

PAIR FY 15 PPR

RSA-509 - Protection & Advocacy of Individual Rights (PAIR) Program Performance Report

Virginia (disAbility Law Center of Virginia) - H240A110047

General Information

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Part I. Non-Case Services

A. Individual Information and Referral Services (I&R)

Multiple responses are not permitted.

- | | |
|--|-----|
| 1. Individuals receiving I&R within PAIR priority areas | 256 |
| 2. Individuals receiving I&R outside PAIR priority areas | 593 |
| 3. Total individuals receiving I&R (lines A1 + A2) | 849 |

B. Training Activities

- | | |
|--|-------|
| 1. Number of trainings presented by PAIR staff | 47 |
| 2. Number of individuals who attended training (approximate) | 1,364 |

C. Information Disseminated to the Public

- | | |
|---|-------|
| 1. Radio and TV appearances by PAIR staff | 0 |
| 2. Newspaper/magazine/journal articles | 5 |
| 3. PSAs/videos aired | 1 |
| 4. Hits on the PAIR/P&A website | 25863 |
| 5. Publications/booklets/brochures disseminated | 2775 |
| 6. Other (report to general assembly) | 1 |

Describe the trainings presented by PAIR staff. Be sure to include information about the topics covered, the training methods used, and the purpose for the training.

The disAbility Law Center of Virginia (dLCV) used Protection and Advocacy of Individual Rights (PAIR) and other grant funding for direct client services and systemic projects to protect rights and improve conditions for people with disabilities. dLCV engaged in a number of non-litigation activities in FY15. dLCV provided 47 community trainings throughout the state of Virginia to include individuals with disabilities, family members, educators, advocates, attorneys, administrators, senior citizens, emergency services clinicians, judges, and students.

dLCV provided an overview of its policy-based investigation into the use of restraint and seclusion in Virginia's public schools to a variety of special committees and interested advocates to promote recommendations to the governor. The recommendations presented to the governor included a request to sign regulations regarding restraints and seclusion in private schools and to address the lack of policies statewide for public schools and to direct the Department of Education to promulgate regulations related to the use of restraints and seclusion in Virginia's public schools. The Governor signed off and legislation passed mandating creation of seclusion and restraint regulations. dLCV is actively following the regulation development through stakeholder meetings and opportunities for public comment.

The disAbility Law Center of Virginia (dLCV) provided 17 presentations on alternatives to guardianship this year. The presentations reached 570 individuals. Audiences included individuals with intellectual disability and those with mental illness, family members, advocates, case managers, senior citizens, emergency services clinicians, public guardians, and judges. dLCV presented at statewide conferences including the Children's Mental Health Symposium, Mental Health America of Virginia, Annual Judicial Conference, and Annual Public Guardianship Conference. dLCV trained law students at the University of Virginia Mental Health and Elder Rights Law Clinic. They in turn agreed to train individuals at Western State Hospital and at Region Ten's Mental Health Clubhouse Program.

dLCV presented on Supported Decision-Making at the statewide Public Guardianship Conference. This conference is required of all public guardianship programs. As a result of previous training and outreach by dLCV at the Virginia Public Guardianship and Conservatorship Advisory Board, supported decision-making is a standard for best practice for public guardians.

dLCV presented at the annual Judicial Conference on Supported Decision-Making as an alternative and adjunct to guardianship. dLCV's proposal was lauded as one of the most comprehensive proposals ever submitted. dLCV presented at two break-out sessions during the conference, reaching approximately 80 judges.

Office Hours is one of dLVCV's most comprehensive and effective collaborative efforts. dLVCV partnered with 8 Centers for Independent Living (CILs) for Office Hours for a total of 19 days to reach approximately 300 individuals with disabilities in various parts of the state. These locations included Petersburg, Rocky Mount/Martinsville, Roanoke, Lynchburg, Norfolk, Fredericksburg, Manassas, and Richmond. Office Hours is an opportunity for individuals to meet one-on-one with dLVCV staff to discuss their specific issue. dLVCV staff provides information and referral, substantive or procedural guidance and completes an intake, if appropriate. dLVCV used various grants for this project and staff presented on various topics that included Special Education Rights, Employment Rights, Vocational Rehabilitation and Client Assistance Program Rights, Voting Rights, Assistive Technology Rights for Adults, Assistive Technology Rights for Children and "Who is dLVCV," an overview of dLVCV's myriad of services related to goals and focus areas for fiscal year 2015.

The disAbility Law Center of Virginia (dLVCV) conducted a presentation to the University of Virginia Law School Mental Health and Elder Law Clinic on the topic of advance directives. There were 10 participants, (8 students and 2 staff.) dLVCV presented at the University of Richmond Law School American Constitutional Society on The ADA in Virginia: A Frank Discussion, covering trends relating to issues that affect people with disabilities in the state. 35 students were in attendance. dLVCV presented to the Washington and Lee Clinic and Externship Students on the subject of rights related to service animals to approximately 10 students and faculty.

dLVCV provided an agency introduction and outreach effort to diverse groups with little knowledge about our agency across the state to reach approximately 163 individuals in 11 venues. Audiences included community members with and without disabilities, employers, college instructors, students, staff, family members, and residents of rehabilitation centers and group homes. dLVCV presented on various topics to groups including Norfolk Sentara Rehabilitation Center, John Tyler Community College, Faison School for Autism, Good Neighbor Community Services, the Division of Aging and Rehabilitation Services (DARS) in Virginia Beach, Abingdon and Culpepper, the Rotary Club in Richmond, the Commonwealth Workforce Network Meeting in Richmond ,and the Virginia Commonwealth University (VCU) LEAP program in Richmond.

Part II. Individuals Served

A. Individuals Served

Count individual once per FY. Multiple counts not permitted for lines A1 through A3.

- | | |
|---|-----|
| 1. Individuals still served as of October 1 (carryover from prior FY) | 30 |
| 2. Additional individuals served during the year | 81 |
| 3. Total individuals served (lines A1 + A2) | 111 |

4. Individuals w. more than 1 case opened/closed during the FY. (Do not add this number to total on line A3 above.) 10

B. Individuals served as of September 30 25
 Carryover to next FY may not exceed total on line II. A.3 above

C. Problem Areas/Complaints of Individuals Served

1. Architectural accessibility	15
2. Employment	1
3. Program access	6
4. Housing	0
5. Government benefits/services	47
6. Transportation	2
7. Education	12
8. Assistive technology	0
9. Voting	0
10. Health care	14
11. Insurance	0
12. Non-government services	8
13. Privacy rights	2
14. Access to records	0
15. Abuse	4
16. Neglect	5
17. Other	6

D. Reasons for Closing Individual Case Files

1. Issues resolved partially or completely in individual favor	75
2. Other representation found	3
3. Individual withdrew complaint	7
4. Appeals unsuccessful	1
5. PAIR Services not needed due to individual's death, relocation etc.	3
6. PAIR withdrew from case	1
7. PAIR unable to take case because of lack of resources	0
8. Individual case lacks legal merit	3
9. Other (please explain)	3

E. Intervention Strategies Used in Serving Individuals

List the highest level of intervention used by PAIR prior to closing each case file.

1. Technical assistance in self-advocacy	4
2. Short-term assistance	57
3. Investigation/monitoring	4
4. Negotiation	18
5. Mediation/alternative dispute resolution	1
6. Administrative hearings	1
7. Litigation (including class actions)	1
8. Systemic/policy activities	0

Part III. Statistical Information on Individuals Served

A. Age of Individuals Served as of October 1

Multiple responses not permitted.

1. 0 – 4	0
2. 5 – 22	15
3. 23 – 59	70
4. 60 – 64	7
5. 65 and over	19

B. Gender of Individuals Served

Multiple responses not permitted.

1. Females	67
2. Males	44

C. Race/Ethnicity of Individuals Served

1. Hispanic/Latino of any race	5
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For individuals who are non-Hispanic/Latino only

2. American Indian or Alaskan Native	0
3. Asian	2
4. Black or African American	34
5. Native Hawaiian or Other Pacific Islander	0
6. White	64
7. Two or more races	5
8. Race/ethnicity unknown	1

D. Living Arrangements of Individuals Served

Multiple responses not permitted.

1. Independent	58
2. Parental or other family home	30
3. Community residential home	5
4. Foster care	0
5. Nursing home	6
6. Public institutional living arrangement	3
7. Private institutional living arrangement	1
8. Jail/prison/detention center	4
9. Homeless	3
10. Other living arrangements	1
11. Living arrangements not known	0

E. Primary Disability of Individuals Served

Identify the individual's primary disability, namely the one directly related to the issues/complaints

1. Blind/visual impairment	4
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2. Deaf/hard of hearing	13	
3. Deaf-blind	0	
4. Orthopedic impairment	20	
5. Mental illness	28	
6. Substance abuse		1
7. Mental retardation		0
8. Learning disability		3
9. Neurological impairment		17
10. Respiratory impairment		1
11. Heart/other circulatory impairment		5
12. Muscular/skeletal impairment		13
13. Speech impairment		0
14. AIDS/HIV		0
15. Traumatic brain injury		0
16. Other disability		17

Part IV. Systemic Activities and Litigation

A. Systemic Activities

- 1. Number of policies/practices changed as a result of non-litigation systemic activities 7
- 2. Number of individuals potentially impacted by policy changes 252,500

Describe your systemic activities.

Late in FY 14, dLCV released a report, [Unrestrained Danger: Seclusion and Restraint in Virginia Public Schools](#), describing serious risks regarding the use of seclusion and restraint in Virginia’s public schools. Public schools faced no oversight or regulation of these dangerous practices. Many school districts had largely ignored the “VDOE Guidelines for Managing Student Behaviors in Emergency Situations,” and many local school districts had no written policies or procedures.

Armed with this study, dLCV worked as a part of the Coalition for Student Safety (CISS) to support legislation requiring regulations governing the use of seclusion and restraint in public elementary and secondary schools in Virginia. In February 2015, the state legislature passed this historic legislation. Now, Both as a member of the Coalition and in its independent protection and advocacy role, the dLCV is monitoring the VDOE development of the regulations, to ensure the regulations comply with state law and are consistent with the Fifteen Principles in the 2012 United States Department of Education’s Restraint and Seclusion Resource Document.

dLCV participated in three stakeholder meetings with VDOE to propose regulatory language. Other advocacy organizations included the Autism Society, Down Syndrome Association, Greater Richmond SCAN (Stop Child Abuse Now), Independence Empowerment Center, Legal Aid Justice Center, Partnership with

People with Disabilities, Prevent Child Abuse Virginia, The Advocacy Institute, the Board for People with Disabilities, and numerous CILs. dLCV specifically urged the adoption of strict definitions of “imminent danger of serious physical harm to self or others” and “physical restraint.” dLCV also urged the VDOE to define training requirements that focus on the use of interventions and behavioral strategies that reduce or eliminate the need for the use of seclusion or restraint. dLCV continues to participate and comment as formal regulations are proposed.

In a second systemic advocacy project, dLCV successfully advocated to effect change to improve accessibility for people with disabilities to exercise their right to vote. dLCV surveyed five (5) registrar offices previously identified as presenting physical access barriers to people with disabilities. These offices included the county of Charles City, Danville, Isle of Wight County, Prince Edward County, and Alleghany County. dLCV surveyed and contacted each of these offices to provide notice of any deficiencies. Each registrar’s office responded to the notices. dLCV provided detailed information to support each registrar’s office in the efforts to meet ADA compliance guidelines. These remedies included fixing a steep slope that threatened the safety of individuals using a wheelchair and creating a new, unobstructed path from accessible parking spots to the entrance, placing appropriate signage to direct individuals to accessible entrances and the repaving and restriping of a parking lot. Additionally, the Alleghany County registrar’s office plans to construct an ADA compliant ramp for completion in October 2015.

In a third example, dLCV created and posted a comprehensive fact sheet outlining protections for people with disabilities and their families for effective communication in medical settings under the Americans with Disabilities Act and The Rehabilitation Act of 1973. In March 2015, Virginia’s governor signing into law HB 1956 requiring the Department of Health to develop state specific guidelines by December 1, 2015 to address this growing area of concern. In response, dLCV created a reference guide and submitted to five (5) community organizations for dissemination and publication to their members and community at large. The five (5) organizations include VA Department for the Blind and Vision Impaired, VA Department for the Deaf and Hard of Hearing, VA National Alliance on Mental Health (NAMI), VA ARC and VOCAL Self-Advocacy group. In addition, dLCV submitted the resource to the VA Medical Law Report and VA Board of Medicine for publication and dissemination. The Board of Medicine contacted dLCV and advised that the information would be included in their November newsletter with a readership of approximately 50,000 medical professionals!

B. Litigation/Class Actions

1. Number of individuals potentially impacted by changes as a result of PAIR litigation/class action efforts 358,690

2. Number of individuals named in class actions: 0

Describe examples of litigation/class action activities. Explain how individuals with disabilities benefited from your litigation activities. Be sure to include case examples that demonstrate the impact of your litigation.

All Aboard! Staples Mill Amtrak Station in Virginia

Sam contacted the disAbility Law Center of Virginia (dLCV) for assistance because a local Amtrak station was inaccessible to him and other deaf or other hard of hearing individuals. Sam travels to the Philadelphia area roundtrip at least six (6) times a year. The station's lack of TTY telephones, and captioning of its televisions or station announcements was discriminatory and Sam sought relief. In addition, Sam reported that the train cars lacked captioned announcements which meant that he needed to stay awake and alert during his travels so that he could see each train station sign at each and every stop.

In response to Sam's inquiry, dLCV staff surveyed the Staples Mill Station. dLCV filed a complaint with the Federal Department of Transportation (DOT) and demanded remedies. The Department of Transportation (DOT) investigated and issued a findings letter. The findings require the Staples Mill Amtrak Station to provide captions on its TV displays, to add an improved Public Information Display System, to address the TTY deficiency and to ensure accessibility of its announcements, and to expand training and education for its service personnel to assist individuals with vision and hearing disabilities appropriately. Amtrak is creating onboard information displays on intercity rail cars as well.

Sam is ready for his next trip to Philadelphia! Now he and the 358,685 annual travelers using the Staples Mill Station can safely get where they want to go.

Nurse!

Simon is a registered charge nurse employed by a local hospital for over thirty years. Simon loves being a nurse! Simon contacted dLCV seeking assistance with an employment discrimination case. Simon developed problems with his left foot, subsequently diagnosed as recalcitrant plantar fasciitis. Per physician recommendations, he started a course of therapies such as physical therapy, shoe wedges, foot brace, and steroid injections, none of which brought relief. He returned to his physician who further recommended oral steroids and use of a scooter as needed when pain from the plantar fasciitis makes ambulation too difficult or painful. Simon asked his employer for an accommodation. His employer failed to provide the reasonable accommodation. Instead, the employer offered Simon a position which would not allow him to work with patients, an aspect of the job he most enjoyed, or in the alternative, extended leave. Simon exhausted his paid leave and was on leave without pay because his employer denied his request for reasonable accommodation. Simon contacted dLCV for help. dLCV reviewed the facts of the case, requested a

reasonable accommodation, and represented Simon in an EEOC mediation. dLCV successfully negotiated favorable terms for a return to work for Simon.

Part V. PAIR'S Priorities and Objectives

A. Priorities and Objectives for the Fiscal Year Covered by this Report

For each of your PAIR program priorities for the fiscal year covered by this report, please:

1. Identify and describe priority.
2. Identify the need, issue or barrier addressed by this priority.
3. Identify and describe indicators PAIR used to determine successful outcome of activities pursued under this priority.
4. Explain whether pursuing this priority involved collaborative efforts by other entities. If so, describe this collaboration.
5. Provide the number of cases handled under the priority. Indicate how many of these, if any, were class actions.
6. Provide at least one case summary that demonstrates the impact of the priority.

Goal: Children with Disabilities Receive an Appropriate Education

Focus Area: Educational Services

Needs/Issues/Barriers Addressed: Based on public comment, experience, and the high volume of requests for services in this area, receiving appropriate educational services in order to participate in public education remains a high priority and area of concern for children with disabilities and their families.

Indicators for Success Include the Completion of the Following Objectives:

1. Provide training to groups of parents, advocates and educators about the need to eliminate seclusion and restraint in schools.
2. Provide self-advocacy education rights presentations to parent or child advocacy groups regarding special education rights, and an overview of dLCV services.
3. Increase self-advocacy by providing Short Term Assistance (STA) to all callers who complain that they or their children were denied behavior support services in Individualized Education Programs (IEPs) or 504 Plans.
4. Represent children who have improperly been denied needed and appropriate behavior support services in their IEPs or 504 Plans.

Collaborative Efforts: Centers for Independent Living in Manassas, James Street County Library in Williamsburg, Manassas Park School District Transition Fair, Commonwealth Connects Resource Fair in Richmond and the Amelia Street school open house in Richmond, Hanover Public School District's Special Education Advisory Committee

Number of Cases Handled: 3

Case Summary for each indicator that demonstrates the impact of the priority:

1. dLCV participated in the Virginia ADA 25th anniversary fair and provided an overview of its policy-based investigation into the use of restraint and seclusion in Virginia's public schools to a variety of special committees and interested advocates. Further detail on this project is included in training narrative section in Part I of this report.
2. dLCV provided 5 Special Education trainings to 200 parents, students, and advocates in diverse statewide and local settings. We provided substantive and procedural information regarding parent and student rights in their pursuit of a free appropriate public education in Virginia's public education system. Further detail on this project is included in training narrative section in Part I of this report.
3. dLCV provided Short Term Assistance (STA) to parents of children with disabilities to promote self-advocacy. Areas of particular inquiry this fiscal year included educating parents on least restrictive environment, continuum of care, Community Service Act Funds, role of Family Assessment and Planning Teams, requesting and accessing Functional Behavior Assessments and implementing Behavioral Intervention Plans.

Help me Understand.

dLCV provided Susie's parents with information about the continuum of care and least restrictive environment placement requirements to assist them in understanding the steps that they need to take in order accommodate Susie in her own school setting before requesting a residential placement in a more restrictive environment. dLCV equipped Susie's parents with information needed to advocate for a Free and Appropriate Education. (FAPE).

4. dLCV represented 10 students in various school districts across Virginia using other appropriate funding sources.

Goal: Children with Disabilities Receive an Appropriate Education

Focus Area: Children who are suspended

Needs/Issues/Barriers Addressed: Based on public comment, experience, and the level of calls and requests for services in this area, many children in Virginia face inadequate behavioral accommodations and services to accommodate their disabilities and avoid disciplinary action.

Indicators for Success Include the Completion of the Following Objectives:

1. Increase self-advocacy by providing STA to callers who complain that they or their children have been suspended or are at risk of a long-term suspension due to disability.
2. Represent children who received a long-term suspension or who are at risk of receiving a long-term suspension due to the lack of an appropriate Functional Behavioral Assessment (FBA) or Behavioral Intervention Plan (BIP) and advocate for them to receive services in the least restrictive environment.

Collaborative Efforts: None

Number of Cases Handled: 3

Case Summary for each indicator that demonstrates the impact of the priority:

1. Know Your Rights!

Sandra is 17 years old. The school suspended Sandra 2 times in less than 2 weeks! Sandra's family moved from West Virginia to Virginia over 4 years ago and the family reported that the school had not yet conducted a Functional Behavioral Assessment (FBA). Sandra's family thought the current school year would be a repeat of last school year, with numerous suspensions as a result of Sandra's disability manifested through behaviors. How could Sandra learn with so many absences?

dLCV educated the family on Sandra's rights and prepared letters for the family to request a current Functional Behavioral Assessment (FBA) and development and implementation of an appropriate Behavior Intervention Plan (BIP) to prevent further suspensions.

2. Stay in School.

Saif is a 14 year old student suspended 8 times in the school year. Saif, once an honor roll student, faced suspension for the remainder of the 2014-2015 school year. That's when his parents reached out for help. dLCV reviewed pertinent education records and assessments and attended Saif's IEP meeting to represent his interests for a more appropriate school placement. The school district agreed that Saif needed to be in school in order to learn and agreed to fund an appropriate school placement. dLCV assisted the family as they toured and selected a suitable private schools. Saif successfully started the new school year in the most appropriate and least restrictive environment!

Goal: People with Disabilities Have Equal Access to Government Services

Focus Area: Access to State and Federal Government Services

Needs/Issues/Barriers Addressed: dLCV will seek local and systemic change to increase the quality of life for people with disabilities by removing barriers to ADA Title II services such as access to government buildings.

Indicators for Success Include the Completion of the Following Objectives:

1. Survey registrar's offices identified in prior surveys as presenting physical access barriers to people with disabilities and take corrective action as appropriate.
2. Represent individuals denied access to a government building or services due to architectural barriers, failure to provide reasonable accommodations, or denial of the use of a service animal.
3. Represent individuals denied access to state or local government services in an institutional setting due to architectural barriers or failure to accommodate.
4. Develop educational materials about wrap around services.
5. Create a series of Social Security Disability Insurance (SSDI) and SSI Fact Sheets to educate new or prospective applicants.
6. Provide STA to individuals with disabilities regarding SSDI or SSI benefits by the Social Security Administration (SSA) to include persons denied at the initial, reconsideration or appeals council level of adjudication or involved with a Continuing Disability Review, an age eighteen (18) redetermination, or a cessation of benefits.
15.3.1.6
7. Represent individuals with disabilities regarding the denial of Social Security Disability Income (SSDI) or SSI at the hearing level of adjudication.

Collaborative Efforts: Centers for Independent Living/Community Therapists

Number of Cases Handled: 30

Case Summary for each indicator that demonstrates the impact of the priority:

1. dLCV surveyed 5 registrar offices previously identified as presenting physical access barriers to people with disabilities.

dLCV affected change in accessibility for people with disabilities to exercise their right to vote. dLCV surveyed each registrar's office and negotiated ADA compliance. Please refer to Part IV. Systemic Activities and Litigation for further details.

2. **Not Moving!**

Sadie requested dLCV's assistance when Virginia Department of the Blind and Vision Impaired (DBVI) denied her independent living services. Sadie enjoys the independence afforded her by living on her own, but as her sight became more compromised and the remedies provided through DBVI kept falling short to meet her needs, Sadie didn't know if she would be able to maintain her hard-won independence. dLCV and Sadie

discussed the barriers and together, made decisions about what DBVI needed to provide. dLCV contacted DBVI and requested an Assistive Technology (AT) Evaluation. dLCV reviewed the completed report and advocated for DBVI to provide Sadie with a Clearview CC TV with speech and a Pebble 4.3 handheld CC TV. DBVI provided appropriate training as well. Sadie is able to use AT and remains independent and in her own home!

2. Room for One College Freshman!

Sissy was excited. All her hard work paid off and she was heading off to university. Sissy's mother couldn't be prouder. Then, her dreams were about to be shattered. The university denied Sissy's reasonable accommodation for a single room. Sissy needed that accommodation to be successful. Sissy's migraines were frequent and severe and without the ability to control her environment, she didn't know what she would do. So Sissy called dLCV for help. dLCV spoke with Sissy and her mom and reviewed the medical evidence submitted to the university. dLCV quickly sent off a letter to the college about their responsibilities under the American with Disabilities Act (ADA). The university responded by informing Sissy that her single room was ready for the Fall semester. Sissy is happily pursuing a degree in Assistive Technology! Sissy's proud parent writes to dLCV, "Not sure if I have thanked you today, but your response yesterday lifted a great weight from her, and she felt like someone was on her side. We both really appreciate your efforts. Having you help out also gives her motivation to keep going."

3. Shower Safely

Scarlett contacted dLCV to report an inaccessible shower area at the Manassas Regional Adult Detention Center. She uses a wheelchair for mobility and the "ramp" in the shower was too steep to maneuver safely. dLCV investigated the compliance of the shower area in question and found that it was not in compliance with ADA/ADAAG regulations. dLCV advocated for corrective action. The Jail Superintendent confirmed corrective action scheduled for 10/27/15. (Corrective Action Completed) It is important to note that Scarlett reached out to dLCV at a later date when hospitalized in a psychiatric institution requesting assistance to address numerous architectural barriers there. dLCV resolved these matters as well using other funding sources.

4. Wrap around services help children with serious mental health issues and behavior problems remain in the community. In many cases, these children are at risk of placement in residential care for their own safety or that of a family member. dLCV, through research and review of the Children's Services Act, put together a fact sheet outlining wraparound services to give families an introduction to the purpose, availability and funding available through this program. dLCV published the fact sheet on our website.

5. dLCV created a series of 5 self-help guides to assist social security claimants through the social security maze. The publications target adult claimants at the following stages: pre-application, application, and appeal. Another guide assists those who are anticipating or undergoing a continuing disability review (CDR). dLCV developed a veteran's guide for veterans assigned 100% Permanent and Total disability through the Veterans Administration who need to expedite a social security claim. These self-help guides assist a large number of individuals to navigate a difficult system and to develop self-advocacy skills. dLCV published these self-help guides to our website under a new category called "Social Security Self-Help" and are available in print format to distribute liberally as Information & Referral documents through all dLCV outreach efforts.

6. Using PAIR and other funding sources the disAbility Law Center of Virginia (dLCV) provided substantive advice to 43 clients and their families in response to a myriad of inquiries related to Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) denials, cessations and continuing disability reviews. In addition, dLCV educated many of these same individuals on procedural rules for pertinent administrative proceedings.

7. Using PAIR and other funding sources, dLCV screens social security cases through various grants to determine level of service required.

On My Own!

Stella, a former school teacher, contacted the disAbility Law Center of Virginia for assistance with her Social Security case. Not long before, Stella was working and sharing a home with her husband. Unfortunately, Stella's medical impairments, Ehlers Danlos Syndrome and Postural Orthopedic Tachycardia Syndrome, cause progressive debilitation and left her unable to work or care for herself. Her husband then abandoned her at her mother's doorstep. Stella was feeling pretty hopeless and needed assistance! dLCV carefully reviewed over 1000 pages of medical documentation and it became clear that the facts supported a request for an on-the-record decision by an administrative law judge. dLCV crafted a comprehensive letter brief and provided all pertinent medical documentation to the Office of Disability Adjudication and Review (ODAR) requesting an on-the-record decision.

The Administrative Law Judge (ALJ) issued a fully favorable on-the-record decision. The ALJ awarded benefits through the Social Security Disability Insurance (SSDI) program and, due to the ALJ's approval of the amended alleged onset date, Stella also received Medicare immediately. Stella's current benefit is \$909 per month plus the retroactive payment for \$22,000! This was a huge win for Stella who moved to her own rent subsidized apartment. Stella loves the new found independence and hopes to go back to work in the future.

Goal: People with Disabilities Have Equal Access to Government Services

Focus Area: Access to Vote for Persons with Disabilities

Needs/Issues/Barriers Addressed: dLCV will review impact of voter identification laws and take actions to diminish discrimination.

Indicators for Success Include the Completion of the Following Objectives:

1. Collaborate with organizations reviewing the impact of voter identification laws, and co-counsel any appropriate litigation to diminish discrimination against people with disabilities and their right to vote.

Collaborative Efforts: ACLU and Advancement Project Department of Justice
Number of Cases Handled: 0

Case Summary for each indicator that demonstrates the impact of the priority:

- i. dLCV collaborated extensively with the ACLU and Advancement Project to collect data on the effects of voter ID laws in Virginia. We prepared a report and submitted it to the US Department of Justice. dLCV considered litigation but a legal team concluded that disability issues and issues of race and poverty were not best suited to a mixed-motive discrimination lawsuit. The DOJ investigation is ongoing.

Goal: People with Disabilities Live in the Most Appropriate Integrated Environment

Focus Area: Maximize Individual Choice and Self Direction

Needs/Issues/Barriers Addressed: dLCV will educate and assist individuals with creation of Advance Directives and modification or termination of guardianships to allow for maximized individual choice. We will also respond to legislation and inform policy makers as needed to protect the rights of personal choice and self-direction.

Indicators for Success Include the Completion of the Following Objectives:

1. Inform consumers, family members, and service providers about supported decision-making options and alternatives to guardianship by providing trainings at conferences and programs.
2. Represent individuals in proceedings to prevent, modify, or terminate guardianship.
3. Represent individuals in preparing a Healthcare Directive or Power of Attorney as an alternative to guardianship or involuntary treatment.
4. Develop an on-line Resource Center for Supported Decision Making and Alternatives to Guardianship, including an informational booklet and a Do-It-Yourself Power of Attorney document.

Collaborative Efforts: None

Number of Cases Handled: 8

Case Summary for each indicator that demonstrates the impact of the priority:

1. dLCV provided 17 presentations on alternatives to guardianship this year. The presentations reached 570 individuals. Audiences included individuals with intellectual disability and those with mental illness, family members, advocates, case managers, senior citizens, emergency services clinicians, public guardians and judges. Further detail on this project is included in training narrative section in Part I of this report.

2. Sunshine State

Wendy called dLCV pleading for help. Her son tricked her into appointing him as her agent. She was grieving the death of her husband. Her son seized her papers and assets, refused to account for them, and moved her from her home in Florida to an assisted living facility in a remote part of Virginia where he tightly controlled her medical care, mail, visitors, telephone communications, and virtually every other area of her life. The son intimidated the woman and hired a private attorney, threatening to file for permanent guardianship if she made any effort to resist.

dLCV quietly arranged for a friend of Wendy's to fund an independent evaluation of her decisional capacity. Wendy had capacity after all and dLCV helped her revoke the son's power of attorney, record the revocation on the court records in Florida, and quickly find and retain quality litigation counsel to recover her assets and defend against any guardianship action the son might bring.

Faced with such organized and effective legal resistance, the son did not bring the feared guardianship action. Instead, he gave Wendy a written resignation as her agent and surrendered the records of his agency.

dLCV prepared an advance directive for healthcare for Wendy and posted it on the Virginia Advance Directive Registry at her request. Wendy gave 30 days' notice to the assisted living facility, and moved back home to Florida.

3. Looking out for Grandpa!

Stuart is in the early stages of dementia. Stuart's granddaughter, in her professional capacity as a medical professional, had attended dLCV community presentations on advance directives and realized their importance. She knew that her grandfather had strong opinions about who he wanted to appoint as power of attorney and what end of life decisions needed to be made. dLCV met with Stuart to discuss his wishes and to complete an advance directive and power of attorney. Stuart is relieved to know that his end of life decisions is in place.

Advance Planning is a Family Affair!

Siena just turned 18 and has an intellectual disability. While meeting with dLCV to discuss her advance directive, her mother Cindy indicated a need for an advance directive and a power of attorney for herself as well. She has serious health issues, including inoperable cancer and a progressive physical disability. At the time of the request for dLCV assistance, Cindy was experiencing a health crisis and there was a sense of urgency. dLCV responded quickly and discussed both of their wishes. dLCV drafted the advance directives and power of attorney. Cindy and Siena are relieved to know that the plan are there if needed.

4. dLCV launched a web resource center for supported decision-making and alternatives to guardianship. The resource center includes information for individuals with disabilities nearing adulthood and their parents; a glossary of terms related to decision making; a slide show covering the basics of alternatives to guardianship; a video of a dLCV client talking about her own advance directive; links to other resources and a sample Power of Attorney with line-by-line instructions. dLCV announced the launch on our webpage at www.dLCV.org and Facebook page.

Goal: People with Disabilities Live in the Most Appropriate Integrated Environment

Focus Area: Equal Access to Public Accommodations under the ADA

Needs/Issues/Barriers Addressed: dLCV will seek local and systemic change to increase the quality of life for people with disabilities by removing architectural and parking barriers to allow access to places of public accommodation.

Indicators for Success Include the Completion of the Following Objectives:

1. Represent individuals who have been denied access to a place of public accommodation due to architectural barriers or inaccessible parking, or denial of a service animal or other reasonable accommodation and seek appropriate remedies.

Collaborative Efforts: None

Number of Cases Handled: 14

Case Summary for each indicator that demonstrates the impact of the priority:

1. Hit the Gym!

Saul contacted dLCV after numerous ineffective complaints to the local gym about their lack of an enclosed, interior, accessible route between buildings and gym areas. Saul uses a wheelchair and needs to exercise to increase his upper body strength and to relieve pain. The gym has multiple fitness areas accessed by a set of stairs. He could not use the stairs

and had to exit the building and travel on an outdoor path, exposed to the weather, to access the gym's various fitness areas to complete his workout.

dLCV responded to Saul's request and demanded removal of the architectural barrier. The gym installed a chair lift, which remedied our client's complaint. They waived 3 months of membership fees!

Must Park to Perform!

dLCV advocated for accessible parking and pathway at a local performing arts venue where Skye performs. Skye had a difficult time accessing the performing arts venue for rehearsals. dLCV surveyed the site, and although the venue is ADA compliant for patrons, accessibility was a barrier for performers who use a different entrance when the box office entrance is closed. dLCV negotiated with the performing arts center to outline accessibility issues and their impact on Skye. The performing arts center added accessible parking so that patrons and performers alike who have disabilities can access the venue!

Wait! The Door is Too Heavy!

Sean contacted dLCV because of excessive door weight at his neighborhood bank. He had to wait for a bank employee to open the door to gain access every time he visited the bank. dLCV surveyed the bank and negotiated explaining the ADA guidelines. The bank completed an internal audit in response and replaced all 4 doors with excessive weight, including new hardware installation. Now, Sean can access the bank on his own now!

Goal: People with Disabilities have Equal Access to Appropriate and Necessary Health Care

Focus Area: Access to Healthcare

Needs/Issues/Barriers Addressed: This Focus Area allows dLCV to address the need for greater architectural access, reliable medical transportation and effective communication for people with disabilities accessing healthcare facilities.

Indicators for Success Include the Completion of the Following Objectives:

1. Submit an article to medical journals, hospital publications, or other health-care provider related resources relating to the obligations of health care providers to provide effective communication to their patients.
2. Represent people with disabilities denied access to healthcare facilities or services under the ADA due to architectural barriers, failure to provide reasonable accommodations, or denial of the use of a service animal. Collaborate with the United States Attorney's Office and others to identify and pursue corrective action against inaccessible locations or providers who fail to provide accommodations.

3. Prepare and publish a report on the absence of public transportation and other transportation services and its impact on Virginians with disabilities access to health care. Submit to the Disability Commission.
4. Develop a fact sheet on rights to medical and mental health treatment in correctional settings. Disseminate the information.

Collaborative Efforts: VA Department for the Blind and Vision Impaired, VA Department for the Deaf and Hard of Hearing, VA National Alliance on Mental Health (NAMI), VA ARC and VOCAL Self-Advocacy group, VA Medical Law Report, and VA Board of Medicine

Number of Cases Handled: 7

Case Summary for each indicator that demonstrates the impact of the priority:

1. dLCV created and distributed a comprehensive fact sheet outlining protections for people with disabilities and their families for effective communication in medical settings under the Americans with Disabilities Act and The Rehabilitation Act of 1973. See Part IV: Systemic Activities and Litigation for further detail.
2. dLCV opened seven service requests for people denied accommodations in health care. In collaboration with the Department of Justice, dLCV submitted four cases regarding lack of interpreter services by a healthcare provider directly to the United States Attorney's Office, resulting in our clients receiving interpreters in all four cases. On one case, dLCV also filed a petition in the United States District Court against a medical provider who has refused interpreter services to a patient who is deaf. That case remains open in FY 16.
3. dLCV reviewed data collected through the American Civil Liberties Union (ACLU) for 34 Virginia counties without viable public transportation options to hospitals and health care centers. dLCV identified a total general population in these counties near 1,000,000 and an estimated disability population in excess of 145,000 people. Research indicates that a lack of transportation impedes an ability for individuals in all 34 counties to access healthcare services. dLCV continues to receive multiple requests for services around these issues and assists as resources allow.
4. A disproportionate number of incarcerated individuals have disabilities. dLCV developed and published a fact sheet on access to health and mental health care in jails to educate individuals and their families about their rights. dLCV disseminated this information during outreach and referral services and on our website.

B. Priorities and Objectives for Fiscal Year 2016-

Please include a statement of priorities and objectives for the current fiscal year (the fiscal year succeeding that covered by this report), which should contain the following information:

1. a statement of each priority;
2. the need addressed by each priority; and;
3. a description of the activities to be carried out under each priority.

Goal: Children with Disabilities Receive an Appropriate Education
Focus Area: Educational Services

Needs/Issues/Barriers Addressed: Based on public comment, experience, and the high volume of requests for services in this area, receiving appropriate educational services in order to participate in public education remains a high priority and area of concern for children with disabilities and their families.

Indicators for Success Include the Completion of the Following Objectives:

1. Launch dLCV's on-line self-advocacy resource guide to Special Education.
2. Provide an overview of dLCV services and self-advocacy education rights presentations to parent or child advocacy groups regarding special education rights.
3. Increase self-advocacy by providing STA to callers who complain that they or their child were denied appropriate behavior support services in IEPs or 504 plans.
4. Distribute the United States Department of Justice Testing Accommodations regulations to the special education director at every Virginia school district, university, and community college.

Goal: Children with Disabilities Receive an Appropriate Education
Focus Area: Children who are Suspended, Secluded or Restrained

Needs/Issues/Barriers Addressed: Based on public comment, experience, and the level of calls and requests for services in this area, many children in Virginia face inadequate behavioral accommodations and services to accommodate their disabilities and avoid disciplinary action.

Indicators for Success Include the Completion of the Following Objectives:

1. Increase self-advocacy by providing STA to callers complaining that they or their children have been suspended or subjected to seclusion or restraint due to a lack of needed and appropriate behavior support services in their IEPs or 504 Plans.

2. Represent children who have received multiple or long-term suspensions due to the lack of an appropriate Functional Behavioral Assessment (FBA) or Behavioral Intervention Plan (BIP) and advocate for them to receive services in the least restrictive environment.
3. Represent students who have been subjected to repeated seclusion or who have been injured due to unnecessary or improper restraint due to lack of an appropriate FBA or BIP and advocate for them to receive services in the least restrictive environment.
4. Represent children from the above objectives in pursuing administrative remedies, to include VDOE complaints, formal mediation, or Due Process Hearings.

Goal: People with Disabilities Have Equal Access to Government Services

Focus Area: Architectural Barriers and Reasonable Accommodations

Needs/Issues/Barriers Addressed: dLCV will seek local and systemic change to increase the quality of life for people with disabilities by removing barriers to ADA Title II services included access to government buildings.

Indicators for Success Include the Completion of the Following Objectives:

1. Survey United States Postal Service Post Office locations across Virginia and ensure compliance with the Architectural Barriers Act (ABA), including urban and rural locations. Advise each location of any necessary corrective action.
2. Assist individuals denied access to a government building or services due to architectural and other barriers to access including denial of reasonable accommodations.

Goal: People with Disabilities Have Equal Access to Government Services

Focus Area: Access to Social Security Benefits

Needs/Issues/Barriers Addressed: dLCV will assist with barriers to receipt of Social Security benefits and provide education.

Indicators for Success Include the Completion of the Following Objectives:

1. Create a series of Self-Help Guides to educate youth in transition about their rights relating to SSI benefits.
2. Provide STA to individuals between 17 and 25 regarding extension of social security benefits.
3. Through the "Office Hours" program, train staff at three CILs on the new dLCV Social Security Self-Help Guides for filing for and appealing social security claims and inform CIL staff how to screen and refer social security cases to dLCV.

4. Provide STA to individuals with disabilities regarding Social Security Disability reviews, benefit cessation, appeals council process and re-applications.
5. Provide STA to callers regarding social security cases at the administrative law judge level of appeal to determine feasibility for representation. Meritorious cases will be opened for case services.
6. Represent individuals who have been denied Social Security Disability by an administrative law judge in their appeal for benefits.
7. Provide STA for individuals at the initial denial/appeal level.

Goal: People with Disabilities Live in the Most Appropriate Integrated Environment

Focus Area: Maximize Individual Choice and Self Direction

Needs/Issues/Barriers Addressed: dLCV will educate and assist individuals with creation of Advance Directives and modification or termination of guardianships to allow for maximized individual choice. We will also respond to legislation and inform policy makers as needed to protect the rights of personal choice and self-direction.

Indicators for Success Include the Completion of the Following Objectives:

1. Represent individuals in proceedings to prevent, modify, or terminate guardianship where the guardian is barrier to a less restrictive environment.
2. Represent individuals living in institutional settings to receive opportunities for choice and control over themselves and their environment to include opportunities to communicate and meet in private and any necessary AT.
3. Present training on self-determination and self-advocacy at the Youth Leadership Forum.

Goal: People with Disabilities Live in the Most Appropriate Integrated Environment

Focus Area: Equal Access to Public Accommodations

Needs/Issues/Barriers Addressed: dLCV will seek local and systemic change to increase the quality of life for people with disabilities by removing architectural and parking barriers to allow access to places of public accommodation.

Indicators for Success Include the Completion of the Following Objectives:

1. Represent individuals denied access to services in a non-governmental institutional setting due to architectural barriers or failure to accommodate.
2. Assist individuals denied access to a place of public accommodation due to architectural and other barriers to access including denial of reasonable accommodations.

3. Survey public playgrounds or children's activity programs for ADA accessibility. Take corrective action as needed.
4. Survey government owned facilities that are used as places of public accommodation to ensure compliance with Titles II and III of the Americans with Disabilities Act (ADA) by identifying architectural barriers, refusal to provide assistive technology, refusal of service animals or companion care provider.

Goal: People with Disabilities have Equal Access to Appropriate and Necessary Health Care

Focus Area: Access to Assistive Technology

Needs/Issues/Barriers Addressed: Assistive Technology is critical to the continued health and safety of many Virginians with disabilities. Requests for services in this area continue to demonstrate that this area needs dLCV's focus.

Indicators for Success Include the Completion of the Following Objectives:

1. Represent individuals under age twenty one (21) who have been denied AT or environmental modifications authorized by Medicaid or other insurance, or for whom authorization was denied.

Goal: People with Disabilities have Equal Access to Appropriate and Necessary Health Care

Focus Area: Access to Healthcare

Needs/Issues/Barriers Addressed: This Focus Area allows dLCV to address the need for greater architectural access, reliable medical transportation and effective communication for people with disabilities accessing healthcare facilities.

Indicators for Success Include the Completion of the Following Objectives:

1. Represent individuals with disabilities denied access to healthcare facilities or services under the ADA due to architectural barriers, failure to provide reasonable accommodations, or denial of the use of a service animal. Collaborate with the United States Attorney's Office and others to identify and pursue corrective action against inaccessible locations or providers who fail to provide accommodations.
2. Survey hospitals in rural and urban settings, to determine their policies and practices relating to the provision of interpreter services for patients, with a particular emphasis on emergency room services. Take corrective action as necessary.

Part VI. Narrative

- A. Sources of funds received and expended
- B. Budget for the fiscal year covered by this report
- C. Description of PAIR staff (duties and person-years)
- D. Involvement with advisory boards (if any)
- E. Grievances filed under the grievance procedure
- F. Coordination with the Client Assistance Program (CAP) and the State long-term care program, if these programs are not part of the P&A agency

A. Sources of funds received and expended

Source of Funding	Amount Received	Amount Spent
Federal	382,620	29,937
State		
Program Income		
Private		
All other funds-carryover	357,516	357,516
Total (from all sources)	740,136	387,453

B. Budget for the fiscal year covered by this report

Category	Prior Fiscal Year-FY14	Current Fiscal Year FY15
Wages/salaries	299,776	325,095
Fringe benefits (FICA, unemployment, etc.)	75,349	66,252
Materials/supplies	644	1,200
Postage	505	600
Telephone	1,000	3,000
Rent -	10,000	30,000

Travel	12,465	7,000
Copying	500	500
Equipment (rental/purchase)	1,000	2,550
Temporary Personnel Services	-	-
Indirect Costs	-	-
Miscellaneous	6,622	22,425
Total	407,861	458,622

C. Description of PAIR staff (duties and person-years)

Type of Position	FTE	% of year filled	Person-years
Professional			
Full-time	26	75%	23
Part-time			
Vacant			
Clerical			
Full-time	6	100%	6
Part-time	1	50	.5
Vacant			

D. Involvement with advisory boards (if any)-

dLCV operated with one (1) Advisory Council: The Protection and Advocacy for Individuals with Mental Illnesses (PAIMI) Advisory Council. The Council's primary responsibility was to advise the protection and advocacy system on policies and priorities to be carried out in protecting individuals with disabilities concentrating on those with mental illness. This function helped dLCV to identify underserved and unserved Virginians.

E. Grievances filed under the grievance procedure-

Three PAIR Grievances were filed with the dLCV Executive Director this fiscal year. Two were managed at the dLCV Board level and one directly by the Executive Director.

F. Coordination with the Client Assistance Program (CAP) and the State long-term care program, if these programs are not part of the P&A agency

CAP is part of dLCV.

Coordination with the State Long-Term Care Ombudsman Program is particularly important during the legislative session.

The Long-Term Care Ombudsman Program consists of the Office of the State Long-Term Care Ombudsman and twenty local offices located in area agencies on aging throughout the state providing direct service in their communities. The mission of Virginia's State Long Term Care Ombudsman Program is to serve as an advocate for older persons receiving long-term care services. Virginia Local Ombudsmen provide older Virginians and their families with information, advocacy, complaint counseling, and assistance in resolving care problems. The program also represents the interests of long-term care consumers before state and federal government agencies and the General Assembly.

The Department of Medical Assistance Services (DMAS) is the primary source of funding for the long-term care system in Virginia. dLCV coordinates with them on an as needed basis.

Certification

Signed
Signed By Colleen Miller, Esq.
Title Executive Director

System Information

The following information is captured by the MIS.