

**P & A Program Performance Report
PADD PPR**

Grantee: VA

OMB Clearance No.: 0980-0160

Reporting Period: 10/1/2011 - 9/30/2012

Expiration Date.: 06/30/2014

Section 1 Identification

State: VA	Reporting Period: 10/1/2011	To: 9/30/2012
P&A Agency Name: VIRGINIA - Virginia Office for Protection & Advocacy		
Contact Person Last Name: Miller First Name: Colleen MI:		
Phone Number: 804-225-2042		

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Section 2 Individual Clients Served

A. Number of Individual Clients (Number of Persons with Disabilities Receiving Individual Advocacy):		
1. Number of clients receiving advocacy at start of fiscal year:		34
2. Number of new/renewed clients represented during fiscal year:		147
Total:		181
3. If program income was used to supplement the PADD allotment for the reporting period, estimate the number of individuals served as a result of program income dollars:		0
4. Number of individuals requesting individual advocacy and who are eligible under the PADD program but did not receive such		2,236
B. Number of Case Problems of Individual Clients		234
C. Number of Individual Clients by Age:		
Age 0 to 2:		0
Age 3 to 4:		4
Age 5 to 22:		91
Age 23 to 59:		65
Age 60 and over:		21
Total Clients:		181
D. Number of Individual Clients by Sex:		
Number of Male:		127
Number of Female:		54
Total Clients:		181
E. Number of Individual Clients by Racial/ Ethnic Background:	Single Response	Multiple Response
Asian:	3	0
Black or African American:	47	0
Hispanic / Latino:	2	0
American Indian or Alaskan Native:	0	0
Native Hawaiian or other Pacific Islander	0	0
White:	126	0
Multiple Response:	0	
Information Not Provided	3	
Total Clients:	181	
F. Number of Individual Clients by Geographic Location:	In-State	Out-of-State

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Urban (metropolitan area with population of 50,000 or more):	95	0
Rural (all other):	86	0
Total Clients:	181	0
G. Clients Living Arrangements		Number of Individual Clients
Independent		10
Parental or other Family Home		96
Community Residential Home		12
Foster Care		2
Nursing Home		0
Public (State Operated Institutional Living Arrangement)		59
Private Institutional Living Arrangement		1
Legal Detention / Jail / Prison / Detention Center		0
Homeless		0
Federal Facility (List)		0
Other		1
Information not provided		0
Total Client Cases by Living Arrangement		181
H. Individual Clients Disability		Number of Individual Clients
Autism		40
Cerebral Palsy		9
AIDS/HIV		0
Epilepsy		3
Mental Illness		4
Intellectual Disability		91
Muscular Dystrophy		1
Spina Bifida		0
Learning Disabilities		2
Traumatic Brain Injuries (TBI) and other head injuries		0
Tourette Syndrome		0
Visual Impairment / Blind		2
Hard of Hearing / Deaf		8

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Other Physical / Orthopedic *		4
Other Emotional / Behavioral *		0
Other Intellectual *		17
Disability Unknown		0
Total Disabilities		181
Sections	Name of Disability	Number of Clients
Disability Breakout 1	Other Physical/Orthopedic - Multiple Sclerosis	1
Disability Breakout 2	Other Physical/Orthopedic - Charge Syndrome	1
Disability Breakout 3	Other Physical/Orthopedic - Pfeiffer Syndrome Type 3	1
Disability Breakout 4	Other Physical/Orthopedic - Trachea, Esophagus & Velothargel Insufficiency Issues	1
Disability Breakout 5	Other Intellectual - Enzyme Deficiency	1
Disability Breakout 6	Other Intellectual - Fragile X Syndrome	1
Disability Breakout 7	Other Intellectual - ADD/ADHD	15

Section 2 County List

	County Name	Total Population	Number of Individual Clients
1	Accomack County	33,164	1
2	Albemarle County	98,970	1
3	Alexandria city	139,966	2
4	Alleghany County	16,250	0
5	Amelia County	12,690	0
6	Amherst County	32,353	26
7	Appomattox County	14,973	0
8	Arlington County	207,627	1
9	Augusta County	73,750	2
10	Bath County	4,731	0
11	Bedford city	6,222	0
12	Bedford County	68,676	2
13	Bland County	6,824	0
14	Botetourt County	33,148	1
15	Bristol city	17,835	0

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16	Brunswick County	17,434	1
17	Buchanan County	24,098	0
18	Buckingham County	17,146	0
19	Buena Vista city	6,650	0
20	Campbell County	54,842	0
21	Caroline County	28,545	0
22	Carroll County	30,042	19
23	Charles City County	7,256	0
24	Charlotte County	12,586	0
25	Charlottesville city	43,475	2
26	Chesapeake city	222,209	10
27	Chesterfield County	316,236	4
28	Clarke County	14,034	0
29	Colonial Heights city	17,411	0
30	Covington city	5,961	0
31	Craig County	5,190	0
32	Culpeper County	46,689	2
33	Cumberland County	10,052	0
34	Danville city	43,055	2
35	Dickenson County	15,903	1
36	Dinwiddie County	28,001	4
37	Emporia city	5,927	0
38	Essex County	11,151	0
39	Fairfax city	22,565	0
40	Fairfax County	1,081,726	8
41	Falls Church city	12,332	1
42	Fauquier County	65,203	0
43	Floyd County	15,279	0
44	Fluvanna County	25,691	0
45	Franklin city	8,582	0
46	Franklin County	56,159	0
47	Frederick County	78,305	4

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48	Fredericksburg city	24,286	0
49	Galax city	7,042	0
50	Giles County	17,286	0
51	Gloucester County	36,858	3
52	Goochland County	21,717	5
53	Grayson County	15,533	0
54	Greene County	18,403	0
55	Greensville County	12,243	1
56	Halifax County	36,241	0
57	Hampton city	137,436	3
58	Hanover County	99,863	4
59	Harrisonburg city	48,914	0
60	Henrico County	306,935	13
61	Henry County	54,151	0
62	Highland County	2,321	0
63	Hopewell city	22,591	0
64	Isle of Wight County	35,270	0
65	James City County	67,009	3
66	King and Queen County	6,945	0
67	King George County	23,584	2
68	King William County	15,935	1
69	Lancaster County	11,391	0
70	Lee County	25,587	2
71	Lexington city	7,042	0
72	Loudoun County	312,311	1
73	Louisa County	33,153	2
74	Lunenburg County	12,914	0
75	Lynchburg city	75,568	1
76	Madison County	13,308	0
77	Manassas city	37,821	1
78	Manassas Park city	14,273	0
79	Martinsville city	13,821	0

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80	Mathews County	8,978	0
81	Mecklenburg County	32,727	0
82	Middlesex County	10,959	1
83	Montgomery County	94,392	2
84	Nelson County	15,020	0
85	New Kent County	18,429	0
86	Newport News city	180,719	2
87	Norfolk city	242,803	3
88	Northampton County	12,389	0
89	Northumberland County	12,330	0
90	Norton city	3,958	0
91	Nottoway County	15,853	1
92	Orange County	33,481	1
93	Page County	24,042	0
94	Patrick County	18,490	0
95	Petersburg city	32,420	0
96	Pittsylvania County	63,506	0
97	Poquoson city	12,150	0
98	Portsmouth city	95,535	0
99	Powhatan County	28,046	0
100	Prince Edward County	23,368	0
101	Prince George County	35,725	0
102	Prince William County	402,002	3
103	Pulaski County	34,872	0
104	Radford city	16,408	0
105	Rappahannock County	7,373	0
106	Richmond city	204,214	5
107	Richmond County	9,254	0
108	Roanoke city	97,032	0
109	Roanoke County	92,376	0
110	Rockbridge County	22,307	0
111	Rockingham County	76,314	0

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112	Russell County	28,897	0
113	Salem city	24,802	1
114	Scott County	23,177	0
115	Shenandoah County	41,993	1
116	Smyth County	32,208	0
117	Southampton County	18,570	0
118	Spotsylvania County	122,397	7
119	Stafford County	128,961	3
120	Staunton city	23,746	0
121	Suffolk city	84,585	0
122	Surry County	7,058	0
123	Sussex County	12,087	0
124	Tazewell County	45,078	1
125	Virginia Beach city	437,994	11
126	Warren County	37,575	2
127	Washington County	54,876	0
128	Waynesboro city	21,006	0
129	Westmoreland County	17,454	0
130	Williamsburg city	14,068	0
131	Winchester city	26,203	1
132	Wise County	41,452	0
133	Wythe County	29,235	0
134	York County	65,464	0

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Section 3 Case Problem Areas of Individual Clients Served

This is the total number of problems addressed by the PADD program and collected at case closure. This will allow the PADD program to better determine the outcome of its work. This can be more than the number of problems presented upon intake that is the total number reported in Section 2 B.	
A. The outcome of problems addressed for Individual Clients:	
1. Number of persons with developmental disabilities living in institutions served by the P&A whose complaint of abuse, neglect, discrimination of their rights was remedied by the P&A:	15
2. Number of persons with developmental disabilities living in the community served by the P&A whose complaint of abuse, neglect, discrimination of their rights was remedied by the P&A:	99
B. Types of problems addressed by area of emphasis:	
1. Quality Assurance including abuse, neglect & other violations of rights	29
2. Education and early intervention	89
3. Child care	0
4. Health care	38
5. Employment	1
6. Housing	2
7. Transportation	3
8. Recreation	2
Total Case Problem Areas of Individual Clients Addressed upon closure	164
C. Reasons for Closing Individual's Case Files:	
1. Issues resolved partially or completely in the individual's favor	147
2. Other representation found	3
3. Individual withdrew complaint	5
4. Appeals were unsuccessful	2
5. PADD services were not needed due to individual's death, relocation, etc.	3
6. PADD withdrew because individual would not cooperate	0
7. PADD unable to take care because of lack of resources	0
8. Individual's case lacks merit	4
9. Other	0
D. Intervention Strategies Used in Serving Individuals: (List the highest level of Intervention used by PADD prior to closing each case file.)	
1. Technical assistance in self-advocacy	64
2. Short-term assistance	49

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3. Investigation / monitoring	13
4. Negotiation	31
5. Mediation / alternative dispute resolution	4
6. Administrative hearings	1
7. Litigation	2
E. Satisfaction of Individuals Served:	
1. Number of satisfaction surveys distributed	19
2. Number of satisfaction surveys returned during the year	0
3. Of the total number of surveys returned, indicate how many individuals rated their overall satisfaction with PADD in the following ways:	
a. Satisfied	0
b. Not satisfied	0
4. Number of client grievances filed under the client grievance procedure	0

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Section 4 Interventions on Behalf of Groups of Clients

A.Summary Data	Number of cases	Potential number of individuals impacted	Number of cases concluded successfully	Number of cases concluded unsuccessfully	Number of cases pending
Summary Data on Group Advocacy Intervention	16	11,816	16	0	0
Summary Data on Investigations Intervention	5	1,033	0	0	5
Summary Data on Monitoring Activities Intervention	5	0	0	0	5
Summary Data on Court-Ordered Monitoring Activities Intervention	0	0	0	0	0
Summary Data on Systemic or Class-action Litigation Intervention	1	7,000	1	0	0
Summary Data on all Group Interventions	27	19,849	17	0	10

B. Group Advocacy:

1. What are the major issues addressed?

Community living should be safe and high quality. We evaluated how well the state's oversight functions by surveying fifteen Medicaid Waiver Group Homes and Assisted Living Facilities in the Shenandoah Valley.

The Department of Education had a policy that denied children and parents full access to counsel during mediation. Under its policy, attorneys could not initiate mediation on behalf of their clients or represent their clients in mediation. Attorneys were told that they were only allowed to participate as "advisors" and could not speak for their clients even when their clients asked them to do so. As described below, we resolved this problem for families using mediation.

2. Which groups are likely to be affected?

Residents of Medicaid Waiver Group homes and Assisted Living Facilities

Children receiving special education services in Virginia

3. What have been the major outcomes during the fiscal year?

The state does a poor job of quality assurance. Oversight is provided primarily by "licensing," and that is grossly inadequate. VOPA found health and safety concerns at several residential facilities serving individuals with disabilities and then worked with the providers to resolve all concerns including inadequate ramps, bathrooms and doorways, and making sure the facilities are clean and emergency preparedness plans meet the needs of the residents. In response to our findings, we urged support for the plan to improve quality oversight that is contained in the state's settlement agreement with DOJ.

Parents now have a stronger voice in mediation. VOPA successfully advocated for the Department of Education to change its policy and practice regarding mediation. Under an agreement with VOPA, the Department allows attorneys to sign requests for mediation and speak for their clients at mediation.

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4. How do these outcomes contribute to the long-term objectives as stated in the Statement of Objectives and Priorities?

Monitoring of community-based group homes supports VOPA's objectives in the areas of abuse and neglect and community integration.

Ensuring that parents and children have full and equal rights to counsel in the mediation process supports VOPA's objectives in the area of appropriate special education and services for students with disabilities.

C. Full Investigations:

1. What are the major areas of investigation?

We conducted dozens of individual investigations, as described below in Section 6. In addition, VOPA is investigating the quality of internal abuse and neglect investigations conducted by the state operated ICFs/MR.

VOPA is also investigating the activities of the "specially constituted committee" at ICFs/MR to ensure behavior plans are being properly implemented.

VOPA completed a comprehensive investigation of the quality and completion of dental services at state operated ICFs/MR.

2. Which groups are likely to be affected?

Residents of the state-operated ICFs/MRs.

3. What have been the major outcomes during the fiscal year?

The state's internal investigation system is uneven, biased, and sloppy. Although Department for Behavioral Health and Developmental Services (DBHDS) designates the so-called "impartial investigators" as "DBHDS Central Office employees" for purposes of their investigative roles, they are employees of the facility under investigation. They are, in many cases, biased and subject to substantial influence based on that relationship. This information and review helps VOPA to advocate for better systems to ensure that training centers are implementing best practices while preserving everyday freedoms and dignity.

VOPA conducted a review of policies, procedures, and Specially Constituted Committee (SCC) minutes from two ICFs/MR. Through our investigation, we believe that one ICF/MR has been complying with the Centers for Medicare and Medicaid Services (CMS) regulations regarding activities of SCC for Intermediate Care Facilities for Mentally Retarded (ICFs/MR). Due to the lack of information, we do not know if the other ICF/ MR is compliant. This investigation remains incomplete due to VOPA staffing resources.

VOPA discovered multiple deficiencies in the state operated ICF/MR dental care services including lack of training in basic care such as brushing and flossing, failure to acquire x-rays or provide adequate treatment for simple or complex services as well as unnecessary extractions and consent forms. We have done several trainings addressing our findings and created a draft report.

4. How do these outcomes contribute to the long-term objectives as stated in the Statement of Objectives and Priorities?

As Virginia continues the movement to close state operated ICFs/MR, we need to be prepared to handle a system that will be in a constant state of instability over the next few years. We will support the residents who will be discharged to community residential placements. VOPA created a series of new objectives for FY 13 to assist with this transition.

VOPA investigated the compliance of ICFs/MR with CMS standards. Understanding these policies and procedures allows VOPA to proactively resolve concerns with abuse and neglect in facilities per our objectives

VOPA has a comprehensive understanding of the deficiencies in state operated ICF/MR dental services which will allow us to respond to dental complaints efficiently. This objective was not continued for FY 13.

D. Monitoring:

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<p>1. What are the major areas of non-court ordered monitoring? There are five state-operated ICFs/MR in Virginia. VOPA monitors conditions several times a month, investigating data trends, following up on injuries, collecting policies and other systemic information in addition to being available to residents. This monitoring may include providing rights information and some short-term assistance services. Staff identifies possible abuse and neglect by reviewing all Critical Incident Reports.</p>
<p>2. Which groups are likely to be affected? Residents of state operated ICFs/MR.</p>
<p>3. What have been the major outcomes during the fiscal year? Through monitoring of state ICFs/MR, VOPA uncovered several instances of abusive and neglectful treatment of people with developmental disabilities. In cases alleging individual abuse or neglect, VOPA conducted investigations and submitted reports of findings. VOPA also advocated for systemic changes to ensure that clients would not be abused or neglected in the future. This work is detailed in Section 6.</p>
<p>4. How do these outcomes contribute to the long-term objectives as stated in the Statement of Objectives and Priorities? These efforts are directed specifically at freedom from abuse and neglect and increased community integration.</p>
<p>E. Court Ordered Monitoring:</p>
<p>1. What are the major areas of court ordered monitoring? Not applicable</p>
<p>2. Which groups are likely to be affected? Not applicable</p>
<p>3. What have been the major outcomes during the fiscal year? Not applicable</p>
<p>4. How do these outcomes contribute to the long-term objectives as stated in the Statement of Objectives and Priorities? Not applicable</p>
<p>F. Systems or Class Action Litigation:</p>
<p>1. What are the major areas of litigation? In support of United States v. Virginia, VOPA filed an amicus brief arguing that training centers are not safe. Using data we collected from hundreds of investigations over the last several years, we laid out in stark detail to the court the abuse and neglect that occur in training centers. We also summarized the safety provisions of the agreement and showed how, if entered, it would protect all training center residents: those who are discharged, those who remain and those who will someday be admitted. The Court held a hearing to determine whether or not to enter the agreement. On August 23, 2012, the Court chose to approve and enter the agreement.</p>
<p>2. Which groups are likely to be affected? People living in training centers, people at risk of living in training centers, people discharged from training centers, people who may be admitted to training centers in the future.</p>
<p>3. What have been the major outcomes during the fiscal year? We will have community integration, as thousands of people living in and at risk of living in training centers will now have the opportunity to live in integrated community settings as a result of the Court's Order in United States v. Virginia. VOPA supported this effort by filing an amicus brief and a supplemental brief asking to be heard in court. See below at Section 6 for greater detail.</p>
<p>4. How do these outcomes contribute to the long-term objectives as stated in the Statement of Objectives and Priorities? These efforts are directed specifically at freedom from abuse and neglect and increased community integration.</p>
<p>G. Other Systems Change Activities:</p>

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1. What are the major areas of systems change activities? Not applicable	
2. Which groups are likely to be affected? Not applicable	
3. What have been the major outcomes during the fiscal year? Not applicable	
4. How do these outcomes contribute to the long-term objectives as stated in the Statement of Objectives and Priorities? Not applicable	
5. Number of people with disabilities impacted?	0

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Section 5 Non-Case Directed Services

A. Information and Referral Services:			
(Individual Non-Case I&R) Total I&R			2,236
B. Public Education and Training Activities			
1. Number of Education / Training Activities Undertaken			13
2. Total number of persons trained (approximate)			1,123
C. Number of Information Dissemination Activities by type:			
1. Radio TV appearances			1
2. Newspaper articles			0
3. PSAs / video / films / etc. aired			0
4. Report disseminated			1
5. Publications disseminated			523
6. Information about P&A disseminated (include general training / outreach or presentations not included in training activities)			0
7. Number of hits on Website			0
8. Other media activities			877
Describe other media activities: Posters, Advocate-on-Duty			
Outcome Statement:			
Number of persons who received information about the P&A and its services			2,236
Number of persons with disabilities (or their family members) who received education or training about their rights, enabling them to be more effective self-advocates			1,123
D. Number of Consumers on Board by type:		Governing Board	Advisory Council
Primary consumers		3	2
Secondary consumers		3	3
Other consumers with disabilities		0	7
Total people		6	12
E. Number of People on Board by Racial / Ethnic type:		P&A Staff	Governing Board
African American		5	2
Hispanic American		1	0
Asian American		0	0
Native American		0	1
Other Racial / Ethnic		17	10

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Total people	23	13	12
Does the PADD program utilize volunteers? Yes			
If so, describe how? VOPA has an Advisory Council known as the Disabilities Advisory Council (DAC). The Council's 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. The Council has strong consumer representation. The Council Chair is a non-voting member of the VOPA Governing Board. However, Council members participate on the Governing Board Committees. On those committees, the Council members have an equal vote.			

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Section 6 Outcomes of Priorities and Goals: 1241 - 2968 People with Disabilities are Free from Abuse and Neglect - VOPA will determine whether VA has an adequate system of protection from harm for individuals residing in state operated institutions via investigations of, and education of, enforcement and response of oversight entities charged with ensuring safety

List reporting year priorities from the Statement of Objectives and Priorities in order by priority.

For each priority, provide the following information:

1. Priority number: 1241	Priority Description: People with Disabilities are Free from Abuse and Neglect
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2. Identify and describe indicators PADD used to determine successful outcome of activities pursued under this priority:

Indicator number: 2968	Indicator Description: VOPA will determine whether VA has an adequate system of protection from harm for individuals residing in state operated institutions via investigations of, and education of, enforcement and response of oversight entities charged with ensuring safety, appropriate level of services, and rights protections for individuals residing in state operated institutions. VOPA will conduct consumer education on filing complaints and will educate policymakers.
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Indicator is: Partially Met

If "Not Met" was checked, explain:

If "Met or Partially Met" was checked, summarize details, including one or two cases that exemplify the success; for fully met goals, the example case(s) should be successfully closed:

VOPA monitors institutions, statistical summaries and trend analyses, investigations of individual injuries and deaths, and secondary investigations of other entities with responsibility to act on behalf of persons with disabilities in institutions. We also survey multiple community residential facilities for safety and compliance and investigate potential abuse and neglect in these settings as well.

In FY 2012, VOPA opened multiple investigations of reported incidents of deaths, serious injuries, or loss of consciousness ("Serious Incidents") involving individuals living at a Department of Behavioral Health and Developmental Services (DBHDS)-operated ICF/MR (aka "Training Center") and at community residential placements. We selected particular serious incidents for review or investigation based on their potential for use in bringing about systemic reform.

In some cases, VOPA found that the responsible oversight agencies acted appropriately to investigate serious incidents and take necessary actions to protect the safety of present and future Training Center residents. But, for the most part, we found that investigations of serious incidents at the training centers were flawed and that responsive actions were inadequate or nonexistent.

For example, VOPA reviewed an investigation of multiple "unexplained" fractures suffered by Davis, a training center resident. We found the investigation to be sloppy and inadequate. We found that the investigator had failed to contact some witnesses, did not clarify vague witness statements, ignored pertinent issues because they were not within his predetermined view of the incident, and that his report was unfocused and superficial to the point that it did not even note that the Training Center had conducted a separate "peer review" of the incident.

VOPA learned about the peer review by reading about it in the Adult Protective Services (APS) report. VOPA found that APS had responded and investigated much more adequately. That is, until Davis died and APS therefore lost jurisdiction to continue investigating. (APS only has jurisdiction when an individual remains "at risk.") This statutory loss of jurisdiction, which occurs whenever the primary victim dies or when he or the alleged perpetrator leaves the facility, is a primary shortcoming of APS oversight.

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When VOPA followed up an investigation into the death of another training center resident, we identified several notable shortcomings of Virginia's process for Chief Medical Examiner (CME) review of training center deaths. Here again, we found a statutory problem. Pamela had lived in a training center for nearly sixty years. Just before she died, she was moved to a private hospice. Because of that move, the medical examiner was not required to investigate the death. VOPA also noted the CME's long history of attributing the deaths of Training Center Residents to "mental retardation," in lieu of properly investigating and determining the actual causes of those deaths.

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VOPA collaborates with local Adult Protective Services offices and receives copies of APS reports regarding possible abuse or neglect of people with disabilities. We continue to work on building collaborative relationships with the local Department of Social Services (DSS) offices and encourage more reporting. For example, we met with Adult Protective Services, DBHDS Licensing, and a Community Services Board to address a number of licensing violations at a Medicaid Waiver Group Home. At the first meeting with the home's operator he announced that he would close the home in 60 days, rather than attempt to address the licensing violations directly. This would have displaced the five adult residents with ID/DD, disrupted their relationships with other services providers, and triggered other negative impacts on their lives.

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Unfortunately, the Agreement ran into organized opposition. Well-funded groups of pro-Training Center parents opposed the agreement, and they intervened in Court to try to prevent the Court from approving the Agreement. The parents argued stridently that their loved ones were safer and better cared for in the institutions than they would be in the community. The parents portrayed the institutions as perfectly safe and the community as dangerous.

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Not only did VOPA's brief detail for the court the evidence of rampant abuse and neglect that prevails in Virginia's training centers, but it also summarized the safety provisions of the Agreement and showed how that Agreement actually protected the Training Center residents more effectively than the present system could.

The Court approved the settlement agreement on August 23, 2012. As a result, literally thousands of Virginians with disabilities will have opportunities to either move from institutional life to community settings, or to avoid being forced to move from the community to an institution.

VOPA also worked with the Virginia Board for People With Disabilities to ensure that emergency services were appropriately provided to people with disabilities in more inclusive settings based upon individual need.

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VOPA considers residents in state operated institutions to be underserved in the area of disability rights.

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8. Provide at least one case summary that demonstrates the impact of the priority.
High quality individualized plans are key to protecting individuals from harm. So, for example, we worked with a facility director to end the use cursory physical management plans, emergency plans, and treatment plans. We fought to ensure that facility staff appropriately implemented resident's behavior management plans as approved by the facility's "specially constituted committee," and to standardize the storage, handling, and implementation of those plans. All of this served to ensure that staff would more fully understand and accurately and uniformly apply resident's behavioral and other therapeutic and educational plans. This is expected to improve educational, behavioral, and therapeutic outcomes and to reduce unnecessary restraint (and the resultant injuries) of individuals at the facility

This priority, and VOPA's investigation of Virginia's system for protection of individuals with disabilities form harm, is incomplete and ongoing.

During FY2013 we will gather more information and publish a comprehensive report with detailed findings and analysis. This will be a basis from which to seek specific reforms to ensure that Virginia's system for protecting its institutionalized persons actually does.

Although VOPA plans to publish a comprehensive report, we are already taking action where the need is clear and the opportunity presents itself. For example, on the systemic side we have noted multiple problems with Virginia's Human Rights Regulations applicable to residents of DBHDS-run facilities. In response, we added a FY2013 priority to: "Submit a petition for rulemaking to DBHDS proposing changes to the human rights regulations to provide complainants due process." VOPA is preparing the petition as this report is being written.

VOPA responded to and submitted formal comment on proposed changes to Virginia's Medicaid Waiver regulations. We challenged the proposed relaxation of background check requirements in certain situations, as well as changes that might have made it easier for community providers to discharge individuals for manifestations of their disabilities, and support for adoption of a standardized assessment system (Supports Intensity Scale).

9. Rounding off to the nearest hundred dollars how much of this year's grant or award or its program income was spent on this priority? \$161,123

10. Will this priority be continued in the next fiscal year? Yes

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Section 6 Outcomes of Priorities and Goals: 1241 - 2969 People with Disabilities are Free from Abuse and Neglect - VOPA will determine whether VA has an adequate system of protection from harm for individuals residing in licensed community residential facilities investigating allegations of abuse and neglect, assessing oversight efforts of licensing entities, res

List reporting year priorities from the Statement of Objectives and Priorities in order by priority.

For each priority, provide the following information:

1. Priority number: 1241	Priority Description: People with Disabilities are Free from Abuse and Neglect
2. Identify and describe indicators PADD used to determine successful outcome of activities pursued under this priority:	
Indicator number: 2969	Indicator Description: VOPA will determine whether VA has an adequate system of protection from harm for individuals residing in licensed community residential facilities investigating allegations of abuse and neglect, assessing oversight efforts of licensing entities, responses to health threats and emergencies, & APS referrals. VOPA will conduct consumer education on filing complaints and will educate policymakers.

Indicator is: Partially Met

If "Not Met" was checked, explain:

If "Met or Partially Met" was checked, summarize details, including one or two cases that exemplify the success; for fully met goals, the example case(s) should be successfully closed:

VOPA monitors institutions, statistical summaries and trend analyses, investigations of individual injuries and deaths, and secondary investigations of other entities with responsibility to act on behalf of persons with disabilities in institutions. We also survey multiple community residential facilities for safety and compliance and investigate potential abuse and neglect in these settings as well.

In FY 2012, VOPA opened multiple investigations of reported incidents of deaths, serious injuries, or loss of consciousness ("Serious Incidents") involving individuals living at a Department of Behavioral Health and Developmental Services (DBHDS)-operated ICF/MR (aka "Training Center") and at community residential placements. We selected particular serious incidents for review or investigation based on their potential for use in bringing about systemic reform.

In some cases, VOPA found that the responsible oversight agencies acted appropriately to investigate serious incidents and take necessary actions to protect the safety of present and future Training Center residents. But, for the most part, we found that investigations of serious incidents at the training centers were flawed and that responsive actions were inadequate or nonexistent.

For example, VOPA reviewed an investigation of multiple "unexplained" fractures suffered by Davis, a training center resident. We found the investigation to be sloppy and inadequate. We found that the investigator had failed to contact some witnesses, did not clarify vague witness statements, ignored pertinent issues because they were not within his predetermined view of the incident, and that his report was unfocused and superficial to the point that it did not even note that the Training Center had conducted a separate "peer review" of the incident.

VOPA learned about the peer review by reading about it in the Adult Protective Services (APS) report. VOPA found that APS had responded and investigated much more adequately. That is, until Davis died and APS therefore lost jurisdiction to continue investigating. (APS only has jurisdiction when an individual remains "at risk.") This statutory loss of jurisdiction, which occurs whenever the primary victim dies or when he or the alleged perpetrator leaves the facility, is a primary shortcoming of APS oversight.

When VOPA followed up an investigation into the death of another training center resident, we identified several notable

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Expiration Date.: 06/30/2014

8. Provide at least one case summary that demonstrates the impact of the priority.

High quality individualized plans are key to protecting individuals from harm. So, for example, we worked with a facility director to end the use cursory physical management plans, emergency plans, and treatment plans. We fought to ensure that facility staff appropriately implemented resident's behavior management plans as approved by the facility's "specially constituted committee," and to standardize the storage, handling, and implementation of those plans. All of this served to ensure that staff would more fully understand and accurately and uniformly apply resident's behavioral and other therapeutic and educational plans. This is expected to improve educational, behavioral, and therapeutic outcomes and to reduce unnecessary restraint (and the resultant injuries) of individuals at the facility

This priority, and VOPA's investigation of Virginia's system for protection of individuals with disabilities form harm, is incomplete and ongoing.

During FY2013 we will gather more information and publish a comprehensive report with detailed findings and analysis. This will be a basis from which to seek specific reforms to ensure that Virginia's system for protecting its institutionalized persons actually does.

Although VOPA plans to publish a comprehensive report, we are already taking action where the need is clear and the opportunity presents itself. For example, on the systemic side we have noted multiple problems with Virginia's Human Rights Regulations applicable to residents of DBHDS-run facilities. In response, we added a FY2013 priority to: "Submit a petition for rulemaking to DBHDS proposing changes to the human rights regulations to provide complainants due process." VOPA is preparing the petition as this report is being written.

VOPA responded to and submitted formal comment on proposed changes to Virginia's Medicaid Waiver regulations. We challenged the proposed relaxation of background check requirements in certain situations, as well as changes that might have made it easier for community providers to discharge individuals for manifestations of their disabilities, and support for adoption of a standardized assessment system (Supports Intensity Scale).

9. Rounding off to the nearest hundred dollars how much of this year's grant or award or its program income was spent on this priority? \$161,123

10. Will this priority be continued in the next fiscal year? Yes

**P & A Program Performance Report
PADD PPR**

Grantee: VA

OMB Clearance No.: 0980-0160

Reporting Period: 10/1/2011 - 9/30/2012

Expiration Date.: 06/30/2014

Section 6 Outcomes of Priorities and Goals: 1242 - 2971 Children with Disabilities Receive an Appropriate Education - VOPA will advocate for appropriate therapy and services for children with disabilities via trainings, providing technical assistance, and representation of children whose special education or due process rights have been violated. VOPA will address	
List reporting year priorities from the Statement of Objectives and Priorities in order by priority.	
For each priority, provide the following information:	
1. Priority number: 1242	Priority Description: Children with Disabilities Receive an Appropriate Education
2. Identify and describe indicators PADD used to determine successful outcome of activities pursued under this priority:	
Indicator number: 2971	Indicator Description: VOPA will advocate for appropriate therapy and services for children with disabilities via trainings, providing technical assistance, and representation of children whose special education or due process rights have been violated. VOPA will address issues related to children in foster care and those who speak Spanish.
Indicator is: Met	
If "Not Met" was checked, explain:	

P & A Program Performance Report PADD PPR

Grantee: VA

OMB Clearance No.: 0980-0160

Reporting Period: 10/1/2011 - 9/30/2012

Expiration Date.: 06/30/2014

If "Met or Partially Met" was checked, summarize details, including one or two cases that exemplify the success; for fully met goals, the example case(s) should be successfully closed:

This year, VOPA worked to ensure appropriate educational services for children with disabilities through individual representation, systemic advocacy, technical assistance, outreach and training.

VOPA wrote a fact sheet on the use of Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Medicaid program funding for medically necessary therapy and services in school settings, and sent it to every Special Education Director in Virginia, with a letter urging the directors to use EPSDT to provide needed services and supports for children with disabilities.

In order to succeed in school, Cora needed special therapy. We worked with her to get Occupational Therapy (OT) services, provided by an outside therapist specializing in sensory integration, based on an independent evaluation. After initial refusal, Cora's school agreed to participate in Mediation, where VOPA represented Cora and her parents. After 8 hours of Mediation, the school agreed to the OT services Cora's parents requested.

The school bus came to pick up Fred each afternoon, but came 45 minutes early, and Fred did not like that. Missing 45 minutes each day meant he missed a portion of his automotive class critical to earning his certificate. Fred's Individual Education Plan had no provision for less school time, and his school's solution was to ask Fred's mother to provide transportation instead. So, we provided technical assistance to Fred, including our publication explaining his right to a full school day, advice on how to keep records of the early dismissals, a redacted model Virginia Department of Education Complaint with supporting case decisions and exhibits, and instruction to contact VOPA if self-advocacy did not resolve his problem. Fred was able to resolve his problem independently and did not need any further help from VOPA.

In another case, VOPA represented Lily after her release from a state institution for Children and Adolescents (CCCA). VOPA advocated for Lily to receive an appropriate Functional Behavioral Assessment (FBA) and Behavioral Intervention Plan (BIP) that included the discharge plan from CCCA. We sought and got an FBA by an outside behavioral consultant. Once the data was collected, the IEP team and consultant met to revise Lily's BIP. Lily's mother agreed with the BIP.

The IEP team monitored Lily's behavior with the BIP. After a few weeks, they determined Lily needed more supports, and was not progressing, even with a BIP in place. Lily's IEP team then proposed a 24-hour residential placement to address her intense needs. Lily disagreed, and VOPA successfully advocated for her IEP team to place her in a private day school program that would adopt her BIP, provide appropriate services and allow her to remain in the least restrictive environment. She is doing better now.

**P & A Program Performance Report
PADD PPR**

Grantee: VA

OMB Clearance No.: 0980-0160

Reporting Period: 10/1/2011 - 9/30/2012

Expiration Date.: 06/30/2014

3. List other outcomes realized (if applicable):

The Virginia Hispanic Chamber Of Commerce, and "Passport to Education" advocacy group invited VOPA to be a guest on their radio show. VOPA provided information on special education services and the rights of children with disabilities in school under the Individuals with Disabilities Education Improvement Act as well as an overview of VOPA services. Generally the radio show has an audience of around 20,000 listeners in Virginia.

VOPA also worked to Increase the number of special education advocates through our summer intern program. We had six outstanding law interns in 2012. We also plan to train law students at the University of Richmond Disability Law Clinic to become new disability rights attorneys and advocates. We agreed to work with the clinic director on the Spring 2013 semester syllabus for the clinic.

In 2011, in response to reports of students being denied a full school day due to improper transportation services, VOPA successfully represented children denied a full school day in Virginia Department of Education (VDOE) Complaints. VOPA developed fact sheets for parents and Special Education Administrators, explaining students' rights to a full school day and appropriate transportation services.

For 2012, building on prior advocacy, VOPA provided information to other advocacy organizations serving children receiving Special Education services. VOPA provided 20 such advocacy organizations with the fact sheet mentioned above, and a model copy (i.e. fill in the blanks) of VOPA's VDOE Complaint alleging that a child was denied a full school day. The Complaint included references to and copies of relevant state, federal and case law.

These organizations learned more about student's right to a full school day and appropriate transportation, and were given a means to enforce those rights.

We gave short term assistance to Wint's mother, but it did not achieve the results she felt Wint needed. He had behavioral incidents that put him at risk of a long-term suspension. He was disciplined and suspended for behaviors related to his disabilities. So, we opened a case for Wint and successfully advocated for his school to address his disability-related behavioral needs through supports and services in his IEP and a BIP. This advocacy included requesting his school provide an Independent Educational Evaluation (IEE), Functional Behavioral Assessment (FBA), and Occupational Therapy (OT) evaluation. After the evaluations, VOPA successfully advocated for the team to implement the evaluation results into Wint's IEP and BIP.

4. Explain whether pursuing this priority involved collaborative efforts by other entities. If so, describe this collaboration:

This priority involved a great deal of collaborative efforts by other entities; three of which are detailed here.

VOPA collaborated with the Richmond Hispanic Liaison to train three of their members, and with the Virginia Hispanic Chamber of Commerce and Passport to Education advocacy group to appear and share information on their radio program.

VOPA collaborated with the Virginia Department of Education (VDOE) to change their mediation policies, and to train their mediators and employees regarding those changes.

VOPA further collaborated with the University of Richmond School of Law clinic to identify student advocates to work with us, and to increase the number of effective attorneys and advocates serving individuals with disabilities.

5. If this was this addressed through individual advocacy, provide the number of cases handled under the priority.

**P & A Program Performance Report
PADD PPR**

Grantee: VA

OMB Clearance No.: 0980-0160

Reporting Period: 10/1/2011 - 9/30/2012

Expiration Date.: 06/30/2014

6. If this priority addressed systemic advocacy or capacity building of the service delivery system for persons with developmental disabilities, please describe how including indicating if any were class actions.

Previously, VDOE mediators had refused to allow attorneys and advocates to speak for their clients, even when the clients wanted them to. Through VOPA advocacy, VDOE changed its policy and practice and, with VOPA, trained its mediators and employees regarding the change. This project was designed to give parents and students information about their rights, including their right to have an attorney represent them at mediation.

7. Was this priority targeted to under/served and minority populations? If so please describe whether or not services to the targeted population resulted in an increase in clients served.

VOPA was able to provide outreach to the Hispanic population in Virginia to address systemic issues in the education system. VOPA served two Hispanic clients this year and we continue to have a positive impact on the rights of Hispanic students with disabilities.

8. Provide at least one case summary that demonstrates the impact of the priority.

Getting around school was hard for Vito. He has a disability that limits his mobility, but the school building made that even harder. Vito's mother noticed that the hardware on the accessible entrance to the school has been removed, leaving Vito unable to get to his classroom independently. Vito's mother also notices that the special education busses park in the handicapped parking spaces before and after school, making them unavailable for use.

VOPA completed a survey of Vito's school and sent a demand letter regarding additional problems we found and those from Vito's mother's complaint. Counsel for the school board replied to VOPA's letter, agreeing to ensure accessible parking and path of travel remained available and unobstructed by buses during pick-up and drop off hours. The school installed a new door that met ADA guidelines, making Vito's day a little easier.

In another case, VOPA provided technical assistance after representing Pam in a Virginia Department of Education (VDOE) Complaint and in negotiations with the school division.

Pam's mother contacted VOPA because Pam spent more than 2 hours each way to and from school, and was missing school time due to transportation. VOPA drafted and filed a VDOE Complaint asking for an Order requiring the school division to provide appropriate transportation. The school division offered settlement terms that resolved Pam's concerns. Then, Pam's mother added a demand that a specific driver provide transportation. VOPA agreed to request that in mediation. Unfortunately, before mediation and before the school could respond to the request, Pam's mother withdrew the complaint. We advised her not to do so, but she insisted. We then provided technical assistance on VDOE dispute resolution (including mediation, due process, and complaints) and gave her the fact sheet explaining students' rights to a full school day.

Joy's grandfather and legal guardian contacted us complaining that her school was not providing appropriate behavioral supports and services. He stated that he believes her behaviors, and the lack of appropriate services, are putting her at risk of a long term suspension. VOPA provided Joy's grandfather with Technical Assistance. VOPA provided information on how to request a Functional Behavioral Assessment and an Independent Educational Evaluation to justify new supports and services to help with her behavior, as well as a sample letter requesting the new evaluation. VOPA also provided Technical Assistance on mediation, Virginia Department of Education Complaints and Due Process requests. VOPA's assistance helped Joy and her family gain information about her rights and advice on how to protect and assert those rights.

9. Rounding off to the nearest hundred dollars how much of this year's grant or award or its program income was spent on this priority? \$108,460

10. Will this priority be continued in the next fiscal year? Yes

**P & A Program Performance Report
PADD PPR**

Grantee: VA

OMB Clearance No.: 0980-0160

Reporting Period: 10/1/2011 - 9/30/2012

Expiration Date.: 06/30/2014

Section 6 Outcomes of Priorities and Goals: 1242 - 2972 Children with Disabilities Receive an Appropriate Education - VOPA will develop training and distribute a fact sheet related to the right to a full school day. VOPA will provide technical assistance and representation in this area.

List reporting year priorities from the Statement of Objectives and Priorities in order by priority.

For each priority, provide the following information:

1. Priority number: 1242	Priority Description: Children with Disabilities Receive an Appropriate Education
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2. Identify and describe indicators PADD used to determine successful outcome of activities pursued under this priority:

Indicator number: 2972	Indicator Description: VOPA will provide technical assistance and representation related to the right to a full school day and increase self-advocacy by distributing VOPA's model DOE Complaint for this issue.
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Indicator is: Met

If "Not Met" was checked, explain:

P & A Program Performance Report PADD PPR

Grantee: VA

OMB Clearance No.: 0980-0160

Reporting Period: 10/1/2011 - 9/30/2012

Expiration Date.: 06/30/2014

If "Met or Partially Met" was checked, summarize details, including one or two cases that exemplify the success; for fully met goals, the example case(s) should be successfully closed:

This year, VOPA worked to ensure appropriate educational services for children with disabilities through individual representation, systemic advocacy, technical assistance, outreach and training.

VOPA wrote a fact sheet on the use of Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Medicaid program funding for medically necessary therapy and services in school settings, and sent it to every Special Education Director in Virginia, with a letter urging the directors to use EPSDT to provide needed services and supports for children with disabilities.

In order to succeed in school, Cora needed special therapy. We worked with her to get Occupational Therapy (OT) services, provided by an outside therapist specializing in sensory integration, based on an independent evaluation. After initial refusal, Cora's school agreed to participate in Mediation, where VOPA represented Cora and her parents. After 8 hours of Mediation, the school agreed to the OT services Cora's parents requested.

The school bus came to pick up Fred each afternoon, but came 45 minutes early, and Fred did not like that. Missing 45 minutes each day meant he missed a portion of his automotive class critical to earning his certificate. Fred's Individual Education Plan had no provision for less school time, and his school's solution was to ask Fred's mother to provide transportation instead. So, we provided technical assistance to Fred, including our publication explaining his right to a full school day, advice on how to keep records of the early dismissals, a redacted model Virginia Department of Education Complaint with supporting case decisions and exhibits, and instruction to contact VOPA if self-advocacy did not resolve his problem. Fred was able to resolve his problem independently and did not need any further help from VOPA.

In another case, VOPA represented Lily after her release from a state institution for Children and Adolescents (CCCA). VOPA advocated for Lily to receive an appropriate Functional Behavioral Assessment (FBA) and Behavioral Intervention Plan (BIP) that included the discharge plan from CCCA. We sought and got an FBA by an outside behavioral consultant. Once the data was collected, the IEP team and consultant met to revise Lily's BIP. Lily's mother agreed with the BIP.

The IEP team monitored Lily's behavior with the BIP. After a few weeks, they determined Lily needed more supports, and was not progressing, even with a BIP in place. Lily's IEP team then proposed a 24-hour residential placement to address her intense needs. Lily disagreed, and VOPA successfully advocated for her IEP team to place her in a private day school program that would adopt her BIP, provide appropriate services and allow her to remain in the least restrictive environment. She is doing better now.

P & A Program Performance Report PADD PPR

Grantee: VA

OMB Clearance No.: 0980-0160

Reporting Period: 10/1/2011 - 9/30/2012

Expiration Date.: 06/30/2014

3. List other outcomes realized (if applicable):

The Virginia Hispanic Chamber Of Commerce, and "Passport to Education" advocacy group invited VOPA to be a guest on their radio show. VOPA provided information on special education services and the rights of children with disabilities in school under the Individuals with Disabilities Education Improvement Act as well as an overview of VOPA services. Generally the radio show has an audience of around 20,000 listeners in Virginia.

VOPA also worked to Increase the number of special education advocates through our summer intern program. We had six outstanding law interns in 2012. We also plan to train law students at the University of Richmond Disability Law Clinic to become new disability rights attorneys and advocates. We agreed to work with the clinic director on the Spring 2013 semester syllabus for the clinic.

In 2011, in response to reports of students being denied a full school day due to improper transportation services, VOPA successfully represented children denied a full school day in Virginia Department of Education (VDOE) Complaints. VOPA developed fact sheets for parents and Special Education Administrators, explaining students' rights to a full school day and appropriate transportation services.

For 2012, building on prior advocacy, VOPA provided information to other advocacy organizations serving children receiving Special Education services. VOPA provided 20 such advocacy organizations with the fact sheet mentioned above, and a model copy (i.e. fill in the blanks) of VOPA's VDOE Complaint alleging that a child was denied a full school day. The Complaint included references to and copies of relevant state, federal and case law.

These organizations learned more about student's right to a full school day and appropriate transportation, and were given a means to enforce those rights.

We gave short term assistance to Wint's mother, but it did not achieve the results she felt Wint needed. He had behavioral incidents that put him at risk of a long-term suspension. He was disciplined and suspended for behaviors related to his disabilities. So, we opened a case for Wint and successfully advocated for his school to address his disability-related behavioral needs through supports and services in his IEP and a BIP. This advocacy included requesting his school provide an Independent Educational Evaluation (IEE), Functional Behavioral Assessment (FBA), and Occupational Therapy (OT) evaluation. After the evaluations, VOPA successfully advocated for the team to implement the evaluation results into Wint's IEP and BIP.

4. Explain whether pursuing this priority involved collaborative efforts by other entities. If so, describe this collaboration:

This priority involved a great deal of collaborative efforts by other entities; three of which are detailed here.

VOPA collaborated with the Richmond Hispanic Liaison to train three of their members, and with the Virginia Hispanic Chamber of Commerce and Passport to Education advocacy group to appear and share information on their radio program.

VOPA collaborated with the Virginia Department of Education (VDOE) to change their mediation policies, and to train their mediators and employees regarding those changes.

VOPA further collaborated with the University of Richmond School of Law clinic to identify student advocates to work with us, and to increase the number of effective attorneys and advocates serving individuals with disabilities.

5. If this was this addressed through individual advocacy, provide the number of cases handled under the priority.

**P & A Program Performance Report
PADD PPR**

Grantee: VA

OMB Clearance No.: 0980-0160

Reporting Period: 10/1/2011 - 9/30/2012

Expiration Date.: 06/30/2014

6. If this priority addressed systemic advocacy or capacity building of the service delivery system for persons with developmental disabilities, please describe how including indicating if any were class actions.

Previously, VDOE mediators had refused to allow attorneys and advocates to speak for their clients, even when the clients wanted them to. Through VOPA advocacy, VDOE changed its policy and practice and, with VOPA, trained its mediators and employees regarding the change. This project was designed to give parents and students information about their rights, including their right to have an attorney represent them at mediation.

7. Was this priority targeted to under/served and minority populations? If so please describe whether or not services to the targeted population resulted in an increase in clients served.

VOPA was able to provide outreach to the Hispanic population in Virginia to address systemic issues in the education system. VOPA served two Hispanic clients this year and we continue to have a positive impact on the rights of Hispanic students with disabilities.

8. Provide at least one case summary that demonstrates the impact of the priority.

Getting around school was hard for Vito. He has a disability that limits his mobility, but the school building made that even harder. Vito's mother noticed that the hardware on the accessible entrance to the school has been removed, leaving Vito unable to get to his classroom independently. Vito's mother also notices that the special education busses park in the handicapped parking spaces before and after school, making them unavailable for use.

VOPA completed a survey of Vito's school and sent a demand letter regarding additional problems we found and those from Vito's mother's complaint. Counsel for the school board replied to VOPA's letter, agreeing to ensure accessible parking and path of travel remained available and unobstructed by buses during pick-up and drop off hours. The school installed a new door that met ADA guidelines, making Vito's day a little easier.

In another case, VOPA provided technical assistance after representing Pam in a Virginia Department of Education (VDOE) Complaint and in negotiations with the school division.

Pam's mother contacted VOPA because Pam spent more than 2 hours each way to and from school, and was missing school time due to transportation. VOPA drafted and filed a VDOE Complaint asking for an Order requiring the school division to provide appropriate transportation. The school division offered settlement terms that resolved Pam's concerns. Then, Pam's mother added a demand that a specific driver provide transportation. VOPA agreed to request that in mediation. Unfortunately, before mediation and before the school could respond to the request, Pam's mother withdrew the complaint. We advised her not to do so, but she insisted. We then provided technical assistance on VDOE dispute resolution (including mediation, due process, and complaints) and gave her the fact sheet explaining students' rights to a full school day.

Joy's grandfather and legal guardian contacted us complaining that her school was not providing appropriate behavioral supports and services. He stated that he believes her behaviors, and the lack of appropriate services, are putting her at risk of a long term suspension. VOPA provided Joy's grandfather with Technical Assistance. VOPA provided information on how to request a Functional Behavioral Assessment and an Independent Educational Evaluation to justify new supports and services to help with her behavior, as well as a sample letter requesting the new evaluation. VOPA also provided Technical Assistance on mediation, Virginia Department of Education Complaints and Due Process requests. VOPA's assistance helped Joy and her family gain information about her rights and advice on how to protect and assert those rights.

9. Rounding off to the nearest hundred dollars how much of this year's grant or award or its program income was spent on this priority? \$108,460

10. Will this priority be continued in the next fiscal year? Yes

P & A Program Performance Report PADD PPR

Grantee: VA

OMB Clearance No.: 0980-0160

Reporting Period: 10/1/2011 - 9/30/2012

Expiration Date.: 06/30/2014

Section 6 Outcomes of Priorities and Goals: 1242 - 2973 Children with Disabilities Receive an Appropriate Education - VOPA will protect the rights of children who are suspended or at risk of long-term suspension via presentations and representing children.

List reporting year priorities from the Statement of Objectives and Priorities in order by priority.

For each priority, provide the following information:

1. Priority number: 1242	Priority Description: Children with Disabilities Receive an Appropriate Education
2. Identify and describe indicators PADD used to determine successful outcome of activities pursued under this priority:	
Indicator number: 2973	Indicator Description: VOPA will protect the rights of children who are suspended or at risk of long-term suspension by providing technical assistance and representation.

Indicator is: Met

If "Not Met" was checked, explain:

If "Met or Partially Met" was checked, summarize details, including one or two cases that exemplify the success; for fully met goals, the example case(s) should be successfully closed:

This year, VOPA worked to ensure appropriate educational services for children with disabilities through individual representation, systemic advocacy, technical assistance, outreach and training.

VOPA wrote a fact sheet on the use of Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Medicaid program funding for medically necessary therapy and services in school settings, and sent it to every Special Education Director in Virginia, with a letter urging the directors to use EPSDT to provide needed services and supports for children with disabilities.

In order to succeed in school, Cora needed special therapy. We worked with her to get Occupational Therapy (OT) services, provided by an outside therapist specializing in sensory integration, based on an independent evaluation. After initial refusal, Cora's school agreed to participate in Mediation, where VOPA represented Cora and her parents. After 8 hours of Mediation, the school agreed to the OT services Cora's parents requested.

The school bus came to pick up Fred each afternoon, but came 45 minutes early, and Fred did not like that. Missing 45 minutes each day meant he missed a portion of his automotive class critical to earning his certificate. Fred's Individual Education Plan had no provision for less school time, and his school's solution was to ask Fred's mother to provide transportation instead. So, we provided technical assistance to Fred, including our publication explaining his right to a full school day, advice on how to keep records of the early dismissals, a redacted model Virginia Department of Education Complaint with supporting case decisions and exhibits, and instruction to contact VOPA if self-advocacy did not resolve his problem. Fred was able to resolve his problem independently and did not need any further help from VOPA.

In another case, VOPA represented Lily after her release from a state institution for Children and Adolescents (CCCA). VOPA advocated for Lily to receive an appropriate Functional Behavioral Assessment (FBA) and Behavioral Intervention Plan (BIP) that included the discharge plan from CCCA. We sought and got an FBA by an outside behavioral consultant. Once the data was collected, the IEP team and consultant met to revise Lily's BIP. Lily's mother agreed with the BIP.

The IEP team monitored Lily's behavior with the BIP. After a few weeks, they determined Lily needed more supports, and was not progressing, even with a BIP in place. Lily's IEP team then proposed a 24-hour residential placement to address her intense needs. Lily disagreed, and VOPA successfully advocated for her IEP team to place her in a private day school program that would adopt her BIP, provide appropriate services and allow her to remain in the least restrictive environment. She is doing better now.

**P & A Program Performance Report
PADD PPR**

Grantee: VA

OMB Clearance No.: 0980-0160

Reporting Period: 10/1/2011 - 9/30/2012

Expiration Date.: 06/30/2014

3. List other outcomes realized (if applicable):

The Virginia Hispanic Chamber Of Commerce, and "Passport to Education" advocacy group invited VOPA to be a guest on their radio show. VOPA provided information on special education services and the rights of children with disabilities in school under the Individuals with Disabilities Education Improvement Act as well as an overview of VOPA services. Generally the radio show has an audience of around 20,000 listeners in Virginia.

VOPA also worked to Increase the number of special education advocates through our summer intern program. We had six outstanding law interns in 2012. We also plan to train law students at the University of Richmond Disability Law Clinic to become new disability rights attorneys and advocates. We agreed to work with the clinic director on the Spring 2013 semester syllabus for the clinic.

In 2011, in response to reports of students being denied a full school day due to improper transportation services, VOPA successfully represented children denied a full school day in Virginia Department of Education (VDOE) Complaints. VOPA developed fact sheets for parents and Special Education Administrators, explaining students' rights to a full school day and appropriate transportation services.

For 2012, building on prior advocacy, VOPA provided information to other advocacy organizations serving children receiving Special Education services. VOPA provided 20 such advocacy organizations with the fact sheet mentioned above, and a model copy (i.e. fill in the blanks) of VOPA's VDOE Complaint alleging that a child was denied a full school day. The Complaint included references to and copies of relevant state, federal and case law.

These organizations learned more about student's right to a full school day and appropriate transportation, and were given a means to enforce those rights.

We gave short term assistance to Wint's mother, but it did not achieve the results she felt Wint needed. He had behavioral incidents that put him at risk of a long-term suspension. He was disciplined and suspended for behaviors related to his disabilities. So, we opened a case for Wint and successfully advocated for his school to address his disability-related behavioral needs through supports and services in his IEP and a BIP. This advocacy included requesting his school provide an Independent Educational Evaluation (IEE), Functional Behavioral Assessment (FBA), and Occupational Therapy (OT) evaluation. After the evaluations, VOPA successfully advocated for the team to implement the evaluation results into Wint's IEP and BIP.

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P & A Program Performance Report PADD PPR

Grantee: VA

OMB Clearance No.: 0980-0160

Reporting Period: 10/1/2011 - 9/30/2012

Expiration Date.: 06/30/2014

6. If this priority addressed systemic advocacy or capacity building of the service delivery system for persons with developmental disabilities, please describe how including indicating if any were class actions.

Previously, VDOE mediators had refused to allow attorneys and advocates to speak for their clients, even when the clients wanted them to. Through VOPA advocacy, VDOE changed its policy and practice and, with VOPA, trained its mediators and employees regarding the change. This project was designed to give parents and students information about their rights, including their right to have an attorney represent them at mediation.

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VOPA was able to provide outreach to the Hispanic population in Virginia to address systemic issues in the education system. VOPA served two Hispanic clients this year and we continue to have a positive impact on the rights of Hispanic students with disabilities.

8. Provide at least one case summary that demonstrates the impact of the priority.

Getting around school was hard for Vito. He has a disability that limits his mobility, but the school building made that even harder. Vito's mother noticed that the hardware on the accessible entrance to the school has been removed, leaving Vito unable to get to his classroom independently. Vito's mother also notices that the special education busses park in the handicapped parking spaces before and after school, making them unavailable for use.

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Pam's mother contacted VOPA because Pam spent more than 2 hours each way to and from school, and was missing school time due to transportation. VOPA drafted and filed a VDOE Complaint asking for an Order requiring the school division to provide appropriate transportation. The school division offered settlement terms that resolved Pam's concerns. Then, Pam's mother added a demand that a specific driver provide transportation. VOPA agreed to request that in mediation. Unfortunately, before mediation and before the school could respond to the request, Pam's mother withdrew the complaint. We advised her not to do so, but she insisted. We then provided technical assistance on VDOE dispute resolution (including mediation, due process, and complaints) and gave her the fact sheet explaining students' rights to a full school day.

Joy's grandfather and legal guardian contacted us complaining that her school was not providing appropriate behavioral supports and services. He stated that he believes her behaviors, and the lack of appropriate services, are putting her at risk of a long term suspension. VOPA provided Joy's grandfather with Technical Assistance. VOPA provided information on how to request a Functional Behavioral Assessment and an Independent Educational Evaluation to justify new supports and services to help with her behavior, as well as a sample letter requesting the new evaluation. VOPA also provided Technical Assistance on mediation, Virginia Department of Education Complaints and Due Process requests. VOPA's assistance helped Joy and her family gain information about her rights and advice on how to protect and assert those rights.

9. Rounding off to the nearest hundred dollars how much of this year's grant or award or its program income was spent on this priority? \$108,460

10. Will this priority be continued in the next fiscal year? Yes

**P & A Program Performance Report
PADD PPR**

Grantee: VA

OMB Clearance No.: 0980-0160

Reporting Period: 10/1/2011 - 9/30/2012

Expiration Date.: 06/30/2014

<p align="center">Section 6 Outcomes of Priorities and Goals: 1243 - 2974 People with Disabilities Live in the Most Appropriate Integrated Environment - VOPA will maximize individual choice and self direction via trainings at state operated institutions & at Office Hours, and other settings. VOPA will represent individuals desiring an alternative to guardianship and to maximize individuals in state-o</p>	
<p>List reporting year priorities from the Statement of Objectives and Priorities in order by priority.</p>	
<p>For each priority, provide the following information:</p>	
<p>1. Priority number: 1243</p>	<p>Priority Description: People with Disabilities Live in the Most Appropriate Integrated Environment</p>
<p>2. Identify and describe indicators PADD used to determine successful outcome of activities pursued under this priority:</p>	
<p>Indicator number: 2974</p>	<p>Indicator Description: VOPA will maximize individual choice and self direction via trainings at state operated institutions & at Office Hours, and other settings. VOPA will represent individuals desiring an alternative to guardianship and to maximize individuals in state-operated institutions rights to fully participate in developing and implementing rehab plans that reflect truly active treatment. VOPA will investigate DBHDS appointing substitute decision makers and will educate policy makers of rights violations.</p>
<p>Indicator is: Partially Met</p>	
<p>If "Not Met" was checked, explain:</p>	
<p>If "Met or Partially Met" was checked, summarize details, including one or two cases that exemplify the success; for fully met goals, the example case(s) should be successfully closed:</p> <p>Using multiple funding streams and strategies, we conducted trainings, rights clinics and information campaigns, helped develop training curricula for advance directive facilitators, and provided various supports to self-advocates. We also concluded a multi-year investigation of a large state-run ICF/MR (aka a "Training Center"), drafted a legal brief to help the United States Department of Justice ("DOJ") obtain court approval of a settlement agreement (the "Agreement") that will help thousands of people with disabilities move out of institutions, avoid institutionalization, and live successfully in more integrated environments. We also opened thirty individual cases, which were carefully selected based on their potential to bring about systemic change or group relief.</p> <p>This year, VOPA wrapped up a multi-year investigation of a large (two-hundred forty resident) Training Center. We found that that the Training Center was not providing active treatment, despite numerous improvements over the course of VOPA's multi-year investigation. The Commonwealth is currently depopulating this Training Center and has scheduled it to be permanently closed by June 2014 (See discussion of DOJ settlement agreement below). We have identified individuals leaving this facility and will monitor their community services.</p> <p>In a related matter, VOPA submitted a detailed amicus brief to help the DOJ overcome a challenger's claim that Virginia's Training Centers were safer than community alternatives, and obtain approval of a settlement agreement in United States v. Virginia (the "Agreement"). The now-approved agreement requires Virginia to establish and fund a detailed framework of new and enhanced community supports, services, and oversight. This is designed to facilitate Virginia's transition from primary reliance on training centers to providing most disability supports and services in more integrated community settings. In connection with this Agreement, Virginia will close four of its five training centers.</p> <p>VOPA conducted Rights Clinics at Training Centers and other state-operated facilities to provide residents with information on community integration, choice, and self-determination rights and accessing VOPA services, as well as to self-advocacy efforts. For example, VOPA provided services to help Eve participate in and achieve greater control over her services planning. This has opened the door for her to self-advocate for better and more individualized programming</p>	

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and other activities, as well as some needed medication changes.

At another Training Center, VOPA's work on four individual cases led a Training Center to agree to provide augmentative communication devices (mostly I-Pad II with adaptive programming), and to make appropriate assessment and training services available to interested residents on all of its cottages and other residential units. The devices are proving effective at helping residents participate effectively in programming and other activities-both on campus and off.

VOPA also found that many training center residents who want to receive services in least restrictive environments are often blocked, not by actual legal guardians, but by regulatory "authorized representatives." Virginia's Regulations To Assure The Rights Of Individuals Receiving Services From Providers Licensed, Funded, Or Operated By The Department Of Behavioral Health And Developmental Services ("HR Regulations") include procedures that a resident may use to challenge, change or even eliminate this opposition. These regulations should clear the way for the resident to move into a less restrictive environment.

Unfortunately, the enforcement procedures of the HR regulations, are unnecessarily confusing, cumbersome and time consuming. Accordingly, VOPA has adopted a FY 2013 Objective to petition for revision of those regulations to make them more authoritative and user-friendly.

The Department of Medical Assistance Services (DMAS) is the primary source of funding for the long-term care system in Virginia. VOPA coordinates with them on an as needed basis. This year, VOPA commented on DMAS proposals for changes to Virginia's Medicaid Waiver regulations.

VOPA is currently providing services to Reba, a long-term training center resident whose guardian died and whose current "authorized representative" is uninvolved. VOPA is helping Reba overcome her family's opposition, regain control of her right to make her own decisions, and visit community placements and explore other services options so that she can, make an informed decision about moving to the community.

VOPA is providing services to Penney, another resident, to help her overcome family resistance so she can move to a small group home in the community. Penney's family has kept her at the training center for more than 30 years—this in spite of her proven ability to hold an off-campus job!

3. List other outcomes realized (if applicable):

none

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PADD PPR**

Grantee: VA

OMB Clearance No.: 0980-0160

Reporting Period: 10/1/2011 - 9/30/2012

Expiration Date.: 06/30/2014

4. Explain whether pursuing this priority involved collaborative efforts by other entities. If so, describe this collaboration:

This priority involved a great deal of collaborative efforts by other entities; 3 of which are detailed here.

VOPA collaborated with the Richmond Hispanic Liaison to train 3 of their members, and with the Virginia Hispanic Chamber of Commerce and Passport to Education advocacy group to appear and share information on their radio program.

VOPA collaborates with the United States Department of Justice (DOJ) by focused monitoring of the state-operated ICF's/MR the Commonwealth has slated for depopulation and closure in connection with its settlement of litigation with the DOJ. VOPA's effort seeks to protect the residents of these facilities from heightened risks of abuse and neglect presented by the transition.

VOPA works informally with the State Long-Term Care Ombudsman throughout the year. Coordination with the State Long-Term Care Ombudsman Program (through the Virginia Department of Aging) is particularly important during the legislative session.

The Department of Medical Assistance Services (DMAS) is the primary source of funding for the long-term care system in Virginia. VOPA coordinates with them on an as needed basis.

VOPA provides "Office Hours" at some of the local Centers for Independent Living or other organizations. VOPA regularly provides rights clinics and similar informative activities in state-operated facilities. Individuals with disabilities are informed of their rights and provided with other legal advice and services when appropriate.

VOPA regularly collaborates and consults with the National Disability Rights Network (NDRN). Several VOPA staff subscribe to NDRN supported P&A listservs. These listservs offer P&As the opportunity to consult and collaborate nationwide on similar issues and concerns facing people with disabilities.

VOPA also collaborated with policy makers and regularly provided them with information regarding residents' rights to be free from abuse and neglect.

5. If this was this addressed through individual advocacy, provide the number of cases handled under the priority.

36

6. If this priority addressed systemic advocacy or capacity building of the service delivery system for persons with developmental disabilities, please describe how including indicating if any were class actions.

See narratives in Indicators sections

7. Was this priority targeted to under/unserved and minority populations? If so please describe whether or not services to the targeted population resulted in an increase in clients served.

VOPA considers residents in state operated Training Centers to be underserved in the area of disability rights—particularly with regard to community integration. As explained above, VOPA's efforts have improved opportunities for members of this group to utilize new services to help them transition to the community.

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Grantee: VA

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Reporting Period: 10/1/2011 - 9/30/2012

Expiration Date.: 06/30/2014

8. Provide at least one case summary that demonstrates the impact of the priority.

VOPA completed an intensive multi-year investigation of a large state-operated ICF/MR (aka "Training Center") this fiscal year. We found that the Training Center did not provide adequate Active Treatment to its residents.

Early in our investigation, we observed that Training Center residents were idle for more than 90% of their day. Because Training Center staff only occasionally offered the residents any education, training or other program activities, most spent their time sleeping, pacing, or engaging in "self-stimulating behaviors" (for example sitting and rocking back and forth).

As VOPA's investigation progressed, the training center tried to improve resident to staff ratios, and tried to provide more activities for the residents, and schedule more programming and off-campus excursions. Despite these improvements, the Training Center still was not providing Active Treatment to its residents.

It appears that one reason the Training Center does not seem able to provide Active Treatment to its residents—even in the face of ongoing investigation—likely is that large, state operated institutions of that type are simply not well suited to deliver Active Treatment. Based on this and our investigative findings, VOPA collaborated with the DOJ to help obtain Court approval of the settlement Agreement in United States v. Virginia

VOPA became involved in the DOJ case after the DOJ ran into organized opposition in the form of parent groups that intervened in the case and opposed the Agreement based on their claim that their loved ones with disabilities were actually safer in the Training Centers than they would be in community settings. VOPA responded with its amicus brief—effectively destroying the parent's argument.

In crafting its brief, VOPA drew on the "active treatment" investigation and on reams of data accumulated over dozens of investigations, decades of advocacy efforts, and countless hours of on-site monitoring of Training Center conditions and operations, VOPA's brief laid out for the Court an exhaustive expose of the truth about safety and living conditions in Virginia's Training Centers. VOPA's brief not only detailed the rampant abuse and neglect that prevail in Virginia's training centers, but also demonstrated how the safety provisions of the Agreement would actually provide more protection for Training Center residents than the present system could.

The Court approved the settlement agreement on August 23, 2012. As a result, literally thousands of Virginians with disabilities will now have opportunities to either move from institutional life to community settings, or avoid being forced to move from the community to the state's large institutions.

9. Rounding off to the nearest hundred dollars how much of this year's grant or award or its program income was spent on this priority? \$141,429

10. Will this priority be continued in the next fiscal year? Yes

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Grantee: VA

OMB Clearance No.: 0980-0160

Reporting Period: 10/1/2011 - 9/30/2012

Expiration Date.: 06/30/2014

Section 6 Outcomes of Priorities and Goals: 1243 - 2975 People with Disabilities Live in the Most Appropriate Integrated Environment - VOPA will protect individuals' rights to timely discharges from state operated institutions via training of staff and residents, representing residents and informing policy makers of rights violations.	
List reporting year priorities from the Statement of Objectives and Priorities in order by priority.	
For each priority, provide the following information:	
1. Priority number: 1243	Priority Description: People with Disabilities Live in the Most Appropriate Integrated Environment
2. Identify and describe indicators PADD used to determine successful outcome of activities pursued under this priority:	
Indicator number: 2975	Indicator Description: VOPA will protect individuals' rights to timely discharges from state operated institutions via training of staff and residents, representing residents and informing policy makers of rights violations.
Indicator is: Partially Met	
If "Not Met" was checked, explain:	
<p>If "Met or Partially Met" was checked, summarize details, including one or two cases that exemplify the success; for fully met goals, the example case(s) should be successfully closed:</p> <p>Using multiple funding streams and strategies, we conducted trainings, rights clinics and information campaigns, helped develop training curricula for advance directive facilitators, and provided various supports to self-advocates. We also concluded a multi-year investigation of a large state-run ICF/MR (aka a "Training Center"), drafted a legal brief to help the United States Department of Justice ("DOJ") obtain court approval of a settlement agreement (the "Agreement") that will help thousands of people with disabilities move out of institutions, avoid institutionalization, and live successfully in more integrated environments. We also opened thirty individual cases, which were carefully selected based on their potential to bring about systemic change or group relief.</p> <p>This year, VOPA wrapped up a multi-year investigation of a large (two-hundred forty resident) Training Center. We found that that the Training Center was not providing active treatment, despite numerous improvements over the course of VOPA's multi-year investigation. The Commonwealth is currently depopulating this Training Center and has scheduled it to be permanently closed by June 2014 (See discussion of DOJ settlement agreement below). We have identified individuals leaving this facility and will monitor their community services.</p> <p>In a related matter, VOPA submitted a detailed amicus brief to help the DOJ overcome a challenger's claim that Virginia's Training Centers were safer than community alternatives, and obtain approval of a settlement agreement in United States v. Virginia (the "Agreement"). The now-approved agreement requires Virginia to establish and fund a detailed framework of new and enhanced community supports, services, and oversight. This is designed to facilitate Virginia's transition from primary reliance on training centers to providing most disability supports and services in more integrated community settings. In connection with this Agreement, Virginia will close four of its five training centers.</p> <p>VOPA conducted Rights Clinics at Training Centers and other state-operated facilities to provide residents with information on community integration, choice, and self-determination rights and accessing VOPA services, as well as to self-advocacy efforts. For example, VOPA provided services to help Eve participate in and achieve greater control over her services planning. This has opened the door for her to self-advocate for better and more individualized programming and other activities, as well as some needed medication changes.</p> <p>At another Training Center, VOPA's work on four individual cases led a Training Center to agree to provide augmentative communication devices (mostly I-Pad II with adaptive programming), and to make appropriate assessment and training</p>	

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services available to interested residents on all of its cottages and other residential units. The devices are proving effective at helping residents participate effectively in programming and other activities-both on campus and off.

VOPA also found that many training center residents who want to receive services in least restrictive environments are often blocked, not by actual legal guardians, but by regulatory "authorized representatives." Virginia's Regulations To Assure The Rights Of Individuals Receiving Services From Providers Licensed, Funded, Or Operated By The Department Of Behavioral Health And Developmental Services ("HR Regulations") include procedures that a resident may use to challenge, change or even eliminate this opposition. These regulations should clear the way for the resident to move into a less restrictive environment.

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The Department of Medical Assistance Services (DMAS) is the primary source of funding for the long-term care system in Virginia. VOPA coordinates with them on an as needed basis. This year, VOPA commented on DMAS proposals for changes to Virginia's Medicaid Waiver regulations.

VOPA is currently providing services to Reba, a long-term training center resident whose guardian died and whose current "authorized representative" is uninvolved. VOPA is helping Reba overcome her family's opposition, regain control of her right to make her own decisions, and visit community placements and explore other services options so that she can, make an informed decision about moving to the community.

VOPA is providing services to Penney, another resident, to help her overcome family resistance so she can move to a small group home in the community. Penney's family has kept her at the training center for more than 30 years—this in spite of her proven ability to hold an off-campus job!

3. List other outcomes realized (if applicable):

none

**P & A Program Performance Report
PADD PPR**

Grantee: VA

OMB Clearance No.: 0980-0160

Reporting Period: 10/1/2011 - 9/30/2012

Expiration Date.: 06/30/2014

4. Explain whether pursuing this priority involved collaborative efforts by other entities. If so, describe this collaboration:

This priority involved a great deal of collaborative efforts by other entities; 3 of which are detailed here.

VOPA collaborated with the Richmond Hispanic Liaison to train 3 of their members, and with the Virginia Hispanic Chamber of Commerce and Passport to Education advocacy group to appear and share information on their radio program.

VOPA collaborates with the United States Department of Justice (DOJ) by focused monitoring of the state-operated ICF's/MR the Commonwealth has slated for depopulation and closure in connection with its settlement of litigation with the DOJ. VOPA's effort seeks to protect the residents of these facilities from heightened risks of abuse and neglect presented by the transition.

VOPA works informally with the State Long-Term Care Ombudsman throughout the year. Coordination with the State Long-Term Care Ombudsman Program (through the Virginia Department of Aging) is particularly important during the legislative session.

The Department of Medical Assistance Services (DMAS) is the primary source of funding for the long-term care system in Virginia. VOPA coordinates with them on an as needed basis.

VOPA provides "Office Hours" at some of the local Centers for Independent Living or other organizations. VOPA regularly provides rights clinics and similar informative activities in state-operated facilities. Individuals with disabilities are informed of their rights and provided with other legal advice and services when appropriate.

VOPA regularly collaborates and consults with the National Disability Rights Network (NDRN). Several VOPA staff subscribe to NDRN supported P&A listservs. These listservs offer P&As the opportunity to consult and collaborate nationwide on similar issues and concerns facing people with disabilities.

VOPA also collaborated with policy makers and regularly provided them with information regarding residents' rights to be free from abuse and neglect.

5. If this was this addressed through individual advocacy, provide the number of cases handled under the priority.

36

6. If this priority addressed systemic advocacy or capacity building of the service delivery system for persons with developmental disabilities, please describe how including indicating if any were class actions.

See narratives in Indicators sections

7. Was this priority targeted to under/unserved and minority populations? If so please describe whether or not services to the targeted population resulted in an increase in clients served.

VOPA considers residents in state operated Training Centers to be underserved in the area of disability rights—particularly with regard to community integration. As explained above, VOPA's efforts have improved opportunities for members of this group to utilize new services to help them transition to the community.

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Reporting Period: 10/1/2011 - 9/30/2012

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8. Provide at least one case summary that demonstrates the impact of the priority.

VOPA completed an intensive multi-year investigation of a large state-operated ICF/MR (aka "Training Center") this fiscal year. We found that the Training Center did not provide adequate Active Treatment to its residents.

Early in our investigation, we observed that Training Center residents were idle for more than 90% of their day. Because Training Center staff only occasionally offered the residents any education, training or other program activities, most spent their time sleeping, pacing, or engaging in "self-stimulating behaviors" (for example sitting and rocking back and forth).

As VOPA's investigation progressed, the training center tried to improve resident to staff ratios, and tried to provide more activities for the residents, and schedule more programming and off-campus excursions. Despite these improvements, the Training Center still was not providing Active Treatment to its residents.

It appears that one reason the Training Center does not seem able to provide Active Treatment to its residents—even in the face of ongoing investigation—likely is that large, state operated institutions of that type are simply not well suited to deliver Active Treatment. Based on this and our investigative findings, VOPA collaborated with the DOJ to help obtain Court approval of the settlement Agreement in United States v. Virginia

VOPA became involved in the DOJ case after the DOJ ran into organized opposition in the form of parent groups that intervened in the case and opposed the Agreement based on their claim that their loved ones with disabilities were actually safer in the Training Centers than they would be in community settings. VOPA responded with its amicus brief—effectively destroying the parent's argument.

In crafting its brief, VOPA drew on the "active treatment" investigation and on reams of data accumulated over dozens of investigations, decades of advocacy efforts, and countless hours of on-site monitoring of Training Center conditions and operations, VOPA's brief laid out for the Court an exhaustive expose of the truth about safety and living conditions in Virginia's Training Centers. VOPA's brief not only detailed the rampant abuse and neglect that prevail in Virginia's training centers, but also demonstrated how the safety provisions of the Agreement would actually provide more protection for Training Center residents than the present system could.

The Court approved the settlement agreement on August 23, 2012. As a result, literally thousands of Virginians with disabilities will now have opportunities to either move from institutional life to community settings, or avoid being forced to move from the community to the state's large institutions.

9. Rounding off to the nearest hundred dollars how much of this year's grant or award or its program income was spent on this priority? \$141,429

10. Will this priority be continued in the next fiscal year? Yes

P & A Program Performance Report PADD PPR

Grantee: VA

OMB Clearance No.: 0980-0160

Reporting Period: 10/1/2011 - 9/30/2012

Expiration Date.: 06/30/2014

Section 6 Outcomes of Priorities and Goals: 1244 - 2976 People with Disabilities have Equal Access to Appropriate and Necessary Health Care - VOPA will address the denial of needed and appropriate Medicaid services by representing children, providing training about EPSDT and Waivers, and evaluating Medicaid reimbursed transportation service provider.

List reporting year priorities from the Statement of Objectives and Priorities in order by priority.

For each priority, provide the following information:

1. Priority number: 1244	Priority Description: People with Disabilities have Equal Access to Appropriate and Necessary Health Care
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2. Identify and describe indicators PADD used to determine successful outcome of activities pursued under this priority:

Indicator number: 2976	Indicator Description: VOPA will address the denial of needed and appropriate Medicaid services by representing individuals, providing training and technical assistance about EPSDT and Waivers, and ensuring DMAS appeals process is appropriate and in accordance with regulations and policy.
-------------------------------	--

Indicator is: Met

If "Not Met" was checked, explain:

If "Met or Partially Met" was checked, summarize details, including one or two cases that exemplify the success; for fully met goals, the example case(s) should be successfully closed:

VOPA worked to ensure that people with Developmental Disabilities receive Medicaid services through individual and systemic advocacy, outreach, and training and investigated dental care services in state institutions.

In one case, VOPA represented Ed, whose application for the EDCD Waiver was denied by his local Department of Social Services (DSS) after an assessment. Ed successfully appealed the denial and the Hearing Officer (HO) ordered DSS to provide new assessments. VOPA successfully negotiated with DSS, and DSS agreed to conduct a new full assessment. Ed was concerned that DSS would sabotage his eligibility (based on comments made by DSS personnel), so VOPA recommended he withdraw his current request for eligibility and request a new assessment. This gave Ed time to gather new data and better prepare for the assessment. Ed agreed and VOPA withdrew the original request. In the meantime, Ed was informed that he was awarded a DD Waiver slot. Now, Ed is receiving DD Waiver services and is satisfied with them.

VOPA also completed a comprehensive investigation of the quality and completion of dental services at state operated ICFs/MR. VOPA discovered multiple deficiencies in the state operated ICF/MR dental care services including lack of training in basic care such as brushing and flossing, failure to acquire x-rays or provide adequate treatment for simple or complex services as well as unnecessary extractions and consent forms. We have presented our findings at several conferences and created a draft report of these findings.

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Grantee: VA

OMB Clearance No.: 0980-0160

Reporting Period: 10/1/2011 - 9/30/2012

Expiration Date.: 06/30/2014

3. List other outcomes realized (if applicable):

In response to issues arising in Medicaid appeals from 2011, VOPA negotiated with the Attorney General's office and Department of Medical Assistance Services (DMAS), who agreed to train all staff working on appeals about the requirement to provide the evidence DMAS will rely upon at trial and train their Hearing Officers (HO) apply a proper and uniform burden of proof.

Since the agreement, VOPA represented clients in two Medicaid appeals. Each time, the HO used the correct burden of proof.

In those same appeals, however, DMAS failed to provide us with the evidence they planned to use. In both cases, VOPA filed Motions noting the error, with a copy of the DMAS agreement. IN both cases, the HO refused to sanction DMAS. As a result, while this project was successfully completed, VOPA filed a Complaint with the federal Centers for Medicaid Services regarding the failure to comply with the agreement, among other due process violations. The complaint will be litigated as part of an FY 13 project.

4. Explain whether pursuing this priority involved collaborative efforts by other entities. If so, describe this collaboration:

VOPA collaborated with the Department of Medical Assistance Services and the Virginia Office of the Attorney General in settlement negotiations and enforcing the terms of those settlements, as well as ensuring systemic relief. The results of those collaborations are discussed in further detail above and below in the case examples from this priority.

VOPA also completed a presentation on our systemic dental investigation to the National Disability Rights Network at their annual conference.

5. If this was this addressed through individual advocacy, provide the number of cases handled under the priority.

33

6. If this priority addressed systemic advocacy or capacity building of the service delivery system for persons with developmental disabilities, please describe how including indicating if any were class actions.

VOPA pursued systemic relief to remedy problems with the Department of Medical Assistance Services' (DMAS') assessment and appeal system discovered during a case this year. We also sought systemic changes to DMAS assessments, to ensure that DMAS staff are trained to conduct them and comply with DMAS regulations and policies and changes to ensure DMAS Hearing Officers (HO) apply a standard Burden of Proof in appeals.

VOPA represented a client in a Medicaid Appeal. In that case, DMAS did not comply with state and federal law when responding to subpoenas and producing evidence, and the HO did not apply the correct Burden of Proof. After VOPA won the Appeal, the client authorized us to seek systemic relief.

After negotiation, DMAS agreed to annually train employees in state and federal requirements to provide documents and evidence. DMAS also agreed to develop written training on Burden of Proof for all of its hearing officers and train all HOs on this matter at least annually.

VOPA has a comprehensive understanding of the deficiencies in state operated ICF/MR dental services which will allow us to respond to dental complaints efficiently.

7. Was this priority targeted to under/unserved and minority populations? If so please describe whether or not services to the targeted population resulted in an increase in clients served.

VOPA considers residents in state operated Training Centers to be underserved in the area of disability rights—particularly with regard to community integrations. As explained above, VOPA's efforts on this Indicator have improved opportunities for members of this group to utilize new services to help them transition to the community.

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8. Provide at least one case summary that demonstrates the impact of the priority.

June lost her Waiver services; the local Department of Social Services (DSS) improperly removed her from the DD Waiver and full Medicaid following her disclaimer of her late father's insolvent estate. VOPA filed an appeal with Virginia Department of Medical Assistance Services (DMAS). Following numerous procedural errors by the DMAS hearing officer, resulting in significant delays of the hearing, VOPA filed a complaint with federal Centers for Medicaid Services (including systemic allegations). That complaint remains under investigation.

Ultimately, counsel for DMAS negotiated with VOPA to instruct the local DSS to consider a hardship determination and re-enroll June. June was re-enrolled to full Medicaid and the DD Waiver, effective from the original date of removal.

This case led to negotiations with DMAS and the systemic relief described in greater detail earlier in this Section.

9. Rounding off to the nearest hundred dollars how much of this year's grant or award or its program income was spent on this priority? \$12,109

10. Will this priority be continued in the next fiscal year? Yes

P & A Program Performance Report PADD PPR

Grantee: VA

OMB Clearance No.: 0980-0160

Reporting Period: 10/1/2011 - 9/30/2012

Expiration Date.: 06/30/2014

Section 6 Outcomes of Priorities and Goals: 1244 - 2977 People with Disabilities have Equal Access to Appropriate and Necessary Health Care - VOPA will address dental care for individuals in state-operated institutions via representing individuals, investigating their compliance with federal regulations, and the implementation of special project related to dental care for these individuals	
List reporting year priorities from the Statement of Objectives and Priorities in order by priority.	
For each priority, provide the following information:	
1. Priority number: 1244	Priority Description: People with Disabilities have Equal Access to Appropriate and Necessary Health Care
2. Identify and describe indicators PADD used to determine successful outcome of activities pursued under this priority:	
Indicator number: 2977	Indicator Description: VOPA will address dental care for individuals in state-operated institutions via representing individuals, investigating their compliance with federal regulations, and the implementation of special projects supported by the DD Council related to dental care for these individuals.
Indicator is: Met	
If "Not Met" was checked, explain:	
If "Met or Partially Met" was checked, summarize details, including one or two cases that exemplify the success; for fully met goals, the example case(s) should be successfully closed:	
<p>VOPA worked to ensure that people with Developmental Disabilities receive Medicaid services through individual and systemic advocacy, outreach, and training and investigated dental care services in state institutions.</p> <p>In one case, VOPA represented Ed, whose application for the EDCD Waiver was denied by his local Department of Social Services (DSS) after an assessment. Ed successfully appealed the denial and the Hearing Officer (HO) ordered DSS to provide new assessments. VOPA successfully negotiated with DSS, and DSS agreed to conduct a new full assessment. Ed was concerned that DSS would sabotage his eligibility (based on comments made by DSS personnel), so VOPA recommended he withdraw his current request for eligibility and request a new assessment. This gave Ed time to gather new data and better prepare for the assessment. Ed agreed and VOPA withdrew the original request. In the meantime, Ed was informed that he was awarded a DD Waiver slot. Now, Ed is receiving DD Waiver services and is satisfied with them.</p> <p>VOPA also completed a comprehensive investigation of the quality and completion of dental services at state operated ICFs/MR. VOPA discovered multiple deficiencies in the state operated ICF/MR dental care services including lack of training in basic care such as brushing and flossing, failure to acquire x-rays or provide adequate treatment for simple or complex services as well as unnecessary extractions and consent forms. We have presented our findings at several conferences and created a draft report of these findings.</p>	

**P & A Program Performance Report
PADD PPR**

Grantee: VA

OMB Clearance No.: 0980-0160

Reporting Period: 10/1/2011 - 9/30/2012

Expiration Date.: 06/30/2014

3. List other outcomes realized (if applicable):

In response to issues arising in Medicaid appeals from 2011, VOPA negotiated with the Attorney General's office and Department of Medical Assistance Services (DMAS), who agreed to train all staff working on appeals about the requirement to provide the evidence DMAS will rely upon at trial and train their Hearing Officers (HO) apply a proper and uniform burden of proof.

Since the agreement, VOPA represented clients in two Medicaid appeals. Each time, the HO used the correct burden of proof.

In those same appeals, however, DMAS failed to provide us with the evidence they planned to use. In both cases, VOPA filed Motions noting the error, with a copy of the DMAS agreement. IN both cases, the HO refused to sanction DMAS. As a result, while this project was successfully completed, VOPA filed a Complaint with the federal Centers for Medicaid Services regarding the failure to comply with the agreement, among other due process violations. The complaint will be litigated as part of an FY 13 project.

4. Explain whether pursuing this priority involved collaborative efforts by other entities. If so, describe this collaboration:

VOPA collaborated with the Department of Medical Assistance Services and the Virginia Office of the Attorney General in settlement negotiations and enforcing the terms of those settlements, as well as ensuring systemic relief. The results of those collaborations are discussed in further detail above and below in the case examples from this priority.

VOPA also completed a presentation on our systemic dental investigation to the National Disability Rights Network at their annual conference.

5. If this was this addressed through individual advocacy, provide the number of cases handled under the priority.

33

6. If this priority addressed systemic advocacy or capacity building of the service delivery system for persons with developmental disabilities, please describe how including indicating if any were class actions.

VOPA pursued systemic relief to remedy problems with the Department of Medical Assistance Services' (DMAS') assessment and appeal system discovered during a case this year. We also sought systemic changes to DMAS assessments, to ensure that DMAS staff are trained to conduct them and comply with DMAS regulations and policies and changes to ensure DMAS Hearing Officers (HO) apply a standard Burden of Proof in appeals.

VOPA represented a client in a Medicaid Appeal. In that case, DMAS did not comply with state and federal law when responding to subpoenas and producing evidence, and the HO did not apply the correct Burden of Proof. After VOPA won the Appeal, the client authorized us to seek systemic relief.

After negotiation, DMAS agreed to annually train employees in state and federal requirements to provide documents and evidence. DMAS also agreed to develop written training on Burden of Proof for all of its hearing officers and train all HOs on this matter at least annually.

VOPA has a comprehensive understanding of the deficiencies in state operated ICF/MR dental services which will allow us to respond to dental complaints efficiently.

7. Was this priority targeted to under/unserved and minority populations? If so please describe whether or not services to the targeted population resulted in an increase in clients served.

VOPA considers residents in state operated Training Centers to be underserved in the area of disability rights—particularly with regard to community integrations. As explained above, VOPA's efforts on this Indicator have improved opportunities for members of this group to utilize new services to help them transition to the community.

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<p>8. Provide at least one case summary that demonstrates the impact of the priority. June lost her Waiver services; the local Department of Social Services (DSS) improperly removed her from the DD Waiver and full Medicaid following her disclaimer of her late father's insolvent estate. VOPA filed an appeal with Virginia Department of Medical Assistance Services (DMAS). Following numerous procedural errors by the DMAS hearing officer, resulting in significant delays of the hearing, VOPA filed a complaint with federal Centers for Medicaid Services (including systemic allegations). That complaint remains under investigation.</p> <p>Ultimately, counsel for DMAS negotiated with VOPA to instruct the local DSS to consider a hardship determination and re-enroll June. June was re-enrolled to full Medicaid and the DD Waiver, effective from the original date of removal.</p> <p>This case led to negotiations with DMAS and the systemic relief described in greater detail earlier in this Section.</p>
<p>9. Rounding off to the nearest hundred dollars how much of this year's grant or award or its program income was spent on this priority? \$12,109</p>
<p>10. Will this priority be continued in the next fiscal year? Yes</p>

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Section 7 Developmental Disabilities Network Collaboration

A. Provide information related to only those issues / barriers affecting individuals with developmental disabilities and their families in your State that the DDC, P&A, and UCEDD (the DD network) have jointly identified as critical State issues /barriers:

Using short titles, list 5-10 areas that the DDC, P&A, and UCEDD have identified as critical State issues/barriers. Then, identify at least one issue/barrier selected by your State DD Network for joint collaboration:

1. Policy Maker Education
2. Increase in ICFs/MR and plan for rebuilding state institutions
3. Reduction in Medicaid Waivers waiting lists
4. Response to findings by the Department of Justice
5. Lack of integrated developmental disabilities service delivery system
6. Abuse and Neglect
7. Outreach
8. Advances and opportunities for Self Advocacy

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Section 7 Issues/Barriers Elaboration: Policy Maker Education
1. Issue/Barrier number (from A in Section VII): 1
2. Provide a brief description of the collaborative issue/barrier and expected outcome(s): The DD Council (Virginia Board for People with Disabilities, VPBD) and the P&A (VOPA) regularly collaborate during Virginia's General Assembly session regarding proposed legislation and budget issues that may impact people with disabilities. The University Center for Excellence (Partnership for People with Disabilities) is also consulted. The DD Network routinely collaborated before educating policymakers on proposed legislation and budget items.
3. Reference applicable SGP Goals(s): Priority number(s): 1241 - People with Disabilities are Free from Abuse and Neglect, 1242 - Children with Disabilities Receive an Appropriate Education, 1243 - People with Disabilities Live in the Most Appropriate Integrated Environment, 1244 - People with Disabilities have Equal Access to Appropriate and Necessary Health Care
4. Describe the P&A's specific roles and responsibilities in this collaborative effort: VOPA has a representative at the VPBD quarterly meetings and at the Advisory Council for the Partnership for People with Disabilities. The DD Network routinely collaborates on issues before the General Assembly. VOPA met with policymakers, drafted position papers, and testified at legislative hearings, often as a member of the DD Network, on issues including special education, Medicaid, community services, and closure of state facilities.
5. Briefly identify problems, if any, encountered as a result of this collaboration: n/a
6. Describe unexpected benefits, if any, of this collaborative effort: n/a
7. If your P&A can provide technical assistance expertise in this area to other States, please describe: n/a
8. If any, describe the technical assistance needs the P&A/DD Network have in this area: n/a

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Section 7 Issues/Barriers Elaboration: Increase in ICFs/MR and plan for rebuilding state institutions

1. Issue/Barrier number (from A in Section VII): 2

2. Provide a brief description of the collaborative issue/barrier and expected outcome(s):

In support of the comprehensive settlement agreement to improve services for people with developmental disabilities, VOPA regularly shared information and strategies with the Virginia Board for People with Disabilities, with the Partnership for People with Disabilities, and with dozens of advocacy groups. We collaborated on legislative reaction to the settlement, press accounts, and support for the US and the Commonwealth during hearings. This agreement, now in effect, will reduce waiting lists and reduce the state's reliance on large ICFs/MR.

3. Reference applicable SGP Goals(s): Priority number(s): 1241 - People with Disabilities are Free from Abuse and Neglect, 1243 - People with Disabilities Live in the Most Appropriate Integrated Environment

4. Describe the P&A's specific roles and responsibilities in this collaborative effort:

Staff of the three network entities routinely shared strategies and information throughout the year.

5. Briefly identify problems, if any, encountered as a result of this collaboration:

n/a

6. Describe unexpected benefits, if any, of this collaborative effort:

n/a

7. If your P&A can provide technical assistance expertise in this area to other States, please describe:

n/a

8. If any, describe the technical assistance needs the P&A/DD Network have in this area:

n/a

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Section 7 Issues/Barriers Elaboration: Reduction in Medicaid Waivers waiting lists

1. Issue/Barrier number (from A in Section VII): 3

2. Provide a brief description of the collaborative issue/barrier and expected outcome(s):

In support of the comprehensive settlement agreement to improve services for people with developmental disabilities, VOPA regularly shared information and strategies with the Virginia Board for People with Disabilities, with the Partnership for People with Disabilities, and with dozens of advocacy groups. We collaborated on legislative reaction to the settlement, press accounts, and support for the US and the Commonwealth during hearings. This agreement, now in effect, will reduce waiting lists and reduce the state's reliance on large ICFs/MR.

3. Reference applicable SGP Goals(s): Priority number(s): 1241 - People with Disabilities are Free from Abuse and Neglect, 1243 - People with Disabilities Live in the Most Appropriate Integrated Environment

4. Describe the P&A's specific roles and responsibilities in this collaborative effort:

Staff of the three network entities routinely shared strategies and information throughout the year.

5. Briefly identify problems, if any, encountered as a result of this collaboration:

n/a

6. Describe unexpected benefits, if any, of this collaborative effort:

n/a

7. If your P&A can provide technical assistance expertise in this area to other States, please describe:

n/a

8. If any, describe the technical assistance needs the P&A/DD Network have in this area:

n/a

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Section 7 Issues/Barriers Elaboration: Response to findings by the Department of Justice
1. Issue/Barrier number (from A in Section VII): 4
2. Provide a brief description of the collaborative issue/barrier and expected outcome(s): In support of the comprehensive settlement agreement to improve services for people with developmental disabilities, VOPA regularly shared information and strategies with the Virginia Board for People with Disabilities, with the Partnership for People with Disabilities, and with dozens of advocacy groups. We collaborated on legislative reaction to the settlement, press accounts, and support for the US and the Commonwealth during hearings. This agreement, now in effect, will reduce waiting lists and reduce the state's reliance on large ICFs/MR.
3. Reference applicable SGP Goals(s): Priority number(s): 1241 - People with Disabilities are Free from Abuse and Neglect, 1243 - People with Disabilities Live in the Most Appropriate Integrated Environment
4. Describe the P&A's specific roles and responsibilities in this collaborative effort: Staff of the three network entities routinely shared strategies and information throughout the year.
5. Briefly identify problems, if any, encountered as a result of this collaboration: n/a
6. Describe unexpected benefits, if any, of this collaborative effort: n/a
7. If your P&A can provide technical assistance expertise in this area to other States, please describe: n/a
8. If any, describe the technical assistance needs the P&A/DD Network have in this area: n/a

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Section 7 Issues/Barriers Elaboration: Outreach

1. Issue/Barrier number (from A in Section VII): 7

2. Provide a brief description of the collaborative issue/barrier and expected outcome(s):

The community of advocates for individuals with developmental and intellectual disabilities in Virginia is strong but small. The Virginia DD Network is collaborating to strengthen and expand that community.

3. Reference applicable SGP Goals(s): Priority number(s): 1241 - People with Disabilities are Free from Abuse and Neglect, 1242 - Children with Disabilities Receive an Appropriate Education, 1243 - People with Disabilities Live in the Most Appropriate Integrated Environment

4. Describe the P&A's specific roles and responsibilities in this collaborative effort:

For the first time, Virginia has a statewide, cross-disability advocacy group. The Virginia Board provided guidance and financial support to VAULT (Virginia Advocates United Leading Together). The Partnership provided initial leadership in establishing and staffing VAULT. VOPA provides regular training and support as well as meeting space and office space to VAULT.

VOPA routinely supports the Virginia Board's (DD Council) trainings in self-advocacy through the Youth Leadership Program and the Partners in Policymaking program, as well as the Partnership's (UCEDD) nascent development of a self-advocacy group, funded in part by the Virginia Board. VOPA intends to continue its training and support in this area in 2013.

5. Briefly identify problems, if any, encountered as a result of this collaboration:

There are insufficient funds available to VOPA and its network partners to support the advocacy community in the strength needed in Virginia.

6. Describe unexpected benefits, if any, of this collaborative effort:

n/a

7. If your P&A can provide technical assistance expertise in this area to other States, please describe:

n/a

8. If any, describe the technical assistance needs the P&A/DD Network have in this area:

n/a

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Section 7 Issues/Barriers Elaboration: Advances and opportunities for Self Advocacy

1. Issue/Barrier number (from A in Section VII): 8

2. Provide a brief description of the collaborative issue/barrier and expected outcome(s):

The community of advocates for individuals with developmental and intellectual disabilities in Virginia is strong but small. The Virginia DD Network is collaborating to strengthen and expand that community.

3. Reference applicable SGP Goals(s): Priority number(s): 1241 - People with Disabilities are Free from Abuse and Neglect, 1242 - Children with Disabilities Receive an Appropriate Education, 1243 - People with Disabilities Live in the Most Appropriate Integrated Environment

4. Describe the P&A's specific roles and responsibilities in this collaborative effort:

For the first time, Virginia has a statewide, cross-disability advocacy group. The Virginia Board provided guidance and financial support to VAULT (Virginia Advocates United Leading Together). The Partnership provided initial leadership in establishing and staffing VAULT. VOPA provides regular training and support as well as meeting space and office space to VAULT.

VOPA routinely supports the Virginia Board's (DD Council) trainings in self-advocacy through the Youth Leadership Program and the Partners in Policymaking program, as well as the Partnership's (UCEDD) nascent development of a self-advocacy group, funded in part by the Virginia Board. VOPA intends to continue its training and support in this area in 2013.

5. Briefly identify problems, if any, encountered as a result of this collaboration:

There are insufficient funds available to VOPA and its network partners to support the advocacy community in the strength needed in Virginia.

6. Describe unexpected benefits, if any, of this collaborative effort:

n/a

7. If your P&A can provide technical assistance expertise in this area to other States, please describe:

n/a

8. If any, describe the technical assistance needs the P&A/DD Network have in this area:

n/a

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Section 8 Coordination

Check if the following programs are housed in the same organization as the P&A program:

Client Assistance Program (CAP)

Long Term Care Ombudsman (Older Americans Act)

Other

If other, please list:

Protection and Advocacy for Individuals with Mental Illness,
Protection and Advocacy for Individual Rights,
Protection and Advocacy for Beneficiaries of Social Security,
Protection and Advocacy for Assistive Technology,
Protection and Advocacy for Traumatic Brain Injury, and
Protection and Advocacy for the Help America Vote Act

If the Client Assistance Program (CAP) and the Long Term Care Ombudsman (Older Americans Act) are not part of the P&A System (PADD, PAIMI, PAIR and PAAT programs) describe coordination between the PADD program and the CAP and the Long Term Care Ombudsman (Older Americans Act.)

Coordination with the State Long-Term Care Program is particularly important during the legislative session.

The Department of Medical Assistance Services (DMAS) is the primary source of funding for the long-term care system in Virginia. Again, VOPA coordinates with them on an as needed basis.

Describe your system's relations with agencies other than above and any inter-agency agreements or joint projects you may have, other than mentioned above.

VOPA regularly collaborates and consults with the National Disability Rights Network (NDRN). Several VOPA staff subscribe to NDRN supported P&A listservs. These listservs offer P&As the opportunity to consult and collaborate nationwide on similar issues and concerns facing people with disabilities. VOPA staff serve on NDRN TASC committees, as well.

VOPA collaborates with other state-wide advocacy entities and disabilities service providers as needed.

Section VIII. Services Provided Using Non-Part C Funding:

Are services and activities benefiting persons with developmental disabilities and their families supported by funding other than that provided by Part C of the DD Act or its program income: No

Please describe the projects funded with non-part C funding or its program income:

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Section 9 Comments and Clarifications

Comments and Clarifications:

No later than January 1, 2014, VOPA will transition from a state agency to a private non-profit, pursuant to state law. VOPA's Governing Board fully supports this conversion. During the 2012 Session, the Virginia General Assembly passed, and the Governor of Virginia signed, House Bill 1230. The law requires VOPA's Executive Director to complete a transition plan and to create a private non-profit capable of assuming the duties of the state's designated protection and advocacy system. The law also requires that the Governor re-designate VOPA as a private non-profit by January 1, 2014. This conversion will likely lead to the reorganization of VOPA staff while preserving the implementation of our DD advocacy work.

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Section 10 ADD Comments

ADD Comments: