

**AGENCY ANNUAL PROGRAM PERFORMANCE REPORT FOR PATBI**

**REPORTING PERIOD:** 2014  
**STATE:** Virginia  
**AGENCY NAME:** disAbility Law Center of Virginia  
**DATE SUBMITTED:** 11/7/2014

**AGENCY INFORMATION**

**Agency Name:** disAbility Law Center of Virginia

**Address of Agency:**

**a. Main Office:**

1910 Byrd Avenue, Suite 5  
Richmond, Virginia 23230

**b. Satellite Office(s) (if applicable):**

Not Applicable

**c. Contract Office(s) (if applicable):**

Not Applicable

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**PART I: NON-CASE SERVICES**

**A. INFORMATION AND REFERRAL SERVICES (I&R)**

<b>1. Total Individuals Receiving I&amp;R Services</b>	38
<b>2. Total Number of I&amp;R requests during the Fiscal Year</b>	38

**B. TRAINING ACTIVITIES**

<b>1. Number of Trainings Presented by Staff</b>	37
<b>2. Number of Individuals Who Attended These Trainings</b>	2130

**3. Describe at least two (2) trainings presented by the staff. Be sure to include information about the topics covered, the purpose of the training, and a description of the attendees.**

The disAbility Law Center of Virginia (dLCV) sponsors “Office Hours” serving the dual purposes of training and outreach. Office Hours is a program where a dLCV advocate or attorney travels to the state Centers for Independent Living (CILs) on a regular basis to meet with consumers or staff to discuss disability advocacy issues. CILs serve persons with TBI and provide a solid opportunity to reach these individuals. During private appointments with CIL consumers, we offer individualized self advocacy training in the form of information, referral and short term assistance.

During “Office Hours” sessions dLCV provided “Who is dLCV?” presentations to educate staff and consumers about Virginia’s new P&A and introduce our goals and focus areas we presented training on topics such as employment rights and access to services. dLCV conducted nineteen visits to eight CILs during this fiscal year and presented to one-hundred fifty individuals.

dLCV provided six special education rights trainings to staff at three Regional Department of Aging and Rehabilitative Services (DARS) offices, staff and consumers at the Manassas Independence Empowerment Center, and parents and staff at the Arc of Harrisonburg. Presentations covered components of an appropriate individualized education program (IEP) and drafting measurable goals. dLCV increased parent and advocate knowledge regarding regulations governing special education and individual rights.

A brain injury does not necessarily strip someone of the capacity to direct their own lives. dLCV advocates for individuals to develop remaining capacities and maintain dignity and choice. We worked collaboratively with organizations to develop a curriculum and training materials to equip consumers to assist their peers in drafting advance directives. This curriculum trained fifty-four certified facilitators located at various Community Service Boards across the state. Staff

at the Institute of Law, Psychiatry and Public Policy at the University of Virginia provided the training and oversight. Some of the individuals who benefit from this initiative have brain injuries.

dLCV also provided twenty-one presentations on advance directives as alternatives to guardianship and involuntary treatment. We reached a total of one thousand nine hundred and one individuals, including individuals with TBI. The trainings reached a wide variety of groups, including three state-operated facilities, a law class at the University of Virginia, an international conference where two individuals from Korea were present to learn about American guardianship law, two state conferences and several regional conferences.

Using multiple funding sources, dLCV sent a letter and fact sheet on alternatives to guardianship to all one-hundred forty-nine public education special education directors in the state. The fact sheet gives an overview of supported decision-making options, informs individuals about the risks of guardianship, and highlights dLCV as a resource for families who need assistance on these issues. In addition, the letter informs schools that dLCV is available to give presentations to families or staff on these issues.

Because of limited TBI funding, dLCV training on TBI related topics overlaps with our other funding streams.

**4. Agency Outreach. Describe the agency's outreach efforts to previously unserved or underserved individuals including minority communities.**

Early in the fiscal year, dLCV participated in the Virginia Association of Centers for Independent Living (VACIL) conference in Harrisonburg, where staff met with the directors of the CILs either in person, or via conference call to advise the CIL directors of our goals and objectives and to ease the process of creating new Office Hours programs that provide effective outreach. As a result, dLCV laid the groundwork for re-establishing office hours in many of these locations including the underserved areas of Roanoke, Winchester and Staunton. dLCV reached out to all fifteen CILs and fostered relationships with eight locations to include Winchester, Harrisonburg, Norfolk, Richmond, Roanoke, Lynchburg, Fredericksburg and Manassas.

In an effort to coordinate efforts with key brain injury advocacy organizations, dLCV reached out to over fifteen established advocacy and service organizations that serve persons with traumatic brain injury (TBI) and that serve veterans, both being underserved populations. We used this outreach as an opportunity to familiarize groups with the broad mission and wide reaching objectives of dLCV. For purposes of this project, dLCV focused specific attention on the Brain Injury Association of Virginia (BIAV) and its thirty statewide support groups as the primary advocacy organization in the Commonwealth of Virginia serving persons with brain injury. dLCV educated key BIAV staff members of the many services

dLCV offers that target children and adults with TBI including special education advocacy and the newly formed Social Security Clinic.

dLCV also targeted the underserved population of Veterans, specifically those with severe service connected injuries such as TBI, by publishing an article geared toward veterans with TBI. Four military organizations published the article in print and electronic format reaching over five thousand individuals.

In another outreach effort, dLCV sent out a letter to each of the sixteen program directors for public guardianship programs in Virginia. The letter identified dLCV as a legal resource for individuals who are no longer in need of guardianship but who may not have access to legal help they need to terminate it.

Finally, in Southwest Virginia, a rural and underserved part of the state, dLCV ensured thirteen children and adolescents with TBI received services through our partnership with Brain Injury Services of the Southwest Virginia (BISSWVA). Service included case management, education and transition services, and community based services.

Because of limited TBI funding, dLCV outreach on TBI related issues overlaps with our other funding streams.

**C. INFORMATION DISSEMINATED TO THE PUBLIC**

<b>1. Radio and TV Appearances by Agency Staff</b>	1
<b>2. Newspaper/Magazine/Journal Articles Prepared by Agency Staff</b>	3
<b>3. PSAs/Videos Aired by the Agency</b>	0
<b>4. Website Hits</b>	71480
<b>5. Publications/Booklets/Brochures Disseminated by the Agency</b>	6

**6. Other- n/a**

<b>Number</b>	<b>Description (use separate sheets if necessary)</b>

**7. External Media Coverage of Agency Activities**

<b>Radio/TV Coverage</b>	<b>Newspaper/ Magazines/Journal</b>	<b>PSAs/Videos</b>	<b>Publications/ Booklets/ Brochures</b>
0	0	0	0

**PART II: CASE-SERVICES**

**A. INDIVIDUALS SERVED**

<b>1. Individuals</b>	
<b>a. Individuals Served Receiving Advocacy at Start of Fiscal Year (carryover from prior)</b>	2
<b>b. Additional Individuals Served During Fiscal Year (new for fiscal year)</b>	14
<b>c. Total Number of Individuals Served During Fiscal Year (a + b)</b>	16
<b>d. Total Number of Individuals with Cases that Were Closed During Fiscal Year</b>	14
<b>e. Total Individuals Still Being Served at the End of the Fiscal Year</b>	2

<b>2. Services</b>	
<b>a. Number of Cases/Service Requests Open at Start of Fiscal Year (carryover from prior)</b>	2
<b>b. Additional Cases/Service Requests Opened During Fiscal Year (new for fiscal year)</b>	15
<b>c. Total Number of Cases/Service Requests During Fiscal Year (a + b)</b>	17
<b>d. Total Number of Cases/Service Requests that Were Closed During Fiscal Year</b>	15
<b>e. Total Number of Cases/Service Requests Open at the End of the Fiscal Year</b>	2

**B. PROBLEM AREAS/COMPLAINTS OF INDIVIDUALS SERVED**

<b>Complaint</b>	
<b>1. Abuse (total)</b>	1
<b>a. Inappropriate Use of Restraint &amp; Seclusion</b>	
<b>b. Involuntary Treatment</b>	
<b>c. Physical, Verbal, &amp; Sexual Assault</b>	1
<b>d. Other</b>	
<b>2. Access to Records</b>	
<b>3. Advance Directives</b>	3
<b>4. Architectural Accessibility</b>	
<b>5. Assistive Technology (total)</b>	
<b>a. Augmentative Comm. Devices</b>	
<b>b. Durable Medical Equipment</b>	

<b>c. Vehicle Modification/Transportation</b>	
<b>d. Other</b>	
<b>6. Civil Commitment</b>	
<b>7. Custody/Parental Rights</b>	
<b>8. Education (total)</b>	<b>2</b>
<b>a. FAPE: IEP/IFSP Planning/Development/Implementation</b>	<b>2</b>
<b>b. FAPE: Discipline/Procedural Safeguards</b>	
<b>c. FAPE: Eligibility</b>	
<b>d. FAPE: Least Restrictive Environ.</b>	
<b>e. FAPE: Multi-disciplinary Evaluation/Assessments</b>	
<b>f. FAPE: Transition Services</b>	
<b>g. Other</b>	
<b>9. Employment Discrimination (total)</b>	<b>1</b>
<b>a. Benefits</b>	
<b>b. Hiring/Termination</b>	
<b>c. Reasonable Accommodations</b>	<b>1</b>
<b>d. Service Provider Issues</b>	
<b>e. Supported Employment</b>	
<b>f. Wage and Hour Issues</b>	
<b>g. Other</b>	
<b>10. Employment Preparation</b>	
<b>11. Financial Benefits (total)</b>	
<b>a. SSDI Work Incentives</b>	
<b>b. SSI Eligibility</b>	
<b>c. SSI Work Incentives</b>	
<b>d. Social Security Benefits Cessation</b>	
<b>e. Welfare Reform</b>	
<b>f. Work Related Overpayments</b>	
<b>g. Other Financial Entitlements</b>	
<b>12. Forensic Commitment</b>	
<b>13. Government Benefits/Services</b>	<b>4</b>
<b>14. Guardianship/Conservatorship</b>	
<b>15. Healthcare (total)</b>	

<b>a. General Healthcare</b>	
<b>b. Medicaid</b>	
<b>c. Medicare</b>	
<b>d. Private Medical Insurance</b>	
<b>e. Other</b>	
<b>16. Housing (total)</b>	
<b>a. Accommodations</b>	
<b>b. Architectural Barriers</b>	
<b>c. Landlord/Tenant</b>	
<b>d. Modifications</b>	
<b>e. Rental Denial/Termination</b>	
<b>f. Sales/Contracts/Ownership</b>	
<b>g. Subsidized Housing/Section 8</b>	
<b>h. Zoning/Restrictive Covenants</b>	
<b>i. Other</b>	
<b>17. Immigration</b>	
<b>18. Neglect (total)</b>	<b>5</b>
<b>a. Failure to Provide Necessary or Appropriate Medical Treatment</b>	<b>1</b>
<b>b. Failure to Provide Necessary or Appropriate Mental Health Treatment</b>	<b>3</b>
<b>c. Failure to Provide Necessary or Appropriate Personal Care &amp; Safety</b>	
<b>d. Other</b>	<b>1</b>
<b>19. Post-Secondary Education</b>	
<b>20. Non-Medical Insurance</b>	
<b>21. Privacy Rights</b>	
<b>22. Rehabilitation Services (total)</b>	
<b>a. Communications Problems (Individuals/Counselor)</b>	
<b>b. Conflict About Services To Be Provided</b>	
<b>c. Individual Requests Information</b>	
<b>d. Non-Rehabilitation Act</b>	
<b>e. Private Providers</b>	
<b>f. Related to Application/Eligibility Process</b>	
<b>g. Related to IWRP Development/Implementation</b>	



h. Related to Title I of ADA	
i. Other Rehabilitation Act-related problems	
23 Suspicious Death	
24. Transportation (total)	1
a. Air Carrier	
b. Paratransit	
c. Public Transportation	1
d. Other	
25. Unnecessary Institutionalization	
26. Voting (total)	
a. Accessible Polling Place / Equipment	
b. Registration	
c. Other	
27. Other*	

\*For any cases listed under “27. Other,” describe the specific problem area or complaint and the number of cases covered under each problem area or complaint listed. Use separate sheets if necessary.

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### C. REASONS FOR CLOSING CASE FILES

1. Reason for Closing Case Files	
a. All Issues Resolved in Client’s Favor	2
b. Some Issues Resolved in Client’s Favor	10
c. Other Representation Obtained	
d. Individual Withdrew Complaint	1
e. Services Not Needed Due to Death, Relocation, etc.	
f. Individual Not Responsive to Agency	1
g. Case Lacked Legal Merit	1
h. Conflict of Interest	
i. Agency Withdrew from Case	
j. Lack of Resources	
k. Not Within Priorities	
l. Issue Not Resolved in Client’s Favor	
m. Other*	

n. Total	15
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\*For any cases listed under "Other," describe the reason for closing the case and the number of cases covered under each reason listed. Use separate sheets if necessary.

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**D. HIGHEST INTERVENTION STRATEGY**

<b>Interventions</b>	
<b>1. Short Term Assistance</b>	13
<b>2. Systemic/Policy Activities</b>	
<b>3. Investigation/Monitoring</b>	2
<b>4. Negotiation</b>	
<b>5. Mediation/Alternative Dispute Resolution</b>	
<b>6. Administrative Hearing</b>	
<b>7. Legal Remedy/Litigation</b>	
<b>8. Class Action Suits</b>	

**PART III: STATISTICAL INFORMATION FOR INDIVIDUALS SERVED**

**A. AGE OF INDIVIDUALS SERVED**

<b>Age</b>	
<b>0 to 12</b>	2
<b>13 to 18</b>	0
<b>19 to 25</b>	3
<b>26 to 64</b>	11
<b>65 and over</b>	0
<b>Total</b>	16

**B. GENDER OF INDIVIDUALS SERVED**

<b>Male</b>	15
<b>Female</b>	1
<b>Total</b>	16

**C. RACE/ETHNICITY OF INDIVIDUALS SERVED**

<b>Race/Ethnicity</b>
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1. American Indian/Alaskan Native	0
2. Arab American	
3. Asian	
4. Black/African American	6
5. Hispanic/ Latino	
6. Native Hawaiian/Other Pacific Islander	
7. White/Caucasian	10
8. Multiracial/Multiethnic	
9. Race/Ethnicity Unknown	
10. Other Than Above*	
11. Total	16

\*For any individuals listed under "Other Than Above," describe the race/ethnicity of the individual and the number of cases covered under each description listed. Use separate sheets if necessary.

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#### D. LIVING ARRANGEMENTS OF INDIVIDUALS SERVED

<b>Arrangement</b>	
1. Community Residential Home	1
2. Foster Care	
3. Homeless/Shelter	1
4. Legal Detention/Jail/Prison	3
5. Nursing Facility	1
6. Parental/Guardian or Other Family Home	5
7. Independent	3
8. Private Institutional Setting	
9. Public (State Operated) Institutional Setting	1
10. Public Housing	
11. VA Hospital	
12. Other*	
13. Unknown/Not Provided	1

\*For any cases listed under "Other," describe the living arrangement of the individual and the number of cases covered under each description listed.

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**E. GEOGRAPHIC LOCATION**

<b>Geographic Location</b>	
<b>1. Urban/Suburban</b>	10
<b>2. Rural</b>	6
<b>3. Total</b>	16

**PART IV: SYSTEMIC ACTIVITIES AND LITIGATION**

**A. SYSTEMIC ACTIVITIES**

<b>1. Number of Policies/Practices Changed as a Result of Non-Litigation Systemic Activities</b>	1
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**2. Describe the agency’s systemic activities. Be sure to include information about the policies that were changed and how these changes benefit individuals with disabilities. If possible, estimate the number of individuals potentially impacted by such policy changes. Also include at least three case examples of how the agency’s systemic activities impacted individuals served.**

Behavioral manifestations from TBI can place students at risk for seclusion and restraint practices, a systemic issue addressed by dLCV this fiscal year.

Educating policy makers about dangerous seclusion and restraint practices used in public schools, dLCV obtained policies, procedures and forms related to seclusion and restraint from one-hundred twenty eight school divisions. We then released our report titled: “Unrestrained Danger: Seclusion and Restraint in Virginia”. This report generated interest with the public as well as other advocacy organizations. The Commission on Youth references dLCV’s report in their summary of seclusion and restraint in schools presented to the General Assembly.

dLCV worked collaboratively with the Director of Child Advocacy within Greater Richmond’s Stop Child Abuse Now (SCAN) to coordinate a coalition of advocacy groups, self-advocates, and providers to address the issues of seclusion and restraints in public schools. That coalition became “Coalition for the Improvement of School Safety” (CISS). dLCV is actively involved in CISS.

dLCV represented ten students under other funding streams involving incidents of the inappropriate use of seclusion and restraint, including prone restraint in public schools. We assisted parents with filing Department of Education complaints and educating them about requesting and monitoring behavioral supports provided by the school system.

Case Example worked under an alternate funding stream: dLCV helped Denny, a 5-year-old child who was repeatedly banging his head against multiple surfaces at school. The school wanted to place a helmet, a mechanical restraint, on Denny for the entire day. The parents opposed the use of the helmet. dLCV provided technical assistance to the parents and the school dropped its plan to utilize the helmet.

**B. LITIGATION/CLASS ACTIONS**

<b>1. Total Number of Non-Class Action Lawsuits Filed</b>	0
<b>a. Number of Non-Class Action Lawsuits Filed During Fiscal Year (new for fiscal year)</b>	0
<b>b. Number of Non-Class Action Lawsuits Filed at Start of Fiscal Year (carryover from prior fiscal year)</b>	0
<b>2. Total Number of Class Action Lawsuits Filed</b>	0
<b>a. Number of Class Action Lawsuits Filed During Fiscal Year (new for fiscal year)</b>	0
<b>b. Number of Class Action Lawsuits Filed at Start of Fiscal Year (carryover from prior fiscal year)</b>	0

**3. Describe the agency’s litigation/class action activities. Explain how individuals with disabilities benefited from such litigation. If possible, estimate the number of individuals potentially impacted by changes resulting from the litigation. Be sure to include at least three case examples that demonstrate the impact of the agency’s litigation.**

N/A

**C. MONITORING**

**Describe any monitoring conducted by the agency by providing the major areas of non-litigation-related monitoring activities and the groups likely to be affected. Address the major outcomes of the monitoring activities during the fiscal year. Be sure to include at least three case examples that demonstrate the impact of the agency’s monitoring activities.**

dLCV uses funds from multiple programs to monitor conditions at all sixteen of the Department of Behavioral Health and Developmental Services (DBHDS)-operated facilities. DBHDS facilities often house and treat individuals with behavioral issues arising from TBI. dLCV conducted regular staff visits to each facility, accessed video surveillance, and collected and reviewed pertinent data and reports (including, patient injury and death reports, facility census and staffing data, Adult Protective Services and Joint Commission reports, and data on the use of seclusion and restraint in each facility).

dLCV staff assigned to each facility obtain and review specific additional materials based on patterns, trends, and problem areas particular to that facility. One noteworthy trend in the patient injury data is the high incidence of falls which are a common cause of TBI.

dLCV successfully asserted access authority under the Developmental Disabilities Act and Protection and Advocacy for Individuals with Mental Illness Act to monitor Department of Juvenile Justice (DJJ) facilities that serve children with TBI and other disabilities. Our Memo of Understanding with DJJ increases understanding across all parties and targeted monitoring continues in FY 15.

The outcomes of these monitoring activities are systemic in nature and hence are have impact on all facility residents, including those with TBI.

Case Examples: As detailed in Part 5. Priority 4, Dalton received assistance from dLCV regarding his clinical discharge-readiness status.

Case Example worked under an alternate funding stream: Erin, a resident of a state operated mental health hospital with TBI, needed assistance understanding her rights regarding discharge to the community. dLCV helped Erin learn about her rights and advocate for a discharge plan consistent with her desires. As a result, Erin was able to improve her relationship with her treatment team, and successfully advocate for her own discharge and post-discharge resources. Post-discharge, dLCV provided Erin additional information on transition resources and vocational rehabilitation services to work toward economic independence.

#### **D. LITIGATION-RELATED MONITORING**

**Describe any monitoring conducted by the agency related to court orders or case settlements by providing the major areas of monitoring and the groups likely to be affected. Address the major outcomes of the litigation-related monitoring during the fiscal year. Be sure to include at least three case examples that demonstrate the impact of the agency's litigation-related monitoring.**

N/A

#### **E. FULL OR PRELIMINARY INVESTIGATIONS**

**Describe any full investigations conducted by the agency by providing the major areas of investigation and the groups likely to be affected. Address the major outcomes of the investigations during the fiscal year. Be sure to include at least three case examples that demonstrate the impact of the agency's investigations. Use separate sheets if necessary.**

Emanuel is an inmate with a TBI who alleged improper administration of his medications by the jail. dLCV completed an in depth investigation and was able to substantiate the claim by obtaining evidence from the client and the jail. dLCV presented the findings report and the jail superintendent took corrective actions

to ensure proper medication administration throughout the facility thus positively allowing Emanuel and all inmates to get the medication they need.

A second investigation involved Edward, a dLCV client with TBI in a nursing home facing neglect. See Example 1 in Part V. A, Priority 1 of this report.

**F. DEATH INVESTIGATIONS**

<b>1. Number of Formal Death Reports Received</b>	0
<b>2. Number of Informal/External Death Reports Received</b>	0
<b>3. Number of Death Investigations</b>	0

**4. Describe any death investigations conducted by the agency during the fiscal year and any subsequent activities resulting from these investigations. Also include the major outcomes of the death investigations. Use separate sheets if necessary.**

N/A

**PART V: PRIORITIES AND OBJECTIVES**

**A. CURRENT PRIORITIES AND OBJECTIVES**

**Priority #1:** People with Disabilities are Free from Abuse and Neglect

**Description of Need, Issue, or Barrier Addressed**

**Indicator(s):**

Investigate allegations of abuse or neglect of individuals with disabilities in licensed community residential settings.

<b>Outcome:</b>	Met
<b>Total Number of Cases Handled</b>	3

**Illustrative Cases (at least one specific case description showing the success)**

dLCV investigated the death of Edward, an individual diagnosed with a traumatic brain injury who had been in a persistent vegetative state and residing in a private nursing home. Edward’s wife asserted that serious medical neglect by the nursing home lead to his death. dLCV helped Edward’s wife file a formal complaint with the Virginia Department of Health Office of Licensure. dLCV also provided Edward’s wife with information about her right to file a complaint with the Office of Health Professions.

David is a young man with a TBI incarcerated at a state corrections facility. He contacted dLCV seeking assistance to understand his rights. dLCV provided David's authorized representative with rights information and legal advice concerning legal incompetency, restorative treatment and the process and implications of pleading "Not Guilty By Reason of Insanity."

**Priority #2: Children with Disabilities Receive an Appropriate Education**

**Description of Need, Issue, or Barrier Addressed**

**Indicator(s):**

Provide self-advocacy education rights presentation to parent or child advocacy groups regarding special education rights and assistive technology, and an overview of DLCV services.

Represent children with TBI denied appropriate evaluations, services, or accommodations under their IEP or 504 Plan.

Through contract with Brain Injury Services of the Southwest, represent children with TBI to receive appropriate special education services through September 30, 2014.

<b>Outcome:</b>	Met
<b>Total Number of Cases Handled</b>	2

**Illustrative Cases (at least one specific case description showing the success)**

This year dLCV engaged in a variety of activities to ensure children with TBI received an appropriate education. These included the following:

As explained in Part 1. B. 3 of this report, dLCV provided six special education rights trainings to advocacy groups, increasing parent and advocate knowledge regarding regulations governing special education and individual student and parent rights.

dLCV provided two children with TBI direct case level special education advocacy services. The first child, Charley, exhibited behaviors manifesting from his TBI that resulted in continuous suspensions. dLCV determined that he lacked a functional behavioral analysis to inform his IEP team to prevent the suspensions. dLCV reviewed a large volume of records and discovered a discrepancy between his mother's desire for a more restrictive environment and the child's best interests. We educated Charley's mother regarding changes to his IEP, evaluations, placement considerations, and remedies to allow her to effectively advocate on her son's behalf.



Another on-going education case involves Tony, who has challenging behaviors typical of children with TBI. dLCV is helping his parent formulate a plan to address these behaviors and to bolster his IEP.

dLCV renewed a contract with Brain Injury Services of Southwest Virginia (BISSWVA) to supplement TBI advocacy efforts by targeting the chronically underserved southwestern portion of the state. BISSWVA served a total of thirteen students with TBI. One of these cases involved a young man who sustained a TBI diagnosis as a result of car accidents, while also dealing with a dysfunctional family life and the development of a mental illness. Despite challenging circumstances involving his family, the school and the community, BISSWVA focused on the education of this young man, helping him surpass all expectations and achieve a standard diploma. BISSWVA continues to provide intensive transition services to him to pave the way for his employment.

**Priority #3: People with Disabilities Have Equal Access to Government Services**

**Description of Need, Issue, or Barrier Addressed**

**Indicator(s):**

Represent individuals with disabilities regarding the denial of Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI) benefits by the Social Security Administration at the appeal level. Preference will be given to individuals who have been denied representation by private counsel.

Prepare and submit articles regarding TBI and related services to Veteran’s groups or organizations for publication in bulletins or newsletters regarding disability rights or access to appropriate services.

Coordinate efforts with an established advocacy group which currently provides services to veterans or other adults with traumatic brain injuries to identify and assist dLCV in the provision of information and legal services to adults with TBI.

Represent Veterans or other adults with TBI denied appropriate services or supports, or denied rights due to their disability.

<b>Outcome:</b>	Met
<b>Total Number of Cases Handled</b>	7

**Illustrative Cases (at least one specific case description showing the success)**

Using other funding, dLCV established a Social Security Clinic to serve persons with disabilities seeking information, short-term assistance (STA) or

representation for their Social Security disability insurance (SSDI) or Social Security income (SSI) claims. The Clinic helped two individuals with TBI. June was at the beginning of the SSI application process and dLCV educated her on how to gather documentation and apply for benefits. The other client, Jonny, was at the end of the application process and dLCV educated him on his benefit options.

Tammy is currently receiving dLCV representation for a supplemental hearing. Documentation of medical history relating to her TBI is proving difficult to find. The case will hinge on whether dLCV can prove that her disability includes the TBI and the direct impact on her inability to work. Tammy is homeless and lost her three children due to her disability. The outcome of this case will have a huge impact on her future and the future of her family.

In Part 1. B. 4. dLCV reported disseminating an informative article among Veterans and organizations serving persons with TBI regarding the new SSA initiative to expedite claims involving Veterans with a 100% Permanent & Total disability rating.

In Part 1. B. 4. we report efforts to connect directly with the advocacy organizations that serve Virginians with brain injuries. The primary organization is the Brain Injury Association of Virginia (BIAV) and its thirty support statewide groups. dLCV educated the Senior Resource Coordinator of BIAV regarding dLCV services and outreach to children with TBI in the school system and individuals seeking help with social security claims. This connection resulted in two referrals of students with TBI referenced in Priority 2 and their agreement to disseminate the Veteran article in an upcoming newsletter.

dLCV created an article titled 'Social Security News for Military Veterans' and arranged publishing by three Veteran groups which included the Paralyzed Veterans of America/Virginia Chapter, Operation First Response, and the Virginia Employment Commission's Veterans outreach program.

**Priority #4:** People with Disabilities Live in the Most Appropriate Integrated Environment

**Description of Need, Issue, or Barrier Addressed**

**Indicator(s):**

Represent individuals at DBHDS-operated psychiatric hospitals who have been identified as ready for discharge for more than ninety (90) days to ensure timely and appropriate discharge planning and referral to vocational rehabilitation services and benefits planning.

Inform consumers, family members, and service providers about supported decision-making options and alternatives to guardianship by providing trainings at conferences and programs.

Represent individuals in preparing a Healthcare Directive or Power of Attorney as an alternative to guardianship or involuntary treatment.

<b>Outcome:</b>	Met
<b>Total Number of Cases Handled</b>	4

**Illustrative Cases (at least one specific case description showing the success)**

One case involved Dalton, a man with TBI who requested assistance in obtaining verification of his clinical discharge-readiness status. dLCV provided detailed legal advice explaining our findings, the legal implications of his status, and his legal options based on that status. dLCV educated Dalton about the process to allow him to understand where he stands with discharge protocol.

As reported in Part 1. B. 4. dLCV sent a letter and fact sheet on alternatives to guardianship to every public school special education director in the state providing an overview of supported decision-making options and the risks of guardianship, and highlights dLCV as a resource for families who need assistance on these issues.

dLCV provided twenty-one presentations on advance directives as alternatives to guardianship. After one training, a mother called dLCV. She thought guardianship was the only option for her eighteen year old son Tyrone, who has a TBI. dLCV explained the guardianship process and cost and educated the mother about how she would be taking away many of her son’s freedoms and rights. The discussion led to dLCV creating alternatives to guardianship and powers of attorney for health, finances and education as an appropriate and adequate alternative as Tyrone wished. dLCV drafted these documents and this client avoided guardianship.

**Priority #5:** People with Disabilities Have Equal Access to Appropriate and Necessary Healthcare

**Description of Need, Issue, or Barrier Addressed**

**Indicator(s):**

Represent individuals denied needed and appropriate Medicaid services under a Waiver Program or under the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program.

<b>Outcome:</b>	Met
<b>Total Number of Cases Handled</b>	1

**Illustrative Cases (at least one specific case description showing the success)**

Dougie was at risk of nursing home placement due to lack of appropriate Medicaid Waiver services. He received an emergency Developmental Disabilities (DD) Waiver slot, but his services were backlogged and pending approval from Medicaid's contractor. dLCV opened a case to ensure Dougie's services were provided in a timely manner. dLCV helped Dougie acquire the personal assistance and respite services he desperately needed to stay in the community. With services in place, Dougie has greater independence and lives in his own home.

## **B. AGENCY ACCOMPLISHMENTS**

dLCV positively affected the lives of fourteen Virginians with TBI by providing individual services in a variety of disability advocacy areas. dLCV assisted two children with complex behaviors to receive better instruction and accommodations in the classroom. dLCV provided direct assistance to three adults in their attempts to obtain Social Security disability. dLCV provided two more individuals with help regarding issues of neglect arising from facilities and coordinated a discharge from a state hospital for an individual.

Four individuals received assistance surrounding their incarceration. dLCV reviewed one Power of Attorney document and assisted an individual in avoiding a nursing home placement due to Medicaid Waiver issues.

dLCV renewed our contract with Brain Injury Services of Southwest Virginia (BISSWVA). They provide vital individual advocacy services to children with TBI in the underserved southwestern part of the state. BISSWVA assisted thirteen children this fiscal year attending IEP meetings and advocating for adequate educational service plans. Services extended beyond the school setting to address family, medical, and community issues. dLCV is continuing our collaboration with BISSWVA in FY 15.

dLCV published an article to inform Veterans with a 100% Permanent and Total disability rating of the Social Security Administration's newly launched program to expedite their claims.

dLCV focused training and outreach, statewide, to the Centers for Independent Living with our Office Hours program. Topics included "Who is dLCV" as well as social security issues, employment rights and other topics of interest to individuals with TBI. Nineteen visits and eight presentations reached one-hundred fifty individuals, many of whom reside in underserved areas.

dLCV provided twenty-one presentations on advanced directives as alternatives to guardianship and involuntary treatment.

dLCV sent fact sheets to all state special education directors on supported decision making options addressing guardianship alternatives.

dLCV mailed an outreach letter to each of the sixteen program directors for public guardian programs in Virginia identifying dLCV as a legal resource for individuals no longer in need of guardianship.

Our systemic work focused on dangerous seclusion and restraint practices in public schools. dLCV produced a report that will be included in the Commission on Youth's summary to the General Assembly.

**C. IMPLEMENTATION PROBLEMS**

Limited resources remains a significant impediment to meeting the advocacy needs of adults and children with TBI. dLCV staff regularly used other appropriate funding resources to serve potential PATBI-eligible individuals in order to maximize total services provided. Additional PATBI funds would permit dLCV to increase PATBI goal objectives. The unmet need is significant.

**PART VI: AGENCY ADMINISTRATION**

**A. GRIEVANCES FILED**

<b>PATBI grievances filed against the agency during the fiscal year</b>	<b>0</b>
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**B. COLLABORATIVE EFFORTS**

dLCV collaborated with the following agencies on TBI funded work in FY 14:

- NDRN sponsored webinar on Unique Services to Veterans with TBI
- Department of Aging and Rehabilitation Services
- Department for Blind and Visually Impaired
- Department of Behavioral Health and Developmental Services
- Brain Injury Association of Virginia
- Brain Injury Services, Inc.
- Brain Injury Services of Southwest Virginia
- Virginia Department of Education
- Partnership for People with Disabilities
- Partners in Policymaking
- Virginia Employment Commission
- William & Mary's Lewis B. Puller, Jr. Veterans' Benefits Clinic

Hunter Holmes McGuire VA- STAR program  
Hunter Holmes McGuire VA-Defense and Veterans Brain Injury Centers  
Operation First Response  
Paralyzed Veterans of America/Mid-Atlantic Chapter  
Fort Belvoir Eagle  
Fort Belvoir Community Hospital/National Intrepid Center of Excellence (NICoE)  
for veteran patients with TBI  
Fort Lee Traveler  
Flagship News  
Peninsula Warrior  
Wounded Warriors

**1. NETWORK COLLABORATION**

dLCV collaborated and consulted with the National Disability Rights Network (NDRN). Several dLCV staff subscribe to NDRN supported P&A listservs allowing access to up-to-date information and numerous relevant webinars. These listservs offer P&As the opportunity to consult and collaborate nationwide on similar issues and concerns facing people with disabilities. dLCV continues to work closely with NDRN while serving the needs of Virginians with TBI and other disabilities.

**2. ALL OTHER COLLABORATION**

N/A

**PART VII. END OF FORM**

\_\_\_\_\_  
Robert Gray, Deputy Director for Compliance and QA

\_\_\_\_\_  
Date

\_\_\_\_\_  
Colleen Miller, Executive Director

\_\_\_\_\_  
Date