

**AGENCY ANNUAL PROGRAM PERFORMANCE REPORT FOR PATBI**

**REPORTING PERIOD: October 1, 2014 – September 30, 2015**

**STATE: New York**

**AGENCY NAME: Disability Rights New York**

**DATE SUBMITTED: December 31, 2015**

**AGENCY INFORMATION**

**Agency Name:** Disability Rights New York

**Address of Agency:**

a. **Main Office:** 724 Broadway, Suite 450, Albany New York 12207

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

25 Chapel Street, Suite 1005  
Brooklyn, New York 11201

44 Exchange Blvd, Suite 110  
Rochester, New York 14614

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

**Agency Telephone Number:** 518 432-7861

**Agency Toll-Free Telephone Number:** 800 993-8982

**Agency Fax Number:** 518-427-6561

**Agency E-Mail Address:** mail@drny.org

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**Staff Preparing Report Office Location:** Albany, New York

**PART I: NON-CASE SERVICES**

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

<b>1. Total Individuals Receiving I&amp;R Services</b>	60
<b>2. Total Number of I&amp;R requests during the Fiscal Year</b>	62

**B. TRAINING ACTIVITIES**

<b>1. Number of Trainings Presented by Staff</b>	5
<b>2. Number of Individuals Who Attended These Trainings</b>	215

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

**Traumatic Brain Injury Waiver & the Impact of Managed Care; Participant Rights, Responsibilities and Resources**

Presentation was to approximately 75 individuals with TBI, parents, and service providers. The topic was "Traumatic Brain Injury Waiver & the Impact of Managed Care; Participant Rights, Responsibilities and Resources." The purpose was to provide information and a forum for discussion about the HCBS Waivers, Money Follows the Person (MFP), Fully Integrated Dual Advantage Program (FIDA), and Managed Long Term Care (MLTC).

**Guardianship, Substitute Decision-Making and Individual Rights**

DRNY trained hospital staff on alternatives to guardianship to maximize personal choice and health care decision making for people with TBI. Hospital Administrators and Social Work Staff attended to learn how ensure that individuals within their care were able to express choice.

**DRNY and Protection and Advocacy System**

DRNY conducted an outreach campaign this fiscal year to provide training on the P&A system, DRNY and the rights of people with disabilities. DRNY conducted outreach trainings in each of the 62 Counties in New York State. As an example of this outreach effort, DRNY with PATBI funding provided a presentation to over 50 members of the Central New York Brain Injury Consortium, consisting of survivors of brain injury, advocates, and service providers. The topic was DRNY and Protection and Advocacy for Individuals with Traumatic Brain Injury.

**C. INFORMATION DISSEMINATED TO THE PUBLIC**

<b>1. Radio and TV Appearances by Agency Staff</b>	2
<b>2. Newspaper/Magazine/Journal Articles Prepared by Agency Staff</b>	2
<b>3. PSAs/Videos Aired by the Agency</b>	1
<b>4. Website Hits</b>	21,101
<b>5. Publications/Booklets/Brochures Disseminated by the Agency</b>	6000

6. Other

Number	Description (use separate sheets if necessary)

7. External Media Coverage of Agency Activities

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

See attached description of the External Media Coverage of Agency Activities –Attached A.

**PART II: CASE-SERVICES**

**A. INDIVIDUALS SERVED**

1. Individuals	
a. Individuals Served Receiving Advocacy at Start of Fiscal Year (carryover from prior)	24
b. Additional Individuals Served During Fiscal Year (new for fiscal year)	60
c. Total Number of Individuals Served During Fiscal Year (a + b)	84
d. Total Number of Individuals with Cases that Were Closed During Fiscal Year	61
e. Total Individuals Still Being Served at the End of the Fiscal Year	22

2. Services	
a. Number of Cases/Service Requests Open at Start of Fiscal Year (carryover from prior)	25
b. Additional Cases/Service Requests Opened During Fiscal Year (new for fiscal year)	70
c. Total Number of Cases/Service Requests During Fiscal Year (a + b)	95
d. Total Number of Cases/Service Requests that Were Closed During Fiscal Year	72
e. Total Number of Cases/Service Requests Open at the End of the Fiscal Year	23

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

Complaint	
1. Abuse (total)	4
a. Inappropriate Use of Restraint & Seclusion	0
b. Involuntary Treatment	0

<b>c. Physical, Verbal, &amp; Sexual Assault</b>	1
<b>d. Other</b>	3
<b>2. Access to Records</b>	1
<b>3. Advance Directives</b>	0
<b>4. Architectural Accessibility</b>	0
<b>5. Assistive Technology (total)</b>	0
<b>a. Augmentative Comm. Devices</b>	0
<b>b. Durable Medical Equipment</b>	0
<b>c. Vehicle Modification/Transportation</b>	0
<b>d. Other</b>	0
<b>6. Civil Commitment</b>	1
<b>7. Custody/Parental Rights</b>	2
<b>8. Education (total)</b>	0
<b>a. FAPE: IEP/IFSP Planning/Development/Implementation</b>	0
<b>b. FAPE: Discipline/Procedural Safeguards</b>	0
<b>c. FAPE: Eligibility</b>	0
<b>d. FAPE: Least Restrictive Environ.</b>	0
<b>e. FAPE: Multi-disciplinary Evaluation/Assessments</b>	0
<b>f. FAPE: Transition Services</b>	0
<b>g. Other- services and alternate placement</b>	0
<b>9. Employment Discrimination (total)</b>	1
<b>a. Benefits</b>	0
<b>b. Hiring/Termination</b>	0
<b>c. Reasonable Accommodations</b>	1
<b>d. Service Provider Issues</b>	0
<b>e. Supported Employment</b>	0
<b>f. Wage and Hour Issues</b>	0
<b>g. Other</b>	0
<b>10. Employment Preparation</b>	0
<b>11. Financial Benefits (total)</b>	5
<b>a. SSDI Work Incentives</b>	0
<b>b. SSI Eligibility</b>	0
<b>c. SSI Work Incentives</b>	0

<b>d. Social Security Benefits Cessation</b>	0
<b>e. Welfare Reform</b>	0
<b>f. Work Related Overpayments</b>	0
<b>g. Other Financial Entitlements</b>	5
<b>12. Forensic Commitment</b>	0
<b>13. Government Benefits/Services</b>	0
<b>14. Guardianship/Conservatorship</b>	1
<b>15. Healthcare (total)</b>	9
<b>a. General Healthcare</b>	2
<b>b. Medicaid</b>	4
<b>c. Medicare</b>	
<b>d. Private Medical Insurance</b>	1
<b>e. Other</b>	2
<b>16. Housing (total)</b>	20
<b>a. Accommodations</b>	4
<b>b. Architectural Barriers</b>	0
<b>c. Landlord/Tenant</b>	4
<b>d. Modifications</b>	0
<b>e. Rental Denial/Termination</b>	1
<b>f. Sales/Contracts/Ownership</b>	2
<b>g. Subsidized Housing/Section 8</b>	5
<b>h. Zoning/Restrictive Covenants</b>	0
<b>i. Other</b>	4
<b>17. Immigration</b>	0
<b>18. Neglect (total)</b>	3
<b>a. Failure to Provide Necessary or Appropriate Medical Treatment</b>	1
<b>b. Failure to Provide Necessary or Appropriate Mental Health Treatment</b>	0
<b>c. Failure to Provide Necessary or Appropriate Personal Care &amp; Safety</b>	2
<b>d. Other</b>	0
<b>19. Post-Secondary Education</b>	0
<b>20. Non-Medical Insurance</b>	0
<b>21. Privacy Rights</b>	0

<b>22. Rehabilitation Services (total)</b>	2
<b>a. Communications Problems (Individuals/Counselor)</b>	0
<b>b. Conflict About Services To Be Provided</b>	1
<b>c. Individual Requests Information</b>	1
<b>d. Non-Rehabilitation Act</b>	0
<b>e. Private Providers</b>	0
<b>f. Related to Application/Eligibility Process</b>	0
<b>g. Related to IWRP Development/Implementation</b>	0
<b>h. Related to Title I of ADA</b>	0
<b>i. Other Rehabilitation Act-related problems</b>	0
<b>23 Suspicious Death</b>	0
<b>24. Transportation (total)</b>	2
<b>a. Air Carrier</b>	0
<b>b. Paratransit</b>	0
<b>c. Public Transportation</b>	0
<b>d. Other</b>	2
<b>25. Unnecessary Institutionalization</b>	0
<b>26. Voting (total)</b>	0
<b>a. Accessible Polling Place / Equipment</b>	0
<b>b. Registration</b>	0
<b>c. Other</b>	0
<b>27. Other-</b>	0
<b>Total:</b>	95

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

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**C. REASONS FOR CLOSING CASE FILES**

<b>1. Reason for Closing Case Files</b>	
<b>a. All Issues Resolved in Client’s Favor</b>	25
<b>b. Some Issues Resolved in Client’s Favor</b>	15
<b>c. Other Representation Obtained</b>	5
<b>d. Individual Withdrew Complaint</b>	10

e. Services Not Needed Due to Death, Relocation, etc.	1
f. Individual Not Responsive to Agency	6
g. Case Lacked Legal Merit	5
h. Conflict of Interest	0
i. Agency Withdrew from Case	1
j. Lack of Resources	0
k. Not Within Priorities	4
l. Issue Not Resolved in Client's Favor	0
m. Other*	0
n. Total	72

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

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**D. HIGHEST INTERVENTION STRATEGY**

<b>Interventions</b>	
1. Short Term Assistance	43
2. Systemic/Policy Activities	2
3. Investigation/Monitoring	1
4. Negotiation	25
5. Mediation/Alternative Dispute Resolution	1
6. Administrative Hearing	0
7. Legal Remedy/Litigation	0
8. Class Action Suits	0

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

**A. AGE OF INDIVIDUALS SERVED**

<b>Age</b>	
0 to 12	0
13 to 18	0
19 to 25	2
26 to 64	72
65 and over	10



<b>Total</b>	<b>84</b>
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**B. GENDER OF INDIVIDUALS SERVED**

<b>Male</b>	<b>50</b>
<b>Female</b>	<b>34</b>
<b>Total</b>	<b>84</b>

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

<b>Race/Ethnicity</b>	
<b>1. American Indian/Alaskan Native</b>	<b>0</b>
<b>2. Arab American</b>	<b>0</b>
<b>3. Asian</b>	<b>3</b>
<b>4. Black/African American</b>	<b>9</b>
<b>5. Hispanic/ Latino</b>	<b>2</b>
<b>6. Native Hawaiian/Other Pacific Islander</b>	<b>0</b>
<b>7. White/Caucasian</b>	<b>57</b>
<b>8. Multiracial/Multiethnic</b>	<b>5</b>
<b>9. Race/Ethnicity Unknown</b>	<b>8</b>
<b>10. Other Than Above*</b>	<b>0</b>
<b>11. Total</b>	<b>84</b>

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

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**D. LIVING ARRANGEMENTS OF INDIVIDUALS SERVED**

<b>Arrangement</b>	
<b>1. Community Residential Home</b>	<b>2</b>
<b>2. Foster Care</b>	<b>0</b>
<b>3. Homeless/Shelter</b>	<b>4</b>
<b>4. Legal Detention/Jail/Prison</b>	<b>0</b>
<b>5. Nursing Facility</b>	<b>8</b>
<b>6. Parental/Guardian or Other Family Home</b>	<b>9</b>
<b>7. Independent</b>	<b>60</b>

<b>8. Private Institutional Setting</b>	0
<b>9. Public (State Operated) Institutional Setting</b>	0
<b>10. Public Housing</b>	1
<b>11. VA Hospital</b>	0
<b>12. Other*</b>	0
<b>13. Total</b>	84

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

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**E. GEOGRAPHIC LOCATION**

<b>Geographic Location</b>	
<b>1. Urban/Suburban</b>	78
<b>2. Rural</b>	6
<b>3. Total</b>	84

**PART IV: SYSTEMIC ACTIVITIES AND LITIGATION**

**A. SYSTEMIC ACTIVITIES**

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

DRNY has collaborated with the New York State Traumatic Brain Injury Services Coordinating Council (TBISCC) to address NY State Department of Health’s intention to transition the TBI and Nursing Home Transition and Diversion (NHTD) Waivers to a managed care model. DRNY hosted several forums with diverse stakeholders, including individual survivors of brain injury, family members, advocates, and service providers. Based upon these forums, DRNY and these collaborators have advocated for a comprehensive statewide program that includes medical, housing, vocational, educational, transportation, social, personal care, family support, day program services, community re-entry services, outpatient rehabilitation services and other essential services. Based upon these forums, the DOH changed its time table for the planned transition to a managed care model to allow further consideration of this policy.

**B. LITIGATION/CLASS ACTIONS**

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

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

On May 27, 2014, DRNY, the Legal Aid Society of New York City and Petrillo, Klein, & Boxer, LLP sent a demand letter to the Department of Health (DOH) to address the arbitrary nature of TBI Waiver Housing subsidy benefits and lack of due process protections. A recipient of DOH’s housing subsidy is offered no due process protections when the subsidy is terminated. On October 3, 2014, DRNY, with Legal Aid Society of New York City and Petrillo, Klein & Boxer, filed a complaint against NYS DOH, *Maureen Gleason v. DOH*, in State Supreme Court. In September 2015, the parties settled and Plaintiff was awarded retroactive payment of her housing subsidy from October 2013 through March 2015; beginning April 2015 she is restored to the housing subsidy program for the utilities portion, contingent upon her continued recertification in the TBI Waiver, consistent with the generally applicable requirements of the TBI housing subsidy program.

**C. MONITORING**

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

New York State has placed approximately 800 New York residents in nursing homes in other states. Many of these people have traumatic brain injury and demonstrate behaviors NY providers in community based programs have determined to be “problem” behaviors. DOH assumes no commitment to repatriating or consistent follow-up with these New Yorkers. Repatriation of New Yorkers from out of state facilities was a prime reason stated in NY’s original NYS TBI Waiver application to CMS to administer the TBI Waiver Program. DRNY began monitoring out-of-state nursing homes this fiscal year. DRNY has determined that over 90 percent of residents of these out-of-state facilities are New Yorkers with no ability to access supports to transition back to New York State.

**D. LITIGATION-RELATED MONITORING**

**Describe any monitoring conducted by the agency related to court orders or case settlements by providing the major areas of monitoring and the groups likely to be affected. Address the major outcomes of the litigation-related monitoring during the fiscal**

**year. Be sure to include at least three case examples that demonstrate the impact of the agency's litigation-related monitoring.**

DRNY, in collaboration with Legal Aid Society of New York City and Petrillo, Klein, & Boxer, LLP, has monitored a settlement agreement with the Department of Health (DOH) for failure to provide due process protection for people denied TBI Waiver Housing Subsidy. In 2012, DOH signed a stipulation of settlement in *Taishoff v. DOH* which extended aid to continue for housing subsidy during the pendency of a Medicaid Fair Hearing regarding TBI Waiver eligibility.

The settlement was silent regarding due process rights in the face of a negative determination on housing subsidy alone and through this monitoring DRNY identified this gap in due process. DRNY had addressed this gap in *Gleason v. DOH*, detailed above in litigation/class action. DRNY will continue to monitor both settlement agreements to ensure that individuals are afforded proper protection for the housing subsidy program.

**E. FULL OR PRELIMINARY INVESTIGATIONS**

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

**F. DEATH INVESTIGATIONS**

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

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

DRNY did not use PATBI funding to conduct any death investigations during this reporting period.

**PART V: PRIORITIES AND OBJECTIVES**

**A. CURRENT PRIORITIES AND OBJECTIVES**

**Priority #1:**

Ensure that individuals with Traumatic Brain Injury (TBI) will be afforded meaningful access to the New York State TBI Waiver program and Nursing Home Transition and Diversion (NHTD) Waiver.

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

Many individuals with TBI are unable to remain in their communities after acquiring TBI without supports and services. The New York State TBI Waiver program was created to address the institutionalization of individuals with TBI. Despite the existence of Waiver services, individuals

seeking and receiving services find it difficult to navigate the process. Direct advocacy from others is often needed to secure the services a person needs.

**Indicator(s):**

<b>Outcome:</b>	Met
<b>Total Number of Cases Handled</b>	73

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

DRNY represented a 57 year old with TBI who was languishing in a nursing home for several years and wanted to return to her home. The Regional Resource Development Center (RRDC) responsible for connecting the person to TBI Waiver services erected obstacles to discharge, including a concern that the client was dependent on pain medication. DRNY advocated for the client by ensuring access to appropriate TBI Waiver services and ensuring that the client’s funds were properly released by the nursing home. Without DRNY’s advocacy this client would have continued to languish in the nursing home. DRNY’s client now has TBI Waiver services, is living in the community of her choice, and able to visit her family several counties away.

DRNY represented a 66 year old with TBI who was unable to locate community housing of her choice because of a delay in TBI Waiver services. The client wanted to move from her current apartment to another that would allow her the accommodations she needs to be more independent in her community. The client was unable to obtain the TBI Waiver services that she needed to make this move. DRNY advocate for the client so that she could obtain the housing of her choice, and the service she needed to remain in her community.

DRNY represented a 54 year old with TBI who contacted DRNY because he believed his Medicaid aide was stealing from him. DRNY assisted the client with investigating the property lose. The aide was removed and the matter was referred to the proper authorities, including the police and Medicaid Serious Reportable Incident and fraud units. DRNY also advocated for the client to have all property restored by the service provider. The client has been able to remain in his home with a new aide.

**Priority #2:**

Provide technical assistance, training and create publications to assist individuals with TBI seeking supports and services.

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

There are limited technical assistance and training offered to people with TBI to allow for self-advocacy. There is also a great deal of misinformation regarding the availability of TBI supports and services to service providers, the medical community, families and individuals. As a result, individuals with disabilities do not access TBI supports and do not challenge denials of TBI services. DRNY has addressed these barriers by, (1) educating through formalized trainings of clients, consumer groups, and providers on the TBI and NHTD Waiver; and, (2) provided technical assistance to waiver service providers on various legal issues affective individuals with TBI.

**Indicator(s):**

<b>Outcome:</b>	Met
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<b>Total Number of Cases Handled</b>	0
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**Illustrative Cases (at least one specific case description showing the success)**

DRNY frequently provides technical assistance to individuals, family members, service providers, the TBI Waiver’s Regional Resource Development Specialists (RRDS), community advocates, and Brain Injury Association of New York State (BIANYS) Family Advocacy Counseling and Training Services (FACTS) advocates. This technical assistance spans from brief information and referrals to detailed resources and advocacy strategies to address the client’s needs. DRNY also works with individuals to provide technical assistance in self-advocacy by reviewing letters, providing resource materials and providing education to prepare for meetings.

Additionally, as a part of DRNY’s monitoring visits to nursing facilities, residents are provided training and education on disability rights, particularly the right to self-determination and to community integration.

This priority did not address individual representation of a client.

**Priority #3:**

Conduct outreach and education campaign to ensure that individuals, including individuals in underserved communities, throughout New York State know about DRNY, the P&A system, and can access appropriate TBI services.

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

Many New Yorker’s with disabilities are not aware of the Protection & Advocacy System. DRNY targeted outreach and training throughout New York State to educate people with disabilities about DRNY and the P&A program in New York State.

**Indicator(s):**

<b>Outcome:</b>	Met
<b>Total Number of Cases Handled</b>	0

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

DRNY targeted under/unserved populations by the P&A system to ensure that communities were aware of the P&A system, DRNY and their rights. DRNY conducted outreach in all 62 counties this fiscal year. The PATBI program conducted 5 outreach events and trained over 200 people, including conducting outreach to individuals in nursing homes who had not previously accessed the P&A system.

This priority did not address individual representation of a client.

**B. AGENCY ACCOMPLISHMENTS**

DRNY major accomplishments are highlighted above through the systemic non-litigation and litigation advocacy sections. Notably, DRNY has been able to formulate strong collaboration between other advocacy entities through the New York State Traumatic Brain Injury Services Coordinating Council (TBISCC) and has participated in a work group to address the State’s plan to

transition TBI and NHTD Waiver services to a managed care model. The State initially had a rapid transition plan with almost no input sought from the recipients of services. DRNY, through its collaboration with other advocacy groups, has effectively advocated for an opportunity for people with TBI to be a part of the plan for the State's service delivery system and make sure that the State takes a measured approach to any change in the delivery of services.

DRNY has also identified a serious problem with the placement of New Yorkers' with TBI in out-of-state nursing homes and has undertaken a comprehensive cross program monitoring project. Through this project, DRNY has visited out-of-state nursing homes which have populations of over 90% New Yorker's with disabilities.

**C. IMPLEMENTATION PROBLEMS**

The PATBI program is the smallest P&A program operated by DRNY, yet the population of people with TBI is drastically growing. The number of individuals hospitalized for TBI-related injury doubled between 2006 and 2010 (1.7 million to 2.5 million), but according to the Centers for Disease Control and Prevention these numbers underestimate the occurrence of TBIs.

These numbers do not account for those persons who did not receive medical care, had outpatient or office-based visits, or those who received care at a federal facility, such as active U.S. military or veterans. Those that served in the U.S. military are at significant risk for TBI. Almost 250,000 (4.2%) of the 5.6 million people serving in the armed forces have been diagnosed with a TBI. Children (0-4 years), adolescents (15-19 years) and adults over the age of 75 make up the more likely to be hospitalized for a TBI related injury.

Due to limited funding, DRNY has had to make measured and targeted priorities for the PATBI program. DRNY has identified a number of New Yorker's with TBI who are not able to be served by the P&A because of a lack of funding.

**PART VI: AGENCY ADMINISTRATION**

**A. GRIEVANCES FILED**

<b>PATBI grievances filed against the agency during the fiscal year</b>	<b>2</b>
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**B. COLLABORATIVE EFFORTS**

**1. NETWORK COLLABORATION**

DRNY collaborates with its other P&A Programs and the CAP program to address the needs of our client's with TBI. This includes addressing issues such as: outreach to Veterans with TBI, investigations of in-and-out-of-state nursing homes, and examination of the State's Medicaid delivery system.

**2. ALL OTHER COLLABORATION**

DRNY worked closely with several advocacy groups, including Stakeholder groups such as the Kharmann Advocacy Coalition, Center for Disability Rights, and the Brain Injury Association of New York State, to address systemic concerns impacting individuals with TBI. These issues include: placement of individuals with TBI in out-of-state nursing homes, inadequate resources for people with TBI who manifest behavioral challenges, the impact of substance abuse, and the criminal

justice system. This fiscal year DRNY focused on collaborating with other groups to examine the impact of a transition to a universal system of Managed Care on New Yorker's with TBI.

**PART VII. END OF FORM**



# ATTACHMENT

A

## 1. Radio/TV coverage

### **DRNY Appears on "Capitol Pressroom"**

DRNY participated in the broadcast. For full details of the "Capitol Pressroom" broadcast, please click on: [Capitol Pressroom](#) Capitol Pressroom host Susan Arbetter led a one-hour show on Sunmount, a facility which cares for individuals with intellectual disabilities in Tupper Lake, New York to shed more light on recent occurrences at Sunmount.

### **DRNY Testifies before a Senate Hearing in Buffalo Regarding Sheltered Workshops**

NY Governor Andrew Cuomo has announced a plan to phase out sheltered workshops to comply with a Supreme Court ruling that ensures everyone the right to work in an integrated setting. Jennifer Monthie, Esq. of DRNY, appeared at a public hearing at the University of Buffalo's Center for Tomorrow as a speaker and supporter of competitive employment for individuals with disabilities. Read more, [Hearing on Sheltered Workshops](#). To read DRNY's Jennifer Monthie's, Esq., entire public testimony at the Hearing on Sheltered Workshops, read more at, [Public Testimony](#)

## 2. Newspapers/Magazines/Journals

DRNY was represented in many media outlets this fiscal year with the following coverage

### **DRNY Finds Fault with Program at Ferncliff Manor, School for Adaptive and Integrated Learning.**

DRNY conducted an investigation of at Ferncliff Manor, School for Adaptive and Integrated Learning and issued a preliminary report. Read more, [Ferncliff Article](#)

### **New York State Ending Admissions to Sheltered Workshops**

New York State ended new admissions to sheltered workshops as of July 1, 2013, and will stop funding for them in 2020 -- the result of the state's April 2013 agreement with the U.S. Centers for Medicare & Medicaid Services. Read more, [Sheltered Workshops Article](#)

### **DRNY warns Mechanicville on access for disabled**

DRNY threatened to take legal action against the city if it does not develop a plan within 100 days to fix its sidewalks, create and fix curb cuts and install signs so people with disabilities have equal access to the downtown business district. For more information about this article read, [Mechanicville Access.](#)

### **Bullying Prevention Conference**

Orange was the color to wear at the Bruce M. Wright Memorial Conference Center as dozens gathered at a bullying prevention conference sponsored by the Northern Regional Center for

Independent Living and presented by DRNY. For information on this bullying prevention event read, [Bullying Prevention Conference](#).

### **Disability rights advocates speak to students about institutional abuse and torture in America**

Two disability rights attorneys and an institutional abuse survivor participated in a panel discussion entitled “Human Rights Aren’t For Us: Disability & Legalized Abuse,” the third in Lydia Brown’s (COL ’15) Lecture & Performance Series on Disability Justice that is being held and sponsored by various University and external organizations throughout the academic year. For more information about this article read, [Institutional Abuse Article](#).

### **Advocacy Group Fights District**

DRNY, an advocacy group charged with safeguarding disabled New Yorkers is locked in legal combat with the North Colonie school district over whether the group should be allowed to investigate allegations that special education students suffered abuse and neglect in their elementary school. For more information about this article read, [North Colonie Article](#).

### **Special Education Task Force Event**

The Special Ed Task Force recently offered a forum on a proposal in the Governor’s budget bill that would set up a procedure where schools could seek a waiver of certain State special ed requirements. The Southern Tier Task Force held its forum which was covered by local media. To view this video click on [New 12 coverage](#).

### **State Reviewing North Colonie School Program**

Amid an ongoing federal lawsuit by DRNY over the treatment of students with disabilities, the North Colonie school district is coming under review by the state. For more information about this article read, [North Colonie Article](#)

### **NYC DOC Allegedly Withholds Records on Violence Against Developmentally Disabled Juvenile Inmate**

DRNY filed a lawsuit on March 12th in the Eastern District of New York claims the New York City Department of Corrections (DOC) withheld important records from a federally-mandated disability advocate after they learned guards had brutally attacked a developmentally disabled juvenile inmate at the Robert N. Davoren Complex on Rikers Island. For more information about this article read, [DOC Article](#).

### **Department of Justice files Statement of Interest in DRNY v. North Colonie Board of Education, et al.**

A Statement of Interest was filed in DRNY v. North Colonie that argues that the PAIMI Act should be enforced to protect students with mental illness from abuse or neglect in public schools. Read more, [Statement of Interest Article](#)

### **Federal Department of Justice Interested in North Colonie School Case**

Department of Justice files a Statement of Interest supporting DRNY's authority in the North Colonie School Case. Read more, [North Colonie School Case](#)

### **3. PSAs/Videos**

DRNY produced a video about a client who was discriminated by a private school.  
<https://youtu.be/i35IL6VkNXw> This video was shared through social media on facebook.com.