

**PROTECTION AND ADVOCACY FOR
INDIVIDUALS WITH MENTAL ILLNESS (PAIMI) PROGRAM
ANNUAL PROGRAM PERFORMANCE REPORT (PPR)**

State: Virginia
Fiscal Year: 2005

Annual Reports may be sent as follows:

The PAIMI PPR, including the Advisory Council Report (ACR) is due on January 1. When submitting by mail, please send **one (1)** signed original and **two (2)** copies of the document to the attention of:

Regular Mail

LouEllen M. Rice
Division of Grants Management – Room 7-1091
Substance Abuse & Mental Health Services Administration
1 Choke Cherry Road
Rockville, Maryland 20857

Certified Mail & Overnight Delivery

LouEllen M. Rice
Division of Grants Management – Room 7-1091
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1 Choke Cherry Road
Rockville, Maryland 20850*
*same as above except for the zip code

Electronic submissions of the Annual Program Performance Report (PPR), including the Advisory Council Section, may be submitted to the attention of Karen.Armstrong@samhsa.hhs.gov. If submitted electronically, please send a copy of the ACR with the PAIMI Advisory council Chair's original signature on the cover page to LouEllen Rice at one of the above addresses. It would also be helpful for the program to receive an electronic version, although this is not mandatory.

Please use the attached glossary and instructions to complete the form. All questions should be directed to Ms. Armstrong at the above address and telephone number.

Public reporting burden for this collection of information is estimated to average **28** hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0169); OAS, Room 7-1044; 1 Choke Cherry Rd.; Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0169).

PROTECTION AND ADVOCACY FOR INDIVIDUALS WITH MENTAL ILLNESS (PAIMI) PROGRAM ANNUAL PROGRAM PERFORMANCE REPORT (PPR)

Section 1. A. General Information

Fiscal Year:	2005
State:	Virginia
Name of P & A System:	Virginia Office for Protection and Advocacy
Mailing Address & Phone Number of Main Office:	1910 Byrd Avenue, Suite 5 Richmond, Virginia 23230 804-225-2042
Mailing Address & Phone Numbers for each Satellite Office:	287 Independence Boulevard, Suite 120 Virginia Beach, VA 23462 757-552-1148
Name of PAIMI Program, if different from the State P& A Agency:	Not applicable
PAIMI Coordinator Name: Area Code & Phone Number: Email Address:	Sherry Confer 804-225-2042 Sherry.Confer@VOPA.Virginia.gov

PPR Prepared by: Name: Title: Area Code & Phone Number: Email Address:	Sherry Confer Policy Director 804-225-2042 Sherry.Confer@VOPA.Virginia.gov
President of the Governing Board Name: Area Code & Phone Number: Email Address:	Maureen Hollowell 757-461-8007 Maureenhol@aol.com
Date Submitted:	

SECTION I. PAIMI PROGRAM GENERAL INFORMATION

B. Governing Board, Advisory Council and PAIMI Staff (on 9/30)

1. Does the P&A have a multi-member governing board? (If Yes, complete the governing board columns of the Table in B 3.) [See 42 CFR Part 51.22 - Governing Authority]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2. Is the Chair of the PAIMI Advisory Council a member of the Board? *The VOPA PAIMI Advisory Council Chair does not have voting privileges.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
3. In the following table, please provide the requested information for the PAIMI Advisory Council (AC) and the Governing Board members. Indicate One (1) Primary identification for each member as of 9/30.		
	Advisory Council	Governing Board
a. Total Number of Member Seats Available***	15-20	13
b. Total Members Serving on 9/30 of Fiscal Year	11	13
c. Total Number of Vacancies on 9/30	4-9	
Term of Appointment (Number of Years)	4	4
Maximum Number of Terms a Member may Serve	1	2
Frequency of Meetings	Quarterly	Quarterly
Total Number of Meetings Held in the Fiscal Year	4	5
% Average of Members Present at Meetings	60	85
Recipients/Former Recipients (R/FR) of Mental Health Services*	7	3
Family Members of R/FR of Mental Health Services*	2	2
Mental Health Professionals*	1	
Mental Health Service Providers		
Attorneys*	1	1
Individuals from the Public Knowledgeable about Mental Illness*		2
Guardians or Authorized Advocates**		
Advocates**		4
Other Persons who Broadly Represent or are Knowledgeable about the Needs of Mentally Ill Individuals		1
Total	11	13***

* Section 42 CFR 51.23(b), mandates a minimum of 6 PAIMI AC positions. **Notes mandated Governing Board Positions. **Count each member only once.** *** Total in B. a. should equal the subtotals of b. + c.

***VOPA Notes that Governing Board and Advisory Council members may fill multiple identification classifications.

C. PAIMI Program Staff

1. Provide the total number of P & A staff who are paid either partially or totally with PAIMI Program funds, including PAIMI Program income. Total: <u>29</u>	
a. How many of the staff listed above are attorneys? Total: <u>11</u>	b. How many of the staff listed above are non-attorney case workers/mental health advocates? Total: <u>8</u>

2. Ethnicity/Race	Staff	Advisory Council	Governing Board
American Indian/Alaska Native			
Asian			
Black/African American	5	1	1
Hispanic or Latino			
Native Hawaiian/Other Pacific Islander			
White	24	10	12
Vacancies on 9/30		4-9	0
Total	29	15-20	13

3. Gender (PAIMI Staff Only)			
Male	9	Female	20
Total 29			

SECTION II. PAIMI PROGRAM GOALS AND OBJECTIVES

Below, list PAIMI Program goals and the activities that were used to achieve annual objectives for this fiscal year. Goals are to be limited and shall be consistent with the current mission and priorities of the SAMHSA/CMHS. Information on these priorities were sent to the attention of the Executive Director of each State P&A system in the PAIMI Program application package for this reporting year. For each objective, please provide an example of an individual or systematic case and, if applicable, a legislative or regulatory activity. Remember case examples must illustrate the impact and/or outcome of PAIMI Program efforts. See the **Glossary** for definitions of goals and objectives.

Provide the following information and complete this form for **each** goal identified for the fiscal year. To facilitate review of this report, please present your responses to the goals and objectives in the same order used with the annual PAIMI Program application for this fiscal year.

Please select case examples that best reflect the activities related to each of your priorities (goals).

*** Describe the outcome(s) of these objectives. Each narrative shall reflect the activities used to achieve your objectives. Write these case examples as though you were telling a story. Include the following information in your case narrative(s), as appropriate: the presenting issue/complaint that needed resolution; who (the parties involved); what happened (the fact about the situation); where (the event occurred, such as, the type of facility, etc.); why the P&A Program became involved; how the P&A Program made a difference; and what resulted from this P&A activity (the outcome)?** For example, “as a result of the P&A intervention, this client lives independently in the community, goes to work every day...**Please spell out the full name of an entity, etc. before using its acronym in your narratives.**

The goals in this report should be fairly consistent with those reported in your PAIMI application for the same reporting year.

Each narrative must be brief, concise, and consistent with the goals and objectives listed in the PAIMI Program application for this reporting year. Please check all narratives for redundancies, typographical, grammatical, and syntax errors.

1. Goal **People with Disabilities are Free from Abuse and Neglect**

For each indicator of success, provide the following information:

a. Goal # 1 Objective # 1 **Inappropriate Medication in Mental Institutions**

b. Objective was Met

c. Base Measure used to determine whether priority was met

1. All Critical Incident Reports received will be read and entered in to a dedicated database.

2. Nine (9) outreach sessions will be conducted.

3. Preliminary inquiries of complaints alleging administration of medication without consent, use of medication as a restraint or other inappropriate uses of medication will be conducted:

4. Ten (10) investigations of complaints alleging medication being administered without informed consent will be conducted.

5. Participation in policy making activities addressing the elimination of abuse and neglect in state institutions.

6. Discussions with policy makers to eliminate weaknesses in the current critical incident reporting statute and reporting practices.

d. Target Population: PAIMI-eligible individuals who are residing in state mental health institutions that have experienced an incident rising to the level of a statutorily defined "critical incident", individuals who file complaints about specified medication practices and all other individuals residing in the state mental health institutions

e. Outcome : PAIMI eligible individuals with medication issues were represented and rights protected
Systemic reform in a state mental health institution that will foster a reduction in inappropriate medication practices

By statute, VOPA receives Critical Incident Reports (CIR) submitted by the mental health institutions. Every CIR is read by VOPA staff and pertinent information is entered into a database. All CIRs that involve injuries within current program priorities and other alarming or unusual reports are identified and further reviewed. In addition, the VOPA Executive Director conducts a weekly meeting to address the reports, their implications, and remedial action.

In conjunction with VOPA's review of CIR, VOPA routinely requests that the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) produce internal investigation reports and supporting materials

Previously Critical Incident Reports were sent from the state institutions to VOPA via e-mail. The Department of Mental Health, Mental Retardation, Substance Abuse Services felt this method of reporting might violate client confidentiality. So, over 2 years ago, the Department proposed that the institutions report through a Department database with VOPA and the OIG receiving the information through a web-based secured server. VOPA agreed as long as there would be no change in the timeliness, level, quality, or amount of information provided. For reasons internal to the Department, this proposal was substantially delayed. Work on the secured server resumed this year. In March 2005, the new reporting system was implemented. After some fine tuning, the delivery and receipt of the CIRs through this process has been accomplished. VOPA had fairly significant database conversions as a result of this secured server.

VOPA identified an apparent pattern of late submissions of some of the CIRs. This was brought to the attention of DMHMRSAS' representatives who responded quickly to address it. VOPA continues to monitor this.

Virginia Office for Protection and Advocacy (VOPA) staff presented at least one training session at each of the nine (9) state mental health institutions. Training included patient rights concerning medication, the right to be involved in treatment planning and the right to informed consent. Following presentations, several patients requested and were provided additional information and technical assistance. In addition, pursuant to a federal court settlement, VOPA provided quarterly rights training for patients in the

Department of Veterans Affairs Hospital in Richmond, Virginia.

VOPA worked on fourteen (14) preliminary inquiries related to alleged inappropriate medication practices. All involved allegations pertaining to persons with mental illness. Five (5) were favorably resolved without need for further investigation or action, four (4) were opened for full investigation or full case level services, three (3) resulted in no further action and one (1) remains pending.

VOPA worked on seventeen (17) investigations of alleged medication without informed consent, thirteen (13) of which addressed allegations pertaining to a person with mental illness. Twelve (12) of the PAIMI investigations related to individual complaints and one (1) involves systemic review of “informed consent” practices at a state mental health facility. In one case, VOPA’s investigation confirmed that a patient was given medication without informed consent based on the facility’s claim that the medication was appropriate under an “emergency exception.” VOPA filed and successfully resolved a Human Rights Complaint, resulting in the facility implementing revised policies on emergency exception practices and informed consent, followed by mandatory staff training. In another case, a facility proposed increased psychotropic medications which the patient and the patient’s legally authorized representative opposed. The facility threatened to obtain a court order allowing the medication. VOPA intervened, investigated and obtained the facility’s agreement not to increase the medication as proposed without informed consent, not to attempt to coerce medication in the future, to obtain a proper psychopharmacological evaluation, to switch the patient to a proper medication and to change the patient’s diet to address other medical issues. In a short period of time, the patient stabilized without the unwanted medication, regained capacity and has been going on passes in preparation for discharge without further incident.

VOPA had an active role in the Department of Mental Health, Mental Retardation and Substance Abuse Services Human Rights Regulations Review Process. VOPA was represented on the Advisory Committee as well as three of the sub-committees (Administrative Processes, Seclusion and Restraint, and Decision Making). VOPA staff visibly advocated to strengthen the regulations on behalf of individuals with disabilities. The subcommittees' recommendations were considered by the Advisory Committee and were either forwarded to the DMHMRSAS for consideration, forwarded with modification for consideration or rejected. DMHMRSAS submitted the regulations to their Board in October for approval. Once approved by their Board, the Administrative Process Act requirements started. Although committee/sub-committee representation was been handled by four VOPA staff, much consultation/collaboration occurred throughout the Office and with other entities outside of the meetings.

1. Goal **People with Disabilities are Free from Abuse and Neglect**

For each indicator of success, provide the following information:

- a. Goal # 1 Objective # 2 **Staff on Resident Assaults in State Mental Health Institutions**
- b. Objective was Partially Met/Continuing
- c. Base Measure used to determine whether priority was met
 - 1. All Critical Incident Reports received will be read and entered into a dedicated database.
 - 2. Regularly prepared summaries are shared with appropriate advocacy staff.
 - 3. Preliminary inquiries of Critical Incident Reports that involve alleged staff on resident assaults resulting in serious bodily injury or loss of consciousness requiring medical treatment will be conducted.
 - 4. Five (5) full investigations of Critical Incident Reports identified above where there is probable cause to believe that abuse or neglect occurred, and remediate identified violations will be conducted.
 - 5. Systemic issues that cause or contribute to abuse or neglect are identified and identified violations are remediated.
 - 6. Participation in policy making activities addressing the elimination of abuse and neglect in state institutions.
 - 7. Discussions with policy makers to eliminate weaknesses in the current critical incident reporting statute and reporting practices.
- d. Target Population: PAIMI—eligible individuals residing in state mental institutions.
- e. Outcome: Some investigations are on-going. Systemic issues that caused or contributed to abuse or neglect were identified and violations were remediated.

As previously noted, a web-based secured server was implemented for the capturing and conveying of the CIR data. This required a lot of VOPA staff and our data base contractor's time to implement in order to ensure we continued to receive the reports in a timely manner and with no less information. In addition, the staff person who assisted with data management for the CIR left our organization and the position has not yet been filled. Recognizing that this will be an on-going need for advocacy staff to have timely summaries of the CIRs, VOPA has developed alternative strategies to begin to address this.

As previously noted, all CIRs were read and entered into the dedicated database.

VOPA worked on seven (7) seven investigations of alleged staff on resident assault. Four (4) involved allegations related to persons with mental illness. Of these, one involved verbal abuse by staff and has been completed, one involves injuries incident to restraint and is ongoing; and one involves head and neck injuries due to alleged staff on resident assault and is ongoing.

In summary, VOPA received and compiled initial and follow-up reports of critical incidents submitted to VOPA by state mental health institutions. We analyzed these reports for trends in type of injury, location, time of day, staffing and other factors. We reviewed the adequacy of remedial action taken by the facility. In appropriate cases, we obtained and reviewed reports of internal abuse/neglect investigations conducted by the facility. We also obtained and reviewed long-term care facility survey reports for those state facilities that operate skilled nursing facility/nursing facility beds.

Please see previous section regarding VOPA's work with the DMHMRSAS Human Rights Regulations Review.

1. Goal **People with Disabilities are Free from Abuse and Neglect**

For each indicator of success, provide the following information:

- a. Goal # 1 Objective # 3 **Abuse and Neglect in Community Settings**
- b. Objective was Met
- c. Base Measure used to determine whether priority was met
 1. All Adult Protective Services' reports received will be read and entered in to a dedicated database.
 2. On-site visits will be conducted to local social services departments to encourage reporting adherence.
 3. Seven (7) allegations of abuse or neglect in licensed community residential settings will be investigated.
 4. Ten (10) assisted living facilities will be monitored.
 5. Systemic issues that cause or contribute to abuse or neglect in community settings are identified and identified violations are remediated.
 6. Participation in policy making activities addressing the elimination of abuse and neglect in community settings by responding to all relevant legislative proposals, proposed administrative regulations and organizational policies.
 7. Discussions with policy makers to improve the requirements for community providers to report abuse or neglect.
 8. Participation on the Guardianship Advisory Board of the Department of the Aging to promote alternatives to guardianship, consumer self-direction, and improved protections for persons with disabilities in substitute decision-making proceedings.
 9. Participation in policy making activities addressing the need for consumer self-direction and protections for persons with disabilities in substitute decision-making proceedings in response to all relevant legislative proposals, proposed administrative regulations and organizational policies.
- d. Target Population: PAIMI—eligible individuals living in the community that have been or are at-risk of abuse and neglect.
- e. Outcome: Systemic issues that caused or contributed to abuse or neglect were identified and violations were remediated.

All Adult Protective Services' reports received were read and entered into a dedicated database

VOPA has successfully obtained increased APS reporting of alleged abuse or neglect of persons with disabilities by direct correspondence to 121 local APS offices, several on-site visits, meetings with senior APS personnel and completion of a draft protocol designed to facilitate increased reporting. Upon final approval of the protocol and agreement concerning electronic transfer of reports, VOPA anticipates receipt of approximately 3,000 reports per year, all of which will be reviewed and analyzed by computer programs currently in use for sophisticated analysis of CIR data.

VOPA worked on twenty-five (25) investigations and cases involving abuse or neglect of persons in community facilities. Five (5) of these cases involved allegations and issues pertaining to persons with mental illness. In one case, VOPA successfully completed litigation against an assisted living facility that served persons with disabilities including persons with mental illness. VOPA's evidence included medical neglect of a patient who died, physical abuse, drug theft and hundreds of false, misleading or improper entries in residents' medication administration records. In the course of the litigation, the Court entered landmark rulings confirming the right to be free from abuse or neglect under State law, a right of action to enforce the right, and VOPA's authority and standing to file suit in its own name, on its own behalf and on behalf of victims. The Court entered final judgment enjoining ongoing abuse and neglect and directed compliance with a comprehensive settlement agreement that establishes clear standards of care; requires outside medical oversight; requires specific medication management, administration and inventory practices; guarantees VOPA's unfettered right of access and authority to monitor compliance; and establishes the Court's authority to punish violations as appropriate. VOPA conducts weekly, on-site

monitoring to assure compliance with the Court's order.

VOPA monitored nine (9) assisted living facilities, including weekly monitoring of one facility pursuant to court order.

VOPA actively participates on the Public Guardianship Advisory Board of the Virginia Department of the Aging. VOPA is a member of the Program and Planning Subcommittee which is focused on drafting administrative regulations, policies and procedures for the public guardianship providers.

Please see previous section regarding VOPA's work with the DMHMRSAS Human Rights Regulations Review.

During the 2005 Virginia General Assembly Session, VOPA actively monitored the drafting of legislation revising oversight of assisted living facilities, and participated in final negotiations of the bill that was ultimately passed. We ensured that the Virginia Department of Social Services was aware of our desire to actively participate in the revision of the administrative regulations that will flow from that legislation. VDSS did include VOPA in the workgroup assembled to advise them on the development of the regulations. VOPA actively advocated for Assisted Living Facility residents to be involved in every aspect of their care planning. We and other advocates also encouraged VDSS not to weaken the incident reporting requirements.

Out of that same legislation came a requirement for the Virginia Board of Nursing to develop administrative regulations for the registration/certification and training of medication aides in assisted living facilities. VOPA attends and actively participates in the Task Force meetings convened by the Board of Nursing. Thus far, VOPA has advocated for the resident to be included in every aspect of their care planning including every aspect of medication administration when possible based on the individual's capacity. VOPA also advocated for accountability and clear expectations regarding documentation. We provided written recommendations to the Task Force and Board of Nursing re-iterating these concerns. We also encouraged them to try to find a balance between the requirements of a "medical model" with the need to maintain a non-institutional setting.

VOPA received and compiled initial and follow-up reports of critical incidents submitted to VOPA by state mental health institutions. We analyzed these reports for trends in type of injury, location, time of day, staffing and other factors. We reviewed the adequacy of remedial action taken by the facility. In appropriate cases, we obtained and reviewed reports of internal abuse/neglect investigations conducted by the facility. We also obtained and reviewed long-term care facility survey reports for those state facilities that operate skilled nursing facility/nursing facility beds.

With this effort, VOPA identified psychiatric residential treatment facilities (PRTF) as another entity providing services that should be providing VOPA with reports of "serious occurrences." VOPA has provided outreach and on-site visits to all 21 of these facilities in the State providing them with the pertinent Centers for Medicare and Medicaid Services' regulations and interpretive guidelines, reviewing seclusion and restraint policies, touring facilities, and providing information about VOPA. Those facilities account for 1426 beds for children and adolescents. We have also contacted the Department of Medical Assistance Services (DMAS) and the Center for Quality Health Care (DMAS' survey contractor for these facilities) regarding the lack of compliance with the PRTF Condition of Participation (i.e., lack of current validation letters, noncompliance with the serious occurrence reporting requirement, failure to include VOPA contact information in facility seclusion and restraint policies, and failure to conduct validation surveys).

1. Goal **People with Disabilities are Free from Abuse and Neglect**

For each indicator of success, provide the following information:

- a. Goal # 1 Objective # 4 **Inappropriate Seclusion or Restraint use in Juvenile Facilities and Schools**
- b. Objective was Partially Met/Continuing
- c. Base Measure used to determine whether priority was met
 - 1. All incident reports received from psychiatric residential treatment facilities will be read and entered into a dedicated database.
 - 2. Fact sheet on resident rights developed and distributed.
 - 3. Five (5) juvenile facilities will be monitored to evaluate staff training and seclusion and restraint policies.
 - 4. Two (2) schools will be identified and practices changed in the areas of in-school suspensions, “time-outs” and other restraints where appropriate Positive Behavioral Supports and Interventions are not provided.
- d. Target Population: PAIMI-eligible individuals in juvenile facilities and schools.
- e. Outcome: Inappropriate restraint in a school was identified and remediated; systemic reform.

All incident reports received from psychiatric residential treatment facilities were read and entered into a dedicated database. See above for more detail of VOPA’s work in this area.

A draft fact sheet regarding juvenile disability related rights has been developed. This work will be continued in the new fiscal year.

VOPA monitored eleven juvenile facilities.

Investigation of inappropriate restraint in a school was completed and resulted in significant, agreed corrective action. In this case, VOPA’s investigation confirmed inappropriate restraint practices, sometimes resulting in physical injury; failure to comply with restraint procedures as established by applicable regulations; failure to document restraint procedures as required by applicable regulations; and failure to properly and adequately identify student behavioral needs as required by applicable special education laws and regulations. VOPA filed a formal administrative complaint which has been successfully resolved by an agreed corrective action plan. VOPA conducts regular, on-site monitoring to assure compliance with the agreement.

VOPA has reviewed the practices of eight schools and is now investigating the way the Department of Education (DOE) regulates the use of seclusion and restraint. The Department of Education is required to publish guidelines for schools to use when developing their own policies. To date, DOE has not done so. As a result, several schools that practice seclusion and restraint have no policy setting forth when those methods should be used or require any training for teachers or other personnel who use them. VOPA has identified seven schools in the Commonwealth that admit to restraining over 20 children in the past year but without a policy on when restraint should be used and without training to teachers on how to do it. By contract, DOE requires private schools to adhere to the Human Rights Regulations of the Department of Mental Health, Mental Retardation and Substance Abuse Services, which set very stringent standards on when seclusion and restraint may be used. VOPA is formulating an advocacy strategy that will, hopefully, result in a collaborative relationship with DOE on this point but will require DOE to more thoroughly regulate public schools in this area. In addition, four schools received appropriate training on the use of seclusion and restraint.

1. Goal **People with Disabilities are Free from Abuse and Neglect**

For each indicator of success, provide the following information:

- a. Goal # 1 Objective # 5 **Deaths Where There is Probable Cause to Believe Abuse or Neglect Occurred**
- b. Objective was Met
- c. Base Measure used to determine whether priority was met
 - 1. All Critical Incident Reports received will be read and entered into a dedicated database.
 - 2. Preliminary inquiries will be conducted where a reported death is suspect of abuse or neglect in a state mental institution.
 - 3. Two (2) investigations where there is probable cause to believe that abuse or neglect occurred will be conducted at state mental health institutions.
 - 4. Preliminary inquiries will be conducted where a reported death is suspect of abuse or neglect in the community.
 - 5. One (1) investigation where there is probable cause to believe that abuse or neglect occurred will be conducted in the community.
- d. Target Population: PAIMI—eligible individuals involved in the state mental health institutions and in the community
- e. Outcome: Systemic reform occurred where there was probable cause to believe abuse or neglect occurred.

As previously noted, all CIRs were read and entered into the dedicated database.

VOPA conducted five preliminary inquiries, four (4) of which involved death of persons with mental illness. Of those involving persons with mental illness, three were elevated to full investigation. In one (1) case, an assisted living facility resident's death was included in litigation that was favorably concluded. This was noted previously.

2. Goal **Children with Disabilities Receive an Appropriate Education**

For each indicator of success, provide the following information:

- a. Goal # 2 Objective # 1 **Transition Services**
- b. Objective was Met
- c. Base Measure used to determine whether priority was met
 - 1. Five (5) juvenile facilities will be monitored to evaluate staff training and transition planning.
 - 2. Five (5) residents of private residential treatment facilities (PRTF) will be represented in order to secure transition planning on their Individualized Education Program (IEP).
 - 3. Five (5) children, including students at the Virginia Schools for the Deaf and Blind, who have been denied transition planning that promotes movement from school to post-school activities will be represented. *(This was inadvertently included as a PAIMI objective with the FY05 application. VOPA did not work in this area using PAIMI funding.)*
 - 4. Litigation or other advocacy will be initiated with local school districts who are not implementing transition plans developed in facilities operated by the Department of Juvenile Justice.
 - 5. Litigation or other advocacy to ensure that the Department of Rehabilitative Services meets its obligation to provide appropriate transition planning that promotes movement from school to post-school activities.
 - 6. Litigation or other strategies will be initiated with other state agencies, including the Department for the Blind and Vision Impaired, and the Department of Education, if they are not meeting their

obligation to ensure that appropriate transition planning that promotes movement from school to post-school activities is done.

d. Target Population PAIMI—eligible individuals who would benefit from transition services to assist with the movement to post-secondary school life activities.

e. Outcome: Systemic reform that increases PAIMI-eligible individuals receiving more appropriate transition planning and services.

VOPA monitored seven (7) juvenile facilities to evaluate staff training and transition planning and conducted site visits at twenty-one (21) Psychiatric Residential Treatment Facilities. VOPA is assisting five (5) children with transition planning issues.

VOPA discovered that the Department of Education and the Department of Juvenile Justice, which are required by statute to develop a plan to ensure that appropriate transition services take place, have not met their obligations. A task force has been formed to complete the plan. VOPA is monitoring the work of the task force and will provide comment and advocacy to ensure that the plan protects the rights of children with disabilities.

VOPA determined that the Department of Rehabilitation Services (DRS) did not provide adequate transition services for some children with disabilities who were eligible for those services. VOPA served DRS with a Notice of Potential Litigation on this issue. A settlement agreement was reached that will ensure that transition age children who are eligible for services will receive access to DRS transition services. Previously, DRS had refused to provide transition services to some children prior to their final year of high school, based on their age or year in school VOPA argued that this violated federal law. Since the settlement agreement, VOPA received a complaint alleging DRS refused to provide transition planning for a child before his last semester of high school. VOPA complained to DRS which immediately resolved the issue.

Similarly, whenever VOPA is faced with a transition case that involves another State agency, VOPA investigates whether that agency is fulfilling its responsibilities to provide appropriate transition services.

2. Goal **Children with Disabilities Receive an Appropriate Education**

For each indicator of success, provide the following information:

a. Goal # 2 Objective # 2 **Assistive Technology and Supports in Schools**

b. Objective was ___Met ___Partially Met/Continuing ___Not Met

c. Base Measure used to determine whether priority was met

Ten (10) children with disabilities placed in or at risk of placement in interim alternative educational placement due to the lack of appropriate positive behavioral interventions or assessments, due to lack of related services, or due to denial of eligibility will be represented. *(This was inadvertently included as a PAIMI objective with the FY05 application. VOPA did not work in this area using PAIMI funding.)*

d. Target Population: PAIMI--eligible children placed in or at risk of placement in interim alternative educational placement due to the lack of appropriate positive behavioral interventions or assessments, due to lack of related services, or due to denial of eligibility.

e. Outcome *Not applicable*

(This was inadvertently included as a PAIMI objective with the FY05 application. VOPA did not work in this area using PAIMI funding.)

2. Goal **Children with Disabilities Receive an Appropriate Education**

For each indicator of success, provide the following information:

- a. Goal # 2 Objective # 3 **Technical Assistance to Private Bar, Legal Services Agencies, and Parent Advocacy Groups Regarding Changes in the Individuals with Disabilities Education Act (IDEA)**
- b. Objective was Partially Met/Continuing
- c. Base Measure used to determine whether priority was met
 1. A publication identifying the changes in the Individuals with Disabilities Education Act within 60 days of Congress amending IDEA is developed.
 2. Three (3) presentations concerning changes in IDEA within 60 days of the development of publication above are conducted.
 3. The interests of persons with disabilities are represented to the Statewide Special Education Advisory Committee to obtain maximum protection for children with disabilities after any changes to IDEA.
 4. The interests and early intervention needs of children with disabilities are represented to the Virginia Interagency Coordinating Council (IDEA—Part C) and the Council is informed of the implications for children of changes in IDEA.
- d. Target Population: PAIMI—eligible individuals seeking a free appropriate public education.
- e. Outcome: Technical Assistance to Private Bar, Legal Services Agencies, and Parent Advocacy Groups Regarding Changes in the Individuals with Disabilities Education Act (IDEA) was provided.

A draft publication was developed identifying the changes in IDEA; however, VOPA did not publish it as there were many other user-friendly resource documents being circulated. However, VOPA has been able to provide at least three (3) presentations about the changes in conjunction with other VOPA information.

VOPA attends the quarterly meetings of the Statewide Special Education Advisory Committee (SSEAC). Although we are not a formal member of this committee, through our monitoring we learned of the Department of Education's intent to distribute Seclusion and Restraint Guidelines for local school divisions. VOPA provided the SSEAC with written comments on these guidelines, and they in turn encouraged the DOE to revise the guidelines. In addition the SSEAC voted to require that all schools develop seclusion and restraint policies.

VOPA continues to participate in the Virginia Interagency Coordinating Council (VICC). Our participation reflects ensuring confidentiality protections and maximizing family involvement in the efforts of the local entities. The VICC is aware of the requirements of IDEA-Part C.

3. Goal **People with Disabilities Have Equal Access to Government Services**

For each indicator of success, provide the following information:

- a. Goal # 3 Objective # 1 **Law Enforcement Agencies Recognize the Rights of Persons with Disabilities**
- b. Objective was Partially Met/Continuing
- c. Base Measure used to determine whether priority was met
 - 1. Action will be taken to remediate identified courthouses in Virginia that are inaccessible to persons with disabilities.
 - 2. A notice for law enforcement agencies concerning responding to persons with mental illness who are in crisis and other information concerning the rights and protections of persons with disabilities will be developed and distributed by November 30, 2004.
 - 3. Three (3) law enforcement associations and training entities will be informed of appropriate responses to persons with mental illness who are in crisis and other issues concerning the rights of persons with disabilities.
- d. Target Population: PAIMI—eligible individuals who have reason to be involved with law enforcement entities.
- e. Outcome: PAIMI-eligible individuals who come into contact with these law enforcement entities will be involved with public servants who have been provided with education about the rights of persons with disabilities.

Individuals' access to courthouses was addressed in FY05; however, none of these individuals were served using PAIMI funding. A more comprehensive project is being planned for FY06 to assess courthouse accessibility.

VOPA presented at the National Criminal Justice Command College of the University of Virginia concerning law enforcement interaction with persons with mental illness.

Representatives of more than three (3) law enforcement agencies attended the training. VOPA's training materials have been presented to additional law enforcement agencies and to two (2) other protection and advocacy agencies.

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

For each indicator of success, provide the following information:

- a. Goal # 4 Objective # 1 **Appropriate Services and Supports to Enable People to Move into the Community**
- b. Objective was Met
- c. Base Measure used to determine whether priority was met
 1. Five (5) unlicensed care facilities for the aged that house persons with disabilities will receive VOPA information.
 2. It will be determined whether children with disabilities who are eligible for Virginia's Early and Periodic Screening Diagnostic and Prevention (EPSDT) program are improperly placed in nursing homes or Intermediate Care Facilities for the Mentally Retarded (ICF/MRs) due to a failure by the Virginia Department of Medical Assistance Services (DMAS) to comply with state and federal Medicaid laws and regulations. If so, litigation or other advocacy will be initiated to change this practice. *(This was inadvertently included as a PAIMI objective with the FY05 application. VOPA did not work in this area using PAIMI funding.)*
 3. It will be determined whether persons with disabilities who are eligible for Medicaid Waiver services do not receive them with reasonable promptness due to DMAS' failure to comply with state and federal Medicaid laws and regulations. If so, litigation or other advocacy will be initiated to change this practice. *(This was inadvertently included as a PAIMI objective with the FY05 application. VOPA did not work in this area using PAIMI funding.)*
 4. It will be determined whether DMAS fails to notify children eligible for Virginia's EPSDT program of the existence of the program, in violation of state and federal Medicaid laws and regulations. If so, litigation or other advocacy will be initiated to change this practice. *(This was inadvertently included as a PAIMI objective with the FY05 application. VOPA did not work in this area using PAIMI funding.)*
 5. Participate in policy making activities related to the Olmstead decision's ADA Integration mandate in response to all relevant legislative proposals, proposed administrative regulations, and organizational policies.
 6. DMAS' waiver task forces will be informed of the need to include consumer-directed services in all of Virginia's waivers. *(This was inadvertently included as a PAIMI objective with the FY05 application. VOPA did not work in this area using PAIMI funding.)*
- d. Target Population: PAIMI—eligible individuals who need services and supports to move into the community.
- e. Outcome: systemic reform
PAIMI-eligible individuals have increased community integration opportunities

Five (5) unlicensed care facilities for the aged that housed persons with disabilities received VOPA information. The VOPA cover letter encouraged the operator to share this information with its residents and to contact us for more information if need be.

VOPA has been functioning as a policy resource for the Olmstead Task Force. VOPA has provided training for both the Oversight Committee and the Implementation Team. VOPA is actively involved in assisting with the development of discharge planning protocols and other areas of emphasis related to community integration.

VOPA is also working with the Department of Mental Health, Mental Retardation and Substance Abuse Services to improve their discharge planning process. DMHMRSAS has agreed to include vocational rehabilitation and training as a part of each discharge plan to ensure that people who are discharged from institutions have the opportunity to gain and keep substantial employment.

Also, VOPA has represented two people who were found Not Guilty by Reason of Insanity and committed to institutions. In each case, VOPA litigated on behalf of the person to gain their release from the institution and to have an appropriate release plan providing appropriate community based services.

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

For each indicator of success, provide the following information:

- a. Goal # 4 Objective # 2 **Appropriate and Timely Discharge Plans at Mental Health Facilities**
- b. Objective was Met
- c. Base Measure used to determine whether priority was met
 1. Seven (7) resident outreach sessions at state mental health institutions regarding discharge planning rights will be conducted.
 2. Ten (10) residents of state mental health institutions will be identified in order to obtain appropriate discharge plans.
 3. Ten (10) residents of state mental health institutions who are ready for discharge and who wish to live in a more integrated setting will be represented.
 4. Preliminary conclusions in the investigation of DMHMRSAS' failure to discharge eligible individuals from mental health facilities will be developed by October 1, 2004, a remedial plan will be developed by January 1, 2005. Any necessary action to obtain or enforce remedial plan will be taken.
- d. Target Population: PAIMI—eligible individuals who should be involved in the development of appropriate and timely discharge planning from mental health facilities.
- e. Outcome: PAIMI-eligible individuals are more actively and appropriately involved in the development of appropriate discharge plans from mental health institutions; and the plans are implemented appropriately and in a timely manner.

Rights clinics were conducted at each state mental health institution. These rights clinics included information about disability rights related to discharge planning.

As a result of litigation resolved in the previous year, DMHMRSAS is enjoined to provide VOPA with the names and contact information of people with mental illness who are ready for discharge from its institutions and the names and contact information of their guardians, if any. VOPA receives that information and conducts follow-up as resources allow.

Nine residents of state mental health institutions were identified in order to obtain appropriate discharge plans. Eleven residents who were designated as ready-for-discharge and wished to live in a more integrated setting were formally represented. In addition, over 50 additional patients designated as ready for discharge were assisted in the discharge process by VOPA. In those cases, people were discharged shortly after VOPA inquired as to their status. While VOPA cannot definitively state that its representation led to those discharges, it appears that DMHMRSAS chose to discharge those persons rather than face possible action by VOPA.

VOPA's work came about as a result of its litigation against the Department of Mental Health, Mental Retardation and Substance Abuse Services. VOPA sued DMHMRSAS to gain access to the names and contact information of people with mental illness deemed "ready for discharge" from DMHMRSAS' institutions. As a result of VOPA's litigation, DMHMRSAS was enjoined to provide this information to VOPA on a monthly basis. VOPA used this information to contact those persons and offer assistance in creating and implementing discharge plans. VOPA's work in this area was so successful that people were often discharged very shortly after VOPA made their wishes known. As a result, VOPA could not take full case credit for the discharges but can say, with confidence that it played a prime role in the discharges.

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

For each indicator of success, provide the following information:

- a. Goal # 4 Objective # 3 **Appropriate Staff at State Institutions**
- b. Objective was Met
- c. Base Measure used to determine whether priority was met
 1. All Critical Incident Reports received will be read and entered into a dedicated database.
 2. Quarterly trend analyses will be conducted to determine whether a higher number of reported injuries, particularly resident on resident assaults, are related to staffing levels.
 3. In each investigation of abuse and neglect, VOPA will establish whether staffing may have contributed to the abuse or neglect and take appropriate action.
- d. Target Population: PAIMI—eligible individuals residing in state mental health institutions.
- e. Outcome: Staffing levels at state mental health institutions was examined during investigations.

All Critical Incident Reports received were read and entered into a dedicated database.

All of VOPA's institutional investigations address the adequacy of staffing. In addition, at regular times the weekly CIR meeting has examined staff to resident ratios, staff overtime and incident patterns to determine if staffing is impacting the health, safety and treatment of patients. Based on this analysis, VOPA is conducting an investigation of a state facility, however, the investigation is not being done with PAIMI funds.

5. Goal **People with Disabilities in the Commonwealth of Virginia are Aware of VOPA's Services**

For each indicator of success, provide the following information:

- a. Goal # 5 Objective # 1 **Underserved Communities**
- b. Objective was Partially Met/Continuing
- c. Base Measure used to determine whether priority was met
 1. By December 1, 2004, one geographic region of the state will be identified that has been traditionally underserved by VOPA.
 2. By March 1, 2005, with the assistance of the VOPA Advisory Councils, an outreach program for the underserved region will be developed.
 3. The outreach program will be implemented by August 1, 2005.
 4. In addition to fact sheets identified in above and other grant objectives, five (5) additional fact sheets will be developed for use with service requests that do not become fully opened cases.
 5. The newsletter mailing list will be evaluated to be certain that underserved populations are represented.
 6. The newsletter will be distributed quarterly.
 7. Quarterly trainings for McGuire Veterans Administration Medical Center residents will be conducted.
- d. Target Population: PAIMI—eligible individuals in Virginia that have been traditionally underserved by VOPA.
- e. Outcome : policy change at a federal agency
increased awareness of VOPA services

VOPA identified the Eastern Shore, Northern Neck and the far Southwest Virginia as areas of Virginia where more outreach needs to occur to increase awareness of VOPA and the services it may provide. Prioritizing the Eastern Shore area, VOPA developed an outreach plan and has initiated it. The plan includes contacting disability related service providers in the Eastern Shore area to share information about VOPA.

VOPA has identified the topic areas for the five additional fact sheets. They include five core areas in special education (eligibility, individualized educational plans, transition services and planning, behavioral safeguards and procedural safeguards) and interpreter resources in Virginia. Drafting, printing and distribution of the fact sheets will be continued into the new fiscal year.

The VOPA newsletter mailing list was reviewed and updated to better reflect inclusion of underserved populations. It has been updated to include more consumer and family representation. In addition, other advocacy entities have been added. The newsletter mailing list is not a static work product; VOPA considers it to be an on-going project that will consistently be reviewed and updated to best reflect the disability communities in Virginia. The newsletter has been distributed as planned.

VOPA conducted quarterly trainings for the residents at the McGuire Veterans Administration Medical Center. In addition, annual staff training was provided that included information about patients rights related to self-determination, choice and informed consent. The Medical Center's staff comfort level with VOPA staff's presence has increased somewhat, but due to the conditions of the FY03 settlement agreement, VOPA can only provide the residents with quarterly trainings.

This historical settlement in FY03 with the Department of Veterans Affairs spurred the protection and advocacy systems' national association to advocate with the Department of Veterans Affairs to use the settlement agreement terms to forge a nationwide policy for all veterans' hospitals. In September, 2005, the Department of Veterans Affairs disseminated a revised policy about patient advocacy that included allowances for external advocates; this national policy is a result of VOPA's FY03 settlement agreement. The major points of the settlement agreement/policy include: allowing quarterly training for patients,

annual training for staff, including protection and advocacy information in their admission packets, and the posting of the protection and advocacy system's contact information in patient areas.

For Virginia, this opens the door to other Department of Veterans Affairs facilities for the P&A. This is particularly significant as these other facilities provide longer term care and rehabilitation services for disabled veterans; where the care at McGuire is more of an acute nature.

5. Goal People with Disabilities in the Commonwealth of Virginia are Aware of VOPA's Services

For each indicator of success, provide the following information:

- a. Goal # 5 Objective # 2 **Juvenile Facilities**
- b. Objective was Partially Met/Continuing
- c. Base Measure used to determine whether priority was met
 - 1. Juvenile Probation Officers in seven (7) judicial districts will receive VOPA information.
- d. Target Population: PAIMI—eligible individuals involved with Juvenile Probation services.
- e. Outcome : Not applicable at this time.

A fact sheet about the rights of juveniles has been drafted. The fact sheet will be finalized, printed and distributed in the new fiscal year.

5. Goal People with Disabilities in the Commonwealth of Virginia are Aware of VOPA's Services

For each indicator of success, provide the following information:

- a. Goal # 5 Objective # 3 **Spanish Speaking Constituents**
- b. Objective was Met
- c. Base Measure used to determine whether priority was met
 - 1. Two (2) presentations or outreach sessions between January 2005 and June 2005 for Spanish-speaking communities will be conducted.
 - 2. An outreach plan to targeted Spanish-speaking constituencies will be developed with the assistance of VOPA's Spanish Speaking Community Advisory Committee.
 - 3. Coordination of VOPA outreach activities with the Governor's Latino Advisory Commission Liaison will occur through regular bimonthly meetings.
- d. Target Population: PAIMI—eligible individuals in Virginia who speak Spanish that have been traditionally underserved by VOPA.
- e. Outcome: underserved population received information about VOPA and its services

With the assistance of VOPA's Spanish-Speaking Outreach Committee, VOPA has been able to get a sense of the diverse needs of this community. The committee is comprised of VOPA staff, representatives of the Disability Advisory Council and PAIMI Council, and community and political leaders representing the Spanish-speaking community in the Commonwealth. We have identified that there is a need to educate this community about disability rights in special education, state and community facilities, accessibility to medical services (lack of interpreters), and opportunities for self-advocacy. The committee is working with the Richmond, Henrico, and Chesterfield, Virginia, Coalitions and the Richmond Hispanic Liaison Office to eliminate cultural and linguistic barriers so that general education can take place about VOPA and determine where VOPA should target its advocacy efforts.

VOPA has begun the general education process by meeting with the Limited English Speaking Program in Richmond to discuss VOPA's mission and services. VOPA has also met with the Governor's Latino Advisory Commission Liaison to discuss the findings of the Latino Advisory Commission's report on the needs of the Latino community in Virginia. VOPA made a radio appearance for WRIR (97.3 FM), a newly created independent radio station in Richmond which provides many public interest shows targeted at the Spanish-speaking community in Richmond.

The Spanish Speaking Outreach Committee and VOPA have developed relationships with the Governor's Office, the VA Hispanic Liaison Office, the Richmond, Henrico, and Chesterfield Coalitions to provide information about disability rights in education, abuse and neglect, and discrimination. VOPA is translating brochures into Spanish so that our Spanish-speaking consumers will be able to access this information and share it within their communities. We have participated in community days, outreach events, and meetings in each Metro Richmond area to introduce VOPA to service providers and advocates. This year, the Committee decided to focus on identifying interpreters for parents in the City of Richmond and the counties of Chesterfield, Henrico, and Hanover so that effective communication could be facilitated between parents and educators. VOPA explored the number of Spanish-speaking residents and patients at state-operated Mental health institutions who may not be receiving appropriate care due to language barriers. VOPA is compiling data to share with the Committee.

VOPA conducted a "Continuing Legal Education Day" for VOPA attorneys that all staff were encouraged to attend. Many staff at all levels of the agency participated in a session entitled "Public Benefits and Immigration Status" presented by a representative of the Virginia Poverty Law Program. As VOPA presses forward with outreach to this population, we are being mindful of the sensitivities of the population's legal status and aware of the need to learn more about their cultures.

5. Goal **People with Disabilities in the Commonwealth of Virginia re Aware of VOPA's Services**

For each indicator of success, provide the following information:

- a. Goal # 5 Objective # 4 **Adult Care Homes/Assisted Living Facilities**
- b. Objective was Partially Met/Continuing
- c. Base Measure used to determine whether priority was met
 - 1. Participate in policy making activities to address the need to eliminate abuse and neglect, improved oversight in response to all relevant legislative proposals, proposed administrative regulations, and organizational policies.
 - 2. One (1) fact sheet about disability-related rights for these residents will be developed and distributed.
- d. Target Population: PAIMI—eligible individuals residing in adult care homes.
- e. Outcome: underserved population received information about VOPA and its services
legislation and policy influence

During the 2005 Virginia General Assembly Session, VOPA actively monitored the drafting of legislation revising oversight of assisted living facilities, and participated in final negotiations of the bill that was ultimately passed. We ensured that the Virginia Department of Social Services was aware of our desire to actively participate in the revision of the administrative regulations that will flow from that legislation. VDSS did include VOPA in the workgroup assembled to advise them on the development of the regulations. VOPA actively advocated for Assisted Living Facility residents to be involved in every aspect of their care planning. We and other advocates also encouraged VDSS not to weaken the incident reporting requirements.

Out of that same legislation came a requirement for the Virginia Board of Nursing to develop administrative regulations for the registration/certification and training of medication aides in assisted living facilities. VOPA attends and actively participates in the Task Force meetings convened by the Board of Nursing. Thus far, VOPA has advocated for the resident to be included in every aspect of their care planning including every aspect of medication administration when possible based on the individual's capacity. VOPA also advocated for accountability and clear expectations regarding documentation. We provided written recommendations to the Task Force and Board of Nursing re-iterating these concerns. We also encouraged them to try to find a balance between the requirements of a "medical model" with the need to maintain a non-institutional setting.

Development and distribution of one (1) fact sheet about disability-related rights for these residents will be carried over into the new fiscal year.

SECTION III. INDIVIDUAL PAIMI CLIENTS

<p>Provide the number of individual PAIMI clients for the categories that follow. Count a client only once during each fiscal year reporting period (even if the client returned for services many times or if many intervention strategies were provided-they are only counted once). Include individuals carried over from the previous year. Do not include individuals represented as part of a group or a legal class action, and individuals who receive only information or referral services.</p>													
<p>Please complete each of the following sections. DO NOT leave any blank spaces. If no clients were served in any category, list zero. Be sure that the total clients served in each sub-category is consistent. The total served in A3 should equal the totals listed in each of the following categories: age C, gender D, and living arrangements F.</p>													
<p>A. Number of Individual Clients Served with PAIMI Funds.</p>													
<p>1. Total of PAIMI-eligible clients who were receiving advocacy at start of fiscal year. <u>47</u> [This category reflects the number of clients supported with P&A dollars (P&A funding or program income) who had open cases on October 1. Do not report clients who were served with non-Federal dollars. Report that activity on Section VIII of this report].</p>													
<p>2. Total of new/renewed PAIMI-eligible clients served during the fiscal year. <u>107</u> [This is the number of clients who had a case opened during the reporting period (after October 1 and before September 30.) Do not report clients who were served with non-Federal dollars. Report that activity in Section VIII of this report].</p>													
<p>3. Total of PAIMI-eligible individuals served in A.1. and A.2. <u>154</u> [Reflects the total number of cases opened and served with PAIMI Program dollars, including Program income during the fiscal reporting period and is an unduplicated count of all PAIMI-eligible individuals who received individual case representation.]</p>													
<p>4. The number of PAIMI-eligible individual who requested individual advocacy services under the PAIMI Act [42 U.S.C. 10801 et seq.] and were not 'served' within 30 days of initial contact either due to insufficient PAIMI funding or non-priority issues, include individuals who received other services such as information and referral in-lieu: Total <u>2141*</u> *Of these 41 were further screened by the Managing Attorneys and a decision was made to not provide case level services.</p>													
<p>5. Identify population, advocacy issues and activities (systemic, legislative, educational, training, etc.) that will be addressed in the future:</p> <p>The Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services is currently implementing restructuring initiatives to develop and hopefully enhance community-based care for individuals who would best be served in community settings. In addition, DMHMRSAS has adopted a new Vision that focuses on self-determination, empowerment and recovery. VOPA will be monitoring and advocating to ensure consumer participation in this process as well as to ensure rights are not compromised.</p>													
<p>B. Number* of Case Problems of Individual PAIMI-eligible Clients Total <u>185</u> [This refers to the total number of case problems presented at the time the client's case was opened. *The number may be higher than the total number of clients served by the P&A because each client may have more than one presenting problem to be addressed].</p>													
<p>C. Age of Individual Clients [See, 42 U.S.C. 10804(a)(1)(4), 42 CFR 51.24 (a)]</p>													
0-4	<u>0</u>	5-12	<u>4</u>	13-18	<u>10</u>	19-25	<u>11</u>	26-64	<u>121</u>	65+	<u>8</u>	Total:	<u>154</u>

Check to ensure that the total in this category is consistent with the total listed in Section III. A.3.

D. Gender of Individual Clients	
Male <u>101</u>	Female <u>53</u>
Total <u>154</u>	

Check to ensure that the total in this category is consistent with the total listed in Section III. A.3.

E. Ethnicity/Racial Background of Individual Clients. [The data in this category is self-reported. Please do not question self-reported data. Each client may select one or more categories].	
a. American Indian or Alaska Native	
b. Asian	1
c. Black or African American	47
d. Hispanic/Latino	5
e. Native Hawaiian or Other Pacific Islander	
f. White	101
Total	154

[Clients may select one or more of ethnic/racial categories. P&A staff must ask and report this information].

F. Clients Living Arrangements at Intake			Total
Independent			7
Parental or other Family Home			5
Community Residential Home for Children/Youth (0-18 years) (e.g., supervised apartment, Semi-independent, halfway house, board & care, small group home 3 or less)			
Adult Community Residential Home (e.g., supervised apartment, semi-independent, halfway house, board & care, small group home 3 or less)			3
*Non-medical community-based residential facility for children & youth (Age 0-18)			
Foster Care			
*Nursing Facilities, including Skilled Nursing Facilities (SNF)			2
*Intermediate Care Facilities (ICF)			
*Public and Private General Hospitals, including emergency rooms			
*Other health facility			
Psychiatric wards (public or private)			
Public (Municipal or State-operated) Institutional Living Arrangement (e.g., hospital treatment center/school or large group home 4+ beds)			125
Private Institutional Living Arrangement (e.g., hospital or treatment center, school or large group home more than 3 beds)			8
Legal Detention/Jail/Detention Center			2
State Prison			1
Homeless			1
Federal Facility (List)	1. Detention	2. Prison	
3. Veterans Hospital	4. Military	5. Other (describe)	
Total Client Cases by Living Arrangement			154

Check to ensure that the total in this category is consistent with the total listed in Section III. A.3.

*Expanded authorities under the Children's Health Act of 2000, Part H, section 592(a) and Part I Section 595, as codified respectively under Title V. Public Health Service Act, 42 U.S.C. at 290ii-290ii and 290jj-1-290jj-2.

SECTION IV. CASE COMPLAINTS/PROBLEMS OF INDIVIDUAL CLIENTS

Major complaints/problems presented by PAIMI-eligible clients that were addressed through the provision of services are listed below in Table A, B, and C. Please enter the number of complaints/problems addressed on behalf of PAIMI Program clients. The total number of complaints may exceed the number of individuals served because many clients received PAIMI assistance on more than one complaint.

A.1 Alleged Abuse: Number of Complaints/Problems

Areas of Alleged Abuse	Outcomes	# from Closed Cases Only
a. Inappropriate or excessive medication	A=6, B=2, C=3	11
b. *Inappropriate or excessive: 1. Physical restraint,	A=1, E=1 (no overall outcome to report)	2
2. Chemical restraint,	A=1, B=1, C=1	2
3. Mechanical restraint,	E=1 (no overall outcome to report)	1
4. Seclusion		
c. Involuntary medication	A=1, B=2, C=1, D=1, E=4 (2 no overall outcome to report, 1 meds adjusted giving client greater self-determination, 1 client advised of right to informed consent)	8
d. Involuntary Electrical Convulsive Therapy (ECT)		
e. Involuntary aversive behavioral therapy		
f. Involuntary sterilization		
g. Failure to provide appropriate mental health treatment	E=2 (1 client acquired knowledge concerning rights; 1 client gained/maintained access to services)	3
h. Failure to provide needed or appropriate treatment for other serious medical problems	B=2, E=3 (client treatment plan changed to have appropriate medication; P&A intervention provided client with info about rights/strategies and facilitated client's ability to pursue these rights; no response)	4
i. *Physical assault: 1) Serious injuries related to the use of seclusion restraint 2) Serious injuries NOT related to seclusion and restraint	C=2	1
j. Sexual assault		
k. Threats of retaliation or verbal abuse by facility staff	A=1, D=1	2
l. Coercion		

m. Financial exploitation		
n. Other. **Please describe on a separate sheet. This number should be less than 1% of the total # of abuse complaints. Make every effort to report within the above categories.		
Total (Sum of a. – n.)	29	34

*Expanded authorities under the Children’s Health Act of 2000, Part H, section 592(a) and Part I Section 595, as codified respectively under Title V. Public Health Service Act, 42 U.S.C. at 290ii-290ii and 290jj-1-290jj-2. See also, the PAIMI Act 42 U.S.C. 10802(1)(A) – (D)

A.2. Complaints Disposition: For closed cases, provide the numbers of abuse complaints/problems for each disposition category.	
a. # of Complaints/Problems Determined Not to Have Merit on Investigation	4
b. # of Complaints/Problems Withdrawn or Terminated by Client	11
c. # of Complaints/Problems Favorably Resolved in Client’s Favor	19
d. # of Complaints/Problems Not Favorably Resolved in Client’s Favor	
e. Total Number of Complaints/Problems Addressed from Closed Cases	34

[Items a-e must equal the Total # of Complaints in Section IV. A.1.]

<p>A.3. Abuse Outcome Statements</p> <p>For each area of alleged abuse, choose one or more outcome statements that best describe or relate to the complaint/problem area. Enter the appropriate letter(s) in the “outcome” column in the above table.</p> <p>A. Persons with disabilities whose environment was changed to increase safety or welfare B. Positive Changes in policy, law or regulation re: abuse in facilities (describe facility where impact was made) C. Investigations of abuse by the P&A D. Validated abuse complaints that have favorable resolution as a result of the P&A intervention E. Other indicators of success or outcomes (explain)</p>

B.1. Alleged Neglect: Number of Complaints/Problems: Failure to Provide for Appropriate

Areas of Alleged Neglect	Outcomes	# From Closed Cases Only
a. Admission to residential care or treatment facility		
b. Transportation to/from residential care or treatment facility		
c. Discharge planning or release from a residential care or treatment facility	C=11, B=13, C=9, D=18, E=1, F=1 (P&A involvement increased safety/improved quality of life for client)	47
d. Mental health diagnostic or other evaluation (does not include treatment)		
e. Medical (non-mental health related) diagnostic or physical examination		
f. Personal care (e.g. personal hygiene, clothing, food, shelter)	C=2	2
g. Physical plant or environmental safety		
h. Personal safety (client-to-client abuse)	F=1 (P&A provided client with info about rights/strategies and facilitated client's ability to pursue these rights)	1
i. Written treatment plan		
j. Rehabilitation/vocational programming		
l. Other. [Please describe. However, make every effort to report within the above categories.]		
Total (Sum of a-j)	56	50

B.2. Complaints Disposition: For closed case, provide the numbers of neglect complaints or problem areas for each disposition category. [See, 42 U.S.C. 10802(5)]

a. # of Complaints/Problems Determined Not to Have Merit on Investigation	5
b. # of Complaints/Problems Withdrawn or Terminated by Client	5
c. # of Complaints/Problems Favorably Resolved in Client's Favor	39
d. # of Complaints/Problems Not Favorably Resolved in Client's Favor	1
e. Total Number of Complaints/Problems Addressed from Closed Cases	50

[Sum of a-d must equal the total of complaints listed in Section IV. B.1.]

B.3. Neglect Outcome Statement

For each area of alleged neglect, choose one or more outcome statements that either best describe or relate to the complaint/problem. Enter the appropriate letter(s) in the “outcome” column in table – B.1.

- A. Investigation of neglect with P&A involvement
- B. Validated incident of neglect by type
- C. Positive changes in policy, law or regulation regarding neglect in facilities (describe facilities)
- D. Persons with disabilities discharged consistent with their treatment plan after P&A involvement
- E. Persons with disabilities whose treatment plans met selected criteria
- F. Other indicators of success or outcomes that resulted from P&A involvement (explain)

C. Alleged Violations of Rights: Number of Complaints/Problems on Rights Protection

Areas of Alleged Rights Violations	Outcomes	Complaints from Closed Cases Only
a. Housing Discrimination	B=1	1
b. Employment Discrimination		
c. Denial of financial benefits/entitlements (e.g., SSI, SSDI, Insurance)		
d. Guardianship/Conservatorship problems		
e. Denial of rights protection information or legal assistance	B=1	1
f. Denial of privacy rights (e.g., congregation, telephone calls, receiving mail)	C=1	1
g. Denial of recreational opportunities (e.g., grounds access, television, smoking)	A=1	1
h. Denial of visitors		
i. Denial of access to or correction of records	B=3	3
j. Breach of confidentiality of records (e.g., failure to obtain consent before disclosure)	D=1 (no overall outcome to report)	1
k. Failure to obtain informed consent (see also, involuntary treatment)	C=1	1
l. Failure to provide education (consistent with IDEA and State requirements)	B=2, C=2, F=2 (Increased safety, improvement in client quality of life)	4
m. Advanced directives issues		

n. Denial of parental/family rights		
o. Consumer financial issues		
p. Immigration issues		
q. Criminal justice issues		
r. Denial of community habilitation services	B=1	
s. Health insurance/managed care issues		
t. Other. [Please describe separately. Make every effort to report within the above categories.]		
Total (Sum of a. – t.)	16	14

See, PAIMI Act 42 U.S.C. 10801(b)(2)(A)

C.2. Complaints Disposition: For closed case, provide the numbers of civil rights complaints or problem areas for each disposition category.	
a. # of Complaints/Problems Determined Not to Have Merit on Investigation	1
b. # of Complaints/Problems Withdrawn or Terminated by Client	1
c. # of Complaints/Problems Favorably Resolved in Client's Favor	12
d. # of Complaints/Problems Not Favorably Resolved in Client's Favor	
e. Total Number of Complaints/Problems Addressed from Closed Cases	14

[Items a-d should equal the Total # of Complaints listed above in Table C.1]

C.3. Violations of Rights Outcome Statements

For each area of alleged violation of rights, choose one or more outcome statements that either best describe or relate to the complaint/problem area. Enter the appropriate letter(s) in the "outcome" column in the table above.

A. Persons with disabilities served by the P&A whose rights were restored as a result of P&A
 B. Persons with disabilities whose personal decision making was maintained or expanded as a result of P&A intervention
 C. Policies or laws changed and other barriers to personal decision making eliminated as a result of P&A intervention
 D. Other outcomes as a result of P&A involvement _____

D. Intervention Strategies to Address Individual Clients Complaints/Problems Areas: Enter the number of intervention strategies used to address each client complaint/problem area. A client may have more than one complaint and each complaint may require more than one intervention strategy. The total number of intervention strategies may exceed the total number of clients served. **[Do not report each phone call, letter, meeting, or other action taken on behalf of a client as a separate intervention strategy. Referrals, counseling, and negotiation are considered cumulative processes].** See Glossary for the definitions of “Intervention Strategies. [See the PAIMI Act 42 U.S.C. 10805(a)(1)(B), 42 U.S.C. 10807 (a),(b) and the PAIMI Rules 42 CFR at 51.31 (a)]

Intervention Strategies	Outcome	Number
1. Short term assistance:	B=3, C=13, D=16 (P&A intervention resulted in increased safety and improvement in client’s quality of life)	23
2. Abuse/Neglect Investigations:	D=4 (no overall outcome to report) D=2 (P&A intervention substantiates neglect complaint) D=3 (P&A involvement results in neglect investigation)	11
3. Technical Assistance:	C=14 D=2 (P&A intervention substantiates neglect complaint) D=11 (P&A involvement resulted in increased safety and improvement in client’s quality of life)	17
4. Administrative Remedies:	C=5 D=32 (Person discharged after P&A involvement and consistent with treatment plan) D=1 (no overall outcome to report) D=1 (P&A intervention resulted in increased safety and improvement in client’s quality of life)	9
5. Negotiation/Mediation:		42
6. Legal Remedies:	D=1 (P&A substantiated client’s complaint)	1
Total Intervention Strategies [Add items 1-6.]		103

[Refer to the data in Table C. 1. to identify outcomes appropriate to the above categories. For example, technical assistance (TA) in self- advocacy may result in the outcome “persons who secured rights and strategy information. . .”].

E. Death Investigation Activities. See, the PAIMI Act 42 U.S.C. at 10801(b)(2)(B) and 10802(1), and PAIMI Program expanded authorities under the Children’s Health Act of 2000, Part H, section 592(a) and Part I Section 595, as codified respectively under Title V. Public Health Service Act, 42 U.S.C. at 290ii- 290ii and 290jj-1 - 290jj-2].

1. All deaths of PAIMI-eligible individuals reported to the P&A for investigation.

- A. The State 3
- B. The Center for Medicaid & Medicare Services (Regional Offices) _____
- C. Other (describe) _____
- D. **Total** 3

VOPA has no record of ever receiving a death report from the CMS Regional Office. VOPA attempted to communicate with the CMS Regional Office by telephone and email on other issues and has not been successful in having communication efforts reciprocated.

2. All P&A death investigations conducted involving PAIMI-eligible individuals related to

- A. Seclusion 1
- B. Restraint _____
- C. **Total** 1

3. Describe P&A involvement:

In all three cases, VOPA conducted investigations. One investigation resulted in a lack of merit determination. A second investigation yielded an unfavorable resolution because it was determined that private counsel had been retained by the decedent’s family and a decision was made not to intervene past a preliminary inquiry. In the third investigation, a favorable resolution was reached because VOPA was able to effect a change in the facility’s seclusion and restraint policy to obviate future incidents.

Of the 419 Critical Incident Reports VOPA received, 66 of them reported a death. Of these 66, 3 were investigated.

SECTION V. INTERVENTIONS ON BEHALF OF GROUPS OF PAIMI-ELIGIBLE INDIVIDUALS

A. Types of Interventions - Summary of Information. The following table captures information on how the P&A program used PAIMI Program funding, including program income, to support non-individual client activities.. This information is not reflected in previous sections of this report. In this table, report all annual program priorities activities for this fiscal reporting period. The items listed in the table's left column and the numbers reported for each category) should relate to the narrative section that follows.

Type of Intervention	Potential # of Individuals Impacted	Concluded Successfully	Concluded Unsuccessfully	Ongoing
Group Advocacy non litigation <ul style="list-style-type: none"> Community visits for forensic patients Accessibility and fire drills Informed consent 	100 50 30	A, C C A, C		
Investigations (Non-death related) <ul style="list-style-type: none"> Oyster Point Evergreen Nursing Home 	53 65			√ √
Facility Monitoring Services <ul style="list-style-type: none"> Psychiatric Residential Treatment Facilities Assisted Living Facilities 	1233 33,890			√ √
Court Ordered Monitoring <ul style="list-style-type: none"> Brice's Villa 	41			√
Class Litigation <ul style="list-style-type: none"> Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS)-Ready-for-Discharge Patients 	1686			√
Legislative & Regulatory Advocacy <ul style="list-style-type: none"> Assisted Living Facility Legislation and Administrative Regulations DMHMRSAS Human Rights Regulations 	33,890 110861			√ √
Total	146,102	3	0	8

Provide at least **one (1) example** that reflected the outcome of each of the above sub-categories. In the narrative briefly describe the PAIMI Program activities, include factual information about the activity (who, what, when, where, how and how) and the outcome resulting from the intervention. Use work examples that illustrate the impact of PAIMI Program activities, especially how the activities made a difference to the clients served, such as, improved quality of life, etc. If PAIMI Program funds were used to support any of the above activities, then describe how its availability furthered the purposes of the PAIMI Act.

C. Outcome Statement

For each area of non-client advocacy activity, choose one or more outcome statements that either best described or related to the complaint/problem. Enter the appropriate letter(s) in the “outcome” column above.

- A. Persons who received information about the P&A and its services
- B. Persons with disabilities (or their family members) who received education or training about their rights, enabling them to be more effective self advocates
- C. Other outcomes that resulted from PAIMI Program involvement—*policy/procedure/practice changes resulting in systemic impact*

Group Advocacy non litigation

A community services board (CSB), the designated public provider of mental health services for localities, refused to allow unescorted community visits by patients who had been found not guilty by reason of insanity (NGRI) at a state mental health institution if they were not originally from that catchment area. The impact of the decision was that the patients could not proceed through the forensic discharge process because it was impractical for them to travel to another locality (their home catchment area being over 2 hours away) in order to demonstrate they could be in the community without incident. This was identified as a major barrier to discharge and a violation of the individuals’ rights. VOPA worked with the hospital’s Local Human Rights Committee (LHRC) to clearly define the issue on behalf of the hospital’s patients. VOPA attended the CSB’s LHRC meeting where this issue was considered and argued that this was a clear rights issue that VOPA was prepared to pursue. The CSB LHRC found that the CSB policy and practice were human rights violations and recommended that the CSB change them. The CSB did so; resulting in patients who were from outside the catchment area to be able to take escorted and unescorted visits to the community and to seek discharge placements in the region. The patient who was initially most impacted by this policy has subsequently been successfully discharged to the area. Other NGRI patients are able to proceed through their levels toward graduated discharge and attend support meetings in the community, go to the community to shop, go to the library, seek community residence.

VOPA is aware of seven (7) persons directly positively impacted by this change and there are many others who are moving toward discharge because of VOPA’s intervention. VOPA has maintained a diligent monitoring of the CSB practices to ensure there is no slippage in this area.

VOPA’s investigation confirmed that a patient was given medication without informed consent based on the facility’s claim that the medication was appropriate under an “emergency exception.” VOPA filed and successfully resolved a Human Rights Complaint, resulting in the facility implementing revised policies on emergency exception practices and informed consent, followed by mandatory staff training.

SECTION VI. NON CLIENT DIRECTED ADVOCACY ACTIVITIES

A. Individual Information and Referral (I & R) Services

Provide the total number of I & R services

Total 2141

[Refer to the Glossary for the definition of “Information and Referral”] See also, PAIMI Rules, 42 CFR 51.24].

B. State Mental Health Planning Activities

(Briefly list P&A collaboration/involvement in this area).

VOPA is a voting member of the Mental Health Planning Council as a major advocacy organization, although it is counted as a state agency for the purposes of complying with federal statute. The duties of the Council are--

(1) to review plans provided to the Council pursuant to section 300x-4(a) of this title by the State involved and to submit to the State any recommendations of the Council for modifications to the plans;

(2) to serve as an advocate for adults with a serious mental illness, children with a severe emotional disturbance, and other individuals with mental illnesses or emotional problems; and

(3) to monitor, review, and evaluate, not less than once each year, the allocation and adequacy of mental health services within the State.

In Virginia, this addresses the plan for allocation of the federal block grant mental health dollars - focused on community mental health services (not facility buildings or operations). This group also commented on the Human Rights regulations revision noted earlier.

The VOPA representative was recently appointed as the chair of the membership committee and is trying to restore the MHPC as they have experienced significant attrition.

C. Education, Public Awareness Activities and/or Events

[List public awareness activities or events and the number of individuals who received the information. Refer to the Glossary.]

1. Number of Education/Training Activities Undertaken **Total 45**

[Total number of training programs sponsored by the P&A or the number of events sponsored by another organization where P&A staff are the trainers. The training must have provided specific information to participants regarding their rights. If the P&A only provided general program information then report the number of individuals trained in B. 2.] See, PAIMI Rules 42 CFR 51.31(c)].

2. total number of persons trained (approximate) **Total 1054**

[This number should include only those individuals who attended a training program]. See PAIMI Rules 42 CFR 51.31.]

3. Dissemination Activities	# of Items* or events	** Estimated # of persons receiving the information	Outcomes
a. Radio/TV appearances	3	2000+	A,B
b. Newspaper articles (attach articles)	1	210,500	A,B
c. PSAs/videos/film/, etc.			
d. Reports	1		
e. Publications, including articles in Professional journals	1	42,000	A,B
f. Other P&A disseminated information, including general training, outreach or presentations not included counted under training activities.			
g. Number Website hits	19,733	19,733	A,B
h. Describe other media activities			
Total		274,233	

Provide the number of articles, films, reports, etc. developed/produced. ** Provide an estimate for the number of people who received the information. For example, an article published about the P&A in a newspaper with a circulation of 200,000 readers; a television appearance on a station with 100,000 viewers in that time spot, etc.

[Data reported in **Section VI** will assist in the development of the above outcome statements.]

SECTION VII. GRIEVANCE PROCEDURES [42 CFR Section 51.25]

1. The number of grievances filed by PAIMI-eligible clients, including representatives or family-members of such individuals receiving services during this fiscal year. **Total** 1

2. The number of grievances filed by prospective PAIMI-eligible clients (those who were not served due to limited PAIMI program resources **or because** of nonpriority issues). **Total** 4

3. Total [Add 1 & 2] 5 [42 CFR Section 51.25(a)(1),(2)]

4. The number of grievances appealed to: [42 CFR 51.25(b)(1)]

a. The governing authority	Total <u>0</u>	b. The Executive Director	Total <u>5</u>
----------------------------	-----------------------	---------------------------	-----------------------

c. Total 4a. and 4b. 5

5. Number of reports sent to the governing board **AND** the Advisory Council (**at least one annually**) that describe the grievances received, processed, and resolved. **Total** 1 each
[42 CFR 51.25(b)(2)]

6. Below, please identify all individuals, by name & title, responsible for grievance reviews.
[42 CFR 51.25(b)(3)]

Colleen Miller, Executive Director
Governing Board Appeal Committee (membership rotates regularly): Barbara Barrett, Brent Brown, Raymond Burmester, William fuller, Waja Grimm, Maureen Hollowell, Susan Kalanges, Rita Kidd, Elizabeth Priaulx, and Dink Shackelford.

7. What is the timetable (in days) used to ensure prompt notification of the grievance procedure process to clients, prospective clients or persons denied representation, and ensure prompt resolution. 30 [42 CFR 51.25(b)(4)]

8. **Were** written responses sent to all grievants? Yes
[42 CFR 51.25(b)(5)]

9. Was client confidentiality protected? Yes. [42 CFR 51.25(b)(6)]

SECTION VIII. OTHER SERVICES AND ACTIVITIES

A. List groups (e.g., States, consumer, advocacy, service providers, professional organizations and others, including groups of current and former mental health consumers and/ or family members of such individuals) **with whom the PAIMI Program coordinated systems, activities, and mechanisms.** [42 U.S.C. 10824(a)(D)].

- Department of Mental Health, Mental Retardation and Substance Abuse Services' Central Office and nine (9) institutions
- Local Human Rights Committees
- Mental Health Planning Council
- National Alliance for the Mentally Ill-Virginia and local affiliates
- Partnership for People with Disabilities
- Virginia State Independent Living Council
- Department of Rehabilitative Services
- Department of Medical Assistance Services
- Office of the Attorney General
- Virginia Public Guardian and Conservator Advisory Board
- Virginia Board for People with Disabilities
- State Special Education Advisory Council
- Office of the Inspector General
- Virginia Interagency Coordinating Council
- Medicaid Buy-In Work Group
- Centers for Independent Living
- Virginia Commonwealth University
- Community Services Boards

B. Provide a *brief* description of the outreach efforts/activities used to increase the numbers of minority clients served and/or educated about the PAIMI Program.

Please see earlier narrative addressing underserved and Spanish Speaking constituents.

C. Did your activities result in an increase of minorities in the following categories?		
Staff	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Advisory Council	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Governing Board	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Clients	Yes <input checked="" type="checkbox"/> (but not significantly)	No <input type="checkbox"/>

D. PAIMI Program Implementation Problems

1. External Impediments: Describe any problems with implementation of PAIMI mandated activities, including those required under Parts H and I of the Children's Health Act of 2000, pertaining to requirements related to incidents involving seclusion and restraint and related deaths, (e.g., access issues, delays in receiving records and documents, etc.):

- As noted earlier, VOPA does not receive incident reports from the Regional CMS office regarding deaths related to seclusion and restraint
- VOPA's right to access private facilities is continually questioned.
- The scope of VOPA's access to records (particularly those records that facilities may wish to characterize as "peer review" or "confidential personnel records") is still a source of hindrance, delay, and appears as a refusal to cooperate.
- Virginia's limit of a one-term Governor impacts the composition of high level administrative appointments. This potential turnover every four years can seriously hamper any momentum of system change and policy development.

2. Internal Impediments: Describe any problems experienced in implementing PAIMI Program activities, including any identified annual priorities and objectives (e.g., lack of sufficient resources, necessary expertise, etc):

- VOPA experienced some staff changes in key positions related to outreach and publication development. This has been recognized and the outreach advocate position is being re-evaluated in relationship to the needs of the overall agency.
- VOPA lacks the clinical expertise on staff to adequately review and assess medical records/evidence. Although medical/psychiatric experts willing to undertake record reviews have been difficult to locate, VOPA has aggressively pursued this to find qualified, VOPA mission-sensitive experts.

E. Accomplishments: Briefly describe the accomplishments for this fiscal year that resulted from PAIMI Program activities most important accomplishments.

VOPA participated in a PAIMI monitoring review in August, 2005. The draft report from that review has not been issued yet, however, the monitoring team conducted an exit interview that was overwhelmingly positive.

F. Recommendations:

List recommendations for activities and services to improve the protection and advocacy of the rights of individuals with mental illnesses and describe the needs for such activities and services which are not being met by systems established under the PAIMI Act, 42 U.S.C. 10824(a)(4).

None at this time.

G. Technical Assistance needs requested. [42 U.S.C. 10825]:

None at this time

SECTION IX. ACTUAL PAIMI BUDGET/EXPENDITURES FOR FY 2005

PAIMI Program Personnel			
Position Title	Annual Salary	Percent/Portion of Time Charged to PAIMI	Costs billed to PAIMI
Executive Director	100,052	16.89%	16,899
Policy Director	65,297	29.57%	19,308
Managing Attorney	72,596	34.28%	24,886
Managing Attorney	70,312	11.69%	8219
Managing Attorney	69,562 (6 mos.)	9.01%	3134
Staff Attorney	56,821	16.56%	9410
Staff Attorney	46,036	77.50%	34,903
Staff Attorney	49,931	14.64%	7310
Staff Attorney	52,659	51.07%	26,893
Staff Attorney	44,800 (3 mos.)	38.01%	4257
Staff Attorney	36,766	0.18%	66
Staff Attorney	55,291	.56%	310
Disability Rights Advocate	40,000 (3 mos.)	21.32%	2132
Disability Rights Advocate	54,345	54.99%	29,884
Disability Rights Advocate	33,475	99.84%	33,421
Investigator	30,900	55.95%	17,289
Resource Advocate	27,857	18.97%	5284
Resource Advocate	29,873	26.79%	8003
Paralegal	30,385	2.53%	769
Business Manager	45,976	27.73%	12,749
Administrative Assistant	29,870 (11 mos.)	26.87%	7357
Administrative Assistant	30,750	25.97%	7986
Administrative Assistant	29,355	23.39%	6866
Administrative Assistant	28,500 (3 mos.)	28.03%	1997
Administrative Assistant	25,750	53.57%	13,794
Data/Incident Analyst	45,756	39.43%	18,042
Fiscal Officer	46,350	25.90%	6002
Receptionist	22,351	30.03%	6712
Law Intern	10.00/hr (1 mo.)	2.53%	45
Sub-Total	1,270,616		333,927
++Vacant Positions	0		
Volunteer Positions	0		
Total Positions	1,270,616		333,927

Attach additional sheets as needed. ++ List vacancies by position, annual salary, percentage of time & costs that will be charged to the PAIMI Program grant when the position is filled.

NOTE: All figures are based on a State fiscal year (July 1, 2004-June 30, 2005)

SECTION IX. ACTUAL PAIMI BUDGET EXPENDITURES FOR FY 2005

CATEGORIES	COST
Fringe Benefits (PAIMI Only)	118,942
Travel Expenses (PAIMI Only)	23,339
SUBTOTAL	142,281
EQUIPMENT – TYPE (PAIMI ONLY)	COST
Computer	3396
Reference	20
Voice/Data Transmission	200
Office	18
Electronic/Photographic	13
SUBTOTAL	3647

SUPPLIES – TYPE (PAIMI ONLY)	COST
Office	2630
Stationary	187
Data Processing	356
SUBTOTAL	3073

NOTE: All figures are based on a State fiscal year (July 1, 2004-June 30, 2005)

SECTION IX. ACTUAL PAIMI BUDGET EXPENDITURES FOR FY 2005

Contractual Costs (including Consultants) for PAIMI Program Only					
Position or Entity	Service Provided	Salary/Fee	Fringe Benefit Cost	Travel Expenses	Other Costs
Legal Services	Depositions, court fees, etc.	299			
Employment Agency	Temporary Personnel	18,094			
Information Systems	Database Design & Development	9,776			
Management Services	Interpreters, Experts, etc.	30,680			
Catered Meals	Board/Council Meetings	3,205			
Advertising Services	Job ads, Training, Outreach	168			
Equipment Maintenance & Services	Maintenance Contracts for Office Equipment	61			
State Government Agencies	Services provided by other state agencies	51			
Subtotal		62,334			
Training Costs for PAIMI Program Only					
Categories	# of Persons/ Travel Costs	# of Persons/ Training Costs	# of Persons / Other Expenses		
Staff					
Governing Board					
Advisory Council					
Volunteers					
Subtotal					
Total	796	1,081			
Other Expenses (PAIMI Program Only)				Costs	
Shipping Services, Telephones, Organization Memberships/Publication Subscriptions, Printing, Equipment/Office Space Rentals, Furniture, Computer Software, Unemployment Compensation Reimbursements				41,741	

Indirect Costs	65,130
Subtotal	106,871

NOTE: All figures are based on a State fiscal year (July 1, 2004-June 30, 2005)

SECTION IX. ACTUAL PAIMI BUDGET EXPENDITURES FOR FY 2005

Indirect Costs (PAIMI only): Does your P&A have an approved Federal indirect cost rate? Yes If yes, what is the approved rate? <u>16%</u>	
Total of All PAIMI Program Costs \$ 654,010	
Income Sources and other Resources (PAIMI Program Only)	
PAIMI Program carryover from the previous Federal Fiscal Year(s)** (FY04)	\$374,008
Program Income	
Interest on Lawyers Trust Accounts (IOLTA)	
State	
County Annual PAIMI Advisory Council Report	
Private	
Other (list)	
Total of resources from all Sources **Please identify the carryover funds by Federal Fiscal Year, e.g., FY 2002, FY 2003	\$374,008

*** State P&A systems that developed or amended their agency's practices or policies after submission of its most recent PAIMI Application , e.g., programmatic policy guidelines, fiscal, business management and/or other internal controls, by-laws, grievance procedures, are asked to include copies of these documents with their application.

Please see attachments.