

AGENCY ANNUAL PROGRAM PERFORMANCE REPORT FOR PATBI

REPORTING PERIOD: 2013

STATE: Virginia

AGENCY NAME: disAbility Law Center of Virginia on behalf of the
Virginia Office for Protection and Advocacy

DATE SUBMITTED: 11/19/13

AGENCY INFORMATION

Agency Name: disAbility Law Center of Virginia on behalf of the Virginia Office for Protection and Advocacy

Address of Agency:

a. Main Office:

1910 Byrd Avenue, Suite 5
Richmond, Virginia 23230

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

Not Applicable

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

Not Applicable

Agency Telephone Number: (804) 225-2042

Agency Toll-Free Telephone Number: (800) 552-3962

Agency TTY Number: (804) 225-2042

Agency Toll-Free TTY Number: (800) 552-3962

Agency Fax Number: (804) 662-7431

Agency E-Mail Address: info@dlcv.org

Agency Web Address: www.dlc.v.org

Executive Director Name: Colleen Miller, Esq

Executive Director Email: colleen.miller@dlcv.org

Staff Preparing Report Name: Robert Gray

Staff Preparing Report Email: robert.gray@dlcv.org

Staff Preparing Report Office Location: Richmond, Virginia

PART I: NON-CASE SERVICES

A. INFORMATION AND REFERRAL SERVICES (I&R)

1. Total Individuals Receiving I&R Services	63
2. Total Number of I&R requests during the Fiscal Year	63

B. TRAINING ACTIVITIES

1. Number of Trainings Presented by Staff	9
2. Number of Individuals Who Attended These Trainings	198

3. Describe at least two (2) trainings presented by the staff. Be sure to include information about the topics covered, the purpose of the training, and a description of the attendees.

VOPA conducted two types of PATBI-relevant trainings this fiscal year. Our "multi-program" efforts combined funding streams from two or more programs to support training on broader issues that apply across disability groups, including TBI.ⁱ By contrast, our "TBI-only" efforts combined TBI-specific presentations with other education and outreach activities in an effort to maximize our impact on more precisely targeted audiences.

An example of one of VOPA's multi-program training activities would be the "rights clinics" we periodically conduct at two state-operated mental health facilities where individuals with TBI-related behavioral issues are regularly housed and treated.ⁱⁱ These facilities are located in the traditionally underserved Western and Southwestern regions of the state.

VOPA rights clinics ordinarily consist of one or more large rights presentations (which residents and staff may attend), followed by individual or small group "clinical sessions" at which VOPA provides one-on-one instruction and self-advocacy coaching to facility residents who request it.

Among the topics covered in rights clinics this year were: participation in treatment and discharge planning, accessing services in the community, human rights, strategies and resources for self-advocacy, and other disability-related issues that would be useful or of interest to most residents of these facilities. A total of one hundred seventeen individuals and interested staff persons attended VOPA rights clinics this year.

An example of a "TBI-only" effort would be the combination of strategies VOPA utilized to protect and promote the employment-related rights of veterans with TBI and other disabilities. We first developed and distributed an information sheet detailing individuals' *Americans With Disabilities Act* rights in the employment context and providing information on employment-related resources available to individuals with disabilities. We maximized veterans' awareness of these rights and resources by publishing related articles in three different types of veterans/active duty military publications (online as well as in print).

On the provider side, we targeted employees of the Virginia Employment Commission and the Wounded Warriors Program with a series of in depth presentations that armed them with rights information and resources they would need to better assist unemployed veterans with disabilities. We wrapped up our effort with participation and outreach at a VEC-sponsored conference in the traditionally underserved Northwestern portion of the state.

4. Agency Outreach. Describe the agency’s outreach efforts to previously unserved or underserved individuals including minority communities.

VOPA provided outreach through our training objectives to many rural and underserved counties and cities in Virginia using multiple formats and methods of communication. We provided seven on-site employment rights and Veteran Services presentations in Fairfax, Fishersville, Charlottesville and Richmond to seventy-seven Veterans, providers and educators. We provided on-site rights clinics to one-hundred seventeen staff and residents at two mental health facilities in rural Southwest and Western Virginia. We provided three articles for Veterans on TBI related services which were published in three separate publications for distribution to fifty-two thousand seven hundred Veterans across the state and developed and distributed a best practices in educating children with TBI fact sheet to one hundred forty-nine Special Education Directors in every school district and in juvenile psychiatric and residential facilities. Finally, in Southwest Virginia, a rural and underserved part of the state, VOPA ensured many children with TBI were able to get the services they needed through our partnership and contract with Brain Injury Services of the Southwest.

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

C. INFORMATION DISSEMINATED TO THE PUBLIC

1. Radio and TV Appearances by Agency Staff	0
2. Newspaper/Magazine/Journal Articles Prepared by Agency Staff	3
3. PSAs/Videos Aired by the Agency	0
4. Website Hits	14,396
5. Publications/Booklets/Brochures Disseminated by the Agency	1

6. Other- n/a

Number	Description (use separate sheets if necessary)

7. External Media Coverage of Agency Activities

Radio/TV Coverage	Newspaper/ Magazines/Journal	PSAs/Videos	Publications/ Booklets/ Brochures
0	52,700	0	149

PART II: CASE-SERVICES

A. INDIVIDUALS SERVED

1. Individuals	
a. Individuals Served Receiving Advocacy at Start of Fiscal Year (carryover from prior)	0
b. Additional Individuals Served During Fiscal Year (new for fiscal year)	6
c. Total Number of Individuals Served During Fiscal Year (a + b)	6
d. Total Number of Individuals with Cases that Were Closed During Fiscal Year	4
e. Total Individuals Still Being Served at the End of the Fiscal Year	2

2. Services	
a. Number of Cases/Service Requests Open at Start of Fiscal Year (carryover from prior)	0
b. Additional Cases/Service Requests Opened During Fiscal Year (new for fiscal year)	7
c. Total Number of Cases/Service Requests During Fiscal Year (a + b)	7
d. Total Number of Cases/Service Requests that Were Closed During Fiscal Year	5
e. Total Number of Cases/Service Requests Open at the End of the Fiscal Year	2

B. PROBLEM AREAS/COMPLAINTS OF INDIVIDUALS SERVED

Complaint	
1. Abuse (total)	2
a. Inappropriate Use of Restraint & Seclusion	0
b. Involuntary Treatment	0
c. Physical, Verbal, & Sexual Assault	1
d. Other	1
2. Access to Records	0
3. Advance Directives	1
4. Architectural Accessibility	0
5. Assistive Technology (total)	0
a. Augmentative Comm. Devices	0
b. Durable Medical Equipment	0
c. Vehicle Modification/Transportation	0
d. Other	0

6. Civil Commitment	0
7. Custody/Parental Rights	0
8. Education (total)	2
a. FAPE: IEP/IFSP Planning/Development/Implementation	2
b. FAPE: Discipline/Procedural Safeguards	0
c. FAPE: Eligibility	0
d. FAPE: Least Restrictive Environ.	0
e. FAPE: Multi-disciplinary Evaluation/Assessments	0
f. FAPE: Transition Services	0
g. Other	0
9. Employment Discrimination (total)	0
a. Benefits	0
b. Hiring/Termination	0
c. Reasonable Accommodations	0
d. Service Provider Issues	0
e. Supported Employment	0
f. Wage and Hour Issues	0
g. Other	0
10. Employment Preparation	0
11. Financial Benefits (total)	0
a. SSDI Work Incentives	0
b. SSI Eligibility	0
c. SSI Work Incentives	0
d. Social Security Benefits Cessation	0
e. Welfare Reform	0
f. Work Related Overpayments	0
g. Other Financial Entitlements	0
12. Forensic Commitment	0
13. Government Benefits/Services	2
14. Guardianship/Conservatorship	0
15. Healthcare (total)	0
a. General Healthcare	0
b. Medicaid	0

c. Medicare	0
d. Private Medical Insurance	0
e. Other	0
16. Housing (total)	0
a. Accommodations	0
b. Architectural Barriers	0
c. Landlord/Tenant	0
d. Modifications	0
e. Rental Denial/Termination	0
f. Sales/Contracts/Ownership	0
g. Subsidized Housing/Section 8	0
h. Zoning/Restrictive Covenants	0
i. Other	0
17. Immigration	0
18. Neglect (total)	0
a. Failure to Provide Necessary or Appropriate Medical Treatment	0
b. Failure to Provide Necessary or Appropriate Mental Health Treatment	0
c. Failure to Provide Necessary or Appropriate Personal Care & Safety	0
d. Other	0
19. Post-Secondary Education	0
20. Non-Medical Insurance	0
21. Privacy Rights	0
22. Rehabilitation Services (total)	0
a. Communications Problems (Individuals/Counselor)	0
b. Conflict About Services To Be Provided	0
c. Individual Requests Information	0
d. Non-Rehabilitation Act	0
e. Private Providers	0
f. Related to Application/Eligibility Process	0
g. Related to IWRP Development/Implementation	0
h. Related to Title I of ADA	0
i. Other Rehabilitation Act-related problems	0

23 Suspicious Death	0
24. Transportation (total)	0
a. Air Carrier	0
b. Paratransit	0
c. Public Transportation	0
d. Other	0
25. Unnecessary Institutionalization	0
26. Voting (total)	0
a. Accessible Polling Place / Equipment	0
b. Registration	0
c. Other	0
27. Other*	0

*For any cases listed under "27. Other," describe the specific problem area or complaint and the number of cases covered under each problem area or complaint listed. Use separate sheets if necessary.

C. REASONS FOR CLOSING CASE FILES

1. Reason for Closing Case Files	
a. All Issues Resolved in Client's Favor	1
b. Some Issues Resolved in Client's Favor	1
c. Other Representation Obtained	0
d. Individual Withdrew Complaint	1
e. Services Not Needed Due to Death, Relocation, etc.	0
f. Individual Not Responsive to Agency	1
g. Case Lacked Legal Merit	0
h. Conflict of Interest	0
i. Agency Withdrew from Case	0
j. Lack of Resources	0
k. Not Within Priorities	0
l. Issue Not Resolved in Client's Favor	0
m. Other* 1- <i>provided technical assistance in self-advocacy</i>	1
n. Total	5

*For any cases listed under "Other," describe the reason for closing the case and the number of cases covered under each reason listed. Use separate sheets if necessary.

D. HIGHEST INTERVENTION STRATEGY

Interventions	
1. Short Term Assistance	3
2. Systemic/Policy Activities	0
3. Investigation/Monitoring	0
4. Negotiation	2
5. Mediation/Alternative Dispute Resolution	0
6. Administrative Hearing	0
7. Legal Remedy/Litigation	0
8. Class Action Suits	0

PART III: STATISTICAL INFORMATION FOR INDIVIDUALS SERVED

A. AGE OF INDIVIDUALS SERVED

Age	
0 to 12	1
13 to 18	2
19 to 25	2
26 to 64	1
65 and over	0
Total	6

B. GENDER OF INDIVIDUALS SERVED

Male	6
Female	0
Total	6

C. RACE/ETHNICITY OF INDIVIDUALS SERVED

Race/Ethnicity	
1. American Indian/Alaskan Native	0

2. Arab American	0
3. Asian	0
4. Black/African American	3
5. Hispanic/ Latino	0
6. Native Hawaiian/Other Pacific Islander	0
7. White/Caucasian	3
8. Multiracial/Multiethnic	0
9. Race/Ethnicity Unknown	0
10. Other Than Above*	0
11. Total	6

*For any individuals listed under "Other Than Above," describe the race/ethnicity of the individual and the number of cases covered under each description listed. Use separate sheets if necessary.

D. LIVING ARRANGEMENTS OF INDIVIDUALS SERVED

Arrangement	
1. Community Residential Home	1
2. Foster Care	0
3. Homeless/Shelter	0
4. Legal Detention/Jail/Prison	0
5. Nursing Facility	0
6. Parental/Guardian or Other Family Home	3
7. Independent	2
8. Private Institutional Setting	0
9. Public (State Operated) Institutional Setting	0
10. Public Housing	0
11. VA Hospital	0
12. Other*	0
13. Unknown/Not Provided	0

*For any cases listed under "Other," describe the living arrangement of the individual and the number of cases covered under each description listed.

E. GEOGRAPHIC LOCATION

Geographic Location	
1. Urban/Suburban	3
2. Rural	3
3. Total	6

PART IV: SYSTEMIC ACTIVITIES AND LITIGATION

A. SYSTEMIC ACTIVITIES

1. Number of Policies/Practices Changed as a Result of Non-Litigation Systemic Activities	2
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2. Describe the agency's systemic activities. Be sure to include information about the policies that were changed and how these changes benefit individuals with disabilities. If possible, estimate the number of individuals potentially impacted by such policy changes. Also include at least three case examples of how the agency's systemic activities impacted individuals served.

Example: Regulatory Rulemaking: This year VOPA participated in a regulatory rulemaking to reform Virginia's Medicaid Waiver regulations. Among other things, VOPA proposed tightening the qualification requirements for respite assistants and supported the designation of a standardized service needs assessment tool (the Supports Intensity Scale or "SIS"). Both proposals were incorporated into the final rule.

The designation of a standard service needs assessment will benefit individuals with disabilities by helping to reduce the subjectivity of needs assessments along with the resulting variations in available services that individuals previously risked whenever they transitioned between settings. Similarly, tightening the qualifications required of respite assistants is anticipated to not only to help ensure the quality of respite care services, but also to reduce the likelihood that under qualified respite assistants would be in a position to abuse or neglect the individuals they serve.

16,692 individuals with disabilities have approved slots in, or on wait lists for, the Medicaid Waiversⁱⁱⁱ that were affected by these changes. Individuals with TBI represent a portion of this group, however we are unable to provide an estimated percentage.

Example: Self Advocacy Support: In an effort to leverage VOPA's resources to provide maximum impact for the large number of children with disabilities who have been denied the benefit of a full school day, VOPA provided needed legal support to special education advocacy organizations that appear to have the time and resources to address the plethora of individual cases arising around the state. Accordingly, VOPA attorneys developed a "fill in the blanks" type Virginia DOE Complaint Form which included all of the necessary references to federal and state statutes and case law. VOPA has already provided the form to about twenty of the targeted advocacy organizations. We estimate that about 163,500 children may be eventually affected.

B. LITIGATION/CLASS ACTIONS

1. Total Number of Non-Class Action Lawsuits Filed	0
a. Number of Non-Class Action Lawsuits Filed During Fiscal Year (new for fiscal year)	0

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

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

n/a

C. MONITORING

Describe any monitoring conducted by the agency by providing the major areas of non-litigation-related monitoring activities and the groups likely to be affected. Address the major outcomes of the monitoring activities during the fiscal year. Be sure to include at least three case examples that demonstrate the impact of the agency’s monitoring activities.

VOPA used funds from multiple programs to regularly monitor conditions at all sixteen of the Department of Behavioral Health and Developmental Services (DBHDS)-operated facilities. These facilities house and treat individuals with behavioral issues arising from TBI, along with those whose behavioral issues arise from mental illness or other disabilities. dLCV will continue these monitoring efforts.

VOPA’s monitoring efforts included regular staff visits to each facility, accessing video surveillance at some facilities, and collecting and reviewing pertinent data and reports (including, for example, patient injury and death reports, facility census and staffing data, Adult Protective Services and Joint Commission reports, and data on the use of seclusion and restraint in each facility). In addition, VOPA staff assigned to each facility obtained and reviewed specific additional materials based on patterns, trends, and problem areas particular to that facility.

Like the monitoring activities themselves, the outcomes of these activities are systemic in nature and hence are enjoyed by most or all facility residents, including those with TBI.

Example: Human Rights Self-Advocacy: In recent years, facility residents’ access to the Human Rights Complaint Resolution Procedures has been severely hampered by severe shortages of the Office of Human Rights (OHR) Advocates who would otherwise help residents negotiate the Procedures to resolve their complaints. VOPA has helped to fill this gap by raising awareness, training and coaching facility residents in self-advocacy skills and strategies, providing residents with the necessary forms and resources, and occasionally by enforcing the Procedures ourselves.

D. LITIGATION-RELATED MONITORING

Describe any monitoring conducted by the agency related to court orders or case settlements by providing the major areas of monitoring and the groups likely to be affected. Address the major outcomes of the litigation-related monitoring during the fiscal

year. Be sure to include at least three case examples that demonstrate the impact of the agency's litigation-related monitoring.

n/a

E. FULL OR PRELIMINARY INVESTIGATIONS

Describe any full investigations conducted by the agency by providing the major areas of investigation and the groups likely to be affected. Address the major outcomes of the investigations during the fiscal year. Be sure to include at least three case examples that demonstrate the impact of the agency's investigations. Use separate sheets if necessary.

VOPA opened an investigation based on a guardian's report that Elton, a young man with TBI had been punched in the groin, had a wheelchair thrown on top of him, and suffered an inadequately unexplained black eye at the group home where he lived. The guardian also alleged that the home staff had failed to use prescribed medical equipment, failed to properly restrain the individual when transporting him by car, and had committed several other access, safety, and human rights violations.

VOPA conducted preliminary interviews with Elton and his guardian, and then attempted to organize a meeting between them and the group home operator. However, before the meeting could take place Elton denied all of the allegations against the home and refused further VOPA services except for services to help him resist his guardian's efforts to force him to move from the group home. Two different VOPA attorneys worked with Elton, but neither found any evidence that he was coerced or intimidated by the group home operator or staff.

The guardian was subsequently removed from the guardianship and police opened an investigation based on the individual's allegations that the guardian had abused the Individual himself. VOPA explained Elton's rights to him and advised him on how to access VOPA services if needed. We then closed our files. We continued to monitor the group home but did not find any violations.

F. DEATH INVESTIGATIONS

1. Number of Formal Death Reports Received	0
2. Number of Informal/External Death Reports Received	0
3. Number of Death Investigations	0

4. Describe any death investigations conducted by the agency during the fiscal year and any subsequent activities resulting from these investigations. Also include the major outcomes of the death investigations. Use separate sheets if necessary.

n/a

PART V: PRIORITIES AND OBJECTIVES

A. CURRENT PRIORITIES AND OBJECTIVES

Priority #1: People with Disabilities are Free from Abuse and Neglect

Description of Need, Issue, or Barrier Addressed:

Indicator(s):

Investigate allegations of abuse or neglect of individuals with disabilities in licensed community residential settings.

Outcome:	Partially Met
Total Number of Cases Handled	2

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

Example: VOPA investigated a case under this Indicator for a young man named Elton. Further details about this case can be found on page thirteen of this report under PART IV: SYSTEMIC ACTIVITIES AND LITIGATION, Section E.

Priority #2: Children with Disabilities Receive an Appropriate Education

Description of Need, Issue, or Barrier Addressed:

Indicator(s):

Develop a fact sheet on recognized best practices in education of children with Traumatic Brain Injury (TBI) and distribute to all school districts.

Represent children with TBI who have been denied appropriate evaluations, services, or accommodations under their IEP of 504 Plan.

Through contract with Brain Injury Services of the Southwest, represent children with TBI to receive appropriate special education services through September 30, 2013.

Outcome:	Met
Total Number of Cases Handled	13

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

This year, VOPA engaged in a variety of projects to ensure that children with TBI would receive an appropriate education. These included the following examples:

Example: Full School Day: Advocacy Support: VOPA provided local special education advocacy organizations with a form to simplify the process of filing DOE complaints for children with disabilities who had been denied the benefits of a full school day. The form contains all of the necessary references to federal and state statutes and case law addressing the issue, and we anticipate that it will enable local advocacy organizations to successfully assist most of the affected children themselves. VOPA sent the form to twenty local advocacy organizations. We estimate that about 163,500 children may eventually be affected.

Example: Contract Advocacy Through BISSWVA: This year VOPA supplemented its direct advocacy efforts by contracting with Brain Injury Services of Southwest Virginia (BISSWVA) to provide highly informed special education advocacy support services for children with TBI in the chronically underserved southwestern portion of the state.

One of the BISSWVA cases involved Kelsey, a young woman with traumatic brain injury and co-occurring schizophrenia and post-traumatic stress disorder (the result of sexual abuse). BISSWVA represented Kelsey in a series of IEP meetings, Comprehensive Services Act and Family Assessment and Planning Team meetings, and a mediation hearing.

In the end, BISSWVA was not only able to ward off the school district's attempt to require Kelsey to be placed in an institution, but they also facilitated a services plan that utilized local resources and Medicaid Waiver services to provide her with the individualized in-school mental health services she needed to be successful in the school environment. With the aid of the supports negotiated by BISSWVA, Kelsey returned to school, completed the remainder of her 'senior' year, and participated in graduation ceremonies with the rest of her class.

Example: TBI Fact Sheet:

VOPA researched, developed and distributed a fact sheet to inform Virginia's teachers of current best practices for educating children with TBI. We mailed copies of the fact sheet to every Special Education Director in the state. Two of the Directors requested electronic versions for further distribution.

Priority #3: People with Disabilities Have Equal Access to Government Services

Description of Need, Issue, or Barrier Addressed:

Indicator(s): Appropriate TBI supports for Veterans

Educate Veterans and staff at Veterans facilities, Virginia Employment Commission employment centers, or community –based Veterans groups or organizations concerning employment rights for people with disabilities, including TBI.

Prepare and submit articles regarding TBI and related services to Veteran groups or organizations for publication in bulletins or newsletters.

Represent Veterans with TBI denied appropriate services or supports, or denied rights due to their disability.

Increase employment opportunities for Veterans with traumatic brain injuries by collaborating with the Department of Aging Rehabilitative Services and other advocacy organizations on outreach projects designed to inform Veterans about their right to vocational rehabilitation and employment resources.

Outcome:	Partially Met
Total Number of Cases Handled	1

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

VOPA employed a combination of strategies to protect and promote the employment-related rights of veterans with TBI and other disabilities. We first developed and distributed an information sheet that detailed individuals' *Americans With Disabilities Act* rights in the employment context and provided information on the resources available to individuals with disabilities. We then maximized veterans' awareness of these rights and resources by publishing related articles in three different types of veterans and active duty military publications (two of these appeared online as well as in print).

We then targeted employees of the Virginia Employment Commission and the Wounded Warriors Program with a series of presentations intended to arm them with the rights information and resources they would need to better assist unemployed veterans with disabilities. Our effort culminated at a VEC-sponsored conference where we reached out to unemployed veterans who were seeking resources in the community.

Example: Mick is a veteran who is doing his best to recover and "get his life back" after a brutal 2012 assault left him with a debilitating TBI. At the time Mick contacted VOPA, he had tried and failed to obtain services from the Department of Aging and Rehabilitative Services (DARS). VOPA helped Mick obtain and submit a new application and to obtain a favorable eligibility determination. We then represented him at a DARS meeting, where we successfully advocated for him to receive a vocational assessment and other services to help him select, find and maintain suitable paid employment.

Priority #4: Maximize Individual Choice and Self Direction

Description of Need, Issue, or Barrier Addressed:

Indicator(s):

Represent individuals in preparing a Healthcare Directive or Power of Attorney as an alternative to guardianship.

Educate and inform individuals about individual choice and self-direction.

Outcome:	Met
Total Number of Cases Handled	2

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

Example: Healthcare Advance Directives: Dillon is a young man with severe TBI-related cognitive disabilities. Dillon's mother approached VOPA on his behalf and asked us to help her preserve Dillon's right to make his own decisions and avoid having a guardian appointed over him when he turned 18. A VOPA attorney explained Dillon's rights to him with regard to decision making and advance directives, ascertained his wishes as to medical treatment, medications, and financial decisions, and drafted an advance directive to give effect to Dillon's wishes. With his advance directive in place, Dillon is no longer at imminent risk of having a guardian appointed.

Example: Corey is an individual with TBI who lives in an unlicensed group home and receives a complex array of microboard-administered supports that enable him to live successfully in the community. Corey's placement and supports are largely funded by a regional Discharge Assistance Program (DAP) grant.

Corey's guardian contacted VOPA for advice after the regional DAP committee cut Corey's DAP grant—thus putting his services array at risk. A VOPA attorney researched the issue and advised the guardian regarding the nature and scope of Corey's administrative and legal rights in the matter. The attorney also advised the guardian on Corey's options and suggested potential strategies she might help him pursue in obtaining reconsideration, considering appeal options, and laying the groundwork for possible litigation to help Corey avoid reinstitutionalization.

B. AGENCY ACCOMPLISHMENTS

The Virginia Office for Protection and Advocacy (VOPA) continued our mission in FY 13 to zealously advocate for children and adults with TBI across the Commonwealth of Virginia as it prepared for transition to become the disAbility Law Center of Virginia (dLCV.) The decision to transition our office from a state agency to a non-profit was initiated by Virginia's General Assembly in 2012. We are following the trend of most protection and advocacy systems across the United States to remove ourselves from state government to allow for greater independence to provide zealous advocacy services for Virginians with disabilities. VOPA's Governing Board, the Governor of Virginia and the general public fully supported and endorsed this decision as well. VOPA successfully transitioned and became dLCV on October 1, 2013. dLCV is now designated as Virginia's Protection and Advocacy System, therefore dLCV is submitting this annual report on behalf of VOPA.

VOPA positively affected the lives of seven Virginians with disabilities by providing individual services in a variety of disability advocacy areas. VOPA assisted two children to receive adequate instruction and accommodations in the classroom. Three more adults received assistance with creation of an advance directive and understanding their protections against abuse and neglect including avoiding reinstitutionalization in residential facilities. Another service request allowed us to review attendant care service acquisition for a child with TBI. A final request involved assisting a Veteran to overcome service barriers with the Department for Aging and Rehabilitative Services.

VOPA also renewed our contract with Brain Injury Services of Southwest Virginia. They provide vital individual advocacy services for the underserved southwestern part of the state. BISSWVA assisted eleven children this fiscal year on multiple educational advocacy services including attending Individualized Education Program (IEP) meetings, mediation sessions and advocating for adequate educational service plans. dLCV is continuing our collaboration with BISSWVA in FY 14.

VOPA provided on-site employment rights and Veteran Services presentations in Fairfax, Fishersville, Charlottesville and Richmond to seventy-seven Veterans, providers and educators and provided on-site rights clinics to one-hundred seventeen staff and residents at two mental health facilities in rural Southwest and Western Virginia.

Our systemic work also extended to preparing a fact sheet on recognized best practices in education regarding students with TBI which was distributed to one hundred forty-nine Special Education Directors in every school district as well as juvenile psychiatric and residential facilities.

Finally, we fulfilled an objective to create articles explaining TBI and related services via distribution to three Veteran groups for publication through the Fort Lee Traveler, Norfolk Flagship and Paralyzed Veterans of America Bulletin. We reached fifty-two thousand seven hundred Veterans across the state.

During our transition, we have had seven staff depart and seven new staff come on board, but these changes had no impact on the successful operation of our TBI Program.

C. IMPLEMENTATION PROBLEMS

Limited resources remains a significant impediment to meeting the advocacy needs of adults and children with TBI. VOPA staff regularly used other appropriate funding resources to serve potential PATBI-eligible individuals in order to maximize total services provided. Additional

PATBI funds would permit VOPA to increase PATBI goal objectives. The unmet need is significant.

PART VI: AGENCY ADMINISTRATION

A. GRIEVANCES FILED

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

VOPA collaborated with the following agencies on TBI funded work in FY 13:

- Virginia Employment Commission
- Wounded Warriors
- Paralyzed Veterans of America
- Fort Lee Traveler
- Norfolk Flagship
- Lord Fairfax Community College
- Department of Aging and Rehabilitation Services
- Department of Behavioral Health and Developmental Services
- Brain Injury Services of Southwest Virginia
- Virginia Department of Education
- Partnership for People with Disabilities
- Partners in Policymaking

1. NETWORK COLLABORATION

VOPA collaborated and consulted with the National Disability Rights Network (NDRN). Several VOPA staff subscribed 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. dLCV will continue to work closely with NDRN while serving the needs of Virginians with disabilities.

2. ALL OTHER COLLABORATION

VOPA carefully collaborated with its successor, the disAbility Law Center of Virginia throughout FY 13 to ensure the agency seamlessly transitioned to become the new protection and advocacy system for Virginia. This included educating our peers and the disability community about our new identity. dLCV is off to a strong start in FY 14 and looks forward to continuing our mission as Virginia's Protection and Advocacy System.

PART VII. END OF FORM

Robert Gray, Deputy Director for Compliance and QA

Date

Colleen Miller, Executive Director

Date

ⁱ Due to the small size of our PATBI grant, individuals with TBI often benefit from VOPA activities and services which we fund predominantly, or at times entirely, with non-PATBI funds.

ⁱⁱ Individuals who display behavioral issues associated with other disabilities (e.g. mental illness, dementia and other organic brain disorders, developmental disabilities, personality disorders, and other disabilities) are also housed and treated at these facilities.

ⁱⁱⁱ Data is from the January 2012 **Review of Potential Waiver Changes and Associated Costs Related to Improving the Intellectual Disability (ID), Day Support (DS), and Individual and Family Developmental Disabilities Support (DD) Waivers.** The numbers provided are not precise, as the number of approved Waivers and waitlisted persons are subject to change.