April 5, 2012

The Honorable John A. Gibney, Jr.
District Court Judge
United States District Court
Eastern District of Virginia
Spottswood W. Robinson III and Robert R. Merhige, Jr.
Federal Courthouse
701 East Broad Street
Richmond, VA 23219

Re: Memorandum in Support of
U.S. v. Commonwealth of Virginia
Civil Action No. 3:12cv59-JAG
Settlement Agreement

Dear Judge Gibney:

Pursuant to your Order of March 6, 2012, the National Disability Rights Network submits this Memorandum as *Amicus Curiae* in support of the *U.S. v. Commonwealth of Virginia* Settlement Agreement. This Memorandum offers NDRN's analysis of how the Settlement manifests full compliance with Title II of the Americans with Disability Act (ADA), 42 U.S.C. § 12101, and supports the integration mandate.

Statement of Interest

The National Disability Rights Network ("NDRN") is the non-profit membership association of Protection and Advocacy ("P&A") agencies that are established in all 50 States, the District of Columbia, Puerto Rico, and the United

States Territories. P&A agencies created by the Developmental Disabilities Assistance and Bill of Rights Act of 1975, 42 U.S.C. § 15041 *et seq.*, are mandated by federal law to provide legal representation and related advocacy services and to investigate abuse and neglect of individuals with disabilities in a variety of settings. The P&A system comprises the nation's largest provider of legally-based advocacy services for persons with disabilities and is an essential part of the federal disability rights enforcement scheme. P&As are authorized to "pursue administrative, legal and other appropriate remedies," 42 U.S.C. § 15043(a)(2)(A)(i), to ensure the protection of individuals with disabilities.

NDRN supports its member agencies through the provision of training and technical assistance, legal support, and legislative advocacy, so that people with disabilities are afforded equality of opportunity and are able to fully participate in society by exercising choice and self-determination. The Virginia Office of Protection and Advocacy (VOPA), established as an independent state agency, is the designated Protection and Advocacy agency for the Commonwealth of Virginia and is a member of NDRN.

In *Olmstead v. L.C.*, 527 U.S. 581 (1999), the U.S. Supreme Court made clear that unnecessary segregation and institutionalization of people with disabilities constitutes discrimination and violates the "integration mandate" of the Americans with Disabilities Act ("ADA"), 42 U.S.C. § 12101. Over 12 years later, people with disabilities continue to face major challenges accessing services to enable them to live in the most integrated settings appropriate, as the ADA requires.

Protection and Advocacy agencies pursue a range of legally-based advocacy activities to ensure compliance with the integration mandate. NDRN supports this advocacy through a range of training activities and technical assistance to the P&As on the *Olmstead* decision, including participating as *amicus* in cases involving enforcement of the integration mandate.

I. In Enacting Section 504 of the Rehabilitation Act, Medicaid Home and Community-Based Waivers, and the Americans with Disabilities Act, Congress Recognized the Benefits of Community Living.

In 1973 Congress enacted Section 504 the Rehabilitation Act, which prohibited discrimination against people with disabilities by recipients of federal funds. 29 U.S.C. § 794(a) (1973) ("No otherwise qualified individual with a disability…shall, solely by reason of…disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance…"). The Rehabilitation Act recognized that segregation from community life is a form of discrimination, as was made explicit in the implementing regulations for Section 504, which mandate the integration of people with disabilities whenever possible. *See* 28 CFR § 41.51(d) ("Recipients [of federal funds] shall administer programs and activities in the most integrated setting appropriate to the needs of qualified handicapped persons.") *See also* 28 C.F.R. § 35.130(d) (the Americans with Disabilities Act mandates that "[a] public entity shall administer services, programs, and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities.")

Since this initial integration mandate, Congress has continuously solidified its commitment to home and community based services for people with disabilities. In 1981, Congress amended the Social Security Act to create "waivers," which allow individuals in participating states to remain covered by Medicaid while receiving nursing and other support services in home or community-based settings instead of institutions. 42 U.S.C. § 1396n(c) ("by waiver … a State plan approved under this subchapter may include as 'medical assistance' … the cost of home or community-based services … to individuals …. [who] would require the level of care provided in a hospital or a nursing facility or intermediate care facility for the mentally retarded the cost of which could be reimbursed under the State plan.").

A year after amending the Medicaid Act, Congress adopted the "Katie Beckett Waiver," named after a young girl who inspired it, as part of the Tax Equity and Fiscal Responsibility Act. This law allows states to exclude family income when determining a child or young adult's Medicaid eligibility for home services. Without the law, the income of legally responsible relatives, such as a child's parents, would be considered, and many children would be denied Medicaid benefits for home services, effectively forcing them into institutions. *See* 42 U.S.C. § 1396a(e)(3) (1982). The legislation was drafted after President Reagan learned that Katie, a young girl with nerve damage to her diaphragm, had been cleared to receive home services by her doctors but was living in a hospital due to Medicaid regulations. The Katie Becket Waiver again demonstrated Congress' recognition of the benefit of remaining at home, in the community.

Congress further clarified and fortified its policy regarding the importance of home and community-based services, and the negative impact of institutionalization, with the passage of the ADA in 1990. In enacting the ADA, Congress found that:

> physical or mental disabilities in no way diminish a person's right to fully participate in all aspects of society, yet many people with physical or mental disabilities have been precluded from doing so because of discrimination; … [H]istorically, society has tended to isolate and segregate individuals with disabilities, and, despite some

> improvements, such forms of discrimination against individuals with disabilities continue to be a serious and pervasive social problem; … [D]iscrimination against individuals with disabilities persists in such critical areas as … institutionalization … ; the Nation's proper goals regarding individuals with disabilities are to assure equality of opportunity, full participation, independent living, and economic self-sufficiency for such individuals …

42 U.S.C. § 12101(a)(1990).

While the language of the ADA itself is clear on the law's intent to end segregation and discrimination through institutionalization of people with disabilities, its legislative history sheds further light on Congress' purpose in enacting the law. Senator Tom Harkin, the bill’s sponsor, described the congressional findings quoted above as serving to "ensure once and for all that no Federal agency or judge will ever misconstrue the congressional mandate to integrate people with disabilities into the mainstream." 135 Cong. Rec. S4984 (daily ed. May 9, 1989).

Senator Lowell Weicker similarly stated: "We have created monoliths of isolated care in institutions and segregated educational settings. It is that isolation and segregation that has become the basis of the discrimination faced by many disabled people today. Separate is not equal. It was not for blacks; it is not for the disabled." Sen. Lowell Weicker, Americans with Disabilities Act, Hearing before the Senate Committee on Labor and Human Resources and the Sub-Committee on the Handicapped, 101st Congress, 1st Session, at 215 (1989).

Representative George Miller added during the bill's floor debates: "[I]t has been our unwillingness to see all people with disabilities that has been the greatest barrier to full and meaningful equality. Society has made them invisible by shutting them away in segregated facilities." 136 Cong. Rec. H2447 (daily ed. May

17, 1990). Finally, when signing the ADA into law, President George H.W. Bush declared: "Let the shameful walls of exclusion finally come tumbling down." *See* www.cnn.com/2010/LIVING/07/26/ada.history/index.html.

The text and legislative history of the ADA and the laws that preceded it leave no doubt that Congress recognized the negative effects of institutionalization. Congress and the executive branch policy-makers who have implemented federal laws through regulation have repeatedly and consistently, acted to promote integration of people with disabilities into their homes and communities.

II. For the Past Four Decades Courts and Scholars Have Recognized the Deleterious Effects of Institutionalization and the Benefits of Community Living

For decades, in deciding cases regarding the rights of individuals with disabilities, courts have relied upon findings regarding the deleterious effects of living in institutions and the benefits of living in the community. Many of these cases concern large state operated facilities for people with developmental disabilities. Unfortunately, despite myriad regulations, policies, and oversight horrendous abuse, neglect, and deaths continue to occur.

Studies that show the detriments of institutionalization and the benefits of community go as far back as forty years. In 1974, a class action was filed in federal court on behalf of the more than 1,200 children and adults residing at Pennhurst State School and Hospital alleging numerous constitutional and statutory violations. After a 32 day trial, Judge Broderick found that the residents of Pennhurst had not received constitutionally required minimums of adequate habilitation. *Pennhurst v. Halderman*, 446 F. Supp. 1295 (E.D. PA. 1977).

Ruling that Pennhurst was incapable of providing constitutionally appropriate care and habilitation, the Court found that its segregated, institutional atmosphere was not "conducive to normalization which is so vital to the retarded if they are to be given the opportunity to acquire, maintain, and improve their life skills." *Pennhurst at* 1318. This finding led the Court to conclude that the residents of Pennhurst should be provided services in less restrictive settings in the community.

A six year appeal process followed. During this time, Judge Broderick issued an implementation order and residents began moving out of Pennhurst into community placements. In 1984, while the case was pending in the United States Court of Appeals for the Third Circuit (for the third time), the parties reached a final settlement, which was entered by the court as a consent decree. *See* 610 F. Supp. 1221 (E.D. Pa. 1985). Pennsylvania agreed to close Pennhurst by 1986 and to provide community living arrangements and habilitation to the class members.

In 1985, the U. S. Department of Health and Human Services released the *Pennhurst Longitudinal Study: A Report of Five Years of Research and Analysis* ("Pennhurst Study"), http://aspe.hhs.gov/daltcp/reports/5yrpenn.pdf, a study of the effects of the court-ordered deinstitutionalization of Pennhurst residents, most of whom were classified as in the severe or profound range of cognitive functioning. Using numerous different measures – including evaluations of resident and family satisfaction, behavioral and independent living assessments, environmental assessments, and assessments of access to health care – the researchers found that the movement from Pennhurst to small homes in residential neighborhoods had resulted in great benefit to the class members. The researchers concluded that, "The five years of the Pennhurst Study have led to the conclusion that, on the average, the people deinstitutionalized under the Pennhurst court order are better off in every way measured." (Pennhurst Study at 192). In 1991, 420 families of former Pennhurst residents were surveyed. The majority -- 272 families (65%) -- were very satisfied with their loved one's placement; 104 families (25%) were somewhat satisfied; 18 families (4%) were neutral; 20 families (5%) were somewhat dissatisfied, and only six families (1%) were very dissatisfied.

Similar deinstitutionalization litigation emerged in federal courts throughout the country. One such case, *Homeward Bound v. Hissom Memorial Center*, 1987 WL 27104 (N.D. Okla.), involved a state institution for children and young adults that housed approximately 450 residents. After trial, the court determined that the conditions at Hissom violated the equal protection and due process clauses of the U.S. Constitution, the Medicaid provisions of the Social Security Act, and the integration requirements of Section 504 of the Rehabilitation Act. *Hissom* at *18 - *21. In its decision, the Court noted that Oklahoma's institutions were part of the "unhappy history" of governmental entities segregating and discriminating against people with intellectual disabilities. *Hissom* at *8.

Regarding the treatment of residents at Hissom, the Court made the following findings: unnecessary use of restraints; denial of physical and occupational therapy; improper positioning; inadequate medical care; inadequate clothing; unsanitary conditions; frequent injury; frequent abuse; lack of privacy; inadequate programming; lack of vocational services. The *Hissom* court further found that the residents were unnecessarily segregated from the larger community. Like the district court in *Pennhurst*, the Court concluded that the conditions at Hissom were inevitable, in that "the very nature of the institution, the size, the numbers of staff and residents, the volume of the people in one room makes it difficult to supervise staff or clients." *Hissom* at *9 - *14.

In ordering the transfer of all residents to a community placement over a four year period, the Court stated that "[t]his trial Court…upon consideration of the overwhelming evidence that the institution cannot be the least restrictive environment for any retarded person in the class, must conclude that the constitutional and federal statutory requirements now dictate removal of the institution as a choice of living environment for such individuals." *Hissom* at *22.

As in *Pennhurst*, a longitudinal study was conducted to ascertain the quality of life of the individuals who moved from Hissom to the community. The 1995 study, and the 1998 update of that study, concluded individuals who moved into the community had a superior quality of life, including more family contact, increased skills, more participation in community life, greater productivity, and greater satisfaction. http://www.outcomeanalysis.com/DL/pubs/okr6.pdf.

Until the passage of the ADA, cases similar to *Pennhurst* and *Hissom* were filed throughout the country. *See, e.g., Jackson by Jackson v. Fort Stanton Hosp. and Training School*, 964 F.2d 980 (10th Cir. 1992); *Messier v. Southbury Training School*, 916 F. Supp. 133 (D.Conn., 1996); *People First of Tennessee v. Arlington Developmental Center*, 848 F. Supp. 97 (W.D.Tenn. 1992).

In 1999, the University of Minnesota Institute on Community Integration published a review of 38 studies conducted in the previous 20 years that measured adaptive and challenging behavioral outcomes associated with the movement of people with intellectual disabilities from public institutions to community settings. The review found remarkable commonality in the conclusions of the studies. In more than two-thirds of the studies, there was statistically significant improvement in adaptive behavior, i.e. behavior that allows people to function well. The studies from the last ten years of the 20 year time period consistently found improvements in challenging behavior. http://ici.umn.edu/products/prb/101/default.html.

When issuing its ruling in *Olmstead v L.C.*, the U.S. Supreme Court echoed findings like those found by the Courts in *Pennhurst* and *Hissom*, noting that institutional confinement severely diminishes an individual's everyday life activities, including family relations, social contacts, work, educational advancement and cultural enrichment. 527 U.S. at 600-01. Without exception, cases decided in the wake of *Olmstead* have recognized the importance of community living for individuals with disabilities even for individuals with medically complex disabilities.

In *Sidell v. Maram*, 2007 WL 5396285 (C.D. Ill 2007), a young woman with quadriplegia resulting from a severe case of meningitis, challenged the state's use of the Medicaid waiver cap to drastically reduce her home nursing services when she turned 21. The court entered judgment for Ms. Sidell on her claims under the ADA and the Rehabilitation Act and ordered the State to provide sufficient nursing services to allow her to remain in her home. The Judge recognized that Ms. Sidell benefited from residing in her home and interacting with her family and members of the community despite her complex needs.

Research continues to support the benefits of community integration. In 2007, a survey was distributed to guardians of 49 individuals with disabilities who had transferred from the Fernald Developmental Center in Massachusetts to community based residences during 2003 and 2006. The Court Monitor overseeing the transition of residents asked the guardians to rate their satisfaction with their wards' placements on a scale of one to five, with one being the most favorable. The results showed 78% rated their satisfaction as a "1," 14% rated their satisfaction a "2," 1% rated their satisfaction a "4," and another 1% rated their satisfaction a "5." *Ricci v. Patrick*, 544 F.3d 8, 15 (1st Cir. 2008).

Just last year, the Maryland Developmental Disabilities Council conducted interviews of individuals who had been moved out of the Rosewood Developmental Center ("Center"), a state facility for people with developmental disabilities, over a period of years, the last in May 2009. The interviews reveal that even those opposed to the closure of Rosewood "expressed surprising happiness" with their family member's community living arrangement[1].

This was the experience of Joanne and her family. Joanne had lived in the Center from the age of 5 to 54 years. Her sisters recalled that over the years, they considered community living for Joanne but,

> "We were afraid to experiment with something unknown. We were naive about how community living works. We worried that we might make the wrong decision. What if the staff didn't show up in bad weather? It felt like such a great responsibility.[2]"

Eventually, when Rosewood closed, the family committed to a community placement. Despite their initial concerns, the sisters are now happy with Joanne's new home, explaining:

> "The staff are with her all the way, I wish I had understood that before. Joanne enjoys going out to the park and the library. She also likes the freedom to walk

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[1] Maryland Developmental Disabilities Council, *What's Possible: Stories of Changing Lives*, http://www.md-council.org/publications/DDC_WhatsPossible_web.pdf .

[2] *Id*. at 3.

> about her home and yard, listen to music or watch TV,
> and be quiet in her own room when she chooses.[3]"

III. The Settlement Agreement Incorporates Knowledge Garnered from Other States That Have Closed Intermediate Care Facilities (ICF) and Will Make Virginia a Model of How To Safely Transition Individuals From Institutions Into the Community With Appropriate Supports.

The Protection and Advocacy agencies, all of whom are members of NDRN, have negotiated dozens of settlements designed to facilitate movement of individuals with disabilities from segregated institutional settings to more integrated community settings. As a result, NDRN is familiar with the experiences of many states as they undertake institutional downsizing. It is apparent to us that the *U.S. v. Commonwealth of Virginia* Settlement Agreement reflects a cumulative knowledge of what works when individuals transition from developmental disability facilities into the community.

One important indication of lessons learned from other states' experiences is that the Commonwealth Settlement allows nine years to transition into the community individuals with developmental disabilities in the target population. In so doing, the parties recognize that some individuals may have specific needs that currently are unavailable in the community. These individuals will not be hastily moved and forced to adapt to what currently is available. Instead, the nine year timeframe allows for providers to be trained in meeting individual, unique needs and the customization of other services prior to any transition into the community.

Another example of the thoroughness of the Settlement Agreement is the requirement that the Commonwealth develop a Quality and Risk Management System to ensure that all services received under this Agreement "are of good

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[3] *Id*.

quality, meet individuals' needs, and help individuals achieve positive outcomes, including avoidance of harms, stable community living, and increased integration, independence, and self-determination in all life domains (e.g., community living, employment, education, recreation, healthcare, and relationships), and to ensure that appropriate services are available and accessible for individuals in the target population." Settlement Agreement at 20. The Commonwealth is charged specifically with identifying and addressing risks of harm; insuring the sufficiency, accessibility, and quality of services to meet individuals' needs in integrated settings; and collecting and evaluating data to identify and respond proactively to trends to ensure continuous quality improvement. Settlement Agreement at 21-23.

The Commonwealth will go even a step further and create a "Post Move Monitor" to conduct 30, 60, and 90 day visits of each individual discharged to a community setting from the Training Centers. Settlement Agreement at 18. The Post Move Monitor will use a "Post Move Monitoring Checklist" to identify and proactively address any gaps in care and services. Settlement Agreement at 18. This demonstrates two lessons learned. First, that a time of particularly high service need is in the months directly following transition to the community; and second, that it is important to have a clear statement of who is in charge of addressing gaps in services after discharge.[4]

The Commonwealth of Virginia is positioned to be the new model for positive community outcomes and safety. The Settlement provides an enhanced emphasis on data analysis and correction of negative findings; continuous training of providers; clarification of the quality assurance roles of various entities; and the

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[4] *Research Design Report for the Evaluation of the Money Follows the Person* (MFP) Grant Program, Mathematica Policy Report Contract No.: HHSM-500-2005-00025I (0002) MPR Reference No.: 6352-500, October 2008, p. 4 at http://www.mathematica-mpr.com/publications/pdfs/MFP_designrpt.pdf .

use of innovative approaches such as "regional quality councils" and real-time web based incident reporting.

IV. Individuals Transitioning to the Community Will Continue to Have Access to the Services of the Virginia Office For Protection and Advocacy (VOPA), An Agency Experienced at Enforcing Individual Rights to Discharge Planning, Medicaid and Housing Services; Monitoring of Community Residences; and Investigation of Abuse and Neglect.

P&A agencies were created and given broad powers to investigate and advocate on behalf of persons with developmental disabilities following revelations of widespread abuse and neglect in systems for the care of persons with developmental disabilities. To this day, conditions at many facilities continue to require active intervention by P&A agencies, including the Virginia Office of Protection and Advocacy (VOPA). The public record of abuse and neglect in facilities serving individuals with developmental disabilities is not only relevant but crucial to understanding the federal and state statutory framework and mandate of the P&As.

Among the original catalysts for reforms protecting persons with developmental disabilities was the outrage concerning the conditions at the Willowbrook State School, a state facility on Staten Island. A series of government investigations and media exposés in the 1960s and 1970s revealed truly deplorable conditions, including severe overcrowding, unsanitary facilities, and the physical and sexual abuse of residents by the school's staff. *See, e.g.*, Joint Legislative Committee on Mental Retardation and Physical Handicaps, *Confidential Report* (Sept. 12, 1964). Further investigations found that such conditions were alarmingly common in facilities around the country. *Id.* at 30-32.

In response, Congress passed the Developmentally Disabled Assistance and Bill of Rights Act of 1975 (the "DD Act"), 42 U.S.C. § 15041 *et seq*. The DD Act enacted a "bill of rights" for persons with developmental disabilities living in residential facilities, including the rights to appropriate treatment and services; a well-balanced diet; appropriate medical and dental services; prohibition on the use of physical restraint unless medically necessary or as punishment; prohibition on the excessive use of chemical restraints; permission for close relatives to visit without notice; and compliance with fire and safety standards. *See* 42 U.S.C. § 15009(a).

To ensure these laws would be enforced aggressively, Congress created the P&A system, requiring each state receiving federal funding to designate an independent P&A agencies to "pursue legal, administrative, and other appropriate remedies to insure the protection of the rights" of persons with developmental disabilities receiving treatment or services within the State, while also requiring that the P&A system remain independent of providers of those services. *See* 42 U.S.C. § 15043(a)(2)). The Commonwealth designated VOPA as an independent state agency P&A.

Federal law assigns to P&A agencies a number of different functions—"whistleblower, ombudsman, watchdog, advocacy, and 'private attorney general' role[s]." *Ind. Prot. & Advocacy Servs. Admin. v. Ind. Family & Soc. Servs.*, 603 F.3d 365, 383 (7th Cir. 2010) (Posner, J., concurring). The common thread to these different roles is the P&A's broad authority to monitor and investigate treatment and care facilities. Congress expressly provided that states grant P&A agencies, at a minimum, prompt access to records, patients, and facilities whenever they receive a complaint or they have other probable cause to believe that abuse or neglect has occurred, as well as other records necessary for their investigation. *See* 42 U.S.C. §§ 10805(a)(3)-(4), 15043(a)(2)(H)-(J).

These access provisions allow the P&As, including the Virginia Office of Protection and Advocacy, to regularly monitor institutions, community providers, and all community settings where individuals receive services, supports and other assistance. This broad access bestowed by Congress allows the P&A to respond quickly to any suspected neglect or abuse.

The primary mandate for all P&As is to monitor for any abuse or neglect that is occurring in institutions or community settings serving individuals with developmental disabilities. Through this monitoring process, the P&A might discover such abuse or neglect of the safety or rights or residents from monitoring facilities for compliance, 45 C.F.R. § 1386.22(g)(2); 42 C.F.R. § 51.42(c)(2); from its review of regular incident reports from facilities, *see, e.g.*, *Ariz. Ctr. for Disability Law v. Allen*, 197 F.R.D. 689 (D. Ariz. 2000); from an anonymous or identified tip, *see, e.g.*, *Alabama Disabilities Advocacy Program v. J.S. Tarwater Developmental Ctr.*, 894 F. Supp. 424 (M.D. Ala. 1995), *aff'd* 97 F.3d 492 (11th Cir. 1996); from friends or family of individuals in facilities, *see, e.g.*, *Disability Rights Wisc., Inc. v. State of Wisconsin Dep't of Pub. Instruction*, 463 F.3d 719 (7th Cir. 2006); directly from clients themselves, *see, e.g.*, *The Advocacy Ctr. v. Stalder*, 128 F. Supp. 2d 358, 364, 365 (M.D. La. 1999); or even from newspaper articles or press reports, *see, e.g.*, *Office of Protection and Advocacy for Persons with Disabilities v. Armstrong*, 266 F.Supp.2d 303 (D. Conn. 2003).

After receiving reports of suspected abuse or neglect, the P&A can determine whether there is probable cause for a more thorough investigation. *See, e.g.*, 42 U.S.C. §§ 10805(a)(1)(A), 15043(a)(2)(B); Conduct of Protection and Advocacy Activities, 42 C.F.R. § 51.31 (2010); Access to Records, Facilities and Individuals with Developmental Disabilities, 45 C.F.R. § 1386.22 (2010). P&As, including VOPA, are experienced in monitoring facilities and community residences, investigating abuse and neglect, and enforcing individual rights to discharge planning, Medicaid and housing services to insure opportunities for individuals to live in the most integrated settings appropriate to their needs, and the goals of community integration.

As the Commonwealth's designated P&A, VOPA has taken on a primary focus to "respond to any plan purporting to address the February 2011 Department of Justice findings to ensure that there is an adequate system for protection from harm in community settings.[5]" Indeed, VOPA is well-suited for helping to ensure the safety of individuals and the quality of community services with an emphasis on person-centered practices and self-determination.

VOPA has tirelessly committed its resources and advocacy to protecting Training Center residents from abuse and neglect through individual and systemic investigations and monitoring. The Settlement Agreement provides a comprehensive safety plan for individuals who transition to community living and provides the P&A and its constituents with commitments from the Commonwealth to achieve the goals of community integration, self determination, and quality services.

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[5] VOPA's Strategic Plan of Action Objectives for October 1, 2011 – September 30, 2012 http://www.vopa.state.va.us/Programs%20and%20Goals/Objectives%20-%20FY2012%20final.pdf

Conclusion

NDRN commends the parties for entering this historic Settlement Agreement and urges that the Agreement be approved and entered by the Court.

Respectfully submitted,

Curtis L. Decker
Executive Director
National Disability Rights Network