

AGENCY ANNUAL PROGRAM PERFORMANCE REPORT FOR PATBI

REPORTING PERIOD: FROM 10/1/2005 TO 9/30/2006

STATE: Virginia

AGENCY NAME: Virginia Office for Protection and Advocacy

DATE SUBMITTED:

AGENCY INFORMATION

Agency Name: Virginia Office for Protection and Advocacy

Address of Agency:

a. Main Office:

1910 Byrd Avenue, Suite 5
Richmond, Virginia 23230

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

287 Independence Boulevard, Suite 120
Virginia Beach, Virginia 23462

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

Not Applicable

Agency Telephone Number: (804) 225-2042

Agency Toll-Free Telephone Number: (800) 552-3962

Agency TTY Number: (804) 225-2042

Agency Toll-Free TTY Number: (800) 552-3962

Agency Fax Number: (804) 662-7057

Agency E-Mail Address: general.vopa@vopa.virginia.gov

Agency Web Address: www.vopa.state.va.us

Executive Director Name: Colleen Miller, Esq

Executive Director Email: colleen.miller@vopa.virginia.gov

Staff Preparing Report Name: Sherry Confer, LCSW

Staff Preparing Report Email: sherry.confer@vopa.virginia.gov

Staff Preparing Report Office Location: Richmond, Virginia

PART I: NON-CASE SERVICES

A. INFORMATION AND REFERRAL SERVICES (I&R)

1. Total Individuals Receiving I&R Services	626
2. Total Number of I&R requests during the Fiscal Year	*

*VOPA did not collect the number of TBI service requests; just the number of individuals.

B. TRAINING ACTIVITIES

1. Number of Trainings Presented by Staff	34*
2. Number of Individuals Who Attended These Trainings	3219*

(*includes trainings that were VOPA overviews and included information related to PATBI)

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.

In October 2005, VOPA provided a training/presentation for the Brain Injury Association of Southwest Virginia. This organization serves an area that VOPA has identified as underserved. The training focused on VOPA's goals and objectives and ways that people with traumatic brain injuries can benefit from VOPA's services. The training also focused on ways VOPA can work collaboratively with entities serving people with traumatic brain injuries.

In April 2006, VOPA's Disability Rights Advocate leading our PATBI effort, provided a training/presentation for the Alliance of Brain Injury Service Providers. The Alliance of Brain Injury Service Providers is an organization made up of agencies who provide direct service to individuals with brain injury. There were approximately twelve (12) professionals there representing eight (8) different organizations. The training topic was "Problems with Paratransit Services." VOPA had received complaints regarding paratransit services in Richmond City/Henrico County as well as the Hampton Roads area. The training included how to document problems with paratransit service providers and how to file a complaint. VOPA also provided some basic information about Paratransit from the American with Disabilities Act (ADA).

*VOPA routinely provides training and speaking engagements through our Speakers Bureau. This is VOPA staff being available to provide training and presentations that are related to the Office's current Goals/Focus areas/Objectives (priorities). VOPA also provides exhibits and/or materials for fairs, conferences, and other functions. These activities include providing information about our work in the area of traumatic brain injuries.

VOPA's Speakers Bureau has been busy over the past year. Whenever a presentation is conducted about VOPA in general, it addresses some of the work we do related to traumatic brain injuries.

4. Agency Outreach

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

1. VOPA has two Advisory Councils known as the Disabilities Advisory Council (DAC) and The Protection and Advocacy for Individuals with Mental Illnesses (PAIMI) Advisory Council. The Councils' primary responsibility is to advise the protection and advocacy system on policies and priorities to be carried out in protecting individuals with disabilities. This function helps VOPA to identify underserved and unserved Virginians. VOPA's DAC's membership includes a brain injury survivor.

The Advisory Council members developed and implemented a workable recruitment plan to increase the Council membership. Each Council member agreed to distribute at least 2 applications and VOPA materials to potential Council members.

2. Spanish Speaking Constituencies- VOPA made a concentrated effort with Spanish Outreach in FY06. The Spanish Speaking Outreach Advisory Committee VOPA established had a significant membership decrease. Therefore, based on advice from the Committee and other stakeholders, VOPA worked with entities that were already established to serve the Spanish speaking communities. VOPA regularly attended the Henrico and Richmond Coalition monthly meetings and was involved with most of their community activities. To highlight:

National Night Out was celebrated in a local neighborhood coordinated by the Richmond Coalition on August 1st. National Night Out was a celebration about safety and togetherness. There was food, music, and information tables, one of which VOPA provided. There were about 500 people in attendance. The Mayor of Richmond was there, the press took pictures, and the event was aired on television. The reaction of the "audience" for this event was significant to the attending VOPA staff. It was striking; the Spanish community was reluctant to approach the information tables. VOPA staff learned a valuable cultural lesson; the Spanish community is not very trusting at this moment. It is VERY important that VOPA maintain its relationship with this community. We have been visible in this community and we feel we are building relationships slowly.

3. VOPA maintains a website that posts all of our federal grants' priorities, goals, and objectives, including TBI. This website also has the notices for the Board of Directors' and VOPA's Advisory Councils meetings. Job vacancies, announcements, VOPA publications, quarterly newsletters, and disability-related links are also available.
4. VOPA continues to identify the Eastern Shore and the far Southwest Virginia as areas of Virginia where more outreach needs to occur to increase awareness of VOPA and the services it may provide. Prioritizing the Eastern Shore area, VOPA developed and implemented an outreach plan. The plan included contacting disability related service providers in the Eastern Shore area to share information about VOPA.
5. The VOPA newsletter mailing list was reviewed and is continuously updated to reflect inclusion of underserved populations. The newsletter mailing list is not a static work product; VOPA considers it to be an on-going project that will consistently be reviewed and updated to best reflect the disability communities in Virginia.

C. INFORMATION DISSEMINATED TO THE PUBLIC

1. Radio and TV Appearances by Agency Staff	
2. Newspaper/Magazine/Journal Articles Prepared by Agency Staff	1
3. PSAs/Videos Aired by the Agency	3
4. Website Hits	22173
5. Publications/Booklets/Brochures Disseminated by the Agency	unknown

6. Other Not applicable

7. External Media Coverage of Agency Activities

Radio/TV Coverage	Newspaper/Magazines/Journal	PSAs/Videos	Publications/Booklets/Brochures
	1		

PART II: CASE-SERVICES

A. INDIVIDUALS SERVED

1. Individuals	
a. Individuals Served Receiving Advocacy at Start of Fiscal Year (carryover from prior)	5
b. Additional Individuals Served During Fiscal Year (new for fiscal year)	5
c. Total Number of Individuals Served During Fiscal Year (a + b)	10
d. Total Number of Individuals with Cases that Were Closed During Fiscal Year	8
e. Total Individuals Still Being Served at the End of the Fiscal Year	2

2. Services	
a. Number of Cases/Service Requests Open at Start of Fiscal Year (carryover from prior)	6
b. Additional Cases/Service Requests Opened During Fiscal Year (new for fiscal year)	5
c. Total Number of Cases/Service Requests During Fiscal Year (a + b)	11
d. Total Number of Cases/Service Requests that Were Closed During Fiscal Year	9
e. Total Number of Cases/Service Requests Open at the End of the Fiscal Year	2

B. PROBLEM AREAS/COMPLAINTS OF INDIVIDUALS SERVED

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

b. SSI Eligibility	
c. SSI Work Incentives	
d. Social Security Benefits Cessation	
e. Welfare Reform	
f. Work Related Overpayments	
g. Other Financial Entitlements	1
12. Forensic Commitment	
13. Government Benefits/Services	1
14. Guardianship/Conservatorship	
15. Healthcare (total)	
a. General Healthcare	
b. Medicaid	
c. Medicare	
d. Private Medical Insurance	
e. Other	
16. Housing (total)	
a. Accommodations	
b. Architectural Barriers	
c. Landlord/Tenant	
d. Modifications	
e. Rental Denial/Termination	
f. Sales/Contracts/Ownership	
g. Subsidized Housing/Section 8	
h. Zoning/Restrictive Covenants	
i. Other	
17. Immigration	
18. Neglect (total)	1
a. Failure to Provide Necessary or Appropriate Medical Treatment	
b. Failure to Provide Necessary or Appropriate Mental Health	
c. Failure to Provide Necessary or Appropriate Personal Care &	
d. Other-discharge planning/placement	1
19. Post-Secondary Education	
20. Non-Medical Insurance	
21. Privacy Rights	
22. Rehabilitation Services (total)	1
a. Communications Problems (Individuals/Counselor)	1

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

C. REASONS FOR CLOSING CASE FILES

1. Reason for Closing Case Files

Reason	
a. All Issues Resolved in Client's Favor	6
b. Some Issues Resolved in Client's Favor	
c. Other Representation Obtained	
d. Individual Withdrew Complaint	
e. Services Not Needed Due to Death, Relocation, etc.	
f. Individual Not Responsive to Agency	2
g. Case Lacked Legal Merit	
h. Conflict of Interest	
i. Agency Withdrew from Case	
j. Lack of Resources	
k. Not Within Priorities	
l. Issue Not Resolved in Client's Favor	
m. Other*	
n. Total	8

D. HIGHEST INTERVENTION STRATEGY

Interventions	
1. Short Term Assistance	3
2. Systemic/Policy Activities	
3. Investigation/Monitoring	
4. Negotiation	2
5. Mediation/Alternative Dispute Resolution	
6. Administrative Hearing	
7. Legal Remedy/Litigation	1
8. Class Action Suits	
Other: no intervention as individuals did not respond to agency	2

PART III: STATISTICAL INFORMATION FOR INDIVIDUALS SERVED

A. AGE OF INDIVIDUALS SERVED

Age	
0 to 12	1
13 to 18	3
19 to 25	1
26 to 64	5
65 and over	
Total	10

B. GENDER OF INDIVIDUALS SERVED

Male	8
Female	2
Total	10

C. RACE/ETHNICITY OF INDIVIDUALS SERVED

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

D. LIVING ARRANGEMENTS OF INDIVIDUALS SERVED

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

E. GEOGRAPHIC LOCATION

Geographic Location	
1. Urban/Suburban	5
2. Rural	5
3. Total	10

PART IV: SYSTEMIC ACTIVITIES AND LITIGATION

A. SYSTEMIC ACTIVITIES

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

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.

As stated in a previous section, VOPA received complaints regarding paratransit services in Richmond City/Henrico County. Because of the number of complaints being made from one of the brain injury Clubhouses in the area, VOPA felt compelled to look into it. VOPA went to the Clubhouse to discuss with consumers and staff the problems they were having with paratransit services. They began documenting the incidents. Documentation included the date of occurrence, if the van was late, or it didn’t show at all. If the van was late, how late was it? This was a great collaboration effort. Because of the documentation provided by this clubhouse, VOPA entered into an arrangement with the paratransit service provider requiring it to meet or exceed the ADA standards for paratransit transportation by June 30, 2006. VOPA received no further complaints after June 30, 2006. Therefore this systemic case was successfully closed in September 2006. This systemic case not only helped individuals with brain injury, but it was a benefit to all individuals with disabilities who use this paratransit service.

B. LITIGATION/CLASS ACTIONS

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

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

VOPA ensured that a child with TBI would receive appropriate educational services in the least restrictive environment. VOPA consulted with a nationally known TBI expert to help develop an appropriate program, which was implemented by his school. When this case was first opened, the child was receiving homebound services for his educational placement. This type of placement was both inappropriate and restrictive. The school did not want to find a different less restrictive placement. Therefore, in September 2006, Due Process was filed. The reason for this was so the child could have a one-on-one aide in the classroom. An agreement with the school was reached to have an aide be present in the classroom as soon as the "Day School" staff believed it to be appropriate. Once the Day School staff decided it was appropriate to have an aide with the student, the school district had two (2) days to get the aide in place. This agreement was signed by the end of September 2006.

VOPA only had one case that rose to the level of litigation; the other nine were all addressed using disability rights advocacy strategies.

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.

Not applicable

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.

Not applicable

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.

Not applicable

F. DEATH INVESTIGATIONS

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

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

Not applicable

PART V: PRIORITIES AND OBJECTIVES

It should be noted that VOPA plans its programs based on the needs within the state; not by funding stream or specific disabilities. Some cases and systemic efforts may be addressed in conjunction with other funding streams, but the result will still be a positive impact on PATBI eligible individuals.

A. CURRENT PRIORITIES AND OBJECTIVES

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

Priority #1

Children with Disabilities Receive an Appropriate Education

Focus Area: completion of on-going work from FY05

Description of Need, Issue, or Barrier Addressed:

Accurate and current information is a critical resource for families of and children with disabilities attending school. They must be kept current with the most recent policy development in order to be able to provide effective advocacy. Children with TBI are at high risk of having their behavior and disabilities misperceived as inappropriate and thus negatively impacting their ability to participate in school.

Addendum: *Virginia does not have school services targeting children with TBI specifically. The services provided are for children with disabilities and are not disability specific. VOPA has a solid presence in the Virginia special education system via other funding sources.*

Over the past year, Virginia has had a lot of publicity about military personnel returning with head injuries and traumatic brain injuries. Virginia has a lot of military installations and 3 Veterans Administration hospitals. Because of this and the VOPA presence in the school systems already, VOPA changed the target audience for the fact sheet from special education children advocates to advocates for soldiers and veterans with disabilities.

Indicator(s):

1. Send TBI fact Sheet to four (4) advocacy groups

Outcome:	Met
Total Number of Cases Handled – Not Case Level Services	

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

The TBI fact sheet has been completed and has been published. This fact sheet is available in large print and has been posted on the web. Copies of this fact sheet were mailed out to various groups that provide services to soldiers and veterans who have suffered TBI in the line of duty.

In addition, VOPA coordinated with an entity in Kentucky to share the fact sheet with Virginia residents that it serves.

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

Focus Area: Appropriate TBI Supports in Education, Employment and Public Service

Description of Need, Issue, or Barrier Addressed:

Virginia does not have a coordinated public service delivery system for individuals with traumatic brain injuries. They frequently have to “cobble” together services from a variety of providers both public and private who may or may not have expertise in serving individuals with brain injury.

Indicator(s):

Represent five (5) people with Traumatic Brain Injuries who have been denied appropriate supports and services in education, employment or public services. As a member of the Virginia Brain Injury Council, promote and advocate for community integration efforts and consumer self-direction.

Outcome: Met
Total Number of Cases Handled— 10

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

VOPA represented individuals with TBI in four new cases and continued working on six from FY05. In one case, VOPA ensured that a child with TBI would receive appropriate educational services in the least restrictive environment. VOPA consulted with a nationally known TBI expert to help develop an appropriate program, which was implemented by his school. When this case was first opened, the child was receiving homebound services for his educational placement. This type of placement was both inappropriate and restrictive. The school did not want to find a different less restrictive placement. Therefore, in September 2006, Due Process was filed. The reason for this was so the child could have a one-on-one Aide in the classroom. An agreement with the school was reached to have an Aide be present in the classroom as soon as the “Day School” staff believed it to be appropriate. Once the Day School staff decided it was appropriate to have an aide with the student, the school district had two (2) days to get the aide in place. This agreement was signed by the end of September 2006

The Brain Injury Association of Virginia hosted a Brain Injury Medicaid Waiver Q&A session. The primary purpose of this meeting was to provide background information about this waiver and to generate some interest in assisting in legislative advocacy efforts that will be needed to obtain funding. A VOPA representative monitored this meeting. Information learned was used for advocacy and collaboration efforts.

As a member of Brain Injury Council of Virginia (BIC), VOPA participated in the quarterly meetings and provided Technical Assistance (TA) when needed. The BIC’s major focus

this last year was to educate policy makers about the need for increased Brain Injury services in the Commonwealth. The three focus areas for service were 1. Regional Support Coordination, 2. Case Management Services and 3. Clubhouses. Because of the work of the Brain Injury Council, as well as other advocacy efforts, brain injury services in the Commonwealth were awarded over one million dollars for the fiscal year of 2007 by the Virginia General Assembly. A Medicaid Waiver has still not been funded, but a study on the need for Medicaid Waiver for TBI will be conducted by the Joint Legislative Audit and Review Commission (JLARC) in 2007.

VOPA also attends the quarterly meetings of the Alliance of Brain Injury Service Providers.

Priority #6: People with Disabilities have Equal Access to appropriate and Necessary Health Care

Focus area: Medicaid Appeals for Waiver and EPSDT Issues

Description of Need, Issue, or Barrier Addressed:

VOPA learned that the Appeals Process with the Department of Medical Assistance Service is difficult for Medicaid recipients to navigate and benefit from. This allows VOPA to address this on a systemic basis.

Indicator(s):

1. Determine whether the Department of Medical Assistance Services, on a system-wide basis, provides appellants with a fair, impartial appeal process that protects due process rights. If not, obtain corrective action as appropriate.

Outcome: Partially met-continued to FY07
Total Number of Cases Handled –not case level services

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

VOPA discovered that DMAS denied fair and impartial hearings to Medicaid appellants in three separate cases. In each case, DMAS representatives engaged in unlawful ex parte communication with hearing officers – in two cases telling the hearing officers how to rule before trial was even held. In one case, VOPA moved for the recusal of the hearing officer after finding evidence that DMAS had improperly influenced him. The Motion was granted and an impartial hearing officer was appointed. One case was settled before VOPA could move to recuse the hearing officer. In the third case, VOPA moved to recuse the hearing officer and asked to present evidence and testimony to support its Motion. When the request was denied, VOPA filed suit in the United States District Court seeking an Order requiring DMAS to allow VOPA to present evidence and testimony. The case is pending and is currently being worked under another funding stream. However, improving the appeals process will benefit individuals with traumatic brain injury.

Priority #8: People with Disabilities in the Commonwealth of Virginia are Aware of VOPA's Services

Description of Need, Issue, or Barrier Addressed:

VOPA will increase its visibility in the disability communities.

Indicator(s):

1. By December 2005, identify two (2) additional underserved areas in the far Southwest Virginia.
2. Develop plan for outreach to these areas by February 2006.
3. Implement outreach activities by March 2006.
4. By April 30, 2006, develop a plan for increasing cultural, geographical, and disability diversity on VOPA's Board of Directors and Advisory Councils.
5. Develop and implement a plan for outreach to residents of the Eastern Shore using contacts with area service providers.
6. By April 2006, evaluate and refine the Eastern Shore outreach plan.
7. Develop outreach to Spanish-speaking communities in two (2) additional areas with the assistance of the Spanish-Speaking Advisory Committee.
8. Inform Spanish-speaking constituents of their rights by translating all publications into Spanish and distributing a list of translated materials to ten (10) contact organizations.
9. Inform two (2) law enforcement agencies or associations about rights issues involved in law enforcement interaction with persons with traumatic brain injury.
10. Obtain advice from the VOPA Disabilities Advisory Council about outreach opportunities and linkages to organizations interested in foster care and about any specific publications developed for this outreach effort.
11. Inform consumers, family members, providers and policymakers about the discharge planning rights of people with disabilities living in nursing homes by developing a brochure and sending it to 100 individuals.

Outcome:	Partially Met-continued to FY07
Total Number of Cases Handled:	Not Case Level Services

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

Outreach in the southwestern region of Virginia has included presentations to the following groups: Radford University on self-advocacy; Wytheville Community Services Board on VOPA services and how we can work together in serving clientele; The Appalachian Independence Centers in Galax and Bristol on VOPA services; and On Our Own – Drop in Center in Charlottesville on VOPA services. VOPA participated in a mental health walk in Emory, which should include persons from Radford, Wytheville, Galax, Marion, Abington, Grundy, Tazewell, Richland, St. Paul, Big Stone Gap, and Clintwood as a part of the Southwest Virginia Consumer and Family Involvement Project. VOPA has also connected with the Valley Voice who has agreed to read a VOPA Public Service Announcement (PSA) on their radio station. In addition, VOPA had an article published in the Girl Scout newsletter regarding inclusion of those with disabilities that was mailed to members in the southwest area. All of these organizations were very appreciative of the outreach and VOPA has received several requests for information and referral from these organizations as a result of the outreach efforts in this area.

The Advisory Councils have both developed and implemented a membership recruitment plan that we hope will increase the diversity of the Councils. There are roles for both Council members and VOPA staff in the plan. In addition, through the web-based survey for annual public input for the priority planning, there was an

opportunity to request more information about the Advisory Councils. Council members have taken a very active role in recruiting new applicants. VOPA staff are in the process of reviewing the applications we have received and responding to other Council related inquiries.

VOPA has conducted outreach efforts on the Eastern Shore. Information about VOPA was provided for the following groups: the CIL, the CSB, the local newspaper (The Eastern Shore News), Shore Memorial Hospital, and the Eastern Shore Health Fair. Outreach has been provided to the Children's Hospital of the King's Daughters and Old Dominion University (both located in Tidewater, but serves the Eastern Shore). The local newspaper ran a public service announcement (PSA) for a week that provided information and contacts for VOPA. Also, WHRO TV and Radio which reaches the Eastern Shore read the PSA over the radio. These providers requested and received a large amount of VOPA publications that they are eager to share with consumers. The VOPA article published in the Girl Scout newsletter that was also mailed to members in this area. Outreach recipients have included both service providers and members.

The CSB and Children's Hospital of the King's Daughters requested and were greatly appreciative of receiving materials in Spanish. They also are eager to share these materials with local residents who speak Spanish.

VOPA participated in a Health Fair in Northampton County (Eastern Shore) and handed out VOPA materials to approximately 200 family members and service providers in the area. We also visited the CIL in Northampton County and passed out VOPA materials.

VOPA has formed alliances with the Refugee and Immigration Services and has participated in the Henrico Hispanic Coalition and the Richmond Coalition, which includes service providers and members from the Hispanic community. VOPA, through the Neighborhood Development Center, had 1,286 flyers delivered to families of Hispanic origin informing them of VOPA services.

VOPA has participated in the Henrico Hispanic Coalition and the City of Richmond Hispanic Coalition to strengthen our relationships with service providers to Spanish speakers. We attended a Neighborhood Watch meeting in the City of Richmond and handed out our VOPA flyer in Spanish to make the Spanish community aware of our presence. We have also arranged for a volunteer to look over our publications once they are translated into Spanish to ensure that the correct meaning is being conveyed.

The Disabilities Advisory Council brainstormed with staff about foster care in Virginia. Council members offered contact information on individuals they know who may be interested and available to talk with VOPA staff. The discussion revealed that this is a complicated and multi-faceted concern

Due to staff shortages, VOPA was unable to meet the objectives related to law enforcement officials and nursing home discharge rights.

Most of the work for this priority was conducted with a combination of funding streams. However, VOPA would like to note that these underserved areas/populations probably have residents with traumatic brain injuries.

B. AGENCY ACCOMPLISHMENTS

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

VOPA's most significant TBI-related work over the past year was the paratransit effort. This benefited individuals as well as required systemic change.

In fall of 2005 VOPA was awarded a HUD grant to provide outreach and education about the federal Fair Housing Act. VOPA finalized negotiations with the Regional HUD representative in the spring, causing a late start for the grant. However, VOPA has completed many of the activities under that grant. VOPA identified policy-makers to target the education effort about increased accessible, affordable housing needs in Virginia. We engaged in planning Fair Housing month activities for both VOPA staff and jointly with HUD representatives. VOPA spoke at the Virginia Fair Housing Board meeting about the need for accessible affordable housing. VOPA has distributed more than 1,500 informational flyers and has responded to more than 100 callers on housing issues. Although this work was done with other funding, persons with TBI benefited from the information.

Hurricane Katrina devastated areas of the Gulf States. Under another funding stream VOPA coordinated with the Louisiana Protection and Advocacy agency to provide two VOPA staff with on-the-job training in assisting people with disabilities in a major disaster. This learning experience was invaluable to the individual staff as well as to the entire Virginia P&A. The dispatched staff provided VOPA with an overview of their training and noted recommendations for disaster planning for both people with disabilities as well as for the P&A as an agency. Since then, VOPA staff have been involved in statewide and local disaster planning efforts where VOPA assists in representing the interests of people with disabilities. VOPA has established an internal Committee to plan for and prepare for disasters as an agency.

C. IMPLEMENTATION PROBLEMS

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

Due to staff shortages, VOPA was unable to meet the objectives related to law enforcement officials and nursing home discharge rights.

PART VI: AGENCY ADMINISTRATION

A. GRIEVANCES FILED

PATBI grievances filed against the agency during the fiscal year	0
---	----------

B. COLLABORATIVE EFFORTS

1. NETWORK COLLABORATION

Identify issues selected for network collaboration.

Please see above regarding VOPA's involvement in the Brain Injury Council and Alliance of Brain Injury Service Providers.

In June of 2006, VOPA attended the Northern Virginia Brain Injury Services conference in Williamsburg. There were people there from Virginia as well as other states. There were even service providers there from Canada. This afforded many opportunities for networking with professionals from other states on how they do services for individuals with brain injury.

The Keynote speaker from Brain Injury Association of America (BIAA) spoke on the problem with national funding for brain injury services. She also discussed how community service providers can begin to network with the Veterans Administration (VA) to provide community based service for Military coming home from war.

2. ALL OTHER COLLABORATION

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

Coordination with the State Long-Term Care Ombudsman Program (Virginia Department of Aging) occurs on an as needed basis. However, VOPA does attend and participate in their Virginia Public Guardian and Conservator Advisory Board.

The Department of Medical Assistance Services (DMAS) is the primary source of funding for the long-term care system in Virginia. Again, VOPA coordinates with them on an as needed basis. Specific activities in the past year have included participation in the Medicaid Buy-In.

In addition, under other and with TBI funding, VOPA collaborated with the following entities:

- Brain Injury Council
- Alliance of Brain Injury Service Providers
- Partnership for People with Disabilities
- Virginia State Independent Living Council
- Department of Rehabilitative Services
- Department of Medical Assistance Services
- Office of the Attorney General
- Virginia Public Guardian and Conservator Advisory Board
- Virginia Board for People with Disabilities
- State Special Education Advisory Council
- Virginia Interagency Coordinating Council
- Medicaid Buy-In Work Group
- Centers for Independent Living

PART VII: END OF FORM

_____ Signature	_____ Date
Colleen Miller Name (printed)	Executive Director Title