

AGENCY ANNUAL PROGRAM PERFORMANCE REPORT FOR PATBI

REPORTING PERIOD: FROM 10/1/2008 TO 9/30/2009

STATE: Virginia

AGENCY NAME: Virginia Office for Protection and Advocacy

DATE SUBMITTED: November 10, 2009

AGENCY INFORMATION

Agency Name: Virginia Office for Protection and Advocacy (VOPA)

Address of Agency:

a. Main Office:

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Richmond, Virginia 23230

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

Not applicable

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

Not Applicable

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PART I: NON-CASE SERVICES

A. INFORMATION AND REFERRAL SERVICES (I&R)

1. Total Individuals Receiving I&R Services	451
2. Total Number of I&R requests during the Fiscal Year	451

B. TRAINING ACTIVITIES

1. Number of Trainings Presented by Staff	29
2. Number of Individuals Who Attended These Trainings	817

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 continued our strong outreach to veterans and military groups concerned with traumatic brain injuries. These efforts are more fully reported later in this report.

VOPA provided several trainings at clubhouses for people with TBI. Training was developed that addressed employment rights and self advocacy strategies. The purpose of the training was to provide the attendees with self advocacy tools in the event they face disability-related discrimination as they apply for employment, work, or separate from employment. This training was provided at 5 clubhouses for TBI clubhouse members and staff, over 80 attendees.

VOPA also provided several trainings for parent, advocacy and provider groups about special education and Medicaid options. The purpose of the training was to provide attendees with knowledge to maximize the usage of the individualized education plan, EPSDT and Medicaid waiver services to address children's disability related needs. This training was presented 5 times and reached over 85 attendees.

4. Agency Outreach

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

VOPA continued its outreach to the Spanish-speaking community by reviewing Census Bureau data to identify areas in Virginia with a significant Hispanic population, and by identifying Virginia-based organizations with a focus on education issues serving Virginia's Spanish-speaking population. These include organizations offering ESL (English as a Second Language) classes and advocacy entities such as PEATC. VOPA also identified Spanish newspapers and radio stations along with contact information for these media outlets. These contacts will be used in FY2010 for further outreach. VOPA presented special education training to ten Spanish-speaking parents at an elementary school PTA and provided special education materials in Spanish to eleven (11) other PTA organizations in areas with a significant Hispanic population. VOPA also met with members of a coalition including the Bilingual Parent Liaison for the local public schools. VOPA anticipates further collaboration in FY2010 with this coalition. VOPA also met with a Boys/Girls Club staff and provided written information about VOPA and about special education, including materials in Spanish.

C. INFORMATION DISSEMINATED TO THE PUBLIC

1. Radio and TV Appearances by Agency Staff	0
2. Newspaper/Magazine/Journal Articles Prepared by Agency Staff	1
3. PSAs/Videos Aired by the Agency	0
4. Website Hits	20864
5. Publications/Booklets/Brochures Disseminated by the Agency	170

6. Other

Number	Description (use separate sheets if necessary)
817+	Each training attendee was offered a VOPA brochure and materials relevant to the training. This may have been a powerpoint presentation, fact sheets or other topic-related resource materials.

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)	5
b. Additional Individuals Served During Fiscal Year (new for fiscal year)	16
c. Total Number of Individuals Served During Fiscal Year (a + b)	21
d. Total Number of Individuals with Cases that Were Closed During Fiscal Year	21
e. Total Individuals Still Being Served at the End of the Fiscal Year	0

2. Services	
a. Number of Cases/Service Requests Open at Start of Fiscal Year (carryover from prior)	5
b. Additional Cases/Service Requests Opened During Fiscal Year (new for fiscal year)	20
c. Total Number of Cases/Service Requests During Fiscal Year (a + b)	25
d. Total Number of Cases/Service Requests that Were Closed During Fiscal Year	
e. Total Number of Cases/Service Requests Open at the End of the Fiscal Year	

B. PROBLEM AREAS/COMPLAINTS OF INDIVIDUALS SERVED

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

d. Other	
2. Access to Records	
3. Advance Directives	
4. Architectural Accessibility	2
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)	5
a. FAPE: IEP/IFSP Planning/Development/Implementation	3
b. FAPE: Discipline/Procedural Safeguards	1
c. FAPE: Eligibility	
d. FAPE: Least Restrictive Environ.	1
e. FAPE: Multi-disciplinary Evaluation/Assessments	
f. FAPE: Transition Services	
g. Other	
9. Employment Discrimination (total)	1
a. Benefits	
b. Hiring/Termination	
c. Reasonable Accommodations	1
d. Service Provider Issues	
e. Supported Employment	
f. Wage and Hour Issues	
g. Other	
10. Employment Preparation	1
11. Financial Benefits (total)	3
a. SSDI Work Incentives	
b. SSI Eligibility	
c. SSI Work Incentives	
d. Social Security Benefits Cessation	
e. Welfare Reform	
f. Work Related Overpayments	3
g. Other Financial Entitlements	

12. Forensic Commitment	
13. Government Benefits/Services	4
14. Guardianship/Conservatorship	2
15. Healthcare (total)	
a. General Healthcare	
b. Medicaid	
c. Medicare	
d. Private Medical Insurance	
e. Other	
16. Housing (total)	2
a. Accommodations	1
b. Architectural Barriers	
c. Landlord/Tenant	1
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)	2
a. Failure to Provide Necessary or Appropriate Medical Treatment	
b. Failure to Provide Necessary or Appropriate Mental Health	
c. Failure to Provide Necessary or Appropriate Personal Care &	
d. Other	2
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*	

C. REASONS FOR CLOSING CASE FILES

1. Reason for Closing Case Files

Reason	
a. All Issues Resolved in Client's Favor	13
b. Some Issues Resolved in Client's Favor	5
c. Other Representation Obtained	
d. Individual Withdrew Complaint	1
e. Services Not Needed Due to Death, Relocation, etc.	
f. Individual Not Responsive to Agency	
g. Case Lacked Legal Merit	2
h. Conflict of Interest	
i. Agency Withdrew from Case	
j. Lack of Resources	3**
k. Not Within Priorities	1
l. Issue Not Resolved in Client's Favor	
m. Other*	
n. Total	25

*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.

** These 3 service requests were closed under PATBI funding and transferred to another funding stream due to limited PATBI funding. However, the cases were moving forward in a positive manner and the individuals' issues were being addressed affirmatively.

D. HIGHEST INTERVENTION STRATEGY

Interventions	
1. Short Term Assistance	11
2. Systemic/Policy Activities	
3. Investigation/Monitoring	1
4. Negotiation	13
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	2
13 to 18	3
19 to 25	2
26 to 64	13
65 and over	1
Total	21

B. GENDER OF INDIVIDUALS SERVED

Male	13
Female	8
Total	21

C. RACE/ETHNICITY OF INDIVIDUALS SERVED

Race/Ethnicity	
1. American Indian/Alaskan Native	
2. Arab American	
3. Asian	
4. Black/African American	4
5. Hispanic/ Latino	
6. Native Hawaiian/Other Pacific Islander	
7. White/Caucasian	17
8. Multiracial/Multiethnic	

9. Race/Ethnicity Unknown	
10. Other Than Above*	
11. Total	21

*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	3
2. Foster Care	
3. Homeless/Shelter	
4. Legal Detention/Jail/Prison	
5. Nursing Facility	1
6. Parental/Guardian or Other Family Home	7
7. Independent	8
8. Private Institutional Setting	
9. Public (State Operated) Institutional Setting	2
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	18
2. Rural	3
3. Total	21

PART IV: SYSTEMIC ACTIVITIES AND LITIGATION

A. SYSTEMIC ACTIVITIES

1. Number of Policies/Practices Changed as a Result of Non-Litigation Systemic Activities	2
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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.

VOPA provided comment on the proposed special education regulations. Several of our comments were adopted, which will benefit children with traumatic brain injuries. In particular, VOPA noted the area of due process, resulting in changes to the regulations that ensured the independence of hearing officers. VOPA also commented on the intention to remove benchmarks in an IEP; the adopted regulations require schools to consider including them in the IEP development.

VOPA is also collaborating with VDOE on a program to improve services to children with TBI. VOPA advocated for VDOE to convene a task force to study existing TBI policies and practices and update them to include better information for schools on screening and educational policies and procedures. VDOE has done so. VOPA now attends the task force charged to update their existing materials along with representatives of schools and advocacy organizations. VOPA has carried this objective over into FY2010 to continue its work on the task force.

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)	0
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.
Not applicable

C. MONITORING

Not Applicable

D. 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 FREE FROM ABUSE AND NEGLECT

Description of Need, Issue, or Barrier Addressed:

Virginia successfully litigated against the Veterans Administration 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):

Develop training on consumer rights and present to staff of traumatic brain injury community support providers.

Inform recipients of medical services through the Department of Veterans Affairs of their rights through three (3) trainings at veteran's facilities or organizations.

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

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

VOPA provided two trainings at the Hunter Holmes McGuire VA Medical Center in Richmond Virginia regarding consumer rights and services for individuals with Traumatic Brain Injuries (TBI). The first presentation was for the staff of the Polytrauma/Spinal Cord Injury Unit. This was an opportunity to meet the staff, with hopes of establishing a partnership for further veterans outreach at that facility. Later, VOPA conducted training for members of the Paralyzed Veterans Association (PVA), at McGuire VA Medical Center; the audience seemed to be very interested and receptive to the information provided. The goal was to educate patients about VOPA and our services, and provide them with rights information regarding Medical services, employment and housing. As a result of this presentation, we were invited back to McGuire for PVAs “kick off.” The audience included patients and staff of McGuire, as well as an opportunity to meet their Executive Director. We submitted an article to the PVA/McGuire Newsletter about VOPA’s services and TBI. VOPA provided training to members of the Marine Corp League in Newport News, regarding consumer rights and services for individuals with Traumatic Brain Injuries (TBI).

Priority #2: CHILDREN WITH DISABILITIES RECEIVE AN APPROPRIATE EDUCATION

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):

Respond to proposed final state special education regulations.

By March 1, 2009, develop a publication on special education issues for children with traumatic brain injuries. Send the publication to ten (10) advocacy groups.

Develop training for parents of children with TBI on advocacy skills and securing an IEP and present to three (3) parent groups.

Develop training for parents of children with TBI on accessing assistive technology and complementary accommodations and assessments and present to three (3) parent groups.

Require the Virginia Department of Education to provide training to teachers and school divisions to improve school divisions’ knowledge of issues surrounding the education of children with traumatic brain injuries.

Represent three (3) children with TBI who have improperly been found ineligible for special education or appropriate special education services

Coordinate with Brain Injury Services of the Southwest to represent five (5) children to receive appropriate special education services.

Outcome: Partially met
Total Number of Cases Handled: 3

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

VOPA provided comment on the proposed special education regulations. Several of our comments were adopted, which will benefit children with traumatic brain injuries. In particular, VOPA noted the area of due process, resulting in changes to the regulations that ensured the independence of hearing officers. VOPA also commented on the intention to remove benchmarks in an IEP; the adopted regulations require schools to consider including them in the IEP development.

After the regulations were promulgated, VOPA updated its training materials and distributed them at trainings to over 10 advocacy groups including centers for independent living, parent groups and other organizations. This was done instead of creating a new publication.

VOPA developed and presented trainings on three distinct stages of the IEP process to nine groups, including parents, advocates and school personnel. The trainings were very well received and resulted in numerous requests that VOPA provide the training to parents and advocates throughout the Commonwealth. VOPA has edited the material to include information on traumatic brain injury issues. At the trainings, materials on the new special education regulations were disseminated.

VOPA has represented one (1) child with TBI who was denied appropriate services under his IEP. In that case, VOPA advocated for a child to receive appropriate evaluations. At first, the school would not agree to have someone with expertise in TBI evaluate the child. Through VOPA's advocacy the school agreed to have people with specific training and experience in TBI evaluate the child. VOPA is continuing to advocate for this child, under a different grant, to receive appropriate services.

VOPA is also collaborating with VDOE on a program to improve services to children with TBI. VOPA advocated for VDOE to convene a task force to study existing TBI policies and practices and update them to include better information for schools on screening and educational policies and procedures. VDOE has done so. VOPA now attends the task force charged to update their existing materials along with representatives of schools and advocacy organizations. VOPA has carried this objective over into FY2010 to continue its work on the task force.

We developed training for parents of children with TBI on advocacy skills and securing an IEP, which was presented to parent groups at PEATC, the Muscular Dystrophy Association, Clinch Independent Living Center in Grundy, the Center for Independent Living in Charlottesville, and the Parent to Parent group at the Abingdon Center for Independent Living.

VOPA contracted with the Brain Injury Services of the Southwest to provide advocacy services to children with TBI in that region regarding appropriate special education services. This contract will continue through December 2010, and VOPA will provide BISSW with legal research as necessary. Although we have not received any outcome data for the new 2009 contract, we anticipate results similar to our previous contract.

Priority #3: PEOPLE WITH DISABILITIES HAVE EQUAL ACCESS TO GOVERNMENT SERVICES

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):

Present training to self-advocacy to five (5) TBI groups. Inform persons with TBI about their rights to employment and self-advocacy through two (2) trainings.

Represent three (3) individuals with TBI to obtain services from their Community Services Board.

Represent individuals who either reside in public housing or receive public assistance in housing who have been discriminated against due to their use of a service animal or due to denial of a reasonable accommodation.

Outcome: Partially met
Total Number of Cases Handled: 1

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

VOPA and the Brain Injury Association of Virginia provided the VOPA Disabilities Advisory Council with an overview of the work of both entities on behalf of and with individuals with traumatic brain injuries. The overview included work in the area of addressing the needs of military veterans with TBI.

VOPA presented training on self-advocacy and employment to five (5) TBI consumer-led groups: Westwood Clubhouse in Fredericksburg, High Street Clubhouse in Charlottesville, ADAPT Clubhouse in Alexandria, Phoenix Star Clubhouse in Roanoke, and the Greater Shenandoah Valley Brain Injury Association in Harrisonburg. Although the presentations were well received they did not generate any requests for services.

VOPA has received no complaints regarding denial of services to individuals with TBI by their CSB. We provided outreach and training at five (5) consumer-led groups as indicated above for individuals with TBI and possible concurrent mental illness. VOPA intake staff also screened all incoming call for possible cases with none identified.

Priority #4: PEOPLE WITH DISABILITIES LIVE IN THE MOST APPROPRIATE INTEGRATED ENVIRONMENT

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 individuals in the preparation of an advance directive or power of attorney. Inform restaurants of ADA accessibility requirement non-compliance and take action to correct.

Outcome: Met
Total Number of Cases Handled: 2

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

VOPA represented two individuals in developing a substitute decision making tool in lieu of guardianship. One client and her parents attended a presentation by VOPA on Alternatives to Guardianship. Client's parents had already been considering petitioning for guardianship because they thought that was their only option for ensuring client's well-being in case of a medical emergency. VOPA met with the client individually and with her mother to discuss a power of attorney (POA) for health care. VOPA attorney drafted a POA based in the wishes of the client. Guardianship was thus avoided.

VOPA pursued restaurant accessibility issues on behalf of people with TBI in two locations. VOPA's client had attended the ADA restaurant presentation at Mill House (a TBI clubhouse). After the presentation, our client identified a restaurant where she had experienced accessibility issues. She having difficulty with the entrance and the restrooms. She requested that VOPA assist in negotiating with the restaurant to make it accessible. VOPA staff surveyed the restaurant and found ADA Title III violations with the parking and the soap and towel dispensers. VOPA sent a letter to the restaurant notifying them of the ADA violations. VOPA provided the representative of the restaurant with technical assistance and ADA related resources. VOPA received notification that the alterations have been completed. VOPA staff visited the location and all of the alterations were completed to comply with the ADA.

Other:

VOPA represented 5 additional individuals whose cases were opened in FY08 and closed in FY09: 2 employment related, 1 public transportation, 1 special education and 1 that was outside of the FY08 objectives.

Outside objectives FY09: VOPA served 4 individuals with TBI in FY09 on issues that were not covered by our objectives. Most of these individuals received short term assistance. In one case however, VOPA provided Technical Assistance for our client regarding Department of Rehabilitation Services' (DRS) policies and procedures. Our client had been working via a DRS placement. She claimed she was forced out of the company after not providing documents to justify her disability. Since then, our client tried to acquire new vocational training or a new job placement via DRS. Our client claimed DRS provided no assistance in either of these areas and in addition tried to impose "anger management" training for the client which the client was insulted by and felt was discriminatory in nature. VOPA provided advocacy by attending 2 meetings with the client, DRS Counselor and DRS Office Manager. In addition, VOPA provided a negotiation plan by requesting that evaluations be done before requiring her to attend Counseling. The evaluations were completed and she was determined eligible for services from DRS. She received her eligibility certificate.

VOPA received 1 TBI related satisfaction survey and the individual indicated they would use VOPA again

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

VOPA participated on a national advisory group for HRSA about cultural competency and serving people with TBI. We had hoped to generalize lessons learned here to our Office's operations in general. However, the HRSA vendor facilitating the work group lost the contract and the new vendor has not yet followed up on this initiative.

VOPA attended a Census Bureau Summit for people with disabilities. This was the first time that the Bureau has made a deliberate outreach effort to people with disabilities to ensure they are accurately counted in the census. Because of our participation in that summit, VOPA has been invited to consider assisting in the collaboration of conducting another summit.

B. AGENCY ACCOMPLISHMENTS

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

VOPA worked closely with the Virginia Department of Education during FY09 to develop training tools and identification means that will improve school districts abilities to serve children with traumatic brain injuries. These efforts will have a statewide impact on children with TBI at a critical point in their lives and in one of the few systems with the responsibility and resources to respond to TBI-related concerns.

C. IMPLEMENTATION PROBLEMS

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

Again this year, lack of resources was a significant impediment to meeting the advocacy needs of individuals with YBI. VOPA had to juggle service requests between funding streams in order to not run out of grant funds prior to the end of the federal fiscal year. Staff were creative in using other funding streams to serve a limited number of PATBI-eligible individuals and to offset some expenses. VOPA plans its objectives based on the needs within the state; not by funding stream or specific disabilities. Some of the identified estimated cases and proposed activities may have been addressed in conjunction with other funding streams, but the result is still a positive impact on PATBI-eligible individuals. The lack of adequate funding prevents VOPA from addressing the significant advocacy needs of this highly complex disability.

VOPA's Business Manager was on leave in the fall of 2008 and left the organization in spring of 2009. As well, our current fiscal officer intends to retire within the current fiscal year. VOPA is in the process of assessing the organization's business needs and whether the current staffing pattern needs to be adjusted.

VOPA participated on a national advisory group for HRSA about cultural competency and serving people with TBI. We had hoped to generalize lessons learned here to

our Office's operations in general. However, the HRSA vendor facilitating the work group lost the contract and the new vendor has not yet followed up on this initiative.

The P&A network struggles with the electronic handbook requirements for PATBI. It is not that the content is difficult to report, but the technology and web-based instruments require multiple calls to the helpdesk that frequently cannot help with the technical glitches. As well, there are several reporting elements in the EHB that do not apply to the P&As' non-competitive, formula grants. This seems to be a costly use of the limited PATBI grant funds that cannot be used to provide advocacy services. We appreciate that HRSA is continuing to work on this requirement, but we felt compelled to identify it as an external implementation problem.

PART VI: AGENCY ADMINISTRATION

A. GRIEVANCES FILED

PATBI grievances filed against the agency during the fiscal year	0
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B. COLLABORATIVE EFFORTS

Under other and with TBI funding, VOPA collaborated with the following entities:

- Brain Injury Association of Virginia
- Department of Mental Health, Mental Retardation and Substance Abuse
- Partnership for People with Disabilities
- Department of Rehabilitative Services
- Department of Medical Assistance Services
- Virginia Public Guardian and Conservator Advisory Board
- Virginia Board for People with Disabilities
- Centers for Independent Living
- Veterans Administration Medical Centers in Virginia

PART VII: END OF FORM

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