

AGENCY ANNUAL PROGRAM PERFORMANCE REPORT FOR PATBI

REPORTING PERIOD: FROM 10/1/2007 TO 9/30/2008

STATE: Virginia

AGENCY NAME: Virginia Office for Protection and Advocacy

DATE SUBMITTED: December 15, 2008

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):

Not applicable

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

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	371
2. Total Number of I&R requests during the Fiscal Year	396

B. TRAINING ACTIVITIES

1. Number of Trainings Presented by Staff	9
2. Number of Individuals Who Attended These Trainings	236

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.

The Virginia Office for Protection and Advocacy (VOPA) developed a Veterans' Rights Training focused on Traumatic Brain Injury (TBI) which was presented to the social work staff of the Polytrauma/Spinal Cord Injury Unit of McGuire Veterans Hospital in May 2008. VOPA met with the Paralyzed Veterans Association to further identify patient needs and collaborate on training opportunities at the Veterans' Administration's facility. As a result of this meeting, VOPA was invited to make a rights presentation on the Spinal Cord Injury and TBI unit in FY09. VOPA also was invited to participate in Voter Registration activities, and specifically assisted two veterans with TBI in completing absentee registration forms.

VOPA presented training in Northern Virginia for parents of and advocates for children with TBI regarding their rights to proper Individual Education Plans. This training was a result of other advocacy work VOPA had done with a local brain injury service provider.

VOPA presented trainings at a Richmond area clubhouse to help TBI survivors further integrate into society. Both survivors and staff attended these presentations and the presentations were very positively received. Presentations included topics about self-advocacy as well as many questions from the participants concerning Department of Rehabilitative Services and employment assistance. Participants were provided with copies of VOPA's self-advocacy presentation.

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 conducted outreach to the Spanish-speaking community regarding consumer rights in special education, housing and employment. 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 a local Middle School, where there is a large Hispanic population (approximately 100 in attendance). VOPA also attends the monthly Henrico County and Richmond City Spanish Coalition meetings

C. INFORMATION DISSEMINATED TO THE PUBLIC

1. Radio and TV Appearances by Agency Staff	1
2. Newspaper/Magazine/Journal Articles Prepared by Agency Staff (2 VOPA newsletters)	2
3. PSAs/Videos Aired by the Agency	3
4. Website Hits	25,160
5. Publications/Booklets/Brochures Disseminated by the Agency	66

6. Other

Number	Description (use separate sheets if necessary)
7	Flyers announcing VOPA presentations

7. External Media Coverage of Agency Activities

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

PART II: CASE-SERVICES

A. INDIVIDUALS SERVED

1. Individuals	
a. Individuals Served Receiving Advocacy at Start of Fiscal Year (carryover from prior)	3
b. Additional Individuals Served During Fiscal Year (new for fiscal year)	30
c. Total Number of Individuals Served During Fiscal Year (a + b)	33
d. Total Number of Individuals with Cases that Were Closed During Fiscal Year	11
e. Total Individuals Still Being Served at the End of the Fiscal Year	22

2. Services	
a. Number of Cases/Service Requests Open at Start of Fiscal Year (carryover from prior)	3
b. Additional Cases/Service Requests Opened During Fiscal Year (new for fiscal year)	32
c. Total Number of Cases/Service Requests During Fiscal Year (a + b)	35
d. Total Number of Cases/Service Requests that Were Closed During Fiscal Year	13
e. Total Number of Cases/Service Requests Open at the End of the Fiscal Year	22

B. PROBLEM AREAS/COMPLAINTS OF INDIVIDUALS SERVED

Complaint	
1. Abuse (total)	2
a. Inappropriate Use of Restraint & Seclusion	
b. Involuntary Treatment	
c. Physical, Verbal, & Sexual Assault	2

d. Other	
2. Access to Records	
3. Advance Directives	1
4. Architectural Accessibility	1
5. Assistive Technology (total)	1
a. Augmentative Comm. Devices	
b. Durable Medical Equipment	1
c. Vehicle Modification/Transportation	
d. Other	
6. Civil Commitment	
7. Custody/Parental Rights	
8. Education (total)	21
a. FAPE: IEP/IFSP Planning/Development/Implementation	21
b. FAPE: Discipline/Procedural Safeguards	
c. FAPE: Eligibility	
d. FAPE: Least Restrictive Environ.	
e. FAPE: Multi-disciplinary Evaluation/Assessments	
f. FAPE: Transition Services	
g. Other	
9. Employment Discrimination (total)	3
a. Benefits	
b. Hiring/Termination	
c. Reasonable Accommodations	1
d. Service Provider Issues	2
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	3
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)	
a. Failure to Provide Necessary or Appropriate Medical Treatment	
b. Failure to Provide Necessary or Appropriate Mental Health Treatment	
c. Failure to Provide Necessary or Appropriate Personal Care & Safety	
d. Other	
19. Post-Secondary Education	
20. Non-Medical Insurance	
21. Privacy Rights	
22. Rehabilitation Services (total)	
a. Communications Problems (Individuals/Counselor)	
b. Conflict About Services To Be Provided	
c. Individual Requests Information	
d. Non-Rehabilitation Act	
e. Private Providers	
f. Related to Application/Eligibility Process	
g. Related to IWRP Development/Implementation	
h. Related to Title I of ADA	
i. Other Rehabilitation Act-related problems	
23 Suspicious Death	
24. Transportation (total)	2
a. Air Carrier	
b. Paratransit	1
c. Public Transportation	1
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	11
b. Some Issues Resolved in Client’s Favor	
c. Other Representation Obtained	
d. Individual Withdrew Complaint	
e. Services Not Needed Due to Death, Relocation, etc.	
f. Individual Not Responsive to Agency	1
g. Case Lacked Legal Merit	
h. Conflict of Interest	
i. Agency Withdrew from Case	

j. Lack of Resources	
k. Not Within Priorities	
l. Issue Not Resolved in Client's Favor	
m. Other* (lost contact)	1
n. Total	13

*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	7
2. Systemic/Policy Activities	
3. Investigation/Monitoring	2
4. Negotiation	4
5. Mediation/Alternative Dispute Resolution	
6. Administrative Hearing	
7. Legal Remedy/Litigation	
8. Class Action Suits	

PART III: STATISTICAL INFORMATION FOR INDIVIDUALS SERVED

A. AGE OF INDIVIDUALS SERVED

Age	
0 to 12	8
13 to 18	12
19 to 25	
26 to 64	13
65 and over	
Total	33

B. GENDER OF INDIVIDUALS SERVED

Male	26
Female	7
Total	33

C. RACE/ETHNICITY OF INDIVIDUALS SERVED

Race/Ethnicity	
1. American Indian/Alaskan Native	
2. Arab American	
3. Asian	
4. Black/African American	7
5. Hispanic/ Latino	
6. Native Hawaiian/Other Pacific Islander	
7. White/Caucasian	26
8. Multiracial/Multiethnic	
9. Race/Ethnicity Unknown	
10. Other Than Above*	
11. Total	33

*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
2. Foster Care	1
3. Homeless/Shelter	
4. Legal Detention/Jail/Prison	
5. Nursing Facility	1
6. Parental/Guardian or Other Family Home	22
7. Independent	5
8. Private Institutional Setting	2
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	21
2. Rural	12
3. Total	33

PART IV: SYSTEMIC ACTIVITIES AND LITIGATION

A. SYSTEMIC ACTIVITIES

1. Number of Policies/Practices Changed as a Result of Non-Litigation Systemic Activities	4
--	----------

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.

Two cases involved the review of weekly program schedules of a community support provider for individuals with Traumatic Brain Injury. The investigation substantiated abuse and VOPA obtained a corrective action plan. The provider of brain injury residential services for adults developed new procedures and corrective action that were a direct result of the incident that involved our client. These system-wide improvements include: re-certification in Professional Crisis Management by all staff; total elimination of prone restraints; re-training in Human Rights regulations by all staff and the formation and implementation of a Restraint Reduction Task Force.

VOPA participates in the Advisory Group for Goal 4 of Department of Mental Health, Mental Retardation, Substance Abuse Services and the Department of Medical Assistance Services’ (DMAS) Systems Transformation Grant. This goal addresses developing a centralized web-based database to collect incident reports from all entities required to report abuse and neglect of people with disabilities to the State. VOPA alerted DMAS officials of our concern regarding slow progress with this goal. DMAS assured VOPA that progress was being made “behind the scenes” and indeed the next meeting was more organized and directed.

VOPA provided comprehensive comments on the proposed special education administrative regulations promulgated by the Virginia Department of Education (VDOE), which will affect children with TBI. 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 requested a meeting with VDOE to discuss the proposed regulations, VOPA’s concerns, and to strategize 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. The most important points in VOPA’s comments addressed regulations that would allow schools to terminate special education services without the consent of the parent or a due process hearing. VOPA also provided strong comments on a proposed regulation that would alter the way due process hearings are conducted and on regulations that would substantially alter they way school determine eligibility.

VOPA represents the interests of consumers on the Virginia Brain Injury Council. VOPA continues to work with the Brain Injury Association on trainings designed to help

consumers improve their self advocacy skills. VOPA has presented two (2) self advocacy clinics for people with Traumatic Brain Injuries, their family members and advocates. VOPA has also developed a publication designed to inform people with Traumatic Brain Injuries about the community resources available to them.

B. LITIGATION/CLASS ACTIONS

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

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

VOPA represents an individual with TBI who was the victim of inappropriate and improperly performed prone restraint procedure. Our investigation not only found that our client had been abused, but there were multiple instances of improper restraint procedures being used and verbal intimidation of the residents at this facility. VOPA initiated a formal administrative (human rights) complaint against the facility and we have received a corrective action plan as an offer of settlement that is currently under review. The plan under review bans the use of prone restraints at the facility. The brain injury residential services provider developed new procedures and corrective action that were a direct result of the incident that involved our client. These system-wide improvements include: re-certification in Professional Crisis Management by all staff; total elimination of prone restraints; re-training in Human Rights regulations by all staff and the formation and implementation of a Restraint Reduction Task Force.

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.

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

Priority #1:

People with disabilities are free from abuse and neglect in institutional settings

Description of Need, Issue, or Barrier Addressed:

Virginia successfully litigated against the Veterans Administration (VA) years ago ensuring that outside advocates had access to residents of VA facilities. Although the VA changed its policy to reflect this, the new policy is not being consistently applied at the facility level. Residents with TBI need to have frequent and easy access to outside advocates to assist with identifying and advocating for their service needs due to the nature of TBI and the bureaucracy of large institutions.

Indicator(s):

- Inform residents of veterans' facilities of their rights through three (3) trainings, including to individuals with TBI.

Outcome: Met
Total Number of Cases Handled : Not individual case level services

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

VOPA gave a presentation on Veterans Rights and TBI at the VFW in Buchanan, Virginia. VOPA also gave two presentations on consumer rights and TBI to the staff at McGuire Veterans Hospital.

Priority #2:

Children with TBI who have been (or at risk of being) suspended to inadequate behavior intervention plans or functional behavioral assessments

Description of Need, Issue, or Barrier Addressed:

With its continued work in the area of special education, VOPA recognizes that in general, these children are at risk of suspension due to inadequate behavior intervention plans or functional behavioral assessments. For children with TBI, which can be a non-visible disability, the symptoms can be misperceived as acting out.

Indicator(s):

- Develop training for parents of children with TBI on advocacy skills and securing an IEP and present to three (3) parent groups.
- Develop a training for parents of persons with TBI on how to request the necessary assistive technology in the school and present to three (3) groups, to include one at Richmond City Public Schools.
- Inform children who have suffered head injuries and who are on the Virginia Head Injury Registry about their special education rights.
- Develop an article on the identification of children with Traumatic Brain Injuries and submit for publication to three periodicals, through the Virginia Government Communicators group and other strategies.
- Represent three (3) children with Traumatic Brain Injuries who have improperly been found ineligible for special education or appropriate special education services.
- Coordinate with Brain Injury Services of the Southwest to represent eight (8) children to receive appropriate special education services.

Outcome: Partially met
Total Number of Cases Handled: 18

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

VOPA presented trainings to parents, children and advocates for children with TBI regarding their rights to proper IEPs. Please see previous section of report on Training Activities.

VOPA wrote an article on TBI and it is currently under internal review.

VOPA represented children with TBI who had been denied appropriate special education services. In one case, VOPA collaborated with an expert who recommended several types of therapy. VOPA is advocating for the child to receive TBI-specific education programs and for the school to receive appropriate training in TBI-related issues. The school agreed to receive the information from the expert and adjust the child's IEP accordingly, but the parents were unhappy with the result. VOPA then asked for an independent educational evaluation done by a TBI-advocacy group. The school tried to place conditions on the evaluation that were unacceptable to the parents. VOPA has requested mediation in an attempt to resolve the issue.

VOPA's client is a 17 year old diagnosed with TBI, neurological, neuromuscular and muscular and skeletal impairments due to being hit by a truck. He is not ambulatory, is unable to verbally communicate, although he can write to some degree and, after months of delay has received a communication device, paid for by Tricare (formerly Champus). Previous to his injury the child was an extremely accelerated student at his High School. Since his return to school there has been completely inadequate educational services offered. Because of his behavior in the Special Ed classroom, his

parents have been told on numerous occasions to come and pick him up and he receives suspensions for a week or more at a time. To the parent's knowledge, there had been no behavioral assessment of this child. In addition to these facts, the mother notes that the "behaviors" the client is having are an attempt to communicate and the school is ignoring this (examples: snapping fingers and knocking on desk). The client's mother also stated that the school had told her: "We do not know what to do with your son," and indicated they had "never had someone with a brain injury before." VOPA addressed this case as a transition planning for after high school as transition is a component of a free, appropriate public education. VOPA assisted the child in completing a referral to the Department of Rehabilitation Services for transition services.

Another client is a 14-year-old male diagnosed with TBI. The client's mother claims that during this last school year, her child's IEP has been very inadequate and there has been a substantial decrease in every academic area. The mother claims she has had multiple meetings with the school and the teachers at the school have even admitted to her that they "don't know what to do" with her son due to his TBI. The client's mother had four different physician evaluations all stating a private placement would be the only adequate way to meet this client's needs. The client's mother requested assistance to get adequate education for her son. Advocate communicated this concern to the school. The school's response was agreeing that homebound instruction was most appropriate placement. Through efforts of our agency's advocacy and parental assistance client acquired adequate educational services via homebound placement.

See below regarding collaboration with Brain Injury Services of South West Virginia. They represented 17 children on behalf of VOPA.

Priority #3:

People with disabilities have equal access to government services by accessing services and supports that enable individuals to move into the community

Description of Need, Issue, or Barrier Addressed:

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

Indicator(s):

Represent three (3) veterans who have been denied appropriate discharge plans from Department of Veteran's Affairs hospitals in Virginia or whose discharge plans have not been appropriately implemented

Outcome: Not applicable
Total Number of Cases Handled : Not applicable

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

This indicator was addressed under another funding stream.

Priority #4:

People with disabilities have equal access to government services by accessing appropriate TBI supports in governmental services and employment

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):

- By April 1, 2008, investigate whether hospitals under-report head injuries to the Virginia Head Injury Registry.
- Collaborate with the Brain Injury Association of Virginia to present five (5) trainings on self advocacy.
- Represent consumer integration and self direction on the Virginia Brain Injury Council.

Outcome: Partially met
Total Number of Cases Handled Not individual case level services

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

The Virginia Brain Injury Council (VBIC) is a statewide advisory council comprised of consumers (i.e., survivors of brain injury and family members, caretakers, and representatives of survivors); service providers; state agency representatives; and other ad hoc advisory members. The mission of the Council is to promote accessible, affordable, and appropriate services for Virginians with brain injury and their families by advising the Department of Rehabilitative Services. VOPA has been a non-voting member for several years. One issue that rose over the past year involved individuals with TBI who were experiencing a mental health crisis. It was alleged that these individuals were being turned away by the local community services boards (public provider of emergency services for people with mental health, mental retardation and substance abuse issues) when they were requesting crisis intervention. VOPA supported the BIC’s discussion to advocate for these individuals to have access to emergency services.

Please see “Implementation Problems” for details regarding the Virginia Head Injury Registry and the collaboration with Brain Injury Association of Virginia indicators.

B. AGENCY ACCOMPLISHMENTS

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

VOPA contracted with the Brain Injury Services of South Western Virginia (BISSWV) to provide advocacy services for children with traumatic brain injuries who are in need of special education services. BISSWV provided advocacy services for 17 children; all in the area of either IEPs or IFSPs (Individual Family Services Plan) planning, development, and implementation. All 17 cases were still open at the time of this report. Data about these children is included in the charts found earlier in this report. This contractual arrangement afforded more children with TBI to receive necessary advocacy services in an underserved area of the state by a provider that the families may have already had some familiarity with.

VOPA contracted with an expert and received a report on items that should be addressed in an appropriate functional behavioral assessment (FBA) and the qualifications of people who conduct FBAs. VOPA then conducted an in-house training on the subject and developed an internal reference pamphlet for staff use. Although this was not completed using PATBI funds, this accomplishment will certainly benefit children with TBI with special education services needs that VOPA represents.

VOPA closed its Virginia Beach office in February 2008. The 5-person office was used by only 3 staff. As all VOPA staff are expected to travel statewide as needed, this action did not negatively impact VOPA's ability to provide advocacy services statewide.

C. IMPLEMENTATION PROBLEMS

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

In January 2008, VOPA attempted to initiate TBI outreach activities at McGuire Veterans Hospital in Richmond. VOPA met with the facility Director and requested access to conduct patient trainings. The Director was not supportive, and in the interim a new acting Director was appointed. VOPA was allowed access to the provider staff and gave presentations on the Spinal Cord Injury/TBI Units. McGuire has not facilitated VOPA's direct access to TBI patients. Relations improved towards the end of the year, and in September VOPA was specifically asked to conduct Voter Outreach activities, and worked directly to assist two patients on the TBI unit.

VOPA could not achieve the objective relating to the Virginia Head Injury Registry (VHIR) due circumstances beyond VOPA's control. The intent of VOPA's objective was to educate doctors and hospitals treating people with potential or mild brain injuries of the need to utilize the head injury registry. VOPA's research indicated that people with moderate to severe brain injuries generally received needed information about state services. However, those with mild or potential brain injuries did not receive needed information. As a result, people who are in need of and could benefit from state services were not made aware of them.

Unfortunately, the Virginia Department of Health (VDH) introduced a bill during the 2008 General Assembly session which would "repeal" DRS's registry. Language contained in the bill only allows DRS to access any information in the VDH Virginia Statewide Trauma Registry (VSTR) on patients with brain injury and spinal cord injury. The VDH registry will not include reports on patients who are seen in the emergency room, treated, and then released, such as people with concussions and mild brain injury.

Because the 2008 bill removed the obligation of doctors and hospitals to report these people to the brain injury registry, VOPA could not achieve the goal of this objective.

In FY07, VOPA and the Brain Injury Association of Virginia successfully developed and delivered a series of trainings on self advocacy; they were publicized as "advocacy academies." The schedule ran only slightly into FY08 and VOPA completed the joint project. However, that project did not lead to 5 academies this year, but rather only 1.

PART VI: AGENCY ADMINISTRATION

A. GRIEVANCES FILED

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

B. COLLABORATIVE EFFORTS

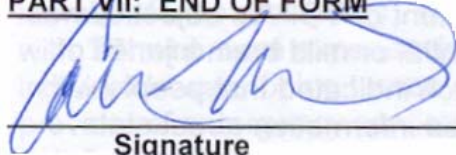
1. NETWORK COLLABORATION

We participate in a monthly TBI conference call with advocates from other P&As and Brain Injury Associations from other states. A Person and Family Directed Workgroup was formed to advise the group to share resources and discuss current topics, such as accessing families at military facilities. VOPA staff also attended the annual Brain Injury Association of Virginia conference, where staff gained insight into symptoms of TBI and available resources. VOPA manned an information booth at the Annual Conference and made information of Veterans and TBI consumer rights available to the approximately 120 TBI survivors, family members, and providers in attendance.

VOPA provided training to the Ombudsman staff of the Office of the Long Term Care Ombudsman (LTCO) where many issues concerning people with TBI were raised. VOPA and the LTCO pledged to collaborate in the future to address as many of the issues jointly as possible.

Please see above about our contract with Brain Injury Services of South Western Virginia.

PART VII: END OF FORM



Signature

Colleen Miller

Name (printed)

12/15/08

Date

Executive Director

Title