

ONE PPR

Annual Program Performance Report (PPR)

Annual Statement Of Goals And Priorities (SGP)

FY 2025

PADD

PAAT

PATBI

PAVA

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number (OMB 0985-0063). Public reporting burden for this collection of information is estimated to average 128 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is required to obtain or retain benefit (P.L. 105-220 Section 410 Workforce Investment Act). Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Administration for Community Living, U.S. Department of Health and Human Services, 330 C Street, SW, Washington, DC 20201-0008, Attention Ophelia McLain, or email ophelia.mclain@acl.hhs.gov Note: Please do not return the completed Program Performance Report to this address.

Part 1: Demographics

Interventions on behalf of Individuals

A. Individuals Served

What to Count	PADD	PAAT	PATBI	PAVA
1. Individuals served as of October 1 (Carried over from previous FY).	20	7	0	0
2. Additional individuals served during the year.	100	7	4	2
3. Total individuals served during the year (Add lines A1 and A2).	120	14	4	2
4. Individuals with more than one (1) intervention opened/closed FY.	3	1	0	0
5. Individuals served as of September 30 (Carry over to next FY; <= A3).	10	3	0	0

B. Problem Areas/Complaints of Individuals Served

Problem Area/Complaint	PADD	PAAT	PATBI	PAVA
1. Abuse (total)	3	0	0	
a. Inappropriate Use of Restraint & Seclusion	2		0	
b. Involuntary Treatment	0		0	
c. Physical, Verbal, & Sexual Assault	1		0	
d. Excessive Medication	0		0	
e. Financial Exploitation	0		0	
f. Other	0		0	
2. Access to Administrative or Judicial Processes	0	0	0	0
3. Access to Records	0		0	
4. Advance Directives	1		0	
5. Architectural Accessibility	1	5	0	0
6. Assistive Technology Device Procurement (total)	1	3	0	
a. Augmentative Communication Devices	1	1	0	
b. Durable Medical Equipment	0	1	0	
c. Vehicle Modification/Transportation	0	0	0	
d. Other	0	1	0	

Problem Area/Complaint	PADD	PAAT	PATBI	PAVA
7. Aversives (including ECT)	0		0	
8. Civil Commitment	1		0	
9. Criminal Justice	0		0	
10. Custody/Parental Rights	0		0	
11. Education (total)	1	0	0	
a. FAPE: IEP/IFSP Planning/Development/Implementation	0	0	0	
b. FAPE: Discipline/Procedural Safeguards	0	0	0	
c. FAPE: Eligibility	0	0	0	
d. FAPE: Least Restrictive Environment	0	0	0	
e. FAPE: Multi-disciplinary Evaluation/Assessments	0	0	0	
f. FAPE: Transition Services	0	0	0	
g. Other	1	0	0	
12. Employment Discrimination (total)	0	0	1	
h. Benefits	0	0	0	
i. Hiring/Termination	0	0	1	
j. Reasonable Accommodations	0	0	0	
k. Service Provider Issues	0	0	0	
l. Supported Employment	0	0	0	
m. Wage and Hour Issues	0	0	0	
n. Other	0	0	0	
13. Employment Preparation	0	1	0	
14. Financial Benefits (total)	0	0	0	
a. SSDI Work Incentives	0	0	0	
b. SSI Eligibility	0	0	0	
c. SSI Work Incentives	0	0	0	
d. Social Security Benefits Cessation	0		0	
e. Work Related Overpayments	0	0	0	
f. Welfare Reform	0	0	0	
g. Other Financial Entitlements	0	0	0	
15. Forensic Commitment	0		0	
16. Government Benefits/Services	8	0	1	
17. Guardianship/Conservatorship/Substitute Decision maker	4	0	0	0

Problem Area/Complaint	PADD	PAAT	PATBI	PAVA
18. Home and Community Based Services including discharge planning transition follow-up	10	0	1	
19. Healthcare (total)	4	1	0	
a. General Healthcare	2	1	0	
b. Medicaid	2	0	0	
c. Medicare	0	0	0	
d. Private Medical Insurance	0	0	0	
e. Other	0	0	0	
20. Housing (total)	2	2	0	
f. Accommodations	0	0	0	
g. Architectural Barriers	0	0	0	
h. Landlord/Tenant	0	0	0	
i. Modifications	0	2	0	
j. Rental Denial/Termination	1		0	
k. Sales/Contracts/Ownership	0		0	
l. Subsidized Housing/Section 8	0		0	
m. Zoning/Restrictive Covenants	0	0	0	
n. Other	1	0	0	
21. Immigration	0	0	0	
22. Juvenile Justice	0	0	0	
23. Neglect (total)	5	0	0	
a. Failure to Provide Necessary or Appropriate Medical Treatment	2	0	0	
b. Failure to Provide Necessary or Appropriate Mental Health Treatment	1	0	0	
c. Failure to Provide Necessary or Appropriate Personal Care & Safety	2	0	0	
d. Other	0	0	0	
24. Post-Secondary Education	0	0	0	
25. Non-Medical Insurance	0	0	0	
26. Privacy Rights	0	0	0	0
27. Public Accommodations	0	0	0	0
28. Rehabilitation Services (total)	0	3	0	
a. Communications Problems (Individuals/Counselor)	0	0	0	

Problem Area/Complaint	PADD	PAAT	PATBI	PAVA
b. Conflict About Services To Be Provided	0	3	0	
c. Individual Requests Information	0	0	0	
d. Non-Rehabilitation Act	0	0	0	
e. Private Providers	0	0	0	
f. Related to Application/Eligibility Process	0	0	0	
g. Related to IPE Development/Implementation	0	0	0	
h. Related to Title I of ADA	0	0	0	
i. Other Rehabilitation Act-related problems	0	0	0	
29. Suspicious Death	82		0	
30. Transportation (total)	0	0	0	0
a. Air Carrier	0	0	0	0
b. Paratransit	0	0	0	0
c. Public Transportation	0	0	0	0
d. Other	0	0	0	0
31. Unnecessary Institutionalization including identification and assessment	0	0	0	
32. Voting (total)	0	0	0	2
a. Accessible Polling Place / Equipment	0	0	0	1
b. Registration to Vote	0	0	0	0
c. Casting a Ballot	0	0	0	1
d. Voter Eligibility/Competency Issues	0	0	0	0
e. Other Voting Issues	0	0	0	0
33. Other	0	0	1	0

C.1. Sexual Orientation

Which of the following best represents how you think of yourself?	PADD	PAAT	PATBI	PAVA
1. Lesbian or gay	0	0	1	0
2. Straight, that is, not gay or lesbian	7	6	2	0
3. Bisexual	0	0	0	0
4. Two-Spirit	0	0	0	0
5. I use a different term	0	0	0	0
6. Don't know	92	4	0	0

Which of the following best represents how you think of yourself?	PADD	PAAT	PATBI	PAVA
7. Prefer not to answer	21	4	1	0
TOTAL	120	14	4	0

C.2. Gender Identity of Individuals Served

What is your current gender?	PADD	PAAT	PATBI	PAVA
1. Woman	39	9	3	2
2. Man	79	5	1	0
3. Non-binary	2	0	0	0
4. Two-Spirit	0	0	0	0
5. I use a different term	0	0	0	0
6. Prefer not to answer	0	0	0	0
TOTAL	120	14	4	2

C.2.a.

Do you consider yourself to be transgender?	PADD	PAAT	PATBI	PAVA
1. Yes	0	0	0	0
2. No	0	0	0	0
3. Prefer not to answer	120	14	4	2
TOTAL	120	14	4	2

D. Living Arrangements of Individuals Served

Living Arrangement	PADD	PAAT	PATBI	PAVA
1. Independent	4	12	3	2
2. Parental or Other Family Home	11	0	0	0
3. Community Residential Home for Children/Youth (0-18 Yrs.)	2	0	0	0
4. Community Residential Home for Adults	87	0	0	0
5. Non-Medical Community Base Residential Facility for Children and Youth	0	0	0	0
6. Foster Care	0	0	0	0
7. Nursing Homes, Including Skilled Nursing Facilities (SNF)	2	1	0	0
8. Intermediate Care Facilities (ICF)	3	0	0	0

Living Arrangement	PADD	PAAT	PATBI	PAVA
9. Public And Private General Hospitals including Emergency Rooms	0	0	0	0
10. Public Institutional Living Arrangement	0	0	0	0
11. Private Institutional Living Arrangement	3	0	1	0
12. Psychiatric Wards (Public Or Private)	4	0	0	0
13. Jail	0	0	0	0
14. State Prison	0	0	0	0
15. Federal Detention Center	3	0	0	0
16. Federal Prison	0	0	0	0
17. Veterans Administration Hospital	0	0	0	0
18. Other Federal Facility	0	0	0	0
19. Homeless	0	0	0	0
20. Unknown	1	1	0	0
TOTAL	120	14	4	2

E. Reasons for Closing Individual Intervention Files

Reasons for Closing Individual Advocacy Case File	PADD	PAAT	PATBI	PAVA
1. Number of Closed Cases in which Client's Objective Was Partially or Fully Met	24	7	4	1
2. Some Issues Resolved in Client's Favor	3	0	0	0
3. Other Representation Found	0	0	0	0
4. Individual Withdrew Complaint	0	2	0	1
5. Services Were Not Needed Due To Client's Death or Relocation	0	1	0	0
6. P&A Withdrew Because Individual or Client Would Not Cooperate	0	1	0	0
7. Individual's Case Lacked Merit	2	0	0	0
8. Individual's Issue Not Favorably Resolved	2	0	0	0
9. Appeal(s) Unsuccessful	1	1	0	0
Reason for Closing Individual Investigation File	PADD	PAAT	PATBI	PAVA
1. Complaint was Withdrawn	0	0	0	
2. Other Appropriate Entity Investigating	0	0	0	
3. P&A withdrew because Individual or Client Would Not Cooperate	0	0	0	
4. Investigation Completed	80	0	0	
TOTAL	112	12	4	2

F. Intervention Strategies Used in Serving Individuals

Individual Advocacy Service	PADD	PAAT	PATBI	PAVA
1. Self-Advocacy Assistance	19	1	3	2
2. Limited Advocacy	1	4	0	0
3. Administrative Remedies	4	1	0	0
4. Negotiation	4	6	1	0
5. Mediation/Alternative Dispute Resolution	0	0	0	0
6. Litigation	1	0	0	
TOTAL (1-6)	29	12	4	2
Individual Investigation Service	PADD	PAAT	PATBI	PAVA
7. Individual Investigation	83	0	0	
TOTAL (1-7)	112	12	4	2

G. Age Range of Individuals Served

Range	PADD	PAAT	PATBI	PAVA
1. 0 - 2	1	0	0	
2. 3 - 5	1	0	0	
3. 6 - 10	1	0	0	
4. 11 - 22	27	0	1	0
5. 23 - 64	63	11	3	2
6. 65 & Over	27	3	0	0
TOTAL	120	14	4	2

H. Primary Disability of Individuals Served

Primary Disability	PADD	PAAT	PATBI	PAVA
1. Absence of Extremities	0	0		0
2. Acquired Brain Injury	0	0		0
3. ADD/ADHD	4	0		0
4. AIDS/HIV Positive	0	0		0
5. All Other Disabilities	1	0		0
6. Autism	11	0		0

Primary Disability	PADD	PAAT	PATBI	PAVA
7. Auto-immune (non-AIDS/HIV)	0	0		0
8. Blindness (Both Eyes)	0	0		0
9. Cancer	0	0		0
10. Cerebral Palsy	4	1		0
11. Deafness	1	1		0
12. Deaf-Blind	0	0		0
13. Diabetes	0	0		0
14. Digestive Disorders	0	0		0
15. Epilepsy	0	1		0
16. Genitourinary Conditions	0	0		0
17. Hearing Impaired (Not Deaf)/Hard of Hearing	0	1		0
18. Heart & Other Circulatory Conditions	1	0		0
19. Intellectual Disability	94	0		0
20. Mental Illness	0	1		0
21. Multiple Sclerosis	0	0		0
22. Muscular Dystrophy	1	0		0
23. Muscular/Skeletal Impairment	1	4		0
24. Neurological Disorders/Impairments	1	2		0
25. Orthopedic Impairments	0	2		0
26. Other Emotional/Behavioral	0	0		0
27. Other Visual Impairments (not blind)	0	0		1
28. Respiratory Disorders/Impairments	0	0		0
29. Skin Conditions	0	0		0
30. Specific Learning Disabilities (SLD)	1	0		0
31. Speech Impairments	0	0		0
32. Spina Bifida	0	1		1
33. Substance Use (Alcohol or Drugs)	0	0		0
34. Tourette Syndrome	0	0		0
35. Traumatic Brain Injury (TBI)	0	0		0
TOTAL	120	14		2

I. Racial and Ethnic Diversity of Individuals Served

Race/Ethnicity	State %	PADD	PAAT	PATBI	PAVA
1. Hispanic/Latino (of any race)	11.20%	4	1	0	0
(NOT Hispanic/Latino)	State %	PADD	PAAT	PATBI	PAVA
2. American Indian/ Alaskan Native	0.60%	0	1	0	0
3. Asian	7.40%	6	1	0	0
4. Black/African American	20.00%	28	1	0	0
5. Native Hawaiian/Other Pacific Islander	0.10%	0	0	0	0
6. White	68.30%	72	10	2	2
7. Two or more races	3.50%	3	0	1	0
8. Race/Ethnicity Unknown	0.00%	7	0	1	0

Some estimates presented here come from sample data, and thus have sampling errors that may render some apparent differences between geographies statistically indistinguishable. U.S. Census Bureau, "Quick Facts," <https://www.census.gov/quickfacts/>, accessed by NDRN on December 18, 2025.

Intervention Benefitting Groups

J. Groups Served

What to Count	PADD	PAAT	PATBI	PAVA
1. Group cases/projects still open at October 1. (Carried over from prior FY(s))	4	2	2	2
2. New group cases/projects opened during the year.	29	8	5	5
3. Total group cases/projects worked on during the year. (Add lines J1 and J2)	33	10	7	7
4. Total group cases/projects as of September 30. (Carry over to next FY)	3	0	0	0
5. Group cases/projects targeted at serving racial/ethnic minority(ies).	2	0	0	0
6. Total # of individuals potentially impacted by the line I.J.3 projects/cases.	396253	9300	11249	127940

K. Problem Areas

Problem Area/Complaint	PADD	PAAT	PATBI	PAVA
1. Abuse	5	0	0	
2. Access to Administrative or Judicial Processes	0	0	0	0
3. Access to Records	0	0	0	

Problem Area/Complaint	PADD	PAAT	PATBI	PAVA
4. Advance Directives	0	0	0	
5. Architectural Accessibility	4	0	0	0
6. Assistive Technology	0	10	0	0
7. Aversives (including ECT)	0	0	0	
8. Civil Commitment	0	0	0	
9. Custody/Parental Rights	0	0	0	
10. Education	1	0	0	
11. Employment Discrimination	0	0	0	
12. Employment Preparation	2	0	0	
13. Financial Benefits	0	0	0	
a. SSDI Work Incentives	0	0	0	
b. SSI Work Incentives	0	0	0	
14. Forensic Commitment	0	0	0	
15. Government Benefits/Services	12	0	3	
16. Guardianship/Conservatorship/Substitute Decision Maker	2	0	0	0
17. Home & Community Based Services including Discharge Planning Transition Follow-up	0	0	0	
18. Healthcare	0	0	0	
a. Medicaid	0	0	0	
b. Medicare	0	0	0	
c. Private Medical Insurance	0	0	0	
d. Other	0	0	0	
19. Housing	1	0	0	
20. Immigration	0	0	0	
21. Neglect	5	0	0	
22. Post-Secondary Education	0	0	0	
23. Non-Medical Insurance	0		0	
24. Privacy Rights	0	0	0	0
25. Rehabilitation Services	0	0	0	
26. Suspicious Death	0	0	0	
27. Transportation	0	0	0	
28. Unnecessary Institutionalization including Identification and	0	0	0	

Problem Area/Complaint	PADD	PAAT	PATBI	PAVA
Assessment				
29. Voting	1	0	0	7
a. Accessible polling Place/Equipment	0	0	0	5
b. Registration	0	0	0	0
c. Casting a Ballot	0	0	0	0
d. Voter Eligibility/Competency	0	0	0	0
e. Other Voting Issue	1		0	2
30. Other (PADD/PAAT/PATBI/PAVA) Issue	0	0	2	0

L. Group Cases by Living Arrangement

Living Arrangement	PADD	PAAT	PATBI	PAVA
1. Independent	1	1	1	0
2. Parental or Other Family Home	0	0	0	0
3. Community Residential Home for Children/youth (0-18 yrs.)	0	0	0	0
4. Community Residential Home for Adults	4	2	2	0
5. Non-Medical Community Base Residential Facility for Children and Youth	0	0	0	0
6. Foster care	0	0	0	0
7. Nursing Homes, including Skilled Nursing Facilities (SNF)	0	0	0	0
8. Intermediate Care Facilities (ICF)	2	0	0	0
9. Public and Private General Hospitals including Emergency Rooms	0	0	0	0
10. Public Institutional Living Arrangement	0	0	0	0
11. Private Institutional Living Arrangement	1	1	1	0
12. Psychiatric Wards (Public Or Private)	1	1	1	0
13. Jail	0	0	0	0
14. State Prison	0	0	0	0
15. Federal Detention Center	0	0	0	0
16. Federal Prison	0	0	0	0
17. Veterans Administration Hospital	0	0	0	0
18. Other Federal Facility	0	0	0	0
19. Homeless	0	0	0	0
20. Not Applicable – Intervention not Focused on a Particular Living	33	10	7	7

Living Arrangement	PADD	PAAT	PATBI	PAVA
Arrangement				
TOTAL	42	15	12	7

M. Reasons for Closing Group Cases/Projects

Reason	PADD	PAAT	PATBI	PAVA
1. Concluded Successfully	20	10	6	70
2. Concluded Unsuccessfully	0	0	0	0
3. Other	7	0	1	0
TOTAL	27	10	7	70

N. Intervention Strategies Used in Group Cases/Projects

Intervention Strategy	PADD	PAAT	PATBI	PAVA
1. Abuse and Neglect Investigation	3	0	0	
2. Systemic Litigation	0	0	0	
3. Educating Policymakers	14	1	1	3
4. Issuance of Public Report	0	0	0	0
5. Other Systemic Advocacy	13	9	6	4
TOTAL	30	10	7	7

O. Group Advocacy by Age Focus

Focus	PADD	PAAT	PATBI	PAVA
1. Group Cases/Projects Focused on Children Approximately 0-2 yrs. old	1	0	0	
2. Group Cases/Projects Focused on Children Approximately 3-5 yrs. old	1	0	0	
3. Group Cases/Projects Focused on Young People Approximately 6-10 yrs. old	1	0	0	
4. Group Cases/Projects Focused on Young People Approximately 11-22 yrs. old	1	0	0	0
5. Group Cases/Projects Focused on Adults Approximately 23—64 yrs. old	0	0	0	0
6. Group Cases/Projects Focused on Seniors Approximately 65 yrs. &	0	0	0	0

Focus	PADD	PAAT	PATBI	PAVA
older				
7. Not Applicable – Intervention Not Focused on Any Particular Age Range Grouping	33	10	7	7
TOTAL	37	10	7	7

P. Race/Ethnicity of Groups Served

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

Part 2: Statement of Goals and Priorities

A. Report on FY 2025 (Previous Year) Statement of Goals and Priorities (SGP)

1. Goal Number: 1			
Goal Statement: People with Disabilities are Free From Harm			
<input checked="" type="checkbox"/> PADD <input type="checkbox"/> PAAT <input type="checkbox"/> PATBI <input type="checkbox"/> PAVA			
2. Priorities			
#	Priority		
1	People with Disabilities are Free from Harm in Adult Institutions, People with Disabilities are Free from Harm in Adult Community Settings, Children and Youth with Disabilities are Free from Harm in Community or Institutional Settings, Children and Youth with Disabilities Receive Appropriate Services in Juvenile Justice Facilities, Programs Licensed by DBHDS will be Safer and More Inclusive Due to dLCV's Monitoring, At Risk Children and Youth with Disabilities Receive Appropriate Educational Services in the Least Restrictive Environment		
	<input checked="" type="checkbox"/> PADD <input type="checkbox"/> PAAT <input type="checkbox"/> PATBI <input type="checkbox"/> PAVA		
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	
<input type="checkbox"/> Issuance of Public Report			
4. Extent to Which Goal was Achieved			
<input type="checkbox"/> Not Achieved	<input type="checkbox"/> Partially Achieved	<input checked="" 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):

Underserved/Unserved/Minorities Targeted? ☐ Yes ☒ No (If yes, describe in narrative).

People with Disabilities are Free from Harm- DD

Get Me Out of Here

dLCV worked collaboratively with a large statewide residential treatment provider, and group homes, to ensure client-directed discharge in cases involving individuals with intellectual developmental disabilities (IDD) who are dually diagnosed. Claudia Jean wanted to leave a group home to live with her mother but she was in foster care and the local Department of Social Services (DSS) was not responsive to the provider or the family in the discharge process. Claudia Jean was stuck and just wanted to make it home with her family by Christmas but the delay was causing her mental health and behaviors to deteriorate. dLCV held DSS accountable for their responsibility for discharge and transition planning. As a result of dLCV advocacy, Claudia Jean made it home in time for Christmas!

The other three cases with this provider involved teens in facilities who wanted to live in less-restrictive home environments. In each case, the community agencies that should have been assisting and supporting these youth were shirking their duties until dLCV got involved. In two of the cases, the youth were facing homelessness upon turning 18 when their discharge would be required. dLCV successfully advocated for continued Family Assessment and Planning Team (FAPT) funding for Jed, a young man with high-level behavioral needs due to his IDD, buying critical time for the team to secure a safe group home.

Leo was also facing serious housing issues when turning 18 because his Community Services Board (CSB) continuously failed to meet their duties regarding determining eligibility and assessment of waiver services for him. dLCV got involved and educated Leo's CSB on their responsibility to him, and ensured he had active case management, assessment, and the waiver.

Finally, Josh needed a step-down group home placement but was stuck when the community agencies did not work with him to identify and secure the necessary supports. dLCV worked with him and his team to ensure his rights to assessment, eligibility, and resulting services were upheld during the discharge process. These four young people are now living the life they chose in safe homes with the supports they need to be successful.

Let's Hit the Road!

Donna, an individual with IDD, has been living in her Sponsored Residential Home (SRH) for over ten years. She and her sponsor Ainsley planned an extended vacation for a road trip to Yosemite, but her case manager told them that if they go on this vacation out of state, her SRH will lose its license and Donna will lose her waiver spot. Despite their excitement for the trip and the extensive plans they had made, they could not risk Donna losing her home and her waiver and they sadly cancelled the trip.

The ladies contacted dLCV for assistance in determining Donna's right to take a vacation. dLCV did extensive research of law, regulations, and policies and spoke to representatives of the Department of

Behavioral Health and Developmental Services as well as the Department of Medical Assistance Services. dLCV was able to assure Donna that she could go on vacation without jeopardizing her home's license or her waiver slot. Bon voyage Donna and Ainsley!

He Didn't Have to Die

Toby, a 31-year-old man choked at his group home after eating a hamburger slider despite the fact that he had a physician's order for a soft diet and he had choked in the past. His group home chart includes several entries that state staff gave him food such as pizza, chicken strips, baked ziti, and hotdogs in the past. In addition, staff did not respond appropriately after he choked. Employees at his group home called staff at another nearby home rather than calling 911 immediately. When the staff from the other group home arrived at Toby's side, only then did they call 911. Although the employees at Toby's group home applied the Heimlich Maneuver on him, there is no evidence that anyone attempted CPR. Staff clearly violated the provider's Crisis Intervention Policy which requires immediate first aid, including CPR if necessary, and immediately contacting 911. However, the Office of Licensing did not give the provider a citation because they were very recently cited for violating the same Crisis Intervention Policy and they were still in the Corrective Action process for that violation.

This case provides an example of both of the major issues of concern in dLCV's 3-year project reviewing sudden unexpected IDD deaths: inadequate emergency response to unresponsive individuals, and lack of meaningful accountability for repeated violations that could contribute to an individual's death. Due to dLCV's advocacy, the Department for Behavioral Health and Developmental Services has added a requirement for emergency medical drills in its overhaul of their licensing regulations and has convened an internal workgroup to review whether expanded use of sanctions, including civil penalties, is appropriate in egregious or repeated cases where health and safety risks are severe.

Lack of Accountability and Emergency Response May Cause Unnecessary Deaths

In FY2025, dLCV conducted 78 secondary death investigations and completed an extensive, multiyear review of unexpected deaths of individuals with developmental disabilities (DD) receiving services licensed by the DBHDS. dLCV identified trends that severely negatively impact the health and safety of individuals receiving DBHDS-licensed services: inadequate emergency response when an individual is found unresponsive, preventable choking deaths, and staffing and compliance concerns.

dLCV recommended that DBHDS amend its regulations to require emergency medical drills, and that the Commissioner of DBHDS, through the Office of Licensing and Office of Human Rights, issue stringent sanctions, including punitive civil sanctions, where life-threatening violations are discovered. DBHDS reports to dLCV that they have included a requirement for emergency medical drills in its overhaul of its licensing regulations. However, that process is in the initial stages and could take years to go through the regulatory process. dLCV will pursue a petition for rulemaking to push DBHDS to move faster with this life-saving amendment. DBHDS' Director of the Office of Licensing reported that after reading dLCV's draft report, she is convening an internal workgroup to "review whether expanded

use of sanctions, including civil penalties, is appropriate in egregious or repeated cases where health and safety risks are severe." Thus, before the report was even officially published and released, DBHDS is moving toward implementing dLCV's recommendations!

Safety and Individual Rights Are Not Mutually Exclusive

dLCV participated in the legislatively-directed SB 569 Workgroup on Restraint & Seclusion, hosted by the DBHDS. As part of the process, DBHDS and its contractor, Blue Octopus, conducted focus groups and research on best practices involving restraint and seclusion use and the reduction of their use. One of the issues addressed by the workgroup was characterized as "balancing safety and individual rights." dLCV pushed back on this characterization, noting that the protection of individual rights and the maintenance of safety in DBHDS-licensed settings are not necessarily in conflict, and in fact can and should be pursued concurrently. Blue Octopus contacted dLCV after this meeting to discuss the issue and stated that it will recharacterize the issue after finding considerable support for dLCV's position.

So Many Reports...

dLCV receives and reviews incident reports for serious incidents, death, abuse, and neglect from several sources. In FY25, dLCV received and reviewed approximately 11,600 Serious Incident and Death (SID) reports and 2,700 Abuse and Neglect (CAN) reports through the Computerized Human Rights Information System (CHRIS) for programs licensed by the DBHDS; 6,075 Adult Protective Services (APS) reports; and 575 Critical Incident Reports (CIR) from state-operated facilities. Of these roughly 21,000 reports, dLCV elevated about 800 reports (350 CAN, 175 SID, 275 APS) for deeper review, including almost 100 death reports. In addition, many reports were reviewed for financial exploitation: 39 APS reports, 11 CAN reports, and 1 SID report. Of the 39 APS reports, four involved one group home that has been on dLCV's radar for several years for many different types of abuse, neglect, and exploitation. dLCV is working with DBHDS and their taskforce assigned to oversight of this provider.

Monitoring Leads to Systemic Change

dLCV conducted extensive monitoring and investigations across residential, day support, and institutional service providers throughout Virginia, including 16 formal monitoring visits across 15 sites. These efforts reinforced protections for over 100 individuals while addressing restraint injuries, environmental hazards, activities of daily living care neglect, and abuse. dLCV's work ensured immediate corrective actions, staff retraining, and advanced systemic reforms through cross-agency collaboration and regulatory advocacy. Systemic advocacy included comments on proposed revisions to the Human Rights Regulations and coordination with Adult Protective Services, licensing, and law enforcement.

Let's work together to help each other and the community

dLCV presented to the Statewide Adult Protective Services (APS) meeting hosted by the Department

for Aging and Rehabilitative Services (DARS) focusing on the types of reports dLCV can act upon and assist DARS as well as local Departments of Social Services, what information is useful to include in APS reports, and the review and casework processes dLCV follows when reviewing APS reports. Following this Educational Outreach, the number of APS reports dLCV received from around the state skyrocketed reaching an all-time-high number of reports (526) in just one month. Additionally, after this outreach, 8 counties that were not previously reporting to dLCV began to do so. Anecdotally, the quality and relevance of reports received since this outreach and training have improved dramatically, allowing dLCV to focus more intensely on the cases that matter.

Police Presence in Schools Does Not Necessarily Lead to Safer Schools for Student with Disabilities
After a Delegate introduced a bill in the 2025 legislative session that would have required every K-12 school in Virginia to employ a School Resource Officer (SRO), dLCV educated 22 legislators on the House Education Committee about the potentially negative consequences of SROs engaging in routine disciplinary matters involving students in Virginia's schools, particularly the disproportionate effects that such interactions have on students with disabilities. Students with disabilities are more likely than their nondisabled peers to be subject to school discipline, referred to law enforcement, and be subjected to restraint and seclusion in school settings. Increasing the presence of police officers in schools has the potential to exacerbate these preexisting disparities. SROs are not subject to the limitations on the use of restraint and seclusion that educators are subject to by the Restraint and Seclusion regulations promulgated by the Board of Education. dLCV met with legislators and provided public testimony about the disproportionate adverse effects of police presence in schools. The House Education Committee ultimately tabled the bill.

Rights of Children in Juvenile Justice Facilities

dLCV visited and conducted monitoring at Bon Air Juvenile Correctional Center quarterly. During these visits, dLCV offered "office hours" that fostered meaningful engagement with residents and ensured their concerns were heard and documented. These visits provided a consistent platform for residents to raise issues related to safety, education, and privacy, while enabling dLCV to identify systemic patterns of concern. One issue of concern that dLCV investigated was the facility's strip search practices. dLCV discovered troubling accounts of invasive and harmful procedures. To promote accountability and systemic change, dLCV negotiated these concerns during multiple meetings with Department of Juvenile Justice (DJJ) leadership, including direct discussions with the Prison Rape Elimination Act (PREA) Coordinator and Behavioral Services Unit staff. Through these engagements, dLCV amplified resident voices and pressed for stronger protections against abuse and neglect. By bringing forward issues such as excessive use of force, limited access to education, and critical privacy violations affecting female residents, dLCV reinforced its role as an independent watchdog and advocate.

You Have to Know Your Rights to Protect Them

dLCV published a Self-Advocacy Guide for youth at Bon Air Juvenile Correctional Center. This guide

now stands as a clear, comprehensive, and accessible resource that equips residents with critical knowledge about their rights. Staff and interns collaborated effectively to refine both content and design, ensuring that the guide engages readers of diverse literacy levels while maintaining accuracy and clarity.

An Ending Brings New Beginnings

The twelve-and-a-half-year legal odyssey that was the consent decree in *United States of America v. Commonwealth of Virginia* finally came to an end this year. However, while the consent decree came to an end, the case itself lives on in the form of a new Permanent Injunction which resolved the Order to Show Cause issued by the Eastern District of Virginia against Virginia based upon the failure to fully comply with the terms of the consent decree. Furthermore, the Permanent Injunction assures continued court jurisdiction and continued oversight. dLCV filed one amicus brief during Fy 2025 in advance of the hearing to approve the Permanent Injunction. In this brief, dLCV discussed the outcome as a fair resolution and also a sure resolution. Counsel for Virginia and the Department of Justice as well as the presiding Judge all recognized dLCV's brief and said that it was helpful in making a final ruling.

What comes next?

Hiram W. Davis Medical Center (HDMC), which is slated for closure, provides medical and nursing care for the entire Commonwealth of Virginia, accepting residents with developmental disabilities, mental health diagnoses, age-related disabilities like dementia, and individuals with disabilities labeled as sexually violent predators (SVPs). dLCV monitored the planned closure of HDMC through data analysis and in-person visits to ensure residents were discharged to the most appropriate settings in the least restrictive environments. As a member of HDMC's State and Community Consensus and Planning Team, dLCV played an active role in shaping the facility's draft closure plan. Through work on a subcommittee, dLCV successfully advocated for the inclusion of several key provisions, including: expanding pre-move planning and post-move monitoring protocols to cover all residents, not just those with developmental disabilities; increasing access to specialized services from the Office of Integrated Health (OIH), such as mobile rehabilitation engineering; ensuring availability of enhanced funding streams for residents with mental health needs or sexually violent predator designations who face placement barriers; implementing trauma-reduction strategies, including financial support for families to remain near loved ones during transitions; and establishing robust data collection and reporting mechanisms to promote transparency and accountability throughout the closure process.

It's About Time

dLCV monitored Intermediate Care Facilities (ICFs) through onsite visits and reviewing surveys and incident reports. dLCV identified providers for onsite visits in part based on whether they were overdue for an Office of Licensure and Certification (OLC) survey. These surveys, completed by the Virginia Department of Health (VDH) on behalf of CMS, are the primary vehicle for ensuring provider compliance with federal conditions of participation. However, early in the year, dLCV discovered that the Commonwealth had effectively ceased conducting its required oversight inspections. In addition to

conducting its own unannounced visits, dLCV shared its concerns publicly. Following dLCV's public advocacy campaign, VDH significantly increased its survey activity. Within days of dLCV's campaign launch, VDH resumed ICF surveys, resulting in a 350% increase in completed surveys thus far in calendar year 2025 compared to the entire 2024 calendar year. More than half of the facilities surveyed this year were cited for deficiencies, indicating that the reviews were substantive and not merely procedural in nature. A particularly notable outcome was the long-awaited survey of Southeastern Virginia Training Center (SEVTC), Virginia's only state-operated training center, which followed shortly after dLCV's social media campaign. The survey uncovered multiple serious violations, including abuse, neglect, delayed reporting, and inadequate internal investigations.

Performance Measurement	Number
People with disabilities who had their other rights enforced, retained, restored and/or expanded.	170250

1. Goal Number: 2

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

☒ PADD ☐ PAAT ☐ PATBI ☐ PAVA

2. Priorities

#	Priority
1	People with Disabilities have Maximum Individual Choice People with Disabilities Have Equal Access to Public Accommodations
	<input checked="" type="checkbox"/> PADD <input type="checkbox"/> PAAT <input type="checkbox"/> PATBI <input type="checkbox"/> PAVA

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
<input type="checkbox"/> Issuance of Public Report	

4. Extent to Which Goal was Achieved

<input type="checkbox"/> Not Achieved	<input type="checkbox"/> Partially Achieved	<input checked="" 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 #: 2

Priority #(s): 1

Collaborator(s):

Underserved/Unserved/Minorities Targeted? ☐ Yes ☒ No (If yes, describe in narrative).**People with Disabilities Live in the Most Integrated Environment- DD****A Place for Charley**

Charley, a man dually diagnosed with mental illness and IDD, spent an extended amount of time in a state mental health facility due to a lack of available group homes willing to serve his extensive behavioral needs. dLCV worked with Charley and his interdisciplinary team to identify barriers to his discharge, communicated with relevant stakeholders regarding concerns at his prior group home, and collaborated with Charley's mother, case manager, and treatment providers to ensure his needs were clearly represented. Through this advocacy, dLCV facilitated coordination among service providers, participated in the intake process at a community-based group home, and helped ensure that Charley's transition plan aligned with his clinical and behavioral support needs. With dLCV's advocacy, Charley has another chance to live in a community group home that is better equipped to meet his needs.

Reinstatement of Academic Accommodations in College

Debby, an undergraduate student diagnosed with ADHD, Dyslexia, and Dysgraphia, sought dLCV's assistance when her college unexpectedly reversed their prior position and removed her previously granted extended-time accommodations. Debby tried to address this on her own by appealing the decision, but the dean upheld the removal of the accommodations, leaving Debby without necessary academic support. Through direct communication and advocacy with college administrators, dLCV convinced the college to reinstate and clearly define Debby's accommodations, including extended time on tests and quizzes, consideration for assignment extensions, and additional instructional support. Debby was able to stay in school and have the best chance for success.

Switching from Supplemental Security Income (SSI) to Disabled Adult Child (DAC) Benefit Can Be Tricky

Abbey, a 21-year-old woman had been on SSI since 18, received notification from the Social Security Administration (SSA) after her mother retired that her SSI would switch to the DAC benefit. Abbey and her parents felt at a loss because they finally felt like they understood SSI and how to navigate Abbey's benefits and responsibilities and now things were changing. They sought guidance from dLCV, specifically about how this change would affect Abbey's monthly benefit as well as how any wages she receives from work will affect her DAC benefit. dLCV assessed Abbey's work efforts to date and explained SSA's work incentives so they understood that no change will take place now but if her earning increases in the future, certain provisions will kick in. dLCV informed them of SSA's Redbook that fully explains work incentives and encouraged them to obtain benefits planning if wages begin to grow with additional vocational assistance. The family was appreciative of the consultation

and stated that they feel more knowledgeable now of the system and how to advocate going forward.

There Are Alternatives to Guardianship

In FY 2025, dLCV gave eight presentations at five venues teaching 190 people about alternatives to guardianship. These presentations reached a variety of people including individuals with disabilities, parents, disability advocates and professionals, education professionals, direct care and ancillary staff, and medical professionals. dLCV consistently receives positive feedback from these presentations.

But How Do I Request A Housing Accommodation?

dLCV created sample and draft letters for requests for accommodations under the Fair Housing Act. dLCV chose topics that are frequently addressed during I&R calls and online requests for services: Accommodation to Avoid Eviction, Transfer to an Accessible Housing Unit, Assigned Accessible Parking Space, and Service Animal issues. dLCV created letters for both the accommodation request and the verification letter from a healthcare professional. The letters, along with Fair Housing Guidance for Medical Professionals and Care Providers, were posted to dLCV's Fair Housing Resource page. dLCV also added fact sheets to its Fair Housing Resource page to give more detailed information to people facing common housing issues: Elevator Outages and the Fair Housing Act, Reasonable Accommodations and Modifications under the Fair Housing Act, Fair Housing and Mental Health, and Fair Housing for the Deaf and Hard-of-Hearing. All of these resources are valuable for both dLCV staff giving I&R as well as people with disabilities living in the community.

I Am an Adult...What Does That Really Mean?

dLCV has had an ongoing project called Coming of Age (COA) for several years addressing the many things that change when a child with a disability reaches the age of majority. dLCV completed the third edition of its "I Have a Choice, I Have a Voice" Coming of Age manual and had it translated into 4 other languages: Arabic, Chinese, Vietnamese and Spanish. The revised manual now lives on dLCV's website and dLCV promoted it through social media accounts, distribution at resource fairs, presentations and to individuals. dLCV distributed a combined total of 305 manuals in the various languages stated above. As part of the COA project, dLCV also presented at 6 conferences across the state sharing information with over 350 people.

Performance Measurement	Number
People with disabilities who live in a healthier, safer or otherwise improved environment.	112500

1. Goal Number: 3

Goal Statement: People with Disabilities Have Equal Access to Appropriate and Necessary Healthcare

☒ PADD ☐ PAAT ☐ PATBI ☐ PAVA

2. Priorities			
#	Priority		
1	People with Disabilities are not Denied Medicaid Services Unlawfully, People With Disabilities Have Access to Healthcare		
	<input checked="" type="checkbox"/> PADD <input type="checkbox"/> PAAT <input type="checkbox"/> PATBI <input type="checkbox"/> PAVA		
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 type="checkbox"/> Investigations of Abuse and Neglect		<input checked="" type="checkbox"/> Other Systemic Advocacy	
<input type="checkbox"/> Monitoring		<input checked="" type="checkbox"/> Training/Outreach	
<input type="checkbox"/> Issuance of Public Report			
4. Extent to Which Goal was Achieved			
<input type="checkbox"/> Not Achieved	<input type="checkbox"/> Partially Achieved	<input checked="" 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 #: 3			
Priority #(s): 1			
Collaborator(s):			
Underserved/Unserviced/Minorities Targeted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, describe in narrative).			
People with Disabilities Have Equal Access to Appropriate and Necessary Healthcare- DD Fifth Time's the Charm! Delores' mother contacted dLCV after her application for the CCC Plus Medicaid Waiver had been denied four times. dLCV provided Delores' mom with guidance and self-advocacy techniques as she faced the Department of Medical Assistance Services and her local Health Department yet again seeking the services Delores desperately needs to live a safe and fully integrated life in the community. Armed with this arsenal of resources, Delores' application was finally approved and she is now receiving the CCC Plus-funded services and supports that she needs. Oh Okay...Here's Your Waiver! Sam's mother contacted dLCV after his application for a Community Living (CL) Waiver Slot was denied. dLCV provided her with education and guidance on handling the appeal. Following this education in self-advocacy, Sam's mom requested a fair hearing appeal and submitted additional key			

evidence to the Department of Medical Assistance Services and the Department of Behavioral Health and Developmental Services (DBHDS). In a surprising twist, prior to the hearing, DBHDS reversed its decision and awarded Sam a CL Waiver Slot. Sam and his interdisciplinary team are working to identify residential supports that will help him continue living independently in the community now and in the future.

Access to the Courtroom Means Access to Justice

dLCV educated approximately 125 state-level judges on the rights of people with disabilities in the courtroom, including access and accommodation rights. This education ensures that Virginia's judiciary is accessible to Virginians with disabilities and promotes dLCV as the legal experts on access and accommodation issues in Virginia.

Where's My Money and Where's My Say?

In Virginia, local Departments of Social Services (DSS) serve as the representative payee for foster youth and the money is used to pay for foster care services. During the 2025 legislative session, dLCV educated legislators about the need to preserve federal financial benefits for foster youth and about the lack of due process in how these benefits are obtained and taken from foster youth without even notifying the youth. In response to this education, a legislator introduced a Bill (SB818) that requires DSS to notify the foster youth (age 12 or over), the foster youth's attorney, guardian ad litem, and parents or guardian when DSS serves as the child's representative payee. The Bill passed and is now part of Virginia Law. There are approximately 5000 youth served by Virginia's foster care system at any one time, with around 7000 served at some point in each year. DSS estimates that approximately 10 percent of these youth are eligible for federal financial benefits administered by the Social Security Administration, or approximately 700 individuals served by DSS each year. Multiple legislators have expressed an interest in going further in the next legislative session by introducing legislation to allow foster youth to preserve some of their federal financial benefits for use when they age out of the foster care system.

Snapped from the Jaws of Victory

In Virginia, the right to vote is automatically revoked when the judge appoints a guardian unless that right is explicitly retained in the court's order. dLCV has long been concerned that many people lose the right to vote unnecessarily. We educated policymakers about the need to protect this important civil right. In the 2025 session, Virginia's General Assembly passed legislation that would have protected the right to vote for individuals in the guardianship system by removing the automatic revocation of the right. Under the new legislation, judges would have to specifically revoke the right to vote in the Guardianship Order or the right would remain intact. The new legislation would have essentially reversed the default from removal of the right to retention of the right. However, the governor vetoed the bill. dLCV will continue the fight by collaborating with stakeholders to determine the next steps. dLCV is prepared to advocate for this right as other advocacy organizations and legislators begin releasing proposed legislation for the 2026 legislative session.

The Right to Choose

dLCV has long been concerned about whether recipients of the DD Waiver are aware of their rights to choose their case management provider and whether the Community Services Boards (CSBs) are fulfilling their obligation to honor these choices. dLCV tackled this issue in FY25 in two ways: creating and disseminating a factsheet explaining the right of DD Waiver members to select in their case management provider under Medicaid law and Virginia Medicaid state plan provisions; and sending a letter to all 40 CSBs reminding them of their obligation to provide DD Waiver members free choice of case management provider. dLCV also requested any Memoranda of Agreement with other CSBs to provide case management outside of the home CSB, any contract with a private case management provider, and any policy and procedures in place at each CSB to effectuate their obligation to provide free choice in case management to DD Waiver members. dLCV received responses from 22 CSBs. Out of these 22 CSBs, 19 provided a policy on Case Management assignment or choice of case manager: and of those 19 policies, 17 explicitly address the individual's choice in case manager, 6 address the right of an individual to choose a case manager from another CSB, and 3 address the individual's right to choose a case manager from a private case management provider. 17 of the 22 responsive CSBs provided at least one Memorandum of Agreement with another CSB addressing the provision of case management services across CSBs, and 9 provided at least one contract with a private provider for the provision of case management services.

You Can Now Find It on Our Webpage

While fading out case services in Social Security cases, dLCV greatly enhanced its online Social Security resource page to serve as a stand-alone self-advocacy tool. Under "Resources," dLCV added significant new information on how to obtain assistance with applying and appealing, claim delays, fraud or identity theft, etc. dLCV also added a guide on the vast changes Social Security made in 2024 in overpayment cases which are substantially favorable to beneficiaries, but only if they know their rights and how to protect them.

Empowering Foster and Kinship Care Communities: Expanding Access to Transition Services and Advocacy

dLCV educated and empowered foster and kinship care communities regarding Pre-Employment Services, Vocational Rehabilitation (VR), and voting rights for students who are aging out of foster care. Through resource fairs and presentations, dLCV reached a combined total of over 850 students, families and foster care provider agencies.

Knowledge is Power in Any Language

dLCV presented to five advocacy groups that serve the underserved Hispanic community with two of the presentations provided exclusively in Spanish. Topics for these presentations included dLCV 101 and voting information. Three of the presentations were hosted by groups in the geographically underserved area on the Eastern Shore. The training was recorded and shared on Facebook Live and has thus reached over 1400 people who have new information about dLCV and important rights and services.

Training for Attorneys

dLCV hosted four Continuing Legal Education (CLE) trainings as part of its Second Annual Summer CLE Series. dLCV attorneys trained approximately 100 community attorneys about working ethically with clients with diminished capacity, recent Supreme Court cases impacting disability rights, Virginia laws for people with disabilities, and obtaining courtroom accommodations for clients.

Performance Measurement	Number
People with disabilities who live in a healthier, safer or otherwise improved environment.	35400

1. Goal Number: 4

Goal Statement: PEOPLE WITH DISABILITIES HAVE APPROPRIATE ACCESS TO ASSISTIVE TECHNOLOGY

☐ PADD ☒ PAAT ☐ PATBI ☐ PAVA

2. Priorities

#	Priority
1	PEOPLE WITH DISABILITIES HAVE APPROPRIATE ACCESS TO ASSISTIVE TECHNOLOGY
	<input type="checkbox"/> PADD <input checked="" type="checkbox"/> PAAT <input type="checkbox"/> PATBI <input type="checkbox"/> PAVA

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 checked="" type="checkbox"/> Other Systemic Advocacy
<input type="checkbox"/> Monitoring	<input checked="" type="checkbox"/> Training/Outreach
<input type="checkbox"/> Issuance of Public Report	

4. Extent to Which Goal was Achieved

<input type="checkbox"/> Not Achieved	<input type="checkbox"/> Partially Achieved	<input checked="" 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 #: 4

Priority #(s): 1

Collaborator(s):

Underserved/Unserved/Minorities Targeted? ☐ Yes ☒ No (If yes, describe in narrative).

PEOPLE WITH DISABILITIES HAVE APPROPRIATE ACCESS TO ASSISTIVE TECHNOLOGY

PAAT PPR

Casework:

Transportation for Wheelchair Basketball Tournament Goes Wrong

The National Wheelchair Basketball Association hosts tournaments for teams of wheelchair basketball players around the country. In 2024, their national championships with teams from throughout the United States took place in Richmond, Virginia.

This story involves the flight operated by a major airline from Denver to Richmond. This flight had players from multiple wheelchair basketball teams. There were players from across the country on the flight who used wheelchairs. These basketball players cannot play basketball in the same wheelchair they use for daily activities as wheelchair basketball requires a custom-made wheelchair designed for athletics. So, there were 30 players with 60 wheelchairs getting on the plane. This created a problem for the airline which had a smaller commercial aircraft with smaller cargo area. The Denver ground crew also was unfamiliar with athletic wheelchairs and did not know how to properly handle them. Worse, the large amount of luggage and cargo and passengers was taking too long to load - the flight was already late and becoming more and more delayed. The ground crew had to do something. They found a solution - a solution that resulted in much more serious problems when the flight arrived in Richmond.

Finally, after the long delay, landing at Richmond International Airport, their excitement at arriving to play the sport they love quickly turned to disappointment and horror. The Denver ground crew's brilliant idea to get the wheelchairs on the plane and get the flight off to Virginia was removing the wheels and not labeling which wheels went together. Arriving in Richmond, the wheelchairs were a complete mess – and people had to put the puzzle back together. Worse, the wheelchairs were on the tarmac where the public couldn't access - and the people who use wheelchairs requiring wheelchairs to get off the plane were stuck. The only people who might be able to identify the wheels from their wheelchair were unable to do so. The other passengers already upset over the delay in reaching Richmond were also stuck on the airplane due to the delays handling the luggage. Then perhaps the most shocking instance of the entire day occurred - airline employees announced that the delay was due to the wheelchairs leading to hostile reaction from other passengers already mad about their flight being delayed. It was a disaster and several wheelchairs were damaged. One wheelchair was so damaged as to be a complete and total loss.

dLCV came to this service request in an unusual way. One of the passengers, April, was the social media and publicity person for the team in the tournament. While April was not a player in this tournament, she does use a wheelchair and play on their women's team. April got much more publicity than she ever expected when videos and photos she took while on the tarmac went viral. This led to the media to pick it up with the videos taken by April appearing on national media and articles about this appeared nationally. April, seeking assistance in this matter, connected to the Arizona Disability Law Center, the Arizona Protection and Advocacy Agency. They wished to do something, however, the damages to the wheelchairs took place in Colorado and Virginia, not Arizona. They reached out with Disability Rights Colorado and dLCV. Together, the three protection and advocacy agencies reached a common interest agreement. The three P&A agencies agreed that because the damage to the wheelchairs took place in Virginia that Virginia would take the lead in writing the complaint. dLCV drafted the complaint. One of those passengers, August, from Sacramento, California had his wheelchair completely destroyed as a result of the mishandling by the airline. Unfortunately, because the Air Carrier Access Act does not provide for a private right of action, but we were able to file an Air Carrier Access Act complaint with the United States Department of Transportation.

The airline responded to our complaint letter apologizing, but indicating that they did not believe any federal regulations were violated. Nonetheless, the airline refunded several plane tickets and issued travel vouchers to our client and other affected passengers. We sent an update to our Department of Transportation complaint, which included a copy of the airline's response letter. To date, we have not received a response from the Department of Transportation.

Let's Get Started

Bobbi reached out to dLCV after trying to work with her DARS counselor for 18 months on assistive technology and home modifications to her new home. The rehabilitation engineer for the Southwest Region for DARS kept postponing services and giving excuses for the delay in services. Shortly after dLCV got involved and started asking questions, the rehab engineer finally got a contractor to the home and obtained a quote. DARS Administration approved and work began. Bobbi is thrilled to be able to access her home which allows her to be truly independent and an active member of her community. She can now shower independently and get ready for work on her own. She also has better access to her home office so she can now either work from home or go to her office. Bobbi is thrilled with her outcome.

Have the Tools for Success

Bart had issues working with Department for Aging and Rehabilitative Services (DARS) and Department for the Blind and Vision Impaired (DBVI). DARS was not following their own policy regarding funding school. Bart also did not have Assistive Technology (AT) from DBVI or any leads on

a job from either agency now that he graduated college. dLCV met with DARS and DBVI together to plan for AT services and job leads since he already graduated college. DBVI then explained what was necessary to get the AT evaluation. Bart struggled to get the necessary doctor's appointments scheduled so that DBVI can get an updated comprehensive vision report. Therefore, DBVI worked with Bart to schedule an eye doctor appointment so he can get the needed report which means the AT evaluation can move forward. DARS is currently working with Bart to schedule an informational Interview with someone from their finance team. DBVI has also written a letter for Bart to get an accommodation on his professional licensure exam. Finally, once DBVI has a vision report, they will schedule an AT evaluation at Bart's internship site. Bart thanked dLCV for our assistance. He was glad to get both DARS and DBVI to the same table to discuss what both agencies can do for him.

How can DARS help me?

James reached out to dLCV for assistance with requesting a scooter to address his barrier to employment, transportation. dLCV learned that Department for Aging and Rehabilitative Services (DARS) policy prohibits purchasing scooters for clients. James also worked on his self-advocacy skills and significantly improved his approach to dealing with dLCV and DARS staff that will help in the future. dLCV provided James with other resources that may be able to assist him to get the scooter.

Projects:

dLCV partnered with the Children's Assistive Technology Services (CATS) organization and created materials for Coming of Age presentations at Psychiatric Residential Treatment Facilities (PRTFs) throughout the Commonwealth regarding rights and services, including educational and vocational services, and access to assistive technology. These materials are available to individuals who are discharged from PRTFs to return to the community.

dLCV then presented to 59 staff, directors, and supervisors at four different PRTFs and educated them on assistive technology and effective communication tools to better support the residents and accommodate their disabilities. Two of the presentations included a staff member from the CATS who provided information for students about how to get low cost or free assistive technology and devices for effective communication.

dLCV educated approximately 125 state-level judges on the rights of people with disabilities in the courtroom, including the right to physical access, reasonable accommodation, effective communication, and assistive technology under state and federal law. This education ensures that Virginia's judiciary is accessible to Virginians with disabilities and promotes dLCV as the legal experts on access and accommodation issues in Virginia.

dLCV conducted ADA accessibility surveys at 18 courthouses across the state. Staff and trained volunteers conducted on-site surveys to identify accessibility barriers involving parking, entrances, pathways, elevators, restrooms, and signage. The big push for this survey was to make sure that persons using assistive technology for mobility are able to physically access the buildings. dLCV shared findings of the surveys with county officials.

The publication for Court Accessibility in Virginia, 20 Years After Tennessee v. Lane was intended to be viewed in conjunction with dLCV's courthouse accessibility surveys. Together, these two projects highlight both the legal framework that guarantees equal access and the real-world conditions Virginians with disabilities encounter in courthouses across the Commonwealth. The courthouse survey project revealed persistent accessibility barriers related to assistive technology—from inadequate parking and steep ramps to outdated courtroom layouts and insufficient accommodations for individuals with visible and invisible disabilities. By pairing this research with the broader legal context of Tennessee v. Lane, Virginia case law, and recent media coverage, our work reinforces the urgent need for accountability, modernization, and systemic reform..

Educating the Public on Website Accessibility In response to legislative and regulatory changes in the federal level, dLCV set out to educate the public on the requirements for accessibility for government websites under state and federal law. The impetus for this was the new regulations under Title II of the Americans with Disabilities Act that changed the requirements effective in either 2026 or 2027 for state and local government websites to Worldwide Web Consortium Website Accessibility Guidelines 2.0 A and AA to WCAG 2.1 A and AA. This is a slight change for Virginia since previously Virginia's requirements are aligned with Section 508 of the Rehabilitation Act requiring WCAG 2.0 A and AA. The publication summarizes these changes as well as the requirements for WCAG 2.0 AA with a link to the changes in the new version. dLCV also gave a presentation that discussed website accessibility changes under state law to the ADA Coordinators for DBHDS and the DBHDS operated facilities.

dLCV educated Registrars and precinct chiefs on making voting more accessible including through use of assistive technology. Through contributions to the ADA Microlearning Session and hosting an information table at the Annual Voter Registrar training we were able to connect with election officials from around the Commonwealth.

dLCV trained 21 individuals at two planned events hosted by community partners Parent Education and Advocacy Training Center (PEATC) and the Arc of Greater Prince William County on the rights of Medicaid members who receive DD Waiver services during service denials, reductions, and appeals. Topics included due process rights, the right to receive adequate timely notice, when decisions are appealable, preparing for a Medicaid Appeal, and what to expect during an appeal. One of the primary goals of these Medicaid appeals is to receive coverage for assistive technology.

dLCV updated our "I Have a Choice, I Have a Voice" coming of Age (COA) manual to create a third edition with a strong focus on assistive technology. In order to reach more Virginians, we also had the

manual translated from English into 4 additional languages, Arabic, Chinese, Vietnamese and Spanish. dLCV distributed the manual through various channels including dLCV's website, Social Media, via a QR Code, resource fairs, presentations and to individuals. dLCV distributed a combined total of 305 manuals in the various languages stated above. This manual includes a wealth of information about obtaining assistive technology.

dLCV hosted three COA virtual clinics where individuals and their families could meet with dLCV. These clinics covered preparing for life after high school as a young adult with a disability. The topics included obtaining access to assistive technology. A total of 13 people attended the sessions.

dLCV participated in the NDRN Advocacy Working Group (AWG) of the TASC Advisory Group. Through quarterly meetings dLCV provided feedback on the workshop topics, delivery methods of workshops and improve training options relating to assistive technology. By bringing feedback from dLCV to the national organization and networking with attorneys and advocates around the country we will improve services for our clients and provide educational opportunities for our staff.

Performance Measurement	Number
People with disabilities who are provided with appropriate community based services or AT devices and services resulting in community integration and independence.	9288

1. Goal Number: 5

Goal Statement: PEOPLE WITH TRAUMATIC BRAIN INJURY HAVE APPROPRIATE SERVICES

☐ PADD ☐ PAAT ☒ PATBI ☐ PAVA

2. Priorities

#	Priority
1	PEOPLE WITH TRAUMATIC BRAIN INJURY HAVE APPROPRIATE SERVICES
	<input type="checkbox"/> PADD <input type="checkbox"/> PAAT <input checked="" type="checkbox"/> PATBI <input type="checkbox"/> PAVA

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 checked="" type="checkbox"/> Other Systemic Advocacy
<input type="checkbox"/> Monitoring	<input checked="" type="checkbox"/> Training/Outreach
<input type="checkbox"/> Issuance of Public Report	

4. Extent to Which Goal was Achieved

<input type="checkbox"/> Not Achieved	<input type="checkbox"/> Partially Achieved	<input checked="" 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/Unserved/Minorities Targeted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If yes, describe in narrative).</i>			
PEOPLE WITH TRAUMATIC BRAIN INJURY HAVE APPROPRIATE SERVICES			
Casework:			
<p>During FY2025, dLCV provided targeted short-term assistance (STA) and case-level services to individuals with traumatic brain injuries (TBI). The cases below illustrate common barriers—workplace accommodations, complex service navigation, discharge planning from higher-level care, and access to Social Security benefits—and the concrete results achieved through rapid response and self-advocacy coaching.</p> <p>‘My Best Option’ Workplace Accommodation & VR Access</p> <p>Mary Jane, a TBI survivor experiencing inadequate workplace accommodations received education on Equal Employment Opportunity Commission (EEOC) complaint options and hands-on support engaging the Department for Aging and Rehabilitative Services (DARS). dLCV expedited Mary Jane’s DARS eligibility to stabilize employment and coached her on self-advocacy with vocational rehabilitation staff and employers. Mary Jane followed this ‘best option’ for the path to employment, began working with a DARS job coach, and reported confidence using her new self-advocacy skills.</p> <p>PRTF Discharge Planning & Community Resources</p> <p>Following up on outreach from a facility visit, dLCV learned Peter’s family needed help regarding discharge rights from a Psychiatric Residential Treatment Facility (PRTF). dLCV delivered time-critical guidance on funding pathways, special education supports, and statewide resources. Peter and his family are better equipped to self-advocate for safe, sustainable community placement and continuity of TBI services.</p> <p>Getting Her Money Back</p> <p>Octavious is an experienced self-advocate with TBI. After an improperly designated bank account (erroneously labeled as a guardianship account) blocked access to Octavious’s benefits, dLCV</p>			

equipped him with targeted strategies through brain injury case management, direct engagement with the Social Security Administration (SSA), and research on improper account designation. Octavious corrected SSA routing and through informed advocacy, and now he is positioned to recover the funds.

Projects:

dLCV advanced systemic impact through monitoring, policy development, training, and outreach spanning institutions, community providers, courts, and statewide partners. The highlights below synthesize outcomes, deliverables, and reach metrics documented between October 2024 and September 2025.

Monitoring & Investigations (Abuse/Neglect, Medicaid Rights, Safety)

Community & Institutional Oversight: dLCV completed 16 formal monitoring visits across 15 sites, plus reviews of 51 providers statewide who serve individuals with TBI and other disabilities—reinforcing protections for hundreds of individuals. Findings addressed restraint injuries, environmental hazards, neglect, and abuse; responses included immediate corrective action plan verifications, staff retraining, and cross-agency coordination.

Incident Review & Adult Protective Services (APS) Engagement: Following dLCV's October 2024 APS statewide presentation, APS reporting surged to an all-time-high (526 reports in October) and 8 new counties began reporting. The report quality improved, enabling more targeted case focus and identification of TBI issues.

Youth Transition, Foster & Kinship Care

Resource Fairs: We reached 850 students, families, and providers statewide serving individuals with TBI with education on Pre-ETS, VR, and voting rights.

Housing & Community Living

Fair Housing Tools: dLCV published sample accommodation letters (eviction avoidance, transfer to accessible unit, assigned accessible parking, service animal) and paired provider verification templates with guidance for medical professionals serving patients with TBI.

New Factsheets: We released four factsheets—Elevator Outages; Reasonable Accommodations & Modifications; Fair Housing & Mental Health; Fair Housing for Deaf/Hard-of-Hearing—to support tenant self-advocacy for residents with TBI.

Professional Education & Legal Advocacy

Trauma Registry: dLCV engaged partners to assess feasibility of adding emergency room discharges with concussion and mild TBI ICD-10 codes to the Virginia Statewide Trauma Registry. This effort leads to greater education and diagnosis of TBI from an early point in an injury and access to resources to help support a person through their TBI journey.

Brain Injury Community Voice: We conducted 71 TBI participant engagements (69 in focus groups, 2 interviews) documenting systemic gaps and successes across case management, VR, healthcare, housing, transportation, and civic engagement. We used those findings to inform policy and funding priorities for FY 2026.

Conclusion

Collectively, FY2025 casework and projects advanced individual protections and systemic change: stronger monitoring and incident reporting pipelines, tangible court accessibility improvements, expanded youth transition resources, and targeted policy advocacy yielding legislative movement. These outcomes position dLCV to deepen reforms in FY2026 across safety, access to justice, housing sta

Performance Measurement	Number
People with disabilities who had their other rights enforced, retained, restored and/or expanded.	11500

1. Goal Number: 6

Goal Statement: PEOPLE WITH DISABILITIES HAVE EQUAL ACCESS TO VOTE

☐ PADD ☐ PAAT ☐ PATBI ☒ PAVA

2. Priorities

#	Priority
1	PEOPLE WITH DISABILITIES HAVE EQUAL ACCESS TO VOTE
	<input type="checkbox"/> PADD <input type="checkbox"/> PAAT <input type="checkbox"/> PATBI <input checked="" type="checkbox"/> PAVA

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 type="checkbox"/> Investigations of Abuse and Neglect	<input checked="" type="checkbox"/> Other Systemic Advocacy
<input type="checkbox"/> Monitoring	<input checked="" type="checkbox"/> Training/Outreach

<input type="checkbox"/> Issuance of Public Report			
4. Extent to Which Goal was Achieved			
<input type="checkbox"/> Not Achieved	<input type="checkbox"/> Partially Achieved	<input checked="" 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 #: 6			
Priority #(s): 1			
Collaborator(s):			
Underserved/Unserved/Minorities Targeted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, describe in narrative).			
PEOPLE WITH DISABILITIES HAVE EQUAL ACCESS TO VOTE			
Casework:			
Accessible Voting Mishap			
<p>Ms. Andrews called dLCV because she tried voting in the November 2024 election using the accessible voting machine at her local polling place. When she tried to vote, she commented that the machine did not read her the entire ballot. dLCV contacted the local registrar and the Registrar double checked footage to ensure that the machine was working correctly and reading everything. She confirmed with dLCV that the machine was working correctly. dLCV further asked that she retrain her staff on disability etiquette to ensure that people who have disabilities are treated just as everyone else. dLCV reached back out to Ms. Andrews to confirm that she can ask the Poll Chief directly for assistance if things do not work correctly. Ms. Andrews was grateful that dLCV looked into her voting issue and asked for retraining regarding disability etiquette.</p>			
Projects:			
Spreading the Message about Accessibility			
<p>dLCV conducted our accessibility survey on Election Day, November 2024. dLCV staff and volunteers surveyed nearly 500 polling sites. We distributed over 700 business cards in a variety of languages in order to inform the public about the polling survey. We created a report of our findings and sent the report to the Department of Elections (ELECT). ELECT provided their feedback, and dLCV created a press release to publicize our findings and the response from ELECT. dLCV created a video with a summary of our findings. We also posted on the dLCV's website and on social media. The press release was clicked 222 times on the website. Through social media, we received 18 comments (in</p>			

two different posts) and 16 shares. Followers viewed the summary video 944 times. Through this work, dLCV continues to share that the Commonwealth is doing better regarding polling site accessibility, but there is still a very long way to go.

Neutral Observer for the First Time!

dLCV was named a Neutral Observer for surveying polling sites in five localities in Virginia including New Kent, Virginia Beach, Lynchburg, Halifax and Page. Through our efforts of surveying inside the polling sites in these locations, dLCV learned there is still a lot to do regarding accessing the inside of polling locations, including making sure the path of travel and voting processes are accessibility to everyone. We shared the information that we collected from inside the polling places with the General Assembly to educate about the need for improved voting accessibility through the voting process.

Get Out to Vote

dLCV made five presentations during the most recent Election Season to inform individuals who have disabilities about Voting Rights and how to have an accessible voting experience. dLCV completed three of the five presentations at our annual disability summit. The summit is completely virtual and reaches a wide range of people across the Commonwealth. dLCV reached a combined total of 221 individuals from the five presentations. We also posted on social media about voting rights and received 61 new followers as a result of these postings.

Spreading Knowledge and Creating Networks

dLCV participated in monthly meetings with grassroots voting advocacy groups, such as Rev Up Virginia. Through these meetings, we shared our Election Day 2025 voting poll survey report with Rev Up Virginia and other voting rights advocacy groups such as the Lawyers Committee for People with Disabilities and Young Democrats. The work that dLCV did with these advocacy groups impacts the over 900,000 registered voters with disabilities in Virginia.

Performance Measurement	Number
People with disabilities are better able to participate fully in the electoral process.	127940

B. Priority Setting Process

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

Public Hearing <input type="checkbox"/>	Public Comment <input checked="" type="checkbox"/>	Experience <input type="checkbox"/>	Focus Groups <input type="checkbox"/>	Advisory Council(s) <input type="checkbox"/>	Monitoring Visits <input type="checkbox"/>	Research/Data <input type="checkbox"/>
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Narrative (describe how the P&A conducted data driven strategic planning):

We received 168 responses to this year's public input survey which ran from 3/10/25- 7/3/25. We posted the survey on the dLCV website and sent it out through social media, staff, Board, Council and Committee Members. 51.2% of the respondents were individuals with disabilities. The top two issues most important to our respondents were Access to Government Benefits including Social Security's Disability Programs and Medicaid Waivers and abuse and neglect in facilities. Distribution of the survey included dLCV clients, the Department for Aging and Rehabilitative Services (DARS), Virginia Board for People with Disabilities, state-funded brain injury programs, Virginia's Long Term Care Ombudsman Program, the Department for Behavioral Health and Developmental Services, Community Services Boards, Department of Veteran Services, The Choice Group, Better Housing Coalition, VOCAL, and dLCV volunteers. dLCV used this information to develop our FY 26 goals, focus areas, and objectives.

disAbility Law Center of Virginia (dLCV) is pleased to report a dLCV 91.6% satisfaction rate from the 24 returned client satisfaction surveys in FY 24. This satisfaction rate breaks down as 22 respondents who indicated a high level of satisfaction and 2 who wanted a higher level of service we were unable to provide due to limited resources.

disAbility Law Center of Virginia (dLCV) conducted follow-up interviews with 10% of our closed clients for more in depth feedback on our services. 95% of our clients reflected on positive experiences working with our agency on issues like vocational rehabilitation service denials, abuse and neglect issues at facilities and substitute decision making. Clients felt like dLCV was a valuable resource.

dLCV distributed an "annual report" to the members of the General Assembly and partners in the community which provides statistics and case examples about the work we do.

2. Number of days for public comment: 115**3. 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

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

This past year, we focused on targeted outreach, training and casework in the Hispanic and Foster Care and Kinship Care Communities.

dLCV continues to complete activities to increase our diversity internally as well such as advertisement of employment and volunteer opportunities in minority markets to support the agency. dLCV used our volunteer core of over 50 individuals to attend fairs, conferences, and other events to provide education across the Commonwealth.

5. Summary of Findings

See above.

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)

Our annual survey allows us look closer at areas of need on different issues. We also receive specific written comment on issues of concern from the public as well from the survey and throughout the year. We collaborate with multiple agencies to most effectively execute a balanced advocacy plan.

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

Special Education and Employment issues are two high areas of need from the community. Due to limited resources, dLVCV is unable to put targeted focus on these and other priority areas.

C. (Current Year) Statement of Goals and Priorities (SGP)

☐ There are no change to the SGP from prior year

☒ There are changes to the SGP

1. Goal Number: 1

Goal Statement: People with Developmental Disabilities receive protection and advocacy services

☒ PADD ☐ PAAT ☐ PATBI ☐ PAVA

2. Priorities

#	Priority
1	Entities that serve People with Developmental Disabilities are Held Accountable, People with Developmental Disabilities have Access to programs and services
	<input checked="" type="checkbox"/> PADD <input type="checkbox"/> PAAT <input type="checkbox"/> PATBI <input type="checkbox"/> PAVA

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
<input type="checkbox"/> Issuance of Public Report	

4. Rationale for Adding/Changing Goal

5. Rationale for Adding/Changing Priority**1. Goal Number: 2****Goal Statement:** PEOPLE WITH DISABILITIES HAVE APPROPRIATE ACCESS TO ASSISTIVE TECHNOLOGY☐ PADD ☒ PAAT ☐ PATBI ☐ PAVA**2. Priorities**

#	Priority
1	PEOPLE WITH DISABILITIES HAVE APPROPRIATE ACCESS TO ASSISTIVE TECHNOLOGY
	<input type="checkbox"/> PADD <input checked="" type="checkbox"/> PAAT <input type="checkbox"/> PATBI <input type="checkbox"/> PAVA

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 checked="" type="checkbox"/> Other Systemic Advocacy
<input type="checkbox"/> Monitoring	<input checked="" type="checkbox"/> Training/Outreach
<input type="checkbox"/> Issuance of Public Report	

4. Rationale for Adding/Changing Goal**5. Rationale for Adding/Changing Priority****1. Goal Number: 3****Goal Statement:** PEOPLE WITH TRAUMATIC BRAIN INJURY HAVE APPROPRIATE SERVICES☐ PADD ☐ PAAT ☒ PATBI ☐ PAVA**2. Priorities**

#	Priority
1	PEOPLE WITH TRAUMATIC BRAIN INJURY HAVE APPROPRIATE SERVICES
	<input type="checkbox"/> PADD <input type="checkbox"/> PAAT <input checked="" type="checkbox"/> PATBI <input type="checkbox"/> PAVA

3. Strategies Used to Implement Goal and Address Priorities

<input checked="" type="checkbox"/> Collaboration	<input type="checkbox"/> Systemic Litigation
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<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 checked="" type="checkbox"/> Other Systemic Advocacy
<input type="checkbox"/> Monitoring	<input checked="" type="checkbox"/> Training/Outreach
<input type="checkbox"/> Issuance of Public Report	
4. Rationale for Adding/Changing Goal	
5. Rationale for Adding/Changing Priority	

1. Goal Number: 4	
Goal Statement: PEOPLE WITH DISABILITIES HAVE EQUAL ACCESS TO VOTE	
<input type="checkbox"/> PADD <input type="checkbox"/> PAAT <input type="checkbox"/> PATBI <input checked="" type="checkbox"/> PAVA	
2. Priorities	
#	Priority
1	PEOPLE WITH DISABILITIES HAVE EQUAL ACCESS TO VOTE
	<input type="checkbox"/> PADD <input type="checkbox"/> PAAT <input type="checkbox"/> PATBI <input checked="" type="checkbox"/> PAVA
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 type="checkbox"/> Investigations of Abuse and Neglect	<input checked="" type="checkbox"/> Other Systemic Advocacy
<input type="checkbox"/> Monitoring	<input checked="" type="checkbox"/> Training/Outreach
<input type="checkbox"/> Issuance of Public Report	
4. Rationale for Adding/Changing Goal	
5. Rationale for Adding/Changing Priority	

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 provided PADD advocacy services across all agency Units. Many projects and outreach efforts utilize multiple funding streams including PADD, PAAT, TBI, and PAVA.

dLCV accepts requests for services 7 days a week through our Get Help web-based portal. On Mondays, Wednesdays, and Fridays we additionally have an on-call staff member from one of our advocacy Units available to discuss issues. We also accept request for services during other outreach activities and monitoring visits to facilities and community residential and day programs. Requests are accepted in any other requested alternate formats including through the language line or US Mail. Specific Subject Matter Experts (Advocates and Attorneys) within our agency respond to requests that fall within our agency work plan.

Unit Managers assign the service requests and projects to Advocates and Attorneys. Attorneys maintain close supervision of all legal work.

dLCV provides information and referral and educational materials to individuals with issues outside our work plan. dLCV provides all individuals requesting assistance with information and referral.

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.

This year we continued to collaborate with DBHDS and DSS to receive incident reports from across the Commonwealth. We used those reports to create meaningful systemic and individual casework reported on in the outcome narratives of this report.

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. Likewise, we are working together to ensure the implementation of effective regulations to ensure that the community is safe and inclusive.

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.

dLCV serves on the DDC, the Virginia Board. We consult with the UCEDD and DDC throughout the year on systemic issues.

Part 3: Results of P&A Activity

A. End Outcomes of P&A Activity

End Outcome	PADD	PAAT	PATBI	PAVA
1. People with disabilities who are provided with appropriate community based services or AT devices and services resulting in community integration and independence.	90000	4150	72	
2. People with disabilities who accessed benefits or services.	9	0	0	
3. People with disabilities who live in a healthier, safer or otherwise improved environment.	155250	176	176	
4. People with disabilities who were able to stay in their own home.	0	0	0	
5. People with disabilities who work in safer and more humane conditions.	30	0	0	
6. People with disabilities who go to school in safer and more humane conditions.	0	0	0	
7. Students with disabilities who stayed in school.	0	100	0	
8. Children with disabilities receiving appropriate services in most integrated settings.	0	0	0	
9. People with disabilities who had their other rights enforced, retained, restored and/or expanded.	150305	4874	704	0
10. People with disabilities are better able to participate fully in the electoral process.	0	0	0	2
11. Public and private places/services made more accessible.	59	0	50	127938

By Intervention Type - PADD

End Outcome	Technical Assistance	Individual Advocacy	Abuse & Neglect Investigations	Systemic Litigation	Educating Policy Makers	Other Systemic Advocacy
1	0	0		0	0	90000
2	0	9		0	0	0
3	0	0	0	0	25000	130250
4	0	0		0	0	0
5	0	30	0	0	0	0
6	0	0	0	0	0	0

End Outcome	Technical Assistance	Individual Advocacy	Abuse & Neglect Investigations	Systemic Litigation	Educating Policy Makers	Other Systemic Advocacy
7	0	0		0	0	0
8	0	0		0	0	0
9	0	65		0	30552	119688
10	0	0		0	0	0
TOTAL	0	104	0	0	55552	339938
11	0	8		0	50	1

By Intervention Type - PAAT

End Outcome	Technical Assistance	Individual Advocacy	Abuse & Neglect Investigations	Systemic Litigation	Educating Policy Makers	Other Systemic Advocacy
1	0	0		0	0	4150
2	0	0		0	0	0
3	0	0	0	0	0	176
4	0	0		0	0	0
5	0	0	0	0	0	0
6	0	0	0	0	0	0
7	0	0		0	0	100
8	0	0		0	0	0
9	0	12		0	0	4862
10	0	0		0	0	0
TOTAL	0	12	0	0	0	9288
11	0	0		0	0	0

By Intervention Type - PATBI

End Outcome	Technical Assistance	Individual Advocacy	Abuse & Neglect Investigations	Systemic Litigation	Educating Policy Makers	Other Systemic Advocacy
1	0	0		0	0	72
2	0	0		0	0	0
3	0	0	0	0	0	176
4	0	0		0	0	0

End Outcome	Technical Assistance	Individual Advocacy	Abuse & Neglect Investigations	Systemic Litigation	Educating Policy Makers	Other Systemic Advocacy
5	0	0	0	0	0	0
6	0	0	0	0	0	0
7	0	0		0	0	0
8	0	0		0	0	0
9	0	4		0	0	700
10	0	0		0	0	0
TOTAL	0	4	0	0	0	948
11	0	0		0	0	50

By Intervention Type - PAVA

End Outcome	Technical Assistance	Individual Advocacy	Abuse & Neglect Investigations	Systemic Litigation	Educating Policy Makers	Other Systemic Advocacy
9	0	0		0	0	0
10	0	2		0	0	0
TOTAL	0	2	0	0	0	0
11	0	0		0	0	127938

B. Overview of How Many People with Disabilities Served

Performance Measurement	PADD	PAAT	PATBI	PAVA
1. People with disabilities receiving individual advocacy services to exercise their civil, human and legal rights.	112	12	4	2
2. Abuse and neglect investigations to protect people with disabilities from abuse and neglect.	53500	0	1	
3. People with disabilities receiving information, technical assistance and referral services.	427	50	48	20
4. People with disabilities trained to become active participants in making decisions that affect their lives.	128642	118	1876	0
5. People whose rights were advanced through class and/or systemic impact litigation.	0	0	0	
6. People with disabilities whose rights were enforced, protected or restored as a result of non-litigation group advocacy.	183654	9132	9328	922

Performance Measurement	PADD	PAAT	PATBI	PAVA
7. People with disabilities who received a lower level of services due to lack of P&A resources.	408	50	48	0
8. People with disabilities impacted by one or more provision(s) in law modified or prevented.	30030	0	5	127000

C. Rights-Based Individual Advocacy Services

Performance Measurement	PADD	PAAT	PATBI	PAVA
1. People with disabilities who had their rights enforced and/or restored.	17	4	2	1
2. People with disabilities who were assisted in obtaining access to administrative or judicial processes.	10	1	0	0
3. Closed cases in which client objective was met or partially met.	90	7	2	1

D. Investigations of Abuse and Neglect

Performance Measurement	PADD	PAAT	PATBI
1. Investigations (not death related).	18	0	0
2. Investigations of abuse and neglect completed with a finding or determination (not including death investigations).	0	0	0
3. Death investigations.	2	0	0
4. Death investigations completed with a finding or determination.	2	0	0
5. People with disabilities who benefitted from the findings of investigations of abuse and neglect.	2	0	0
6. Provisions in policy added or prevented.	1	0	0

Other Qualitative Narrative

Report additional information related to investigations not already reported in Part 2.
n/a

E. Monitoring

Unique Facility	Facility Type	Facility Capacity	Location (By County)	# of Visits	Court Ordered Monitoring? Yes/No
Total Number of Unique Facilities: 0					

Performance Measurement	PADD	PAAT	PATBI
1. People with disabilities whose living, working and/or other circumstances were monitored by P&A.	6813	0	6775
2. Cases opened for health and safety issue investigation.	103	0	100
3. Health and/or safety violations validated by the P&A.	63	0	60
4. Rights violations (not health or safety and including quality of life) identified and addressed as a result of P&A monitoring.	133	0	0
5. Complaints referred to regulatory agencies or investigative organizations.	124	0	0
6. Times P&A access was denied during a monitoring/access attempt.	1	0	0
7. Times denial of P&A access was successfully resolved.	1	0	0

Other Qualitative Narrative

Describe P&A's overall approach and strategy for monitoring activities
dLCV monitors institutions and facilities serving individuals with disabilities based on systemic issues identified through our review of incident reports provided by state oversight agencies.

F. Systemic Litigation

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

G. Educating Policymakers

Performance Measurement	PADD	PAAT	PATBI	PAVA
1. Communications to people with disabilities explaining a policy initiative.	125012	0	0	120499
2. People with disabilities supported in expressing their own viewpoint on a policy related matter.	0	0	0	90000
3. Times written comments were submitted regarding proposed legislation or regulations.	1	3	1	0
4. Times testimony was provided at a legislative public hearing.	1	1	1	0
5. Provisions in regulation modified or prevented.	0	0	0	0
6. People with disabilities impacted by the regulation provision(s) modified or prevented.	0	0	0	0
7. Provisions in law modified or prevented.	1	1	1	0
8. People with disabilities impacted by one or more provision(s) in law modified or prevented.	185591	500	500	120000
9. Provisions in ordinances modified or prevented.	0	0	0	0

H. Other Systemic Advocacy

Performance Measurement	PADD	PAAT	PATBI	PAVA
1. Changes in practices made or prevented.	5	0	0	0
2. Provisions in policy modified or prevented.	0	0	0	5

I. PAAT Program

Performance Measurement	PAAT
1. People receiving one or more AT devices as a result of P&A advocacy	7
2. Type and/or Use of Device	
a. Devices for communication	1
b. Devices for mobility	4
c. Devices for hearing and seeing	1
d. Devices for reading and writing	0
e. Devices for assisting with household chores	0
f. Devices to aid with school/learning	0

Performance Measurement	PAAT
g. Devices to assist with participation in play or recreation	0
h. Devices to assist with personal care	0
i. Devices to aid in therapy or medical treatment	0
j. Devices to assist with the use of public/private transportation	0
k. Devices to assist with employment	4
l. Other	1
Total Number of Devices	11
3. People receiving one or more AT services as a result of P&A advocacy	3
4. Type of Service	
a. AT Evaluation	0
b. Training in use of AT	0
c. AT repair	0
d. Other (including acquisition and customizing of AT device)	3
Total Number of Services	3

J. PAVA Program

Performance Measurement	PAVA
1. Education and training of election officials, volunteers and poll workers regarding rights of people with disabilities and best practices.	127422
2. Education and training of people with disabilities on their voting rights.	4966
3. Registering people with disabilities to vote.	0
4. Monitoring	0
5. Non-partisan candidate forums	0
6. Operating a voter assistance hotline	0
7. Issuance of public reports	0

Part 4: Public Relations and Outreach

Performance Measure	Number
1. Press releases issued.	3
2. Times a P&A representative was interviewed or featured on TV or radio.	1
3. Articles about the P&A or its work in external mass media such as newspapers, radio, podcasts, blogs or television.	9
4. Social media followers.	82591
5. Absolute unique visitors to blogs/web pages where information about the P&A is posted.	49984
6. Circulation of the P&A's newsletter and/or listserv updates.	2225
7. Articles by the P&A about disability rights issues published in newspapers, books, journals or magazines.	8
8. Links to other disability rights related information sources published on the P&A website.	1331
9. Times the P&A exhibited at conferences, community fairs, etc.	3
10. Presentations made to community groups.	15

Part 5: Collaboration

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	<input type="checkbox"/> State Grants for Assistive Technology Program
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Part 6: Board, Staff, and Advisory Council Demographics

A. Advisory Council

1. Does your P&A have a governing board? Yes
2. Does your P&A have an advisory council(s)?
- ☐ General ☐ PADD ☐ PAAT ☐ PATBI ☐ PAVA
3. If yes, describe the role of the council(s)

n/a

B. Board, staff and advisory council race and ethnicity

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

Race/Ethnicity (NOT Hispanic/Latino)	Board	Employees
2. American Indian/Alaskan Native	0	0
3. Asian	0	1
4. Black/African American	3	5
5. Native Hawaiian/Other Pacific Islander	1	0
6. White	8	19
7. Two or more races	3	3
8. Race/Ethnicity Unknown	0	1
TOTAL	15	30

C. Consumer involvement in P&A governance

Group	Board
1. Total Number of Members (nonduplicative)	15
2. PADD Eligible Primary Consumers	1

Group	Board
3. PADD Eligible Secondary Consumers	8
4. PATBI Eligible Primary Consumers	0
5. PATBI Eligible Secondary Consumers	0
6. AT Users	1
7. PAIMI or PAIR or PABSS Eligible Primary Consumers	5
8. PAIMI or PAIR or PABSS Eligible Secondary Consumers	8
9. Other Members	0

Does the P&A Board meet the requirements of section 144 of the DD Act? Yes

Part 7: 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 (or Office of Record)

Mailing Address of Main Office	1512 Willow Lawn Drive Suite 100 Richmond, VA 23230
Phone Number of Main Office	8042252042

C. Additional Offices (If any)

D. CEO Contact Information

Name of P&A CEO	Colleen Miller
Phone Number of P&A CEO	8042252042
Email Address of P&A CEO	colleen.miller@dlcv.org

E. PPR Preparer Contact Information

Name of Preparer	Robert Gray
Title of Preparer	Director for Compliance and QA
Phone Number of Preparer	804-225-2042
Email Address of Preparer	robert.gray@dlcv.org