

**AGENCY ANNUAL PROGRAM PERFORMANCE REPORT FOR PATBI**

**REPORTING PERIOD FROM: Oct. 1, 2015 TO Sept. 30, 2016**

**STATE: Virginia**

**AGENCY NAME: disAbility Law Center of Virginia**

**DATE SUBMITTED: \_\_\_\_\_**

**AGENCY INFORMATION**

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

**Address of Agency:**

**a. Main Office:**

1512 Willow Lawn Drive  
Suite 100  
Richmond, Va. 23230

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

N/A

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

N/A

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**Staff Preparing Report Office Location: Main Office**

**PART I: NON-CASE SERVICES**

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

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

**B. TRAINING ACTIVITIES**

<b>1. Number of Trainings Presented by Staff</b>	<b>12</b>
<b>2. Number of Individuals Who Attended These Trainings</b>	<b>830</b>

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

dLCV conducted the following trainings that directly impacted persons with traumatic brain injury (TBI) or their caregivers:

dLCV staff provided training to members of the Brain Injury Association of Virginia (BIAV) Williamsburg Support Group. The training covered the role of dLCV as Virginia’s protection and advocacy agency for persons with disabilities, examples of legal rights of persons with disabilities, examples of services a person with a traumatic brain injury (TBI) could receive from dLCV and an explanation of dLCV’s Social Security Clinic. The purpose was to raise awareness of dLCV in this TBI community.

dLCV staff presented on “Alternatives to Guardianship” at the BIAV’s Annual Conference to train attendees on decision-making options for persons with brain injury and their caregivers. Concepts discussed included: “capacity,” supported decision-making, and self-determination. Attendees learned how to apply these concepts to persons with TBI so as to promote using their residual capacity to make decisions.

**4. Agency Outreach**

**Describe the agency’s outreach efforts to previously unserved or underserved individuals including minority communities.**

In 2015, dLCV created and disseminated a one-page fact sheet on Social Security’s expedited process for veterans with a 100% permanent and total (P&T) disability rating. In 2016, DLCV further disseminated this guide to all 40 regional offices of Virginia’s Veteran and Family Support (VVFS), formerly the Virginia Wounded Warrior Program. dLCV also emailed the fact sheet and included an article featuring how the expedited process positively impacted a married combat veteran who sustained a TBI and his family. Since many veterans that qualify for 100 % P&T are individuals with TBI this mailing will

reach and benefit many of these individuals. The mailing also served to alert veteran specialists to the advocacy services of dLCV.

As part of 2016 Outreach and Training efforts, dLCV reached out to 140 local Departments of Social Services offices and provided information on Early and Periodic, Screening, Diagnosis, and Treatment (EPSDT), a Medicaid program for children between birth and 21 that covers a variety of medically necessary treatment and diagnostic services to help overcome disability. Since children with TBI are often under-identified and underserved this outreach included information on traumatic brain injury services so that local DSS offices knew where to access TBI specific services for these children.

Utilizing multiple funding streams, dLCV completed 21 Office Hours visits with Centers of Independent Living (CILs) in Manassas, Fredericksburg, Virginia, Beach, Lynchburg, and advocacy groups in Roanoke, Richmond, and Charlottesville. dLCV also toured three (3) TBI clubhouse day programs (Richmond, Fredericksburg, and Charlottesville) and exchanged information about our respective services.

Due to limited PATBI funding, dLCV utilized other funding streams to continue its effort to reach underserved individuals which includes persons with TBI by expanding its online resources to reach people through electronic media. This was part of the 2016 Coming of Age initiative. Materials targeted youth with disabilities in transition and addressed key changes that occur when they turn 18. Self-advocacy topics included students participating in their Individualized Education Plan (IEP), understanding the Supplemental Security Income (SSI) Age-18 re-determination and ways to extend benefits, and the all-important issue of decision-making and alternatives to guardianship. These materials are on dLCV's Coming of Age online resource center and are in a printed handbook that was distributed to youth, caregivers and providers reaching over 100 in over 12 presentations and transition fairs.

dLCV also presented the material in a webinar sponsored by the Parent Education, Advocacy and Training Center (PEATC) an organization that serves families with students with TBI.

Adding to FY16's Ask the Expert series, dLCV created four (4) new videos on transition, voting rights, effective communication, and Social Security's incentives when beneficiaries return to work. Although funded by other grants, all of these videos have direct application to people with TBI.

Finally, in Southwest Virginia, a rural and underserved part of the state, dLCV ensured 21 children and adolescents with TBI received the services they needed through a contract with the Brain Injury Services of Southwest Virginia (BISSWVA). BISSWVA provided case management, education and transition services, and community based services for children to allow them to be successful in the classroom and in their community.

**C. INFORMATION DISSEMINATED TO THE PUBLIC**

<b>1. Radio and TV Appearances by Agency Staff</b>	<b>1</b>
<b>2. Newspaper/Magazine/Journal Articles Prepared by Agency Staff</b>	<b>0</b>
<b>3. PSAs/Videos Aired by the Agency</b>	<b>0</b>
<b>4. Website Hits</b>	<b>71,059</b>
<b>5. Publications/Booklets/Brochures Disseminated by the Agency</b>	<b>880</b>

**6. Other**

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

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

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

**PART II: CASE-SERVICES**

**A. INDIVIDUALS SERVED**

<b>1. Individuals</b>	
<b>a. Individuals Served Receiving Advocacy at Start of Fiscal Year (carryover from prior)</b>	<b>0</b>
<b>b. Additional Individuals Served During Fiscal Year (new for fiscal year)</b>	<b>11</b>
<b>c. Total Number of Individuals Served During Fiscal Year (a + b)</b>	<b>11</b>
<b>d. Total Number of Individuals with Cases that Were Closed During Fiscal Year</b>	<b>9</b>
<b>e. Total Individuals Still Being Served at the End of the Fiscal Year</b>	<b>2</b>

<b>2. Services</b>	
<b>a. Number of Cases/Service Requests Open at Start of Fiscal Year (carryover from prior)</b>	<b>0</b>
<b>b. Additional Cases/Service Requests Opened During Fiscal Year (new for fiscal year)</b>	<b>12</b>
<b>c. Total Number of Cases/Service Requests During Fiscal Year (a + b)</b>	<b>12</b>
<b>d. Total Number of Cases/Service Requests that Were Closed During Fiscal Year</b>	<b>10</b>
<b>e. Total Number of Cases/Service Requests Open at the End of the Fiscal Year</b>	<b>2</b>

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

<b>Complaint</b>	
<b>1. Abuse (total)</b>	
<b>a. Inappropriate Use of Restraint &amp; Seclusion</b>	
<b>b. Involuntary Treatment</b>	
<b>c. Physical, Verbal, &amp; Sexual Assault</b>	
<b>d. Other</b>	

<b>2. Access to Records</b>	
<b>3. Advance Directives</b>	
<b>4. Architectural Accessibility</b>	
<b>5. Assistive Technology (total)</b>	<b>1</b>
<b>a. Augmentative Comm. Devices</b>	
<b>b. Durable Medical Equipment</b>	<b>1</b>
<b>c. Vehicle Modification/Transportation</b>	
<b>d. Other</b>	
<b>6. Civil Commitment</b>	
<b>7. Custody/Parental Rights</b>	
<b>8. Education (total)</b>	<b>1</b>
<b>a. FAPE: IEP/IFSP Planning/Development/Implementation</b>	<b>1</b>
<b>b. FAPE: Discipline/Procedural Safeguards</b>	
<b>c. FAPE: Eligibility</b>	
<b>d. FAPE: Least Restrictive Environ.</b>	
<b>e. FAPE: Multi-disciplinary Evaluation/Assessments</b>	
<b>f. FAPE: Transition Services</b>	
<b>g. Other</b>	
<b>9. Employment Discrimination (total)</b>	<b>3</b>
<b>a. Benefits</b>	
<b>b. Hiring/Termination</b>	<b>1</b>
<b>c. Reasonable Accommodations</b>	<b>2</b>
<b>d. Service Provider Issues</b>	
<b>e. Supported Employment</b>	
<b>f. Wage and Hour Issues</b>	
<b>g. Other</b>	
<b>10. Employment Preparation</b>	
<b>11. Financial Benefits (total)</b>	
<b>a. SSDI Work Incentives</b>	
<b>b. SSI Eligibility</b>	
<b>c. SSI Work Incentives</b>	
<b>d. Social Security Benefits Cessation</b>	
<b>e. Welfare Reform</b>	
<b>f. Work Related Overpayments</b>	
<b>g. Other Financial Entitlements</b>	
<b>12. Forensic Commitment</b>	

<b>13. Government Benefits/Services</b>	<b>6</b>
<b>14. Guardianship/Conservatorship</b>	
<b>15. Healthcare (total)</b>	<b>1</b>
<b>a. General Healthcare</b>	<b>1</b>
<b>b. Medicaid</b>	
<b>c. Medicare</b>	
<b>d. Private Medical Insurance</b>	
<b>e. Other</b>	
<b>16. Housing (total)</b>	
<b>a. Accommodations</b>	
<b>b. Architectural Barriers</b>	
<b>c. Landlord/Tenant</b>	
<b>d. Modifications</b>	
<b>e. Rental Denial/Termination</b>	
<b>f. Sales/Contracts/Ownership</b>	
<b>g. Subsidized Housing/Section 8</b>	
<b>h. Zoning/Restrictive Covenants</b>	
<b>i. Other</b>	
<b>17. Immigration</b>	
<b>18. Neglect (total)</b>	
<b>a. Failure to Provide Necessary or Appropriate Medical Treatment</b>	
<b>b. Failure to Provide Necessary or Appropriate Mental Health Treatment</b>	
<b>c. Failure to Provide Necessary or Appropriate Personal Care &amp; Safety</b>	
<b>d. Other</b>	
<b>19. Post-Secondary Education</b>	
<b>20. Non-Medical Insurance</b>	
<b>21. Privacy Rights</b>	
<b>22. Rehabilitation Services (total)</b>	
<b>a. Communications Problems (Individuals/Counselor)</b>	
<b>b. Conflict About Services To Be Provided</b>	
<b>c. Individual Requests Information</b>	
<b>d. Non-Rehabilitation Act</b>	
<b>e. Private Providers</b>	
<b>f. Related to Application/Eligibility Process</b>	
<b>g. Related to IWRP Development/Implementation</b>	
<b>h. Related to Title I of ADA</b>	

<b>i. Other Rehabilitation Act-related problems</b>	
<b>23 Suspicious Death</b>	
<b>24. Transportation (total)</b>	
<b>a. Air Carrier</b>	
<b>b. Paratransit</b>	
<b>c. Public Transportation</b>	
<b>d. Other</b>	
<b>25. Unnecessary Institutionalization</b>	
<b>26. Voting (total)</b>	
<b>a. Accessible Polling Place / Equipment</b>	
<b>b. Registration</b>	
<b>c. Other</b>	
<b>27. Other*</b>	

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

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### C. REASONS FOR CLOSING CASE FILES

#### 1. Reason for Closing Case Files

<b>Reason</b>	
<b>a. All Issues Resolved in Client’s Favor</b>	<b>2</b>
<b>b. Some Issues Resolved in Client’s Favor</b>	<b>7</b>
<b>c. Other Representation Obtained</b>	
<b>d. Individual Withdrew Complaint</b>	<b>1</b>
<b>e. Services Not Needed Due to Death, Relocation, etc.</b>	
<b>f. Individual Not Responsive to Agency</b>	
<b>g. Case Lacked Legal Merit</b>	
<b>h. Conflict of Interest</b>	
<b>i. Agency Withdrew from Case</b>	
<b>j. Lack of Resources</b>	
<b>k. Not Within Priorities</b>	
<b>l. Issue Not Resolved in Client’s Favor</b>	
<b>m. Other*</b>	
<b>n. Total</b>	<b>10</b>



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

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**D. HIGHEST INTERVENTION STRATEGY**

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

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

**A. AGE OF INDIVIDUALS SERVED**

Age	
0 to 12	0
13 to 18	1
19 to 25	0
26 to 64	10
65 and over	0
Total	11

**B. GENDER OF INDIVIDUALS SERVED**

Male	7
Female	4
Total	11

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

Race/Ethnicity	
1. American Indian/Alaskan Native	
2. Arab American	
3. Asian	
4. Black/African American	1

5. Hispanic/ Latino	0
6. Native Hawaiian/Other Pacific Islander	
7. White/Caucasian	9
8. Multiracial/Multiethnic	
9. Race/Ethnicity Unknown	1
10. Other Than Above*	
11. Total	11

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

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#### D. LIVING ARRANGEMENTS OF INDIVIDUALS SERVED

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

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

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#### E. GEOGRAPHIC LOCATION

<b>Geographic Location</b>	
1. Urban/Suburban	8
2. Rural	3
3. Total	11

## **PART IV: SYSTEMIC ACTIVITIES AND LITIGATION**

### **A. SYSTEMIC ACTIVITIES**

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

To educate policymakers and promote systemic change, all members of the Virginia General Assembly received dLCV's "Report on Deficiencies in Virginia's Adult TBI Services (2015)" in time for the 2016 session. The report highlighted deficiencies in adequate core community-based services, neurobehavioral services, and lack of a funding mechanism within Medicaid (such as a TBI waiver) to support needed services.

We then sent the report to 250 TBI stakeholders throughout Virginia including all members of the (interagency) Virginia Brain Injury Council (VBIC), the Brain Injury Association of Virginia (BIAV), the Center's for Independent Living (CIL), all 40 regional contacts of the Virginia Veteran and Family Support (VVFS) and over 100 public and private service providers of TBI services. dLCV directly disseminated the report to over 500 key policymakers and constituents.

Beyond dissemination, dLCV also had communications with the Joint Commission on Health Care (JCHC) regarding this report. JCHC's final report, required by Senate Joint Resolution 80 regarding access to brain injury services in Virginia, references dLCV's report. dLCV also learned that a Richmond-based nationally known physician and expert on TBI used this report as the basis of a meeting he held with Virginia Lt. Governor and physician himself, Ralph S. Northam, MD during the 2016 Session to promote TBI legislation. dLCV presented an overview of the report at the Virginia Brain Injury Council's July 2016 quarterly meeting. dLCV gave a copy of the report to each member of the Millhouse's (Richmond-based TBI clubhouse) systems advocacy team for use in its advocacy efforts.

### **B. LITIGATION/CLASS ACTIONS**

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

(new for fiscal year)	
<b>b. Number of Class Action Lawsuits Filed at Start of Fiscal Year (carryover from prior fiscal year)</b>	<b>0</b>

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

N/A

**C. MONITORING**

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

dLCV monitors both institutional and community based facilities including juvenile correctional centers and facilities that serve children. dLCV’s report on Deficiencies in Virginia’s Adult TBI Services (2015) pointed to a longstanding problem of individuals with TBI ending up in these facilities due to lack of appropriate resources. Monitoring efforts benefit this population.

dLCV monitored services and safety in each of the eight state mental health facilities serving adults and the state’s four training centers (ICFs-ID). dLCV also monitored Hiram Davis Medical Center, a licensed nursing home that serves individuals with intellectual disabilities and mental illnesses who require that level of care. Individuals with TBI are included in these monitoring efforts.

Through these monitoring efforts and through case work, dLCV identified and reported major deficits with the DBHDS’ internal abuse and neglect investigations. dLCV brought this to the attention of their Director of the Office of Human Rights who has initiated a review of both the departmental guidance document and the actual investigations. Follow-up on this critical issue will be the focus of dLCV’s institutional work in FY17.

dLCV found other issues common to facilities. The increased admission rate at state mental health facilities coupled with admissions of individuals who have major medical conditions has challenged the system. Lack of adequate community supports and lack of safe, affordable housing continues to limit discharge options for individuals who are ready for discharge and who desire community living.

To monitor community based facilities, dLCV staff visited 16 day support programs 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. The programs are also starting to grapple with the CMS Final Rule on HCBS integration mandates which will have a significant impact on the way many programs operate. It is noteworthy that this Medicaid redesign does not address the unmet needs of individuals with TBI.

dLCV notified the Department of Juvenile Justice (DJJ) of its monitoring authority and conducted 6 monitoring visits at the Beaumont facility and 4 at the Bon Air facility. dLCV developed a comprehensive monitoring protocol to outline the direction of the monitoring efforts. dLCV met with individual residents during monitoring visits and opened cases. dLCV also met with various DJJ staff including the superintendents and grievance coordinators of both juvenile correctional centers in order to learn more about DJJ protocols concerning serious incident reporting, grievance procedures, re-entry transition, and special education. Some youth with TBI are part of this population.

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

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

N/A

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

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

dLCV investigated allegations of abusive restraint practices at the Commonwealth Center for Children and Adolescents (CCCA). dLCV found a pattern of coercive and excessive restraint and a failure to implement trauma-informed care principles. Specifically, dLCV found that SM, a fourteen-year-old boy, had his arm fractured while physically and mechanically restrained in the Emergency Restraint Chair (ERC). Analysis of data from the Department of Behavioral Health and Developmental Services (DBHDS) revealed a 163% increase in restraint usage over the previous year. dLCV published SM's case and released a video of the restraint incident. dLCV urges DBHDS to promptly take all necessary steps to ensure that children and youth at CCCA are safe, free from unlawful and abusive restraint, and receive services consistent with trauma-informed care principles.

dLCV reviewed all Serious Incident Reports from Psychiatric Residential Treatment Facility (PRTFs), and opened two individual investigations to

investigate for alleged abuse or neglect. dLCV followed up with individual PRTF Directors or Risk Managers on thirty two incidents reported. dLCV held two PRTFs accountable to conduct a meaningful internal investigation, notification of Child Protective Services (CPS), and notification to DBHDS licensing and human rights.

**F. DEATH INVESTIGATIONS**

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

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

**N/APART V: PRIORITIES AND OBJECTIVES**

**A. CURRENT PRIORITIES AND OBJECTIVES**

**Use the format below to describe the program priorities and objectives toward which the prior fiscal year's activities were targeted.**

**Priority #1: Children with Traumatic Brain Injuries**

**Indicators:**

1. Monitor long-term residential care facilities for children and identify diagnosed traumatic brain injury clients with unmet needs due to lack of appropriate assessment and services.
2. Identify children with traumatic brain injury that are currently served out of state due to lack of appropriate services in Virginia.
3. Represent children with TBI denied needed and appropriate services. Seek corrective action.
4. Through contract with Brain Injury Services of the Southwest, represent children with Traumatic Brain Injuries (TBI) to receive appropriate special education services.
5. Publish report on services for children with traumatic brain injury. Distribute to General Assembly.

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

Children with TBI face many barriers with accessing services relating to education, residential services, community integration, and healthcare.

Outcome: Met ___ Partially Met/Continuing <u>X</u> Not Met ___	
Total Number of Cases Handled 1	

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

1. dLCV successfully monitored long-term residential care facilities for children. See Part 4.C and D of this report for further details.
2. dLCV pursued several strategies to identify children with TBI who are receiving inadequate services. dLCV met with staff from Department of Behavioral Health and Developmental Services (DBHDS) who provided several resources to identify facilities that are serving children with TBIs' out of state. dLCV also met with staff from the Department of Aging and Rehabilitative Services (DARS) and the Brain Injury Association of Virginia (BIAV). dLCV also sent out an email to service providers requesting that they contact DARS or dLCV if they had issues serving children with TBI. There were no reported cases of children placed out-of-state.
3. dLCV assisted a 17 year old student, Jared, with educational issues involving a manifestation determination review (MDR) and school placement. The county placed Jared in an alternative school, due to behaviors deemed not a manifestation of his disability. He began making good grades and the school addressed his behaviors appropriately. dLCV helped the parent understand that the new school was providing their son with a free and appropriate education despite it being more restrictive. The parent decided not to challenge the MDR.
4. dLCV successfully completed our collaboration with BISSWVA. See Part 1.B.4 for further details.

Case Example: dLCV served one young student, Suzanne, who has a brain tumor in addition to a TBI. While she continued her treatment, BISSWVA was an integrated part of her Individualized Education Plan (IEP) meetings and coordinated with all levels of school staff to ensure success in the classroom.

5. dLCV did not complete this report due to limited TBI funding.

**Priority #2: People with Disabilities Have Equal Access to Government Services**

**Indicators:**

1. Represent individuals denied access to government services in an institutional setting due to architectural barriers or failure to accommodate.
2. Represent individuals who have been denied Social Security Disability by an administrative law judge in their appeal for benefits.
3. Publish a report on services for adults with traumatic brain injuries. Distribute to all members of the General Assembly.
4. Conduct dLCV Rights Clinics coupled with Social Security Clinics at four (4) geographically diverse BIAV support groups or brain injury venues.
5. Present information on issues relating to children with disabilities reaching adulthood, including Social Security redetermination, DARS services, and alternatives to guardianship at the BIAV annual conference.
6. Distribute the dLCV factsheet on the expedited Social Security application process available to veterans with a 100% disability rating with a focus on veterans with a traumatic brain injury to twenty veterans' organizations throughout the state.

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

Individuals with TBI face barriers with accessing government services and benefits including Social Security.

<b>Outcome: Met</b> ___ <b>Partially Met/Continuing</b> <u><b>X</b></u> <b>Not Met</b> ___
<b>Total Number of Cases Handled</b> 5

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

1. Douglas needed reasonable accommodations in a mandatory probation course. Following a TBI in adolescence, he experiences dysgraphia and cognitive impairments. Though communication was difficult, dLCV provided his mother with comprehensive information on his right to accommodation, spoke with his defense attorney about requesting parole accommodations, and helped him develop self-advocacy skills. He successfully obtained the one-on-one therapy meetings he needed to succeed in his probation program.
2. dLCV assisted Hawley, another middle-aged man with a TBI sustained as a teenager, who was undergoing a Social Security Disability continuing disability review. When he received a denial notice dLCV informed him of his right to appeal within 60 days as well as his right to request benefit



continuation during the appeal period within 10 days. He was able to timely file these requests based on dLCV's information.

Kathryn, another middle-aged individual with a TBI, who had been receiving disability benefits for over 15 years, also received a cessation of benefits notice from the Social Security Administration. dLCV advised her and her mother of the appeal process and the right to benefit continuation. The advocate also helped them identify remote and more recent medical and vocational evidence that would prove the permanence of her condition and how it prevents her from working.

3. See Part IV.A.2 for a description of dLCV's efforts to disseminate its "Report on Deficiencies in Adult TBI Services in Virginia (2105)".
4. & 5. See Part I.B.3 for an explanation of the dLCV and Social Security Clinics conducted at four brain injury venues and the presentation on alternatives to guardianship at the BIAV annual conference. In addition to these clinics, dLCV conducted intensive consults for 7 individuals with TBI who have complicated social security claims. When possible, dLCV briefed the client's case manager on recommended action steps to ensure follow through.
6. See Part I.B.4 for information on dLCV's distribution of a fact sheet on the expedited Social Security application process to veterans with 100% P&T.

**Priority #3: People with Disabilities are Employed to Their Maximum Potential**

**Indicators:**

16.5.3.2- Provide STA to fifteen (15) people to understand their rights under Title I of the ADA through the EEOC, DHR and DHRM.

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

Individuals with TBI face barriers to employment rights and accommodations.

<b>Outcome: Met <u> X </u> Partially Met/Continuing ___ Not Met ___</b>	
<b>Total Number of Cases Handled 3</b>	

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

Christopher contacted dLCV regarding unfair treatment at work. He sustained a TBI in Afghanistan as a civilian contractor. He received treatment and a note from his doctor saying he could return to work, however, because of the need for ongoing medical care his employer declined to return him to his position. dLCV provided him short term assistance to understand his employment rights as well

as reasonable accommodations and referred him to the Equal Employment Opportunity Commission (EEOC) to file a complaint.

Another client with TBI contacted dLVCV about alleged discrimination in the workplace. dLVCV reviewed his documentation and provided him with information on how to file an EEOC complaint.

**Priority #4: People with Disabilities Have Equal Access to Appropriate and Necessary Healthcare**

**Indicators:**

16.6.2.3- Represent individuals over age twenty one (21) who have been denied needed and appropriate Medicaid services under a Waiver Program or for other reasons.

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

Individuals with TBI face barriers with Medicaid services to maintain maximum independence and health.

<b>Outcome: Met</b> <input type="checkbox"/> <b>Partially Met/Continuing</b> <input checked="" type="checkbox"/> <b>Not Met</b> <input type="checkbox"/>	
<b>Total Number of Cases Handled</b> 3	

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

Benjamin, a young man with TBI, needed modifications to his wheelchair to allow him to receive adequate body support. dLVCV helped resolve a Medicaid overcharge for a wheelchair cushion. We negotiated with the provider and they agreed to not charge Benjamin more than Medicaid allowed.

**B. AGENCY ACCOMPLISHMENTS**

**Describe the most significant accomplishments of the agency during the fiscal year.**

dLVCV directly affected the lives of 11 Virginians with TBI by providing individual case services in a variety of disability advocacy areas. Specifically, dLVCV negotiated proper placements and supports for a student with complex

behaviors and a young man to obtain accommodations for his parole program. dLCV assisted two individuals with employment discrimination complaints and three with accessing supplies through Medicaid. Two adults maintained social security benefits due to dLCV assistance and dLCV is representing another soon in a complex disability hearing.

dLCV renewed our contract with Brain Injury Services of Southwest Virginia (BISSWVA). They provided critical individual advocacy services to 21 students with TBI in the underserved southwestern part of the state.

In FY16 dLCV made a concerted effort to widely disseminate its "Report on Deficiencies in Virginia's Adult TBI Services (2015)" to all members of the 2016 Virginia General Assembly and over 250 public and private stakeholders. The report was well received by the TBI community and recognized in a Joint Commission on Health Care report on accessing brain injury services in Virginia.

dLCV continued its outreach efforts within the TBI community by conducting dLCV clinics at support groups and touring multiple TBI clubhouses to exchange information. dLCV presented on alternatives to guardianship at the Brain Injury Association's annual conference.

#### **C. IMPLEMENTATION PROBLEMS**

**Describe any external or internal implementation problems for priorities marked "not met" or "partially met."**

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

### **PART VI: AGENCY ADMINISTRATION**

#### **A. GRIEVANCES FILED**

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

##### **1. NETWORK COLLABORATION**

**Identify issues selected for network collaboration.**

N/A

##### **2. ALL OTHER COLLABORATION**

**Describe any coordination with programs that are not part of the agency (e.g. state long-term care programs, etc.). Use separate sheets if necessary.**

dLCV collaborated with the following agencies on TBI funded work in FY16:

Department of Aging and Rehabilitative Services (DARS)/Department of the  
Blind and Visually Impaired including all State-Funded TBI Programs  
Department of Behavioral Health and Developmental Services (DBHDS)  
Department of Health (DOH)  
Department of Juvenile Justice Services (DJJ)  
Department of Social Services (DSS)  
Department of Medical Assistance Services (DMAS)  
Department of Education  
Department of Corrections  
Veteran Department of Veterans Affairs  
Veterans Administration McGuire Center (VAMC)  
Brain Injury Association of Virginia (BIAV) and Support Groups  
Virginia Brain Injury Council (VBIC)  
Joint Commission on Health Care (JCHC)  
Virginia Veteran and Family Support (VVFS)  
Virginia Alliance of Private Brain Injury Service Providers  
Centers for Independent Living (CILs)  
Virginia Board for People with Disabilities  
Brain Injury Services of Southwest Virginia (BISSWVA)  
Brain Injury Services, Inc. (NOVA)

**PART VII: END OF FORM**

_____ <b>Signature</b>	_____ <b>Date</b>
_____ <b>Name (printed)</b>	_____ <b>Title</b>