slows the application and renewal process down for all program areas (Child Care, Energy, Medicaid, SNAP, TANF, and VIEW) as the worker must wait to receive the documents.

Proposed Solution:

VLSSE fully supports the VDSS continuing to work on a drop box solution in collaboration with VITA and VDSS IT Security.

Child and Family Services

The Child and Family Services Committee has identified the following three priorities regarding Child and Family Services, which encompasses child welfare services delivered by LDSS.

1. Alignment of CPS timeframes
2. R1 Response/Supervisor Override Option
3. Parental Child Safety Placement Program

Alignment of the timeframes for completion of CPS reports

CPS timeframes for the completion of investigations and family assessments are not currently aligned. Section 63.2-1506 of the Code of Virginia requires the LDSS to complete and document the family assessment within 60 calendar days

of receipt of the complaint or report. However, the Code of Virginia requires the LDSS to complete and document a CPS investigation within 45 calendar days of receipt of the complaint or report. While there are three exceptions for extending investigations, the baseline timeframe for family assessments and investigations should be reconciled for consistency.

Proposed Solution:

VLSSE supports legislation that aligns the timeframe of completion for abuse or neglect investigations with the 60-day timeframe required for family assessments.

R1 Response/Supervisor Override Option

Children who are two and under require a 24-hour response by LDSS when a valid Child Protective Services referral is received. Often these children are in settings such as a hospital in which they are deemed safe from abuse/neglect. Many of these children in these referrals are born substance exposed and are hospitalized for extended periods. When there is a 24-hour response time in place in which to contact these children, workers are placing these mandated contacts ahead of more urgent contacts where children are in an unsafe setting.

Proposed Solution:

Update VDSS regulations to allow an override option to the 24-hour response time that supervisors can implement when a child who is two or under is the subject of a valid Child Protective Services referral and in a hospital setting and will not be discharged within the new response and timeframe.

It should be noted that the committee acknowledges the nexus between child fatalities and children under the age of three. Should guidance change to indicate children who are three and under shall require a 24-hour response by LDSS when a valid Child Protective Services referral is received, the same override options would be supported.

Parental Child Safety Placement Program Expansion

The Parental Child Safety Placement Program (PCPP) was implemented in July 2024 after the signing of the Kinship Care Legislation (HB 27& SB 39) by Governor Youngkin. The PCPP provides safeguards for children who cannot safely remain with their caretakers in their home of origin and delineates a pathway to reunification. PCPP outlines the parameters developed between

caretakers and LDSS that include placements with kin/fictive kin as a standard practice of foster care prevention efforts when safety concerns are present.

At present, if an agency initiates court intervention to ensure protection and oversight, kin/fictive kin are not afforded the opportunity to participate in the PCPP, which includes financial assistance.

Proposed Solution:

VDSS and VLSSE will continue to work together to provide insight and input into any additional guidance related to PCPP implementation. This process could include updated guidance for LDSS and potential legislative changes as program data collection and analysis occur. VLSSE will also continue to provide input about how the program impacts interactions with families and children regarding safety, permanency, and well-being. In addition to the continuation of the Relative Maintenance Program for families involved with the Parental Child Placement Program, consideration for families providing support to youth who do not meet the criteria for the PCPP but are in need of financial assistance to prevent foster care should be implemented. While the PCPP is one avenue for kin and fictive kin placements, there are scenarios whereby children are placed with kin who need financial support. Aligning Relative Maintenance Payments with foster care payments needs to occur. VDSS must address resource needs of workers in the field including the consideration of providing additional administrative support with a focus on defining the specific requirements for Family Services Specialists. Additional administrative and/or case management support for LDSS will need to be considered should changes be enacted to address locating placements for youth with high acuity needs and to adequately manage kinship placements.

Child Care

The three priorities for providing Child Care Subsidy are:

1. Establishing Foster care youth as a priority group
2. Increase childcare rate for adoptions and/or make adoptions a priority Category
3. Expand Reimbursement for After-Hours Care Former HB- 1612

Establishing foster care youth as a priority group

Virginia's Child Care Subsidy Program (CCSP) waiting list currently lists six priority groups, listed under tier 2- (e.g., children with special needs, families experiencing homelessness, CPS/foster care prevention) but does not include children already in foster care. That omission leaves a high-needed population, such as foster care youth, to compete for limited slots. Youth taken into care by the local agency, and placed with kin, are not given special priority, when childcare is needed to prevent disruption of the placement. Adding foster care as an explicit priority group would close this gap. Further, childcare for children who are not found to be IV-E eligible must be paid through Children Services Act funding which may cost the locality approximately 32.99 % in matching funds to pull down state dollars.

Proposed Solution:

Prioritizes children in foster care as an explicit priority group for childcare subsidy.

Increase childcare rate for adoptions and/or make adoptions a priority Category

The current reimbursement rates for childcare expenses often fall short of covering the actual cost of quality care in Virginia. VDSS guidance provides a cap of \$600 per month for children that are not school aged and attending childcare full-time and a cap of \$300 per month for children that are school aged and enrolled in school. There is an option for special services for childcare when children have special needs and need a higher level of care than can be provided by a traditional childcare program. Unfortunately, those specialized programs are rare. As far as re-evaluating the childcare maintenance amounts to reflect inflation over time, the committee is not aware that this is being explored currently. In 2023 the childcare reimbursement rate was updated which increased the disparity between the allowable maximum amount for childcare and the actual cost for childcare that is absorbed by the adoptive parent. Currently adoptive families are not explicitly prioritized in law.

Proposed Solution:

Increase childcare rate for adoptions and make adoptions a priority category.

Expand Reimbursement for After-Hours Care Former HB- 1612

HB 1612 directed the Board of Education to amend its regulations for the Child Care Subsidy Program to allow providers to offer care outside of normal business hours to be reimbursed up to twice the maximum rate of standard care. During the 2024 legislative year, this bill did not make it out of committee. Many families, including our military, work nontraditional hours and struggle to find childcare to meet those nontraditional schedules. (OB BB) (12-31-2026) imposes a work requirement to both maintain and/or receive Medicaid. Without legislative fixes (e.g., HB 1612 on nontraditional hours care), parents could be forced to choose between losing Medicaid or leaving their children in unsafe, unstable arrangements. Even recipients who already work could lose coverage due to childcare gaps, and unstable work schedules.

Proposed Solution:

Continue to review ways to expand the reimbursement for after-hours childcare.

Children's Services Act (CSA)

The two following priorities are for for the Children's Services Act (CSA) Committee:

1. Aligning Sponsored Residential Funding with Therapeutic Foster Care
2. Achieving Consistent CSA Practice Across Local Departments

Aligning Sponsored Residential Funding with Therapeutic Foster Care

Currently, Sponsored Residential placements are reimbursed and managed in a manner similar to residential treatment, despite being family-based, home-like settings that function more similarly to therapeutic foster care. This misalignment: Creates funding inequities between comparable service models;

Disincentivizes use of less-restrictive, community-based placements; Increases costs to local departments of social services and CSA budgets unnecessarily.

Proposed Solution:

Amend funding and reimbursement structures so that Sponsored Residential Services are aligned with Therapeutic Foster Care (TFC) rather than Residential Treatment.

Achieving Consistent CSA Practice Across Local Departments

Develop a comprehensive, statewide training and technical assistance strategy to promote consistent CSA implementation across all Local Departments of Social Services (LDSS). This would enhance statewide consistency in CSA administration and funding practices. Strengthens local governance and supports directors in their oversight role. Additionally it would reduce delays and conflicts that impact service delivery for children and families.

Proposed Solutions:

- LDSS Director Training - Create an annual training series for LDSS directors who oversee CSA, covering roles, responsibilities, and best practices.
- CSA Coordinator & Support Staff Training - Provide ongoing, more frequent training opportunities to ensure up-to-date knowledge of policy, fiscal requirements, and service coordination.
- CPMT Training for Directors - Include detailed instruction on the roles and responsibilities of the Community Policy and Management Team (CPMT), with emphasis on strategic decision-making and local oversight.
- Formal Escalation Process for Funding Disputes - Establish a statewide process for escalating disagreements on funding eligibility outside of the state CSA office to ensure timely resolutions and equitable decision-making.

Employment/TANF

The Employment/TANF Committee would like to prioritize the following:

1. VaCMS
2. Caseload Standards
3. SNAP Errors
4. SNAP E&T Funding

VaCMS

VaCMS functionality is still a high priority, as the downtime is still very inconvenient and adds more stress to high caseloads.

Proposed Solution:

While it is understood that we are still years away from a replacement, we did have some feedback on some things that we would like to see in the replacement system.

- The ability to run TANF / SNAP separately. It would be a benefit to just run one of the programs at a time so that the other program is not impacted.
- Connected ESP / BP. For agencies where the VIEW worker is not the benefit worker, it could reduce error rates if information that was plugged into ESP would flow over to the benefits side. Then changes in income would be captured and addressed more quickly. The communication forms add up, and sometimes they are not addressed in a timely manner, which causes an agency error.
- Better tasks and reminders. Not sure what this would look like, but the current method is not always helpful. Too many tasks and reminders, and many are not important.
- ESP integration with outside systems, such as Virginia Community Colleges. If these systems could talk, it would be a better way to verify training programs, such as Fast Forward, and could be a way to automatically collect attendance.

If a replacement system is still years away, then we would like to look at VACMS enhancements, especially one that is related to new work requirements form Medicaid and SNAP.

Caseload Standards

Prioritize defining caseload standards, as well as considering case weights (the example about the non-citizen cases) as certain cases demand more time.

Proposed Solution:

Collaborate with VDSS and the Administrative Committee to consider potential methods of caseload standards.

SNAP Errors

While not directly a TANF / ESP concern, many VIEW / SNAP E&T workers also manage SNAP benefit cases. This also ties into caseload standards, as it's more likely to make mistakes when caseloads are high and overwhelming.

Proposed Solution:

Collaborate with VDSS, Benefit Program Committee and Professional Development Committee to continue to discuss solutions, trainings and ways to decrease the SNAP error rate.

SNAP E&T

The funding available for agencies who provide SNAP E&T is not enough to provide much support to their participants. This is complicated because the funding is federal, and then matched, but it would be beneficial to participants if funding was increased.

Proposed Solution:

A 50/50 partnership would be a way to increase funding.

Local Agency Administration

The Local Agency Administration Committee continues to work on the following issues to improve the operations of Local Departments of Social Services:

1. Funding for LDSS Staff and Operations
2. Monitoring/Advocacy for IT Projects
3. Title IV-E Shared Fiscal Accountability
4. Workload Measures

Funding for LDSS Staff and Operations

There continues to be a lack of adequate funding for local agencies to meet administrative and program requirements. While the requirements placed on local agencies continue to increase, in both number and complexity, adequate funding has not kept pace. Magnifying the existing concern is the twenty-five percent (25%) reduction in federal SNAP administrative funding effective October 1, 2026. Additionally, subsidy childcare caseloads have doubled or tripled in many local agencies with no additional funding provided to administer the program. Also, to equitably fund local agencies, the Administrative Funds Distribution methodology needs to be reviewed and updated.

Proposed Solutions:

- Continue working with VDSS and other VLSSE committees to identify opportunities for new and expanded funding for LDSS. The VLSSE Child Care committee has identified a need for funding for additional Child Care staff to handle rising caseloads.
- Work in partnership with VDSS to address the shortfall in federal SNAP administrative funding (to include pass-through).
- Continue to partner with VDSS-Finance to review and offer input on the distribution methodology for new funding sources.
- VDSS to update the Administrative Funds Distribution methodology to achieve greater equity and to take into account shifting demographics over the past thirty years.

Monitoring/Advocacy for IT Projects

Through the work of an IT Subcommittee, the Local Agency Administration Committee will provide feedback and suggestions to VDSS-IT on high-level IT related projects.

A. Financial Management System for LDSS

LDSS currently administers finances at the local level using a variety of financial management systems. A majority of agencies utilize Thomas Brothers. Thomas Brothers has not shared a long-term sustainability plan calling future modernization and update efforts into question. The committee continues to work with VDSS to explore alternative financial management options for locals.

B. Full Support v. Shared Support Models

C. Advocacy for funding for a VaCMS Replacement

Proposed Solutions:

- Continue working with VDSS-IT to explore alternatives that are sustainable long term.
- Work with VDSS on security issues relating to alternative financial management systems.

Title IV-E Shared Fiscal Accountability

Title IV-E is a federal program designed to provide funding to states to ensure proper care for eligible children in foster care and to provide ongoing assistance to eligible children with special needs receiving adoption subsidies. The program is authorized under Title IV-E of the Social Security Act, and it is funded by federal and state/local matching funds. Administration is handled by state and local public child welfare agencies. Title IV-E is a program under which the Commonwealth of Virginia is entitled to reimbursement for certain foster care and adoption expenses. The Children's Bureau of the Administration for Children and Families (ACF) conducts regular reviews of Virginia's Title IV-E foster care program. If a percentage of cases reviewed are determined to be

non-compliant, the amount of federal funds to be disallowed to the state will be determined by the extent to which a Title IV-E agency is not in substantial compliance with recipient or provider eligibility provisions of Title IV-E. LDSS contends that several of the adjustment sources for fiscal errors should not be solely designated to LDSS agencies to pay back with local only funding. Given that Virginia is the only state in the country without access to an automated system to process Title IV-E applications and payments, it is the contention of VLSSE that VDSS should share in funding reimbursement of payment errors when such errors would have been prevented by access to an automated system. VLSSE maintains that the LDSS repayments due to errors that would have been a result of the lack of access to an automated system should be divided evenly (50/50) between LDSS and VDSS until such time as an automated processing system is provided to LDSS.

Proposed Solutions:

- VLSSE will continue to partner with VDSS to advocate for an automated payment processing system. The new Child Welfare Information System must include a robust Title IV-E eligibility and case management component. This goal is more urgent given that additional Title IV-E funding is now available through the Family First Prevention Services Act (FFPSA).
- Repayment responsibilities will be reexamined by VLSSE at such time as an automated payment processing system becomes available.
- The current Title IV-E Shared Fiscal Accountability Plan and Performance Management Plan must be periodically updated to account for new policy interpretations or other circumstances outside a locality's control.
- As the adopted Shared Fiscal Accountability Plan was a joint effort between VDSS, OCS, and VLSSE, any changes relative to repayment responsibility should be reviewed and approved (in advance) by the established workgroup comprised of all three entities.

Workload Measures

Critical to determining adequate local agency funding is an accurate and flexible workload measurement system. A thorough and consistently updated

workload measurement instrument is essential to advocating for appropriate funding levels.

Proposed Solution:

Work with VDSS to purchase and/or develop a workable and practicable workload measurement system, comprehensive of all LDSS functions and responsibilities.

Personnel Committee

It is the Personnel Committee's goal to make measurable improvements to the area of Human Resources as it relates to onboarding, recruitment, retention, data analytics, and marketing. The following three items are the focus of the committee:

1. Administrative HR Manual Update
2. Compensation
3. Worker Safety

Administrative HR Manual Update

Human Resources has updated Chapters 1-9 of the Administrative Manual. Various chapters will be submitted for approval to the State Board beginning October 2025.

Compensation

HR has been working with Gallagher consultants to create a new salary structure and occupational titles. The details of the new structure will be presented in draft to the Personnel Committee for comment in October 2025.

Worker Safety

Worker Safety is a project that is shared with the Professional Development Committee. The Personnel Committee will look into measures to protect and promote worker safety at the LDSS.

Professional Development Committee

The Professional Development Committee has identified four issues that are vital in ensuring staff are equipped with the knowledge to effectively do their jobs. It is not only critical for everyone in our communities' seeking services and benefits, but also to better ensure staff satisfaction, retention, and safety.

1. Effective training programs for the entire LDSS system (family services, benefits, administration, leadership) that are regularly updated to stay current in policy, best practices, and established trends.
2. Development of New worker manuals as part of Workforce workgroup directive, possibly utilizing Artificial Intelligence as appropriate.
3. Expansion of Stipend program
4. Develop and continue ongoing training opportunities, specifically to the Virginia SNAP Error Rate as recommended by the VLSSE Benefits Committee.

Effective Training Programs for the Entire LDSS System

After more than 9 years researching and advocating by the League, the funding to allow the development and implementation of a cohort training academy model was included in this past year's budget signed by the Governor. The League began working with Local Training and Development (LTD) over the past year and a half and will continue to advocate for and participate in the development of this model. As work began on the vision, it was evident that all staff, regardless of position, needed to be included in the cohorts so that common themed elements were being taught across the board. The Professional Development Committee will continue to partner with LTD to ensure the training experience is as impactful as possible. This includes determining what "foundational" training looks like, determining what VDSS will provide at the academy level, and developing a robust transfer of learning process to ensure learning continues at the local level. Training will be delivered in a way that provides staff with the technical skills needed to do their job and the adaptive skills that are necessary to become a complete worker.

In addition to focusing on family services and benefits staff, the academy will address the need for leadership training and administrative support training. It will take several years to fully implement all aspects of this training model, but the work has already begun. The hope is to level the playing field so all localities can have access to this foundational training which will benefit all citizens in the State of Virginia and will help provide stability in the workforce.

Proposed Solution:

VLSSE will work with LTD to ensure ongoing and developmental training is also included in the new delivery model. Having a state-of-the-art training delivery system for new hires is only part of the puzzle; ensuring staff continue to stay current on both technical and adaptive skills will also mean a continued competent and confident staff.

The committee would also recommend the exploration of state trainers having the flexibility to hold on-site training courses at local agencies on specific topics as requested by the local Directors, based on agency need. Peer Learning was also suggested and could involve LTD in the facilitation or scheduling of such opportunities. This could address specific topics and best practices, allowing the agencies to learn from each other about their strengths and opportunities for improvement.

Creation of “New Worker” Manuals

With the creation of the Recruitment and Retention workgroup in 2023 comprising of both VDSS and LDSS leadership, six (6) key recommendations were presented to address the workforce challenges localities are facing. The PDC was charged with taking the lead on one of those recommendations – Create “New Worker” manuals with Basic/Necessary Casework Information”. This task goes hand in hand with the development of the training academy.

Proposed Solution:

VLSSE will collaborate and work with VDSS through Summer 2025 to determine the foundational learning needs for both family service and Benefits workers and then convene workgroups that will align with the training academy workgroups and/or policy advisory committees to determine what

the end product will look like and finally draft and finalize the documents.

Expansion of the Stipend Program

This program serves as an effective recruitment effort as BSW and MSW graduates are trained to assume child welfare positions within LDSS. Unfortunately, the program is limited to five (5) Universities throughout the State which limits the number of graduates and is a barrier for localities who may not have a university near their locality. Not all students are willing to move far from their home base. It has also been a challenge to attract and connect stipend graduates to smaller, more rural agencies. There are often times when there are students who have not found employment by graduation and many localities who have vacancies.

Proposed Solutions:

Expand the stipend program to allow for more student slots at existing universities and allow new colleges and universities to offer the program. It is recommended that more strategic coordination with State partners and NACO (National Association of Counties) to better advocate and lobby to get this issue in front of needed officials.

Increase coordination efforts to match up graduates and agencies with vacancies. Right now, the process appears too disjointed and up to individual students and agencies when there could be a “coordinator” that works across all universities to assist with placement. In addition, the requirement that the students must do most of their assignments in foster care and in-home cases excludes many smaller agencies with generic workers.

Explore ways to ensure local agencies, who invest time in training stipend students as a placement agency while they are obtaining their BSW or MSW, somehow benefit at the completion of training. Possibly create a workgroup to address this issue and the previous coordination issue.

Reevaluate the student requirements for the stipend program, utilizing actual data from the program which includes agency demographics and the length of time that each student remained with their host agency.

Develop and continue ongoing training opportunities, specifically to the Virginia SNAP Error Rate

The PDC concurs with the proposed recommendations submitted by the Benefits Committee to collaborate with VDSS surrounding SNAP payment error rate reduction, Medicaid.

Proposed Solutions:

Additionally, the PDC recommends trainings such as soft skills and technical training to improve efficiency and reduce error rates. Such trainings may include 1) Effective and interactive interviewing. 2) Caseload management and prioritization; 3) Income calculation, especially for self-employed and non-traditional jobs; 4) Immigration, medical deductions, and policy documentation best practice.

County Attorney's Report