

**REPORT OF THE
DEPARTMENT OF WELFARE AND
THE COMMISSION FOR THE VISUALLY HANDICAPPED
TO
THE GOVERNOR
AND
THE GENERAL ASSEMBLY OF VIRGINIA**



HOUSE DOCUMENT NO. 9

**COMMONWEALTH OF VIRGINIA
DIVISION OF PURCHASES AND SUPPLY
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COMMONWEALTH of VIRGINIA

DEPARTMENT OF WELFARE

Telephone (804) 786-8771

December 4, 1978

TO: The Honorable John N. Dalton
Governor of Virginia

and

The General Assembly of Virginia

The report contained herein is being submitted pursuant to House Joint Resolution No. 106, passed by the 1978 Session of the General Assembly. The State Department of Welfare and the Commission for the Visually Handicapped were "requested to study the feasibility of legislatively mandating the adult protective services program statewide and to study the costs related to such a mandate". This report recommends that the adult protective services program be mandated statewide and that this recommendation will have little or no direct impact upon program costs. We agree with this recommendation and support passage of legislation to carry out this mandate.

Respectfully submitted,

A handwritten signature in cursive script, appearing to read "William L. Lukard".

William L. Lukard
Commissioner
Department of Welfare

A handwritten signature in cursive script, appearing to read "William T. Coppage".

William T. Coppage
Director
Commission for the Visually Handicapped

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SECTION I -- INTRODUCTION AND BACKGROUND INFORMATION

House Joint Resolution No. 106 of the 1978 Session of the General Assembly requested the Department of Welfare and the Commission for the Visually Handicapped to study the need to legislatively mandate the adult protective services program statewide and to study the costs related to such a mandate.

HOUSE JOINT RESOLUTION NO. 106

Requesting the State Department of Welfare and the Commission for the Visually Handicapped to study the need to legislatively mandate the adult protective services program statewide and to study the costs related to such a mandate.

Patrons-Robinson, Slayton, Stafford, Hailey, Scott, R. C. Lambert, Leafe, Christian, Heilig, Michie, McDiarmid, White, Washington, Moss and Fickett

WHEREAS, the provision of adult protective services by the local departments of public welfare is currently permitted as an option to the localities of the Commonwealth; and

WHEREAS, the Title XX plans for the current fiscal year of the local departments of public welfare indicate that only five localities in the State declined to exercise their option for the provision of adult protective services; and

WHEREAS, if the provision of adult protective services by all localities is legislatively mandated, a serious consideration would be the potential increase in program costs resulting from such a mandate; and

WHEREAS, a comprehensive study is necessary to determine the need for a statewide mandate and the fiscal implications of the mandate; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the State Department of Welfare and the Commission for the Visually Handicapped are requested to study the feasibility of legislatively mandating the provision of the adult protective services program statewide and to study the potential costs related to such a mandate.

The Department of Welfare and the Commission for the Visually Handicapped shall report their findings and recommendations to the Governor and the nineteen hundred seventy-nine Session of the General Assembly

Legislation authorizing local boards of public welfare to provide protective services for aged and disabled adults was initially enacted by the 1974 session of the General Assembly. As indicated below, the legislation was brief and broad in its intent, providing only the general authority and few specific procedures to be carried out in the implementation of the program:

§ 63.1-55.1. Protective services for aged and infirm persons.--Each local board is authorized to provide, subject to supervision of the Commissioner and in accordance with rules prescribed by the State Board, protective services for persons who by reason of advanced age or impaired health, or physical disability, cannot, unaided, take care of themselves or their affairs, and when such a person has no relative able, available and willing to provide guidance, supervision or other needed care. The authority to provide such services shall not limit the right of any individual to refuse to accept any of the services so offered. (1974, c. 329.)

When Title XX of the Social Security Act, the enabling federal legislation for provision of social services, was implemented in 1975 one of its national goals to which service delivery activities were directed was, and continues to be, the protection of adults. Consequently, during the 1975-76 and 1976-77 fiscal years, the Comprehensive Annual Plan for Social Services in Virginia established by the Department of Welfare and the Commission for the Visually Handicapped included adult protective services as one of the mandated services to be offered in all localities of Virginia.

In 1977, comprehensive new adult protective services legislation was introduced in the General Assembly. This legislation provided specific definitions and procedures by which adult protective services would be offered in Virginia. The legislation was enacted that session, establishing new Sections 63.1-55.2 through 63.1-55.7 of the Code of Virginia; however, before passage, the legislation was amended in two significant ways relevant to the purpose of this report. Because of the additional responsibilities placed upon local departments of public welfare and the potential additional costs of such responsibilities, the original legislation, which mandated the provision of adult protective services, was amended to make implementation of the new law optional for each locality. Furthermore, the original bill called for statewide public information efforts to be carried out by the State Department of Welfare. When the legislation was amended to be optional, the public information provisions were deleted, since it would be inappropriate to carry out such efforts when the program would not be provided on a statewide basis.

As a result of the passage of the new adult protective services legislation, the Department of Welfare and the Commission for the Visually Handicapped determined that the legislative intent for the program would not be carried out if the Title XX Plan were to continue to

mandate the provision of adult protective services. Therefore, the Comprehensive Annual Plan for Social Services for the 1977-78 and 1978-79 fiscal years included adult protective services among the optional services.

The study in response to House Joint Resolution No. 106 was carried out by the following individuals:

Department of Welfare

Commission for the Visually Handicapped

Margaret Smith
Barbara Jenkins
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Linda Sawyers

Billie Kelley

Special thanks are extended to Ms. Alice Barkus, a graduate student in the Virginia Commonwealth University School of Social Work, who provided an invaluable contribution toward the preparation of this report. Acknowledgement is also made of the Adult Services Subcommittee of the League of Social Services Executives Services Committee, who provided the benefits of their expertise in delivering services to adults and who assisted with the direction and compilation of needed information for the study.

The study was begun in May, 1978 with the assignment of staff responsibilities and the development of a planning methodology. Efforts carried out by the task group can be summarized into three groupings. Initial efforts were made to acquire and compile all available information concerning the current adult protective services program in Virginia, caseloads and fiscal data, rules and regulations, Title XX planning information, and the like. The next series of efforts were concentrated upon interpretation of the information obtained and specific follow-up activities, which included personal interviews with those local welfare agencies who have chosen not to offer adult protective services and review of completed questionnaires by agencies represented on the Adult Services Subcommittee mentioned above. Final efforts were concentrated upon the development of cost implications and program recommendations.

SECTION II -- THE CURRENT ADULT PROTECTIVE SERVICE PROGRAM

State Law

The current Adult Protective Service program in Virginia is operated in accordance with Code of Virginia Section 63.1 - 55.1, which states that each local welfare board is authorized to provide protective services to disabled and elderly adults who are abused, neglected, or exploited, as follows:

"Each local board is authorized to provide, subject to supervision of the Commissioner and in accordance with rules prescribed by the State Board, protective services for persons who by reason of advanced age, impaired health, or physical disability cannot, unaided, take care of themselves or their affairs and have no relative or other person able, available, and willing to provide guidance, supervision, or other needed care and for persons sixty years of age and older who are abused, neglected, or exploited. The authority to provide such services shall not limit the right of any individual to refuse to accept any of the services so offered, except as provided in Section 63.1-55.5. (1974, c.329; 1977, c.547; 1978, c.749.)

Section 63.1-55.4 of the Code of Virginia further defines the services to be provided by those local departments of public welfare which have exercised the option to provide them pursuant to Section 63.1-55.1 above. The Section specifies that any director of a local agency who receives a report that an adult is in need of protective services shall make a prompt and thorough investigation of that report to determine its validity and what services are needed. A written report will be prepared indicating whether the need for services exists and documenting the agency's investigative and evaluative activity in response to the Adult Protective Service complaint or report. The Code of Virginia also provides for involuntary protective services to those adults unable to consent to such services with the provision that involuntary intervention be limited in duration and embody "the least restriction of the adult's liberty and rights while consistent with his welfare and safety." (Section 63.1-55.5). The Court's order establishes and defines exactly the duration, type and conditions under which services shall be provided.

Sections 63.1-55 and 63.1-55.7 also provide that the cost of providing voluntary or involuntary adult protective services be assumed by the local welfare agency unless the adult agrees to pay for the service or the Court authorizes receipt of reasonable reimbursement from the adult.

Department of Welfare Policy

The Virginia Department of Welfare is responsible for developing policy to implement legislation in regard to social service delivery. Social Services Manual Section 12,000, Protective Services to Aged, Infirm, or Disabled Adults, defines the service elements, objectives and procedures to be adopted by local welfare agencies in offering Adult Protective Services. Section 12,410 describes the "basic defined elements" of the service, which are: a. that the agency will respond to a report, complaint, or request by investigating and determining the extent of need for protective services and; b. without cost to the agency, counsel the individual and/or his family, arrange for alternate living arrangements, for legal representation and health care, and for assistance in guardianship/commitment, if necessary. These basic defined elements of the service are available without regard to the individual's income once the need for remedial or preventive action to forestall further abuse, neglect, or exploitation has been determined.

Services which are available to anyone without regard to income are designated as universal access services. Those localities which have elected to provide Adult Protective Services may provide the service directly, by using their own staff or may purchase the service from a provider agency. If the service is purchased the provider agency must meet Department standards.

Manual Section 12,510 specifies that the "basic defined elements of Adult Protective Services are not intended to constitute the full range of services that may be needed," thus emphasizing that the basic elements are designed to facilitate quick intervention in emergency situations and to provide preventive action within the time needed to determine eligibility and initiate further services.

While eligibility is being established for additional services, a procedure that may take up to thirty days, optional components of Adult Protective Services may be provided in order to stabilize the situation of the adult. The Department has designated the provision of the following services as optional components of Adult Protective Services to be used in conjunction with the basic defined elements: homemaker, companion, congregate meals, home delivered meals, adult day care, and adult foster care services. Any one or a combination of these services may be provided if the locality chooses to provide the optional component(s), for a period no longer than ten consecutive days, without regard to income per incident of neglect, abuse, or exploitation. They may be provided for a period of time longer than ten days only if the adult has been determined eligible. Eligibility for on-going services is confined to those adults in receipt of or eligible for Aid to Dependent Children, Supplemental Security Income (SSI), or to those whose income is within eligibility limits established by the Title XX Plan.

Social Services Manual Section 12,450 requires each local welfare agency, whether or not a local agency has chosen to offer Adult Protective Services, to receive and acknowledge complaints and reports of adult abuse, neglect, or exploitation. These reports are compiled and sent on a quarterly schedule to the Central Office of the State Department of Welfare. In the absence of a mandate to provide Adult Protective Service, a local welfare agency must only receive, acknowledge and report complaints.

Title XX of the Social Security Act

In addition to Virginia statutes and departmental policies, the Adult Protective Service program is regulated by the Title XX Plan, which governs social service delivery in Virginia. This is the plan formulated annually by the State, in accordance with Federal regulations, which describes the social services which are to be offered, either on an optional or mandated basis, in the Commonwealth. Mandated services in the Virginia Title XX Plan are based on Federal mandate, state legislation and state agency policy. Each local welfare agency also submits a Title XX plan to the State Department of Welfare defining which services will be provided in that locality. In fiscal year 1978-79, only three agencies did not include Adult Protective Services as an optional service.

The Title XX Plans created by the local welfare agencies show only the services that will be provided, not individual components of those services. Thus, a review of the local Title XX plans shows which agencies are providing Adult Protective Services but not which of the components of the Adult Protective Services program they are offering. Confusion can arise for the public because six services, Day Care to Adults, Foster Care to Adults, Companion, Homemaker, Home Delivered Meals, and Congregate Meals are listed in the local plans as services yet at the same time can be designated as optional ten-day components of Adult Protective Services. The plan only shows services, not optional components. Since the localities vary widely on which optional services they provide and which of the optional components of Adult Protective Service are available on a ten day basis, it is difficult to determine from reviewing the plan the actual service delivery pattern of Adult Protective Services statewide. The local agencies also can show in their plans that they will serve certain target groups and not others, thus restricting eligibility for optional services. Table II-1 compares optional services primarily delivered to adults as planned for fiscal years 1978 and 1979. The table reveals the fluctuation of services expected to be available in local welfare agencies for these two years.

All except five local welfare agencies offered Adult Protective Service in their 1977-78 Title XX plans, but the extent to which the optional ten-day components of Adult Protective Service were delivered is not available.

Title XX of the Social Security Act serves not only to define and regulate service delivery, but is the funding mechanism for most social services delivered through the Department of Welfare and the Commission for the Visually Handicapped. Any discussion of a service program must include consideration of the funding sources. In 1975-76, the year Title XX replaced existing federal social service funding through Titles IV-A and VI of the Social Security Act, Virginia spent approximately twenty-nine million of the fifty-seven million federal dollars available. During the second year, spending increased to approximately 44 million, and during the third year expenditures reached the federal reimbursement maximum or "ceiling". Federal legislation to increase the 78-79 ceiling was passed, but this will only provide an additional 3.3 million to Virginia, an amount sufficient only to meet inflationary increases in the cost of operation. For 1979-80, if the Title XX ceiling is not raised, normal cost-of-living increases/inflation will essentially force a reduction in services.

Due to these Title XX spending patterns, any real increase in the delivery of one service will result in a necessary reduction in one or more other services. Another funding consideration relevant to the potential mandate for Adult Protective Service is that some local welfare agencies are spending all or most of their Title XX allocation on mandated services. As none of the services directed to adults are mandated, the adult services programs will be likely targets for spending reductions to meet limited allocations.

Local agencies must make the mandatory services available at any time throughout the year to any member of a mandated target population. Therefore, they must initially budget and maintain sufficient funds to provide the service during the year. Thus, Title XX monies initially allocated for mandated services are not usually reallocated. However, under Title XX regulation it is possible to reallocate monies intended for use in optional services to other programs. Since no adult services are mandated, it seems that taking money from the optional services would result in a reduction of adult services.

Service Delivery Structure

Before proceeding with the discussion of Adult Protective Services as it is currently being provided, the organizational structure for delivery of this service program should be clarified. Responsibility for the delivery of Virginia's social service programs rests at three levels in the state; with local, regional, and state welfare departments. The local agency, which administers the programs, is authorized but not required to provide an optional service. It can decide first whether to offer the service at all and, second, to what extent and depth the service will be available. These decisions are made on the basis of local service needs and available funds, office space, and personnel. The local agency is accountable for service delivery and program implementation for those services it extends to clients.

The seven regional offices, as part of the State supervisory network, are responsible for providing training and policy interpretation to local agencies for programs either mandated or delivered optionally. The regional offices also have responsibility for monitoring and evaluation of all welfare programs in local welfare agencies. Where the regional office finds procedural or policy deficiencies, it has the responsibility to so inform the central office of the Department and to ensure that the local welfare agency makes necessary changes. Central to this report is the fact that the regional offices review and evaluate the Title XX plans submitted by the local welfare agencies.

The central, or state office responds to requests from the regional level for policy interpretation or procedural change and develops policy and procedures for new service program delivery at all levels. It is at the state level that much of the interaction with the General Assembly and the federal offices occurs in planning and supervising all services, including the Adult Protective Service program.

One salient but not immediately apparent part of the service delivery structure in Adult Protective Services is the Virginia Commission for the Visually Handicapped (VCVH). The relationship of VCVH to the Adult Protective Services Program in Virginia is both programmatic and financial. Services delivered by local welfare agencies to adults who are aged, disabled, and blind or visually handicapped are reported to VCVH and reimbursement is made for a portion of the administrative costs of the services. The Commission for the Visually Handicapped makes an interdepartmental transfer of money to the Department of Welfare by predetermined caseload "weight". If a locality vends service to a visually handicapped or blind adult, VCVH reimbursement is made directly to that local welfare agency. The Commission retains supervisory, as well as fiscal, responsibility for Adult Protective Services delivered to their clients and is included in the decision-making regarding the protective services to adults program. The agency's program responsibility is also linked to its role as the single state agency (with Welfare) to administer the Title XX program for blind and visually handicapped service recipients.

Implementation of Current Policy

In general, it can be said that wide variations exist in the Adult Protective Service program in Virginia as allowed in policy. These variations are due to two factors; first, that Virginia has a locally administered, state supervised public welfare programs, and second, that the state has implemented Title XX in such a way as to allow maximum decision-making by local welfare agencies.

For purposes of this report, a study was undertaken to determine the nature and scope of current service delivery of Adult Protective Services in local agencies. Two questionnaires were developed, one for those agencies which had elected to provide Adult Protective Services in their local Title XX Plan, and the second for those agencies which had not.

Because the state Title XX Plan does not contain information about the provision of optional ten-day components in Adult Protective Services, a questionnaire was determined to be the best method to obtain information from those who are in the state's service delivery network. The first questionnaire was administered to the Adult Services Subcommittee of the Virginia League of Social Services Executives. This group of approximately seventeen members was chosen to be respondents because they are local agency workers/ supervisors with a high level of interest in and commitment to adult services. The group has expressed a high level of support for legislation that would improve services to adults in Virginia, and has been active in securing statewide skills training for adult service workers. The variations in service delivery mentioned above became apparent during the review of the questionnaires.

Ten responses were received, each representing a local welfare agency, and nine have been included in the data analysis. These agencies, though few in number, represent both rural and urban, large and small localities. When these agencies were requested to interpret the Adult Protective Service program, most repeated the policy definitions of the basic defined elements. Based on question one, the agencies enjoy a relatively congruent perception of what protective services to adults are, as represented in policy.

The next major items in the questionnaire explored the agency's methods of implementing the program. Only two of the respondent agencies reported full-time specialized Adult Protective Service workers. Seven agencies reported workers having Adult Protective Service responsibilities in addition to other service program caseloads (usually adult services). One agency reported that the dual caseload arrangement is difficult for workers, because Adult Protective Services cases have a high time demand and this might lower the quality and quantity of services delivered to a worker's total caseload. The range of time reported for monthly case involvement with adults in need of protective services extends from 15 hours to 4 hours, creating an average of 9 hours per Adult Protective Service case per month. None of the agencies reported 24-hour/day telephone coverage for Adult Protective Service, though some did report referral arrangements from local law enforcement agencies or other in-house workers.

Even in these localities where Adult Protective Services are included in the Title XX plan, community resources are used to a great extent. This may suggest that community resources can provide services for adults in need of protection, but that these services are "back-up" in nature and as such may not be completely adequate to meet the needs of adult clients. The agencies reported referrals to area agencies on aging, the local health departments, and mental health centers. Services purchased by the agencies were chore services, mental health and rehabilitation services.

Since the questionnaire sought not only what services were delivered or purchased but how that was accomplished, another issue was the link

between the provider and consumer. The study attempted to discover from what sources referrals, complaints, and reports have been received. The two most frequent referral sources were reported to be a neighbor of the adult in need of protection or the adult him/herself. Other social service agencies, workers in the local welfare agency itself, attorneys, physicians, health departments, landlords, senior citizens, and churches were mentioned as sources for Adult Protective Service reports and complaints.

Larger agencies, most of which are located in urban localities, tended to report a higher level of public information efforts. While a cause and effect relationship was not specifically explored in the questionnaire nor supported by research of similar reports, the data does suggest a relationship between the intensity and frequency of mass communication efforts and the number and source of referrals. The relationship may simply reflect a higher level of awareness of the needs of adults due to some other factor, but if public information efforts are directed at a higher level of awareness of a specific issue, the measureable results could be expected to be a higher referral rate for services.

The questionnaire attempted to elicit information about the possible number of unreported or unserved Adult Protective Service cases in each locality. It is significant, perhaps, that although an answer requiring "hard" data was impossible to give, over half of the respondents indicated that there is an unserved population of adults in need of protection. In fact, one or two responses implied that there is a significantly large unserved population.

Beyond exploring the actual delivery of services in respondent localities by such attributes as staff, time expended, source of referrals and optional services provided, the questionnaire attempted to survey the attitudes of the local agencies in regard to changes in legislation. Agencies were also requested to indicate the perceived attitude of the local governing body to expansion of Adult Protective Services. Most of the respondents supported changes in Adult Protective Service legislation which would increase or improve the level of Adult Protective Services. In response to whether they believed Adult Protective Service should be mandated statewide, eight of nine respondents answered in the affirmative. The dissenting locality stated that the mandate is unnecessary because the services are already being provided without such a requirement.

Six of the respondents indicated that their reason for desiring mandatory Adult Protective Service was that certain groups in the population, i.e. the aged and disabled, are more vulnerable and some members of those groups will always be in need of protection. Other reasons for desiring the mandate were to provide consistency in service delivery and to make services available to aged and disabled adults in all areas of the State.

Despite the overwhelming positive response for expanding Adult Protective Services, there was similar agreement that the local governing bodies would philosophically agree to the expansion of service but prohibit it based upon local financial constraints.

The second questionnaire was used to elicit uniform information in interviews with directors of those three agencies which do not include Adult Protective Services in their current Title XX plan. Information from these agencies was felt to be crucial in determining the need for a mandate and the possible cost impact of doing so. The three welfare agencies interviewed are located in Charlotte, Shenandoah, and Orange Counties, rural localities with relatively small welfare organizations.

The first issue explored was the rationale for exclusion of Adult Protective Services from the local plan. Two agencies responded that local match dollars were not available. None responded with reference to the Title XX ceiling. Where financial difficulties were mentioned, they concerned local funding. The respondents uniformly stated that the exclusion was not due to a lack of need for the service, and only one gave as a reason the availability of other service agencies or resources to serve the need in that locality. The following reasons were listed, either alone or in combination to clarify the exclusion of protective services to adults: fear of additional paperwork, lack of office space, additional court involvement, and concern for the rights of individuals to self-determination.

Responses to the second major question provided significant information about the agency's treatment of Adult Protective Service complaints and reports. All three agencies reported services beyond the basic defined elements even when Adult Protective Service was not included in the Title XX plan. A range of activities was reported from information or referral to the provision of other services such as counseling or companion services depending on the local Title XX plan and the individual's eligibility. These three agencies' current Title XX plans contain a variety of optional adult services which are being used for adults in need of protection.

In no case did an agency respond that because Adult Protective Services are not included in their plan and not mandated, the services are not available. In fact, every respondent indicated that a complaint or report received was at least investigated, then referred to an appropriate agency (usually their own) for service needs assessment, emergency service, information and referral, and other services. Adult Protective Services are being provided by these agencies, at least the basic defined elements. Such services are just being labelled differently.

Not surprisingly, only one of the respondents indicated a desire to have Adult Protective Services mandated, and that for the reason that a mandate would provide legal protection for the agency. The dissenters indicated that additional reporting responsibilities, 24-hour on call, and additional staff would be prohibitive. There were additional

concerns including one response that because the services are being made available the mandate would be unnecessary and the voiced concern that adults would be subject to involuntary services.

Services beyond those required by policy when the locality does not offer Adult Protective Service are deliverable only to those individuals who are eligible for the optional services. The quality of universal access to protection is lost in these localities where Adult Protective Services are not included in the Title XX plan, and reports from other localities indicate that the need for protection against abuse, neglect, or exploitation is not limited to those with low income.

After reviewing all questionnaires from those localities with and without the service in their plans, it became apparent that the service is being delivered. Aged and disabled adults in danger of abuse, neglect, or exploitation are not being ignored. Just as apparent was the fact that wide variations, as allowed in policy, exist in the actual services being delivered in order to protect adults. To add to the picture of the current delivery of adult protective services localities were asked to include some case examples.

Case Examples

The questionnaires included space for the local agencies to include a narrative summary of an Adult Protective Service case. Some of the information has been included in this report because understanding the process of serving one client illuminates the difference between a policy definition of the service and the real-life delivery of these services and their results. The plight of individuals who are in need of protection and the determination of service workers to see that these people are served in such a way that contributes to their well-being illustrates the Department's commitment to human services. It is the hope of the study group that the summaries of individual cases included in this report will emphasize the need for Adult Protective Services.

In Fairfax County, an elderly, senile man and his wife received Adult Protective Services when a referral was made by the C&P Telephone Company. The woman had burried her telephone several times, ripped out electrical wiring and smashed the water meter because she felt the wires and pipes in her home were being infiltrated by the CIA. The woman had a history of hospitalizations for paranoid schizophrenia. The local welfare agency made arrangements for her to receive intensive out-patient treatment, including medication, that eased the symptoms of paranoia. As a result, she is functioning well, and her husband is able to remain in their home and receive the agency-arranged services of a homemaker.

The York-Poquoson agency reports that Mrs. T., a 78 year old woman who lives alone, suffers from senile dementia and has required commitment to a state mental institution with follow-up treatment in her community upon discharge. She had alienated her daughter some time previously; consequently, her daughter pays her bills for her but does little else.

Mrs. T. has a tendency to wander and over-medicate herself which causes her to become confused. All her physicians and the drug stores in her community have been alerted not to fill or refill any of her prescriptions, nor to provide medications except those that have been confirmed as needed by the Mental Health Center. Her home was deteriorated and a local church group was set up to clean and repaint the house while she was in the hospital with a broken hip. At that time, all old medications were thrown away and periodic checks have since been made to see that she has not obtained any other medication.

The agency checks the condition of her applicances, especially her stove and furnace. Because she has a tendency to wander, and to shop either very early or very late in the day, the agency has arranged for Mrs. T. to participate in a day care program five days a week at Patrick Henry Hospital in Newport News. The neighbors check on Mrs. T. at night and on weekends and alert the Adult Protective Service workers of any potential emergencies. The neighbors also take her grocery shopping, though she does little cooking - much to the relief of the service workers - due to her tendency to leave her stove on.

The welfare agency concludes that without some type of regimented schedule such as Day Care, Mrs. T. would wander, become disoriented as to time and place, and would not eat properly. This would result in her requiring someone to live in her home or her return to the mental institution. The agency further assists Mrs. T. with her contacts with the Social Security Administration, the agency's food stamp and medicaid programs, and with the local Mental Health Center regarding her medications so that these can be supervised at the day care center.

A case summary sent by Halifax County illustrates the fact that adult protective services are provided to the disabled as well as to the elderly population. A 56 year old woman has had health problems since a stroke thirteen years ago. The client initially requested Companion Services but as a part of the agency's determination of her need for this service they found she was also in need of Protective Services because her family was neglecting her health needs. As a result, in addition to the companion services, the client and her children are now receiving counseling from the caseworker toward the goal of obtaining regularly scheduled medical treatment for her.

TABLE II-1
CHANGES IN TITLE XX TWO YEAR COMPARISON OF
OPTIONAL SERVICES THAT WOULD PRIMARILY
BE DELIVERED TO ADULTS

Services To Be Provided	77-78 (Final Plan) Number of Localities	78-79 (Final Plan) Number of Localities
Chore Services	66	61
Companion Services	107	116
Day Care Services - Adults	81	52
Foster Care Services - Adults	37	40
Homemaker Service	43	47

SECTION III -- FINDINGS/RESULTS

The primary issue raised by House Joint Resolution No. 106 is "The feasibility of legislatively mandating the provision of the Adult Protective Services Program statewide". Second, the Department of Welfare and the Commission for the Visually Handicapped were requested "to study the potential costs related to such a mandate". The Department and the Commission concurred that the feasibility of a statewide Adult Protective Services mandate was dependent upon many factors, one of which was cost. Consequently, the cost of mandating the program as it is presently codified is considered below. Additional information is provided in Section IV pertaining to cost issues for a more comprehensive Adult Protective Services program in Virginia.

Before the feasibility question can be answered, the impact of a legislative mandate for the program must be clearly understood. Section 63.1-55.1 of the Code of Virginia authorizes each local board of public welfare to provide services to aged or disabled adults in accordance with rules prescribed by the State Board of Welfare. To effect a legislative mandate for Adult Protective Services, this section would be amended as follows:

Each local board ~~is authorized to~~ shall provide, subject to supervision of the Commissioner and in accordance with rules prescribed by the State Board, protective services for persons who by reason of advanced age, impaired health, or physical disability cannot, unaided, take care of themselves or their affairs, and have no relative or other person able, available and willing to provide guidance, supervision, or other needed care and for persons sixty years of age and older who are abused, neglected or exploited.

Therefore, the true impact of a legislative mandate would be to require adult protective services to be provided by each local welfare board in each local community. The comprehensiveness or level of these services is not addressed by the mandate.

In determining the feasibility of legislatively mandating adult protective services, the first question which must be addressed is as follows:

Would a legislative mandate impact the number of localities providing Adult Protective Services in Virginia?

As indicated earlier, current procedures for developing the Title XX plan for social services in Virginia permit localities to select from non-mandated programs those optional programs which it wishes to offer in the community and the clients to be served by these programs. In accordance with the optional language in Section 63.1-55.1 of the Code of Virginia, the Title XX Plan for the 1977-78 fiscal year permitted

localities to decide whether Adult Protective Services would be offered. The 1977-78 Plan revealed that only five localities chose not to offer Adult Protective Services. The same option continued for the 1978-79 fiscal year, and only three localities have chosen not to identify Adult Protective Services as one of the optional services available in their communities.

Each locality choosing not to identify Adult Protective Services in its 1977-78 social services plan was interviewed by a representative of the Department of Welfare or the Commission for the Visually Handicapped. Each was asked to identify the reasons why it chose not to include the service in its plan. As Section II explained in more detail, the localities have in fact provided Adult Protective Services. However, appropriate cases were not recorded for statistical purposes as Adult Protective Service cases. The three localities did not identify the service in their plan for varying reasons, but all three provided the service when needed for their residents.

Therefore, a legislative mandate would not impact the number of Virginia localities providing Adult Protective Services, since the services are actually available in all localities.

Would a legislative mandate impact the level of services?

While a legislative mandate would not specifically impact the level of Adult Protective Services, there is a potential impact. The "level" of Adult Protective Services refers to the comprehensiveness of available services to aged and disabled adults. Adult Protective Services can be viewed narrowly, in the context of the specific required features in the Code of Virginia, which primarily identifies procedures for reporting, investigation and court actions in appropriate cases. A broader interpretation would expand actual services available to include optional services.

In order to address the cost impact of any legislative mandate for Adult Protective Services, the level at which the services are to be provided must be defined. If all localities in the State are actually providing the service, a mandate to provide only the basic defined elements of Adult Protective Services will result in negligible or no increase in cost to the localities and to the State. If Section 63.1-55.1 of the Code of Virginia is merely altered to read that: "Each local board shall provide . . . protective services," any fiscal impact will arise from secondary factors, not from an increase in services statewide. Those secondary factors include inflation and an increase in the number of disabled and elderly adults in the State. There is no clear data to estimate the relationship between the elderly and disabled population and the number of those eligible who may be in need of protective services. It is reasonable to assume that since the elderly population has increased 19.0% in six years (1970-76) and will continue to increase, need for Adult Protective Services has also increased and will continue to do so: medical care and preventive attention have contributed to increased life expectancy for American adults. However,

elderly, disabled or infirm adults have, in many cases, diminished capacity to secure for themselves the necessities of daily living. Therefore, some increase in the number of Adult Protective Service cases may be expected -- not as a result of the mandate, but as a result of a greater number of eligible consumers. The cost of such services to adults in need of protection may also increase due to inflation, but this is again not a direct result of any mandate to provide services. These two factors are mentioned here to demonstrate the agencies' perception that, even in the absence of a mandate, costs of the service will increase.

In regard to the mandate defined above, the only factor with direct impact on the cost of Adult Protective Service delivery is a possible increase due to public awareness of the program. Awareness of the commitment of the General Assembly of Virginia to the protection of adults might serve to increase the use of the service or strengthen the community response to such a program. (Public awareness publicity results will be discussed further in Section IV. C.)

There may be an increased tendency to report or refer for services those adults in need, and the agencies might provide more services simply as a result of the mandate. The effect of such potential increases is not expected to be great, though it is not possible to quantify any increase of this type. Conversely, such an increase might also take place in the absence of a mandate due to continuing expansion of public information efforts by other agencies on behalf of the elderly and disabled.

Would a legislative mandate impact the cost of Adult Protective Services in Virginia?

No, not directly. As discussed above, all localities in Virginia actually provide the basic defined elements of Adult Protective Services, although three counties currently record such services as something else for statistical purposes. Since it is recommended that only the basic defined elements be mandated, a legislative mandate, per se, will not cause any locality to offer a service not previously provided or to fund additional staff to provide that service and thus increase cost. Section IV of this report deals with the cost impact of expanding the service definition and publicizing the program.

SECTION IV -- OTHER RELATED ISSUES

While House Joint Resolution No. 106 requests a study be made as to whether Adult Protective Services should be mandated, including an analysis of the costs, the Department of Welfare and the Commission for the Visually Handicapped study group felt that three additional issues should be considered.

The first issue relates to whether the mandate for Adult Protective Services should be expanded to include more services, specifically whether the optional ten-day components should be included in the mandate. The second issue considers if a broader group including battered spouses could be defined as eligible to receive these services. While the agencies concluded that recommendations could not be made to include additional components or additional recipient groups, it was felt that some of the deliberation on these issues should be included with this report.

The third part of this Section investigates the kind of public information activities which might occur if the service is mandated and the projected cost of those activities. While this resolution does not specify that publicity will accompany a mandate, a public information effort was part of the original 1974 legislation but was omitted in the final passage.

Mandating The Ten-Day Optional Components

An additional consideration in developing this report was whether the optional ten-day components should be included in the mandate. There are now six optional ten-day components designated as part of the Adult Protective Services package. These six services have been included as optional ten-day components because the pattern of service delivery in local welfare agencies indicates that these services are appropriate to or needed by many Adult Protective Service clients. Many elderly, disabled or visually handicapped adults need assistance in maintaining themselves safely in their own homes or outside an institutional setting and these six components are specifically directed to that need. The components are foster care to adults, congregate and home delivered meals, adult day care, homemaker and companion services.

After study of the issue, the inclusion of any one or more of these optional ten-day components in the mandate is not recommended. This decision was based not on the perceived lack of need of the target population, but on the anticipated cost of delivering the services. Policy allowing the provision of optional components has been in effect less than six months and use of these services would increase anyway, as more people become familiar with the policy and have budgeted for it. Also, one or more optional components are needed in almost every service case and to mandate their provision would greatly increase the cost of Adult Protective Services.

As has previously been mentioned, the maximum federal reimbursement level for Title XX has been reached. Any major increase in service

expenditures, especially if based on a mandate, would mean a reduction in other service areas or a limitation of target groups served. If these components were to remain optional, the local welfare agencies could offer them to the degree of perceived caseload need within local funding limitations.

Attempts were made to develop cost estimates for the delivery of the optional ten-day components. During these efforts, current Title XX service expenditure reports were analyzed. Using the reports, it was possible to determine the frequency and cost of the use of optional services but not of the optional components of Adult Protective Services. As an example, reports show that during the quarter ending March, 1978 there were forty-one Foster Care to Adult cases in the state; however, there is no reporting process to link these Adult Foster Care cases to Adult Protective Services cases, even when the Foster Care Service is delivered as part of Adult Protective Services. Similarly, when an optional ten-day component is delivered for an Adult Protective Service case, it can be reported either as an Adult Protective Service, or under a separate service heading. Therefore, use of the ten-day optional components cannot be isolated and measured and no reliable cost estimate can be produced from available data.

The benefit to clients of mandating the optional components should not be overlooked. If these services, as noted above, are particularly appropriate to the needs of the elderly and disabled adult in need of protection, it is conceivable that a protective service program without these services would fail to protect those individuals in need. It can be argued that because the needs of the elderly and disabled are sufficient to warrant intensive services in order to assure safety or continuity in their daily lives, the greater cost attached to service provision should not constitute the primary factor for excluding these services.

However, it is unwise to build up community expectations and imply a promise to meet needs through a program which would have to be cut back if there were an unexpected demand for service. Further, to curtail the decision-making power of local welfare agencies when Title XX has just increased this authority runs counter to the philosophy of a local determination of needs.

On balance, it was decided that even though the inclusion of the optional ten-day components in the mandate would benefit those adults in need of protection, the cost impact precludes this decision being made by the State for localities. Any decision to provide optional services should be made by the localities.

Battered Spouses and Adult Protective Services

The needs of battered spouses and the broader area of domestic violence have recently emerged as issues of concern. Both local and statewide groups - public and private - are attempting to coordinate efforts to provide services to the battered spouse. The 1978 Session of the General Assembly passed House Joint Resolution No. 31 which encourages all localities of the Commonwealth to establish community based and

supported shelters for battered spouses and their children and encourages the Department of Welfare to provide Title XX funding for local information and referral services to battered spouses. The passage of this resolution indicates that the General Assembly is concerned about the problem, which is becoming more visible in our communities.

Current Department policy does not specify battered spouses as a target group for services. They can receive any of the 29 social services provided under Title XX if they are income eligible or they can receive information and referral and protective services to children without regard to their income. There is currently no special grouping of services directed to battered spouses.

Since Adult Protective Services is designed to meet the needs of adults who are abused, neglected or exploited it seems that abused spouses could be included as an additional target group for the services or the definition of Adult Protective Services could be changed to include all adults between the ages of 18 and 65. Changing the definition of Adult Protective Services by either mechanism would allow the provision of services to battered spouses both as an identified target group and as eligible for basic Adult Protective Services without regard to income.

In July 1978, a survey on spouse abuse was conducted by the State Department of Welfare to determine local welfare agencies' knowledge and awareness of the problem, and to document the resources available in each community. Of local agencies responding, forty-seven classified the problem as minor to moderate, twenty-one as substantial to severe. Seventy-four local welfare agencies reported that there is no special program for battered spouses in their communities from either private or public agencies.

The following represents a partial listing of services through both public and private agencies that are available statewide for battered spouses. The list was obtained by the questionnaire to local agencies and through the research by staff of the Department of Welfare.

Charlottesville -- Citizens Task Force on Abused Women

1. Speakers Bureau
2. "seed" money from churches
3. proposal to submit for funding

Richmond -- Domestic Violence Project

1. public education
2. proposal for funding shelter
3. self-help group

South Richmond Mental Health Clinic

--- ACLU Women's Rights Project

Norfolk -- YWCA Community Group

1. proposal for LEAA funding denied
- Hampton -- Social Service Bureau
1. medical help
 2. referral to Legal Aid
 3. Salvation Army will house emergency cases
- Fredericksburg -- NOW Battered Women Task Force
1. counseling at Rappahannock Mental Health Clinic
- Petersburg Crater Planning District Crisis Intervention Shelter
1. proposal submitted to DJCP for funding
- Fairfax -- Department of Social Services Mental Health and Mental Retardation Shelter at Mt. Vernon Mental Health Clinic
1. counseling
 2. shelter care
- Fairfax Women's Shelter
- Christiansburg -- Women's Resource Center
1. shelter
 2. counseling
 3. workshops
 4. library information
- Roanoke -- Women's Resource Center
1. proposal for shelter
 2. counseling services
- Bristol Bristol Crisis Center
1. services to victims of sexual assault

Eighteen independent agencies who provide Information and Referral services and receive Title XX funds were canvassed to determine the number of requests received for Information and Referral on battered spouses. The following list represents the responses of eleven agencies:

LOCALITY	AVERAGE NUMBER OF MONTHLY INFORMATION AND REFERRAL CONTACTS
1. Petersburg	2
2. Information Center of Hampton Roads	15
3. Arlington	8

4. Fairfax	8
5. Charlottesville	6 per year
6. Richmond	6
7. Peninsula	6
8. Roanoke	5
9. Montgomery County	14
10. Harrisonburg	1
11. Alexandria	10

The small number of requests to these agencies is assumed to be due to the lack of public information available on services to battered spouses.

The survey of local welfare agencies shows that even if public information were more readily available, the resources to serve battered spouses would be unavailable. Only one agency in response to the July survey did not express the need for resources to which battered spouses could be referred. In Northern Virginia, where there are many resources, agencies indicated that they were inadequate to meet the needs. The agencies responded positively in a majority of cases about the need to increase expertise in social service agencies whether public or private nonprofit for handling these cases.

Examination of available resources reveals the need for specific services. The service needs for battered spouses are as follows:

1. Emergency Shelter for spouses and children. Emergency shelter for adults is not fundable under Title XX, by federal regulation.
2. Hotlines with 24-hour-referral services which include volunteer-advocates to help victims follow up on referral. Specialized hotlines, like the ones used for Child Protective Services and for rape victims rather than generic Information and Referral (I&R) agencies should be used.
3. Specialized treatment within already existing agencies, such as the Departments of Mental Health and Mental Retardation and Welfare, for crisis intervention and short and long term assistance, developed through workshops for practitioners. This would also include preventive programs for persons not ready for shelter care and legal help from persons trained in working with the problems of battered spouses.
4. A clearinghouse for information and resources on battered spouses which could be available to any public or private agency.

Because of sparse data currently available and the variety of ways which could be devised to deliver the services, making cost projections for a fully-funded statewide operation is difficult at this time. As an example, crisis hotlines could be handled by I&R agencies as an add-on to their current system at little cost.

The clearinghouse role could be handled by the establishment of a position in the State Department of Welfare or any State agency and

costs could be based on salary for that person and support costs to that position. For example, the annual cost for such a project would be:

Salary	\$13,728
Fringe (15%)	2,059
Travel	2,000
Printing	200
Mailing	250
Office Space	1,000
	<u>\$19,237</u>

Shelter cost estimates vary depending on size and population to be served. However, based on estimates for group home facilities and currently operating shelters, the following represents an estimate for the cost of one shelter:

Personnel

Director	23,496	
Adm. Assistant	7,352	($\frac{1}{2}$ time)
Clerk Typist	7,500	
Therapist III	19,413	
Community Educ. Coordinator	10,192	
FICA, etc.	13,406	
Subtotal	<u>81,359</u>	
Consultants (including attorney)		6,480
Travel		2,000
Equipment and Supplies		<u>2,575</u>
	SUBTOTAL	\$11,055
	TOTAL	<u>\$92,414</u>

Facility Costs

Rent and Utilities	\$24,000	
(Rent facility rather than construction costs)		
Food	9,000	
(\$50 per month x 15 occupants x 12)		
Medicine and Drugs	600	
(\$50 per month x 12)		
Recreation Supplies	500	
Educational Supplies	240	
(\$20 per month x 12)		
Household Cleaning and Laundry Supplies	480	
(\$40 per month x 12)		
Transportation	<u>1,500</u>	
	SUBTOTAL	\$36,320
	TOTAL	<u>\$128,734</u>

To operate ten shelters statewide (a number proposed by House Bill No. 683, introduced during the 1978 General Assembly Session) the total annual cost would be \$1,287,340. This estimate is based upon facilities located in urban areas. It does not include the cost of administrative

services required for "start-up" time in the shelters, such as recruitment and training efforts for staffing.

Based on the fact that there are few current resources to serve battered spouses it can be seen that the development of additional resources would be very expensive. Once the services are established it can be expected that the demand would increase still further. To ask for a mandate to include battered spouses, in other words to expand the service programs at a time when service funding is rapidly decreasing, does not seem feasible.

Publicity Efforts

Original legislation to mandate Adult Protective Services included a public information component. When the study group analyzed its tasks, it felt that consideration of public information efforts was essential. Special attention was paid not only to the cost of a public information campaign, but to the cost impact in service delivery that might follow.

Publicity efforts in connection with the mandate for Adult Protective Services would be directed toward outreach and public awareness of the program and would serve to inform the community at large of available services. The publicity would not necessarily have any impact on the level of service delivery but it would be directed toward increasing the number of potential cases. Given the fact that the state is currently spending at the federal reimbursement ceiling, the costs of such activities must be analyzed before recommendations can be made.

Current efforts to publicize the Adult Protective Services program vary across the state. For the most part, current public information activities are sporadic and most are centered on public speaking as a way of educating people about the program. It is impossible to say how many new cases are brought about by, for example, informing a church group about the service, but in the questionnaires mentioned earlier local staff believed that their attempts at informing the public resulted in more cases reported. There is no data available on whether more appropriate reports were made, just a belief that the volume increases.

This belief is justified by the experience of the Child Protective Service Program in Virginia. When this program was implemented and the hotlines for reporting cases were first installed, the publicity resulted in so many calls that outreach efforts had to be temporarily halted while the Bureau of Child Protective Services made arrangements to handle the volume of reports already received. There is every reason to believe that increased publicity would mean increased reporting of cases in the Adult Protective Services Program as well.

Because of differing local constraints, attitudes and finances, public information efforts by local welfare agencies are varied throughout the Commonwealth. This variation makes it impossible to estimate local publicity costs. Therefore, cost estimates in this report center on activity undertaken at State level.

If the State Welfare Department were to develop 30 second television announcements to be aired as public service spots, production would cost from \$2,000 to \$2,500. If these public service announcements were coupled with radio spots, that cost would increase by about \$350. Radio announcements would have a chance of receiving free air time on 165 stations. Newspaper ads could be developed; though the costs vary, the average cost would be about \$300 per ad. These ads would need to be large enough to be easily read by the public and would probably be carried in eight newspapers which receive statewide circulation. The total cost for one appearance in all eight papers would be about \$3,000. An automated slide/tape show of 15 to 20 minutes duration could be developed to highlight the program and its services to meet the needs of the aged and disabled. The cost of the slide/tape show would be about \$450. If the Department wanted intensive publicity for the program it would have to have two different television spots a year and at least two different radio spots and newspaper ads. This would make the total production costs for an intensive campaign about \$6,000. Once developed, some of the materials could be used repeatedly, at least until the law or program changed significantly.

There are several different ways to launch a statewide campaign to inform the public of the availability of Adult Protective Services. If assistance were forthcoming from volunteers, such as church groups and civic organizations, the costs for publicity efforts could be reduced by a significant amount. Students could assist in developing brochures and other materials, as well as by speaking before groups.

One very useful tool in any public information effort would be a toll-free hotline. A hotline is currently in use at the State Office of the Department of Welfare, with 24 hour staffing for the Child Protective Service Program. This hotline, using current staff, could also be used for Adult Protective Services with no overall increase in costs; the costs would just be allocated differently. The only difference in the use of this hotline by the two programs would be that the Adult Protective Service reports would be held until the regular working hours of the local welfare departments. In instances of immediate life-threatening emergencies, the local sheriff's department or welfare department could be notified. It is expected that emergency cases would be the exception rather than the standard. The only major increase in cost might come from an increase in referrals by people willing to use the hotlines but unwilling to report the case locally.

In preparing this report, an attempt was made to develop a methodology to project the cost of services as a result of public information efforts but there is currently no valid way to project caseload increases due to increased publicity. Because caseload data from the Child Protective Service program does not reflect a causal relationship between publicity efforts and caseload, it was not possible to use that data for cost projections. Seasonal variations in reporting were noted rather than the expected variations related to publicity efforts. It is also impossible to determine whether increased publicity results in increased reporting of cases which are found, after investigation, to be true protective service situations.

If actual cost projections are therefore rendered impossible, some systematic determination of fiscal impact can be made by assigning an arbitrary percent of increase to the service cost as a result of public information efforts. Through the use of the Quarterly Reports of Title XX service expenditures (quarter ending March, 1978) a total cost for Adult Protective Services for that quarter was determined to be \$161,810.00. If the publicity effort were to increase the Adult Protective Services caseload by 5%, the increase per quarter would be \$809.05. Other percentages can be assigned to represent a rate of increase in caseload. At a 10% rate of increase, the additional cost would be \$1,618.10. At a 15% rate of increase, the additional cost would be \$2,427.15 per quarter. With the levels of publicity described above, it is unlikely that the caseload will be increased by more than 15%. (These figures do not take into account possible increases in service cost due to inflation and increased population.) An additional unknown factor in this projection is the rate at which local welfare agencies will increase their use of the optional ten-day components. No attempt was made to include an estimate of cost increases for the optional components as a result of public information efforts, due to the lack of a direct relationship between publicity efforts and the provision of the optional components.

Because of the known costs of such a campaign and the unknown cost of an expanded caseload, it is the Department's recommendation that no special publicity efforts be undertaken at this time. There will be some publicity attached to the passage of the legislation without cost to the Department and this should be the extent of the coverage the first year. This recommendation is due to the fact that we cannot accurately predict the results or costs of such an endeavor. The fact that the State's spending has reached the limit of its federal social services reimbursement is a compelling argument against intensive publicity efforts.

SECTION V -- RECOMMENDATIONS

The Department of Welfare and the Commission for the Visually Handicapped recommend that Section 63.1-55.1 of the Code of Virginia be amended to state that "Each local board shall provide protective services for adults." Such a mandate would demonstrate the State's commitment to provide a basic level of protection to elderly and disabled citizens of the Commonwealth. Mandating the service on the level of the basic defined elements will not ensure the same level or quality of services statewide nor expand the services to additional target groups. It will express the philosophy of the legislative and executive branches of government that Virginia's elderly and disabled must be offered a minimum level of protection from harm. Two years ago, these branches of government established a standard of protection for the need of Virginia's children to be protected from abuse, neglect or exploitation. It is appropriate that this same protection be extended to three equally vulnerable target groups, the aged, disabled, and visually handicapped. The fact that the service is available throughout the Commonwealth in the absence of such action does not preclude the necessity for the mandate.

One of the issues raised by concerned agencies is that the right to self-determination might be diminished by the mandate. A careful reading of the statute shows that the individual's right to self-determination is protected by the statute itself, which severely limits the right of the State to provide services on an involuntary basis. Any services that are delivered to an adult without consent are delivered under strict definition and limitation by the Court which has entered an order for provision of needed services. Involuntary service provision within the statute's safeguards should not be construed as a violation of an individual's right to self-determination.

Time and again, the Virginia General Assembly has shown its commitment to protecting the citizens of the Commonwealth who are unable to protect themselves. The aged, disabled, and visually handicapped are among the most vulnerable of our citizens. The anticipated growth of these population groups underscores the urgency of the need for legislative mandate. Passage of this legislation would once again make real and visible the General Assembly's commitment to protection for all of its citizens

