

**AGENCY ANNUAL PROGRAM PERFORMANCE REPORT FOR PATBI**

**REPORTING PERIOD:** 2015  
**STATE:** Virginia  
**AGENCY NAME:** disAbility Law Center of Virginia  
**DATE SUBMITTED:** 11/10/15

**AGENCY INFORMATION**

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

**Address of Agency:**

**a. Main Office:**  
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**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>	65
<b>2. Total Number of I&amp;R requests during the Fiscal Year</b>	65

**B. TRAINING ACTIVITIES**

<b>1. Number of Trainings Presented by Staff</b>	50
<b>2. Number of Individuals Who Attended These Trainings</b>	1441

**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) conducted 50 disability rights trainings and focus groups to 1441 individuals with TBI, family members, advocates, and community providers.

dLCV reached 2 Brain Injury Association of Virginia (BIAV) support groups, in Richmond and the Middle Peninsula, an underserved geographic area. These trainings educated the public about dLCV by explaining its goals and objectives including those that target children and adults with traumatic brain injury (TBI). A total of 20 individuals including persons with TBI, family members and professionals attended these trainings. These meetings included a focus group to obtain participants views on the current deficiencies in TBI services. In the underserved area, services such as case management and day programming were virtually absent. The other group focused on an inadequate clubhouse. Both groups cited difficulty navigating the social security maze, lack of housing and day supports, and family supports.

A third two-part training was held with BIAV staff to cross educate on our respective goals and objectives, to discuss the most current systemic deficiencies in TBI services in Virginia, and to build collaboration with this organization. dLCV's Executive Director provided a thorough overview of our mission, goals and objectives highlighting those objectives that serve persons with TBI. A member of each dLCV unit presented how their team accomplishes these P&A goals. In turn, BIAV staff presented to the entire dLCV staff with a primer on traumatic brain injury, how to screen for brain injuries, and resources available to this population in Virginia. This meeting included a discussion of the leading systemic issues that prevent persons with brain injury from receiving appropriate treatment and the major barriers to living in the community. Both organizations are now better equipped to refer clients. The BIAV cross trainings also lead to the creation of 2016 objectives that will address some of the systemic TBI deficiencies identified in FY 2015.

dLCV training on TBI relevant topics overlaps with its other funding streams. The following examples demonstrate how dLCV conducts trainings that can benefit persons with brain injury while reaching a wider audience:

dLCV provided training, relevant to TBI constituents, on Special Education rights and responsibilities of parents, students, and school divisions. We provided 5 trainings to a group of Spanish speaking parents at the Independence Empowerment Center (an underserved group), a parent group in Williamsburg, the Manassas Park Transition Fair, the Commonwealth Connects Resource Fair at the Richmond Children's Museum, and the Amelia Street School Open House. This training series reached approximately 275 individuals, including students with a TBI or their parents and advocates.

dLCV reached 570 individuals through 17 presentations promoting alternatives to guardianship. Venues included the Annual Public Guardianship Conference and the Mental Health America of Virginia Conference. dLCV also presented on Supported-Decision Making to 80 judges at the Annual Judicial Conference.

dLCV provided 15 additional presentations to advocacy groups and job clubs that serve persons with TBI regarding employment rights, vocational rehabilitation services, benefits planning, assistive technology and transition rights at locations including the Westwood Traumatic Brain Injury Clubhouse in Fredericksburg, VA, the Millhouse Traumatic Brain Injury Clubhouse in Henrico, VA, a Center for Independent Living and three general rights clinics in three communities including the Eastern Shore, an underserved area of Virginia.

Through its Office Hours program, dLCV reached about 300 individuals by conducting rights clinics at 8 Centers for Independent Living (CILs) to explain dLCV services and provide one-on-one consultations for direct assistance which resulted in service requests. The agency also did a mass mailing to all the CILs of our new general brochure and our Client Assistance Program (CAP) brochure which are effective ways to assist persons with brain injury.

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

dLCV's FY15 outreach included extensive use of the web in an attempt to reach people through electronic media. For example, dLCV created and posted two "Ask the Expert" videos related to disability rights in vocational rehabilitation and employment. Although funded by other grants, these videos are a great resource for Virginians with TBI seeking to find or maintain employment. In addition, dLCV launched three online resources centers regarding Virginia's special education system, alternatives to guardianship, and access to social security benefits. This last online resource consists of a series of Self-Help Social Security Guides, with links to key Social Security Administration (SSA) webpages, to educate claimants

or beneficiaries about the process of obtaining and maintaining social security benefits. One guide targets the underserved population of veterans which includes persons with combat-related TBI's. These online tools are used by dLCV's on-duty advocates use these tools as resources for callers seeking more in-depth information on these topics.

dLCV reached out to the community conducting introductory dLCV presentations to the Rotary Club in Richmond Virginia, Good Neighbor Community Services-River Road Group Home, the Faison School for Autism, John Tyler Community College Chester campus, Commonwealth Workforce Network Meeting in Richmond Virginia, Culpepper DARS office in Culpepper, Virginia Commonwealth University (VCU) staff and students, Virginia Beach Psychiatric Center staff and CEO in Virginia Beach, Norfolk Sentara Rehab Support Group in Norfolk Virginia, Abington DARS and VCU's Leap Program in Richmond which consists of all transition age visually impaired youth in FY 2015. Presentations to these 11 groups across Virginia reached a total of 163 individuals.

dLCV prepared a report and a Self-Help Guide that identifies common barriers faced by college students who are seeking or receiving social security benefits. This report featured a dLCV client, a middle-aged man who sustained a severe TBI at age 15, who is trying to obtain a college education while seeking a social security benefit. Research for the report revealed that public school transition teams lack knowledge of social security work incentives that can bolster student's access to higher education thus higher wages.

In an effort to reach underserved individuals dLCV developed a factsheet on vocational rehabilitation transition services for students who are homeschooled, and distributed to 109 homeschool groups via email and mail. Many parents of students with disabilities, including those with TBI, opt to homeschool as an alternative to public school inadequacies and their well-known tendency to seclude or restrain students with behavior problems.

Finally, in Southwest Virginia, a rural and underserved part of the state, dLCV ensured 19 children and adolescents with TBI received the services they needed through a contract with the Brain Injury Services of Southwest Virginia (BISSWVA). BISSWVA provided case management, education and transition services, and community based services for children to receive the special education services to allow them to be successful in the classroom.

**C. INFORMATION DISSEMINATED TO THE PUBLIC**

<b>1. Radio and TV Appearances by Agency Staff</b>	0
<b>2. Newspaper/Magazine/Journal Articles Prepared by Agency Staff</b>	2
<b>3. PSAs/Videos Aired by the Agency</b>	1

<b>4. Website Hits</b>	25,863
<b>5. Publications/Booklets/Brochures Disseminated by the Agency</b>	1,713

**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	5	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>	15
<b>c. Total Number of Individuals Served During Fiscal Year (a + b)</b>	17
<b>d. Total Number of Individuals with Cases that Were Closed During Fiscal Year</b>	17
<b>e. Total Individuals Still Being Served at the End of the Fiscal Year</b>	0

<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>	16
<b>c. Total Number of Cases/Service Requests During Fiscal Year (a + b)</b>	18
<b>d. Total Number of Cases/Service Requests that Were Closed During Fiscal Year</b>	18
<b>e. Total Number of Cases/Service Requests Open at the End of the Fiscal Year</b>	0

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

<b>Complaint</b>
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<b>1. Abuse (total)</b>	0
<b>a. Inappropriate Use of Restraint &amp; Seclusion</b>	0
<b>b. Involuntary Treatment</b>	0
<b>c. Physical, Verbal, &amp; Sexual Assault</b>	0
<b>d. Other</b>	0
<b>2. Access to Records</b>	0
<b>3. Advance Directives</b>	3
<b>4. Architectural Accessibility</b>	0
<b>5. Assistive Technology (total)</b>	0
<b>a. Augmentative Comm. Devices</b>	0
<b>b. Durable Medical Equipment</b>	0
<b>c. Vehicle Modification/Transportation</b>	0
<b>d. Other</b>	0
<b>6. Civil Commitment</b>	1
<b>7. Custody/Parental Rights</b>	0
<b>8. Education (total)</b>	5
<b>a. FAPE: IEP/IFSP Planning/Development/Implementation</b>	4
<b>b. FAPE: Discipline/Procedural Safeguards</b>	0
<b>c. FAPE: Eligibility</b>	0
<b>d. FAPE: Least Restrictive Environ.</b>	0
<b>e. FAPE: Multi-disciplinary Evaluation/Assessments</b>	0
<b>f. FAPE: Transition Services</b>	0
<b>g. Other- services and alternate placement</b>	1
<b>9. Employment Discrimination (total)</b>	0
<b>a. Benefits</b>	0
<b>b. Hiring/Termination</b>	0
<b>c. Reasonable Accommodations</b>	0
<b>d. Service Provider Issues</b>	0
<b>e. Supported Employment</b>	0
<b>f. Wage and Hour Issues</b>	0
<b>g. Other</b>	0
<b>10. Employment Preparation</b>	0
<b>11. Financial Benefits (total)</b>	0

<b>a. SSDI Work Incentives</b>	0
<b>b. SSI Eligibility</b>	0
<b>c. SSI Work Incentives</b>	0
<b>d. Social Security Benefits Cessation</b>	0
<b>e. Welfare Reform</b>	0
<b>f. Work Related Overpayments</b>	0
<b>g. Other Financial Entitlements</b>	0
<b>12. Forensic Commitment</b>	0
<b>13. Government Benefits/Services</b>	5
<b>14. Guardianship/Conservatorship</b>	0
<b>15. Healthcare (total)</b>	1
<b>a. General Healthcare</b>	1
<b>b. Medicaid</b>	0
<b>c. Medicare</b>	0
<b>d. Private Medical Insurance</b>	0
<b>e. Other</b>	0
<b>16. Housing (total)</b>	0
<b>a. Accommodations</b>	0
<b>b. Architectural Barriers</b>	0
<b>c. Landlord/Tenant</b>	0
<b>d. Modifications</b>	0
<b>e. Rental Denial/Termination</b>	0
<b>f. Sales/Contracts/Ownership</b>	0
<b>g. Subsidized Housing/Section 8</b>	0
<b>h. Zoning/Restrictive Covenants</b>	0
<b>i. Other</b>	0
<b>17. Immigration</b>	0
<b>18. Neglect (total)</b>	1
<b>a. Failure to Provide Necessary or Appropriate Medical Treatment</b>	0
<b>b. Failure to Provide Necessary or Appropriate Mental Health Treatment</b>	0
<b>c. Failure to Provide Necessary or Appropriate Personal Care &amp; Safety</b>	1
<b>d. Other</b>	0

<b>19. Post-Secondary Education</b>	0
<b>20. Non-Medical Insurance</b>	0
<b>21. Privacy Rights</b>	0
<b>22. Rehabilitation Services (total)</b>	0
<b>a. Communications Problems (Individuals/Counselor)</b>	0
<b>b. Conflict About Services To Be Provided</b>	0
<b>c. Individual Requests Information</b>	0
<b>d. Non-Rehabilitation Act</b>	0
<b>e. Private Providers</b>	0
<b>f. Related to Application/Eligibility Process</b>	0
<b>g. Related to IWRP Development/Implementation</b>	0
<b>h. Related to Title I of ADA</b>	0
<b>i. Other Rehabilitation Act-related problems</b>	0
<b>23 Suspicious Death</b>	0
<b>24. Transportation (total)</b>	0
<b>a. Air Carrier</b>	0
<b>b. Paratransit</b>	0
<b>c. Public Transportation</b>	0
<b>d. Other</b>	0
<b>25. Unnecessary Institutionalization</b>	1
<b>26. Voting (total)</b>	0
<b>a. Accessible Polling Place / Equipment</b>	0
<b>b. Registration</b>	0
<b>c. Other</b>	0
<b>27. Other- service or therapy animal</b>	1
<b>Total:</b>	18

**\*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**

<b>1. Reason for Closing Case Files</b>	
<b>a. All Issues Resolved in Client’s Favor</b>	8

<b>b. Some Issues Resolved in Client's Favor</b>	8
<b>c. Other Representation Obtained</b>	0
<b>d. Individual Withdrew Complaint</b>	0
<b>e. Services Not Needed Due to Death, Relocation, etc.</b>	0
<b>f. Individual Not Responsive to Agency</b>	1
<b>g. Case Lacked Legal Merit</b>	0
<b>h. Conflict of Interest</b>	0
<b>i. Agency Withdrew from Case</b>	0
<b>j. Lack of Resources</b>	0
<b>k. Not Within Priorities</b>	0
<b>l. Issue Not Resolved in Client's Favor</b>	1
<b>m. Other*</b>	0
<b>n. Total</b>	18

\*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>	11
<b>2. Systemic/Policy Activities</b>	0
<b>3. Investigation/Monitoring</b>	0
<b>4. Negotiation</b>	4
<b>5. Mediation/Alternative Dispute Resolution</b>	1
<b>6. Administrative Hearing</b>	0
<b>7. Legal Remedy/Litigation</b>	0
<b>8. Class Action Suits</b>	0

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

**A. AGE OF INDIVIDUALS SERVED**

<b>Age</b>	
<b>0 to 12</b>	3
<b>13 to 18</b>	2

19 to 25	2
26 to 64	10
65 and over	0
Total	17

**B. GENDER OF INDIVIDUALS SERVED**

Male	15
Female	2
Total	17

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

<b>Race/Ethnicity</b>	
1. American Indian/Alaskan Native	0
2. Arab American	0
3. Asian	0
4. Black/African American	5
5. Hispanic/ Latino	0
6. Native Hawaiian/Other Pacific Islander	0
7. White/Caucasian	12
8. Multiracial/Multiethnic	0
9. Race/Ethnicity Unknown	0
10. Other Than Above*	0
11. Total	17

\*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	0
2. Foster Care	0
3. Homeless/Shelter	0
4. Legal Detention/Jail/Prison	1

<b>5. Nursing Facility</b>	0
<b>6. Parental/Guardian or Other Family Home</b>	7
<b>7. Independent</b>	3
<b>8. Private Institutional Setting</b>	1
<b>9. Public (State Operated) Institutional Setting</b>	4
<b>10. Public Housing</b>	0
<b>11. VA Hospital</b>	1
<b>12. Other*</b>	0
<b>13. Total</b>	17

\*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>	8
<b>2. Rural</b>	9
<b>3. Total</b>	17

### 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>	3
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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.**

In FY15 dLCV focused on identifying systemic deficiencies in TBI services for both children and adults in Virginia. For adults, dLCV conducted a thorough review of all Commonwealth needs assessments over the last decade and

identified all current initiatives that address issues affecting adults with TBI. dLCV determined that deficiencies include: limited core services such as case management and community-based services; lack of a designated TBI Medicaid waiver; and lack of in-state neurobehavioral treatment. Together these systemic shortcomings can lead persons with brain injury into a host of restrictive and ill-equipped environments including state hospitals, nursing homes, jails, and homelessness.

From this research, dLCV prepared two reports to summarize these alarming system deficiencies that exist despite three decades of advocacy. One report targets policy makers and the other the wider TBI community. Together they highlight urgent needs in core services, Medicaid reform, and in-state neurobehavioral treatment by pointing out possible Olmstead violations and the possible worst-case outcomes sited above.

A similar children’s project identified substantial deficiencies in appropriate educational, residential, and community supports. We identified specific concerns with the lack of appropriate assessment; insufficient training of educators and healthcare providers; and lack of appropriate community-based services and family supports resulting in children living in nursing homes and out-of-state placements.

To corroborate results of our findings regarding children with TBI, dLCV conducted a telephone survey of 549 former special education clients regarding unidentified or unmet needs of children with TBI in school. We spoke with 137 parents and 17 indicated their child had a TBI. The data from these phone surveys is included in the dLCV report on TBI services for children.

dLCV’s new online Special Education Resource Center discussed in Part I. B.3.and last year’s 2014 report on Unrestrained Danger: Seclusion and Restraint in Virginia’s Public Schools address the educational issues common among children and youth with TBI.

dLCV’s TBI research in FY15 also revealed that an alarming percentage of youth in juvenile correctional facilities have sustained some degree of TBI which may be a contributing factor in their legal problems. dLCV conducted outreach at two Department of Juvenile Justice (DJJ) correctional facilities to reach youth with TBI that inadvertently end up in this system due to many system deficiencies. For specific case examples of the impact of our systems work, please see the story about Owen under priority 2 below and John’s story in priority 3 below.

**B. LITIGATION/CLASS ACTIONS**

<b>1. Total Number of Non-Class Action Lawsuits Filed</b>	<b>0</b>
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<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 used multiple programs to monitor conditions in community settings.

During the past year, dLCV reviewed all reports submitted by Adult Protective Services (APS) regarding abuse and neglect allegations in community day program and residential settings. dLCV observed trends that peer-on-peer incidents, lack of staffing, and falls, including falls in the bathroom, are common issues.

Monitoring at state operated training centers, mental health hospitals, and community residential facilities revealed that many facilities fail to report instances of injury including falls that could result in traumatic brain injuries indicating a need for a stricter reporting standard.

Monitoring example: Utilizing other grant funding, dLCV conducted monitoring at the Hiram Davis Medical Center, a state facility known to serve many individuals with TBI. This resulted in identifying a longtime resident with a TBI, Meredith, who reported that she had not been outside of the building for an extended period. dLCV opened a case to advocate for greater choice and control within her environment. Meredith reports that she is now regularly enjoying time outdoors with staff. She and her treatment planning team received information about other psychosocial rehabilitation opportunities, vocational services at the Virginia

Department of Aging and Rehabilitative Services, and discharge placements options in the Richmond area.

**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.**

Hit by a drunk driver, Alex sustained a TBI in 1998. He was successfully participating in a day support program until he began experiencing systematic abuse and neglect. After the facility discharged him claiming Alex was declining services and they could ‘no longer meet his needs’, the guardian asked dLCV to investigate. Upon reviewing his records dLCV noted that there was no change in condition. In addition, they noted that documentation of his “decline” was done so with a cut and paste note that they posted as their note every day for a year. Incredibly, Alex’s day support program plan also remained unchanged for 11 years.

dLCV reported this practice to the Virginia Department of Social Services which concluded that this complaint was invalid. dLCV had no further remedy or corrective action to take but as a result of the investigation and attention to the issues, the client moved on to a far better facility. Alex finally received assistance filing a licensing complaint for improper discharge as well as documentation practices.

A second investigation on a separate client, Avery, is in Part V. Priority #1.

**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**

Protection from Harm in Community or Institutional Settings Serving Children and Adolescents

**Indicator(s):**

Investigate allegations of abuse and neglect of children with disabilities at a PRTF or other residential facility, involving unnecessary use of seclusion and restraint, medical neglect or staff abuse.

Obtain appropriate wrap-around services for children transitioning from institutional settings.

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

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

dLCV provided two stages of advocacy assistance to Avery, a boy with a traumatic brain injury that resided in a Psychiatric Residential Treatment Facility (PRFT). The first service request addressed the possible cessation of critical funding by the home school district for his educational program within the facility. A dLCV advocate educated the Family Planning Meeting on the legal and financial responsibility of the home school district as well as the Community Service Board's responsibility to find a placement if he is discharged by the facility.

A second service request enabled dLCV to more forcefully advocate for funding to maintain Avery's educational program and find a more appropriate residential program closer to home. A dLCV advocate successfully advocated for the school district to fund placement at the Grafton School using approved Medicaid dollars for the residential piece. With dLCV's advocacy, Avery

transitioned into an appropriate placement, closer to home, where he is receiving the supports and services he needs.

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

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

Educational Services

**Indicator(s):**

Provide self-advocacy education rights presentations to parent or child advocacy groups regarding special education rights, and an overview of dLCV services.

Increase self-advocacy by providing Short Term Assistance (STA) to callers who complain that they or their child were denied behavior support services in Individualized Education Programs (IEPs) or 504 Plans.

Represent children who have improperly been denied needed and appropriate behavior support services in their IEPs or 504 Plans.

Increase self-advocacy by providing STA to callers complaining that they or their children have been suspended or are at risk of a long-term suspension due to disability.

Through contract with Brain Injury Services of the Southwest, represent children with Traumatic Brain Injuries (TBI) to receive appropriate special education services.

Prepare and publish a report identifying deficiencies in educational and other services for children with TBI.

Survey former special education clients from the past three (3) years regarding indicators of TBI. Develop screening questions regarding possible TBI for use with all services requests for children.

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

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

See Part I. B. 3 for an explanation of the self-advocacy rights presentations to 5 parent or child advocacy groups regarding special education rights including an overview of dLCV services.

dLCV provided short term self-advocacy assistance to Richard, an 18 year old young man with a TBI who resided in a Detention Center. The Center discovered that he could only read at the 6<sup>th</sup> grade level. In the public school system, he had a 504 plan, but it was clear from private testing that he had a neuro-cognitive disorder and needed the educational supports afforded by an Individual Educational Plan (IEP). dLCV provided in-depth advice detailing how to use the private documentation as part of a request for Independent Educational Evaluations. We also assisted the mother to seek other remedies such as mediation and a Virginia Department of Education (VDOE) complaint if these actions became necessary.

dLCV represented Owen, a fifth grader who sustained two brain injuries. Owen was secluded within the classroom as a result of his behaviors. He lacked proper behavioral supports and was denied his education and peer interaction. dLCV helped the parents create an effective plan to deal with the seclusion and helped him to integrate and interact appropriate in his school environment.

Derek, another elementary student with a brain injury, had multiple suspensions due to his behaviors and the school was noncompliant in filing the Manifestation Determination Review within the proper timeframe. dLCV helped the mother to file a VDOE complaint about this violation. dLCV also provided the mother information on how to create an effective Behavior Intervention Plan and assisted her in locating an appropriate educational placement to better serve his complex needs. Derek's behaviors have decreased and he is successful in his new school!

Brain Injury Services of Southwest Virginia (BISSWVA) provided education advocacy services for 19 children with TBI with a concentration on transition aged youth. Advocacy services for eligibility, IEP/IFSP planning, development and implementation, and team meetings helped the children get therapy services, accommodations, and adequate plans. BISSWVA exhausted their dLCV contract funding during the year and dLCV renewed the contract for July-Dec 2015 to continue services.

BISSWVA provided a detailed summary of their advocacy efforts to dLCV. Two examples of case advocacy stand out: Annie is a child whose TBI led to deafness and an intellectual disability. BISSWVA helped Annie transition successfully from elementary to middle school. Annie now has an instructional assistant who signs, year round educational services, and behavioral supports.

Another success story involved Sarah, a transition aged female whose brain injury led to concurrent disabilities including diabetes and adrenal insufficiency. BISSWVA fought successfully for Sarah to receive neuropsychological evaluation to justify proper educational supports. She received those supports. In the end, Sarah was one step closer to achieving her dream to enter college and pursue cosmetology.

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

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

Access to State and Federal Government Services

**Indicator(s):**

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.

Represent individuals with disabilities regarding the denial of Social Security Disability Income (SSDI) or SSI at the hearing level of adjudication.

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

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

Mark, who sustained a service-connected TBI, called dLCV for assistance with his social security claim. The Veteran Affairs qualified him for a 100% Permanent & Total (P&T) designation which should have qualified him for an expedited determination by the Social Security Administration according to a 2014 SSA initiative for veterans. dLCV determined the stage of his claim and advised him how to notify SSA of his 100% P&T on his Request for Reconsideration appeal.

Preston sustained a severe brain injury in a motor vehicle crash at age 15. He was on Supplemental Security Income (SSI) until he married at age 25 at which time his wife's income exceeded the SSI household income threshold. At age 40, his wife died and he re-applied for SSI, denied twice, and now awaits a hearing. This individual called dLCV for assistance with the hearing. Upon investigating the evidence dLCV learned, he had assets that may jeopardize receiving SSI even if medically eligible. The advocate ruled out a widowers benefit but determined that he may qualify for a Disabled Adult Child (DAC) benefit since his father was due to retire. dLCV is working to ensure that he receives all benefits to which he is entitled.

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

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

Access to Services for Adults with TBI

**Indicator(s):**

Conduct three focus groups and rights clinics for adults with TBI.

Prepare and publish a report identifying deficiencies in services for adults with TBI.

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

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

dLCV conducted focus groups and rights clinics in FY15 with the Brain Injury Association of Virginia (BIAV) including two support groups and with BIAV staff. dLCV used information derived from these meetings to corroborate its FY15 research on system deficiencies among services for adults with TBI.

John survived a brain injury from a car crash only to find himself in the middle of a classic gap in TBI services in Virginia. Prematurely discharged from the hospital despite persisting complex behaviors, he had no plan of care. His wife struggled to arrange home rehabilitation until this was no longer viable because he began wandering the streets late at night. This led to a State Hospital admission. He stayed there until Medicaid could arrange for a comprehensive rehabilitation program out-of-state, since current policies prevent use of in-state placements. After appropriate treatment at this facility, John successfully transitioned back home, however, his journey there highlights the lack of a seamless service system in Virginia. dLCV provided guidance to John's wife throughout their navigation of the cumbersome system.

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

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

Timely Discharge from State Facilities

**Indicator(s):**

Represent individuals at DBHDS-operated psychiatric hospitals who have been identified as ready for discharge for more than thirty (30) days to ensure timely and appropriate discharge planning and referral to VR services and benefits planning.

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

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

Shane has dementia secondary to a traumatic brain injury. He was ready for discharge from Central State Hospital. His wife, also his guardian, sought help from dLCV to expedite his release. dLCV worked with Shane’s wife and the state hospital’s social worker to resolve the funding and placement issues that were delaying discharge. Successfully discharged to a program with a specialized dementia unit, John has the proper supports he needs to live his life.

Jackson was a resident of Western State Hospital (WSH) where he remained on the extraordinary barriers to discharge list for over a year. His TBI necessitates ongoing supports in relation to mobility, self-care, and independent living which made securing an appropriate discharge placement challenging. dLCV’s advocacy included regular communications with Jackson, his family in West Virginia, the facility social worker, West Virginia advocates, and West Virginia Medicaid waiver staff. Consistent with his preferences, Jackson left WSH to an assisted living facility for people with traumatic brain injuries closer to his family in West Virginia.

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

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

Maximize Individual Choice and Self Direction

**Indicator(s):**

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>	2

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

Dakota suffered a traumatic brain injury in a motor vehicle crash and is unable to communicate beyond soft vocalizations and gestures. His mother contacted dLVCV to request a Power of Attorney (POA) document in the event he lost his entire capacity to communicate. dLVCV advocate met with Dakota in the nursing home where he resides and was able to determine his wishes. dLVCV drafted a POA based on his expressed wish that should he become incapacitated his mother and father will assist him in making decisions.

A second POA case was less straightforward. dLVCV assisted Christopher, a combat veteran who sustained a TBI. The dLVCV attorney responded to his cry for help regarding a bad agent the individual had appointed under a POA. The individual complained that the agent had been wasting his assets and was not someone he wanted in control of his health care decisions when he loses his decisional capacity. We helped the client revoke his existing POA and replace it with Advance Directives compliant with the Virginia Health Care Decisions Act and the applicable Veterans Affairs (VA) regulations. On the client's behalf, we then filed the revocation on the court records, posted the Health Care Decisions Act directive on the Virginia Online Advance Directive Registry, submitted the Veterans Affairs Advance Directive to the VA facility where the client receives treatment, and provided prompt notice to all affected parties including the former agent. The client ended up with the advance directives and agents he wanted in control of his assets and health care. dLVCV got it done in time to save his truck which the untrustworthy agent was about to sell.

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

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

Equal Access to Public Accommodations under the ADA

**Indicator(s):**

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.

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

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

Miranda sought help from dLVCV when the SPCA refused to allow her to adopt a dog. She has multiple disabilities including a TBI. The reason given was that as a

social security recipient she would be unable to care for it. dLCV contacted the regional director and the client re-applied by which time the preferred dog was gone. Miranda found a new companion but kept her re-application on file. Miranda knows what to do if it happens again, call dLCV!

**Priority #5:** People with Disabilities are Employed to their Maximum Potential

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

Vocational Rehabilitation Services

**Indicator(s):**

Provide STA to all callers complaining that they were denied appropriate VR services.

Represent individuals who were denied appropriate VR services or eligibility.

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

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

Successfully employed prior to his brain injury, dLCV learned that Andrew was struggling to find and keep a job. dLCV educated Andrew and his mother about the services of Department of Aging and Rehabilitation Services (DARS). dLCV explained Order of Selection so they would understand a delay in services. Andrew met with DARS and saved his place in line to receive services thanks to dLCV.

**B. AGENCY ACCOMPLISHMENTS**

dLCV directly affected the lives of 18 Virginians with TBI by providing individual case services in a variety of disability advocacy areas. 655 individuals received issue specific information and referral.

dLCV renewed our contract with Brain Injury Services of Southwest Virginia (BISSWVA). They provided critical individual advocacy services to 19 students with TBI in the underserved southwestern part of the state.

dLCV negotiated proper placements and supports for students with complex behaviors and obtained an Individual Education Plan (IEP) for a student at a juvenile detention center. A combat veteran and others received technical assistance to obtain social security benefits. An individual received help navigating

a deficient TBI service system. Adults received assistance with discharge from state hospitals and now reside in safe settings. Power of attorney documents protected our clients' rights to choice and self-direction. A woman confined to her unit in a state-operated facility received greater permissions to do things like go outdoors. dLCV also investigated a man's inappropriate discharge from a day program.

In FY15, dLCV also made a concerted effort to better understand the systemic deficiencies in services for both children and adults with TBI in Virginia. dLCV collaborated directly with Virginia's main TBI specific advocacy organization, Brain Injury Association of Virginia (BIAV) with activities that included cross-organization trainings, focus groups, dLCV rights clinics, and surveys all designed to identify specific shortcomings across all aspects of the service delivery system. In addition, dLCV researched and reviewed all TBI related needs assessments over the last decade and current initiatives and prepared two documents to report its findings. In the course of this research, dLCV communicated with many stakeholders to clarify the issues thus forging new connections with the brain injury community.

dLCV combined TBI funding with other funding to conduct trainings related to special education, vocational rehabilitation, social security benefits, alternatives to guardianship as well as general disability rights issues reaching over 1200 individuals including parents and professionals. We also launched online self-help resources and an "Ask the Expert" video series addressing these same topics using media to reach a huge audience unable to attend training events.

dLCV also monitored conditions at state-operated training centers and reviewed all APS reports to identify trends in abuse and neglect with multiple funding streams.

**C. IMPLEMENTATION PROBLEMS**

Limited resources are a significant impediment to meeting the advocacy needs of adults and children with TBI. In Virginia, many state and private providers desperately need additional TBI funding to provide services including case management, educational support, and housing.

**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 15:

Department of Aging and Rehabilitation Services/Department for Blind and Visually Impaired  
Department of Behavioral Health and Developmental Services  
Brain Injury Association of Virginia and Support Groups  
Brain Injury Services of Southwest Virginia  
Virginia Brain Injury Council  
Virginia Wounded Warrior Program (soon to be Virginia Veteran and Family Support)  
Virginia Department of Education  
Partnership for People with Disabilities  
Partners in Policymaking  
Portia Cole, Senior Policy analyst for the Virginia Joint Commission on Healthcare (JCHC)

### **1. NETWORK COLLABORATION**

dLCV collaborated and consulted with the National Disability Rights Network (NDRN) throughout the year. One such project involved dLCV visiting the Hampton Veterans Hospital, who serve many Veterans with TBI, to assert access authority, observe the environment, and meet with staff and clients. The facility was accessible and compliant and we had no issues getting in.

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 11/9/15**

**Colleen Miller, Executive Director**

**Date 11/9/15**