Annual Protection & Advocacy for Assistive Technology (PAAT) Program Performance Report

Information to the Reader about PAAT Form and Web System

All information reported in this annual report should address activities conducted during the Federal fiscal year (October 1-September 30). This time frame is referred to in this document as the “reporting period” and is also indicated in the upper right header on each page of the form. (The web system will generate the Federal Award Number, state name, and the reporting period on the top of each page of the form.)

This form, Annual Protection and Advocacy for Assistive Technology (PAAT) Program Performance Report, will be accepted through an electronic, web-based ACL Program Performance Reporting System. All 57 PAAT programs will submit the form using this method. All grantees will report using the Internet. Since the system will allow grantees to enter or update data throughout a reporting period, the web system will provide a means for grantees to indicate when they are submitting their completed (final) report. ACL staff will then download the annual report.

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. Public reporting burden for this collection of information is estimated to average 16 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 pursuant to Section 5 of the Assistive Technology Act of 1998, as amended (At ACT).
ANNUAL PROTECTION & ADVOCACY FOR ASSISTIVE TECHNOLOGY (PAAT) PROGRAM PERFORMANCE REPORT

Fiscal Year

AGENCY INFORMATION
Agency Name: disAbility Law Center of Virginia
Main Office - Address: 1512 Willow Lawn Drive, Suite 100 Richmond, Va 23230
Satellite Office(s) (if applicable) - Address: N/A
Contract Office(s) (if applicable) - Address: N/A
Agency Telephone Number: 804-225-2042
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Staff Preparing Report Name: Robert Gray
Staff Preparing Report Email: robert.gray@dlcv.org
Staff Preparing Report Office Location: Main Office

PART I. NON-CASE SERVICES:
A. Information and Referral Services (I&R)

1. Total Number of Individuals Receiving I&R Services during the Fiscal Year 36
2. Total Number of Requests for I&R Services during the Fiscal Year 36

B. Training Activities

1. Number of Training Sessions Presented by Staff 30
2. Number of Individuals Who Attended These Training Sessions 1651
3. Describe two training events presented by PAAT staff. Include the following information: (a) topics covered, (b) the purpose of the training, and (c) a description of the attendees.

Training Event #1
a. dLCV provided trainings to explain various funding sources for assistive technology (AT) and how to access them.
b. The purpose of these trainings was to increase access to AT in school and the workplace for youth approaching adulthood (“youth in transition”).
c. Approximately 185 staff at nine Psychiatric Residential Treatment Facilities (PRTFs) serving youth in transition.

Training Event #2

a. dLCV’s annual open house featured an AT demonstration table. Staff at the table exhibited several AT devices and discussed rights to AT in special education, how AT can be used in transition planning, use of AT in the workforce, and dLCV services as they relate to AT issues.

b. The purpose of this table was to encourage consideration of how individuals can use AT in diverse settings and increase awareness of dLCV as a resource on AT related issues.

c. Approximately 30 people participated in the AT demonstration. Participants included educators, vocational rehabilitation counselors, and individuals who serve on community transition councils.

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

dLCV completed three mini-conferences on AT for youth in transition in the underserved areas of Eastern Shore, Southampton County, and Charlotte and Appomattox. A total of 85 individuals received materials on this subject through distribution at the conferences.

C. Information Disseminated to the Public By Your Agency

For each method of dissemination, enter the total number of each method used by your agency during the reporting period to distribute information to the public. For publications/booklets/brochures (item 5), enter the total number of documents produced. See instruction manual for details.

1. Radio and TV Appearances by Agency staff  0
2. Newspaper/Magazine/Journal articles Prepared by Agency Staff  1
3. PSAs/videos Aired by the Agency  0
4. Website Hits  23,665
5. Publications/Booklets/Brochures Disseminated by the Agency  1,032
6. Other (specify)  1

D. Information Disseminated about Your Agency by External Media Coverage

Describe information about your agency produced and disseminated by external media or other agencies/entities for each of the relevant categories below. Enter “N/A” for each field not applicable for your agency.

1. Radio/TV coverage  0
2. Newspapers/Magazines/Journals  0
3. PSAs/Videos  0
PART II. CASE-SERVICES

A. Individuals Served

Report information on the individuals served during the fiscal year and the number of closed cases. Refer to the instruction manual for details on completing items 4 and 4a.

1. Individuals Served Receiving Advocacy at Start of Fiscal Year (carryover from prior) 1
2. Additional Individuals Served During Fiscal Year (new for fiscal year) 10
3. Total Number of Individuals Served During Fiscal Year (1 + 2) 11
4. Total Number of Cases Closed During the Fiscal Year 4
4b. Total Number of Individuals with All Their Cases Closed During the Fiscal Year 4
5. Total Individuals Still Being Served at the End of the Fiscal Year (3 minus 4b) 7

B. Problem Areas/Complaints

Identify the problem areas or complaints of each case served by your PAAT program during the fiscal year (include new cases and carry-over cases). More than one problem area/complaint may be identified in a single case.

1. Architectural Accessibility
2. Education 2
3. Employment Discrimination
4. SSI/SSDI Work Incentives
5. Healthcare (total generated by the system from a-d below) 9
   a. Medicaid 6
   b. Medicare
   c. Private Medical Insurance
   d. Other 3
6. Housing
7. Post-Secondary Education
8. Rehabilitation Services
9. Transportation
10. Voting (total generated by the system from a-c below)
    a. Accessible Polling Place / Equipment
    b. Registration
    c. Other
11. Other - specify
12. Other – specify
13. TOTAL 11
C. Assistive Technology Devices/Services

Report (1) the total number of individuals who received one or more AT devices or services as a result of casework during the fiscal year. For item (2), report by type, the total number of AT devices and services received by those individuals reported in item (1).

1. Number of individuals that received one or more AT devices or services as a result of casework (unduplicated count) 11
2. Type of AT device or AT service received as a result of casework
   a. Devices for communication 1
   b. Devices for mobility 1
   c. Devices for hearing or seeing 4
   d. Devices for reading or writing
   e. Devices to assist with household activities
   f. Devices to assist with participation in play or recreation
   g. Devices to assist with personal care 1
   h. Devices to aid in therapy or medical treatment
   i. Devices to assist with the use of public/private transportation
   j. Devices to assist with employment
   k. Devices to aid with school/learning
   l. AT services 41
   m. Other – specify
   n. Total number of devices and services received as a result of casework (a-l) 11

D. Primary Reason for Closing a Case File

Identify the primary reason for closing a case file. Select the best reason if more than one reason applies.

1. All Issues Resolved in Client’s Favor 3
2. Some Issues Resolved in Client’s Favor 1
3. Other Representation Obtained
4. Individual Withdrew Complaint
5. Services Not Needed Due to Death, Relocation, etc.
6. Individual Not Responsive to Agency
7. Case Lacked Legal Merit
8. Conflict of Interest
9. Lack of Resources
10. Not Within Priorities
11. Issue Not Resolved in Client’s Favor
12. Other - specify
13. Total (number must match Part II A4a) 4

E. Intervention Strategies for Closed Cases

Report the highest intervention strategy used for each case closed during the fiscal year, considering the lowest form of intervention to be “Short Term Assistance”, and the highest to be “Class Action Suits.” See instruction manual for an example. Each closed case should be counted only once -do not include any open cases in this count. The
total reported on line 9 should match the total in II.D.13 above (primary reason for closing a case during the fiscal year).

1. Short Term Assistance 1
2. Systemic/Policy Activities
3. Investigation/Monitoring
4. Negotiation 2
5. Mediation/Alternative Dispute Resolution 1
6. Administrative Hearing
7. Legal Remedy/Litigation
8. Class Action Suits
9. Total (this should match the total in Part II.A.4.a above) 4

PART III. STATISTICAL INFORMATION ON INDIVIDUALS SERVED

A. Age of Individuals Served: (as of October 1)

Report the age of the individuals served during the reporting period (unduplicated count). The total reported should match the total in II.A.3 above (total number of individuals served during fiscal year).

1. 0 to 4
2. 5 to 13 4
3. 14 to 18 2
4. 19 to 21
5. 22 to 40 3
6. 41 to 64 2
7. 65 and over
8. Age unknown
9. Total (this should match the total in II.A.3) 11

B. Gender of Individuals Served

Report the gender of the individuals served during the reporting period. The total reported should match the total in II.A.3 above (total number of individuals served during fiscal year).

1. Male 7
2. Female 4
3. Total (this should match the total in II.A.3) 11

C. Race/Ethnicity of Individuals Served

Report the racial/ethnic backgrounds of individuals served under the PAAT grant during the fiscal year. If an individual reported more than one race, report that individual in the “Two or more races” category rather than each of the categories they selected. See the instruction manual for more details on completing Section C.

1. Hispanic /Latino of any race 1
   For individuals who are non-Hispanic/Latino only
2. American Indian or Alaska Native
3. Asian
4. Black or African American 4
5. Native Hawaiian or other Pacific Islander
6. White 4
7. Two or more races 1
8. Race/ethnicity unknown 1

D. Living Arrangements of Individuals Served

Identify the primary living arrangement of each individual served by the PAAT program during the fiscal year. For individuals who had more than one living arrangement while receiving services, please report the living arrangement when the case was opened (if theirs was a new case; report the arrangement at the beginning of the fiscal year if the case continued from the previous year). The total reported on line 15 should match the total in II.A.3 above (total number of individuals served during fiscal year).

1. Community Residential Home
2. Foster Care
3. Homeless/Shelter
4. Legal Detention/Jail/Prison
5. Nursing Facility 7
6. Parental/Guardian or Other Family Home 2
7. Independent
8. Private Institutional Setting
9. Public (State Operated) Institutional Setting 2
10. Public Housing
11. VA Hospital
12. Other – describe the living arrangement
13. Other – describe the living arrangement
14. Unknown/Not Provided
15. Total (this should match the total in II.A.3) 11

E. Primary Disability of Individuals Served

Identify the primary disability of each individual served by the PAAT program during the fiscal year. For individuals with multiple disabilities, please select the one disabling condition deemed to be most important in the context of their case. The total reported on line 34 should match the total in II.A.3 above (total number of individuals served during fiscal year).

1. ADD/ADHD
2. AIDS/HIV Positive
3. Absence of Extremities
4. Auto-immune (non-AIDS/HIV)
5. Autism 2
6. Blindness (Both Eyes)
7. Other Visual Impairments (Not Blind) 1
8. Cancer
9. Cerebral Palsy 2
10. Deafness
11. Hard of Hearing/ Hearing Impaired (Not Deaf)  2
12. Deaf-Blind
13. Diabetes
14. Digestive Disorders
15. Epilepsy
16. Genitourinary Conditions
17. Heart & Other Circulatory Conditions
18. Mental Illness
19. Mental Retardation
20. Multiple Sclerosis
21. Muscular Dystrophy
22. Muscular/Skeletal Impairment
23. Orthopedic Impairments  2
24. Neurological Disorders/Impairment
25. Respiratory Disorders/Impairment
26. Skin Conditions
27. Specific Learning Disabilities (SLD)
28. Speech Impairments
29. Spina bifida  1
30. Substance Abuse (Alcohol or Drugs)
31. Tourette Syndrome
32. Traumatic Brain Injury (TBI)
33. Other Disability – specify  1- chromosomal abnormality
34. Total (this should match the total in II.A.3)  11

F. Geographic Locations of Individuals Served

Report the geographic location of the individuals served by the PAAT program during the fiscal year. The total reported on line 5 should match the total in II.A.3 above (total number of individuals served during fiscal year).

1. Urban/Suburban (50K population)  8
2. Rural (<50K population)  3
3. Other – specify
4. Unknown
5. Total (this should match the total in II.A.3)  11

PART IV. SYSTEMIC ACTIVITIES AND LITIGATION

A. Non-Litigation Systemic Activities

1. Number of Policies/Practices Changed as a Result of Non-Litigation Systemic Activities  3

2. Describe the agency’s systemic activity completed during the fiscal year.

Include information about (a) the policy or practice that was changed, as a result of your agency’s non-litigation systemic activity, along with a description of the negative impact upon individuals with disabilities, and (b) the manner in which this change benefited individuals with disabilities. If possible, (c) estimate the number
of individuals potentially affected by the policy/practice change and (d) the method used to determine this estimate. [If you cannot provide an estimate, enter ‘N/A’.] Include (e) one case example of the agency’s systemic activity related to this policy/practice change.

a. Through monitoring of a state operated facility, dLCV identified the inexistence of a formal process for patients to request accommodations. As a result, patients’ requests for accommodations were often not followed up on or denied. dLCV successfully advocated for the facility to implement a process for patients to request accommodations, including AT.

b. The new policy will increase patients’ access to AT. It also helps ensure that the facility evaluates requests and provides AT when needed.

c. 233

d. Facility’s census as reported to dLCV.

e. This facility did not allow Felix, a patient, to use his cane in the facility or during his trips into the community. dLCV successfully advocated for Felix to have use of his cane when in the community and for the facility to implement a process through which patients can request accommodations.

a. Through monitoring of a state operated facility, dLCV identified that the facility did not have wireless internet access (Wi-Fi) and that residents relied on nearby homes and businesses for internet connection. As a result, residents who use Wi-Fi enabled AT were not able to use their AT for its intended purpose. dLCV successfully advocated for the facility to provide Wi-Fi to patients in need of internet access for their AT.

b. The new policy allows patients to effectively use their AT for many purposes, including de-escalation, which reduces the incidence of restraint.

c. 75

d. Census of facility.

e. Parsons is a resident at the above state operated facility. He uses his iPad to view videos as a de-escalation tool. Prior to dLCV’s involvement Parsons could only access the internet from the nearby McDonalds when “the wind blew just right.” Parsons was unable to de-escalate and staff restrained him 20-30 times a month. dLCV advocated for the facility to provide Wi-Fi for Parsons. In the 12 days prior to receiving Wi-Fi Parsons escalated 57 times. In the 13 days after being able to access videos on his iPad there were only 14 times Parsons escalated.

a. After a presentation on dLCV services and AT resources, one PRTF agreed to put information about dLCV’s services into their admission packets for all future

b. This new policy increases caregivers’ awareness of dLCV’s services.

c. 11

d. Facility’s census as reported to dLCV.

e. dLCV has not yet received calls from caregivers of youth living at this PRTF.
3. Number of On-going Non-Litigation Systemic Activities: 0

4. Describe the agency’s on-going systemic activities.

   Include information about (a) how these activities may benefit individuals with disabilities. If possible, (b) estimate the number of individuals potentially affected by such activities and (c) the method used to determine this estimate. (d) Describe the potential policy/practice change that may result from this activity.

   a. N/A
   b. N/A
   c. N/A
   d. N/A

B. Litigation/Class Actions

Report information on the PAAT-related litigation for your agency.

1. Total Number of Non-Class Action Lawsuits, resulting in, or with the potential for, systemic change, pending during the fiscal year: 0
   a. Number of Non-Class Action Lawsuits Newly Filed During Fiscal Year: 0
   b. Number of Non-Class Action Lawsuits That were Pending at Start of Fiscal Year (carryover from prior fiscal year): 0
   c. Number of Non-Class Action Lawsuits Closed During Fiscal Year: 0

2. Describe the agency’s on-going systemic non-class action litigation activities.

   Using a case example that demonstrates the potential impact of the agency’s non-class action activities, explain (a) the issue that prompted the litigation, (b) how individuals with disabilities were being negatively affected, and (c) the potential benefit to individuals with disabilities. If possible, (d) estimate the number of individuals potentially affected by changes resulting from the litigation and (e) the method used to determine this estimate.

   a. N/A
   b. N/A
   c. N/A
   d. N/A
   e. N/A

[Entering a non-zero number in IV.B.1.c will require an answer to Question 3. Entering zero for this item will cause the system to skip to Question 4.]

3. Describe the agency’s completed systemic non-class action litigation activities.

   Using a case example that demonstrates the potential impact of the agency’s completed non-class action activities, explain (a) the issue that prompted the litigation, (b) the manner in which individuals with disabilities were being negatively affected, and (c) the benefit to individuals with disabilities. If possible, (d) estimate the number of individuals
affected by changes resulting from the litigation and (e) the method used to determine this estimate.

a. N/A  
b. N/A  
c. N/A  
d. N/A  
e. N/A

Report information on the PAAT-related class action lawsuits for your agency.

4. Total Number of Class Action Lawsuits Filed and/or Pending (during fiscal year): 0  
a. Number of Class Action Lawsuits Newly Filed During Fiscal Year: 0  
b. Number of Class Action Lawsuits Pending at Start of Fiscal Year (carryover from prior fiscal year): 0  
c. Number of Class Action Lawsuits Closed During Fiscal Year: 0

5. Describe the agency’s on-going systemic class action litigation activities.

Using a case example that demonstrates the potential impact of the agency’s class action activities, explain (a) the issue that prompted the litigation, (b) the negative impact upon individuals with disabilities and (c) the potential benefit to individuals with disabilities. If possible, (d) estimate the number of individuals potentially affected by changes resulting from the litigation and (e) the method used to determine this estimate.

a. N/A  
b. N/A  
c. N/A  
d. N/A  
e. N/A

6. Describe the agency’s completed systemic class action activities.

Using a case example that demonstrates the impact of the agency’s class action activities, explain (a) the issue that prompted the litigation, (b) the negative impact upon individuals with disabilities and (c) the benefit to individuals with disabilities. If possible, (d) estimate the number of individuals potentially affected by changes resulting from the litigation and (e) the method used to determine this estimate.

a. N/A  
b. N/A  
c. N/A  
d. N/A  
e. N/A

C. LITIGATION-RELATED MONITORING

Did the agency conduct any litigation-related monitoring under the PAAT program during the fiscal year?

Yes ___ No _X_  [IF NO, web system will take user to Part V]
[IF YES] Describe any monitoring conducted by the agency related to court orders or case settlements by (1) providing the major areas of monitoring and (2) the groups likely to be affected. (3) Address the major outcomes of the litigation-related monitoring during the fiscal year. Include (4) at least one case example that demonstrates the impact of the agency’s litigation-related monitoring.

1. N/A
2. N/A
3. N/A
4. N/A

PART V. PRIORITIES

A. Priorities

For each of your PAAT program priorities for the fiscal year covered by this report, please provide the information below. You may enter data on as many priorities as you need. See the instruction manual for more details.

1. Describe the Priority
2. Describe the Need, Issue, or Barrier Addressed
3. Indicate the Outcome of the priority: check one
   Met
   Partially Met/Continuing
   Not Met

(a) Describe any external or internal implementation problems for outcomes marked “not met” or “partially met.”

4. Total Number of Cases Handled Related to the Priority (enter zero if needed)
5. Illustrative Cases/Activities (at least one specific case/activity description showing the success)

Priority 1

1. Describe the Priority

People with Disabilities are Free from Abuse and Neglect

Protection from Harm in Institutional and Community Settings

Based on APS reports and complaints received, investigate allegations of abuse or neglect, including failure to provide necessary medical care or assistive technology, in non-state operated institutions.

Provide self-advocacy trainings at institutions serving children and caregivers, to include information on facility specific rights, wrap around services, special education, assistive
technology, and vocational rehabilitation (VR) services, with a specific emphasis on transition and crisis services as appropriate.

2. Describe the Need, Issue, or Barrier Addressed

Children and adults in institutional and community based programs face barriers safely accessing programs and participating in meaningful activities. dLCV advocates through monitoring and advocacy to ensure assistive technology is a part of their lives.

3. Indicate the Outcome of the priority: check one
   Met X
   Partially Met/Continuing
   Not Met

(a) Describe any external or internal implementation problems for outcomes marked “not met” or “partially met.”

4. Total Number of Cases Handled Related to the Priority (enter zero if needed): 3

5. Illustrative Cases/Activities (at least one specific case/activity description showing the success)

   A Mile a Minute- Kira lives in a nursing facility and uses a hearing aid. The nursing facility lost her hearing aid and didn’t replace it despite promises to do so. dLCV contacted the facility requesting they replace the device. When dLCV followed up with Kira, she was wearing a new hearing aid. She stated that she was very happy as she could now enjoy visits with her son. Her son ecstatically shared that Kira was doing great and talking a mile a minute.

   A Reasonable Way- Felix lives at a state operated facility and uses a cane to walk. Staff deprived Felix of his cane, creating mobility difficulties for Felix, especially when he was out in the community. dLCV successfully advocated for Felix to use his cane during community outings. Additionally, dLCV encouraged the development of a process for patients to request accommodations.

   dLCV visited all 18 PRTFs in Virginia which serve approximately 500 children with disabilities. dLCV trained approximately 145 residents and providers on funding sources for AT, leading to increased awareness of these resources. dLCV’s outreach resulted in continuing effects including one facility agreeing to include information on dLCV services in all admission packets sent to caregivers.
Priority 2

1. Describe the Priority

**Children with Disabilities Receive an Appropriate Education**

Provide trainings on special education rights to children, parents, guardians, and advocates serving students in Spanish-speaking communities.

Represent children who have been denied appropriate assistive technology (AT) services under their IEP or 504 Plan.

2. Describe the Need, Issue, or Barrier Addressed

Children are routinely denied appropriate assistive technology or AT assessments from schools due to failure to identify a child’s education needs. dLCV educates and advocates for acquisition of devices and services that are appropriate for a child to grow and succeed in the classroom.

3. Indicate the Outcome of the priority: check one

- Met
- Partially Met/Continuing X
- Not Met

(a) Describe any external or internal implementation problems for outcomes marked “not met” or “partially met.”

4. Total Number of Cases Handled Related to the Priority (enter zero if needed): 2

5. Illustrative Cases/Activities (at least one specific case/activity description showing the success)

dLCV contacted community partners in two Spanish-speaking communities seeking to provide trainings on the use of AT in special education. One community partner already hosted a relevant training. A second community partner was initially receptive to collaboration, but stopped responding to dLCV’s communications. dLCV determined attendance at and impact of these trainings would be minimal without partners connected to Spanish-speaking communities. In order to successfully reach this population in FY 18, dLCV created a targeted underserved focus area across multiple grants and several new objectives with measurable outcomes.

**Finding his Voice** - Rudy is a 16 year old, non-verbal student who struggled to communicate at school without any AT. dLCV successfully advocated for the school to evaluate Rudy’s AT needs. The school provided Rudy with an iPad to use at home and school, so that he can practice communicating in a variety of settings. Rudy’s iPad has given him a voice. Rudy uses his iPad to self-advocate at school transition meetings, which has resulted in a plan that encompasses Rudy’s wishes and desires. Rudy’s iPad has also helped Rudy increase his verbal communication skills and with it, Rudy is learning five new words a day.
What a Sight- Styles is a low-vision student. At school, he has access to a wide variety of AT including a video magnifier and hand held magnifiers. However, the school refused to provide Styles with any AT for his homework, instead giving him large-print copies of worksheets. dLCV sent pictures of Styles' homework to the special education director. Upon seeing these low-quality, low-contrast, and grainy materials, the director agreed to discuss the issue at an Individualized Education Plan (IEP) meeting the next day. At this meeting, Styles special education team agreed to provide Styles with a home video magnifier.

Priority 3

1. Describe the Priority

People with Disabilities have Appropriate Access to Government Services

Government Programs Remove Architectural Barriers and Provide Reasonable Accommodations

Represent individuals with physical or sensory disabilities who are denied access to government services in an institutional setting due to architectural barriers or failure to accommodate

2. Describe the Need, Issue, or Barrier Addressed

Access to government services is difficult for many individuals with disabilities. dLCV continues to monitor these complaints and advocate for independence through AT.

3. Indicate the Outcome of the priority: check one

Met X
Partially Met/Continuing
Not Met

(a) Describe any external or internal implementation problems for outcomes marked “not met” or “partially met.”

4. Total Number of Cases Handled Related to the Priority (enter zero if needed): 1

5. Illustrative Cases/Activities (at least one specific case/activity description showing the success)

Ira is a patient at a state operated facility. His knee pain makes it difficult to walk and he is seeking a mobility device. dLCV is currently working with Ira to ensure that the facility conducts proper evaluations to determine the need for AT.
Priority 4

1. Describe the Priority

People with Disabilities have Equal Access to Appropriate and Necessary Healthcare

Inform all hospitals, Community Service Boards, and Behavioral Health Authorities of the new requirements relating to clients’ rights to interpreters and access to technology.

Inform organizations who work with people who are deaf or hard of hearing of the new requirements relating to their clients’ rights to interpreters and access to technology.

Represent children at Iliff Nursing Home who have been denied needed and appropriate Assistive Technology as identified by an independent evaluation.

2. Describe the Need, Issue, or Barrier Addressed

dLCV helps those who receive these benefits by educating and advocating for acquisition of assistive technology.

3. Indicate the Outcome of the priority: check one
Met X
Partially Met/Continuing
Not Met

(a) Describe any external or internal implementation problems for outcomes marked “not met” or “partially met.”

4. Total Number of Cases Handled Related to the Priority (enter zero if needed): 5

5. Illustrative Cases/Activities (at least one specific case/activity description showing the success)

dLCV informed 144 hospitals and community services boards that individuals with communication disabilities are entitled to qualified sign language interpreters and auxiliary aides to help them communicate with healthcare providers. dLCV also shared that a provider may be eligible for tax credits when making interpreters available. It is dLCV’s hope that this effort will reduce the number of individuals improperly denied interpreters.

dLCV created a factsheet explaining the right to a qualified sign language interpreter and auxiliary aids for patients with communication disorders. dLCV then provided these factsheets to 7 deaf clubs, 10 deaf ministries, and 23 Centers for Independent Living. Individuals with communication disorders across the Commonwealth now have a better understanding of their right to effective communication in the healthcare setting.
**Coming Home** - Seth, a 10 year old child, has lived in a nursing facility for several years because his family did not have access to necessary AT in their home. dLCV advocated for Seth’s team to submit an application for the Commonwealth Coordinated Care Plus Medicaid Waiver, which provides funding for AT. Seth received the waiver and will be receiving specialized equipment that will allow him to live at home with his family.

**Priority 5**

1. **Describe the Priority**

**Children with Disabilities who are “Coming of Age” Learn Their Rights (“Coming of Age” Impact Project)**

Provide presentations to parents or community groups on Coming of Age (COA) topics such as, supported decision making, employment, transition services, Social Security issues and work incentives under SSA.

Provide trainings on topics related to COA to advocacy groups serving the Spanish speaking community, and serving the Charlotte-Appomattox County area and the Southampton County area (combine with above).

Visit psychiatric residential treatment facilities and present to youth on transition related topics.

Host the 2017 COA conference or series of conferences to young adults, parents and professionals regarding the issues of transition services, employment, post-secondary accommodations and supported decision making. Provide links to conference materials on dLCV’s website.

Distribute dLCV Coming of Age Handbook and other relevant materials to PRTFs.

Disseminate the COA Handbook to every SPED Director in the state with a letter asking them to share it with their SPED teachers, students, and parents.

2. **Describe the Need, Issue, or Barrier Addressed**

   dLCV’s Coming of Age Project offered unique pathways to educate youth in transition about ways to identify and fund AT and learn about other resources.

3. **Indicate the Outcome of the priority: check one**

   Met  X
   Partially Met/Continuing
   Not Met

   (a) Describe any external or internal implementation problems for outcomes marked “not met” or “partially met.”
4. Total Number of Cases Handled Related to the Priority (enter zero if needed): 5

5. Illustrative Cases/Activities (at least one specific case/activity description showing the success)

dLCV presented to eight parents of special education students on "Planning for Transition with the Support of Assistive Technology," which included a demonstration of various AT devices and discussion on the use of AT in transition planning. dLCV also trained 12 college students and staff on how to request accommodations and what an "appropriate" accommodation is.

dLCV completed three mini-conferences in the underserved areas of Eastern Shore, Southampton County, and Charlotte and Appomattox Counties. One purpose of these presentations was to teach youth in transition and their families how to fund AT, and request accommodations in higher education and the workforce. dLCV reached an additional 59 people through distribution of extra materials at each conference.

dLCV directly presented to 185 staff at nine PRTFs on AT resources and how they may be useful to the youth in their care. dLCV provided information to an additional 30 staff. One PRTF agreed to start distributing information on dLCV services to all caregivers when a new youth enters the facility.

dLCV provided 25 “Coming of Age” handbooks to 10 PRTFs. This handbook discusses AT funding resources and accommodations in higher education and the workplace. dLCV requested that staff share these materials with youth in transition. dLCV also informed staff that they can access this material on dLCV’s website.

dLCV distributed 150 Coming of Age handbooks to city and county special education administrators and requested that they share this information with their staff, students, and parents.

B. Priorities for the Current Fiscal Year

Report your program priorities for the current fiscal year (the fiscal year succeeding that covered by this report). You may enter data on as many priorities as you need. See the instruction manual for more details. The priorities you enter in this section will be pre-loaded into your annual performance report form for the coming fiscal year (section A above).

1. Describe the Priority
2. Describe the Need, Issue, or Barrier to be Addressed

1. Describe the Priority:

   **People with Disabilities are Free from Abuse and Neglect**
   Protection from Harm in Institutional and Community Settings
2. Describe the Need, Issue, or Barrier to be Addressed:

Investigate failure to provide appropriate AT in institutional and community settings.

1. Describe the Priority:

Children and Youth with Disabilities Receive an Appropriate Education
Children and Youth with Disabilities in Underserved Populations Receive Educational Services

2. Describe the Need, Issue, or Barrier to be Addressed:

Provide short-term assistance, case services, training and case services to advocate for appropriate and necessary AT for students with disabilities

1. Describe the Priority:

People with Disabilities have Appropriate Access to Government Services
Government Programs Remove Barriers and Provide Accommodations

2. Describe the Need, Issue, or Barrier to be Addressed:

Investigate use of electronic voting equipment. Assist with barriers to assistive technology in vocational rehabilitation programs.

1. Describe the Priority:

People with Disabilities have Equal Access to Appropriate and Necessary Healthcare
People with Disabilities are Not Denied Medicaid Services Unlawfully

2. Describe the Need, Issue, or Barrier to be Addressed:

Case services for children and adults denied AT under Medicaid.

C. AGENCY ACCOMPLISHMENTS

dLCV assisted 11 clients with acquisition of AT to help promote personal growth and independence. We also took on systemic projects to address many groups of individuals with AT needs.

dLCV helped Rudy, a non-verbal high school student unable to communicate with his teachers and peers, find his voice through an IPad. While his prior transition plan did not take into account Rudy’s goals and desires, Rudy now has a plan geared towards his love of computers. Rudy has even used his iPad to help him expand his verbal vocabulary. He is learning five new words a day.
As a result of monitoring under multiple funding streams, dLCV sparked systemic change for all patients at two state operated facilities.

dLCV informed 144 healthcare providers that patients with communication disorders have a right to interpreters and auxiliary aids.

dLCV held conferences in the underserved areas of Eastern Shore, Southampton County, and Charlotte and Appomattox Counties training multiple youth in transition and family members about AT funding and how to request accommodations in higher education and the work place.

PART VI. Agency Administration

A. AGENCY FUNDING

Enter the sources of funds your agency received and used to carry out PAAT program activities. Round to the nearest dollar, do not include cents. Do not include in-kind contributions in the ‘Other’ categories. Refer to instruction manual for types of funds to report in ‘Other.’

<table>
<thead>
<tr>
<th>PAAT funding sources</th>
<th>Amount Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Federal P&amp;A (AT Act funds):</td>
<td>91,229</td>
</tr>
<tr>
<td>2. Program income</td>
<td></td>
</tr>
<tr>
<td>3. Other – carryover funds</td>
<td>26,757</td>
</tr>
<tr>
<td>4. Other – specify</td>
<td></td>
</tr>
<tr>
<td>5. Other- specify</td>
<td></td>
</tr>
<tr>
<td>6. Total:</td>
<td>117,986</td>
</tr>
</tbody>
</table>

1. PAAT Staff

Report on the number of persons and the number of full time equivalent (FTE) staff performing PAAT activities. As applicable, include (a) staff supported in full or in part by PAAT grant funds during the current reporting year, (b) subcontractor staff supported by PAAT funds and (c) P&A management staff to the extent that their duties included oversight of the PAAT program (and salaries were paid out of PAAT funds). Do not include P&A staff who did not work on PAAT cases during the fiscal year. Report actual, not budgeted, FTE totals. See the instruction manual for an example and further details on the type of staff to include in each position.
<table>
<thead>
<tr>
<th>Type of Position</th>
<th>Number of persons*</th>
<th>Number of FTEs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Professional</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full-time</td>
<td>24</td>
<td>23.5</td>
</tr>
<tr>
<td>Part-Time</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Administrative</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full-time</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Part-time</td>
<td>.5</td>
<td>0</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>30.5</td>
<td>29.5</td>
</tr>
</tbody>
</table>

C. CONSUMER INVOLVEMENT

1. Briefly describe any consumer-responsive activities not reported elsewhere in this report (e.g., PAAT Advisory Board, forums to obtain input into planning and priorities). If ‘not applicable,’ enter ‘N/A.’

dLCV offered two public input surveys during the spring and summer of this fiscal year. The first survey allowed our 218 respondents the opportunity to express which disability advocacy issues they feel are most important. The top three categories chosen: quality mental health care, community access and barrier free environment and government benefits. 42% of our respondents were individuals with disabilities, which is an increase of over 10% from last fiscal year. Agencies and groups we reached included: the Virginia Board for People with Disabilities, Arc South of the James, I’m Determined in Harrisonburg (sponsored by the Virginia Department of Education), Partnership for People with Disabilities, Department for Behavioral Health and Developmental Services (DBHDS), three community business groups, and dLCV volunteers. dLCV used this information to develop our FY 18 goals and focus areas.

The second systemic input survey allowed dLCV to receive targeted input from established disability advocacy agencies who reviewed our dLCV Board adopted FY 18 goals and focus areas. Agencies contributing to this effort include Mental Health America of Virginia, Virginia Spinal Association, Formed Families Forward, National Alliance on Mental Illness-Central Virginia, VOCAL, DBHDS Office of Recovery Services, Richmond Behavioral Health Authority, Virginia Department for the Deaf and Hard of Hearing, Arc of Northern Virginia, Parents of Autistic Children-Northern Va. Chapter, Brain Injury Association of Virginia. dLCV reviewed these suggestions and those of our PAIMI Council and incorporated them into our FY 17 work plan.

2. Consumer Involvement in P&A Agency Staff and Board
Person with a disability
   Agency staff   11
   Agency board   5

Family members of a person with a disability
   Agency staff   17
   Agency board   5

Total number of persons on agency staff   28
Total number of persons on agency board   11

D. GRIEVANCES FILED

Number of PAAT grievances filed against the agency during the fiscal year   0

E. COLLABORATIVE EFFORTS

   1. Collaboration with Other P&A Programs and Activities

Briefly describe your work on AT issues funded by other P&A programs (do not include activities carried out with PAAT funds).

   2. All Other Collaboration

Describe any coordination with programs that are not part of the agency (e.g. state Tech Act projects, state long-term care programs, etc.).

As noted above in several sections of this performance report, dLCV reached out to multiple agencies and collaborated to provide the useful information regarding assistive technology for adults and children.

Our collaborators this year included the Virginia Department of Education (VDOE), Amelia Street School, College of William and Mary, James Madison University, Hampton Roads Diversity and Inclusion Consortium, Autism Society, and multiple Arcs and PRTFs across the Commonwealth.