

**Protection and Advocacy for Individuals with
Developmental Disabilities
(PADD)**

Annual Statement of Goals and Priorities (SGP)

Annual Program Performance Report (PPR)

VIRGINIA - disAbility Law Center of Virginia

FY 2016 [10/01/15 - 09/30/16]

Submitted 12/19/2016

Part I: Demographics

Interventions on behalf of individuals

A. Individuals Served

What to Count	Number
1. Individuals served as of October 1 (Carried over from previous FY).	43
2. Additional individuals served during the year.	139
3. Total individuals served during the year (Add lines A1 and A2).	182
4. Individuals with more than one (1) intervention opened/closed FY.	1
5. Individuals served as of September 30 (Carry over to next FY; ≤ A3).	28

B. Problem Areas/Complaints of Individuals Served

Problem Area/Complaint	Number
1. Abuse (total)	10
1. Inappropriate Use of Restraint & Seclusion	1
2. Involuntary Treatment	1
3. Physical, Verbal, & Sexual Assault	7
4. Excessive medication	0
5. Financial exploitation	0
6. Other	1
2. Access to Administrative or Judicial Processes	0
3. Access to Records	0
4. Advance Directives	3
5. Architectural Accessibility	2
6. Assistive Technology (total)	0
1. Augmentative Comm. Devices	0
2. Durable Medical Equipment	0
3. Vehicle Modification/Transportation	0
4. Other	0
7. Aversives (including ECT)	0
8. Civil Commitment	0
9. Criminal Justice	0
10. Custody/Parental Rights	0
11. Education (total)	56
1. FAPE: IEP/IFSP Planning/Development/Implementation	43

2. FAPE: Discipline/Procedural Safeguards	5
3. FAPE: Eligibility	0
4. FAPE: Least Restrictive Environ.	5
5. FAPE: Multi-disciplinary Evaluation/Assessments	1
6. FAPE: Transition Services	2
7. Other	0
12. Employment Discrimination (total)	0
1. Benefits	0
2. Hiring/Termination	0
3. Reasonable Accommodations	0
4. Service Provider Issues	0
5. Supported Employment	0
6. Wage and Hour Issues	0
7. Other	0
13. Employment Preparation	5
14. Financial Benefits (total)	0
1. SSDI Work Incentives	0
2. SSI Eligibility	0
3. SSI Work Incentives	0
4. Social Security Benefits Cessation	0
5. Work Related Overpayments	0
6. Welfare Reform	0
7. Other Financial Entitlements	0
15. Forensic Commitment	0
16. Government Benefits/Services	23
17. Guardianship/Conservatorship/Substitute Decision maker	2
18. Home and Community Based Services including discharge planning transition follow-up	25
19. Healthcare (total)	12
1. General Healthcare	3
2. Medicaid	9
3. Medicare	0
4. Private Medical Insurance	0
5. Other	0
20. Housing (total)	1
1. Accommodations	1
2. Architectural Barriers	0

3. Landlord/Tenant	0
4. Modifications	0
5. Rental Denial/Termination	0
6. Sales/Contracts/Ownership	0
7. Subsidized Housing/Section 8	0
8. Zoning/Restrictive Covenants	0
9. Other	0
21. Immigration	0
22. Juvenile Justice	1
23. Neglect (total)	10
1. Failure to Provide Necessary or Appropriate Medical Treatment	3
2. Failure to Provide Necessary or Appropriate Mental Health Treatment	0
3. Failure to Provide Necessary or Appropriate Personal Care & Safety	5
4. Other	2
24. Post-Secondary Education	2
25. Non-Medical Insurance	0
26. Privacy Rights	0
27. Public Accommodations	2
28. Rehabilitation Services (total)	4
1. Communications Problems (Individuals/Counselor)	0
2. Conflict About Services To Be Provided	0
3. Individual Requests Information	2
4. Non-Rehabilitation Act	0
5. Private Providers	1
6. Related to Application/Eligibility Process	1
7. Related to IWRP Development/Implementation	0
8. Related to Title I of ADA	0
9. Other Rehabilitation Act-related problems	0
29. Suspicious Death	31
30. Transportation (total)	1
1. Air Carrier	0
2. Paratransit	1
3. Public Transportation	0
4. Other	0
31. Unnecessary Institutionalization including identification and assessment	0

32. Voting (total)	0
1. Accessible Polling Place / Equipment	0
2. Registration	0
3. Other	0
33. Other	0
TOTAL	190

C. Gender of Individuals Served

Gender	Number
1. Female	63
2. Male	119
TOTAL	182

D. Living Arrangements of Individuals Served

Living Arrangement	Number
1. Independent	7
2. Parental or other family home	93
3. Community Residential Home for Children/Youth (0-18 Yrs.)	0
4. Community Residential Home for Adults	15
5. Non-medical community base residential facility for children and youth	0
6. Foster care	0
7. Nursing homes, including Skilled nursing facilities (SNF)	3
8. Intermediate Care Facilities (ICF)	1
9. Public and private general hospitals including emergency rooms	1
10. Public Institutional Living Arrangement	53
11. Private Institutional Living Arrangement	3
12. Psychiatric wards (public or private)	0
13. Jail	0
14. State Prison	4
15. Federal Detention Center	0
16. Federal Prison	0
17. Veterans Administration Hospital	0
18. Other Federal Facility	1
19. Homeless	0
20. Unknown	1
TOTAL	182

E. Reasons for Closing Individual Intervention Files

Reasons for Closing Individual Advocacy Case File	Number
1. Number of Closed Cases in which Client's Objective Was Partially or Fully Met	115
2. Other Representation Found	2
3. Individual Withdrew Complaint	5
4. Services Were Not Needed Due To Client's Death or Relocation	3
5. P&A Withdrew Because Individual or Client Would Not Cooperate	3
6. Individual's Case Lacked Merit	5
7. Individual's Issue Not Favorably Resolved	1
8. Appeal(s) Unsuccessful	3
TOTAL	137
Reason for Closing Individual Investigation File	Number
1. Complaint was Withdrawn	0
2. Other Appropriate Entity Investigating	0
3. P&A withdrew because Individual or Client Would Not Cooperate	0
4. Investigation Completed	25
TOTAL	25

F. Intervention Strategies Used in Serving Individuals

Individual Advocacy Service	Number
1. Self-Advocacy Assistance	52
2. Limited Advocacy	23
3. Administrative Remedies	5
4. Negotiation	28
5. Mediation/Alternative Dispute Resolution	2
6. Litigation	3
TOTAL (1-6)	113
Individual Investigation Service	Number
7. Individual Investigation	25
TOTAL (1-7)	138

G. Age Range of Individuals Served

Range	Number
1. 0 - 2	1

2. 3 - 5	7
3. 6 - 10	31
4. 11 - 22	64
5. 23 - 64	64
6. 65 & Over	15
TOTAL	182

H. Primary Disability of Individuals Served

Primary Disability	Number
1. Absence of Extremities	0
2. Acquired Brain Injury	1
3. ADD/ADHD	6
4. AIDS/HIV Positive	0
5. All Other Disabilities	0
6. Autism	60
7. Auto-immune (non-AIDS/HIV)	0
8. Blindness (Both Eyes)	0
9. Cancer	0
10. Cerebral Palsy	9
11. Deaf-Blind	0
12. Deafness	1
13. Diabetes	0
14. Digestive Disorders	0
15. Epilepsy	0
16. Genitourinary Conditions	0
17. Hearing Impaired (Not Deaf)/Hard of Hearing	1
18. Heart & Other Circulatory Conditions	0
19. Intellectual Disability	76
20. Mental Illness	12
21. Multiple Sclerosis	0
22. Muscular Dystrophy	0
23. Muscular/Skeletal Impairment	1
24. Neurological Disorders/Impairments	4
25. Orthopedic Impairments	2
26. Other Emotional/Behavioral	0
27. Other Visual Impairments (not blind)	1

28. Respiratory Disorders/Impairments	0
29. Skin Conditions	0
30. Specific Learning Disabilities (SLD)	6
31. Speech Impairments	0
32. Spina Bifida	1
33. Substance Abuse (Alcohol or Drugs)	0
34. Tourette Syndrome	0
35. Traumatic Brain Injury (TBI)	1
TOTAL	182

I. Racial and Ethnic Diversity of Individuals Served

Race/Ethnicity	State %	Individual Advocacy #	Individual Advocacy %
1. Hispanic/Latino (of any race)	0.00%	6	3.30%

Race/Ethnicity (<i>NOT Latino/Hispanic</i>)	State %	Individual Advocacy #	Individual Advocacy %
2. American Indian/ Alaskan Native	0.00%	0	0.00%
3. Asian	0.00%	1	0.55%
4. Black/African American	0.00%	45	24.73%
5. Native Hawaiian/Other Pacific Islander	0.00%	0	0.00%
6. White	0.00%	114	62.64%
7. Two or more races	0.00%	10	5.49%
8. Race/Ethnicity Unknown	0.00%	6	3.30%
TOTAL	0.00%	182	100.00%

Intervention Benefitting Groups

J. Groups Served

What to Count	Number
1. Group cases/projects still open at October 1. (Carried over from prior FY(s))	5
2. New group cases/projects opened during the year.	29
3. Total group cases/projects worked on during the year. (Add lines J1 and J2)	34
4. Total group cases/projects as of September 30. (Carry over to next FY)	34
5. Group cases/projects targeted at serving racial/ethnic minority(ies).	0
6. Total # of individuals potentially impacted by the line I.J.3 projects/cases.	5,073

K. Problem Areas/Complaints of Groups Served

Problem Area/Complaint	Number
1. Abuse	6
2. Access to Administrative or Judicial Processes	0
3. Access to Records	0
4. Advance Directives	0
5. Architectural Accessibility	1
6. Assistive Technology	3
7. Aversives (including ECT)	0
8. Civil Commitment	0
9. Custody/Parental Rights	0
10. Education	0
11. Employment Discrimination	0
12. Employment Preparation	0
13. Financial Benefits	0
14. Forensic Commitment	0
15. Government Benefits/Services	0
16. Guardianship/Conservatorship/Substitute Decision Maker	0
17. Home & Community Based Services including Discharge Planning Transition Follow-up	6
18. Healthcare	2
19. Housing	0
20. Immigration	0
21. Neglect	7
22. Post-Secondary Education	0
23. Non-Medical Insurance	0
24. Privacy Rights	0
25. Rehabilitation Services	0
26. Suspicious Death	1
27. Transportation	0
28. Unnecessary Institutionalization including Identification and Assessment	3
29. Voting	0
TOTAL	29

L. Living Arrangements Targeted by Groups Interventions

Living Arrangement	Number
1. Independent	5

2. Parental or Other Family Home	0
3. Community Residential Home for Children/youth (0-18 yrs.)	3
4. Community Residential Home for Adults	2
5. Non-Medical Community Base Residential Facility for Children and Youth	2
6. Foster care	0
7. Nursing Homes, including Skilled Nursing Facilities (SNF)	0
8. Intermediate Care Facilities (ICF)	0
9. Public and Private General Hospitals including Emergency Rooms	0
10. Public Institutional Living Arrangement	17
11. Private Institutional Living Arrangement	0
12. Psychiatric Wards (Public Or Private)	0
13. Jail	0
14. State Prison	0
15. Federal Detention Center	0
16. Federal Prison	0
17. Veterans Administration Hospital	0
18. Other Federal Facility	0
19. Homeless	0
20. Not Applicable – Intervention not Focused on a Particular Living Arrangement	0
TOTAL	29

M. Reasons for Closing Group Cases/Projects

Reason	Number
1. Concluded Successfully	27
2. Concluded Unsuccessfully	0
3. Other	2
TOTAL	29

N. Intervention Strategies Used in Group Cases/Projects

Intervention Strategy	Number
1. Abuse and Neglect Investigation	3
2. Systemic Litigation	0
3. Educating Policymakers	0
4. Other Systemic Advocacy	26
TOTAL	29

O. Age Ranges Targeted by Interventions for Groups

Focus	Number
1. Group Cases/Projects Focused on Children Approximately 0-2 yrs. old	0
2. Group Cases/Projects Focused on Children Approximately 3-5 yrs. old	0
3. Group Cases/Projects Focused on Young People Approximately 6-10 yrs. old	0
4. Group Cases/Projects Focused on Young People Approximately 11-23 yrs. old	3
5. Group Cases/Projects Focused on Adults Approximately 24—64 yrs. old	0
6. Group Cases/Projects Focused on Seniors Approximately 65 yrs. & older	0
7. Not Applicable – Intervention Not Focused on Any Particular Age Range Grouping	26
TOTAL	29

P. Race/Ethnicity of Groups Served

Race/Ethnicity	Number
1. Hispanic/Latino (of any race)	0
2. American Indian/ Alaskan Native	0
3. Asian	0
4. Black/African American	0
5. Native Hawaiian/Other Pacific Islander	0
6. White	0
7. Two or more races	0
8. Unknown	29
TOTAL	29

Part II: Statement of Goals and Priorities

A. Report on FY 2016 [10/01/15 - 09/30/16] Statement of Goals and Priorities (SGP)

1. Goal Number: 1 Goal Statement: People with Disabilities are Free from Abuse and Neglect			
2. Priorities:			
#	Priority		
1	Protection From Harm in Adult Institutions		
2	Protection From Harm in Adult Community Settings		
3	Protection from Harm in Community or Institutional Settings Serving Children or Adolescents		
4	Appropriate Services in Juvenile Correctional Facilities		
3. Strategies Used to Implement Goal and Address Priorities			
<input checked="" type="checkbox"/> Collaboration	<input checked="" type="checkbox"/> Systemic Litigation		
<input checked="" type="checkbox"/> Rights-Based Individual Advocacy Services	<input checked="" type="checkbox"/> Educating Policy Makers		
<input checked="" type="checkbox"/> Investigations of Abuse and Neglect	<input checked="" type="checkbox"/> Other Systemic Advocacy		
<input checked="" type="checkbox"/> Monitoring	<input checked="" type="checkbox"/> Training/Outreach		
4. Extent to Which Goal was Achieved			
<input type="checkbox"/> Not Achieved	<input checked="" type="checkbox"/> Partially Achieved	<input type="checkbox"/> Achieved	<input type="checkbox"/> No Results This Year
5. Stage of Implementation			
<input type="checkbox"/> Planning	<input type="checkbox"/> Initiation	<input checked="" type="checkbox"/> Implementation	<input type="checkbox"/> Outcome/Fully Integrated
6. Results Narratives of P&A Activities and Accomplishments Related to Above Goal			
Goal #: 1	Priority #(s): 1		
Collaborator(s): Adult Protective Services, Department for Aging and Rehabilitative Services, Office of Licensure and Certification, Office of the State Inspector General			
Underserved/Unservd/Minorities Targeted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Protection From Harm in Adult Institutions			
Monitoring Conditions in Virginia's State-Operated Intermediate Care Facilities (ICFs)			
<p>dLCV exceeded training center monitoring goals for the year, completing 42 onsite visits at Virginia's large state operated ICFs for people with developmental disabilities. While onsite at these facilities, dLCV observed conditions, provided residents with information about their rights, and met with administrators to discuss concerns and negotiate improved conditions. Remote monitoring included weekly reviews of critical incident reports (CIRs) and periodic reviews of other pertinent information, including reports prepared by the Office of the State Inspector General, the Office of Licensure and Certification (OLC), and Adult Protective Services (APS). Northern Virginia Training Center permanently closed in March 2016, leaving three remaining facilities: Central, Southwest, and Southeastern Virginia Training Centers. Through our facility and system wide monitoring efforts, and through individual casework, dLCV identified and reported major deficits with internal abuse and neglect investigations to the state Department of Behavioral Health and Developmental</p>			

Services (DBHDS), which operates the training centers. Follow-up on this critical issue will be the focus of our institutional work in the coming year. A death at one of the training centers led dLCV to file a complaint with OLC. At dLCV's behest, OLC investigated and concluded the training center neglected the deceased individual. The State Human Rights Committee agreed to conduct an inquiry into conditions at the facility as well. There was also an identified spike in deaths related to urinary tract infections and sepsis, which dLCV reported to OLC. Following a dLCV complaint, one of the training centers developed a policy allowing resident use of Wi-Fi devices and outlining staff training needed for implementing the new policy. Training center residents have better lives because there is external oversight of issues in their environment - from improved healthcare to access to technology.

Monitoring Conditions in Virginia's State-Operated Nursing Facility

dLCV conducted six onsite monitoring visits at Hiram Davis Medical Center, Virginia's only freestanding state-operated nursing facility for people with developmental disabilities and mental illness during the year. dLCV filed complaints with OLC and APS regarding negligent practices discovered while monitoring the facility, and OLC subsequently cited Hiram Davis for conducting inadequate abuse/neglect investigations, having poor wound care practices, and failing to provide adaptive equipment as ordered. We also wrote to the director of the state's Office of Human Rights (OHR) twice during the year regarding deficient abuse and neglect investigations at Hiram Davis, the second time demanding a written plan of correction. In response to dLCV's demands, OHR ultimately agreed to retrain all of the facility's internal investigators and conduct reviews of all completed investigation reports until further notice, providing feedback to the facility where appropriate. dLCV continues to monitor Hiram Davis Medical Center in FY17.

Reviewing CIRs

dLCV reviewed over 500 Critical Incident Reports involving residents of Virginia's state operated facilities during the year. dLCV selected 38 of these incidents for follow-up, through direct representation or investigation, and countless other incidents informed our monitoring of Virginia's state operated nursing home for people with developmental disabilities and training centers. Our review of these incidents assisted with the identification of trends at individual facilities and across the DBHDS system as a whole.

Following Up on CIRs

dLCV undertook limited follow-up on selected critical incident reports based on severity of injury or a pattern of abuse or neglect. We reviewed death summaries, autopsy reports, and mortality reviews for all suspicious deaths of people with developmental disabilities. We uncovered a disturbing number of deaths linked to urinary tract infections at one state operated ICF and subsequently filed a complaint with facility leadership, DBHDS, OLC, and the US Department of Justice. dLCV received notice that OLC will be investigating the matter on behalf of CMS with findings expected in FY17.

Analyzing Trends in CIRs

dLCV analyzed trends in CIRs on a quarterly basis. At state operated ICFs, CIR data confirmed dLCV's suspicions about increasing rates of unexplained injuries, especially fractures, at Central Virginia Training Center. dLCV's analysis and subsequent findings regarding unexplained fractures was the basis for a complaint submitted to OLC in relation to the training center. dLCV also found the number of CIRs from

Southeastern Virginia Training Center nearly tripled in the last year. It is not clear whether this increase is due to better reporting or lower quality of care, so dLCV will be following up on this trend further during FY17.

Monitoring Conditions in Privately Operated Medicaid Waiver Homes and Intermediate Care Facilities

dLCV monitored a combination of large Medicaid waiver group homes and privately operated ICFs to determine how successful large providers are with respect to providing quality, integrated care. In total, we monitored conditions at twelve residential providers. dLCV spoke with providers regarding quality of care issues, the availability of individual-directed and integrated activities and, where applicable, the impact of the HCBS Final Rule on program operations. We ensured that each provider posted information regarding dLCV and its services in rooms accessible to residents and their families and responded to requests for services that resulted from our monitoring efforts.

Reviewing Adult Protective Services (APS) Reports

dLCV received and reviewed nearly 400 APS reports during the year. We developed individual cases based on these reports and identified facility and statewide issues for systemic advocacy.

Outreaching Localities to Improve APS Reporting

dLCV collaborated with the APS Division at Virginia's Department of Aging and Rehabilitative Services to outreach and train local departments of social services on the benefits of increased abuse and neglect incident reporting to dLCV. With the support of five regional APS consultants, dLCV presented at a series of regional meetings attended by all 120 of Virginia's local APS teams throughout the year – exceeding our original goal of outreaching only 20 local teams. We received several direct referrals and saw improvements in reporting of incidents involving adults with developmental disabilities thanks to our outreach and training efforts.

Responding to Legislation, Regulation, and Policy Changes Related to Abuse or Neglect in Institutions

Throughout the year, dLCV responded to legislation, regulation, and policy changes related to abuse and neglect in institutions for people with developmental and other disabilities. We reviewed and commented on a number of policies, regulations, and proposals and specifically identified issues with DBHDS's abuse and neglect policy, known as Departmental Instruction 201, seeking an updated document to improve consistency. Moreover, we submitted public comment in relation to proposed revisions to state Human Rights Regulations, Home and Community Based Services (HCBS) plans, and standards for assisted living facilities. We also educated legislators about the impact of proposed legislation on the Commonwealth's ability to comply with its settlement agreement with the U.S. Department of Justice.

Dental Care Investigation

Justin's authorized representative was unhappy with his dental care at a state operated training center and filed a complaint with the facility; his authorized representative asked dLCV to follow-up with the facility to ensure they protected Justin's rights provided appropriate services. dLCV obtained a copy of the internal abuse/neglect investigation completed by the training center in relation to Justin's dental care. The investigation did not substantiate a finding of abuse or neglect, but did identify a number of administrative

issues requiring additional attention and corrective action, including, a review of Justin’s oral hygiene by a dental hygienist and a review of the training center’s overall dental policies and practices. dLCV monitored Justin’s case to ensure completion of both. This case illustrated the need for ongoing systemic improvement in relation to dental care for people with developmental disabilities. dLCV commenced this investigation in FY15 and completed it in FY16.

A Long Road to Freedom

dLCV intervened on behalf of Mohammed, after the Center discovered metal loops consistent with mechanical restraint affixed to his bed at a state operated ICF. dLCV launched an investigation into Mohammed’s care and discovered that his training center was subjecting residents to a disproportionate amount of bed restraints when compared to other state operated ICFs. dLCV addressed the dangers of bed restraint with the facility director, who subsequently ended the practice facility-wide. Unfortunately, the facility began subjecting Mohammed to other forms of dangerous restraint, including chair restraint. dLCV lobbied for a comprehensive outside review of Mohammed’s medical problems and medications in an effort to identify the underlying cause of his behavioral challenges. dLCV successfully advocated for the facility to place Mohammed on a medication regimen that better meets his needs and, as of case closure, he has been mechanical-restraint free for over five months. dLCV commenced this investigation in FY15 and completed it in FY16.

Another Layer of Accountability

After her parents contacted us to report concerns, dLCV launched an investigation into the care of Danielle, a young woman residing in a privately operated nursing facility. Danielle is fully dependent on care professionals to meet her needs, yet her care professionals were unable to explain how or why she frequently sustained serious injuries in their facility. dLCV requested copies of investigation reports completed by OLC and APS in relation to Danielle’s care and learned that the nursing facility failed to report her injuries of unknown origin to the state survey agency as mandated by federal requirements. Accordingly, dLCV filed a complaint regarding the facility’s failure to self-report directly with the state survey agency. OLC conducted an unannounced complaint survey in response to dLCV’s concerns and cited the facility for multiple deficiencies.

Performance Measurement	Number
People with disabilities who live in a healthier, safer or otherwise improved environment.	470

6. Results Narratives (cont.)	
Goal #: 1	Priority #(s): 2
Collaborator(s):	
Underserved/Unserved/Minorities Targeted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Protection From Harm in Adult Community Settings

Day Support Must Begin to Mean Day Action

dLCV staff visited 16 day support programs this year, most more than once, with a focus on community integration and inclusion, meaningful programming and safety issues. The major issue that all programs faced this year was Virginia's Medicaid Waiver redesign. This has been a difficult and confusing process for all programs. The expectations and requirements have been unclear and ever changing. The programs are also starting to grapple with the CMS Final Rule on HCBS integration mandates which will have a significant impact.

dLCV staff identified issues including finding low or no-cost activities in the community for consumers who are on a fixed budget, a lack of volunteer activities for individuals who are not ready for paid employment, lack of job opportunities for individuals who do want to work, and lack of transportation options.

dLCV utilized this information to develop systemic objectives to address these concerns in FY 17 including reviewing other states policies on best practices for community oversight and continuing our review of APS reports to identify problematic issues in the community.

What's Happening Out There?

dLCV researched the legal issue of community incident reporting and determined that the only entitlement to information under state or federal law is for reports of deaths of individuals in the community who died in licensed community residences for persons with an intellectual disability. The DD Act would provide us access to these community incident reports due to being records of a deceased individual. dLCV sent two letters to the Department of Behavioral Health and Developmental Services requesting that they report such incident reports to us; however, as of the end of the fiscal year, the only response we have received is that they are still evaluating how to respond to this request.

A Suspicious Death but Not Suspicious Enough

Leah called dLCV with concerns about her brother-in-law's death in a sponsored residential placement. Aaron died unexpectedly after moving from a state training center to a community placement. The Medical Examiner's Office refused to conduct an autopsy, stating that if the family wanted one, they would have to pay out of pocket, something they did not have the resources to do. Without an autopsy and definitive cause of death, dLCV could not determine whether any action of the residential provider contributed to his death. Therefore, dLCV focused on mechanisms that are in place to address these unexpected deaths in the community. DBHDS has a mechanism in place to conduct death investigations in community Waiver group homes, but those mechanisms did not apply to Aaron because he lived in a supported residential placement. DBHDS and the Medical Examiner deemed his death not to be suspicious. dLCV sent a letter to the DBHDS commissioner, outlining the ways in which the current structure failed Aaron and proposing improvements to the existing death investigations protocol. DBHDS responded by declining our proposals and positing that Aaron's case was an isolated incident. Although dLCV was not able to force DBHDS to reconsider its scope of death investigations based on this case alone, Aaron's case has given dLCV a window into the deficits of DBHDS' community investigations.

Performance Measurement	Number
People with disabilities who are provided with appropriate community based services resulting in community integration and independence.	103

6. Results Narratives (cont.)

Goal #: 1 **Priority #(s): 3**

Collaborator(s): DD Council, Parent Training and Information Center, Virginia Department of Education

Underserved/Unservd/Minorities Targeted? Yes No

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

Reviewing and Analyzing Psychiatric Residential Treatment Facility (PRTF) Incident Reports

At the outset of the year, dLCV worked with noncompliant PRTFs to bring their serious incident reporting in line with federal requirements. These federal requirements mandate that all PRTFs, including those serving children with developmental disabilities, promptly report every serious incident to dLCV. By midyear, dLCV successfully ensured 100 percent of the state’s PRTFs were reporting in accordance with federal regulations. When received, we reviewed every incident report in full. We opened investigations in response to two especially egregious incidents, and followed up with facilities in response to more than 30 additional reports to advocate for improved environmental safety, risk management practices, and external reporting.

Outreaching and Training Residents of PRTFs

dLCV trained nearly 200 residents and 40 employees of PRTFs on disability rights and effective self-advocacy strategies during the year. dLCV provided detailed information to residents and staff on abuse and neglect, seclusion and restraint, special education, transition planning, public benefits, and Medicaid waivers for people with developmental disabilities. During outreach efforts, dLCV provided countless children with customized information and referral, technical assistance, and case level services tailored to their unique situations as well.

Monitoring Conditions in a Privately Operated Nursing Facility for Children

Through a series of five announced and unannounced visits, dLCV monitored conditions in a privately operated nursing facility for children during the year. dLCV met with facility residents, clinicians, and administrators while onsite and participated in interdisciplinary team meetings. Most of the pediatric nursing home’s residents have developmental disabilities coupled with intensive physical support needs. dLCV identified insufficient access to specialized rehabilitation and education services as major issues affecting facility residents during the year. As such, dLCV retained the services of an expert who will provide us with a written report regarding the facility’s specialized rehabilitation services. Monitoring activities are ongoing.

Educating Policymakers on the Need for Seclusion and Restraint Regulations in Virginia Schools

dLCV collaborated with other advocacy groups, including the state’s Parent Training and Information Center and Developmental Disabilities Planning Council, throughout the year to educate policymakers on the need to protect children with disabilities in public schools. Specifically, dLCV urged policymakers to enact

comprehensive seclusion and restraint regulations to help keep Virginia’s students safe. We actively participated in stakeholder meetings facilitated by the Virginia Department of Education (VDOE) to monitor the development of proposed regulations and provided written recommendations urging the state to ensure consistency with guidelines promulgated by the US Department of Education. dLCV will continue actively to monitor the development of VDOE regulations in FY17.

Reminding Those Who Can Help

As part of our annual outreach and training efforts, dLCV contacted over 100 local departments of social services during the year to provide agency workers with information about the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Medicaid benefit. We encouraged localities to consider EPSDT benefits when working with children and young adults who have developmental and other disabilities and who might benefit from additional medically necessary treatments. Additionally, dLCV provided written fact sheets to each local department along with contact information for our agency helpline.

Death and Institutionalization

A grieving mother approached dLCV to request an investigation into the circumstances surrounding the unanticipated death of her young son, Brett. Brett was a long term resident of a privately operated nursing facility for children who passed away after a period of hospitalization. dLCV launched an investigation into his care at both facilities, during the course of which we interviewed staff, reviewed facility records, and obtained peer review documents. Ultimately, we were unable to substantiate abuse or neglect in relation to Brett’s death. dLCV nonetheless worked closely with Brett’s mother to provide detailed technical assistance on complaint mechanisms available through other regulatory and oversight bodies.

Finding Her Way

dLCV began working with Chantel, a young woman with a degenerative eye disease and related developmental challenges, when she was determined to be clinically ready for discharge from a state operated psychiatric facility for children. Chantel, along with her facility clinicians and educators, enlisted dLCV’s support because her local school district and social services workers were insisting that she move to a PRTF for residential and educational services even though such a move was not clinically appropriate. dLCV ensured that Chantel was a vital part of her treatment, discharge, and education planning processes and collaborated with her guardian to ensure her discharge to integrated living and educational settings. dLCV helped Chantel avoid unnecessary institutionalization and segregation by successfully negotiating for her placement with a therapeutic foster family in the community. dLCV also ensured that Chantel’s guardian enrolled her in an integrated school in her new community with appropriate educational supports, including vision accommodations, in place.

Performance Measurement	Number
Children with disabilities receiving appropriate services in most integrated settings.	234

6. Results Narratives (cont.)

Goal #: 1	Priority #(s): 4
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Collaborator(s): Department of Juvenile Justice

Underserved/Unservd/Minorities Targeted? Yes No

Appropriate Services in Juvenile Correctional Facilities

Monitoring Conditions in Virginia’s Juvenile Justice Facilities and Correctional Centers

dLCV developed a comprehensive monitoring protocol at the outset of the year to define the scope and focus of our monitoring efforts in Virginia’s juvenile justice facilities and juvenile correctional centers. After notifying DJJ of dLCV’s federal access and monitoring authority, we commenced regular onsite visits with children with developmental and other disabilities confined to the Department’s secure facilities. In total, dLCV monitored conditions at these facilities ten times during the year, meeting with residents during visits to discuss disability rights and our services, opening individual cases when appropriate. dLCV similarly met with DJJ superintendents, grievance coordinators, and educators to gain a better understanding of internal protocols related to serious incident reporting, grievance procedures, reentry planning, and special education throughout the year. dLCV will continue to monitor conditions in these facilities and advocate for improved conditions for children with disabilities during FY17.

Training Court Services Units on Special Education Rights

dLCV collaborated with DJJ to train employees of Virginia’s Court Services Units (CSUs) on special education rights at the Department’s first ever reentry summit. The summit, which had over 300 participants, provided dLCV with the opportunity to outreach all 34 of the state’s CSUs with critical information about special education rights for children with developmental and other disabilities transitioning from secure facilities back to their communities. In addition to CSU staff, dLCV was able to outreach DJJ administrators, corrections officers, counselors, and other service providers during the summit. Thanks to dLCV, CSUs around the state are now equipped with the information and skills they need to advocate for the special education rights of court-involved youth!

Distributing Self-Advocacy Materials to Children in Juvenile Justice Facilities and their Families

dLCV successfully negotiated with DJJ to provide self-advocacy materials to children with developmental and other disabilities, and their guardians, during intake, upon assignment to DJJ facilities or community programs, and in transition packets for individuals exiting DJJ custody.

Performance Measurement	Number
People with disabilities who had their other rights enforced, retained, restored and/or expanded.	316

Other Qualitative Narrative Related to the Above Goal

Describe any other significant activity related to this goal

1. Goal Number: 2 Goal Statement: Children with Disabilities Receive an Appropriate Education			
2. Priorities:			
#	Priority		
1	Educational Services		
2	Children who are Suspended, Secluded or Restrained		
3. Strategies Used to Implement Goal and Address Priorities			
<input type="checkbox"/>	Collaboration	<input type="checkbox"/>	Systemic Litigation
<input checked="" type="checkbox"/>	Rights-Based Individual Advocacy Services	<input checked="" type="checkbox"/>	Educating Policy Makers
<input type="checkbox"/>	Investigations of Abuse and Neglect	<input checked="" type="checkbox"/>	Other Systemic Advocacy
<input type="checkbox"/>	Monitoring	<input checked="" type="checkbox"/>	Training/Outreach
4. Extent to Which Goal was Achieved			
<input type="checkbox"/>	Not Achieved	<input checked="" type="checkbox"/>	Partially Achieved
<input type="checkbox"/>	Achieved	<input type="checkbox"/>	No Results This Year
5. Stage of Implementation			
<input type="checkbox"/>	Planning	<input type="checkbox"/>	Initiation
<input checked="" type="checkbox"/>	Implementation	<input type="checkbox"/>	Outcome/Fully Integrated
6. Results Narratives of P&A Activities and Accomplishments Related to Above Goal			
Goal #: 2	Priority #(s): 1		
Collaborator(s):	Brain Injury Services of Southwest Virginia, Charlottesville Special Education Advisory Committee, Children's Hospital of Richmond, Elk Hill High School, Learning Disability Association , Tidewater Autism Society		
Underserved/Unserved/Minorities Targeted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Educational Services

Education on Education

dLCV provided two trainings on special education rights and transition services to children, parents, guardians, and advocates serving students in Hispanic and Spanish Speaking communities, a target minority population. Through these trainings, dLCV reached 52 individuals. dLCV provided a presentation on education and transition rights to the Arc of Northern Virginia in which half of the audience was Spanish speaking. dLCV also provided education and transition training at the Richmond Community Resource Fair including training a small group of Hispanic families on transition services. dLCV provided all participants with handouts, brochures, general information cards, and transition and education materials.

On-Line Education on Education

dLCV launched an on-line advocacy resource center for Special Education students and parents to improve their knowledge of SPED rights and self-advocacy skills. 14,470 unique visitors accessed this valuable information at www.dlcv.org.

There's No Advocate Like a Self-Advocate

dLCV provided special education self-advocacy presentations as well as an overview of dLCV's services to 160 people in 5 different parent and child advocacy groups. These groups include the Charlottesville SEAC, students, and staff at Elk Hill High School, parents at Tidewater Autism Society, parents, vendors, and providers at the Learning Disability Association, and parents and providers at Children's Hospital of Richmond. dLCV also distributed brochures, posters, and general information cards at each of these presentations.

Home is Best

Elijah is a 5th-grade student at a private day treatment center for children who have behavioral challenges. Even though this is a school that specializes in behavioral issues, Elijah was repeatedly restrained and secluded. Mom called dLCV after the school stated that they were no longer able to serve him and the only option for him was a residential treatment program. Mom wanted to explore other options because Elijah seemed to be making progress with his therapy at home. dLCV offered mom advice on her next steps in dealing with the school and explained to her that she never must sign an IEP she does not agree with. Mom was able to secure homebound services for Elijah as he continues to work on improving his behaviors with in-home therapy. dLCV also provided extensive advice on homebound services and provided mom a VDOE guidance document on homebound education. Due to dLCV's guidance, mom effectively advocated for Elijah's special education rights. Most importantly, Elijah continues to live at home with his family rather than attending a residential treatment program.

Performance Measurement	Number
People with disabilities who go to school in safer and more humane conditions.	14,709

6. Results Narratives (cont.)

Goal #: 2	Priority #(s): 2
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Collaborator(s):

Underserved/Unservd/Minorities Targeted? Yes No

Children who are Suspended, Secluded or Restrained

Tear Down the Wall of Separation

Diana is a fourth-grade student with autism. She has an IEP that provides for an aide in the classroom. However, she has minimal contact with her special education teacher. Her schooling takes place in a small mobile unit and she is secluded from the other students behind a wall as she works with her aide. Diana faced restraint in the classroom based on a behavioral plan created by the school without the mother's knowledge. When mom learned about the behavioral plan, she refused to consent to it and asked for Diana to have a less restrictive plan. dLCV provided mom with a detailed plan outlining how to request a Functional Behavioral Assessment, how to file a Virginia Department of Education Complaint based on the school's procedural violations, information on clarifying Diana's placement, information on the parent's rights to their child's educational records as well as information on mediation and recording meetings. dLCV provided the mother a draft letter requesting an FBA and information on an effective Behavioral Intervention plan.

Support Me, Don't Move Me

Asher is a sophomore in mostly self-contained classes and some general education classes. He has an IEP and a BIP. Recently, he had trouble with his medication and his doctor discontinued all his medications. This led to a behavioral outburst at school and he faced criminal charges. The school wanted to move Asher to a different placement, but his parents wanted him to stay in his current school because he was doing well in the program there. His mom called dLCV for assistance as Asher continued to attend his current high school while escorted to his general education classes by a security guard. dLCV advocated for a manifestation determination review to find that Asher's behavior was a manifestation of his disability. dLCV represented Asher in a school board hearing and successfully advocated for him to maintain his public school placement. dLCV advocated for Asher to receive wrap-around services funded through his local Comprehensive Services Act Family Assessment and Planning Team. dLCV successfully advocated for Asher to receive services in the most appropriate setting based on recommendations from his treating psychiatrist, school therapists, and the FAPT team.

Suspension Is Not a Plan

Lucas is a fourth-grade student with Down Syndrome who receives special education in a self-contained classroom. He had missed 10 days of school due to four suspensions when his mom called dLCV for assistance. He had no behavioral supports in his IEP. On the day that his mother called dLCV, the school had a manifestation meeting and they determined that Lucas' behavior was not a manifestation of his disability. His mother did not agree with this assessment. dLCV requested and reviewed client's records. Based on this review, dLCV advised Lucas' mother to request an IEP meeting to discuss Lucas' Behavioral Intervention Plan. dLCV attended this IEP meeting and advocated for the appropriate behavioral and educational goals to address Lucas' communication needs to reduce his behaviors. dLCV also advised the mother to request a speech evaluation for Lucas. The school agreed to perform a speech evaluation to address Lucas' communication needs as his frustration with communication can often be a trigger for his behaviors. Because of dLCV's work, Lucas receives the appropriate behavioral and educational supports and there are no further suspensions.

Right Plan in the Right Place

Simon is a thirteen-year-old middle-school student with autism. He endured restraint several times and was injured in the process. His mother called dLCV because she was very frustrated by the multiple restraints, injuries and the fact that the school has placed Simon in handcuffs. She became so concerned for Simon's safety that she pulled him out of school and he began receiving home-bound services. Simon had an IEP, but no Behavioral Intervention Plan. His mom filed a complaint with the school, but not VDOE. Mom called for dLCV's assistance in getting Simon back in school with appropriate supports and behavioral plan. dLCV reviewed the client's educational records and attended an IEP meeting to advocate for an appropriate placement and an appropriate transition plan to get Simon back into school. The IEP team created an appropriate transition plan including having Simon continue to receive partial home-based services while attending school for half days four days a week for the remaining two months of the school year. Simon started the new school year at the autism program at the high school with the assistance of a one-on-one aide. Due to dLCV's advocacy, Simon received a plan to successfully transition back into school with the appropriate behavioral and educational supports to prevent future restraints.

Third Time, or Third IEP Meeting, Is the Charm

Mom called dLCV about her daughter Mary, a seven-year-old student with autism. Mary's mom was concerned about the number of restraint incidents and how much class time she has missed because of the restraint episodes. Mary's teachers restrained her so often in the few weeks before her mother called dLCV that Mary had begun complaining about constant leg pain and telling her mom that she is "bad" and that no one likes her. dLCV reviewed Mary's records, including records from the restraint incidents. dLCV attended an IEP meeting to advocate for changes to Mary's behavioral intervention plan and IEP. Mary's IEP team agreed to change her classroom teacher and to add an instructional aide in her classroom. Later, dLCV worked with the team to clarify services for the upcoming school year. The IEP team crafted an appropriate IEP that offered Mary the necessary behavioral supports she needed to be successful in the general education classroom. Because of dLCV's advocacy, Mary is attending school with the appropriate behavioral and educational supports.

Just Give Me the Facts

Gabriel is a 21-year-old student receiving Extended School Year (ESY) services. His mother called dLCV after the school denied her the opportunity to review the services offered for ESY to ensure the services are appropriate to meet Gabriel's needs and to continue preparing him for transition from high school to post-secondary living. Mom called dLCV for assistance in filing a VDOE Complaint to ensure the school division complied with IDEA by correctly drafting the ESY component of the IEP, including the services provided, the amount of time for each service, and the length of time ESY services. dLCV assisted mom in her attempts to negotiate with the school division to complete the IEP document to include the relevant information about ESY services. The school division failed to provide this needed detail. dLCV filed a complaint on behalf of Gabriel and his mom alleging a failure to comply with IDEA in providing the parent a complete IEP for informed consent. dLCV represented Gabriel and his mom in formal Mediation where all issues related to the provision of appropriate ESY services were resolved. The school division amended the IEP document to include the necessary components.

Performance Measurement	Number
Students with disabilities who stayed in school.	23

Other Qualitative Narrative Related to the Above Goal

Describe any other significant activity related to this goal

1. Goal Number: 3 Goal Statement: People with Disabilities have Equal Access to Government Services

2. Priorities:

#	Priority
1	Architectural Barriers and Reasonable Accommodations
2	Access to Social Security Benefits

3. Strategies Used to Implement Goal and Address Priorities

<input checked="" type="checkbox"/> Collaboration	<input checked="" type="checkbox"/> Systemic Litigation
<input checked="" type="checkbox"/> Rights-Based Individual Advocacy Services	<input checked="" type="checkbox"/> Educating Policy Makers
<input type="checkbox"/> Investigations of Abuse and Neglect	<input type="checkbox"/> Other Systemic Advocacy
<input type="checkbox"/> Monitoring	<input checked="" type="checkbox"/> Training/Outreach

4. Extent to Which Goal was Achieved

<input type="checkbox"/> Not Achieved	<input checked="" type="checkbox"/> Partially Achieved	<input type="checkbox"/> Achieved	<input type="checkbox"/> No Results This Year
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5. Stage of Implementation

<input type="checkbox"/> Planning	<input type="checkbox"/> Initiation	<input checked="" type="checkbox"/> Implementation	<input type="checkbox"/> Outcome/Fully Integrated
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6. Results Narratives of P&A Activities and Accomplishments Related to Above Goal

Goal #: 3	Priority #(s): 2
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Collaborator(s):

Underserved/Unserviced/Minorities Targeted? Yes No

Access to Social Security Benefits

SSI Denial and Appeal

Esther, a 19-year-old with an intellectual disability, applied for SSI and received a denial. Her mom called dLCV for information on how to handle the appeal process. dLCV guided her through the appeal steps and ways to strengthen her case such as re-connecting with the Department of Aging and Rehabilitation Services to determine her capacity to work.

Untimely Appeal

Ada applied for SSI and faced denial. She appealed the denial and lost that appeal six months before calling dLCV. Ada's mom called because she would like to help Ada with her SSI application, but she was unsure how to proceed—file another appeal or start over with a new application. dLCV educated Ada and her mom on "good cause" for filing an untimely appeal and facts to consider when filing for social security disability or supplemental security income benefits.

Good Cause

Jared's mom applied for SSI for him and was denied. She filed an appeal but not within the 60-day appeal period. She missed the deadline because she and Jared moved and even though she gave Social Security her new address, she never received the paperwork she needed to file the appeal. There is also new evidence because Jared, originally diagnosed with ADHD, received a diagnosis of Autism since the denial. dLCV educated Jared's mom on what constitutes good cause for filing an untimely appeal and she ultimately decided to file a new application.

Performance Measurement	Number
People with disabilities who accessed benefits.	9

Other Qualitative Narrative Related to the Above Goal

Describe any other significant activity related to this goal

1. Goal Number: 4 **Goal Statement:** People with Disabilities Live in the Most Integrated Environment

2. Priorities:

#	Priority
1	Settlement Agreement in U.S. vs. Commonwealth of Virginia
2	Maximize Individual Choice

3. Strategies Used to Implement Goal and Address Priorities

<input checked="" type="checkbox"/> Collaboration	<input type="checkbox"/> Systemic Litigation
<input checked="" type="checkbox"/> Rights-Based Individual Advocacy Services	<input type="checkbox"/> Educating Policy Makers
<input checked="" type="checkbox"/> Investigations of Abuse and Neglect	<input type="checkbox"/> Other Systemic Advocacy

<input type="checkbox"/> Monitoring		<input type="checkbox"/> Training/Outreach	
4. Extent to Which Goal was Achieved			
<input type="checkbox"/> Not Achieved	<input checked="" type="checkbox"/> Partially Achieved	<input type="checkbox"/> Achieved	<input type="checkbox"/> No Results This Year
5. Stage of Implementation			
<input type="checkbox"/> Planning	<input type="checkbox"/> Initiation	<input checked="" type="checkbox"/> Implementation	<input type="checkbox"/> Outcome/Fully Integrated
6. Results Narratives of P&A Activities and Accomplishments Related to Above Goal			
Goal #: 4	Priority #(s): 1		
Collaborator(s): Community Services Boards, Virginia Network of Private Providers			
Underserved/Unservd/Minorities Targeted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Settlement Agreement in U.S. vs. Commonwealth of Virginia			
<p>Innovation Motivation</p> <p>dLCV visited day support and residential programs across the state; gathered information from these visits as well as information provided by other staff in the field, researched Community Inclusion, and drafted a 20 -page resource booklet on how to develop an inclusive community for individuals with disabilities receiving services in residential and day support programs. dLCV distributed the booklet to directors of all forty community services boards, the most common and diverse provider of residential and day support services. In response to this project, the executive director of the Virginia Network of Private Providers invited dLCV to speak at their annual statewide conference early in FY 2017 to present the resource and lead a discussion on community inclusion.</p>			
<p>Don't Isolate Me</p> <p>dLCV conducted monitoring visits at 5 homes that qualify as locations that tend to isolate people with disabilities. Through these visits, dLCV both received information and provided information to increase community integration within the community. We also addressed readily apparent safety and accessibility issues at two providers and submitted comments to the Department of Behavioral Health and Developmental Services regarding the state transition plan noting deficiencies in the plan.</p>			
<p>New Beginnings</p> <p>dLCV became involved with Evelin, a young woman with cerebral palsy and bipolar disorder, after APS placed her in a private nursing facility in FY15. Only 19 years old and desperately wanting to return to her community, things quickly escalated for Evelin due to her institutionalization, and she was subsequently committed to a state operated psychiatric facility. dLCV was able to maintain representation in this new institutional setting and engaged other service providers and representatives from DBHDS to do the same. Through our representation, dLCV successfully advocated for Evelin to receive funding from the state to live in a home in her community with two other women. We also successfully advocated for money to fund psychiatry and individual therapy services through Evelin's community services board, money to fund positive behavior supports, extended school year services, and post-move monitoring. The positive behavior support facilitator working with Evelin and her group home staff reported that Evelin's target behaviors significantly decreased after release from her prior institutional placements!</p>			

A Place Called Home

dLCV intervened on behalf of Matt, a young man with Autism, after his mother contacted us to report his inappropriate hospitalization at a state psychiatric facility. Despite having no mental illness, the facility was holding Matt because they could not find an appropriate placement in the community. Matt was scared, overwhelmed, and withering under the psychiatric facility's care. We collaborated with Matt, his mother, his hospital treatment team, and his community providers to secure a more appropriate placement in the community. Thanks to dLCV's persistent advocacy, the state released Matt from their custody to a community residence with comprehensive Medicaid waiver supports in place. Since discharge, Matt has been happy and thriving!

Advocating to Avoid Homelessness

dLCV intervened to assist Carolina, a young woman with a developmental disability and mental health support needs, after clinicians at her PRTF determined she was clinically ready for discharge and at risk of the facility discharging her to a homeless shelter. As she endeavored to transition to community living, Carolina did not have any familial or professional support outside of the PRTF. dLCV immediately requested assistance from DBHDS but received inadequate help. With Carolina's authorization, dLCV forwarded concerns about DBHDS's failure to comply with provisions of the US v Virginia Settlement Agreement to the state's Secretary of Health and Human Resources and the US Department of Justice. This prompted DBHDS to increase their level of support and involvement in her case. dLCV successfully negotiated a plan with state officials that provided Carolina with an array of services in the community, including placement in a small group home. Due to dLCV's tireless advocacy in this case, Carolina avoided homelessness and is now living life outside the walls of an institution!

Performance Measurement	Number
People with disabilities who are provided with appropriate community based services resulting in community integration and independence.	32

6. Results Narratives (cont.)

Goal #: 4 **Priority #(s):** 2

Collaborator(s): Arc of Virginia, Office of the State Inspector General, Virginia Board for People with Disabilities

Underserved/Unservd/Minorities Targeted? Yes No

Maximize Individual Choice and Dual Diagnosis Impact Project

Reaching Our Youth

dLCV trained 30 individuals, including high school students and Youth Leadership Forum staff, through an interactive presentation at the Youth Leadership Forum, an event held by the Virginia Board for People with Disabilities. The training focused on disclosure, accommodations, and disability-related discrimination.

Finding Her Way

dLCV began working with Chantel, a young woman with a degenerative eye disease and related developmental challenges, when she was determined to be clinically ready for discharge from a state operated psychiatric facility for children. Chantel, along with her facility clinicians and educators, enlisted dLCV's support because her local school district and social services workers were insisting that she move to a PRTF for residential and educational services even though this was not clinically necessary. dLCV ensured Chantel was a vital part of her treatment, discharge, and education planning process and collaborated with her to ensure her guardian placed her in integrated living and educational settings. dLCV helped Chantel avoid unnecessary institutionalization and segregation by successfully negotiating for her placement with a therapeutic foster family in the community.

A Room of His Own, Closer to Family

dLCV began working with Pedro, a training center resident with extensive medical, physical, and communication support needs, in FY15. Pedro and his interdisciplinary team requested advocacy from dLCV as he prepared for the next stage of his life – community living! dLCV collaborated with Pedro, his family, training center staff, and community providers for months to secure placement with a fully accessible community provider equipped to meet Pedro's needs. After residing in an institution and sharing a room with three men for over 30 years, Pedro now lives in a community home located significantly closer to his family, where he has his own bedroom.

A Life in the Community

dLCV began working with Alla in 2015 when she requested help moving from a large state operated institution for people with developmental disabilities to a home in the community. After meeting with multiple residential providers and reviewing options with Alla, her family, and training center staff, Alla moved to a community residence of her choosing. dLCV ensured the new residence was equipped to support Alla's severe seizure disorder and behavioral needs. Thanks to dLCV's steadfast advocacy and support, Alla now lives a mere twenty minutes away from her family, whereas her institutional placement was three hours away. Alla has settled into her new home and even visited the ocean for the first time this summer!

Show Me the Evidence

Levi, an individual with an intellectual disability under guardianship, asked for dLCV's assistance in getting his guardian removed. He and his case manager have tried repeatedly to contact his guardian, but neither can locate her; she is unresponsive to their attempts to contact her and she no longer submits the required reports to the court regarding the guardianship. Her lack of responsiveness presented problems for Levi in obtaining necessary medical care, signing contracts related to employment, and exercising choice in his housing. Since guardianship appointment, Levi made great strides in learning skills for self-care and his case manager reported to dLCV that in her professional opinion, Levi is very capable of making his own decisions, especially if he has support in doing so. Levi resides in a congregate living setting and wants the ability to make his own decisions regarding housing and treatment. At the time of the initial request for assistance, Levi's case manager was in the process of obtaining a new psychological evaluation certifying that he has regained capacity. dLCV advised Levi and his case manager on the evidence needed to terminate a guardianship, including a favorable medical or psychological evaluation. Unfortunately, the evaluation report was not favorable. Although the report primarily reflected Levi's past behavior rather than his current abilities, it still clearly stated that he did not have the capacity to make his own decisions. With no favorable

evidence to present for termination of the guardianship, dLCV had no choice but to close the case. Levi's case manager is determined to get a new evaluation that addresses the gains Levi has made. dLCV encouraged Levi to call when he has favorable evidence for termination of the guardianship.

Dual Diagnosis Impact Project

dLCV undertook a comprehensive systemic impact project to improve the lives of Virginians dually diagnosed with developmental disabilities and mental illness or intensive behavioral support needs during the year. Our efforts led us to file a brief in support of the US DOJ's request for a court ordered schedule of implementation for the US v VA Settlement Agreement; the brief detailed the human costs associated with the state's failure to implement the agreement timely. We also successfully negotiated with the Office of the State Inspector General to require monthly reports from state operated psychiatric facilities regarding individuals with developmental disabilities who are awaiting discharge but have nowhere to go. During the year, dLCV also released a public report highlighting the story of a dually diagnosed individual as she struggled to access supports from Virginia's fragmented service system. The Arc of Virginia later invited us to present on Virginia's crisis services system for people with developmental disabilities at their annual statewide convention. dLCV unveiled an online Crisis Services Portal hosted on our website, at the convention to help dually diagnosed individuals and their families file complaints with various oversight bodies. We concurrently put the state on notice of issues placing individuals at risk of institutionalization in violation of their rights. dLCV's systemic efforts on behalf of dually diagnosed individuals will continue in FY17.

Performance Measurement	Number
People with disabilities who are provided with appropriate community based services resulting in community integration and independence.	673

Other Qualitative Narrative Related to the Above Goal

Describe any other significant activity related to this goal

1. Goal Number: 5 Goal Statement: People with Disabilities have Equal Access to Appropriate and Necessary Healthcare

2. Priorities:

#	Priority
1	Denial of Medicaid Services
2	Access to Healthcare

3. Strategies Used to Implement Goal and Address Priorities

<input checked="" type="checkbox"/> Collaboration	<input type="checkbox"/> Systemic Litigation
<input checked="" type="checkbox"/> Rights-Based Individual Advocacy Services	<input type="checkbox"/> Educating Policy Makers
<input checked="" type="checkbox"/> Investigations of Abuse and Neglect	<input type="checkbox"/> Other Systemic Advocacy
<input type="checkbox"/> Monitoring	<input type="checkbox"/> Training/Outreach

4. Extent to Which Goal was Achieved			
<input type="checkbox"/> Not Achieved	<input checked="" type="checkbox"/> Partially Achieved	<input type="checkbox"/> Achieved	<input type="checkbox"/> No Results This Year
5. Stage of Implementation			
<input type="checkbox"/> Planning	<input type="checkbox"/> Initiation	<input checked="" type="checkbox"/> Implementation	<input type="checkbox"/> Outcome/Fully Integrated
6. Results Narratives of P&A Activities and Accomplishments Related to Above Goal			
Goal #: 5	Priority #(s): 1		
Collaborator(s):			
Underserved/Unservd/Minorities Targeted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Denial of Medicaid Services			
<p>The Right to Be Heard</p> <p>dLCV has worked with numerous Medicaid beneficiaries over the years and assisted them with the Medicaid Appeal process. It came to our attention that while the regulations require the Department of Medical Assistance Services (DMAS) to hear and adjudicate request for appeal, they were failing to do so. dLCV investigated this issue. DMAS was unable to provide dLCV with information on how many appeals exceeded the 90-day timeline without written consent of the beneficiary. Already aware of five individuals who had delays of between 136-218 days, dLCV made a complaint to Centers for Medicare Medicaid Services (CMS). Within 60 days of our complaint to CMS, the Director of the DMAS Appeals Division contacted dLCV and agreed to meet to discuss the delays and what DMAS is doing to correct the issue. Upon receiving our complaint, DMAS began tracking the status of appeals to ensure compliance with the timeline. They are also looking for ways to improve the appeals process and have invited dLCV and its clients to participate and offer suggestions. DMAS even been asked dLCV to review updated documents to ensure they are easy for consumers to understand.</p>			
<p>Medical Necessity Is a Necessity</p> <p>Philip and Anna, a brother and sister with Autism, needed environmental modifications to their bathroom. Each of the teens has behavioral issues and therapeutic needs that necessitated modifying the bathroom to make it safer and easier to use. Frustrated by years of Medicaid denial of the modifications, their parents turned to dLCV for assistance. dLCV worked with the case manager and the parents to better understand the situation and how to address their request for modifications. Reviewing prior attempts, dLCV identified problems with previous requests that led to their denials. Using that information, dLCV drafted language for a letter of medical necessity and gave it to the parents for their doctor's review. Medicaid approved the modifications for the teens. Now they can remain in the community with their family.</p>			
<p>Splash, Splash</p> <p>Noah and Seth are brothers with autism. Their parents had been trying to get approval for modifications to their bathroom for quite some time with no success. The denials claimed the requests failed to show how the modifications would promote independence in order to avoid possible institutionalization. Their parents disagreed and stated that due to their behavioral challenges, such as splashing water out of the sink and tub and rocking on the toilet, they felt their children needed these modifications to remain in the community and increase their independence. dLCV assisted the family and their support coordinator to write letters justifying</p>			

the needs for the modifications. Medicaid's contractor sent an independent contractor to the home to review the request and in less than a week, they had written approval.

Knowing the Criteria Makes It Much Easier to Prove the Criteria

Isaac and Mark are four-year-old twins diagnosed with autism and a host of other medical and associated conditions. A screening Team and Hearing Officer denied the waivers. The next step would be a circuit court appeal, but she decided to call dLCV for assistance before taking that step. dLCV educated mom about the three criteria to meet to be eligible for EDCD services: functional (the need for assistance with activities of daily living), medical (nursing need) and imminent risk of nursing facility placement. Unfortunately, the family was not aware of the criteria prior to the screening and thus did not develop their evidence accordingly. dLCV worked with mom to help her understand what the screening team needed to determine eligibility. Armed with the information provided by dLCV, she was able to put together records showing her children met the criteria and worked with their doctor to get letters stating the boys were at risk of nursing placement. Just a week after the dLCV provided mom with this vital information, she received notice that the boys were eligible for the waivers.

Keep Me in My Community

Reuben is a young man with cerebral palsy and an intellectual disability who lives in Southwest Virginia. His parents called with concerns about the location of his day support services. Reuben has been attending a day support program 100 miles from his home. It was bad enough when the transportation company transported him each day, but the company decided to stop providing that service due to the distance involved and problems they have experienced with reimbursement. When his parents called dLCV, Reuben was not attending any day program but was rather receiving in-home services. dLCV discovered through their conversation with the family that they had never wanted him to go to that far away program in the first place. There is a program about fifteen minutes from their home and they want Reuben to go there, but the Community Services Board that operates it is different from the one that provides services in his county. They tried to get permission for him to attend this program and were denied. dLCV negotiated with DBHDS and the two community services boards to get approval for Reuben to attend the program in his community rather than spend hours on a van to attend a program 100 miles from home.

Performance Measurement	Number
People with disabilities who accessed benefits.	214

6. Results Narratives (cont.)	
Goal #: 5	Priority #(s): 2
Collaborator(s):	
Underserved/Unservd/Minorities Targeted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Access to Healthcare

I Don't Want to Go to a Nursing Home!

Joel's brother called dLCV about problems he had been experiencing with Medicaid transportation services. Joel uses a wheelchair and needs assistance to transfer. He is quite large and difficult to transfer. They requested only male drivers because he is so hard to handle. One time the transport company sent a female driver. The driver received an injury transferring Joel and now the company refuses to transport him. Joel has been unable to attend regular physical therapy appointments and has missed several doctor's appointments. These transportation issues are a barrier to Joel's access to health care. His brother is afraid that the only way he can get access to the care he needs is if he puts him in a nursing home. dLCV negotiated with Medicaid, who found a reliable and permanent provider and the company agreed to make Joel a VIP client for 6 months to monitor his safety.

Performance Measurement	Number
People with disabilities who accessed benefits.	3

Other Qualitative Narrative Related to the Above Goal

Describe any other significant activity related to this goal

B. Priority Setting Process

1. Means by which the P&A conducted data-driven strategic planning, including formal public input

Public Hearing	Public Comment	Experience	Focus Groups	Advisory Council(s)	Monitoring Visits	Research/Data
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Narrative (describe how the P&A conducted data driven strategic planning):

dLCV offered two public input surveys during the spring and summer of this fiscal year. The first survey allowed our 318 respondents the opportunity to express which disability advocacy issues they feel are most important. The top three categories chosen: quality mental health care (15%), community access and barrier free environment (10%) and special education (9%). 31% of our respondents were individuals with disabilities and 34% were family members and caregivers. dLCV used this information as part of our FY 17 goal and focus area development.

The second systemic input survey allowed dLCV to hear targeted input from 22 respondents who reviewed our dLCV Board adopted FY 17 goals and drafted ideas for focused systemic work to affect those goals. dLCV reviewed these suggestions and incorporated them into our FY 17 work plan.

We posted the survey instruments on our website and distributed paper copies at conferences, during trainings and presentations, and directly to residents during facility monitoring.

2. Number of days for public comment: 73

3. Describe efforts to assure diversity (disability, geographic, racial, etc.) in the data-driven strategic planning process

dLCV staff reviewed multiple data sets on a variety of demographic areas. We selected three targeted underserved areas: Charlotte and Appomattox, and Southampton County which dLCV received fewer than 2 service requests from over the last three years. We also planned objectives targeting Spanish speaking populations and the elder community based upon public input.

4. A copy of the proposed SGP for comment was provided to the:

State Council on Developmental Disabilities: Yes

The University Centers for Excellence in Developmental Disabilities Education, Research and Service: Yes

5. Summary of Findings

See B.1.

6. Summary of How Data was used to Develop P&A Goals and Priorities (include how priority input used, including input from the DDC and UCEDD)

See B.1.

7. List of topic areas of additional priorities that would be listed but are not due to lack of resources

There are multiple priorities we would like to expand on including affecting the quality of community based services for the DD population.

C. FY 2017 [10/01/16 - 09/30/17] Statement of Goals and Priorities (SGP)

There are no changes to the SGP from prior year There are changes to the SGP

1. Goal Number: 1 Goal Statement: People with Disabilities are Free from Abuse and Neglect	
2. Priorities:	
#	Priority
1	People with Disabilities are Free from Harm in Adult Institutions
2	People with Disabilities are Free from Harm in Adult Community Settings
3	Children and Adolescents with Disabilities are Free from Harm in Community or Institutional Settings
4	Juveniles with Disabilities Receive Appropriate Services in Juvenile Correctional Facilities
3. Strategies Used to Implement Goal and Address Priorities	
<input checked="" type="checkbox"/> Collaboration	<input type="checkbox"/> Systemic Litigation
<input checked="" type="checkbox"/> Rights-Based Individual Advocacy Services	<input checked="" type="checkbox"/> Educating Policy Makers
<input checked="" type="checkbox"/> Investigations of Abuse and Neglect	<input checked="" type="checkbox"/> Other Systemic Advocacy
<input checked="" type="checkbox"/> Monitoring	<input checked="" type="checkbox"/> Training/Outreach
4. Rationale for Adding/Changing Goal	
5. Rationale for Adding/Changing Priorities	
Public Input, direction from dLCV Board, strategic plan	

1. Goal Number: 2 Goal Statement: Children with Disabilities Receive an Appropriate Education	
2. Priorities:	
#	Priority
1	Children with Disabilities in Underserved Populations Receive Educational Services
2	Children with Disabilities are not Suspended, Secluded or Restrained in School
3. Strategies Used to Implement Goal and Address Priorities	
<input checked="" type="checkbox"/> Collaboration	<input type="checkbox"/> Systemic Litigation
<input checked="" type="checkbox"/> Rights-Based Individual Advocacy Services	<input checked="" type="checkbox"/> Educating Policy Makers
<input type="checkbox"/> Investigations of Abuse and Neglect	<input checked="" type="checkbox"/> Other Systemic Advocacy
<input type="checkbox"/> Monitoring	<input checked="" type="checkbox"/> Training/Outreach
4. Rationale for Adding/Changing Goal	
5. Rationale for Adding/Changing Priorities	
Public Input, direction from dLCV Board, strategic plan	

1. Goal Number: 3 Goal Statement: People with Disabilities Live in the Most Integrated Environment	
2. Priorities:	

#	Priority
1	People with Disabilities are Discharged Timely from State Facilities
2	People with Disabilities have Maximum Individual Choice
3	Individuals with Dual Diagnosis Have Access to Appropriate Services
3. Strategies Used to Implement Goal and Address Priorities	
<input checked="" type="checkbox"/> Collaboration	<input type="checkbox"/> Systemic Litigation
<input checked="" type="checkbox"/> Rights-Based Individual Advocacy Services	<input checked="" type="checkbox"/> Educating Policy Makers
<input checked="" type="checkbox"/> Investigations of Abuse and Neglect	<input checked="" type="checkbox"/> Other Systemic Advocacy
<input checked="" type="checkbox"/> Monitoring	<input checked="" type="checkbox"/> Training/Outreach
4. Rationale for Adding/Changing Goal	
5. Rationale for Adding/Changing Priorities	
Public Input, direction from dLCV Board, strategic plan	

1. Goal Number: 4 Goal Statement: People with Disabilities have Equal Access to Appropriate and Necessary Healthcare	
2. Priorities:	
#	Priority
1	People with Disabilities are not Denied Medicaid Services Unlawfully
2	People with Disabilities Have Access to Healthcare
3. Strategies Used to Implement Goal and Address Priorities	
<input checked="" type="checkbox"/> Collaboration	<input type="checkbox"/> Systemic Litigation
<input checked="" type="checkbox"/> Rights-Based Individual Advocacy Services	<input checked="" type="checkbox"/> Educating Policy Makers
<input type="checkbox"/> Investigations of Abuse and Neglect	<input checked="" type="checkbox"/> Other Systemic Advocacy
<input type="checkbox"/> Monitoring	<input checked="" type="checkbox"/> Training/Outreach
4. Rationale for Adding/Changing Goal	
5. Rationale for Adding/Changing Priorities	
Public Input, direction from dLCV Board, strategic plan	

1. Goal Number: 5 Goal Statement: People with Disabilities Increase Self-Advocacy Through Education and Training	
2. Priorities:	
#	Priority
1	People with Disabilities who are "Coming of Age" Learn Their Rights
3. Strategies Used to Implement Goal and Address Priorities	
<input checked="" type="checkbox"/> Collaboration	<input type="checkbox"/> Systemic Litigation

<input type="checkbox"/> Rights-Based Individual Advocacy Services	<input type="checkbox"/> Educating Policy Makers
<input type="checkbox"/> Investigations of Abuse and Neglect	<input checked="" type="checkbox"/> Other Systemic Advocacy
<input type="checkbox"/> Monitoring	<input checked="" type="checkbox"/> Training/Outreach
4. Rationale for Adding/Changing Goal	
Public Input, direction from dLCV Board, strategic plan	
5. Rationale for Adding/Changing Priorities	
Public Input, direction from dLCV Board, strategic plan	

D. Description of P&A Operations

1. Provide a description of how the P&A operates. Include information on how the P&A coordinates the PADD program with other Protection and Advocacy programs administered by the State Protection and Advocacy System. This description must include the System's processes for intake, internal and external referrals, and streamlining of advocacy services.

dLCV provides PADD advocacy services across all agency Units. Many projects and outreach efforts utilize multiple funding streams including PADD.

dLCV accepts requests for services on Mondays, Wednesdays and Fridays from 8:30am-4:00pm and during other outreach programs like 'Office Hours' at Centers for Independent Living and monitoring visits to Training Centers and community residential and day programs.

Requests come in via phone, in person, via e-mail, fax, and accepted in any other requested alternate formats including through the language line.

If the service request falls within the scope of our work plan in the fiscal year, the staff completing the request for services forwards it to the Team Manager who manages that specific priority category. For example, an abuse or neglect case involving a child is typically sent to the Children's Advocacy Unit. An abuse or neglect case in a large facility is typically sent to the Institutions Unit. Our Community Resources Unit typically manages an abuse or neglect case involving a small residential home (less than 6 residents).

Team leaders assign the service requests and projects to advocates and attorneys. Team Leaders monitor and balance staff caseloads and project work.

dLCV refers issues or concerns outside of the P&As work plan to other community advocacy and legal entities. Advocates provide all individuals requesting assistance information and referral at a minimum.

2. Will the System will be requesting or requiring fees or donations from clients as part of the intake process? No

3. Collaboration and Coordination:

a. Describe how the P&A is collaborating with others in the State, including the DDC and UCEDD.

dLCV solicits feedback from the Partnership for People with Disabilities and Virginia Board for People with Disabilities during our public input survey effort. We also review public comment provided by the Board on DD issues to other state agencies.

The DDC (Virginia Board for People with Disabilities) and UCEDD (The Partnership for People with Disabilities) have pledged to support specific objectives and projects during FY 17. We anticipate close collaboration as we begin to develop an improved system for community monitoring and we develop extensive self-advocacy tools for youth who are coming of age.

b. Describe how the P&A is reducing duplication and overlap of services and sharing of information on service needs.

The DDC, UCEDD and Protection and Advocacy System work closely together during the Virginia Legislative Session.

We participate in the Board's Youth Leadership Program providing an advocate to educate attendees on rights topics not covered by the other collaborators.

dLCV reviews the Board's public comment on regulatory actions and in some cases jointly participates in multi-agency feedback on actions utilizing non-federal funding.

All 3 network agencies share news and developments coming from sister agencies through social media contacts.

The director of the VCEDD serves as an elected member of our governing board.

Part III: Results of P&A Activity

Overarching Outcome Statement:

People with disabilities exercise their civil, human and legal rights.

A. End outcomes related to P&A activities

Performance Measurement	Number
1. People with disabilities who are provided with appropriate community based services resulting in community integration and independence.	808
2. People with disabilities who accessed benefits.	226
3. People with disabilities who live in a healthier, safer or otherwise improved environment.	1,180
4. People with disabilities who were able to stay in their own home.	0
5. People with disabilities who work in safer and more humane conditions.	8
6. People with disabilities who go to school in safer and more humane conditions.	14,709
7. Students with disabilities who stayed in school.	23
8. Children with disabilities receiving appropriate services in most integrated settings.	11
9. People with disabilities who had their other rights enforced, retained, restored and/or expanded.	316
10. Public and private places/services made more accessible.	1,001

By Intervention Type

End Outcome	Technical Assistance	Individual Advocacy	Abuse & Neglect Investigations	Systemic Litigation	Educating Policy Makers	Other Systemic Advocacy
1	0	67	N/A	0	0	741
2	0	26	N/A	0	0	200
3	0	16	0	0	0	1164
4	0	0	N/A	0	0	0
5	0	8	0	0	0	0
6	0	27	0	0	0	14682
7	0	23	N/A	0	0	0
8	0	11	N/A	0	0	0
9	0	16	N/A	0	0	300
Total	0	194	0	0	0	17087
10	0	0	N/A	0	0	1001

B. Overview of how many people with disabilities served

Performance Measurement	Number
1. People with disabilities receiving individual advocacy services to exercise their civil, human and legal rights.	182
2. Abuse and neglect investigations to protect people with disabilities from abuse and neglect.	11
3. People with disabilities receiving information, technical assistance and referral services.	299
4. People with disabilities trained to become active participants in making decisions that affect their lives.	2,385
5. People whose rights were advanced through class and/or systemic impact litigation.	0
6. People with disabilities whose rights were enforced, protected or restored as a result of non-litigation group advocacy.	520
7. People with disabilities who received a lower level of services due to lack of P&A resources.	0
8. People with disabilities impacted by one or more provision(s) in law modified or prevented.	0

C. Rights-Based Individual Advocacy Services

Outcome Statements

- People with disabilities exercised their rights because of access to rights-based and/or legal advocacy services.
- The P&A protected rights of individuals with disabilities through legal and rights-based advocacy in accordance with the retainer agreement or similar agreement between the client and the P&A.
- The P&A took action to protect the rights of people with disabilities to be free from abuse, neglect or discrimination.

Performance Measurement	Number
1. People with disabilities who had their rights enforced and/or restored.	108
2. People with disabilities who were assisted in obtaining access to administrative or judicial processes.	0
3. Closed cases in which client objective was met or partially met.	115

D. Investigations of abuse and neglect

Outcome Statement

- The P&A takes action to protect the rights of people with disabilities to be free from abuse and neglect.

Performance Measurement	Number
1. Investigations (not death related).	11
2. Investigations of abuse and neglect completed with a finding or determination (not including death investigations).	7

3. Death investigations.	27
4. Death investigations completed with a finding or determination.	24
5. People with disabilities who benefitted from the findings of investigations of abuse and neglect.	7
6. Provisions in policy added or prevented.	0

Other Qualitative Results

Report additional information related to investigations not already reported in Part II.
All information reported in Part II.

E. Monitoring

Outcome Statements

- People with disabilities live, work and go to school in safe and humane conditions.
- People with disabilities are provided with appropriate community-based services so that they can live as independently as possible.

Facilities/Programs Monitored

Unique Facility	Facility Type	Facility Capacity	Location (By County)	# of Visits	Court Ordered Monitoring? Yes/No
Central Virginia Training Center	Other Federal Facility	288	Amherst	6	No
Hiram Davis Medical Center	Other Federal Facility	67	Dinwiddie	6	No
Southeastern Virginia Center	Other Federal Facility	75	Chesapeake	6	No
Southwestern Virginia Training Center	Other Federal Facility	144	Carroll	6	No

Total Number of Unique Facilities: 4

Performance Measurement	Number
1. People with disabilities whose living, working and/or other circumstances were monitored by P&A.	413
2. Cases opened for health and safety issue investigation.	31
3. Health and/or safety violations validated by the P&A.	27
4. Rights violations (not health or safety and including quality of life) identified and addressed as a result of P&A monitoring.	40

5. Complaints referred to regulatory agencies or investigative organizations.	62
6. Times P&A access was denied during a monitoring/access attempt.	0
7. Times denial of P&A access was successfully resolved.	0

Other Qualitative Narrative

Describe P&A's overall approach and strategy for monitoring activities
dLCV's monitoring efforts are explained in Section 2 of this report. We utilize limited resources to monitor facilities identified in our annual agency objectives.

F. Systemic Litigation

Outcome Statements

- Rights of individuals with disabilities are advanced through class and/or systemic and/or systemic impact litigation.
- Through systemic or class litigation, obtain changes in policy, regulations and law that will benefit individuals with disabilities and/or prevent creation or implementation of policy, regulations or law that would harm individuals with disabilities.
- Settlements or judgments resulting from P&A systemic litigation positively impact the rights and interests of people with disabilities.

Performance Measurement	Number
1. Systemic or class action lawsuits handled for the benefit of people with disabilities.	0
2. Provisions in policy modified or prevented.	0
3. Provisions in regulation modified or prevented.	0
4. Provisions in law modified or prevented.	0
5. Lawsuits addressing systemic issues resolved by settlement.	0
6. Lawsuits addressing systemic issues resolved by judgment.	0
7. Amicus briefs signed onto or filed.	0
8. People with disabilities whose rights were advanced as a result of amicus participation.	0

G. Educating Policymakers

Outcome Statement

- Statutes, ordinances and regulations will benefit individuals with disabilities.

Performance Measurement	Number
1. Communications to people with disabilities explaining a policy initiative.	0
2. People with disabilities supported in expressing their own viewpoint on a policy related matter.	0
3. Times written comments were submitted regarding proposed legislation or regulations.	0

4. Times testimony was provided at a legislative public hearing.	0
5. Provisions in regulation modified or prevented.	0
6. People with disabilities impacted by the regulation provision(s) modified or prevented.	0
7. Provisions in law modified or prevented.	0
8. People with disabilities impacted by one or more provision(s) in law modified or prevented.	0
9. Provisions in ordinances modified or prevented.	0

H. Other Systemic Advocacy

Outcome Statement

- The rights of individuals with disabilities are advanced through non-litigation group advocacy.

Performance Measurement	Number
1. Changes in practices made or prevented.	3
2. Provisions in policy modified or prevented.	2

I. Information, Technical Assistance and Referrals

Outcome Statement

- People with disabilities, family members and others will receive basic disability related information and referral services.

Performance Measurement	Number
1. People receiving information and referral services.	178
2. People receiving technical assistance.	121
3. Self-advocacy materials published or revised.	6
4. Self-advocacy materials distributed.	2,013

J. Training

Outcome Statements

- People with disabilities have the skills necessary to conduct effective self-advocacy.
- People with disabilities have knowledge necessary to be an effective self-advocate.
- Family members and additional groups are provided information about laws and policies affecting individuals with disabilities as the P&A determines useful.

Performance Measurement	Number
1. People who report the training enhanced their knowledge and/or skill (was beneficial) at the completion of the training.	1,631

2. People with disabilities who received advocacy skills training.	1,740
3. People with disabilities who received rights training.	520

K. Public Relations and Outreach

Outcome Statements

- The public will become more aware of the existence and mission of the P&A.
- The public will become more aware of the content of disability rights laws and regulation and of disability rights issues.

Performance Measurement	Number
1. Press releases issued.	2
2. Times a P&A representative was interviewed or featured on TV or radio.	2
3. Articles about the P&A or its work in external mass media such as newspapers, radio, podcasts, blogs or television.	219
4. Social media followers.	1,236
5. Absolute unique visitors to blogs/web pages where information about the P&A is posted.	14,470
6. Circulation of the P&A's newsletter and/or listserv updates.	5
7. Articles by the P&A about disability rights issues published in newspapers, books, journals or magazines.	0
8. Links to other disability rights related information sources published on the P&A website.	75
9. Times the P&A exhibited at conferences, community fairs, etc.	14
10. Presentations made to community groups.	6

Other Qualitative Narrative

Describe any innovative or significant P&A activity related to public relations and/or outreach (to include unserved and underserved populations/communities, and outreach to self-advocates)
<p>The Advocate Is IN</p> <p>dLCV completed 21 Office Hours visits with CILs in Manassas, Fredericksburg, Virginia Beach, and Lynchburg and with advocacy groups in Roanoke, Richmond, and Charlottesville. As a result of these Office Hours, dLCV met with 124 individuals and discussed multiple advocacy issues including employment barriers, benefits denial, education, service concerns and abuse and neglect. dLCV opened service requests for 25 of those individuals and provided direct advocacy to resolve the issues. The Office Hours program creates community relationships in the disability community that bolster dLCV's advocacy efforts.</p> <p>Lights, Camera, Advocacy!</p> <p>dLCV filmed four Ask the Expert videos this year. The topics included effective communication, voting rights and restoration rights, returning to work while keeping benefits and transition services for children. Three videos posted in FY 16 on the dLCV website and YouTube received over 574 views. The videos are invaluable</p>

to reach a statewide audience electronically through the internet and additionally supplement dLVC training and outreach across the Commonwealth.

Meet the P&A

Staff from dLVC introduced approximately 172 people to the agency through 11 presentations. The audiences consisted of local Richmond business people, disability support groups, and people from the voter's registrar office. While the majority of the presentations occurred in the Richmond area, some presentations occurred in other areas of the state, including Norfolk in the Tidewater area and Blacksburg in Southwest Virginia.

Impact!

The Coming of Age impact project focused on providing information and education to students and parents to prepare them for what happens when a student turns 18 and becomes an adult. dLVC did presentations to parents groups, transition fairs and other community groups. Through these presentations, as well as transition fairs and dLVC's own conference, dLVC reached 520 individuals with the information about the transition from childhood to adulthood for individuals with disabilities.

dLVC created a handbook of resources written to reach young adults with disabilities and those nearing the age of majority. The handbook includes information about Social Security benefits and the age 18 redetermination process, Assistive Technology (AT), supported decision making, and basic information about laws and things young adults need to know. dLVC provided the handbook to all participants of our conference and added a resource page on our website for youth reaching adulthood.

dLVC hosted its first conference which drew 25 participants including students and parents. dLVC covered the following topics at the conference: self-advocacy at your IEP meeting; supported decision making and other alternatives to guardianship, applying for Social Security benefits and the age 18 redetermination process, and Vocational Rehabilitation (VR) services. In addition to these topics that dLVC staff covered, we also offered a vendor fair and a self-advocacy panel composed of two self-advocates and a parent to share their own experiences of being a self-advocate.

Part IV: Collaborations

Use the boxes below to report on collaborative and coordination efforts with the following client assistance program (unless housed within the P&A), long term care ombudsman (unless housed within the P&A), developmental disabilities council, center(s) for excellence (university affiliated program) and any parent training centers. This is another place to describe collaboration with unserved/underserved communities/groups/populations and discuss collaboration with self-advocates. Optional: Add boxes to report on other major collaborations.

Check one or more of the following boxes if the P&A houses any of these programs.

<input checked="" type="checkbox"/> Client Assistance Program	<input type="checkbox"/> Long Term Care Ombudsman	<input type="checkbox"/> Parent Training Center
---	---	---

Name of Collaboration	Adult Protective Services
Description of collaboration	
Detailed in Part II	
Role of P&A within the collaboration	
Detailed in Part II	

Name of Collaboration	Arc of Virginia
Description of collaboration	
Detailed in Part II	
Role of P&A within the collaboration	
Detailed in Part II	

Name of Collaboration	Brain Injury Services of Southwest Virginia
Description of collaboration	
Detailed in Part II	
Role of P&A within the collaboration	
Detailed in Part II	

Name of Collaboration	Charlottesville Special Education Advisory Committee
Description of collaboration	
Detailed in Part II	

Role of P&A within the collaboration
Detailed in Part II

Name of Collaboration	Children's Hospital of Richmond
Description of collaboration	
Detailed in Part II	
Role of P&A within the collaboration	
Detailed in Part II	

Name of Collaboration	Community Services Boards
Description of collaboration	
Detailed in Part II	
Role of P&A within the collaboration	
Detailed in Part II	

Name of Collaboration	DD Council
Description of collaboration	
Detailed in Part II	
Role of P&A within the collaboration	
Detailed in Part II	

Name of Collaboration	Department for Aging and Rehabilitative Services
Description of collaboration	
Detailed in Part II	
Role of P&A within the collaboration	
Detailed in Part II	

Name of Collaboration	Department of Juvenile Justice
Description of collaboration	
Detailed in Part II	

Role of P&A within the collaboration
Detailed in Part II

Name of Collaboration	Elk Hill High School
Description of collaboration	
Detailed in Part II	
Role of P&A within the collaboration	
Detailed in Part II	

Name of Collaboration	Learning Disability Association
Description of collaboration	
Detailed in Part II	
Role of P&A within the collaboration	
Detailed in Part II	

Name of Collaboration	Office of Licensure and Certification
Description of collaboration	
Detailed in Part II	
Role of P&A within the collaboration	
Detailed in Part II	

Name of Collaboration	Office of the State Inspector General
Description of collaboration	
Detailed in Part II	
Role of P&A within the collaboration	
Detailed in Part II	

Name of Collaboration	Parent Training and Information Center
Description of collaboration	
Detailed in Part II	

Role of P&A within the collaboration
Detailed in Part II

Name of Collaboration	Tidewater Autism Society
Description of collaboration	
Detailed in Part II	
Role of P&A within the collaboration	
Detailed in Part II	

Name of Collaboration	Virginia Board for People with Disabilities
Description of collaboration	
Detailed in Part II	
Role of P&A within the collaboration	
Detailed in Part II	

Name of Collaboration	Virginia Department of Education
Description of collaboration	
Detailed in Part II	
Role of P&A within the collaboration	
Detailed in Part II	

Name of Collaboration	Virginia Network of Private Providers
Description of collaboration	
Detailed in Part II	
Role of P&A within the collaboration	
Detailed in Part II	

Part V: Governance and Compliance

A. Board and staff race and ethnicity

Race/Ethnicity	Board	Employees
1. Hispanic/Latino (of any race)	0	0

Race/Ethnicity <i>(NOT Latino/Hispanic)</i>	Board	Employees
2. American Indian/Alaskan Native	0	0
3. Asian	0	0
4. Black/African American	3	6
5. Native Hawaiian/Other Pacific Islander	0	0
6. White	9	25
7. Two or more races	0	1
8. Race/Ethnicity Unknown	0	0
TOTAL	12	32

B. Consumer involvement in P&A governance

	Board
PADD Eligible Primary Consumers	1
PADD Eligible Secondary Consumers	3
Other Eligible Primary Consumers	4
Other Eligible Secondary Consumers	4
TOTAL Membership	12

Part VI: General Program Information

A. P&A Identification

Name of state, territory or jurisdiction	VA
Name of P&A system	VIRGINIA - disAbility Law Center of Virginia

B. Main Office

Mailing Address of Main Office	1512 Willow Lawn Drive, Suite 100 Richmond, VA 23230
Phone Number of Main Office	804-225-2042

C. Satellite Offices

D. CEO Contact Information

Name of P&A CEO	Colleen Miller
Phone Number of P&A CEO	804-225-2042
Email Address of P&A CEO	Colleen.Miller@dclv.org

E. PPR Preparer Contact Information

Name of Preparer	Robert Gray
Title of Preparer	Director for Compliance and QA
Phone Number of Preparer	8042252042
Email Address of Preparer	robert.gray@dclv.org