



North Carolina Department of Health and Human Services
Division of Aging and Adult Services

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Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

Karen E. Gottovi, Director
(919) 733-3983

January 26, 2006

DEAR COUNTY DIRECTOR OF SOCIAL SERVICES

SUBJECT: FISCAL NOTE FOR APS TASK FORCE REPORT TO THE LEGISLATURE

We are moving forward with the Adult Protective Services Task Force report to the Legislative Study Commission on Aging due in April as required by Session Law 2005-23. The report will contain recommendations to broaden and strengthen county department of social services capacity to protect vulnerable and elder adults in North Carolina. A key piece of this report involves preparing a fiscal note as we indicated to the NCACDSS Executive Board in December. We urgently need your attention in completing the attached survey to move this process forward.

In September 2005, we conducted an informal survey of the total number of APS reports received by each county department of social services during FY 2004-05, the number of APS reports screened in/out, the number referred for outreach/information & referral, and the number referred for other services. We are requesting that you validate the data previously submitted to the Adult Programs Representatives by supervisors in your agency in order to develop an accurate fiscal note.

A survey is attached using a format modeled after the Annual Child Welfare Caseload Survey. Please note the data that was reported by your agency in September 2005 appears in the # REPORTED column on the survey. If the data in the # REPORTED column does not accurately reflect your records, please indicate the correct data in the # VALIDATED column. In addition, we also need data on staff positions. Please be sure your FTE breakouts equal your total FTE count. For your convenience, we have included definitions to assist with completion of the STAFF POSITIONS section of the survey.

In order for the Division to compile the data in a timely manner, **please complete the survey and return it to Rosalyn Pettyford at the above address no later than February 3, 2006.** Please note the survey must be signed by the agency director.

Thank you for your prompt attention to this matter. Given our short turn around time, if you have questions or need additional information, please contact Rosalyn Pettyford or Nancy Warren at (919) 733-3818.

Sincerely,

A handwritten signature in cursive script that reads "Suzanne P. Merrill".

Suzanne P. Merrill, Chief
Adult Services Section

SPM/rp

AFS-01-2006

Attachment

**ADULT PROTECTIVE SERVICES SURVEY
APS REPORTS (FY 2004-05)**

COUNTY NAME: _____

	#REPORTED	#VALIDATED
Number of APS Reports Received		
Number of APS Reports Screened In		
Number of APS Reports Screened Out		
Number Referred for Outreach		
Number Referred for Information & Referral		
Number Referred for Other Services		

STAFF POSITIONS

- How many staff are performing any tasks related to APS?
(e.g. APS Intake, APS Evaluations & Mobilization) _____
- Of these staff, please list the Full Time Equivalents (FTE) for each of the following areas:
 - APS Intake _____
 - APS Evaluation & Mobilization _____
- How many staff are performing any APS supervisory tasks? _____
- Of these supervisory staff, please list the Full Time Equivalents (FTE) for each of the following areas:
 - APS Intake _____
 - APS Evaluation & Mobilization _____

Note: Please consult your day sheets, other documentation and your fiscal officer(s) for assistance as needed.

Definitions:

Full Time Equivalent - means the number of full time positions allocated to adult protective services.

Supervisory Staff – means any staff that provide direct supervision to staff performing APS tasks.

DSS Director's Signature _____ Date _____