

**PAAT REPORT  
(October 1, 2006 – September 30, 2007)**

**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:** (800) 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](mailto:general.vopa@vopa.virginia.gov)

**Agency Web Address:** [www.vopa.state.va.us](http://www.vopa.state.va.us)

**Executive Director Name:** Colleen Miller, Esq

**Executive Director Email:** [colleen.miller@vopa.virginia.gov](mailto:colleen.miller@vopa.virginia.gov)

**Staff Preparing Report Name:** Sherry Confer, LCSW

**Staff Preparing Report Email:** [sherry.confer@vopa.virginia.gov](mailto:sherry.confer@vopa.virginia.gov)

**Staff Preparing Report Office Location:** Richmond, Virginia

## **PART I: NON-CASE SERVICES**

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

<b>1. Total Number of Individuals Receiving I&amp;R Services during the Fiscal Year</b>	1029
<b>2. Total Number of Requests for I&amp;R Services during the Fiscal Year</b>	1057

### **B. TRAINING ACTIVITIES**

<b>1. Number of Training Sessions Presented by Staff</b>	7
<b>2. Number of Individuals Who Attended These Training Sessions</b>	69

- 3. Describe two training events presented by the 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. Formal definition of assistive technology, different categories of assistive technology, funding sources for assistive technology, and the steps involved in selecting an assistive technology device.
- b. To educate the mental health case managers at the CSB.
- c. MH case managers.

#### **Training Event #2**

- a. Formal definition of assistive technology, different categories of assistive technology, funding sources for assistive technology, and the steps involved in selecting an assistive technology device.
- b. To educate the Disabilities Advisory Council on what assistive technology is and ways to find funding the assistive technology.
- c. Members of the Disabilities Advisory Council which consists of individuals with disabilities who are eligible for services, or who received or are receiving services, or parents, family members, guardians, advocates, or authorized representatives of such individuals.

- 4. Agency Outreach -- Describe the agency's outreach efforts to previously unserved or underserved individuals including minority communities.**

Over the past year, VOPA staff have participated in the Capital Region American Red Cross Multi-Cultural Awareness Committee and the Community Relations Committee. This group includes representatives from local and regional ethnic and cultural groups and organizations working with refugee resettlement. The focus was on developing better ways to communicate with entire population, including those who are non-English speaking. Representatives from this group also interfaced with the Virginia Department of Emergency Management Special Populations workgroup in planning for the Statewide community Based Emergency Response Seminars. Each of these seminars also included a panelist who addressed the non-English speaking person or those who spoke only limited English. VOPA also presented and had materials at six (6) of these seminars.

VOPA forwarded notification of VOPA employment opportunities to this group.

VOPA maintains a website that posts all of our federal grants' goals and objectives. 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. The annual public comment process is posted on the website and visitors can participate on-line.

The VOPA newsletter mailing list is continuously updated to better 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.

VOPA has made a greater effort to recruit employees that reflect the cultural diversity of Virginia residents and to be more reflective of the disability communities in Virginia.

VOPA's goals include both focus areas and then more specific measurable objectives. We have devoted a focus area to "Underserved." Please see Priority Section.

Over the past year, VOPA worked on project that involved informing law enforcement about the rights of people with disabilities. In addition to providing training and meeting with law enforcement representatives, VOPA developed a "tip sheet" addressing situations that law enforcement officers may encounter when assisting people with disabilities. This tip sheet focused on people with disabilities who use various assistive technology devices and services.

### **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.**

<b>Method of dissemination</b>	<b>Number</b>
<b>1. Radio and TV Appearances by Agency Staff</b>	1
<b>2. Newspaper/Magazine/Journal Articles Prepared by Agency Staff</b>	
<b>3. PSAs/Videos Aired by the Agency</b>	4
<b>4. Website Hits</b>	24239
<b>5. Publications/Booklets/Brochures Disseminated by the Agency</b>	3
<b>5a. Number of individuals/agencies receiving documents produced in item 5</b>	20
<b>6. Other (specify)</b>	

### **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**

See below related to PSAs.

**2. Newspapers/Magazines/Journals**

not applicable

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

In one PSA, the content was not exclusive to AT; the content was related to voting rights for people with disabilities. However, by having the PSA broadcast on television and posted on the VOPA website, this assistive technology usage would be of benefit to individuals who do not use written documents. This PSA was publicized 3 times. The other PSA was a general PSA about VOPA, but it was provided to a Spanish speaking radio station.

### **4. Publications/Booklets/Brochures-**

VOPA distributed 1886 copies of our assisted technology related publications. They include the following:

- Information About Assistive Technology
- Availability of Assistive Technology in Schools
- A Guide to Accessing Assistive Technology through Virginia's Medicaid Program

• **PART II: CASE-SERVICES**

**A. INDIVIDUALS SERVED**

<b>Individuals</b>	<b>Number</b>
<b>1. Individuals Served Receiving Advocacy at Start of Fiscal Year (carryover from prior)</b>	8
<b>2. Additional Individuals Served During Fiscal Year (new for fiscal year)</b>	17
<b>3. Total Number of Individuals Served During Fiscal Year (1 +2)</b>	25
<b>4a. Total Number of Cases Closed During the Fiscal Year</b>	22
<b>4b. Total Number of Individuals with All Their Cases Closed During the Fiscal Year</b>	22
<b>5. Total Individuals Still Being Served at the End of the Fiscal Year (3 minus 4b)</b>	3

**B. PROBLEM AREAS/COMPLAINTS**

<b>Complaint Area</b>	<b>Number of cases</b>
<b>1. Architectural Accessibility</b>	0
<b>2. Education</b>	19
<b>3. Employment Discrimination</b>	0
<b>4. SSI/SSDI Work Incentives</b>	0
<b>5. Healthcare</b> <i>(total generated by the system from a-d below)</i>	5
<b>a. Medicaid</b>	2
<b>b. Medicare</b>	1
<b>c. Private Medical Insurance</b>	1
<b>d. Other</b>	1
<b>6. Housing</b>	1
<b>7. Post-Secondary Education</b>	1
<b>8. Rehabilitation Services</b>	0
<b>9. Transportation</b>	0
<b>10. Voting</b> <i>(total generated by the system from a-c below)</i>	0
<b>a. Accessible Polling Place / Equipment</b>	0
<b>b. Registration</b>	0
<b>c. Other</b>	0
<b>11. Other</b>	0
<b>12. Other</b>	0
<b>13. TOTAL</b>	26

## ASSISTIVE TECHNOLOGY DEVICES/SERVICES

<b>1. Number of individuals that received one or more AT devices or services as a result of casework (unduplicated count)</b>	18
<b>2. Type of AT device or AT service received as a result of casework</b>	<b>Number of devices/services</b>
<b>a. Devices for communication</b>	4
<b>b. Devices for mobility</b>	3
<b>c. Devices for hearing or seeing</b>	4
<b>d. Devices for reading or writing</b>	4
<b>e. Devices to assist with household activities</b>	0
<b>f. Devices to assist with participation in play or recreation</b>	0
<b>g. Devices to assist with personal care</b>	2
<b>h. Devices to aid in therapy or medical treatment</b>	1
<b>i. Devices to assist with the use of public/private transportation</b>	0
<b>j. Devices to assist with employment</b>	0
<b>k. Devices to aid with school/learning</b>	6
<b>l. AT services</b>	3
<b>m. Other - specify</b>	0
<b>n. Total number of devices and services received as a result of casework (a-l)</b>	27

## D. PRIMARY REASON FOR CLOSING A CASE FILE

<b>Primary Reason</b>	<b>Number of cases</b>
<b>1. All Issues Resolved in Client's Favor</b>	18
<b>2. Some Issues Resolved in Client's Favor</b>	0
<b>3. Other Representation Obtained</b>	0
<b>4. Individual Withdrew Complaint</b>	0
<b>5. Services Not Needed Due to Death, Relocation, etc.</b>	0
<b>6. Individual Not Responsive to Agency</b>	2
<b>7. Case Lacked Legal Merit</b>	0
<b>8. Conflict of Interest</b>	0
<b>9. Lack of Resources</b>	0
<b>10. Not Within Priorities</b>	0
<b>11. Issue Not Resolved in Client's Favor</b>	0
<b>12. Other – no longer program eligible</b>	2
<b>13. Total (number must match Part II A4a)</b>	22

## E. INTERVENTION STRATEGIES FOR CLOSED CASES

<b>Interventions</b>	<b>Number of cases</b>
<b>1. Short Term Assistance</b>	16*
<b>2. Systemic/Policy Activities</b>	0
<b>3. Investigation/Monitoring</b>	2
<b>4. Negotiation</b>	3
<b>5. Mediation/Alternative Dispute Resolution</b>	1
<b>6. Administrative Hearing</b>	0
<b>7. Legal Remedy/Litigation</b>	0
<b>8. Class Action Suits</b>	0
<b>9. Total (<i>this should match the total in Part II.A.4.a above</i>)</b>	22

\*the "Short-term Assistance" category includes case where VOPA lost contact with the client. These cases are included under this category as the AT Grant does not have a category for "No Strategy Met."

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

### **A. AGE OF INDIVIDUALS SERVED**

<b>Age</b>	<b>Number of individuals</b>
<b>0 to 4</b>	1
<b>5 to 13</b>	13
<b>14 to 18</b>	6
<b>19 to 21</b>	0
<b>22 to 40</b>	2
<b>41 to 64</b>	2
<b>65 and over</b>	1
<b>Age Unknown</b>	0
<b>Total (this should match the total in II.A.3)</b>	25

### **B. GENDER OF INDIVIDUALS SERVED**

<b>Gender</b>	<b>Number of individuals</b>
<b>Male</b>	10
<b>Female</b>	15
<b>Total (this should match the total in II.A.3)</b>	25

### **C. RACE AND ETHNICITY OF INDIVIDUALS SERVED**

#### **1. Race of individuals served.**

<b>Race</b>	<b>Number of individuals</b>
<b>a. American Indian or Alaska Native</b>	0
<b>b. Asian</b>	0
<b>c. Black or African American</b>	3
<b>d. Native Hawaiian or Other Pacific Islander</b>	0
<b>e. White</b>	21
<b>f. More than one race</b>	1
<b>g. Unknown/not reported</b>	0
<b>h. Total (this should match the total in II.A.3)</b>	25

**2. Ethnicity of individuals served.**

<b>Ethnicity</b>	<b>Number of individuals</b>
<b>a. Hispanic/Latino</b>	0
<b>b. Non- Hispanic/Latino</b>	0
<b>c. Ethnicity unknown/not reported</b>	25
<b>d. Total (this should match the total in II.A.3)</b>	25

**D. LIVING ARRANGEMENTS OF INDIVIDUALS SERVED**

<b>Living Arrangement</b>	<b>Number of individuals</b>
<b>1. Community Residential Home</b>	0
<b>2. Foster Care</b>	0
<b>3. Homeless/Shelter</b>	0
<b>4. Legal Detention/Jail/Prison</b>	0
<b>5. Nursing Facility</b>	0
<b>6. Parental/Guardian or Other Family Home</b>	20
<b>7. Independent</b>	5
<b>8. Private Institutional Setting</b>	0
<b>9. Public (State Operated) Institutional Setting</b>	0
<b>10. Public Housing</b>	0
<b>11. VA Hospital</b>	0
<b>12. Other – describe the living arrangement</b>	0
<b>13. Other – describe the living arrangement</b>	0
<b>14. Unknown/Not Provided</b>	0
<b>15. Total (this should match the total in II.A.3)</b>	25

**E. PRIMARY DISABILITY OF INDIVIDUALS SERVED**

<b>Primary Disabling Condition</b>	<b>Number of individuals</b>
1. ADD/ADHD	3
2. AIDS/HIV Positive	0
3. Absence of Extremities	0
4. Auto-immune (non-AIDS/HIV)	0
5. Autism	4
6. Blindness (Both Eyes)	0
7. Other Visual Impairments (Not Blind)	0
8. Cancer	0
9. Cerebral Palsy	2

10. Deafness	0
11. Hard of Hearing/ Hearing Impaired (Not Deaf)	3
12. Deaf-Blind	0
13. Diabetes	0
14. Digestive Disorders	0
15. Epilepsy	0
16. Genitourinary Conditions	0
17. Heart & Other Circulatory Conditions	0
18. Mental Illness	0
19. Mental Retardation	1
20. Multiple Sclerosis	0
21. Muscular Dystrophy	2
22. Muscular/Skeletal Impairment	2
23. Orthopedic Impairments	0
24. Neurological Disorders/Impairment	0
25. Respiratory Disorders/Impairment	0
26. Skin Conditions	0
27. Specific Learning Disabilities (SLD)	3
28. Speech Impairments	1
29. Spina bifida	1
30. Substance Abuse (Alcohol or Drugs)	0
31. Tourette Syndrome	0
32. Traumatic Brain Injury (TBI)	0
33. Other Disability – Developmental Delay (2); Prader-Willi	3
34. Total (this should match the total in II.A.3)	25

**F. GEOGRAPHIC LOCATION OF INDIVIDUALS SERVED**

<b>Geographic Location</b>	<b>Number of individuals</b>
<b>1. Urban/Suburban (50k population)</b>	17
<b>2. Rural (&lt;50k population)</b>	8
<b>3. Other - specify</b>	0
<b>4. Unknown</b>	0
<b>5. Total (this should match the total in II.A.3)</b>	25

## **PART IV: SYSTEMIC ACTIVITIES AND LITIGATION**

### **A. NON-LITIGATION 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 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. Public school's emergency evacuation practices
- b. Increased safety
- c. N/A
- d. N/A
- e. VOPA was involved in a case with two siblings with a unique musculoskeletal disorder that requires both of them to use wheelchairs for mobility. Both children are hearing impaired and one child also uses a trach-tube to assist with breathing. The mother contacted VOPA because she felt unsafe if there should be a fire at her children's school. VOPA staff surveyed the school and advocated for the school to either meet the Americans with Disabilities Act Accessibility Guidelines (ADAAG) for fire safety or provide the siblings with assistive technology, specifically Evacu-trac chairs - wheelchairs that can be moved down a flight of stairs. This situation is especially critical for one of the children because if she breathes in the smoke, she could die. When negotiations with the school system failed, VOPA staff filed a complaint with the Office for Civil Rights (OCR). OCR denied the children's complaint, agreeing with the school system that there was a grandfather clause in the ADA. VOPA appealed OCR's decision and is waiting for a final decision. The children's parents report that due to VOPA's advocacy the school has made some changes to their fire safety plan, including installing a door so that the children would not have to be removed through a window. These changes also provide systemic benefit because it is now easier for children with disabilities to escape a dangerous situation. Similarly, should OCR rule in the children's favor, all children with disabilities will benefit because they will have additional safety features put in place.

<b>3. Number of On-going Non-Litigation Systemic Activities</b>	1
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#### **4. Describe the agency's on-going systemic activities.**

**Include information about (a) how these activities may benefit individuals with disabilities, (b) estimate the number of individuals potentially affected by such activities (or leave blank if N/A), (c) the method used to determine this estimate (or enter N/A), and (d) describe the potential policy/practice that may result from this activity.**

- a. Dr. Stuart wrote a statement of overall and specific findings, and made a list of recommendations. Dr. Stuart found the facility deficient in the use of existing speech language assistive technology and advised that the facility use the assistive technology that it has to assist residents with mental retardation with their communications needs. Dr. Stuart recommended that the facility obtain computers for use by the residents. As a result of this recommendation, the facility has applied to a state agency to obtain computers for use by the residents. Dr. Stuart has recommended various software packages for the residents once the computers have been obtained. Dr. Stuart recommended that the facility create a talking photo album with each resident for the resident. The facility is currently creating these talking photo albums. Dr. Stuart also recommended that the facility obtain a digital camera with a computer hook-up for printing photos and symbols. She recommended having a karaoke machine for drama and expanded verbal interactions. Dr. Stuart recommended other things as well in her report.
- b. 1500
- c. Average census at State operated mental retardation institutions.
- d. See (a) above.

**B. LITIGATION/CLASS ACTIONS**

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

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

**If the total for question 1 is zero, skip to Question 3.**

**1. 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 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. VOPA successfully advocated for a school to allow a non-verbal child to have at least three communication devices for her use at school (Step by Step, Tech Speak and Talk Trac Plus). The school refused a one-month trial period of a Springboard communication device.
- b. The school’s action negatively affected the child’s (and potentially other children who are non-verbal due to a disability) ability to receive and actively participate in appropriate education activities.

- c. VOPA represented the parent at mediation and was successful in convincing the school to allow the one-month trial period of the Springboard device. In addition, VOPA filed 2 amicus briefs as requested. Both amicus briefs dealt with a student's legal rights under IDEA. In one case, we briefed and argued the issue of the appropriate statute of limitations and the availability of certain remedies. In the other case, we argued that the Rowley standard (which schools use to argue that they do not have to provide certain services to children) is outdated and should not be applied. Both of these briefs benefit children who seek AT under IDEA because they directly address their rights to request and receive the AT. For example, in the first brief, we addressed the issue of when a child must seek due process or file a federal lawsuit if they are denied services (which would certainly apply if the child requested, and was denied, AT services). In the second, we addressed the Rowley standard, which schools have used to deny AT and AT services, saying that they don't have to provide "a Cadillac" to children.
- d. N/A
- e. N/A

**If the total for question 1.c is zero, skip to Question 4.**

**2. 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. See 2 (a)
- b. See 2 (b)
- c. See 2 (c)
- d. N/A
- e. N/A

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

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

**If the total for question 4 is zero, skip to Question 6.**

**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

If the total for question 4.c is zero, skip to Section C.

**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?**

0

**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.**

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

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

## **PART V: PRIORITIES**

It should be noted that the Virginia Office for Protection and Advocacy (VOPA) has made a deliberate decision to take cases that we believe will have a strong systemic impact on the lives of Virginians with disabilities. Although we are opening a targeted number of cases, we believe that by tying them directly to systemic reform, we are making significant impact on a much larger population group.

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

### **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.**

#### **Priority 1**

##### **1. Describe the Priority**

Goal: Children with Disabilities Receive an Appropriate Education

Focus Area: Assistive Technology in Schools

Objective:

1. Represent seven (7) children who have been denied appropriate assistive technology or services under their Individualized Education Plans (IEPs) or 504 Plans.

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

Children with disabilities have a right to an appropriate education that includes access to assistive technology in school. VOPA will represent children with disabilities who have been denied assistive technology as part of their Individualized Education Plan or their Section 504 Plan. A Fact Sheet will be developed to assist with information and referral/technical assistance efforts. VOPA's efforts will help ensure that children have access to appropriate assistive technology and receive a free appropriate public education.

##### **3. Indicate the Outcome of the priority: Met**

##### **4. Total Number of Cases Handled Related to the Priority: 16 individuals**

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

VOPA successfully opened eight (8) new cases relating to assistive technology in schools. These cases included: requiring IEP accommodations and access to appropriate computer technology; obtaining assistive technology for a home-schooled student; involving the restoration of necessary components to an IEP; two cases involving obtaining an assistive technology evaluation for an elementary school student; and resolving a request for large print materials.

A client's mother contacted VOPA because her daughter with mental retardation did not have an adequate toilet to use in her Special Education classroom. As a result, her toileting progress was deteriorating. VOPA began communication directly with the school, special education coordinator, and supervisor to correct these issues. As a result of this advocacy, the client

received a new modified toilet in her classroom that met her needs and now she is progressing in a positive manner.

VOPA was contacted by a mother who was concerned that her son with ADHD and Dysgraphia was struggling with this transition to High School. The school was not following his IEP. The advocate educated the mother about how assistive technology could support the least restrictive environment (LRE) for her son and that the school was not meeting its responsibility to provide a free and appropriate education (FAPE). VOPA accompanied the mother to the IEP meeting where the son's needs were discussed, evaluations were provided on his behalf and how AT would assist with the LRE was also discussed. The school agreed to provide the AT. The mother followed up with VOPA noting that within a month, her son's grades had improved from "B"s and "C"s to "A"s and "B"s.

VOPA successfully advocated for a school to allow a child who was non-verbal to have at least three communication devices for her use at school (Step-by-Step, Tech Speak and Talk Trac Plus). The school had refused a one-month trial period of a Springboard communication device. VOPA represented the child's needs at mediation and was successful in convincing the school to allow the one-month trial period of the Springboard device.

VOPA successfully closed an additional 8 cases that were carried over from FY06.

## **Priority 2**

### **1. Describe the Priority**

Goal: People with Disabilities have Equal Access to Appropriate and Necessary Health Care

Focus Area: Assistive Technology Obtained through Insurance

Objectives:

1. Represent three (3) people denied assistive technology or assistive technology services by Medicaid or other insurance.
2. Inform persons with disabilities of their right to receive assistive technology through Medicaid and other insurance, through three (3) trainings to 30 attendees.

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

An essential element of the rehabilitative process, life sustenance, and quality of life is to be able to access appropriate and necessary healthcare. For some individuals with disabilities, assistive technology is a key element of necessary healthcare. In particular, people who receive Medicaid Waiver services often need assistive technology to avoid institutionalization. VOPA's efforts, therefore, will help people live in the most integrated setting appropriate to their needs.

### **3. Indicate the Outcome of the priority: Met**

### **4. Total Number of Cases Handled Related to the Priority: 5 individuals**

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

VOPA represents two individuals who have been denied a walk-in shower and a shower chair. These cases are ongoing.

VOPA was contacted by a woman with disabilities related to having had polio; she had been using a wheelchair that had not been working for her. Her doctor recommended a better Assistive Technology provider who found her a chair that better met her needs. However, then Medicare

told her they would not pay for the new chair. VOPA educated our client on the process to acquire a Certificate of Medical Necessity which is required to determine eligibility for payment for the equipment. VOPA encouraged the woman to practice self-advocacy and contact Medicare to verify all the steps had been taken. The woman found out that Medicare did not have all the necessary documentation from her physician. She worked with her physician to provide this and Medicare agreed to purchase the chair.

VOPA represented a child with autism who was non-verbal. VOPA assisted the child's parent with the comprehensive evaluation process and reviewed the therapist's report to ensure it contained all the needed information. VOPA then worked with the child's Medicaid Waiver support coordinator to make a request for assistive technology in the child's Consumer Services Plan (CSP); specifically, a new computer and updated software to help the child communicate. VOPA also worked with the parent on getting evaluations for therapy related equipment and assisted the support coordinator with submitting request to meet these needs in the child's CSP. With VOPA's advocacy, the CSP was approved and he received the necessary assistive technology through the Medicaid Waiver; a computer, software and therapy equipment.

VOPA provided a presentation titled "AT/Purchasing through Medicaid" for five people at the ARC of Northern Virginia, at the Resources for Independent Living in Richmond and reached 15 people, at the Independent Resource Center in Charlottesville and reached 12 people. We also presented through Office Hours to Junction Independent Living Center for 12 people and to Clinch Independent Living Services for 5 people. In addition, any VOPA presentation that is an overview of the P&A includes information about the work we do in Assistive Technology.

On July 19 and 20, 2007, the Virginia Office for Protection and Advocacy brought Sheela L. Stuart, Ph. D, CCC-SLP to a state-operated ICF/MR to review the facility's use of speech language communications assistive technology. Dr. Stuart interviewed dozens of staff members, including the speech therapists. She extensively toured the facility and observed the residents in their living environment. She also observed residents who work in some of their work environments. Dr. Stuart wrote a statement of overall and specific findings, and made a list of recommendations. Dr. Stuart found the facility deficient in the use of existing speech language assistive technology and advised that the facility use the assistive technology that it has to assist residents with mental retardation with their communications needs. Dr. Stuart recommended that the facility obtain computers for use by the residents. As a result of this recommendation, the facility has applied to a state agency to obtain computers for use by the residents. Dr. Stuart has recommended various software packages for the residents once the computers have been obtained. Dr. Stuart recommended that the facility create a talking photo album with each resident for the resident. The facility is currently creating these talking photo albums. Dr. Stuart also recommended that the facility obtain a digital camera with a computer hook-up for printing photos and symbols. She recommended having a karaoke machine for drama and expanded verbal interactions. Dr. Stuart recommended other things as well in her report. The report has been provided to the facility so that it may follow her recommendations. VOPA will be monitoring the implementation of these recommendations in FY08 and have developed objectives specifically to address AT in ICF/MRs.

### **Priority 3**

#### **1. Describe the Priority**

Goal: People with Disabilities in the Commonwealth of Virginia are Aware of VOPA's Services

Focus Area: Underserved Communities

Objectives:

1. Implement and monitor the plan for increasing cultural, geographical, and disability diversity on VOPA's Board of Directors and Advisory Councils.
2. Review complaints forwarded by the Capital Area Immigrant's Rights Coalition and monitor five (5) Virginia facilities that have contracted with the federal government to house detainees to determine whether immigrants with disabilities in there are receiving appropriate care and treatment.

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

VOPA will increase its visibility in the disability communities.

**3. Indicate the Outcome of the priority: Met**

**4. Total Number of Cases Handled Related to the Priority: Not case level activity.**

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

VOPA's Governing Board of Directors is appointed by the Virginia Governor, Speaker of the House of Delegates and the Senate Committee on Rules. Membership composition is defined in the Authorizing State Statute. The statute notes that consideration is to be given for individuals nominated by statewide disability advocacy groups. VOPA is to coordinate and provide the appointing authorities the lists of nominations for each appointment. VOPA's Executive Director has assumed this responsibility. She reviews the current composition of the Governing Board and advises the statewide advocacy groups of the membership composition required per the statute and notes the need for the board to be reflective of the cultural diversity of Virginia's residents.

VOPA continues to recruit applicants for the Advisory Councils that reflect the cultural and geographical diversity of Virginia. Membership on the Councils has decreased as terms have expired. VOPA is strategizing with the current memberships, staff and Board for more creative recruitment strategies. One Advisory Council has been moving the location of their meeting around the State with the intention of being closer to potential applicants so that they may attend a meeting more easily to determine their level of interest as well as move the application process along in a more speedy manner.

VOPA received no complaints from the Capital Area Immigrant's Rights Coalition. Due to staff turnover, VOPA was unable to monitor these federal facilities.

**Priority 4**

**1. Describe the Priority**

Goal: People with Disabilities in the Commonwealth of Virginia are Aware of VOPA's Services

Focus Area: Outreach to constituents of the Eastern Shore

Objective:

1. Send new publications to three (3) community organizations on the Eastern Shore

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

VOPA will increase its visibility in the disability communities of the Eastern Shore area of Virginia.

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

**4. Total Number of Cases Handled Related to the Priority: not case level services**

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

VOPA developed a new publication about assistive technology and mailed it to 3 public community-based service providers serving residents of the Eastern Shore area of Virginia. Each of these providers received 20 copies of the publication and an offer to provide additional copies upon request.

**Priority 5**

**1. Describe the Priority**

Goal: People with Disabilities in the Commonwealth of Virginia are Aware of VOPA's Services

Focus Area: Spanish-speaking Constituents

Objectives:

1. Inform Spanish-speaking constituents of their rights by translating all publications into Spanish and distribute to 200 Spanish-speaking individuals.
2. Develop a VOPA PSA and run on one Spanish speaking radio station.

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

VOPA will increase its visibility in the disability communities that speak Spanish.

**3. Indicate the Outcome of the priority:** Partially met

- a. VOPA learned that it was unrealistic to plan on translating all of our publications in a single year.

**4. Total Number of Cases Handled Related to the Priority:** not limited to individual cases

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

VOPA contracted with a local private non-profit entity to provide on-going translation of VOPA publications into Spanish. The VOPA brochure and another brochure have been translated. A good working relationship has been established with the non-profit entity. VOPA distributed a total of 495 publications relating to AT issues.

A public service announcement was distributed to a Spanish speaking radio station. VOPA also placed employment recruitment advertisements in Spanish language newspapers.

Please refer to Section B. 4 regarding additional outreach efforts in this area.

**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).**

It should be noted that the Virginia Office for Protection and Advocacy (VOPA) has made a deliberate decision to take cases that we believe will have a strong systemic impact on the lives of Virginians with disabilities. Although we are opening a targeted number of cases, we believe that by tying them directly to systemic reform, we are making significant impact on a much larger population group.

It should also be noted that VOPA plans its objectives based on the needs within the state; not by funding stream or specific disabilities. Some of the identified estimated cases may be addressed in conjunction with other funding streams, but the result will still be a positive impact on AT eligible individuals.

**1. Describe the Priority**

Goal: Children with Disabilities Receive and Appropriate Education

Focus Area: Assistive Technology in Schools

Objective:

1. Represent ten (10) children who have been denied appropriate assistive technology or services under their Individualized Education Plans (IEPs) or 504 Plans.
2. Inform three (3) parent groups and five (5) public schools about assistive technology rights.
3. Develop training for five (5) Head Start programs, including the program on the Eastern Shore, about assistive technology available for younger students.
4. Coordinate with other advocacy groups to develop a training to inform children, parents, and advocates of their right to receive Assistive Technology and Assistive Technology services in school through the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program. Provide trainings to three (3) groups, to include one at Richmond City Public Schools.

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

Children with disabilities have a right to an appropriate education that includes access to assistive technology in schools. VOPA will represent children with disabilities who have been denied assistive technology as part of their Individualized Education Plan or their Section 504 Plan. A Fact Sheet will be developed to assist with information and referral/technical assistance efforts. VOPA's efforts will help ensure that children have access to appropriate assistive technology and receive a free appropriate public education.

**1. Describe the Priority**

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

Focus Area: Assistive Technology Through Insurance

Objectives:

1. Develop a training regarding the right to receive assistive technology through Medicaid and other insurance, and present to three (3) consumer groups.
2. Represent three (3) individuals who have been denied AT by Medicaid or other insurance.
3. Represent three (3) individuals with disabilities who were denied effective communication, through assistive technology or other services, by health care providers.

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

An essential element of the rehabilitation process, life sustenance, and quality of life is to be able to access appropriate and necessary healthcare. For some individuals with disabilities, assistive technology is a key element of necessary healthcare. In particular, people who receive Medicaid Waiver services often need assistive technology to avoid institutionalization. VOPA's efforts, therefore, will help people live in the most integrated setting appropriate to their needs.

**C. AGENCY ACCOMPLISHMENTS**

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

VOPA successfully resolved seven cases relating to assistive technology in schools and one in the community. These cases included requiring IEP accommodations and access to appropriate computer technology for a home-schooled student; involving the restoration of necessary components to an IEP; two cases involving obtaining an assistive technology evaluation for an elementary school student and resolving a request for large print materials.

On July 19 and 20, 2007, the Virginia Office for Protection and Advocacy brought Sheela L. Stuart, Ph. D, CCC-SLP to a state-operated ICF/MR to review the facility’s use of speech language communications assistive technology. Dr. Stuart interviewed dozens of staff members, including the speech therapists. She extensively toured the facility and observed the residents in their living environment. She also observed residents who work in some of their work environments. Dr. Stuart wrote a statement of overall and specific findings, and made a list of recommendations. Dr. Stuart found the facility deficient in the use of existing speech language assistive technology and advised that the facility use the assistive technology that it has to assist residents with mental retardation with their communications needs. Dr. Stuart recommended that the facility obtain computers for use by the residents. As a result of this recommendation, the facility has applied to a state agency to obtain computers for use by the residents. Dr. Stuart has recommended various software packages for the residents once the computers have been obtained. Dr. Stuart recommended that the facility create a talking photo album with each resident for the resident. The facility is currently creating these talking photo albums. Dr. Stuart also recommended that the facility obtain a digital camera with a computer hook-up for printing photos and symbols. She recommended having a karaoke machine for drama and expanded verbal interactions. Dr. Stuart recommended other things as well in her report. The report has been provided to the facility so that it may follow her recommendations.

VOPA’s Director implemented and maintained a “Legislative Watch” on the VOPA website during the General Assembly session. It was updated daily, with the most recent activity and a commentary as appropriate. This Legislative Watch generated a heavy amount of feedback form the community at the beginning of the session and a steady flow of comments throughout the session. It seemed to be a useful tool for some in the disability community.

**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.”**

PAAT funding sources	Amount Received
1. Federal P&A (AT Act funds):	\$ 87,650
2. Program income	\$
3. Other -specify	\$
4. Other – specify	\$
5. Other- specify	\$
6. Total:	\$ 87,650*

\* These figures are based on the State fiscal year, July 1, 2006 to June 30, 2007

## B. DESCRIPTION OF PAAT PROGRAM STAFF

### 1. Provide a brief description of the agency's staffing plan for carrying out PAAT activities.

The VOPA Receptionists may provide information and referral services for anyone requesting services from VOPA.

VOPA Disability Rights Advocates and Staff Attorneys provide case level services and pursue systemic reforms. They also provide technical assistance, training and outreach.

The Managing Attorneys provide supervision and leadership in these efforts. They may also provide some case level services and pursue systemic reforms.

Support services (data management, fiscal, human resources, purchasing, for example) are provided by administrative staff.

The Business Manager position was converted to Operations Specialist, focusing on information technology and human resources.

The Policy Director provides leadership and direction in the areas of program and policy planning, development, monitoring, evaluation and collaboration with external entities. In July 2007, this position was upgraded to Deputy Director. The position encompasses the supervisory responsibilities of the Business Manager; that is all fiscal, administrative, human resource and information technology roles.

The Executive Director provides the ultimate leadership and direction for all actions of the agency and provides direct supervision for the Managing Attorneys and the Deputy Director.

### 2. 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.**

Type of Position	Number of persons*	Number of FTEs
<b>Professional</b>		
Full-time	19	1
Part-Time	0	0
<b>Administrative</b>		
Full-time	10	0.5
Part-time	0	0
<b>Totals</b>	<b>29</b>	<b>1.5</b>

\* Not all employees reporting worked the entire state fiscal year.

## 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.’**

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. Both Councils have consumer representation. The Council Chairs are non-voting members of the VOPA Governing Board.

VOPA developed and implemented strategies for gathering public comment on the goals and focus areas as well as the work of VOPA in general. A web-based survey was posted on the VOPA website and announced to the public via several list-serves. The VOPA Advisory Councils also participated in focus group activities with VOPA staff and provided input on the goals and focus areas as well as suggestions for the process of public comment gathering.

Public focus group met in July 2007 was attended by four consumers and five providers at VOPA Richmond Office. These focus groups were facilitated by a staff attorney and the Executive Director.

VOPA uses the terms “Goal” and “Focus Area” instead of “Priority.” This is a result of client and potential client feedback that telling someone their issue does not fall within our priorities gives the person the impression we are insensitive to their issue.

### 2. Consumer Involvement in P&A Agency Staff and Board

Person with a disability	Number
Agency staff	11
Agency board	4
Family members of a person with a disability	
Agency staff	VOPA does not collect this type of data from employees
Agency board	
<b>Total number of persons on agency staff</b>	34
<b>Total number of persons on agency board</b>	13

## D. GRIEVANCES FILED

<b>Number of PAAT grievances filed against the agency during the fiscal year</b>	0
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## 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).**

The responses to Hurricanes Katrina and Rita indicated that there was a widespread lack of detailed planning for the needs of persons with disabilities in relation to a major disaster. Now, in addition, there are all the concerns raised by the potential of the impact of an epidemic or pandemic in congregate care facilities. These settings often serve persons requiring assisted technology to communicate or for mobility.

VOPA contacted six Assisted Living Facilities providing services to persons with disabilities requesting emergency disaster plans including readiness for a pandemic flu. Two out of the six never sent a plan stating they had not finished the plan yet. One agency provided a brief plan that did not include any type of evacuation plan, which was of concern during Katrina, and stated that if there was a pandemic flu, they would do whatever the government told them to do. One facility provided a paragraph stating what they would do in care of a pandemic flu. One facility gave a more detailed plan but it did not address evacuation or the pandemic flu specifically. Lastly, one facility provided a comprehensive plan. Overall, VOPA is concerned about the care of persons residing in these facilities as related to a potential emergency. VOPA has extended this project into the next year due to the concerns of persons with disabilities residing in these facilities.

VOPA collaborates and consults with the National Disability Rights Network (NDRN) and several VOPA staff subscribe to NDRN supported P&A listservs. These listservs offer P&As the opportunity to consult and collaborate nationwide on similar issues and concerns facing people with disabilities.

Internally, VOPA staff working under the PAAT grant may also work under the PADD, CAP, HAVA or PAIR grants which all could be related to assistive technology device and service needs. For example, while working a PADD case that involves developing an appropriate IEP, the need for appropriate assistive technology assessment, devices, and services may be identified. If the PADD case is being worked by a VOPA staff lacking experience with PAAT, the staff routinely will consult with other VOPA staff that have that PAAT experience.

VOPA's Executive Director continues her term on the NDRN Board of Directors.

## **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.).**

VOPA staff routinely collaborate with the vocational rehabilitation agencies in the area of assistive technology. These agencies include: the Department of Rehabilitative Services, the Department of the Blind and Vision Impaired and the Department of the Deaf and Hard of Hearing. In addition, VOPA staff are available to staff of the state institutions for consultation about assistive technology needs and services.

VOPA provides "Office Hours" at some of the local Centers for Independent Living or other organizations. Individuals with disabilities are informed of their AT rights and provided with other legal advice and services when appropriate.

VOPA maintains a website that posts all of our federal grants' priorities, goals, and objectives, including CAP. 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. The annual public comment process is posted on the website and visitors can participate on-line.

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

Brain Injury Advisory 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  
Centers for Independent Living  
Capital Region American Red Cross Multi-cultural Awareness Committee  
Capital Region American Red Cross Community Relations Committee  
Virginia Department of Emergency Management Special Populations Workgroup  
Coalition for Virginian's with Mental Disabilities