



COMMONWEALTH of VIRGINIA

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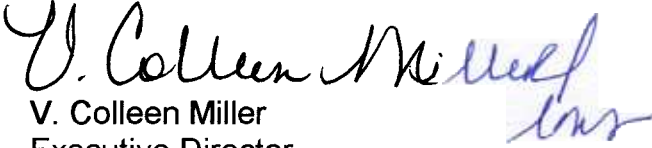
Division of Legislative Automated Systems
ATTN: Angie Murphy
Legislative Documents and Reports Processing
910 Capitol Square
General Assembly Building, Suite 660
Richmond, Virginia 23219

Dear Ms. Murphy:

Please find enclosed the Fiscal Year 2006 Annual Report for the Virginia Office for Protection and Advocacy. This report is provided pursuant to Enabling Statute § 51.5-39.2.

We appreciate the opportunity to provide the Goals and Focus Areas by which we serve persons in Virginia with disabilities. Should you have any questions, please do not hesitate to contact me at (804) 225-2042.

Sincerely,


V. Colleen Miller
Executive Director

Encl.

VCM:lms

Document Title:

Annual Report of the Board for Protection and Advocacy

Author:

Maureen Hollowell, Chairman of the Board for Protection and Advocacy

Enabling Authority:

§ 51.5-39.2

Executive Summary:

The Virginia Office for Protection and Advocacy (VOPA) is administered by an 11-member governing Board with two ex-officio members. The Board is appointed according to §51.5-39-2. The Board met quarterly and conducted business as required by statute. Two advisory councils, the Disability Advisory Council and the Protection and Advocacy for Individuals with Mental Illness Advisory Council are appointed by the Board. The Councils met quarterly and provided valuable input to the Board to ensure that the Board had a broad representation of viewpoints.

§51.5-39.7 creates ombudsman services for people with disabilities within VOPA. The Board decided to establish an ombudsman program focused on early childhood services for infants and toddlers with disabilities. The ombudsman program will be initiated when funds are appropriated for this purpose.

Establishing priorities for the work of VOPA is a major task of the Board. After reviewing and discussing public and staff input, the Board approved the following goals and focus areas

Goal: *People with Disabilities are Free from Abuse and Neglect*

Focus Area #1: Deaths Where There is Probable Cause to Believe Abuse or Neglect Occurred

- Identify possible abuse and neglect by reviewing all Critical Incident Reports (CIRs) of deaths submitted to VOPA by state mental health and mental retardation institutions, all reports of deaths forwarded to the Virginia Office for Protection and Advocacy (VOPA) by Adult Protective Services (APS), and all reports of “serious occurrences” that involve a death forwarded to VOPA by Psychiatric Residential Treatment Facilities (PRTFs).
- Establish whether full investigation is warranted in all reports of death that occurred in a state mental health or mental retardation institution, psychiatric residential treatment facility, or community based facility where there is reason to suspect abuse or neglect occurred.
- Investigate three (3) deaths where there is probable cause to believe that abuse or neglect occurred and obtain corrective action as appropriate.

- Prepare monthly summaries of CIRs, quarterly trend analyses of CIRs, and other analyses as needed, for use in institution monitoring.

Focus Area #2: Abuse or Neglect in Community Settings

- Identify possible abuse and neglect by reviewing all reports of abuse, neglect or exploitation forwarded to the Virginia Office for Protection and Advocacy (VOPA) by Adult Protective Services (APS).
- Prepare quarterly summaries of reports about facilities not covered by the Critical Incident Reporting statute, using licensing inspections, investigations, complaints of abuse or neglect, APS reports, and other relevant information to identify patterns of abuse or neglect.
- Establish whether full investigation is warranted, where there is an allegation of abuse or neglect as identified in patterns above.
- Investigate six (6) allegations of abuse or neglect from APS reports, selecting one report from each of the six APS Regions containing allegation of abuse or neglect in patterns above, and obtain corrective action as appropriate.
- Investigate four (4) additional allegations of abuse or neglect in licensed community residential settings, particularly concerning inappropriate medication, safety, and inappropriate use of seclusion or restraint, and obtain corrective action as appropriate.
- Represent consumer choice, independence, and community integration for people with disabilities on the Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) Human Rights, Mental Health Planning Council (MHPC), and Assisted Living Facility (ALF) regulation workgroups.
- Obtain full compliance by Brice's Villa with the consent decree.
- Increase Adult Protective Services referrals to VOPA of allegations of abuse or neglect through development of consistent and uniform reporting tools.
- Identify medication practices and staff training by monitoring five (5) assisted living facilities.
- Inform policy-makers of the need to eliminate abuse and neglect in community settings in response to all relevant legislative proposals, proposed administrative regulations, and organizational policies.
- Inform relevant policy-makers of the need to improve requirements for community providers to report abuse or neglect.

- Represent the interests of persons with disabilities on the Guardianship Advisory Board of the Department for the Aging in an effort to promote alternatives to guardianship, consumer self-direction, and improved protections for persons with disabilities in substitute decision-making proceedings.
- Inform policy-makers of the need for consumer self-direction and protection for persons with disabilities in substitute decision-making proceedings in response to all relevant legislative proposals, proposed administrative regulations, and organizational policies.
- Collaborate with Virginia's Long-Term Care Ombudsmen through quarterly meetings.

Focus Area #3: Abuse or Neglect in Institutional Settings

- Identify possible abuse and neglect by reviewing all Critical Incident Reports (CIRs) submitted by state mental health and mental retardation institutions.
- Prepare monthly summaries of CIRs, quarterly trend analyses of CIRs, quarterly reports on use of administrative investigations, and other analyses as needed, for use in institution monitoring and to identify possible patterns of abuse or neglect.
- Establish the extent of adult patient on patient physical abuse in state mental health institutions on a per facility basis and by comparison between facilities. Identify to the Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) the most serious patterns of patient on patient abuse, and obtain corrective action as appropriate.
- Investigate ten (10) incidents of abuse or neglect in state operated institutions or nursing homes, focused on misuse of seclusion or restraint, failure to obtain informed consent, or staff on resident assault, and obtain corrective actions as appropriate.
- Inform policy makers of the need to eliminate abuse and neglect in state mental health and mental retardation institutions in response to all relevant legislative proposals, proposed administrative regulations, and organizational policies.

Focus Area #4: Physical Abuse in Juvenile Facilities

- Obtain compliance with reporting requirements and rights protection by monitoring three (3) Psychiatric Residential Treatment Facilities (PRTFs).
- Identify possible abuse and neglect by reviewing all reports forwarded to the Virginia Office for Protection and Advocacy (VOPA) by PRTFs, and all complaints about schools and detention centers.

- Prepare quarterly summaries of licensing inspections, investigations, monitoring results, complaints, and other relevant information about juvenile facilities to identify patterns of abuse or neglect and obtain corrective actions as appropriate.
- Establish whether full investigation is warranted, where there is reason to suspect abuse or neglect, in complaints or reports of “serious occurrences” in juvenile facilities that result in serious bodily injury or loss of consciousness requiring medical treatment.
- Investigate five (5) instances of such allegations where there is probable cause to believe that abuse or neglect occurred in juvenile facilities and obtain corrective action. Investigations will focus on inappropriate restraint or seclusion and medical care.
- Inform juveniles and their families about their rights while in psychiatric residential treatment facilities, schools, or detention centers through technical assistance, short term assistance, and trainings for 25 individuals.

Focus Area #5: Shortage of Beds for Psychiatric Patients in Community Settings

- Investigate possible psychiatric bed shortage in southeastern Virginia and identify responsive strategies by March 30, 2006.
- Represent consumer choice, independence, and community integration for people with mental illness or dual diagnoses on the Interagency Civil Admissions Advisory Commission.

Focus Area #6: Lack of Psychiatric Treatment in County and Municipal Jails

- Represent the rights of persons with mental illness to appropriate mental health treatment on the Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) Forensic Special Populations Work Group.
- Represent five (5) inmates in county or municipal jails who have been denied access to needed psychiatric medications or treatment.

Focus Area #7: Completion of Ongoing Work

- In every case where a client in a public school has been subjected to seclusion or restraint, in addition to other representation, determine if school has an appropriate seclusion and restraint policy and has received training in the use of seclusion and restraint. If not, obtain corrective action as appropriate.
- Complete investigation of Central Virginia Training Center (CVTV) and obtain corrective action as appropriate.

- Complete investigation of informed consent practices at Western State Hospital (WSH) and obtain corrective action as appropriate.
- Send the juvenile rights fact sheet to 30 individuals.

Goal: *Children with Disabilities Receive an Appropriate Education*

Focus Area #1: Denial of Eligibility Due to Lack of or Inappropriate Evaluations and Assessments

- Represent 15 children who have improperly been found ineligible for special education or appropriate special education services.
- Litigate or advocate to obtain compliance by the Virginia Department of Education (VDOE) with existing federal and state special education regulations until the new regulations are promulgated.
- Post revised Individualized Education Evaluation (IEE) brochure to the web and send to local Special Education Advisory Councils, Parent Resource Centers, the VDOE Ombudsman, and parent organizations.
- Post Eligibility brochure to the web and send to local Special Education Advisory Councils, Parent Resource Centers, the VDOE Ombudsman, and parent organizations.

Focus Area #2: Children Who Have Been (or Are at Risk of Being) Suspended due to Inadequate Behavioral Intervention Plans (BIPs) or Functional Behavioral Assessments (FBAs)

- Represent ten (10) children who have been suspended or who are at risk of being suspended due to inadequate functional behavioral assessments or behavioral intervention plans.
- Litigate or advocate to obtain compliance by schools and the Virginia Department of Education (VDOE) with requirements to provide independent education evaluations free of charge when parent disagrees with functional behavioral assessments.
- Post Suspension/Expulsion brochure to the web and send to local Special Education Advisory Councils, Parent Resource Centers, the VDOE Ombudsman, and parent organizations.

Focus Area #3: Assistive Technology in Schools

- Represent ten (10) children who have been denied appropriate assistive technology or services under their Individualized Education Plans (IEPs) or 504 Plans.
- Litigate or advocate to obtain compliance by the Virginia Department of Education (VDOE) with requirements to allow students who use assistive technology on classroom tests to use that technology in Standards of Learning (SOL) assessments.
- Send AT brochure to parent organizations (PEATC, PADDA, CHADD).

Focus Area #4: Technical Assistance to Private Bar, Legal Services Agencies, and Parent Advocacy Groups Regarding Changes in the Individuals with Disabilities Education Act 2004 (IDEA 2004)

- Inform private attorneys, parents, advocates and providers regarding Individuals with Disabilities Education Act (IDEA) 2004 through technical assistance to five (5) individuals.
- Inform private attorneys, parents, and advocates of new special education regulations and IDEA 2004 through three (3) trainings to 30 individuals.
- Inform local bar associations, legal aid societies, and parent organizations of the rights of children with disabilities through the distribution of 100 copies of the Virginia Office for Protection and Advocacy's (VOPA) summary of IDEA 2004.
- Coordinate with three (3) private attorneys to provide legal representation for children with disabilities.
- Represent interests of persons with disabilities to the Statewide Special Education Advisory Committee to obtain maximum protection for children with disabilities after any changes to IDEA.

Focus Area #5: Completion of Ongoing Work

- Obtain full compliance with the Virginia Office for Protection and Advocacy's (VOPA) settlement agreement with the Department of Rehabilitative Services (DRS) regarding the provision of transition services.
- Represent the rights of children who are transitioning between Department of Juvenile Justice facilities and schools on the regulations task force.
- Send 100 fact sheets on Individuals with Disabilities Education Act (IDEA) 2004 to advocacy groups and individuals.

- Send brochures on Protection and Advocacy for Beneficiaries of Social Security (PABSS) and Benefits Planning and on Transition Services to ten (10) parent organizations.
- Send Traumatic Brain Injury (TBI) Fact Sheet to four (4) advocacy groups.
- As a member of the Virginia Interagency Coordinating Council (IDEA-Part C), represent full inclusion of families and the identified children in the individualized planning, implementing and evaluation of Part C Services.

Goal: *People with Disabilities Have Equal Access to Government Services*

Focus Area #1: Geriatric Programs in Mental Health Facilities

- Investigate quality of programs for geriatric patients at Eastern State Hospital, Piedmont Geriatric Hospital, Catawba Hospital and Southwestern Virginia Mental Health Institute. Develop recommendations for all state mental health institutions serving geriatric patients, and obtain corrective action as appropriate.

Focus Area #2: Inaccessible Polling Places for People with Disabilities

- Send the Virginia Office for Protection and Advocacy's (VOPA) Interactive Polling Place Survey Instrument to six (6) advocacy groups and Protection and Advocacy Systems.
- Air VOPA's Public Service Announcement informing the community of their right to access polling places prior to the November, 2005 election.
- Identify inaccessible polling places on Election Day, 2005 by monitoring 25 locations.
- Obtain corrective actions for seven (7) inaccessible polling places identified in monitoring.
- Represent three (3) individuals denied the right to vote due to inaccessible polling places.
- Inform all voting registrars that persons with disabilities may not have picture identification and should be allowed to cast a full ballot upon showing alternate proof of residence, prior to November, 2005 election.
- Post interactive accessibility information for polling places to website by October 1, 2005.
- Send voting rights brochure to 100 people.
- Send voter registration information to all interested individuals by mail.

Focus Area #3: Services and Supports to Enable Individuals to Move Into the

Community

- **Represent five (5) individuals who were improperly placed in nursing homes or at risk of improper placement due to a failure by the Department of Medical Assistance Services (DMAS) to provide them with services under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program or the Elderly or Disabled with Consumer Direction (EDCD) Waiver.**
- **Represent five (5) people who have been denied Medicaid or Medicaid Waiver services due to a failure by DMAS to provide services with reasonable promptness.**
- **Investigate whether, system-wide, residents of training centers are improperly denied access to Mental Retardation Waiver services designed to help discharge people from training centers. If so, litigate or advocate to obtain compliance with Medicaid and other federal laws.**
- **Inform consumers, family members and advocates about Virginia's EPSDT Program, through three (3) trainings to 30 participants.**
- **Obtain full compliance with VOPA's settlement agreement with DMAS requiring DMAS to inform eligible children of the EPSDT program.**
- **Inform policy-makers of the need for increased accessible, affordable housing for people with disabilities in Virginia.**
- **Develop informational brochure on community services and supports based on Olmstead decision and send to four (4) community advocacy groups for persons with disabilities for distribution of fact sheet.**
- **As a member of Virginia Board for People with Disabilities, represent interests of Virginians with disabilities by participating in appropriate community integration planning.**
- **Inform policy-makers of the requirements of the Americans with Disabilities Act's (ADA) Integration Mandate as set forth in the Olmstead decision, in response to all relevant legislative proposals, proposed administrative regulations, and organizational policies.**
- **If funded, represent consumer choice, independence, and community integration for people with disabilities in DMAS/DMHMRSAS Systems Transformation Grant and Mental Health Transformation State Incentive Grant efforts.**

Focus Area #4: Appropriate TBI Supports in Education, Employment, and Public Service

- Represent five (5) people with Traumatic Brain Injuries (TBI) who have been denied appropriate supports and services in education, employment or public services.
- As a member of the Virginia Brain Injury Council, promote and advocate for community integration efforts and consumer self determination.

Focus Area #5: Inaccessibility of Commercial Locations Under Contract with the State

- Litigate against the Lottery to obtain compliance with the requirement that the State not contract with private businesses that discriminate against people with disabilities.
- Litigate or advocate to obtain compliance by the Department of Transportation (VDOT) with the requirement that the State does not contract with private businesses that discriminate against people with disabilities in its Logo Program.

Focus Area #6: Completion of Ongoing Work

- Complete accessibility surveys of 25 courthouses. Inform responsible officials of accessibility requirements and deficiencies and advocate for corrections.

Goal: *People with Disabilities Live in the Most Integrated Environment Possible*

Focus Area #1: Service Animals in Public Accommodations

- Represent five (5) people who have been denied access to public accommodations due to their use of a service animal.
- Send service animal brochure to three (3) taxi companies.
- Implement testing program of taxi services to determine whether taxi companies deny rides to people who use services animals. If so, obtain corrective actions as appropriate.

Focus Area #2: Appropriate and Timely Discharge Plans at State Mental Health and Mental Retardation Facilities

- Complete investigation of the Department of Mental Health, Mental Retardation, and Substance Abuse Services' (DMHMRSAS) failure to discharge eligible individuals from mental health institutions by February 1, 2005. In collaboration with DMHMRSAS, identify remedial steps needed to improve discharge planning and obtain compliance.
- Represent ten (10) residents of state mental retardation institutions in order to obtain appropriate discharge plans and discharge to more integrated setting.

- Obtain discharge planning services by both state mental health institutions and community services boards as required by law and regulation for ten (10) patients of state mental health institutions.
- Represent ten (10) patients of state mental health institutions who are ready for discharge and who wish to live in a more integrated setting.
- Revise discharge planning and mental health treatment brochures and distribute to 50 consumers.

Focus Area #3: Alternative Decision-making Methods

- Identify recommendations to increase the use of alternatives to guardianship, through a review of state and federal law and policy.
- Publish one article on alternatives to guardianship.
- Represent two (2) persons who desire less restrictive guardianships or alternatives to guardianship.
- Inform policy-makers of the need for consumer self-direction and protection for persons with disabilities in substitute decision-making proceedings in response to all relevant legislative proposals, proposed administrative regulations, and organizational policies.

Focus Area #4: Off-campus Activities for Training Center Residents

- Investigate the nature and availability of off campus activities for state training center residents. Develop recommendations for all state training centers and obtain corrective action as appropriate.
- Represent three (3) training center residents to obtain increased off-campus activities in habilitation plans.

Focus Area #5: Inaccessibility of Retail Settings

- Identify a “downtown” or other defined area in Virginia and survey the businesses located in that area to determine if they are accessible to people with disabilities. Inform all businesses that are not accessible of the requirements of the law and provide technical assistance to encourage them to become accessible. If businesses refuse to become accessible, litigate to compel compliance with state and federal laws requiring accessibility.

Goal: *People with Disabilities are Employed to their Maximum Potential*

Focus Area #1: Vocational Training for Training Centers Residents

- Investigate the nature and availability of vocational training for residents of state training centers. Develop recommendations for all state training centers and obtain corrective action as appropriate.
- Represent three (3) training center residents to obtain increased vocational training in habilitation plans.

Focus Area #2: Barriers to Work for Social Security Beneficiaries

- Represent seven (7) Supplemental Security Income/Social Security Disability Income (SSI/SSDI) recipients who have had, or are at risk of having, their social security benefits reduced or discontinued due to overpayment, improper calculation of Employment Related Work Expenses (ERWE), or improper use of subsidies.
- Send 1,000 copies of the Protection and Advocacy for Beneficiaries of Social Security (PABSS) brochure to students, teachers, and transition specialists through linkages with the Department of Rehabilitative Services (DRS), Centers for Independent Living (CILs), and Parent Resource Centers.
- Send 1,000 copies of the Benefits Planning brochures to students, teachers, and transition specialists through linkages with DRS, CILs, and Parent Resource Centers.

Focus Area #3: Supported Employment

- Represent ten (10) people with disabilities who have disputes with entities that provide supported employment services with an emphasis on cases involving people improperly placed in sheltered workshops, given improper situational assessments and denied appropriate job coaching services.

Focus Area #4: Maximized Employment for Vocational Rehabilitation Clients

Represent 45 people who have disputes with the Department of Rehabilitative Services (DRS) over eligibility for services or maximized employment.

Focus Area #5: Employment Information Clinic

- Establish an employment clinic to provide people with disabilities with Information and Referral (I&R) and Technical Assistance (TA) services regarding their employment rights under federal law.
- Send employment discrimination fact sheet to 200 individuals.

Goal: *People with Disabilities have Equal Access to Appropriate and Necessary Health Care*

Focus Area #1: Assistive Technology through Insurance

- Represent three (3) people denied assistive technology or assistive technology services by Medicaid or other insurance.
- Inform people with disabilities of their right to receive assistive technology through Medicaid and other insurance, through three trainings to 30 attendees.

Focus Area #2: Retention of Benefits through 1619(b) and Medicaid Buy-In

- Inform people with disabilities of the 1619(b) and Medicaid Buy-In programs through three trainings to 30 attendees.
- Represent the interests of Virginians with disabilities by advocating for effective implementation of the Medicaid Buy-In with the state Medicaid Buy-In Work Group.

Focus Area #3: Medical Care of Residents of Intermediate Care Facility for People with Mental Retardation (ICF/MRs) and Waiver Homes

- Investigate five (5) allegations of inadequate medical care of residents of Intermediate Care Facility for People with Mental Retardation (ICF/MRs) or waiver homes.
- Represent three (3) individuals in treatment planning at Southeastern Virginia Training Center (SVTC) to assure respect of residents' rights to consent to medical treatment.
- Identify possible abuse and neglect by reviewing Critical Incident Reports (CIRs) for trends in aspiration related incidents. Inform the Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) of any identified patterns and obtain corrective action as appropriate.

Focus Area #4: Medicaid Appeals for Waiver and EPSDT Issues

- Determine whether the Department of Medical Assistance Services (DMAS), on a system-wide basis, provides appellants with a fair, impartial appeal process that protects due process rights. If not, obtain corrective action as appropriate.
- Represent consumer choice, independence, and community integration at Medicaid Waiver Network meetings.

- Represent consumer choice, independence, and community integration at Mental Retardation (MR) Waiver Advisory Group.

Goal: *People with Disabilities in the Commonwealth of Virginia are Aware of the Virginia Office for Protection and Advocacy's (VOPA) Services*

Focus Area #1: Underserved Communities

- Send 25 copies of sign language brochure to medical offices.
- Through the Virginia Office for Protection and Advocacy's (VOPA) Employment Clinic, inform people with disabilities at historically black colleges and universities about their rights to employment and employment services under federal law.
- By December 1, 2005, identify two (2) additional underserved areas in the far Southwest Virginia.
- Obtain full compliance with settlement agreement with McGuire Medical Center.
- Develop plan for outreach to these areas by February 1, 2006.
- Implement outreach activities beginning March 1, 2006.
- By April 30, 2006, develop a plan for increasing cultural, geographical, and disability diversity on VOPA's Board of Directors and Advisory Councils.

Focus Area #2: Client Assistance Program (CAP) at Centers for Independent Living (CILs)

- Continue "Office Hours" program at Centers for Independent Living (CIL) and other advocacy organizations. One (1) "Office Hour" at each CIL will focus on the Virginia Office for Protection and Advocacy's (VOPA) Client Assistance Program (CAP)
- Send CAP brochure to CILs and Department of Rehabilitative Services (DRS) Offices.

Focus Area #3: Outreach to Constituents of the Eastern Shore

- Develop and implement a plan for outreach to residents of the Eastern Shore using contacts with area service providers (Centers for Independent Living [CILs], Department of Rehabilitative Services [DRS] Offices, health departments, Department of Social Services [DSS], hospitals, community services boards (CSBs) and local advocacy organizations).

- By April 1, 2006, evaluate and refine the Eastern Shore outreach plan.

Focus Area #4: Spanish-speaking Constituents

- Develop outreach to Spanish-speaking communities in two (2) additional areas with the assistance of the Spanish-speaking Advisory Committee.
- Inform Spanish-speaking constituents of their rights by translating all publications into Spanish and distributing a list of translated materials to ten (10) contact organizations.

Focus Area #5: Law Enforcement Agencies Recognize the Rights of Persons with Disabilities

- Inform two (2) law enforcement agencies or associations about rights issues involved in law enforcement interaction with persons with mental illness or Traumatic Brain Injury (TBI).

Focus Area #6: Collaboration with Mental Health Consumer Groups

- Obtain advice from the Virginia Office for Protection and Advocacy (VOPA) Protection and Advocacy for Individuals with Mental Illness (PAIMI) Advisory Council about outreach opportunities and linkages to consumer groups and any specific publications developed for this outreach effort.
- Inform consumers and families about patients' right to discharge planning and appropriate mental health treatment through two (2) trainings to 20 individuals.
- Send VOPA brochure and mental health publications to five (5) consumer groups.

Focus Area #7: Special Education for Children in Foster Care

- Obtain advice from the Virginia Office for Protection and Advocacy (VOPA) Disabilities Advisory Council (DAC) about outreach opportunities and linkages to organizations interested in foster care and about any specific publications developed for this outreach effort.
- Develop a training program regarding the special education rights of foster children with disabilities and present to 30 foster parents, advocates, and employees of the Department of Social Services (DSS) in three (3) trainings.

Focus Area #8: Employment for People with Mental Illness

- Through the Virginia Office for Protection and Advocacy's (VOPA) Employment Clinic, inform people with mental illness about their rights to employment and employment services under federal law.
- Obtain advice from the VOPA Protection and Advocacy for Individuals with Mental Illness (PAIMI) Advisory Council about resources and linkages to improve employment opportunities.

Focus Area #9: Discharge Rights at Nursing Homes

- Inform consumers, family members, providers and policy makers about the discharge planning rights of people with disabilities living in nursing homes by developing a brochure and sending to 100 individuals.