

# Protection & Advocacy for Persons with Developmental Disabilities (PADD)

## Report of 2006 Activities

*National Disability Rights Network*



# Protection and Advocacy for Developmental Disabilities (PADD)

## Background

Protection and Advocacy for individuals with Developmental Disabilities (PADD) was the first Protection & Advocacy (P&A) program authorized by Congress. The program was authorized as part of the Developmental Disabilities Assistance and Bill of Rights Act in 1975, and is funded through the Department of Health and Human Services (HHS), Administration on Developmental Disabilities (ADD). While the original program goal was to ensure the rights of children and adults living in institutional settings and protect them from abuse and neglect, as disability policy moved toward community integration, PADD's mandate expanded. PADD has played a major role in the de-institutionalization movement, emphasizing supports and services that make community living a long-term reality: education; family supports; housing; employment; transportation; and the right of every person to be safe.

In 2005, PADD funding was decreased to \$38.1 million. President Bush proposed level-funding for the program for FY 2006. Fortunately, Congress recognized the pressures of increased demand placed on the program and increased funding by \$1 million – to \$39.1 million. Even with this positive effort, FY 2006 funding fell to \$38.7 due to an across-the-board cut.

Congress' inability to pass an appropriations bill in 2007 led to a year-long continuing resolution with PADD funded at the FY 2006 level. In his FY 2008 budget proposal, President Bush once again proposed level funding for the PADD program. In essence, level funding is the same as a cut to a program that every day faces increased demand.

Tens of thousand of individuals with developmental disabilities continue to reside in state or privately owned congregate residential facilities. Among these are 1,600 children under the age of 21. Unfortunately – coinciding with cuts to PADD – researchers in the field of developmental disabilities report a slowing of the trend toward deinstitutionalization. The PADD program has been an extremely effective tool in helping people move to the community, which the President continues to call for in his New Freedom Initiative. Increased PADD funding would help stem the tide of institutionalization and ensure that children and adults with developmental disabilities have the opportunity to live where they should – in the community.

**The National Disability Rights Network (NDRN) recommends a funding increase of \$6.3 million for a total FY 2008 appropriation of \$45 million.**

While continuing and intensifying its focus on deinstitutionalization, the PADD program also must address many complex issues, including community monitoring and special education:

Community Monitoring: Individuals with developmental disabilities want to live in the community, and federal initiatives such as Medicaid Home

and Community Based Services (HCBS) Waivers and the growth of federally funded housing options have expanded their ability to do so. Community living is a goal of the President's New Freedom Initiative, and the Supreme Court reinforced federal policy that encourages the delivery of supports and services in the most integrated setting in its *Olmstead* decision. All of these initiatives are praiseworthy since they help move service systems away from inappropriate institutional-based models to those that ensure greater independence and inclusion. However, as the opportunity for people to live more independently increases, the challenges of monitoring and ensuring the appropriateness and safety of their living arrangements increases. One major problem is that community-based providers face high worker turnover, often resulting in inexperienced staff providing inadequate supports to people who have complex needs. PADD advocacy helps move people with developmental disabilities to the community and ensure that they are safe from abuse and neglect; have access to quality supports and services; and do not face employment and housing discrimination.

*Special Education:* While additional funding was added to PADD in 2006 to address special education issues, the level was not sufficient to cover the growing need for education-related P&A services. States and families are struggling to address and implement the No Child Left Behind (NCLB) Act and the Individuals with Disabilities Education Improvement Act (IDEIA). Too many students with developmental disabilities continue to face discrimination in the form of lowered expectations by school personnel and stigma. This too-often leads to their receiving inadequate educational services delivered by unqualified personnel. Parents of children with developmental disabilities have few resources to help them understand and negotiate the special education process. This is where PADD advocacy comes in. Given the substantial federal dollars allocated to support the education of children with disabilities in local schools, Congress has a direct stake in ensuring successful outcomes for these students.

In 2006, the PADD program:

- Served over 20,000 individuals through information and referral services, training, and legal protection and advocacy services.
- Served over 13,000 individuals in over 20,000 cases, of which over 12,000 were related to education and over 6,000 to quality assurance issues, including abuse, neglect and other rights violations.
- Utilized a broad range of strategies to resolve issues consistent with the sophisticated and comprehensive approach of the P&A System, including short-term and technical assistance, investigations, and mediation; only 5 percent of cases resulted in legal action being taken.

- Served individuals with developmental disabilities living in all settings, including individual's homes, family homes, provider-operated housing, foster care, and public and private institutions.

In addition, the Office of Management and Budget (OMB) PART report on the PADD program states that it has a clear purpose and complements other public and private efforts to support individuals with developmental disabilities in the community. In 2004, the number of individuals who had their complaints of abuse, neglect, discrimination, or other human or civil rights corrected was 88.7 percent – exceeding the goal of 88 percent. In 2005, this rose to 91 percent.

The following examples are illustrative of the work carried out in the states and territories:

The **Arkansas P&A** assisted a 44-year-old with cognitive disabilities. Even though he did not have a mental illness diagnosis, the man was court-ordered to the Arkansas State Hospital to be “restored to fitness to proceed to trial.” Hospital staff could not make the court understand that the man’s cognitive disabilities would not be cured or ameliorated by a continued stay in a setting where he also was vulnerable to abuse by other higher-functioning patients. The P&A joined with hospital treatment staff in their recommendation that the man would be more appropriately placed at a Division of Developmental Disabilities Services (DDDS) human development center, and wrote a letter to the court stating so. After months of delay, the court finally entered an order compelling DDDS to take custody of the man and admit him to a human development center.

The **Georgia P&A** assisted a 13-year-old boy who had been living in a nursing home since he was six. The P&A supported his mother to attend the Children’s Freedom Initiative summit, where she spoke passionately about her desire to have her son live at home. A high-ranking official from the Department of Community Health (DCH) heard her story and pledged to help bring her son home. The boy was granted Medicaid funding to support him in the community, however, the boy’s father had legal custody and opposed his move from the nursing home. The P&A assisted the mother to obtain pro-bono legal assistance to resolve the custody issue. Five months after telling her story at the Summit, the mother brought her son home with the support of the P&A, Georgia Legal Services, DCH, and the local community. The boy is being educated by the local school system and has friends in his neighborhood with whom he plays on a daily basis.

The **Illinois P&A** filed an ADA case on behalf of nine individuals and one organizational plaintiff to address the failure of the Chicago Transit Authority (CTA) to make its buses and trains accessible to people with disabilities. When the case settled, it was converted to a class action. The settlement agreement required the appointment of an Independent Monitor to oversee the implementation of the five-year agreement and CTA investment of \$15 million to make its bus and train systems more accessible. Improvements include: automated audio/visual announcements on buses; extensive train station elevator rehab and extended repair hours; increased staff to monitor

disability issues; and revised complaint and disciplinary policies. Because access to public transportation is such a critical need for many people with disabilities, the outcomes from this case also provide a necessary link to other aspects of life, including access to employment and health care.

A long-time resident living in a state resource center contacted the **Iowa P&A** requesting assistance with her release to a less restrictive living arrangement. The P&A began working with the woman and her social worker to ensure that a discharge plan was put into place and that the woman's desires were taken into consideration. Having to live with 10 roommates at the resource center, the woman's ideal living arrangement would be moving into a house with no more than two or three people. When a placement finally was agreed upon, a transition plan was in place. The woman enjoyed a shopping excursion, lunch with a peer, and a doctor's appointment so her medical needs could be addressed. Finally, the woman moved into an apartment where she has her own bedroom and bathroom, only one roommate, and a new job.

The **Kentucky P&A** increased sexual assault/domestic violence awareness in the Project SAFE program. While Project SAFE began with a focus on individuals with developmental disabilities, there was a shift to all persons with disabilities this fiscal year, as sexual assault/domestic violence does not occur in a vacuum,. Membership has led to increased collaboration between first responders, prosecutors, rape crisis centers, and disability service providers. Police training agencies and detectives have been invited to monthly meetings.

The **Louisiana P&A** supported a 16-year-old student diagnosed with brittle bone disease (osteogenesis imperfecta) and other physical disabilities. She has a very small stature, must use a specially designed electric scooter for mobility, and sometimes needs to use oxygen. The school decided that if the student needed more than 1.5 hours on the oxygen concentrator daily, she is creating a danger to herself and others because of the volatility of oxygen. Therefore, they decided to place her in a homebound school program. The P&A negotiated with the school to allow the young woman to remain on campus, obtaining documentation from the manufactures of both the scooter and the oxygen concentrator indicating that the use of these did not create a danger. The P&A also obtained documentation from the student's physician reinforcing the manufacturers' documentation. The P&A further worked with the school to allow the young woman to take her oxygen treatments during a study hall instead of lunch so she could spend her lunch breaks socializing with peers.

The parents of a 10-year-old boy with autism, anxiety disorder, and obsessive compulsive disorder contacted the **Maine P&A** because their child had been handcuffed and taken to juvenile court for having a behavioral outburst at school. In addition, the child had previously been physically restrained on numerous occasions for non-compliant behaviors. As a result of the P&A's advocacy, the child received an independent behavioral evaluation, an appropriate behavior intervention plan (BIP), and an Individualized Education Plan (IEP) that better reflected his academic, behavioral, and functional needs. The BIP eliminates the use of physical restraint and calls to law

enforcement and instead focuses on positive behavioral supports for the child. The child is doing well both academically and behaviorally with the newly developed IEP and BIP.

The **Massachusetts P&A** represented a 13-year-old girl with cerebral palsy who had received at-home occupational therapy twice a week since she was nine months old. As a result, she had made very slow but significant progress in increasing her balance and the tone in her muscles. Although it took years, the girl is gaining more fine motor use in her hands and can now hold her head up for a short period, sit up, and chew. These have been crucial milestones that have enabled her to communicate with a computer, gain weight, sit in the tub and on the toilet, and brush her hair. The girl's parents sought the P&A's assistance with an appeal of a MassHealth decision to reduce the therapy from twice to once a week. At the end of the hearing, the MassHealth representative modified the decision and reinstated the therapy to twice a week.

The **Minnesota P&A** investigated a managed healthcare plan that denied coverage for two seniors. The denial jeopardized their housing and services. The seniors, ages 75 and 80, reside in the same group home and have lived together in various housing situations for all their adult lives. The P&A's investigation found that the individuals were denied healthcare coverage because they were moved from the Mental Retardation/Related Conditions (MR/RC) Waiver to the Elderly Waiver (EW) to save county dollars. The P&A assisted the county, guardians, and the Department of Human Services to resolve the matter without a lengthy appeal. Both seniors were restored to the MR/RC waiver and were able to remain in their housing and receive community supports.

The **Mississippi P&A** advocated for a child with developmental disabilities who was functioning at the second-grade level, but who was receiving no assistance from her school. The school had placed her in all regular sixth-grade classes and expected her to do the work with no help. Her advocate from the P&A asked for mediation and the district finally agreed to teach the child on her level. The results of an evaluation to determine her functioning levels indicated the need for time with a special education teacher every day, in addition to maintaining her in regular classes as much as possible. Finally, the school district had a consultant help set up an effective program for this child, as well as other children in special education in that district.

A school was restraining a 4-year-old boy during seizure activity because they did not believe the behaviors were due to the child's epilepsy. The school had placed the child in a behavior disordered kindergarten class. With assistance from the **Missouri P&A**, the parent was able to document the child's diagnosis for the IEP team and arrange for consultation with the Epilepsy Foundation. The P&A further pointed out that the restraint violated school policy and requested a behavioral evaluation, which determined that the child should be moved back to the regular classroom.

As a result of legislative advocacy by the **New Hampshire P&A**, New Hampshire created a central registry for caregivers who have a history of abusing, neglecting, or exploiting vulnerable adults, including those with developmental disabilities. The

legislation passed in the 2006 session, with the P&A taking a lead role. The registry will mirror the one in place for child-care workers and will record the names of paid caregivers found guilty of abuse either through the courts or through internal investigations. It will detect workers who attempt to dodge detection by moving from system to system or from region to region. Agencies that receive funds from the state Department of Health and Human Services must use the database to screen potential workers.

The **New Jersey P&A** staff intervened on behalf of a 20-year-old individual with mental retardation and Prader-Willi Syndrome. The woman's father contacted the P&A complaining that his daughter had been sexually assaulted at her group home nine months earlier. He said the perpetrator was charged, prosecuted, and plead guilty to the assault. Since the assault, his daughter had been residing at her parents' home, where they cannot adequately care for her. The Division of Developmental Disabilities advised that the woman's room in the group home where the assault took place remained available and did not offer any other placement options. The psychiatrist treating the woman since the assault supported her parents that a return to her previous placement would be detrimental to her. Based on the information it gathered, the P&A filed an complaint with the Department of Health and Human Services Office of Civil Rights on behalf of the woman. This action resulted in the Division's offering the woman a new residential program, where reportedly she is adjusting well.

The **New Mexico P&A** played a key role in convincing state legislators for the first time in the history of the waiver programs to set specific funding levels for each waiver program. Legislators and advocates had been frustrated that previous funding increases for the waivers had not always translated into the numbers of new persons in service – and reductions in waiting lists – that had been intended. The specific funding level established for the Disability and Elderly (D&E) waiver program amounted to an increase of approximately \$1.5 million in state funding, plus the accompanying federal match. After considerable delay, the state began late in FY 2006 to bring additional individuals off the waiting list and into D&E services.

The **Pennsylvania P&A** assisted a man who lived in northwestern Pennsylvania and had no funding for services. He was in his mid thirties, had mental retardation, and lived at home with his elderly parents. Both parents were in failing health and lived below the poverty level, frequently having to decide whether to spend their money on food or medications. Their son needed help with activities of daily living and could not live alone. The Waiting List Campaign met with the Office of Mental Retardation to discuss this situation. The young man attended the meeting to help demonstrate the need for funding for services. While the meeting was going on, his mother was taken to the local hospital and arrangements were made for both parents to be sent to a nursing home. Their son literally was without a place to live since his only caretakers were now in a nursing home. The P&A was able to secure emergency funding for this man and he now lives with a Family Living provider.

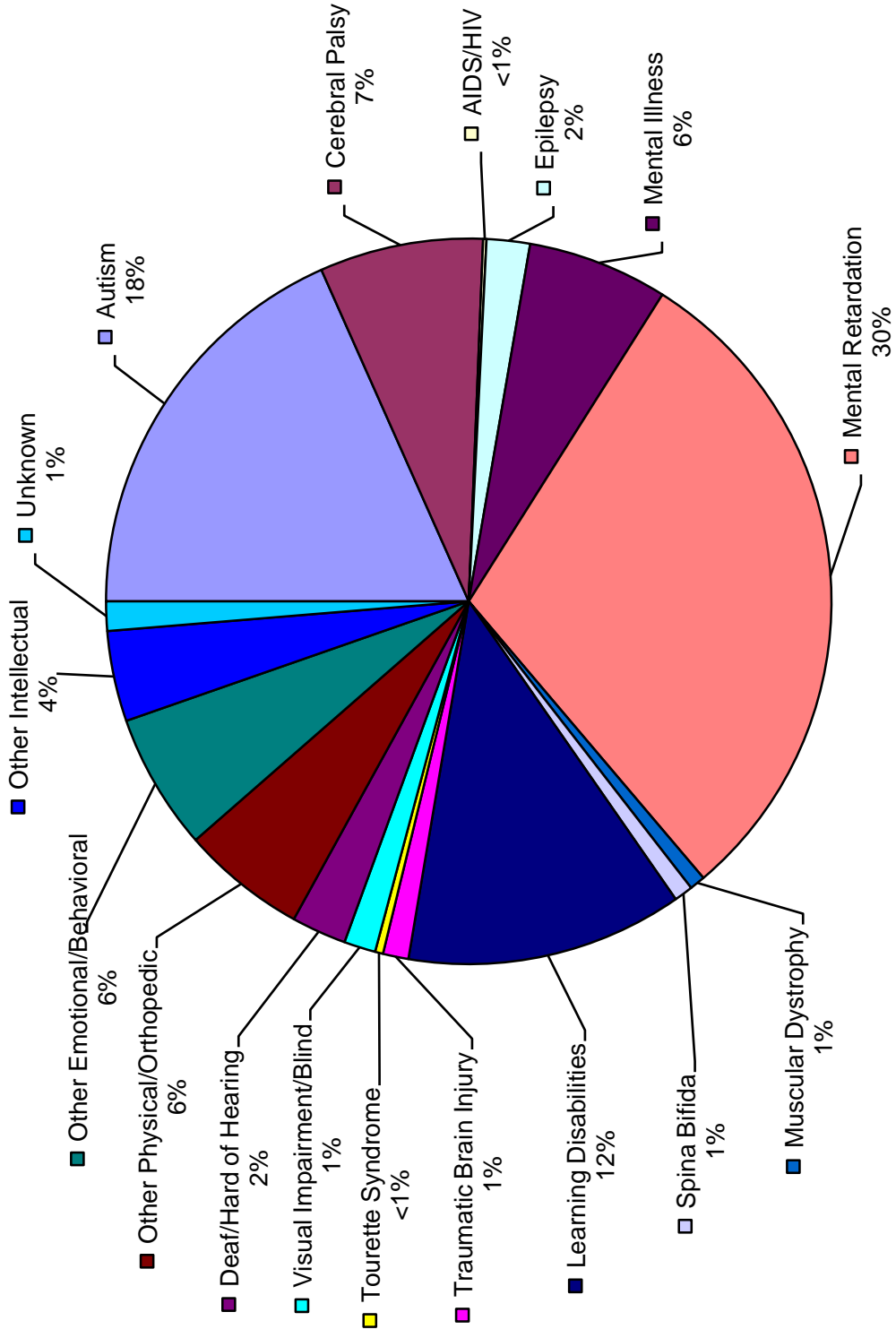
The **Rhode Island P&A** was contacted by a high school about a 21-year-old with developmental disabilities who was a part-time employee of the school cafeteria. This young man lived with his parents and reported to his employer that he had been locked in the basement of his parents' home and sometimes beaten with a coat hanger and belt buckle when he misbehaved. The P&A investigated and determined that – as a child the man received special education services in school – but that his mother failed to apply to the state for adult DD services, insisting that he was well taken care of at home. The P&A investigation indicated that there had been sporadic contacts with the police and revealed historical evidence of physical abuse, including hospital emergency room treatment. After being informed that he wanted to leave his parents' home, the P&A advised the young man of his rights as a self-determining adult and of the state services available to him. On an emergency basis, the P&A gathered his entire school record, police reports, and medical information, and arranged for an immediate eligibility hearing with the State Division of Developmental Disabilities seeking appropriate supports and services, up to and including removal from the family home and temporary placement.

A young man who was a voluntary resident in a Department of Disabilities and Special Needs (DDSN) facility contacted the **South Carolina P&A**. He had informed DDSN staff he wanted to move out and live with a friend. In response, DDSN obtained a “pick up” order from the probate court. This type of order is intended for cases when a person walks out (escapes) from a DDSN facility and is in danger. The order allows law enforcement to apprehend the person and return him safely to DDSN. In this instance, the man had not left the facility. Moreover, DDSN never pursued involuntary commitment, despite filing a court affidavit stating their intent to do so. During the next months, DDSN staff repeatedly threatened the young man with the order and told him that he had been involuntarily committed. At one point, when the man went to visit a friend, DDSN used the order to have law enforcement apprehend him. The P&A filed a motion in probate court, asking the court to withdraw the order and alleged that DDSN misused the pick up order procedure as an alternative to commitment proceedings, which provide a person with legal protections. Although DDSN conceded, the judge stated that she will include an expiration date on all future pick up orders. The judge is also writing a letter to the parties about the issue to ensure that DDSN does not misuse such orders in the future. The young man is now moving to more independent living, and the P&A is assisting him in obtaining proper supports for a successful transition.

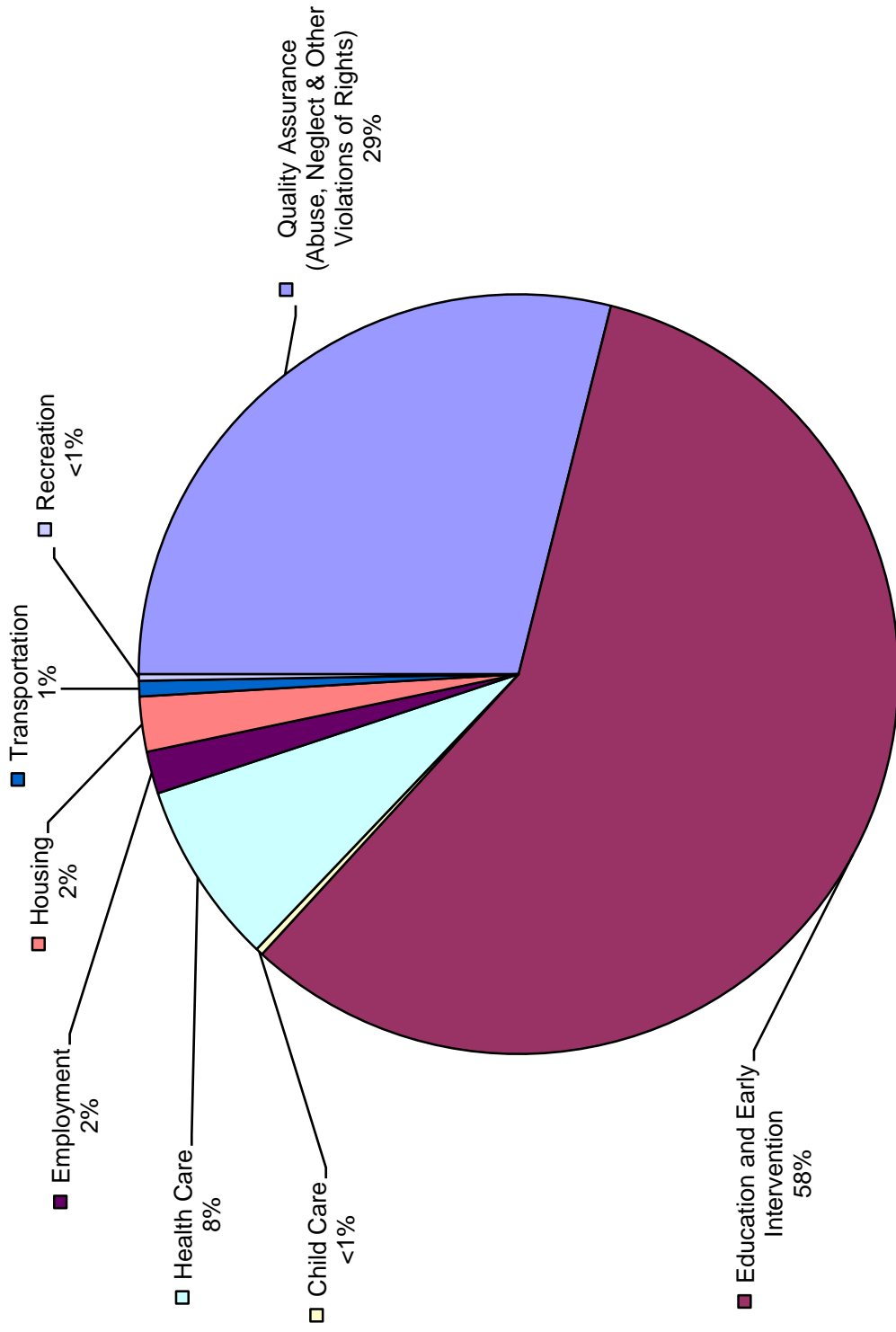
The **Virginia P&A** appeared as an amicus curiae in a case this year in US District Court. In that case, the Virginia Department of Education (DOE) attempted to argue that its “stay put” regulation was unconstitutional and not enforceable. They stated that it would not enforce the regulation or require schools to comply with it. The P&A argued that they could not “repeal” the regulation unless they followed the procedures set forth in the Virginia Administrative Process Act. The Virginia DOE then withdrew its argument and stated it would enforce its regulations.

**For more information, please contact NDRN at 202-408-9514.**

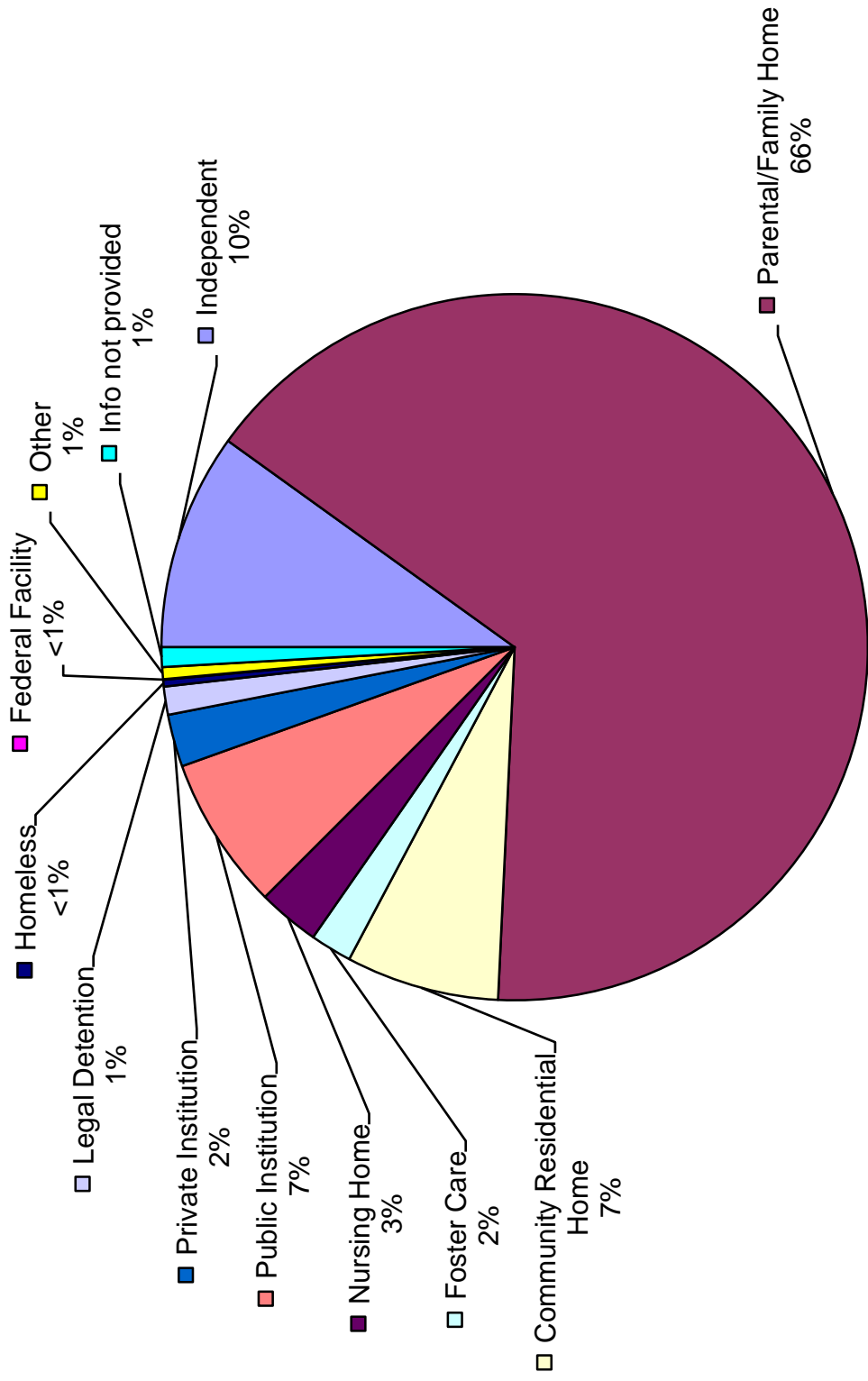
# Primary Disability of Individuals Served



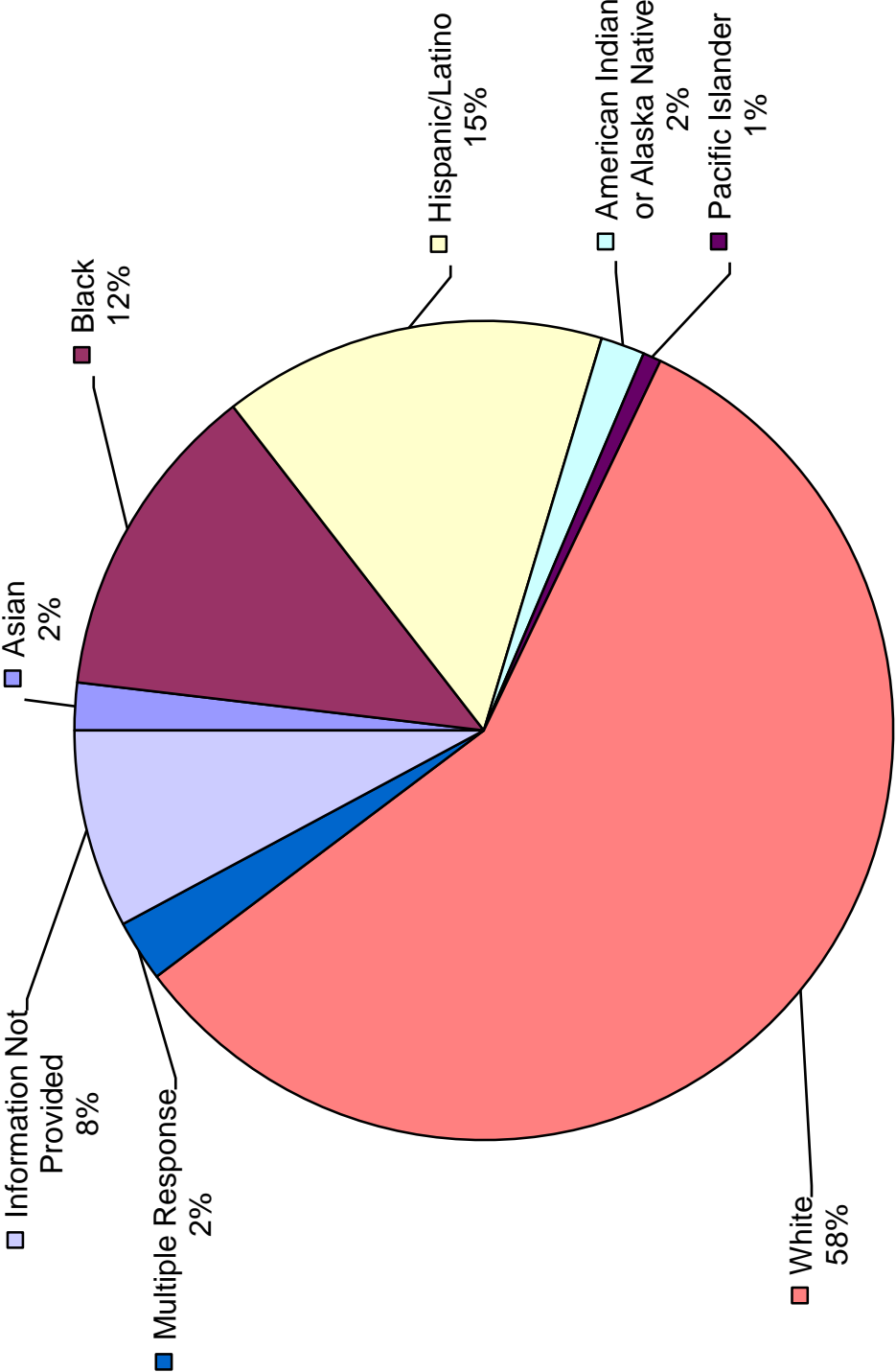
# Problems/Complaints of Services Provided



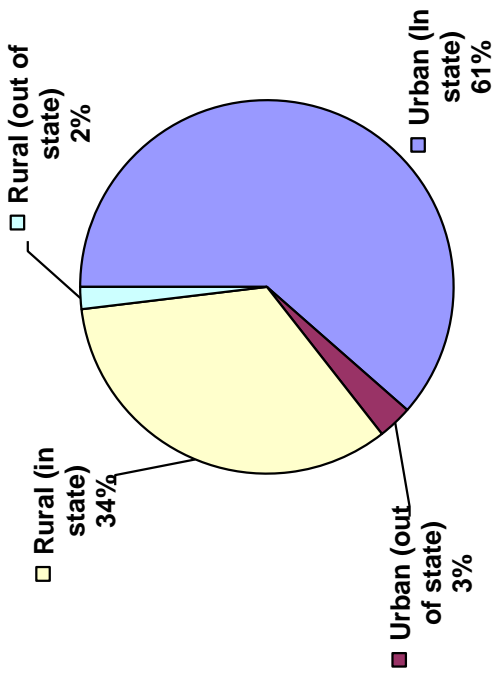
# Living Arrangement of Individuals Served



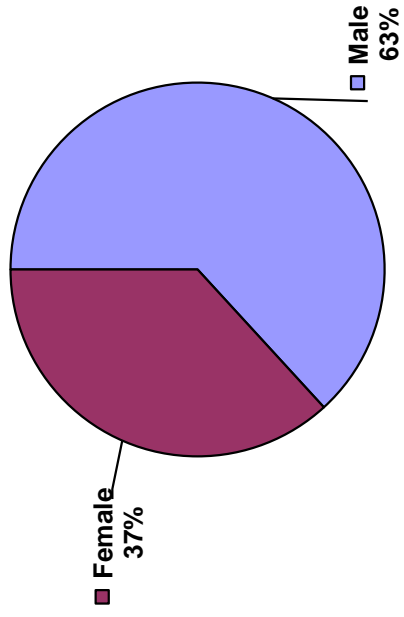
# Race/Ethnicity of Individuals Served



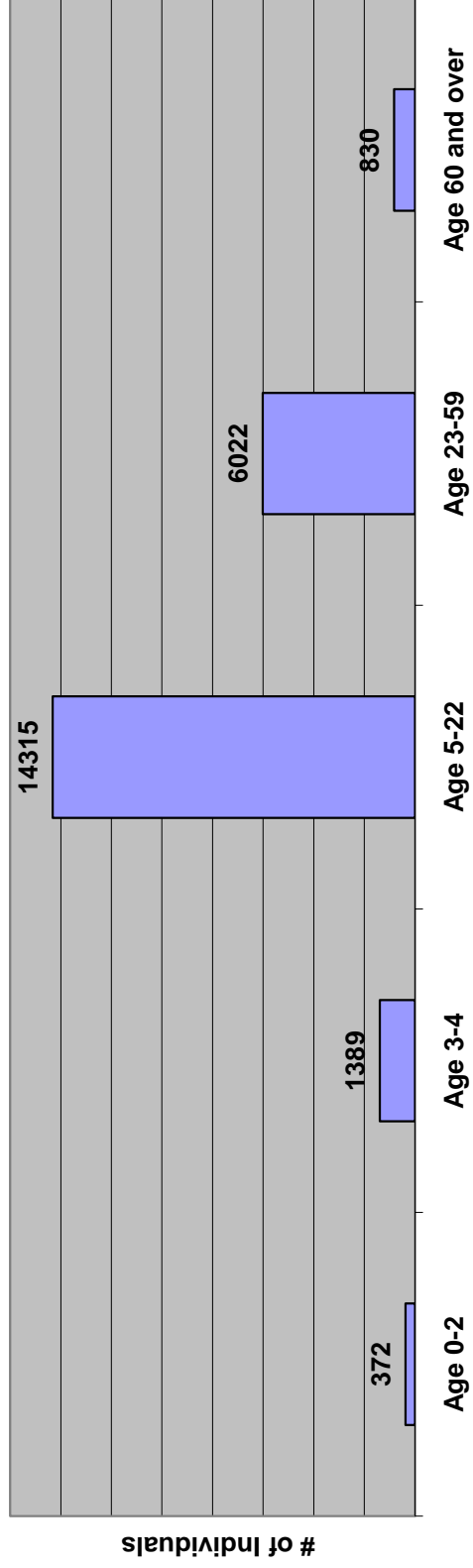
**Location of Individuals Provided Services**



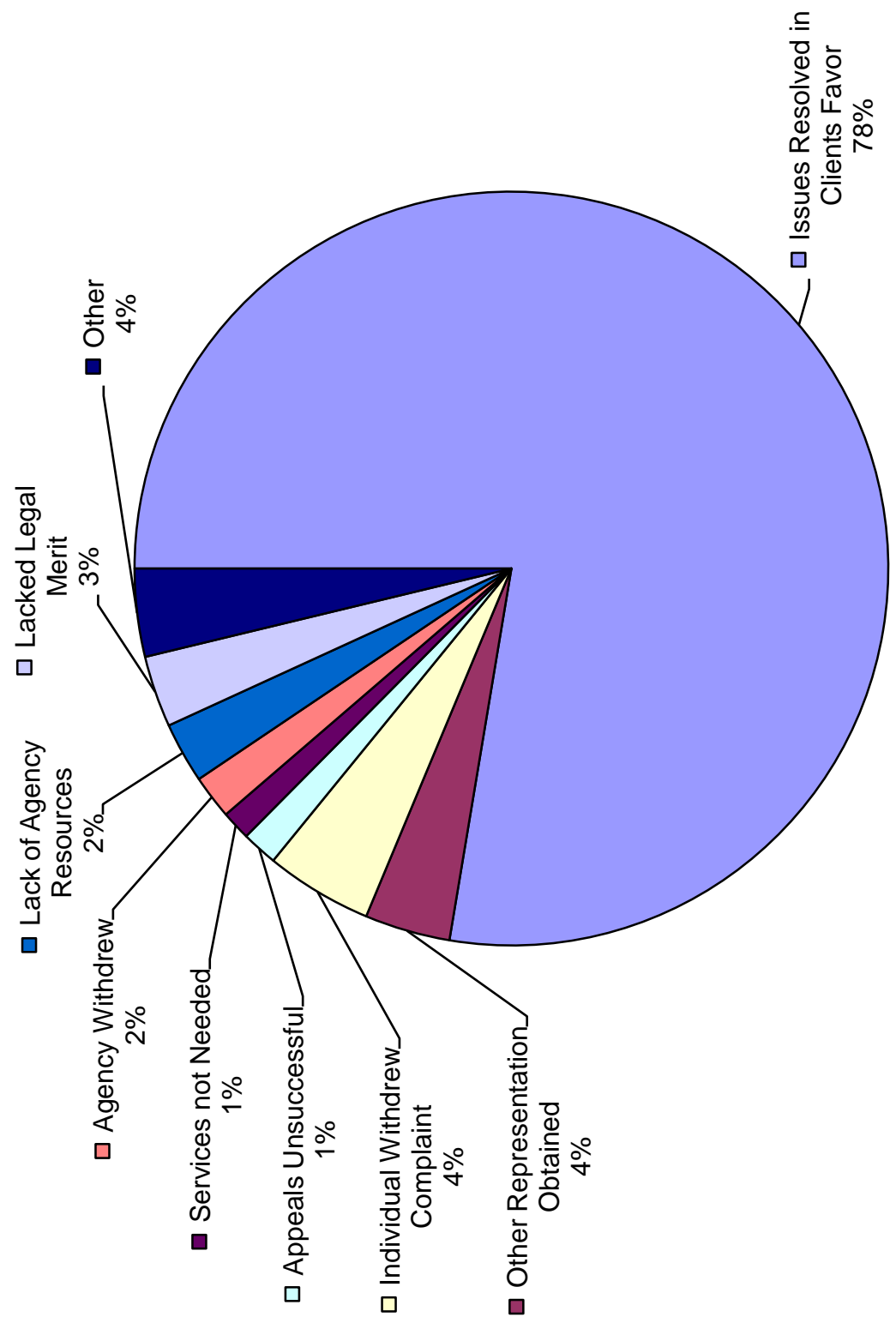
**Gender of Individuals Provided Services**



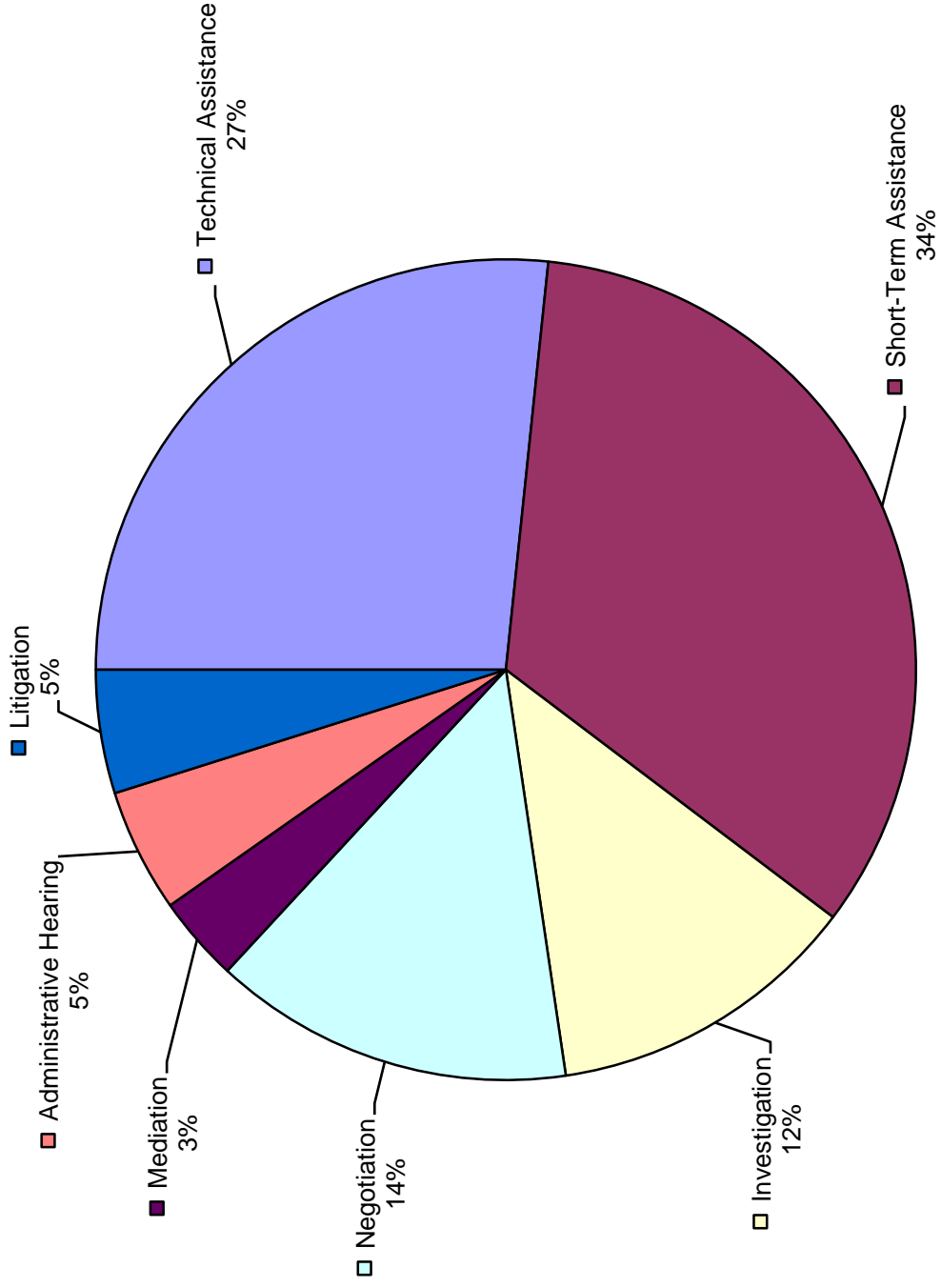
**Age of Individuals Provided Services**



# Reasons for Closing Cases



# Intervention Strategies of Services Provided



# **NATIONAL PADD PROGRAM STATISTICS (FY06)**

## **PART I: NON-CASE SERVICES**

### **A. INFORMATION AND REFERRAL SERVICES (I&R)**

<b>1. Total Number of I&amp;R requests during the Fiscal Year</b>	<b>37,795</b>
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### **B. TRAINING ACTIVITIES**

<b>1. Number of Trainings Presented by Staff</b>	<b>8,972</b>
<b>2. Number of Individuals Who Attended These Trainings</b>	<b>168,603</b>

### **C. INFORMATION DISSEMINATED TO THE PUBLIC**

<b>1. Radio and TV Appearances by Agency Staff</b>	<b>243</b>
<b>2. Newspaper/Magazine/Journal Articles Prepared by Agency Staff</b>	<b>774</b>
<b>3. PSAs/Videos Aired by the Agency</b>	<b>58</b>
<b>4. Reports Disseminated</b>	<b>179,892</b>
<b>5. Publications/Booklets/Brochures Disseminated by the Agency</b>	<b>255,727</b>
<b>6. Information About P&amp;A Disseminated (not included from trainings)</b>	<b>205,847</b>
<b>7. Website Hits</b>	<b>9,406,541</b>
<b>8. Other</b>	<b>31,983,502</b>

## **PART II: CASE-SERVICES**

### **A. INDIVIDUALS SERVED**

<b>1. Individuals</b>	
<b>a. Individuals Served Receiving Advocacy at Start of Fiscal Year (carryover from prior)</b>	<b>9,270</b>
<b>b. Additional Individuals Served During Fiscal Year (new for fiscal year)</b>	<b>12735</b>
<b>c. Total Number of Individuals Served During Fiscal Year (a + b)</b>	<b>13,665</b>

<b>2. Services</b>	
<b>a. Total Number of Cases/Service Requests During Fiscal Year (a + b)</b>	<b>22,935</b>

### **B. PROBLEM AREAS/COMPLAINTS OF INDIVIDUALS SERVED**

<b>Complaint</b>	
<b>1. Quality Assurance (including abuse, neglect &amp; other violations of rights)</b>	<b>6,033</b>
<b>2. Education &amp; Early Intervention</b>	<b>12,080</b>
<b>3. Child Care</b>	<b>65</b>
<b>4. Health Care</b>	<b>1,629</b>
<b>5. Employment</b>	<b>375</b>
<b>6. Housing</b>	<b>488</b>
<b>7. Transportation</b>	<b>138</b>
<b>8. Recreation</b>	<b>58</b>

**C. REASONS FOR CLOSING CASE FILES**

Reason	
1. Issues Resolved Completely or Partially in Client's Favor	15,059
2. Other Representation Obtained	711
3. Individual Withdrew Complaint	891
4. Appeals Were Unsuccessful	298
5. Services Not Needed Due to Death, Relocation, etc.	244
6. Individual Not Cooperative With Agency	365
7. Lack of Resources	504
8. Case Lacked Legal Merit	595
9. Other	731

**D. HIGHEST INTERVENTION STRATEGY**

Interventions	
1. Technical Assistance	5,072
2. Short Term Assistance	6,404
3. Investigation/Monitoring	2,352
4. Negotiation	2,706
5. Mediation/Alternative Dispute Resolution	643
6. Administrative Hearing	927
7. Legal Remedy/Litigation	926

**PART III: STATISTICAL INFORMATION FOR INDIVIDUALS SERVED****A. AGE OF INDIVIDUALS SERVED**

Age	
0 to 2	372
3 to 4	1,389
5 to 22	14,315
23 to 59	6,022
60 and over	830

**B. GENDER OF INDIVIDUALS SERVED**

Male	14,441
Female	8,412

**C. RACE/ETHNICITY OF INDIVIDUALS SERVED**

Race/Ethnicity	
1. Asian	437
2. Black/African American	2,947
3. Hispanic/ Latino	3,531
4. American Indian/Alaskan Native	405
5. Native Hawaiian/Other Pacific Islander	166
6. White/Caucasian	13,443
7. Multiracial/Multiethnic	566
8. Race/Ethnicity Unknown	1,827

**D. PRIMARY DISABILITY**

Disability	
1. Autism	4,521
2. Cerebral Palsy	1,797
3. AIDS/HIV	37
4. Epilepsy	476
5. Mental Illness	1,541
6. Mental Retardation	7,354
7. Muscular Dystrophy	171
8. Spina Bifida	207
9. Learning Disabilities	3,039
10. Traumatic Brain Injuries (TBI) and other head injuries	281
11. Tourette Syndrome	88
12. Visual Impairment / Blind	347
13. Hard of Hearing / Deaf	606
14. Other Physical / Orthopedic	1,371
15. Other Emotional / Behavioral	1,500
16. Other Intellectual	995
17. Disability Unknown	322

**E. LIVING ARRANGEMENTS OF INDIVIDUALS SERVED**

Arrangement	
1. Independent	2,277
2. Parental/Guardian or Other Family Home	15,094
3. Community Residential Home	1,608
4. Foster Care	437

5. Nursing Facility	649
6. Public (State Operated) Institutional Setting	1,613
7. Private Institutional Setting	550
8. Legal Detention/Jail/Prison	295
9. Homeless/Shelter	71
10. Federal Facility	6
11. Other	126
12. Unknown/Not Provided	206

**E. GEOGRAPHIC LOCATION**

Geographic Location	In-State	Out-of-State
1. Urban/Suburban	14,417	698
2. Rural	7,896	448

**PART IV: SYSTEMIC ACTIVITIES AND LITIGATION**

**A. INTERVENTIONSON BEHALF OF GROUPS**

Summary Data	# of Cases	Potential # of Individuals Impacted	# of Cases Concluded Successfully	# of Cases Concluded Unsuccessfully	# of Cases Pending
Summary Data on Group Advocacy Intervention	657	5,705,565	422	15	224
Summary Data on Investigations Intervention	798	830,924	0	24	227
Summary Data on Monitoring Activities Intervention	538	754,512	696	41	211
Summary Data on Court-Ordered Monitoring Activities Intervention	82	622,536	1,518	2	66
Summary Data on Systemic or Class-action Litigation Intervention	188	4,737,177	70	11	79
Summary Data on all Group Interventions	2,264	12,641,113	3,051	90	807

**B. OUTCOME STATEMENT**

1. Total Number of Persons that Received Information about the P&A and its Services	8,960,062
2. Number of Persons Educated/Trained, Enabling Them to Be Better Self Advocates	1,302,102

**C. GREIVANCES FILED**

PADD grievances filed against the agency during the fiscal year	58
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## FY 2006 PADD Program Allotments

STATE	ALLOTMENT	STATE	ALLOTMENT
ALABAMA	\$629,409	NEW HAMPSHIRE	\$365,940
ALASKA	\$365,940	NEW JERSEY	\$765,027
ARIZONA	\$605,431	NEW MEXICO	\$365,940
ARKANSAS	\$387,406	NEW YORK	\$1,970,656
CALIFORNIA	\$3,247,585	NORTH CAROLINA	\$1,004,238
COLORADO	\$414,511	NORTH DAKOTA	\$365,940
CONNECTICUT	\$379,383	OHIO	\$1,377,843
DELAWARE	\$365,940	OKLAHOMA	\$429,420
DISTRICT OF COLUMBIA	\$365,940	OREGON	\$396,665
FLORIDA	\$1,786,357	PENNSYLVANIA	\$1,446,328
GEORGIA	\$953,198	PUERTO RICO	\$1,112,264
HAWAII	\$365,940	RHODE ISLAND	\$365,940
IDAHO	\$365,940	SOUTH CAROLINA	\$551,953
ILLINOIS	\$1,307,848	SOUTH DAKOTA	\$365,940
INDIANA	\$736,909	TENNESSEE	\$33,173
IOWA	\$371,027	TEXAS	\$2,289,093
KANSAS	\$365,940	UTAH	\$365,940
KENTUCKY	\$579,004	VERMONT	\$365,940
LOUISIANA	\$642,178	VIRGINIA	\$740,794
MAINE	\$365,940	WASHINGTON	\$575,581
MARYLAND	\$488,306	WEST VIRGINIA	\$391,830
MASSACHUSETTS	\$614,644	WISCONSIN	\$623,948
MICHIGAN	\$1,187,867	WYOMING	\$365,940
MINNESOTA	\$502,831	NATIVE AMERICAN	\$195,775
MISSISSIPPI	\$445,181	AMERICAN SAMOA	\$195,775
MISSOURI	\$674,067	GUAM	\$195,775
MONTANA	\$365,940	NORTHERN MARIANAS	\$195,775
NEBRASKA	\$365,940	VIRGIN ISLAND	\$195,775
NEVADA	\$365,940	TOTAL	\$37,927,750



## STATE LIST OF P&As/CAPs

### ALABAMA

Alabama Disabilities Advocacy Program  
[www.adap.net](http://www.adap.net)

Division of Rehabilitation Services and  
Children's Rehabilitation Services  
[www.sacap.org](http://www.sacap.org)

### ALASKA

Disability Law Center of Alaska  
[www.dlcak.org](http://www.dlcak.org)

ASIST, Inc.  
<http://home.gci.net/~alaskacap/>

### AMERICAN SAMOA

Client Assistance Program and  
Protection & Advocacy

### ARIZONA

Arizona Center for Disability Law  
[www.azdisabilitylaw.org](http://www.azdisabilitylaw.org)

### ARKANSAS

Disability Rights Center, Inc.  
[www.arkdisabilityrights.org](http://www.arkdisabilityrights.org)

### CALIFORNIA

Protection & Advocacy, Inc.  
[www.pai-ca.org](http://www.pai-ca.org)

Department of Rehabilitation  
[www.rehab.cahwnet.gov](http://www.rehab.cahwnet.gov)

### COLORADO

The Legal Center  
[www.thelegalcenter.org](http://www.thelegalcenter.org)

### CONNECTICUT

Office of Protection & Advocacy for  
Persons with Disabilities  
[www.state.ct.us/opapd/](http://www.state.ct.us/opapd/)

### DELAWARE

Community Legal Aid Society, Inc.  
[www.declasi.org](http://www.declasi.org)

United Cerebral Palsy, Inc.

### DISTRICT OF COLUMBIA

University Legal Services  
[www.uls-dc.org](http://www.uls-dc.org)

### FLORIDA

Advocacy Center for Persons with  
Disabilities  
[www.advocacycenter.org](http://www.advocacycenter.org)

### GEORGIA

Georgia Advocacy Office, Inc.  
[www.thegao.org](http://www.thegao.org)

Georgia Client Assistance Program  
[www.georgiacap.com](http://www.georgiacap.com)

### GUAM

Guam Legal Services

Parent-Agencies Network

### HAWAII

Hawaii Disability Rights Center  
[www.hawaiidisabilityrights.org](http://www.hawaiidisabilityrights.org)

### IDAHO

Co-Ad, Inc.  
<http://users.moscow.com/co-ad>

### ILLINOIS

Equip for Equality, Inc.  
[www.equipforequality.org](http://www.equipforequality.org)

Illinois Client Assistance Program  
[www.dhs.state.il.us/ors/cap](http://www.dhs.state.il.us/ors/cap)

## **INDIANA**

Indiana Protection and Advocacy  
Services  
[www.IN.gov/ipas](http://www.IN.gov/ipas)

## **IOWA**

Iowa Protection & Advocacy Services,  
Inc.  
[www.ipna.net](http://www.ipna.net)

Division on Persons with Disabilities  
[www.state.ia.us/government/dhr/pd/client  
assist\\_program](http://www.state.ia.us/government/dhr/pd/client_assist_program)

## **KANSAS**

Disability Rights Center of Kansas  
[www.drckansas.org](http://www.drckansas.org)

## **KENTUCKY**

Kentucky Protection and Advocacy  
[www.kypa.net](http://www.kypa.net)

Client Assistance Program  
<http://kycap.ky.gov>

## **LOUISIANA**

Advocacy Center  
[www.advocacyla.org](http://www.advocacyla.org)

## **MAINE**

Disability Rights Center  
[www.drcme.org](http://www.drcme.org)

CARES, Inc.  
[www.caresinc.org](http://www.caresinc.org)

## **MARYLAND**

Maryland Disability Law Center  
[www.mdlcbalto.org](http://www.mdlcbalto.org)

Maryland State Department of Education  
Division of Rehabilitation Services/  
Maryland Rehabilitation Center  
[www.dors.state.md.us](http://www.dors.state.md.us)

## **MASSACHUSETTS**

Disability Law Center, Inc.  
[www.dlc-ma.org](http://www.dlc-ma.org)

Massachusetts Office on Disability  
[www.state.ma.us/mod/MSCAPBRO.html](http://www.state.ma.us/mod/MSCAPBRO.html)

## **MICHIGAN**

Michigan Protection & Advocacy Services  
[www.mpas.org](http://www.mpas.org)

## **MINNESOTA**

Minnesota Disability Law Center  
[www.mndlc.org](http://www.mndlc.org)

## **MISSISSIPPI**

Mississippi Protection & Advocacy  
System  
[www.mspas.com-ms](http://www.mspas.com-ms)

Easter Seal Society  
[www.mississippicap.com](http://www.mississippicap.com)

## **MISSOURI**

Missouri Protection & Advocacy Services  
[www.moadvocacy.org](http://www.moadvocacy.org)

## **MONTANA**

Montana Advocacy Program  
[www.mtadv.org](http://www.mtadv.org)

## **NATIVE AMERICAN**

Native American Disability Law Center,  
Inc.  
[www.nativelegalnet.org](http://www.nativelegalnet.org)

## **NEBRASKA**

Nebraska Advocacy Services, Inc.  
[www.nebraskaadvocacy.com](http://www.nebraskaadvocacy.com)

Client Assistance Program  
[www.cap.state.ne.us](http://www.cap.state.ne.us)

**NEVADA**

Nevada Advocacy & Law Center, Inc.  
[www.ndalc.org](http://www.ndalc.org)

Client Assistance Program  
[http://detr.state.nv.us/rehab/reh\\_cap.htm](http://detr.state.nv.us/rehab/reh_cap.htm)

**NEW HAMPSHIRE**

Disabilities Rights Center  
[www.drcnh.org](http://www.drcnh.org)

Governor's Commission on Disability  
[www.state.nh.us/disability/caphomepage.html](http://www.state.nh.us/disability/caphomepage.html)

**NEW JERSEY**

New Jersey Protection & Advocacy, Inc.  
[www.njpanda.org](http://www.njpanda.org)

**NEW MEXICO**

Protection & Advocacy, Inc.  
[www.nmpanda.org](http://www.nmpanda.org)

**NEW YORK**

NYS Commission on Quality of Care & Advocacy for Persons with Disabilities  
[www.cqcapd.state.ny.us](http://www.cqcapd.state.ny.us)

**NORTH CAROLINA**

Governor's Advocacy Council for Persons with Disabilities  
[www.Gacpd.com](http://www.Gacpd.com)

North Carolina Department of Health & Human Services  
<http://cap.state.nc.us>

**NORTH DAKOTA**

North Dakota Protection & Advocacy Project  
[www.ndpanda.org](http://www.ndpanda.org)

North Dakota Client Assistance Program  
<http://www.nd.gov/cap/>

**NORTHERN MARIANAS ISLANDS**

Northern Marianas Protection and Advocacy System, Inc.  
[www.NMPASI.com](http://www.NMPASI.com)

**OHIO**

Ohio Legal Rights Service  
[www.state.oh.us/olrs/](http://www.state.oh.us/olrs/)

**OKLAHOMA**

Oklahoma Disability Law Center, Inc.  
[www.oklahomadisabilitylaw.org](http://www.oklahomadisabilitylaw.org)

Oklahoma Office of Handicapped Concerns  
[www.ohc.state.ok.us/~ohc/cap.htm](http://www.ohc.state.ok.us/~ohc/cap.htm)

**OREGON**

Oregon Advocacy Center  
[www.oradvocacy.org](http://www.oradvocacy.org)

**PENNSYLVANIA**

Disability Rights Network of Pennsylvania  
[www.drnpa.org](http://www.drnpa.org)

Center for Disability Law & Policy  
[www.equalemployment.org](http://www.equalemployment.org)

**PUERTO RICO**

Office of the Governor Ombudsman for the Disabled  
[www.oppi.gobierno.pr](http://www.oppi.gobierno.pr)

**RHODE ISLAND**

Rhode Island Disability Law Center, Inc.  
[www.ridlc.org](http://www.ridlc.org)

### **SOUTH CAROLINA**

Protection & Advocacy for People with  
Disabilities, Inc.

[www.protectionandadvocacy-sc.org](http://www.protectionandadvocacy-sc.org)

Division of Ombudsman & Citizen  
Services

[www.govoepp.state.sc.us/cap/](http://www.govoepp.state.sc.us/cap/)

### **SOUTH DAKOTA**

South Dakota Advocacy Services

[www.sdadvocacy.com](http://www.sdadvocacy.com)

### **TENNESSEE**

Disability Law & Advocacy Center of  
Tennessee

[www.DLACTN.org](http://www.DLACTN.org)

### **TEXAS**

Advocacy, Inc.

[www.advocacyinc.org](http://www.advocacyinc.org)

### **UTAH**

Disability Law Center

[www.disabilitylawcenter.org](http://www.disabilitylawcenter.org)

### **VERMONT**

Vermont Protection & Advocacy, Inc.

[www.vtpa.org](http://www.vtpa.org)

Vermont Disability Law Project

[www.vtlegalaid.org](http://www.vtlegalaid.org)

### **VIRGIN ISLANDS**

Disability Rights Center of the Virgin  
Islands

<http://drcvi.org>

### **VIRGINIA**

Virginia Office for Protection & Advocacy

[www.vopa.state.va.us](http://www.vopa.state.va.us)

### **WASHINGTON**

Washington P&A System

[www.wpas-rights.org](http://www.wpas-rights.org)

Client Assistance Program

[www.washingtoncap.org](http://www.washingtoncap.org)

### **WEST VIRGINIA**

West Virginia Advocates, Inc.

[www.wvadvocates.org](http://www.wvadvocates.org)

### **WISCONSIN**

Disability Rights Wisconsin

[www.disabilityrightswi.org](http://www.disabilityrightswi.org)

Department of Agriculture Trade &  
Consumer Protection

### **WYOMING**

Wyoming Protection & Advocacy  
System, Inc.

<http://wypanda.vcn.com>





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