

**ANNUAL CLIENT ASSISTANCE PROGRAM (CAP) REPORT**Fiscal Year **2010**

<b>DESIGNATED AGENCY IDENTIFICATION</b>	
Name: Virginia Office for Protection and Advocacy	
Address: 1910 Byrd Avenue, Suite 5	
Richmond, Virginia 23230	
E-mail Address (if applicable): Sherry.Confer@vopa.virginia.gov	
Website Address (if applicable): <a href="http://www.vopa.state.va.us">www.vopa.state.va.us</a>	
Phone: (804) 225-2042	TTY: (804) 225-2042
Toll-free Phone: (800) 552-3962	Toll-free TTY: (800) 552-3962
Fax: (804) 662-7057	
<b>OPERATING AGENCY (IF DIFERENT FROM DESIGNATED AGENCY)</b>	
Name:	
Address:	
E-mail Address (if applicable):	
Website Address (if applicable):	
Phone: ( )	TTY: ( )
Toll-free Phone: ( )	Toll-free TTY: ( )
Fax: ( )	
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 not permitted)

1. Information regarding the Rehabilitation Act	1301
2. Information regarding Title I of the ADA	1092
3. Other information provided	802
4. Total I&R services provided (Lines A1+A2+A3)	3195
5. Individuals attending trainings by CAP staff (approximate)	237

**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)	19
2. Additional individuals who were served during the year	38
3. Total individuals served (Lines B1+B2)	57
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.)	14

**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	38
2. Some issues resolved in individual's favor (when there are multiple issues)	10
3. CAP determines VR agency position/decision was appropriate for the individual	
4. Individual's case lacks legal merit; (inappropriate for CAP intervention)	
5. Individual chose alternative representation	
6. Individual decided not to pursue resolution	2
7. Appeals were unsuccessful	
8. CAP services not needed due to individual's death, relocation, etc.	
9. Individual refused to cooperate with CAP	4
10. CAP unable to take case due to lack of resources	
11. Other (Please explain on separate sheet)	

**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	11
2. Application for services completed	4
3. Eligibility determination expedited	8
4. Individual participated in evaluation	2
5. IPE developed/implemented	12
6. Communication re-established between individual and other party	7
7. Individual assigned to new counselor/office	5
8. Alternative resources identified for individual	3
9. ADA/504/EEO/OCR complaint made	
10. Other (Please explain on separate sheet): 1=No Response, 1=Lack of cooperation by Authorized Representative	2

**Part II. Program Data**

**A. Age** (As of the beginning of the fiscal year.) (Multiple responses not permitted.)

1. 21 and under	18
2. 22 – 40	8
3. 41 – 64	30
4. 65 and over	1
5. Total (Sum of Lines A1 through A4. Total must equal Line I. B3.)	57

**B. Gender** (Multiple responses not permitted.)

1. Females	23
2. Males	34
3. Total (Lines B1+B2. Total must equal Line I.B3.)	57

**C. Race/Ethnicity**

1. American Indian or Alaska Native	0
2. Asian	1
3. Native Hawaiian or Other Pacific Islander	0
4. Black or African American	13
5. Hispanic or Latino	1
6. White	42
7. Race/ethnicity unknown	0

**D. Primary disabling condition of individuals served (Multiple responses not permitted.)**

1. Blindness (both eyes)	1
2. Other visual impairments	4
3. Deafness	1
4. Hard of hearing	
5. Deaf-blind	
6. Orthopedic impairments	5
7. Absence of extremities	
8. Mental illness	19
9. Substance abuse (alcohol or drugs)	
10. Mental retardation	8
11. Specific learning disabilities (SLD)	3
12. Neurological disorders	12
13. Respiratory disorders	
14. Heart and other circulatory conditions	1
15. Digestive disorders	1
16. Genitourinary conditions	
17. Speech impairments	
18. AIDS/HIV positive	
19. Traumatic brain injury (TBI)	2
20. All other disabilities	
21. Disabilities not known	
22. Total (Sum of Lines D1 through D21. Total must equal Line I. B3.)	57

**E. Types of individuals served (Multiple responses permitted.)**

1. Applicants of VR Program	22
2. Clients of VR Program	34
3. Applicants or clients of IL Program	
4. Applicants or clients of other programs and projects funded under the Act	1

**F. Source of individual's concern (Multiple response permitted.)**

1. VR agency only	55
2. Other Rehabilitation Act sources only	2
3. Both VR agency and other Rehabilitation Act sources	1
4. Employer	1

**G. Problem areas (Multiple responses permitted.)**

1. Individual requests information	1
2. Communication problems between individual and counselor	9

3. Conflict about services to be provided	20
4. Related to application/eligibility process	23
5. Related to IPE development/implementation	13
6. Other Rehabilitation Act-related problems	4
7. Non-Rehabilitation Act related	
8. Related to Title I of the ADA	1

**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	9
2. Advisory/interpretational	9
3. Negotiation	31
4. Administrative/informal review	5
5. Alternative dispute resolution	
6. Formal appeal/fair hearing	
7. Legal remedy	
8. Transportation	

---

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.

### PART III. Narrative

Refer to pages 16-19 of the instruction for guidelines on the contents of the 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	249,623	216,592
State funds	-	-
Program Income	-	-
Private	-	-
All other funds (carryover)	22,365	22,365
Total from all sources	271,988	238,957

#### c. Budget for current and following fiscal years

Category	Current Fiscal Year (FY2010)	Next Fiscal Year (FY2011)
Wages & Salaries	159,170	151,539
Fringe Benefits (FICA, unemployment, etc.)	91,130	80,850
Materials/Supplies	1,409	530
Postage	53	189
Telephone/Internet	1,050	0
Organization memberships/Subscription	1,639	1,855
Travel	5,223	10,000
Training	835	2,000
Equipment Purchase/Repair	2,280	2,190
Temporary Personnel Services	2,205	420
Indirect Costs	18,850	19,410
Miscellaneous	4,181	10,000
Total Budget	288,025	265,208

**d. Number of person-years**

Type of position	Full-time equivalent	% of year position filled	Person-years
Professional			
Full-time	15	85	13
Part-time			
Vacant			
Clerical			
Full-time	7	95	7
Part-time			
Vacant			

**e. Summary of presentations made:**

VOPA provided training for local departments of social services in five (5) regions of the state. The trainings were designed to ensure that local social services staff know about and will help foster children access programs that will help them lead productive, fulfilled adult lives. The trainings discussed topics including Early Periodic Screening, Diagnostic, and Treatment (EPSDT), transitioning from school to work, VR services, Ticket to Work and other work incentives, including but not limited to the Student Earned Income Exclusion (SEIE), Medicaid 1619 (B) and Impairment Related Work Expenses (IRWEs). The people who attended the trainings were thrilled to have this information. They had great questions about Transition Services, how VR can assist their clients, as well as questions about SEIE.

Another area of outreach was trainings for VR consumers regarding services they should receive from VR. VOPA included information about CAP and when an individual who receives services from VR might want to call VOPA for assistance.

VOPA routinely provides training and speaking engagements through our Speakers Bureau. The Speakers Bureau is comprised of VOPA staff that are available to provide training and presentations that are related to the Office's current Goals, Focus Areas, and Objectives (priorities). The Speaker's Bureau currently has its own page on the VOPA website and there is a link for the public to make a request for a Speaker's Bureau presentation. VOPA also provides exhibits and materials for fairs, conferences, and other functions. Whenever a presentation is conducted about VOPA in general, it addresses some of the work we do related to CAP.

VOPA's outreach and training related to CAP work was completed in conjunction with other funding streams. It makes more sense to our constituents (and is more practical for VOPA) to provide presentations and training on related topics no matter what the funding source. For example, VOPA presented to 45 people including Virginia Department of Rehabilitative Services and Virginia Department for the Blind and Vision Impaired Counselors, Employment Providers, Independent Living Case Managers, parents and individuals with disabilities. Goals of the training included providing information about CAP, work incentives, and vocational rehabilitation (VR) services.

**f. Involvement with advisory boards**

VOPA participates on the Virginia Rehabilitation Council for the Department for the Blind & Vision Impaired (DBVI). 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 or employment opportunities, and completion of the required Annual Report on the status of VR services in the State. VOPA was an active participant and voting member of the council. We debated and voted on agency priorities and workplan. VOPA was a vocal and frequent advocate for maximum inclusion, participation and employment of people with disabilities and advocated for policies that would give people with disabilities the opportunity to be employed to their maximum potential.

Upon nomination by the VOPA Director, a VOPA advocate was appointed by the Governor of Virginia to be a member of the Virginia State Rehabilitation Council (SRC). In accordance with federal and state law the group must include a representative of the Client Assistance Program (CAP) of the state’s Protection and Advocacy entity (VOPA). In Virginia, VOPA is the CAP. The appointment is for one year and expired in September 2010. VOPA has nominated a new staff for the SRC position. “Improving employment and quality of life for Virginians with disabilities” is an objective for this council. This is another avenue for CAP related advocacy.

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.

**g. Outreach to unserved/underserved populations:**

VOPA began designing a new publication for improved outreach to potential CAP clients. The new publication focuses on the rights of individuals in the vocational rehabilitation process and urges readers to “keep this information” throughout the process. Distribution of the new brochure will begin in early FY11.

In the spring of 2010, VOPA conducted an analysis of its outreach and services statewide. The Disability Advocacy Database (DAD) reporting and sorting capabilities were used to determine the localities where VOPA had provided some level of services. VOPA staff marked each county or city where VOPA had done work and were able to illustrate how broad reaching advocacy efforts were across the state for the first half of the year. Calculations were also made to determine the populations of each region so that a comparison could be made between populations of regions in relation to the services provided. By importing the number of individual cases and types of systemic projects into Microsoft Excel, VOPA was able to further

demonstrate its efforts showing the number of case services, I&R and systemic work by grant. The overall results of the project were put into a PowerPoint presentation and shared with VOPA's Governing Board. In addition, staff used the results to target underserved areas for the last half of the fiscal year.

**h. Alternative dispute resolutions:**

VOPA staff routinely engages in alternative dispute resolutions, including negotiation and administrative or 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 considering litigation.

Although VOPA has not represented any clients in fair hearings against DRS in FY10, VOPA has provided technical assistance to three (3) clients, including educating them about the fair hearing process, and providing legal advice and analysis on a pending fair hearing.

**i. Systemic advocacy:**

VOPA prepared a trend analysis to determine whether there were systematic problems at DRS in the following areas: (1) whether DRS provides appropriate vocational rehabilitation services; (2) whether DRS systematically violates any state or federal laws or their own policy, and (3) whether DRS provides appropriate Trial Work Experience, as required by state and federal law, before determining that an applicant for services cannot benefit from vocational rehabilitation services.

VOPA gathered information and found systemic problems in the areas of eligibility, closures, trial work experience and development and implementation of Individualized Plans of Employment. Once VOPA provided input to DRS about these systematic problems, DRS acknowledged that its personnel were not appropriately familiar with state and federal vocational rehabilitation law and regulations.

As a result, DRS committed to a comprehensive system wide retraining of its personnel, including counseling staff and managers, to ensure that they are appropriately familiar with state and federal law regarding vocational rehabilitation. VOPA collaborated with DRS in the planning and development of the training. The planning and development of the training included (1) determining which personnel need the training; (2) ensuring that specific topics important to our clients, that were the result of complaints received and information gathered, be addressed in DRS' training; and (3) ensuring that the training include a significant emphasis on the provision of Trial Work Experience and law and regulation regarding Trial Work Experience.

In early FY10, the federal Rehabilitative Services Administration conducted in-depth reviews of Virginia's Department of Rehabilitative Services and Department for the Blind and Visually Impaired (DBVI). VOPA collected systemic information about both

agencies and provided it to RSA (and to the Virginia agencies), and met with monitors during their on-site visit.

In December 2009, VOPA met with the transition staff of the newly elected Governor to discuss systemic issues, including systemic issues concerning DRS and DBVI.

**j. Interesting cases:**

It should 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.

In FY10, VOPA addressed over 75 requests for CAP services, serving 57 separate individuals. Please find below cases of particular interest.

VOPA has represented individuals who have disputes with DRS, including issues relating to eligibility, case closure, vocational rehabilitation counselors, vocational rehabilitation services including development of Individualized Plan of Employment (IPE) and transition services.

Eligibility

In one case, a client applied for vocational rehabilitation services from DRS three years ago. DRS failed to determine eligibility for this client despite the client's repeated oral and written requests. VOPA successfully advocated that DRS determine that our client is eligible for vocational rehabilitation services.

In another case, VOPA represented a client discharged from a state operated institution who required vocational rehabilitation services. VOPA advocated for an eligibility determination, appropriate assessments, and necessary training to facilitate development of an appropriate IPE. With VOPA's advocacy, our client was determined eligible, and then DRS provided a vocational evaluation and situational assessments for the client that eventually led to a productive employment opportunity.

Closure

VOPA intervened on behalf of clients to prevent the closure of their cases with DRS. In one case, DRS admitted that they made a mistake by closing a client's case when they should not have closed the case. In each of these cases, VOPA has successfully advocated that DRS reopen these cases.

Vocational Rehabilitation Counselors

In cases where there has been a dispute between the client and their vocational rehabilitation case counselor, VOPA has successfully advocated that the case be transferred to another counselor who may have a better understanding of the client's needs. In one case, VOPA successfully advocated, through the process of Informal Administrative Review, that DRS provide the client a new counselor at a different DRS office. In another case, a client complained that their DRS counselor failed to be consistent in providing vocational rehabilitation services, including following up on an internship opportunity, participating at an IEP meeting, and providing a vocational evaluation. VOPA advocated that the DRS counselor provide all these services and

become more involved with the client. VOPA was successful in assisting to establish a good relationship between the counselor and client.

#### Individualized Plan of Employment (IPE)

VOPA has represented individuals who are not satisfied with the IPE proposed by their vocational rehabilitation counselor. In these cases, VOPA has advocated that DRS develop an appropriate IPE with a goal that maximizes their employment potential. In most of these cases, when VOPA has been involved, there has been an improved relationship between the vocational rehabilitation counselor and client.

In one case, a client had a signed IPE for two years but was not progressing towards his goal, and client complained that DRS was not providing appropriate vocational rehabilitation services. VOPA successfully advocated that DRS work closer with the client and provide appropriate services including assistance with job development skills. In this case, VOPA was also successful in advocating for a change of counselors.

In another case, our client did not agree to a proposed IPE goal of "clerk." VOPA successfully advocated that DRS change the IPE goal to "Medical Coding Clerk." VOPA also successfully advocated that DRS provide appropriate services to assist client work towards this new IPE goal, including providing tuition assistance with a medical coding class and certification exam, and also providing paratransit tickets for transportation to and from class.

#### Vocational Rehabilitation Services

In one case, client complained that DRS refused to provide tuition assistance for college. After research of the relevant interpretation of DRS policy and the specific facts of the case, VOPA successfully advocated that DRS provide this service. Subsequently, DRS agreed to provide tuition assistance to client.

In another case, client complained that DRS was not implementing his IPE because DRS was not providing client with printer ink he needed to print resumes and continue his job search. Based upon VOPA advocacy, DRS agreed to provide the client with the ink he needed to work towards his IPE goal.

#### Transition

VOPA represented high school (transition) students to ensure that they receive appropriate transition plans to prepare them for work or secondary education. In all transition cases, VOPA has advocated that DRS become directly involved in the child's transition services at an early age, as early as age fourteen (14). VOPA has also advocated that DRS participate in the student's IEP meetings to help develop their transition plan.

In one particular case, DRS refused to conduct an intake for a fourteen year old student, and in another case, a student who was almost sixteen years old. Both students were advised by DRS to apply for DRS services closer to their high school graduation date. In each of these cases, VOPA successfully advocated that DRS conduct an intake appointment for the clients immediately; and in both cases, these students were determined eligible for vocational rehabilitation services.

In another case, DRS conducted an intake appointment for a transition student over one year ago but never determined eligibility. VOPA advocated for client and subsequently, DRS determined eligibility, apologized for the oversight, developed a good IPE for client, and agreed to participate at his IEP meetings to help develop a transition plan at school.

**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, and disability-related links are also available.

VOPA initiated "VOPA alert," an email distribution list service to communicate with our constituents. The first outgoing message announced its purpose, requested public input for our priority planning, and public comment on the work we have done.

VOPA initiated "The Directors' Blog" on our website. VOPA offers this blog as a way of alerting the public to news and developments in disability law, sharing activities of the Office, and getting feedback about how we're doing.

**Signature and title of CAP program director:**

---

Colleen Miller, Executive Director

---

Date