

ANNUAL CLIENT ASSISTANCE PROGRAM (CAP) REPORT**Fiscal Year 2008**

DESIGNATED AGENCY IDENTIFICATION	
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Name of CAP Director/Coordinator: Colleen Miller, Esq.	
Person to contact regarding report: Sherry Confer	
Contact Person's phone: (804) 225-2042	
PART I. AGENCY WORKLOAD DATA	
A. Information and Referral Services (I&R): (Multiple responses are not permitted.)	
1. Information regarding the Rehabilitation Act	1162
2. Information regarding Title I of the ADA	806
3. Other information provided	670
4. Total I&R services provided (Lines A1+A2+A3)	2,638
5. Individuals attending trainings by CAP staff (approximate)	228
B. Individuals served (An individual is counted only once during a fiscal year. Multiple counts are not permitted for Lines B1-B3.)	
1. Individuals who are still being served as of October 1 (carryover from prior year)	15
2. Additional individuals who were served during the year	51
3. Total individuals served (Lines B1+B2)	66
4. Individuals (from Line B3) who had multiple case files opened/closed this year. (In unusual situations, an individual may have more than one case file opened/closed during a fiscal year. This number is not added to the total in Line B3 above.)	6

PART I. AGENCY WORKLOAD DATA (continued)	
C. Individual still being served as of September 30 (Carryover to next year) (This total may not exceed Line I.B3.)	18
D. Reasons for closing individuals' case files (Choose one primary reason for closing each case file. There may be more case files than the total number of individuals served to account for those unusual situations, referred to in Line I.B4, when an individual had multiple case files closed during the year.)	
1. All issues resolved in individual's favor	37
2. Some issues resolved in individual's favor (when there are multiple issues)	1
3. CAP determines VR agency position/decision was appropriate for the individual	2
4. Individual's case lacks legal merit; (inappropriate for CAP intervention)	2
5. Individual chose alternative representation	0
6. Individual decided not to pursue resolution	8
7. Appeals were unsuccessful	0
8. CAP services not needed due to individual's death, relocation, etc.	0
9. Individual refused to cooperate with CAP	4
10. CAP unable to take case due to lack of resources	0
11. Other (Please explain on separate sheet)	0
E. Results achieved for individuals (Choose one primary outcome for each closed case file. As stated in Section D, there may be more case files than the total number of individuals served.)	
1. Controlling law/policy explained to individual	22
2. Application for services completed	2
3. Eligibility determination expedited	5
4. Individual participated in evaluation	0
5. IPE developed/implemented	4
6. Communication re-established between individual and other party	15
7. Individual assigned to new counselor/office	5
8. Alternative resources identified for individual	0
9. ADA/504/EEO/OCR complaint made	1
10. Other (Please explain on separate sheet)	0
PART II. PROGRAM DATA	
A. Age (As of the beginning of the fiscal year.) (Multiple responses not permitted.)	
1. 21 and under	9
2. 22 – 40	16
3. 41 – 64	40
4. 65 and over	1
5. Total (Sum of Lines A1 through A4. Total must equal Line I. B3.)	66
B. Gender (Multiple responses not permitted.)	
1. Females	29
2. Males	37
3. Total (Lines B1+B2. Total must equal Line I.B3.)	66
PART II. Program Data (continued)	

C. Race/ethnicity (Multiple responses are permitted.)	
1. American Indian or Alaskan Native	1
2. Asian	0
3. Native Hawaiian or Other Pacific Islander	0
4. Black or African American	25
5. Hispanic or Latino	0
6. White	38
7. Race/ethnicity unknown	2
D. Primary disabling condition of individuals served (Multiple responses not permitted.)	
1. Blindness (both eyes)	1
2. Other visual impairments	7
3. Deafness	2
4. Hard of hearing	1
5. Deaf-blind	0
6. Orthopedic impairments	7
7. Absence of extremities	0
8. Mental illness	28
9. Substance abuse (alcohol or drugs)	0
10. Mental retardation	2
11. Specific learning disabilities (SLD)	7
12. Neurological disorders	9
13. Respiratory disorders	1
14. Heart and other circulatory conditions	1
15. Digestive disorders	0
16. Genitourinary conditions	0
17. Speech impairments	0
18. AIDS/HIV positive	0
19. Traumatic brain injury (TBI)	0
20. All other disabilities	1
21. Disabilities not known	0
22. Total (Sum of Lines D1 through D21. Total must equal Line I. B3.)	66
E. Types of individuals served (Multiple responses permitted.)	
1. Applicants of VR Program	25
2. Clients of VR Program	40
3. Applicants or clients of IL Program	1
4. Applicants or clients of other programs and projects funded under the Act	2
5. *Employees	0
F. Source of individual's concern (Multiple responses permitted.)	
1. VR agency only	63
2. Other Rehabilitation Act sources only	1
3. Both VR agency and other Rehabilitation Act sources	1
4. Employer	1
5. Other – Benefits Planner	0

PART II. PROGRAM DATA (continued)	
G. Problem areas (Multiple responses permitted.)	
1. Individual requests information	0
2. Communication problems between individual and counselor	9
3. Conflict about services to be provided	34
4. Related to application/eligibility process	23
5. Related to IPE development/implementation	2
6. Other Rehabilitation Act-related problems	1
7. Non-Rehabilitation Act related	0
8. Related to Title I of the ADA26	3
H. Types of CAP services provided (Choose one primary service CAP provided for each closed case file. As stated above, there may be more case files than actual individuals served.)	
1. Information/referral	12
2. Advisory/interpretational	9
3. Negotiation	28
4. Administrative/informal review	3
5. Alternative dispute resolution	0
6. Formal appeal/fair hearing	1
7. Legal remedy	1
8. Transportation	0
PART III. NARRATIVE (Attach separate sheet(s).) Refer to pages 16-19 of the instructions for guidelines on the contents of the narrative.	

Reports are to be submitted to RSA within 90 days after the end of the fiscal year covered by this report. Please be reminded that you can enter data directly into RSA's Management Information System (MIS) via the Internet. Information on transmittal of the form, including electronic transmission, is found on pages 19 and 20 of the reporting instructions.

Signature and title of designated agency official

Date

Paperwork Burden Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1820-0528. The time required to complete this information collection is estimated to average 16 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: U.S. Department of Education, Washington, DC 20202-2703. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: OSERS/RSA, U.S. Department of Education, 400 Maryland Avenue S.W, Washington, DC 20202-2800.

**VIRGINIA OFFICE FOR PROTECTION AND ADVOCACY
CLIENT ASSISTANCE PROGRAM (CAP) 2008**

PART III. NARRATIVE

a. Type of agency used to administer CAP:

- 1) External-Protection & Advocacy

b. Sources of funds

Source of funding	Amount Received	Amount Spent
Federal funds	249,166	127,195
State funds		
Program Income		
Private		
All other funds (carryover)	140,464	140,464
Total from all sources	249,166	267,659

c. Budget for current and following fiscal years

Category	Current Fiscal Year (FFY2008)*	Next Fiscal Year
Wages & Salaries	170,931	184,678
Fringe Benefits (FICA, unemployment, etc.)	66,487	66,501
Materials/Supplies	1,569	717
Postage	1,242	357
Telephone	5,373	3980
Rent	0	0
Travel	16,236	5,549
Copying	1,985	1,251
Equipment Rental/Purchase	1,876	131
Temporary Personnel Services	1,352	194
Indirect Costs	35,6513	17,582
Miscellaneous	4,827	4,549
Total Budget	307,491	285,489

***Budget based on state fiscal year (July07-June08).

d. Number of person-years

Type of position	Full-time equivalent	% of year position filled	Person-years
Professional			
Full-time	24	82	23
Part-time	0		
Vacant	0		
Clerical			
Full-time	8	64	6.50
Part-time	0		
Vacant	0		

NOTE: All figures are based on a State fiscal year (July 1, 2007-June 30, 2008)

e. Summary of presentations made:

The following rights related presentations about CAP and other rehabilitation programs and projects were made during the program year:

Date	Type of Event/Title/Topic	Group Addressed	Location	Number of Attendees
10/5/2007	Office Hours	Peninsula Center for Independent Living	Hampton	1
10/20/2007	Exhibit	Department for the Blind and Vision Impaired	Henrico County	75
11/13/2007	Presentation	Prince William Transition Council	Manassas	20
3/25/2008	Presentation	Independence Resource Center	Charlottesville	8
5/16/2008	Presentation	Woodrow Wilson Rehabilitation Center	Fishersville	20
8/1/2008	Presentation	Department for the Blind and Vision Impaired—new	Richmond	35

		students and their parents		
8/2/2008	Presentation	Department for the Blind and Vision Impaired	Richmond	12
8/26/2008	Presentation	GF Horne Assisted Living Facility	Onley	10
8/29/2008	Presentation	Michand Assisted Living Facility	Fredericksburg	12
9/17/2008	Presentation	Job Club	Staunton	35

f. Involvement with advisory boards

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 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. This way, new potential members may attend a meeting more easily to determine their level of interest as well as move the application process along in a speedier manner.

VOPA participates in the Virginia Rehabilitation Council for the Department for the Blind & Vision Impaired (“VRCBVI”). The Rehabilitation Act of 1973, as amended, requires the establishment of a Statewide Rehabilitation Council to be appointed by the Governor. The amendments identify specific organizations to be represented on the Council, and also specify that a minimum of four individuals represent business, industry and labor on the Council as well as current or former applicants for or recipients of vocational rehabilitation (“VR”) services. The Rehabilitation Council advises the VR program in development of the State plan and completion of the federally required needs assessment. The Council also assists with customer satisfaction surveys, training and/or employment opportunities, and completion of the required Annual Report on the status of VR services in the State. Issues of particular interest to VOPA before the Council in the past fiscal year included Transportation and Transition Services.

VOPA’s representative’s term on the DRS Rehabilitation Advisory Council expired. VOPA’s application to the Governor’s Office for another representative is still pending.

Through other funding sources, VOPA continues to serve on the Brain Injury Council (“BIC”). The issues often discussed were more employment supports for individuals with a Traumatic Brain Injury (“TBI”) and training options for individuals with a TBI. VOPA

also participated in a monthly “Person and Family Directed work group” for individuals with TBI.

g. Outreach to unserved/underserved populations:

1. VOPA provided information about the CAP program on our website.
2. VOPA provided “Office Hours” at some of the local Centers for Independent Living (“CILs”).

VOPA began the “Office Hours” program in 2002 with the purpose of providing outreach and education for people with disabilities, as well as to build collaborative relationships with consumers and staff from the agencies who participate in the program. VOPA staff visited eight CILs, three clubhouses and one Parent Education and Advocacy group.

In Southwest Virginia, VOPA provided Office Hours on a quarterly basis to two CILs in Norton and Grundy and maintained an ongoing working relationship with them. VOPA provided presentations at both CILs on Voting Rights, Assistive Technology acquisition and Advanced Directives. As a consequence of Office Hours, we had three clients who had filed a complaint against an inaccessible shopping mall in Norton that was successfully resolved.

A new Office Hours program was initiated at the Center for Independent Living in Norfolk on a monthly basis. Presentations were provided on Voting Rights and Assistive Technology Acquisition. Office Hours appointments were routinely scheduled on a monthly basis and we served clients in the Norfolk, Virginia Beach, Hampton Roads and Peninsula areas.

VOPA worked with CILs across the State to address issues and recommendations that resulted from the Office Hours program review VOPA conducted in 2006. VOPA is currently in the process of identifying remaining issues and recommendations in order to plan for the new fiscal year.

This year, VOPA provided a presentation to four of the CILs regarding the Rehabilitation Act specifically addressing Sections 501, 502, 503, 504, and 508 and addressing the CAP program and reached a total of 37 people.

VOPA met with the Virginia Association of Centers for Independent Living (VACIL) in May 2008 to receive feedback on our services and to discuss areas of collaboration and training. VACIL represents all of the state’s Independent Living Centers and has clients and staff in every region of the state.

3. Spanish-speaking outreach:

VOPA conducted outreach to the Spanish-speaking community regarding consumer rights in special education, housing and employment, and includes information regarding all of VOPA’s programs. This included an information booth during a Richmond Special Education event at the Science Museum of Virginia (approximately 400 individuals); the “Imagine” festival sponsored by

the Richmond Hispanic Liaison (500 attendees); and Parent Teacher Night at Elkhart Middle School, where there is a large Hispanic population (approximately 100 in attendance). VOPA also attended the monthly Henrico and Richmond Spanish Coalition meetings.

h. Alternative dispute resolutions:

VOPA staff routinely engage in alternative dispute resolutions, including negotiation and administrative/informal review. VOPA staff assist clients with self-advocacy efforts with other entities such as the Department of Rehabilitative Services (“DRS”) at the lowest level of the administrative chain of command. Often, the presence of the VOPA staff encourages the “provider” to more willingly explore alternative dispute resolutions (“ADR”) prior to the client and VOPA resorting to more formal or legal remedies. In most cases, more clear and direct communication is the optimum resolution. In all CAP cases, we engage in ADR to the maximum extent possible. VOPA always conducts significant negotiation prior to even considering litigation and we successfully negotiated twenty-eight cases this year. We participated in three administrative/informal reviews that seemed to reach a “sticking point” this year.

i. Systemic advocacy:

VOPA provided comprehensive comments on the proposed special education administrative regulations promulgated by the Virginia Department of Education (VDOE). VOPA’s comments included comments regarding transition services for students with disabilities who are preparing for life (especially employment) after school. VOPA participated in a coalition of advocacy entities on the development of comments from the coalition. In addition, VOPA submitted its own comments. These VOPA comments were posted on the VOPA website and shared with the coalition as well. It has been reported to VOPA that several of the speakers at the public hearings around the State have used portions of the VOPA comments and that the comments have been given to key legislators concerned with the regulations. Further, VOPA met with the Virginia Department of Education (“VDOE”) to discuss the proposed regulations, VOPA’s concerns and strategized how to address common ground. This collaborative effort was productive for both parties. VOPA continues to collaborate with other advocacy entities as these regulations are addressed in both administrative and legislative forums.

VOPA informed clients of Centers for Independent Living Centers (“CILs”) of their rights under the Rehabilitation Act through the “office hours” program at Clinch Center for Independent Living; Resources for Independent Living in Charlottesville; and the Junction Center for Independent Living in Norton. VOPA also conducted training at two Assisted Living Facilities, with trainings scheduled at eight more.

Using other funding sources, VOPA developed and presented a training for children in group homes, residential schools and other facilities designed to help them transition from school to work. VOPA also provided outreach to group homes and psychiatric residential treatment facilities offering to provide representation for children to help them transition to work.

This year, using other funding sources, VOPA went to seven out of the eight state hospitals for individuals with Mental Illness and conducted presentations on rights of patients to receive services from DRS while in the hospital.

Employment Self-Advocacy Clinic:

Through CAP and other funding sources, VOPA, through its Employment Self-Advocacy Clinic, spoke to approximately another 200 people regarding their employment rights and self-advocacy rights at over a dozen speaking engagements at community locations throughout Virginia, and provided them with VOPA brochures and the employment rights and self-advocacy in employment handouts. Four Employment Rights Presentations were also conducted at Eastern State Hospital, Mountain House Clubhouse in Roanoke, and On Our Own in Charlottesville. (On Our Own is a consumer-run program and they requested that VOPA continue the outreach on a quarterly basis.)

In addition, by focusing on access to Woodrow Wilson Rehabilitation Center (“WWRC”) clients, VOPA did presentations for the staff and consumers at WWRC, most of whom are DRS clients. VOPA addressed WWRC classes, job clubs, and orientations, speaking to well over an additional 300 DRS staff members and clients regarding their employment rights under the ADA and self-advocacy in employment, and providing them with VOPA brochures and the employment rights and self-advocacy handouts.

Under another funding stream, VOPA also presented an employment rights and self-advocacy training at the Virginia Transition Forum, speaking to approximately 40 individuals and providing VOPA brochures and employment rights handouts to approximately 100 individuals.

Using other funding sources, VOPA represented several clients regarding employment discrimination. One client was denied the opportunity to apply for a job due to visual impairment. VOPA met with the Lynchburg City Attorney who admitted that the city’s online application process was flawed, and they accepted our input on new software and its requirements and settled the case with terms favorable to our client. Another client who uses a wheelchair was denied a position as a teacher with Richmond City Schools in spite of his excellent class ranking, PRAXIS scores as well as experience. We still have one case currently awaiting disposition by the EEOC regarding unlawful testing and discrimination by a Lynchburg hospital against our client, and a second case we are preparing to file, pending information from the client’s physician, against Longwood College for failure to accommodate a professor who needs a modified schedule. We have a case against a Harrisonburg Hospital regarding a nursing student denied an externship after she failed a vision test but was not offered accommodations.

Using CAP funds, We have provided technical assistance and information to at least two dozen other individual regarding their rights under Title I of the ADA, and the EEOC complaint process.

VOPA provided technical assistance services and Information and Referral to approximately 40 individuals regarding employment rights.

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 CAP eligible individuals.

j. Interesting cases:

Cases with Systemic Impact:

1. VOPA determined that, in several cases, DRS failed to provide proper appeal information in their closure letters. In one case, VOPA filed a request for fair hearing for a client who claimed that she did not receive proper appeal information in her closure letter. VOPA entered into a settlement agreement that resulted in DRS re-opening the client's case. This case should hopefully result in DRS ensuring that proper appeal information is included in future case closure letters.
2. VOPA represented a client who was denied an appropriate Individualized Plan for Employment ("IPE") by DRS. The client wanted to be a taxidermist. DRS resisted his requests for training and for equipment. Through mediation, VOPA advocated for DRS to change the client's IPE goal to taxidermy and to agree to provide appropriate training and equipment. However, DRS did not provide either the training or equipment in a timely manner. VOPA wrote several letters to DRS and followed their appeal procedure to demand compliance from their regional director. DRS then approved his specific requests for training and equipment. DRS arranged for and paid for the training, paid the client's travel expenses including gas and hotel and paid for his equipment both for training and for practice at home. This case had a systemic impact because it alerted DRS to the fact that they should support the employment goal of clients, which included training, transportation, and equipment.
3. VOPA's client applied for DRS services. However, DRS wanted the client to undergo a psychological evaluation to determine the client's disabilities and impediments to employment, but only gave her the option to see one psychologist, who was their preferred provider. DRS policy says that any licensed psychologist (school or clinical), licensed professional counselor, physician, or social worker can document a person's disabilities and impediments to employment. Thus, VOPA requested, on behalf of the client, that DRS allow the client to see any licensed psychologist, licensed professional counselor, physician, or social worker and requested that DRS provide the client with names of approved personnel. After delay and threatening to close the client's case with DRS by a certain date, DRS provided the names of approved licensed psychologists, just one day before closure, thereby ensuring that the client would not have enough time to see anyone before the case closure. VOPA then filed a request for fair hearing. The case successfully settled at an informal administrative review and DRS agreed to pay for the client to see both a physician and a licensed clinical psychologist of her choosing. This case had a systemic impact because it prompted DRS to not just use one psychologist (their preferred provided), but to follow their policy and allow clients to see any licensed psychologist (school or clinical), licensed professional counselor, physician, or social worker.

4. In a case opened under another grant, VOPA represented a deaf individual whose IPE called for her to receive Interpreting Services as a Planned Service in order to reach her employment goal in a Computer and Mathematical occupation. The client was enrolled in a vocational school and the vocational school provided a sign language interpreter for the client for two months. Unfortunately, after two months, the school ceased to provide an interpreter for the client.

DRS was aware that the vocational school ceased to provide an interpreter for the client. However, DRS claimed they were not responsible to provide an interpreter for the client during her classes. The client's IPE clearly identified that Interpreting Services were a part of her vocational rehabilitation plan. Thus, by failing to provide the client with a qualified sign language interpreter during her classes, DRS violated federal and state regulations, as well as their own policies. Despite an attempt to resolve the matter at mediation, the hearing proceeded to a Fair Hearing, where a Hearing Officer ruled in favor of our client and ordered DRS to provide a sign language interpreter to our client during her classes at the vocational school.

This case set an important precedent for CAP clients because it shows that DRS must ensure that their consumers are provided with sign language interpreters when appropriate.

5. A VOPA client working with a rehabilitation service provider was being denied the opportunity to apply to work at Wal-Mart due to her visual impairment. VOPA contacted the Wal-Mart Store Manager and cited ADA Title I law. This case had a systemic impact on persons with disabilities because the Manager sent a letter back explaining that the store would provide reasonable accommodations to individuals with disabilities and offered the client to apply for a position internally with assistance from their own personnel manager and training coordinator.
6. VOPA represented a man with mental illness and anxiety issues who had obtained an online tutoring position. The client indicated that the job was a good fit for him, as he had previously been a teacher and enjoyed the work. However, shortly after beginning this employment, the client began to have some issues with his housing and was in imminent danger of losing his home. The landlord began the process of evicting him, and a hearing was set for April 2008. His counselor at DRS knew of these developments and had been attempting to assist him with the housing issue. However, the client soon received notice that DRS intended to close his file because he had been employed at the online tutoring job for 90 days. He immediately responded, saying that he did not agree with this closure in light of the housing issue because if he did not have a home in which to work, he could not continue in the job and was therefore not successfully employed. DRS told him only that they could continue to assist him with "post-employment" services, but that his file still needed to be closed as they felt he was successfully employed.

In doing so, DRS was violating the client's right to have input regarding his employment outcome – federal regulations and DRS policy mandate that an employment outcome is only achieved when the individual and the counselor consider the outcome to be successful and agree that the individual is performing

well. The regulations also state that the 90 day period is only a marker of “stability” of the individual’s employment (in this case, the client specified that he did not feel stable in his employment), and DRS policy specifically states that the counselor has the ability to keep the file open beyond 90 days.

VOPA became involved and successfully educated DRS on their policy and federal regulations and ensured the counselor kept the file open for thirty days past the court hearing for the housing date.

7. VOPA represented a nineteen year old recent high school graduate with some cognitive disabilities and an unspecified seizure disorder that doctors believed likely resulted from a brain injury incurred in a car accident some years back. This client could not predict or control her seizures, or how often they could occur on a given day, and doctors had been unable so far to positively determine the source or any preventative measures that might help her. DRS assisted the client with transition services as a high school student. Her most recent IPE indicated that her vocational goal was “Pet Sitter/Caretaker.” DRS initially tried to get the client enrolled at Woodrow Wilson Rehabilitation Center; however, the client was extremely anxious while there due to some other family issues and experienced a seizure almost immediately. Following that incident, the client returned home. DRS then did one vocational assessment of the client at a local TJ Maxx store where the client was to sort and hang price tags on clothes. The client had a seizure while at the store. In response, DRS counselor canceled a second job assessment that had previously been scheduled with no notice to, or consent from, the client and sent her a closure form stating her case was being closed as the employment outcome could not be achieved due to the significance of her disability. The client did not agree with her case being closed (after only one assessment on one day) and wanted to continue to receive assistance with finding employment.

Federal regulations state that DRS must provide “clear and convincing” evidence that a client is incapable of benefiting from vocational rehabilitation services. As part of this mandate, DRS must provide clients with trial work experiences of a sufficient variety and over a sufficient period of time to make this determination. The client’s rights were violated because she was given only one opportunity to have a trial work experience, on one day, in a job that was not consistent with her IPE goals. Thus, through VOPA’s involvement of educating DRS on their policies and state and federal regulations, the client’s case remained open.

Cases where VOPA advocated for DRS to serve persons in state facilities:

8. VOPA represented a client with mental illness who lived in and out of an Institutional setting since she was age eleven, but was on the Ready for Discharge (RFD) list to start planning for life in the community. She wanted to go to work. VOPA assisted the client with the DRS eligibility process and advocated for DRS to do her Vocational Evaluation (“VE”) while she was still in the hospital. DRS worked with hospital staff and was able to schedule her VE while she was still in the hospital and determine the client eligible for DRS services.

VOPA’s systemic goal of advocating for DRS to go into the State Operated Mental Health Hospitals was also met. The Vocational Staff at the hospital was

thrilled DRS was working with a person who was on the RFD list. This led to VOPA creating an objective for the following year to advocate for DRS to go to a State Hospital on a regular basis.

9. VOPA ensured that two local DRS offices - the DRS office where a state institution was located and the DRS office serving where the client was to be discharged - collaborated to determine whether VOPA's client was eligible to receive DRS services.
10. VOPA is currently representing two residents of State operated training centers for individuals with mental retardation who need enhanced vocational training opportunities. We are engaged in a systemic project of monitoring vocational training practices facility-wide at one training center.

Cases ensuring that DRS provides appropriate transition services to students transitioning from school to life after school:

11. VOPA represented a child who wished to transition from school to receive training to work in the food service industry. Initially, DRS refused to meet with the child or develop an IPE. Through VOPA's advocacy, DRS met with the child and developed a new IPE. DRS also became involved in the child's transition planning at school. VOPA also successfully advocated for DRS to include transportation to the child's assessments and training.
12. VOPA represented a twenty year old male with Developmental Disabilities/Intellectual Disabilities who was preparing for graduation from high school. The client applied for services with DRS in March 2007. However, by October 2007, the client still had no word regarding whether he was eligible for services. In October 2007, the client's mother contacted VOPA for assistance with eligibility for services from DRS. VOPA communicated with the DRS counselor who determined that the client was eligible for services. The DRS counselor began attending the client's Transition IEP meetings in January 2008. However, the counselor did not want the client to finish school because he did not know what kind of job the client could do. The counselor felt as though the client would be better off in school. However, the client wanted to move into the community.

The DRS counselor did not want to assist the client in developing an IPE. However, VOPA cited the regulations to DRS, which stated that if a student of transition age is eligible for services from DRS, the IPE must be developed by their graduation day from high school. DRS then agreed to develop an IPE.

DRS then refused to provide transportation for the client to/from school two days a week. VOPA advocated on behalf of the client and cited DRS policy and procedures, which state that transportation services can be in an IPE and they can be provided by DRS to and from a vocational program that is preparing the client for his ultimate employment goal. DRS then agreed to provide transportation.

Cases where VOPA advocated for a new case counselor:

13. VOPA represented a woman with total blindness who was a client of Department of the Blind and Vision Impaired (DBVI). In the summer of 2007, she was assigned a new Counselor after a year and a half of waiting for a counselor. She and her new Counselor had a communication problem from the beginning because the Counselor sent correspondence in written format when the client repeatedly asked for material in Braille or by telephone. The client also became upset because she thought the Counselor was condescending to her. She contacted the Counselor's Supervisor to request a new Counselor and he refused. The client contacted VOPA to request assistance in attaining a new Counselor. VOPA contacted the Manager of that office and requested a meeting to discuss a new Counselor. The Manager refused. VOPA then contacted DBVI's Deputy Director to request a new counselor. After a great amount of negotiation and discussion of everyone's expectations, DBVI agreed to change her Counselor and the client was very pleased.
14. VOPA's client complained that her DRS case counselor spoke very negatively to her, including demeaning her and providing incompetent services. VOPA's client did not have an IPE in place and she did not know the status of her case. After obtaining her records, it was discovered that the counselor closed her case because she called two times and no one answered. The closing letter was sent to the wrong address and got returned back to DRS without any follow-up. VOPA met with the DRS office manager and he apologized on behalf of DRS for the case counselor's unprofessional behavior and wanted to make sure that she had a better experience with DRS from now on. He reopened the case and assigned a new case counselor. For the first time, VOPA's client felt that someone at DRS was actually listening to her.
15. DRS closed a client's case after the client walked out of DRS very angry at his counselor because he felt she discriminated against him. She assumed he wanted the case closed since he walked out in anger and stated that he did not want to work with her. After discussing with the Henrico DRS case manager, VOPA successfully advocated for DRS to reopen his case and assign a new case counselor.
16. A 47 year old gentleman with emotional problems and severe Attention Deficit Disorder was having difficulty obtaining adequate support from DRS in his job seeking efforts. VOPA met with DRS and the client together and was able to convince DRS to move forward in providing more diagnostic services, including a neuro-psychological evaluation, as well as increasing the supports he needed for his job seeking efforts. DRS also provided him a new Job Developer from another vendor than the one they had previously provided.
17. VOPA represented a man with many years of mental illness and a long history with DRS who could not make any progress in being declared eligible for services. After VOPA intervened, DRS arranged for more testing to help establish his barriers to employment and arranged for transfer to another DRS counselor when he moved to another town in Virginia. The client is now working with a DRS counselor who has declared him eligible for DRS services. An extended evaluation plan was written so the client could participate in various situational assessments, which afforded the client a fresh start toward his vocational rehabilitation.

It should be noted that the 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.

k. On-line information/outreach:

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, legislative updates, and disability-related links are also available.

In FY 2008, there were 25,160 VOPA website hits.

As noted above, VOPA posted its legislative updates on-line. During the 2008 General Assembly session, VOPA tracked some 90 bills.

VOPA uses the VOPA website to recruit volunteers to serve on our two Advisory Councils. Meeting announcements and meeting minutes of the Advisory Councils and the Governing Board of Directors are posted on the website. Meeting announcements are also posted on disability related list-serves.

VOPA receives public comment in a variety of ways: the VOPA Governing Board has adopted a bi-annual schedule for reviewing our program goals and objectives; the FY09 Goals and Focus areas are the second year of this cycle. We solicited public comment through a public survey posted on our website. This survey ran from August 31, 2008 to October 1, 2008 and we received 31 comments from consumers. The VOPA Board Goals and Public Awareness Committee met on July 21 and September 22 to discuss means of gathering public input. The PAIMI Advisory Council met on August 14th at Catawba Hospital, a state-run mental health institution, and provided input on comment on VOPA's proposed goals and focus areas; this meeting was also open to members of the public and hospital residents. The VOPA Disability Advisory Committee also met on June 4 to provide input and comment on proposed goals and focus areas. The VOPA Board of Directors met on July 21st and September 23rd, with notice to the public that public comment would be received at both meetings. The Board actively reviewed VOPA's proposed goals and focus areas, and received in-person comment from one individual, and email comment from two individuals at the September meeting. VOPA's Governing Board has a formal written policy on receipt of public comments. In addition, the Governing Board develops and implements the public comment process based on the bi-annual planning cycle and staff recommendations; these decisions are reflected in the Board's meeting minutes which are also posted on the VOPA website. All VOPA Board and advisory council meetings are advertised as open to the public and include receipt of public comment as an agenda item. Any public comment received is considered in the priority planning process for the development of VOPA's goals, focus areas and objectives.

Signature and title of CAP program director: The director of the CAP agency should sign the form to certify that it is complete and correct.

Colleen Miller, Executive Director

Date