

AGENCY ANNUAL PROGRAM PERFORMANCE REPORT FOR PATBI

REPORTING PERIOD: FROM 10/1/2006 TO 9/30/2007

STATE: Virginia

AGENCY NAME: Virginia Office for Protection and Advocacy

DATE SUBMITTED: December 31, 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: (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	85
2. Total Number of I&R requests during the Fiscal Year	85

B. TRAINING ACTIVITIES

1. Number of Trainings Presented by Staff	15
2. Number of Individuals Who Attended These Trainings	248

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.

VOPA partnered with the Brain Injury Association of Virginia to develop Advocacy Academies, self advocacy strategies for individuals with traumatic brain injuries. These achieved the following:

- 8 presentations conducted (Richmond, Gloucester, Newport News, Fredericksburg, Roanoke, Lynchburg, Virginia Beach, Harrisonburg)
- Over 120 attendees (avg. attendance = 15/training)
- 85% of participants said the training met, more than met, or exceeded their expectations
- 86% of participants indicated the training session prepared them, more than prepared them, or greatly prepared them to advocate for themselves
- 95% of participants were able to identify at least one way to identify key policy-makers after the training

In addition to developing handouts VOPA & BIAV collaboratively developed a booklet on a step by step approach to self-advocacy. The booklet also gives specific examples on how to advocate with the media and policy-makers. We have given out this booklet at each of the "Advocacy Academy" presentations as well. This information will benefit any of the clients we serve who need more information about self-advocacy.

VOPA routinely provides training and speaking engagements through our Speakers Bureau. VOPA staff are available to provide training and presentations that are related to the Office's current Goals, Focus Areas, and Objectives (priorities). VOPA also provides exhibits and 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.

VOPA developed an agreement 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.

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

VOPA also contacted the historically black colleges and universities in Virginia to offer presentations on employment rights, and provided presentation materials and fact sheets to these schools.

VOPA participated in the Capital Region American Red Cross Multi-cultural Awareness Committee and the Community Relations Committee. This group includes representatives from numerous local and regional ethnic and cultural groups and organizations working with refugee resettlement. The focus has been on developing better ways to communicate and to serve the *total* population, including those who are non-English speaking. Representatives from this group 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 needs of non-English speaking persons or those who spoke only limited English. VOPA also presented and had materials at 6 of these seminars.

VOPA maintains a website that posts all of our federal grants' priorities, goals, and objectives, including PATBI. This website also has the notices for the Board of Directors' and VOPA's Advisory Councils meetings. Job vacancies, announcements, VOPA publications, quarterly newsletters, legislative updates, and disability-related links are also available.

In addition, VOPA gathers input from the public as it develops its goals and objectives for the fiscal year. A web-based survey was posted on the VOPA website during the summer of 2007 and was announced to the public via several listservs. VOPA received 270 responses.

C. INFORMATION DISSEMINATED TO THE PUBLIC

1. Radio and TV Appearances by Agency Staff	1
2. Newspaper/Magazine/Journal Articles Prepared by Agency Staff	
3. PSAs/Videos Aired by the Agency	4
4. Website Hits	24239
5. Publications/Booklets/Brochures Disseminated by the Agency	555

6. Other

Number	Description (use separate sheets if necessary)

7. External Media Coverage of Agency Activities

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

PART II: CASE-SERVICES

A. INDIVIDUALS SERVED

1. Individuals	
a. Individuals Served Receiving Advocacy at Start of Fiscal Year (carryover from prior)	2
b. Additional Individuals Served During Fiscal Year (new for fiscal year)	9
c. Total Number of Individuals Served During Fiscal Year (a + b)	11
d. Total Number of Individuals with Cases that Were Closed During Fiscal Year	7
e. Total Individuals Still Being Served at the End of the Fiscal Year	4

2. Services	
a. Number of Cases/Service Requests Open at Start of Fiscal Year (carryover from prior)	2
b. Additional Cases/Service Requests Opened During Fiscal Year (new for fiscal year)	9
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	7
e. Total Number of Cases/Service Requests Open at the End of the Fiscal Year	4

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	1
4. Architectural Accessibility	
5. Assistive Technology (total)	
a. Augmentative Comm. Devices	
b. Durable Medical Equipment	
c. Vehicle Modification/Transportation	
d. Other	
6. Civil Commitment	
7. Custody/Parental Rights	
8. Education (total)	3
a. FAPE: IEP/IFSP Planning/Development/Implementation	2
b. FAPE: Discipline/Procedural Safeguards	1
c. FAPE: Eligibility	

d. FAPE: Least Restrictive Environ.	
e. FAPE: Multi-disciplinary Evaluation/Assessments	
f. FAPE: Transition Services	
g. Other	
9. Employment Discrimination (total)	1
a. Benefits	
b. Hiring/Termination	1
c. Reasonable Accommodations	
d. Service Provider Issues	
e. Supported Employment	
f. Wage and Hour Issues	
g. Other	
10. Employment Preparation	
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	1
g. Other Financial Entitlements	
12. Forensic Commitment	
13. Government Benefits/Services	2
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 Treatment	1
c. Failure to Provide Necessary or Appropriate Personal Care & Safety	
d. Other	
19. Post-Secondary Education	1
20. Non-Medical Insurance	
21. Privacy Rights	
22. Rehabilitation Services (total)	1
a. Communications Problems (Individuals/Counselor)	
b. Conflict About Services To Be Provided	1
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*	

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

C. REASONS FOR CLOSING CASE FILES

1. Reason for Closing Case Files

Reason	
a. All Issues Resolved in Client’s Favor	4
b. Some Issues Resolved in Client’s Favor	
c. Other Representation Obtained	
d. Individual Withdrew Complaint	2
e. Services Not Needed Due to Death, Relocation, etc.	
f. Individual Not Responsive to Agency	
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	1
m. Other*	
n. Total	7

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

D. HIGHEST INTERVENTION STRATEGY

Interventions	
1. Short Term Assistance	1
2. Systemic/Policy Activities	
3. Investigation/Monitoring	1
4. Negotiation	1
5. Mediation/Alternative Dispute Resolution	
6. Administrative Hearing	2
7. Legal Remedy/Litigation	1

8. Class Action Suits	
------------------------------	--

PART III: STATISTICAL INFORMATION FOR INDIVIDUALS SERVED

A. AGE OF INDIVIDUALS SERVED

Age	
0 to 12	1
13 to 18	2
19 to 25	
26 to 64	8
65 and over	
Total	11

B. GENDER OF INDIVIDUALS SERVED

Male	9
Female	2
Total	11

C. RACE/ETHNICITY OF INDIVIDUALS SERVED

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

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

D. LIVING ARRANGEMENTS OF INDIVIDUALS SERVED

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

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

E. GEOGRAPHIC LOCATION

Geographic Location	
1. Urban/Suburban	9
2. Rural	2
3. Total	11

PART IV: SYSTEMIC ACTIVITIES AND LITIGATION

A. SYSTEMIC ACTIVITIES

1. Number of Policies/Practices Changed as a Result of Non-Litigation Systemic Activities	0
--	---

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.

Not applicable

B. LITIGATION/CLASS ACTIONS

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

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

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.

Not applicable for PATBI

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

A. CURRENT 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.

Priority #1:

People with Disabilities Have Equal Access to Government Services, in particular, 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):

1. Represent 5 people with Traumatic Brain Injuries who have been denied appropriate supports and services in education, employment or public services.
2. As a member of the Virginia Brain Injury Council, promote and advocate for community integration efforts and consumer self-determination.
3. Develop a training program, in collaboration with the Brain Injury Association, to inform consumers, family members and advocates of their rights.
4. Inform individuals with traumatic brain injuries, family members and advocates of their legal rights through five trainings to 50 individuals.
5. Provide outreach and education to 3 statewide TBI organizations regarding VOPA’s services.

Outcome: Met	
Total Number of Cases Handled	11

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

VOPA provided advocacy services for 11 individuals; please see client statistics for specific areas. The following scenarios reflect typical work VOPA completed on behalf of individuals with traumatic brain injury:

VOPA's client is a 19 year old male with TBI. VOPA assisted him in attaining an appropriate educational placement. He had multiple problems in public school. A "Due Process" was filed in order seeking an appropriate educational placement. VOPA was able to settle the case before having to go to hearing. Our client was placed at a Private Day School with a 1:1 aide for support and assistance.

VOPA's client is a 29 year old male with TBI. We represented him with an overpayment of benefits of his Social Security Disabled Adult Child (SSDAC) benefit. SSA awarded him SSDAC benefits in 2005. In September 2006 they decided that he was not eligible for benefits after all so they wanted him to repay all of it. We prepared evidence showing that SSA had awarded the benefits and our client was entitled to the benefits. We went all the way through the reconsideration process with the client. However, SSA still said he owed the money. The client decided to not continue in the appeal process deciding instead to work out a payment arrangement with SSA. He was very appreciative our assistance in this matter. He said he could not have made it through the SSA maze without VOPA.

A third client is a 53 year old male with a disability of TBI. He at one time had a case with the Department of Rehabilitative Services (DRS). In January 2007 he contacted VOPA to again attain services from DRS. He stated he had been told his DRS case would not be reconsidered for reopen because he was on too much pain medication to be able to go to work. VOPA was able to attain a letter from his doctor who stated that he could work on a part-time basis. We then contacted DRS and had a meeting with DRS staff and the client. DRS did then agree to allow the client to go through the evaluation process again

VOPA represented another individual with a Traumatic Brain Injury who needed assistance communicating with the Department of Rehabilitative Services. The primary goal with DRS was to be employed again. Because of prior disagreements with DRS, a communication barrier developed. However, our client wanted to utilize services through their agency. VOPA attended a meeting with our client and two DRS Head Counselors with hopes of opening the doors of communication again between the two parties. In conclusion, the client and the Department of Rehabilitative Services were able to come to an agreement about different strategies to be used when finding employment.

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 continued to be on educating policy makers about the need for increased Brain Injury services in the Commonwealth. 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 was conducted by the Joint Legislative Audit and Review Commission (JLARC) in 2007. JLARC contacted the VOPA representative on the BIC to ascertain VOPA's perceptions regarding service needs.

VOPA also attends the quarterly meetings of the Alliance of Brain Injury Service Providers. VOPA encouraged this group to maximize consumer direction. Although a statewide provider organization and not an advocacy entity, this alliance does appear to be focused on quality service delivery.

As noted earlier, VOPA collaborated with the Brain Injury Association of Virginia (statewide association) to develop the Advocacy Academies. In addition to those 8 training events, an additional 7 presentations were provided. Hundreds of Virginians received information about traumatic brain injuries and self advocacy strategies.

VOPA's membership on the Brain Injury Council (an advisory council to DRS) has focused on advocating for more survivor membership on the Council. The membership is heavily loaded with providers under service delivery contracts with the Department. This raises a concern about possible conflicts of interest for the Council members as they depend on DRS for funding.

B. AGENCY ACCOMPLISHMENTS

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

VOPA is very pleased with the outcomes of the Advocacy Academies and the collaborative relationship that has been established with BIAV.

C. IMPLEMENTATION PROBLEMS

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

Not applicable

PART VI: AGENCY ADMINISTRATION

A. GRIEVANCES FILED

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

B. COLLABORATIVE EFFORTS

1. NETWORK COLLABORATION

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 Association of Virginia
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
Centers for Independent Living

PART VII: END OF FORM

_____ Signature	_____ Date
Colleen Miller, Executive Director	December 31, 2007
_____ Name (printed)	_____ Title