

AGENCY ANNUAL PROGRAM PERFORMANCE REPORT FOR PATBI

REPORTING PERIOD FROM: Oct. 1, 2017 TO Sept. 30, 2018

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

A. INFORMATION AND REFERRAL SERVICES (I&R)

1. Total Individuals Receiving I&R Services	39
2. Total Number of I&R requests during the Fiscal Year	39

B. TRAINING ACTIVITIES

1. Number of Trainings Presented by Staff	18
2. Number of Individuals Who Attended These Trainings	1,122

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.

**Break down each training in three separate paragraphs*

Topic covered

Purpose of Training

Description of Attendees

Training # 1 – Hunter Holmes McGuire Veterans Medical Center

dLCV presented “Social Security Disability and How it Differs From Veterans Disability.” Topics included Social Security Administration’s (SSA) disability programs, medical and financial criteria, distinctions between SSA and Veteran’s Administration (VA) programs, and SSA’s special provisions for veterans.

The purpose of this training was to educate social workers on specific government benefits available to their patients so they could assist them in applications, documentation and appeals in hopes of facilitating benefit approval.

Attendees consisted of 50 social workers who work at the VA Hospital as well as 20 who are located in satellite offices.

Training # 2 – Brain Injury Caregiver Forum

dLCV presented “Obtaining and Maintaining Social Security Benefits” at the Brain Injury Association of Virginia’s Annual Caregivers Forum.

This presentation was geared toward attendees who care for individuals with severe TBIs who are already receiving these benefits but have to ensure evidence of disability is kept up for the Continuing Disability Review. Caregivers of beneficiaries learned how to document the ongoing effects of brain injury to avoid losing benefits. Those new to the process learned about the disability rules

and procedures so they could facilitate approvals early on in the often protracted process.

50 caregivers attended consisting of parents, spouses, siblings, and friends of persons with TBI.

4. Agency Outreach

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

In FY 18, dLCV hired an Outreach Coordinator to identify and inform our agency about needs in the Hispanic and Latino communities. This has increased our agency's cultural competency and we continue to increase our proficiency with meeting the advocacy needs of this population.

dLCV offered two public input surveys during FY 18. The first survey allowed our 200 respondents the opportunity to express which disability advocacy issues they feel are most important. We posted the survey instrument on our website and distributed paper copies at conferences, during trainings and presentations, and directly to residents during facility monitoring. The top three categories chosen were quality mental health care, housing, and special education. 40% of our respondents were individuals with disabilities. Agencies and groups we reached included: the Virginia Board for People with Disabilities, Arc South of the James, Department for Aging and Rehabilitative Services (DARS), Partnership for People with Disabilities, Department for Behavioral Health and Developmental Services (DBHDS) , and multiple community advocacy and networking groups. dLCV used this information to develop our FY 19 goals and focus areas.

The second systemic input survey allowed dLCV to receive targeted input from established advocacy agencies. The agencies reviewed our dLCV Board adopted FY 19 goals and focus areas and offered specific feedback to contribute to our work plan. Agencies contributing to this effort include Arc of the Piedmont, Virginia Poverty Law Center, Virginia LEND, New River Agency on Aging, Brain Injury Association of Virginia, Appalachian Agency for Senior Citizens, Formed Families Forward, Arc of Northern Virginia, and Virginia Autism Project. dLCV reviewed these suggestions and those of our PAIMI Council and incorporated them into our FY 19 work plan.

In FY 18, disAbility Law Center of Virginia (dLCV) is pleased to report a 97.7 satisfaction rate from the 46 client satisfaction surveys we received. 38 respondents indicated a high level of satisfaction, 7 expressed satisfaction, and one 1 was unsatisfied with our services.

disAbility Law Center of Virginia (dLCV) also conducted follow-up interviews with 10% of our closed clients for more in depth feedback on our services. 95% percent of clients interviewed reported that they were satisfied with the results

they received from our agency. Clients felt like dLCV was a valuable resource. One stated ‘My son and sister-in-law would not have a home in the community if it was not for this service thank you so much.’

dLCV conducted advocacy trainings at 6 institutions serving children and youth. These trainings focused on rights within a facility, wrap around services, special education, assistive technology and vocational rehabilitation with a special emphasis on transition and crisis services. These trainings served a total of 140 residents, 4 families, and 70 staff throughout Virginia.

dLCV collaborated with other advocacy organizations to create a PowerPoint training on advance directives and posted it to our website on this topic. dLCV also trained over 30 participants in a Partners in Policymaking Class on the topics of supported decision making and alternatives to guardianship. In addition, dLCV created 4 videos regarding advanced directives along with a short guide for communities and programs to use. These tools will be useful for people with TBI and other disabilities.

dLCV created a fact sheet on Understanding Your Rights in Nursing Homes and posted it on our website. dLCV published a similar fact sheet on Understanding Your Rights in Assisted Living Facilities and distributed it to all 488 Assisted Living Facilities in Virginia and posted it to our website in English and Spanish. Many residents are people with TBI.

dLCV presented to 10 agencies across Virginia that knew little or nothing about dLCV, reaching over 788 individuals throughout the Commonwealth.

C. INFORMATION DISSEMINATED TO THE PUBLIC

1. Radio and TV Appearances by Agency Staff	1
2. Newspaper/Magazine/Journal Articles Prepared by Agency Staff	0
3. PSAs/Videos Aired by the Agency	0
4. Website Hits	68,366
5. Publications/Booklets/Brochures Disseminated by the Agency	385

6. Other

Number	Description (use separate sheets if necessary)

dLCV was featured in a radio talk show called 'Raising the Bar' on 820 AM out of Chester Virginia. We provided information about PABSS and other dLCV programs to approximately 10,000 listeners.

7. External Media Coverage of Agency Activities

Radio/TV Coverage	Newspaper/ Magazines/Journal	PSAs/Videos	Publications/ Booklets/Brochures
3	14	0	0

A. INDIVIDUALS SERVED

1. Individuals	
a. Individuals Served Receiving Advocacy at Start of Fiscal Year (carryover from prior)	3
b. Additional Individuals Served During Fiscal Year (new for fiscal year)	16
c. Total Number of Individuals Served During Fiscal Year (a + b)	19
d. Total Number of Individuals with Cases that Were Closed During Fiscal Year	14
e. Total Individuals Still Being Served at the End of the Fiscal Year	5

B. PROBLEM AREAS/COMPLAINTS OF INDIVIDUALS SERVED

Complaint	
1. Abuse (total)	
a. Inappropriate Use of Restraint & Seclusion	
b. Involuntary Treatment	
c. Physical, Verbal, & Sexual Assault	
d. Other	
2. Access to Records	
3. Advance Directives	
4. Architectural Accessibility	
5. Assistive Technology (total)	
a. Augmentative Comm. Devices	
b. Durable Medical Equipment	
c. Vehicle Modification/Transportation	
d. Other	
6. Civil Commitment	
7. Custody/Parental Rights	
8. Education (total)	1
a. FAPE: IEP/IFSP Planning/Development/Implementation	1
b. FAPE: Discipline/Procedural Safeguards	
c. FAPE: Eligibility	
d. FAPE: Least Restrictive Environ.	
e. FAPE: Multi-disciplinary Evaluation/Assessments	

f. FAPE: Transition Services	
g. Other	
9. Employment Discrimination (total)	
a. Benefits	
b. Hiring/Termination	
c. Reasonable Accommodations	
d. Service Provider Issues	
e. Supported Employment	
f. Wage and Hour Issues	
g. Other	
10. Employment Preparation	
11. Financial Benefits (total)	
a. SSDI Work Incentives	
b. SSI Eligibility	
c. SSI Work Incentives	
d. Social Security Benefits Cessation	
e. Welfare Reform	
f. Work Related Overpayments	
g. Other Financial Entitlements	
12. Forensic Commitment	
13. Government Benefits/Services	13
14. Guardianship/Conservatorship	1
15. Healthcare (total)	
a. General Healthcare	
b. Medicaid	
c. Medicare	
d. Private Medical Insurance	
e. Other	
16. Housing (total)	1
a. Accommodations	
b. Architectural Barriers	
c. Landlord/Tenant	
d. Modifications	
e. Rental Denial/Termination	
f. Sales/Contracts/Ownership	
g. Subsidized Housing/Section 8	

h. Zoning/Restrictive Covenants	
i. Other	1
17. Immigration	
18. Neglect (total)	2
a. Failure to Provide Necessary or Appropriate Medical Treatment	1
b. Failure to Provide Necessary or Appropriate Mental Health Treatment	
c. Failure to Provide Necessary or Appropriate Personal Care & Safety	1
d. Other	
19. Post-Secondary Education	
20. Non-Medical Insurance	
21. Privacy Rights	
22. Rehabilitation Services (total)	2
a. Communications Problems (Individuals/Counselor)	1
b. Conflict About Services To Be Provided	
c. Individual Requests Information	
d. Non-Rehabilitation Act	
e. Private Providers	
f. Related to Application/Eligibility Process	1
g. Related to IWRP Development/Implementation	
h. Related to Title I of ADA	
i. Other Rehabilitation Act-related problems	
23 Suspicious Death	
24. Transportation (total)	
a. Air Carrier	
b. Paratransit	
c. Public Transportation	
d. Other	
25. Unnecessary Institutionalization	
26. Voting (total)	
a. Accessible Polling Place / Equipment	
b. Registration	
c. Other	
27. Other*	

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

C. REASONS FOR CLOSING CASE FILES

1. Reason for Closing Case Files

Reason	
a. All Issues Resolved in Client's Favor	3
b. Some Issues Resolved in Client's Favor	9
c. Other Representation Obtained	1
d. Individual Withdrew Complaint	
e. Services Not Needed Due to Death, Relocation, etc.	1
f. Individual Not Responsive to Agency	
g. Case Lacked Legal Merit	
h. Conflict of Interest	
i. Agency Withdrew from Case	
j. Lack of Resources	
k. Not Within Priorities	
l. Issue Not Resolved in Client's Favor	1
m. Other*	
n. Total	15

*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.

D. HIGHEST INTERVENTION STRATEGY

Interventions	
1. Short Term Assistance	11
2. Systemic/Policy Activities	
3. Investigation/Monitoring	1
4. Negotiation	3
5. Mediation/Alternative Dispute Resolution	
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	1
26 to 64	16
65 and over	1
Total	19

B. GENDER OF INDIVIDUALS SERVED

Male	12
Female	7
Total	19

C. RACE/ETHNICITY OF INDIVIDUALS SERVED

Race/Ethnicity	
1. American Indian/Alaskan Native	
2. Arab American	
3. Asian	
4. Black/African American	5
5. Hispanic/ Latino	1
6. Native Hawaiian/Other Pacific Islander	
7. White/Caucasian	12
8. Multiracial/Multiethnic	
9. Race/Ethnicity Unknown	1
10. Other Than Above*	
11. Total	19

*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.

D. LIVING ARRANGEMENTS OF INDIVIDUALS SERVED

Arrangement	
1. Community Residential Home	1
2. Foster Care	
3. Homeless/Shelter	2
4. Legal Detention/Jail/Prison	1
5. Nursing Facility	1
6. Parental/Guardian or Other Family Home	4
7. Independent	9
8. Private Institutional Setting	
9. Public (State Operated) Institutional Setting	1
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.

E. GEOGRAPHIC LOCATION

Geographic Location	
1. Urban/Suburban	8
2. Rural	11
3. Total	19

PART IV: Group Advocacy

A. Other Non-litigation Systemic Advocacy

1. Number of Policies/Practices Changed as a Result of Non-Litigation Systemic Activities	3
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2. Describe the agency’s systemic activities. Be sure to include information about the policies that were changed and how these changes benefit individuals with disabilities. If possible, estimate the number of individuals potentially impacted by such policy changes. Also include case examples of how the agency’s systemic activities impacted individuals served.

Policy / Practice Changed (explain):

dLCV is building on previous systemic efforts to address some of Virginia’s major gaps in public services for persons with TBI. Two of these gaps identified in its “Report on Deficiencies in Virginia’s Adult TBI Services -2015” are case management and programs to address neurobehavioral issues common when

someone sustains a brain injury. After years of advocacy by brain injury stakeholders, the 2018 Virginia General Assembly (GA) Session finally considered budget amendments (BA) to support these needs. Working collaboratively with the Brain Injury Association of Virginia and other stakeholders, dLCV educated policy makers about the value of these services, providing members of the GA with an information piece that graphically explained the outcomes when we fail to provide these services. The GA appropriated \$1 million in new funds for brain injury services across the biennium. Virginia's lead agency for TBI is disseminating these funds for case management services to TBI programs in unserved counties throughout Virginia and in the high density areas of Tidewater and Northern Virginia. 5 new case managers will serve over 250 individuals with TBI each year of the biennium. This was a very positive outcome of dLCV's systemic advocacy.

In PART IV C. dLCV reports on its extensive monitoring efforts using APS and community serious incident reporting (CHRIS). In 2018 dLCV's systemic effort focused on scrutinizing these database systems to identify facilities that fail to report as well as refining the systems so that patterns can be addressed. Based on these reports, dLCV opened 23 cases for services which served the purpose of resolving those infractions as well as alerting programs to dLCV's intent to weed out abuse and neglect of individuals with disabilities. dLCV also developed a Coalition on Community Safety, a diverse group of individuals and agencies that met quarterly, to discuss trends seen in CHRIS reports and how to make licensed, community-based programs (residential and day support) safer. A small portion of the reports received involve individuals with TBI.

dLCV also contacted 12 local Department of Social Service agencies to enforce Adult Protective Service (APS)'s critical incident reporting and all 12 agreed to comply.

B. LITIGATION/CLASS ACTIONS

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

2. Total Number of Class Action Lawsuits Filed	
a. Number of Class Action Lawsuits Filed During Fiscal Year (new for fiscal year)	
b. Number of Class Action Lawsuits Filed at Start of Fiscal Year (carryover from prior fiscal year)	

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 juvenile correction centers and in 2018 visited Virginia's one remaining facility 20 times to observe in the classroom, attend client meetings, conduct trainings and monitor for abuse and neglect. Some residents at the facility have identified brain injuries. See PART IV E. for an investigation that grew out of this monitoring.

During the year, dLCV reviewed 1494 APS (Adult Protective Services) reports and input them into the APS report database. Some of these reports involved individuals with TBI. dLCV also reviewed 23,994 CHRIS (Computerized Human Rights Information System) reports, a new database to catch incidents that occur in community settings. After reviewing these reports across all disability categories, including TBI, dLCV cross-referenced these reports to ensure consistency in reporting and to identify trends in preventable incidents in adult institutional settings. The Coalition on Community Safety met and identified falls, injury during transportation, medication errors, signs of pain in individuals who are non-verbal, and poor communication as the key problems. dLCV created an infographic of these issues and easy solutions and shared it with the Department of Behavioral Health and Disability Services to send to all licensed providers. dLCV continues to refine this system for more reliable information and more effective monitoring.

Based on the crosschecking between the APS and CHRIS systems dLCV visited 5 facilities, opened 10 service requests, and performed 1 investigation based on these reports under other funding streams. dLCV also visited one Department of Social Services on their failure to submit APS reports on a regular basis which has resulted in increased reporting.

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. Investigations of Abuse and Neglect

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.

In Virginia, The Student-Athlete Protection Act (Va. Code Section 22.1-271.5) directs the Board of Education to develop guidelines regarding concussions at school and requires school divisions to develop policies that meet specific requirements. In order to determine compliance with these guidelines, dLCV investigated the concussion policies of 11 randomly selected school divisions for adherence to the statutory requirements and the Board's "Guidelines for Policies on Concussion in Students" that address Return to Play and Return to Learn best practices. dLCV found mixed results, including several examples of poor implementation of these guidelines. We wrote these individual district superintendents about these concerns. We also recommended that the Virginia Board of Education notify local school divisions regarding their duty to adopt a policy on concussions that meets both the letter and spirit of the Student-Athlete Protection Act, as well as the Centers for Disease Control's (CDC) recently issued revised guidelines on the "Diagnosis and Management of Mild Traumatic Brain Injury Among Children." (JAMA Pediatrics, Special Communication, September 4 2018).

Based on the Department of Juvenile Justice monitoring activities reported in PART IV C., dLCV opened an abuse and neglect investigation related to an improper use of restraint. dLCV found medical neglect as the exam following the incident was not adequate. The facility did not conduct a concussion or TBI screening after the incident. dLCV is preparing a corrective action plan to include a policy to screen for TBI in Department of Juvenile Justice settings. This investigation can have far reaching impact in identifying TBI at point-of-entry into the DJJ system as well as when incidents of abuse and neglect occur within a facility.

dLCV surveyed 10 Community Service Board (CSB)-operated community residential programs and 10 day programs to ensure physical access under relevant laws and regulations (e.g. Americans with Disability Act, Virginia Disabilities Act, and Fair Housing Act). Many of the programs serve individuals with TBI. dLCV identified several deficiencies at these facilities, in fact, 2 of the 10 homes and 5 of the 10 day programs were completely inaccessible. dLCV achieved corrective action at 1 home, and all of the day programs. We are exploring ways to strengthen accessibility rules for individual group homes for greater compliance with the Americans with Disabilities Act.

F. DEATH INVESTIGATIONS

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

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

N/A

PART V: PRIORITIES AND OBJECTIVES

A. CURRENT PRIORITIES AND OBJECTIVES

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

Priority #1: Education, Training, and Outreach to the Public

- 1) Contract with advocacy organizations to provide IEP advocacy to students who have been, or are at risk of being, suspended, secluded or restrained in public school.
- 2) Provide training on maintaining social security benefits at the Annual BIAV Caregivers Forum.
- 3) Provide social security consultation services to 10 TBI case managers regarding any stage of their client's case to improve case outcomes.
- 4) Survey TBI case managers to solicit feedback on case outcomes post-FY17-training to determine effectiveness of training.
- 5) Investigate limited in-state options by which individuals with TBI can receive neurobehavioral services and identify alternative options. Publish a report of findings to DMAS and to the General Assembly.
- 6) Investigate the adequacy of policies adopted by local school divisions for responding to concussions or other head injury in school sports programs.

Description of Need, Issue, or Barrier Addressed:

Adults and Children with TBI need education and training due to limited funding options and services.

Indicator(s):

Monitor and analyze reports of TBI abuse and neglect

Successful education activities to TBI audiences regarding Social Security

Provide contracted IEP Advocacy to 40 students

Investigate concussion policy by schools

Outcome: Met <u>X</u> Partially Met/Continuing ___ Not Met ___	
Total Number of Cases Handled	52 –via contract

- 1) Utilizing PATBI and other funding sources, dLCV contracted with 2 advocacy organizations to provide educational advocacy services to students with disabilities. Overall, these contract partnerships ensured 52 clients received services related to their special education needs, 25 of these were students with brain injuries served by the Brain Injury Services of Southwest Virginia (BISSWVA). These students' caregivers received assistance with IEP development and implementation, obtaining needed evaluations and behavior plans, and assistance with school negotiations as needed.
- 2) dLCV provided in-depth training on social security benefits to 40 caregivers of individuals with brain injury at the Brain Injury Association of Virginia's Annual Caregiver Forum. Training focused mainly on how to retain a benefit since most of the attendees' loved ones are already beneficiaries, however, those seeking a benefit learned about how the decision is made and how best to document their case. Caregivers came away understanding how to navigate this complex government program to both obtain and maintain these critical benefits.
- 3) dLCV capitalized on the previous year's TBI Case Manager training by providing individualized consultative assistance to 8 TBI case managers assisting clients with their social security claims. Case managers also referred 12 additional individuals for case assistance. A total of 20 individuals benefitted from this service.
- 4) dLCV also surveyed the TBI Case Managers and learned that both the Social Security Training done in 2017 and the consultations in 2018 were very beneficial and would likely impact their clients' cases positively.

- 5) dLCV built on previous efforts in TBI systemic change by educating policymakers about the value of budget amendments in Virginia’s 2018 General Assembly that supported unmet TBI needs previously identified by dLCV. Members of the General Assembly received a letter with infographic stressing the importance of neurobehavioral and case management services. dLCV collaborated with other stakeholders in this effort and is pleased to report \$1 million in funding for brain injury services over the biennium.
- 6) dLCV investigated the Concussion Policy of 11 school districts to determine compliance with legislation aimed at helping students “return to play” and “return to learn” following a concussion. After identifying several school systems that were non-compliant, dLCV notified the districts and the Superintendent of Public Instruction of its findings.

dLCV trained 70 social workers who serve veterans at the Hunter Holmes Veteran’s Administration (VA) Medical Center and its satellite offices around Virginia. Training focused on distinctions between VA disability benefits and social security disability benefits with a special emphasis on the Social Security Administration’s special provisions for veterans as well as how veterans with TBI and other catastrophic injuries can improve their case outcomes.

Priority #2: Case Services for Individuals with Traumatic Brain Injuries

Provide Case Services for Adults and Children with Traumatic Brain Injuries.

Description of Need, Issue, or Barrier Addressed:

Children and adults need case services due to limited legal resources.

Indicator(s):

Successful case outcomes

Outcome: Met <input checked="" type="checkbox"/> Partially Met/Continuing <input type="checkbox"/> Not Met <input type="checkbox"/>	
Total Number of Cases Handled	19

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

Colleen sustained a TBI when her head hit a file cabinet. Social Security denied her application twice subjecting her to a year long wait for a hearing. dLCV reviewed her file and counseled her on how to improve her weak documentation and to obtain representation. Now she is in a better position to win!

Clyde had a TBI and recently graduated from high school where he received marginal transition services. He is eager to work. dLCV helped to expedite the opening of his case with the Virginia Department of Aging and Rehabilitative Services and educated him on how the agency and order of selection works. He's now on his way to achieving his goal of working despite a TBI.

Becky, a 6th grader with intellectual disability and a TBI, was acting out in school. dLCV stepped in and assisted her mother in obtaining a functional behavioral assessment and a Behavioral Intervention Plan so she can be successful in school. In addition, dLCV educated the mother about how certain behaviors may be manifestations of her disability and strategies to manage any future episodes of unacceptable behavior. Becky is now better able to obtain her free and appropriate education.

Hannah has a TBI and has been on social security disability for almost 20 years. She is preparing for a hearing to determine if she is still disabled. dLCV reviewed her case and determined confusion around self-employment earnings. In addition, she needed to document her new disorders. dLCV referred her to the local Legal Aid Society for pro bono representation and guidance on how to develop her case's shortcomings and to represent herself.

Michael sustained a severe TBI from a motorcycle accident and is now a resident of a nursing home. His family called dLCV to complain about the neglect in his care. dLCV assisted them in preparing a letter to the Virginia Department of Health who investigated the home. Michael's family then relocated him.

Robert, a veteran, sustained a TBI and has Post Traumatic Stress Disorder (PTSD). He is now incarcerated and having difficulty obtaining his medical records from the Veterans Administration. dLCV sent him a letter explaining his rights while in jail and how to obtain evidence of his disability.

Sophia, a highly educated woman with a TBI who is now homeless, sought dLCV's assistance in reconnecting her to the Virginia Department of Rehabilitative Services (VDARS) for post-employment services. dLCV immediately intervened and assisted the client in filing a new application and attended the intake appointment to ensure that VDARS acted quickly to re-employ her and prevent long term homelessness.

Virginia is a former physician unable to practice medicine due to a TBI. She has experienced many barriers to accessing routine services in the community. The most recent accommodation denial occurred at a county courthouse. dLCV stepped in and learned that the county had no formal system for accommodating individuals with disabilities and was uninformed about the Virginia Judicial System's Americans with Disabilities policy. dLCV notified the court of their responsibility and requested that they implement a formal ADA Accommodation policy.

Shelesha, a young woman with a TBI, determined that she no longer needed a guardian. Her guardian, doctor, and therapist all agreed. dLCV secured a new order that provides that if she remains well, the guardianship can terminate in a year. dLCV also executed an advance directive so that she retains more control over her medical decision-making in the interim.

Randy has struggled to work with multiple physical and medical disabilities including a TBI. Over the years, administrative law judges have denied two social security disability applications. dLCV reviewed his many conditions and helped him create a strategy to better document his evidence in hopes that he will prevail on his third attempt.

Larry suffered a traumatic brain injury from a gunshot wound just days after graduating from college. He received social security disability for several years but upon review, he received a denial stating he was no longer disabled. His brother, who serves as his rep payee, immediately appealed but due to some technicalities, the SSA office denied him continued payment during the appeal process. dLCV helped the family advocate for benefit reinstatement during the appeal period and educated his family about how to document his continuing disability. Soon after, SSA reversed their decision and now his benefits are ongoing.

Latoya sustained a TBI in college but managed to graduate and find work for many years until her condition declined. Despite 15 jobs in as many years, she hasn't been able to prove to the Social Security Administration that she can't sustain work. dLCV evaluated her case and identified several medical and vocational weaknesses. She was encouraged to share a Brain Injury Checklist of Symptoms with her doctors and instructed in what it would take to prove her case. dLCV referred her for representation for help in further advocating for her benefits.

Melissa's brain tumor returned after a surgery to remove it. Now, after aggressive chemotherapy and radiation she has many residual brain deficits and awaits a social security disability hearing. dLCV is representing her and must prove that despite her college education and heroic attempts to return to work she is unable to sustain gainful employment.

Steve has a TBI and is NGRI in a state hospital. He reports that while at a regional jail in Virginia a regional jail subjected him to significant abuse and medical neglect. Due to his TBI and neuropathy, he was unable to draft his own complaint letter. dLCV helped him draft the complaint with the US Department of Justice. He was also provided other legal resources should he decide to pursue this complaint further.

Julie has a TBI and uses a service dog. Sally's Beauty Shop denied her access to their store prompting Julie to contact dLCV regarding her complaint. dLCV provided her with the Department of Justice's ADA Division fact sheet on service animals to use in her complaint and to provide to other businesses that similarly deny access to her and her service dog.

Luis sustained a TBI in a car accident. He quit rehab and now his wife cares for him and their two small children and she is now unable to work. Given how much care he needs, she was shocked when SSA denied his case. dLCV referred Luis for TBI case management services to assist with the many aspects of this traumatic situation including assistance with his social security appeal. His wife was also educated about the need for solid medical documentation and the need for Luis to return to rehabilitation in order to prove his disability.

dLCV also conducted 3 social security clinics serving 17 individuals with complex social security issues. Several individuals with TBI benefitted from these clinics including one young man, the victim of gun violence, whose foster mother needed assistance navigating Supplemental Security Income and an Adult Disabled Child benefit since his father is now deceased.

B. AGENCY ACCOMPLISHMENTS

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

dLCV completed a comprehensive study of school concussion policies, trained case managers and caregivers, educated policymakers about impact of a lack of services in Virginia, and assisted dozens of individuals to protect their rights.

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, hundreds of individuals desperately need additional TBI funding to obtain services including neurobehavioral care, case management, education and vocational supports, day support and housing.

PART VI: AGENCY ADMINISTRATION

A. GRIEVANCES FILED

PATBI grievances filed against the agency during the fiscal year	0
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B. COLLABORATIVE EFFORTS

1. NETWORK COLLABORATION

Identify issues selected for network collaboration.

dLCV worked in collaboration with the Brain Injury Association of Virginia and Virginia’s lead agency for traumatic brain injury, the Virginia Department of Rehabilitative Services, to determine 2018 policy priorities that would support unmet needs identified by dLCV. dLCV supported these initiatives as outlined in Part IV A.2. There was a very favorable outcome for Virginians with TBI.

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.

- Brain Injury Association of Virginia
- Brain Injury Services of Southwest Virginia
- Brain Injury Services, Inc. (Northern Virginia)
- Millhouse TBI Clubhouse
- Community Brain Injury Services, Inc.
- Crossroads to Brain Injury Recovery
- No Limits Eastern Shore TBI Clubhouse
- Virginia Supportive Housing
- Virginia Brain Injury Council
- Hunter Holmes McGuire Veterans Medical Center
- Virginia Department of Rehabilitation Services/Brain Injury Coordination Unit

PART VII: END OF FORM

Signature

Date

Name (printed)

Title