

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

State: Virginia
Fiscal Year: 2006

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
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*Same as above except for the zip code.

Electronic submissions of the Annual Program Performance Report (PPR), including the Advisory Council Report, may be submitted to 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.

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Please use the attached glossary and instructions to complete the form. Questions may be directed to Ms. Armstrong at 240-276-1760.

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).

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Section 1. A. General Information

| | |
|---|--|
| Fiscal Year: | 2006 |
| 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, VA 23230 804-225-2042 |
| Mailing Address & Phone Numbers of for each Satellite Office: | 287 Independence Blvd., Suite 120 Virginia Beach, VA 23462 757-552-1148 |
| Name of PAIMI Program, if different from the State P&A agency: | Not applicable |
| Name, phone number, and e-mail address of the PAIMI Coordinator: | Sherry Confer 804-225-2042 Sherry.Confer@vopa.virginia.gov |
| PPR Prepared by: Name: Title: Area Code & Phone Number: E-mail Address: | Sherry Confer Policy Director 804-225-2042 Sherry.Confer@vopa.virginia.gov |
| President of the Governing Board Area Code & Phone Number: Email Address: | P. Brent Brown 804-225-2042 general.vopa@vopa.virginia.gov |
| 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? (If No, please explain.) | 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 | 8 | 13 |
| c. Total number of vacancies on 9/30 | 7-12 | 0 |
| Term of Appointment (Number of years) | 4 | 4 |
| Maximum Number of Terms a Member may Serve | 1 | 2 |
| Frequency of Meetings | At least quarterly | Quarterly |
| Total Number of Meetings Held in the Fiscal Year | 3 | 4 |
| % (Average) of Members Present at Meetings | 67% | 89% |
| Recipients/Former Recipients (R/FR) of Mental Health Services* ; ** | 5 | 2 |
| Family Members of R/FR of Mental Health Services,* ; ** | 2 | 3 |
| Mental Health Professionals* | | |
| Mental Health Service Providers* | | |
| Attorneys* | 1 | |
| Individuals From the Public Knowledgeable About Mental Illness* | | |
| Guardians or Authorized Advocates** | | |
| Advocates** | | 2 |
| Other Persons Who Broadly Represent or Are Knowledgeable About the Needs of Mentally Ill Individuals | | 6 |
| Total | 8 | 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.**

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>38</u> | |
| a. How many of the staff listed above are attorneys? Total: <u>12</u> | b. How many of the staff listed above are non-attorney case workers/mental health advocates? Total: <u>10</u> |

| 2. Ethnicity/Race | Staff | Advisory Council | Governing Board |
|--|--------------|-------------------------|------------------------|
| American Indian/ Alaska Native | | | |
| Asian | | | |
| Black/African American | 6 | 1 | 1 |
| Hispanic or Latino | | | |
| Native Hawaiian/Other Pacific Islander | | | |
| White | 32 | 7 | 12 |
| Vacancies on 9/30 | | 7-12 | |
| Total | 4 | 15-20 | 13 |
| 3. Gender | | | |
| Male | 11 | 5 | 6 |
| Female | 27 | 3 | 7 |
| Total | 38 | 8 | 13 |

SECTION II. PAIMI PROGRAM PRIORITIES (GOALS) AND OBJECTIVES

Below, list PAIMI Program priorities (goals) and objectives for this fiscal year. Priorities (goals) are to be limited and shall be consistent with the current mission and priorities of the SAMHSA/CMHS. See the Glossary for definitions of goal and objectives.

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

For each priority (goal), please provide at least one example of an individual or systemic case or, if applicable, a legislative or regulatory activity. Remember case examples must illustrate the impact and/or outcome of PAIMI Program efforts. Write the case example as though you were telling a story. Include the following information as appropriate: the presenting issue/complaint that needed resolution; the parties involved; the facts of 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? For example, "as a result of P&A intervention, this client lives independently in the community, goes to work every day."

The priorities (goals) in this report should be consistent with those reported in the PAIMI Application for the same reporting year.

For each objective, provide the following information:

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

Objective # 1: 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 (numerical target)

1. Identify possible abuse and neglect by reviewing all Critical Incident Reports of deaths submitted to VOPA by state mental health institutions, all reports of deaths forwarded to VOPA by Adult Protective Services, and all reports of "serious occurrences" that involve a death forwarded to VOPA by psychiatric residential treatment facilities.
2. Establish whether full investigation is warranted in all reports of death that occurred in a state mental health institution, psychiatric residential treatment facility, or community based facility where there is reason to suspect abuse or neglect occurred.
3. Investigate three (3) deaths where there is probable cause to believe that abuse or neglect occurred and obtain corrective action as appropriate.
4. Prepare monthly summaries of CIRs, quarterly trend analyses of CIRs, and other analyses as needed, for use in institution monitoring.

d. Target population: PAIMI-eligible individuals in state mental health institutions, psychiatric residential treatment facilities or community-based facilities.

e. Outcome: Systemic reform that will decrease deaths where there is probable cause to believe abuse or neglect occurred.

VOPA reviews all Critical Incident Reports (CIRs) of deaths submitted by state mental health institutions, all reports of deaths forwarded by Adult Protective Services (APS), and all reports of “serious occurrences” that involve a death forwarded by Psychiatric Residential Treatment Facilities (PRTFs) to VOPA.

VOPA received 180 APS reports/referrals during FY06. That constitutes a 44% increase in referrals over the previous FY. During FY06 VOPA investigated 5 new cases and continued investigation on 3 carry-over cases that were initiated based upon APS reports. The increase in referrals is attributable to VOPA’s efforts at developing a collaborative relationship with the Department of Social Services and the local DSS offices.

VOPA received 122 Psychiatric Residential Treatment Facility (PRTF) serious occurrence reports during FY06. That constitutes a 61% increase in serious occurrence reporting over the previous FY. The increase is attributable to VOPA’s outreach and education effort. VOPA previously conducted site visits at each PRTF in the state and provided information regarding their reporting obligation and VOPA. The systemic investigation conducted at the Pines, Crawford Campus, was conducted in part based upon serious occurrence reports.

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 CIRs, VOPA routinely requests that the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) produce internal investigation reports and supporting materials. VOPA received a total of 411 CIRs from the state mental health institutions in FY06. Of those, 58 were reports of patient deaths.

VOPA is engaged in four preliminary inquiries and three full investigations of deaths at state-operated institutions (being completed under several funding streams). A significant portion of the reports of patient deaths did not rise to the level of probable cause that abuse or neglect occurred. Still, each report is reviewed in the Director’s weekly meeting. Under PAIMI, VOPA conducted two preliminary inquiries of deaths. In one instance, a patient was found who had hung herself with a sheet from her bed frame. In interviewing unit residents and former residents, many indicated that they believed that rounds were not properly conducted on the unit. However, there were no specific examples that could be verified. Several residents believed that rounds are to be conducted every 15 minutes – this is not in accordance with policy and happens only when patients are on special precautions. There was no clear proof that any problems with observations were directly linked to the death.

Nonetheless, VOPA was concerned that current and former unit residents fairly consistently reported that they believed rounds were not properly done. This concern was shared with the hospital risk manager who then added the proper conducting of rounds as a performance measure for direct care staff and supervision of rounds as a performance measure for the nursing staff. These performance measures are regularly reviewed by management.

Staff consistently prepare monthly summaries of CIRs, quarterly trend analyses of CIRs, and other analyses as needed for use in institution monitoring. VOPA received and compiled initial and follow-up reports of critical incidents submitted to VOPA by state mental health institutions. These reports are analyzed for trends in type of injury, location, time of day, staffing and other factors. VOPA reviewed the adequacy of remedial action taken by the facility. In appropriate cases, VOPA obtained and reviewed reports of internal abuse/neglect investigations conducted by the facility. VOPA also obtained and reviewed long-term care facility survey reports for those state facilities that operate skilled nursing facility beds.

For each objective, provide the following information:

Goal #1 People with Disabilities are Free from Abuse and Neglect

Objective # 3: Abuse or Neglect in Community Settings

- b. Objective was: Met
- c. Base Measure used to determine whether priority was met (numerical target)
 - 1. Identify possible abuse and neglect by reviewing all reports of abuse or neglect or exploitation forwarded to VOPA by Adult Protective Services.
 - 2. Prepare quarterly summaries of reports about facilities not covered by the Critical Incident Reporting statute, using licensing inspections, investigations, complaints of abuse or neglect, APS reports, and other relevant information to identify patterns of abuse or neglect.
 - 3. Establish whether full investigation is warranted where there is an allegation of abuse or neglect as identified in patterns above.
 - 4. Investigate six (6) allegations of abuse or neglect from Adult Protective Services reports, selecting one report from each of the six (6) APS Regions containing allegation in patterns above, and obtain corrective action as appropriate.
 - 5. Investigate four (4) additional allegations of abuse or neglect in licensed community residential settings, particularly concerning inappropriate medication, safety and inappropriate use of seclusion or restraint, and obtain corrective action as appropriate.
 - 6. Represent consumer choice, independence, and community integration for people with disabilities on the DMHMRSAS Human Rights, Mental Health Planning Council and ALF regulation workgroups.
 - 7. Obtain full compliance with the Brice's Villa consent decree.
 - 8. Increase Adult Protective Services referrals to VOPA of allegations of abuse or neglect through development of consistent and uniform reporting tools.
 - 9. Identify medication practices and staff training by monitoring five (5) assisted living facilities.
 - 10. Inform policy makers of the need to eliminate abuse and neglect in community settings in response to all relevant legislative proposals, proposed administrative regulations, and organizational policies.
 - 11. Inform relevant policy-makers of the need to improve requirements for community providers to report abuse or neglect.
 - 12. Represent the interests of persons with disabilities on the Guardianship Advisory Board of the Department for the Aging in an effort to promote alternatives to guardianship, consumer self-direction, and improved protections for persons with disabilities in substitute decision-making proceedings.
 - 13. Inform policy-makers of the need for consumer self-direction and protection for persons with disabilities in substitute decision-making proceedings in response to all relevant legislative proposals, proposed administrative regulations, and organizational policies.
 - 14. Collaborate with Virginia's Long-Term Care Ombudsmen through quarterly meetings.
- d. Target population: PAIMI-eligible individuals in community.
- e. Outcome: Systemic issues that cause or contribute to abuse or neglect are identified and violations are remediated.

VOPA reviews all reports forwarded to VOPA by Adult Protective Services (APS) and all reports of "serious occurrences" forwarded to VOPA by Psychiatric Residential Treatment Facilities (PRTFs).

VOPA has worked on several systemic investigations of alleged abuse or neglect in community based facilities that were initiated as a result of referrals from APS. VOPA has an additional eight ongoing investigations into allegations of abuse or neglect in licensed community settings. In one facility, we substantiated systemic problems involving medication administration and documentation. Working with the Department of Social Services, we reached an agreement to correct the problems. (This work was completed under a combination of funding streams.)

VOPA continues to conduct comprehensive, weekly monitoring of a court-approved settlement in VOPA v. Brice's Enterprises, et al. The settlement agreement became effective in February 2005. Terms of the agreement specified extensive staff training in the areas of medication administration and first aid. These training requirements were promptly addressed in the spring of 2005. Since then, VOPA and the facility administrator identified additional meaningful training opportunities above and beyond what was required in the agreement.

In the first year of monitoring, there was extensive focus on current completion of Medication Administration Records (MARs) and timely, accurate completion of log entries. An outside expert was retained, per the agreement, to monitor MARs for six months and to monitor the actual medication administration. Subsequently, VOPA has periodically checked medication administration and MAR completion. Early on, one significant paperwork error was noted and addressed in a timely manner. The completion of documentation has consistently improved during the oversight period. Spot checks of medications against inventory have been made with no significant errors noted. The only ongoing difficulty has been in getting physicians to fax copies of orders for medication changes to the facility in a timely fashion. Although the facility notes the medication changes in the log and on the MARs, sometimes the doctor's orders are not on hand in accordance with regulation. In these cases, the facility has always been able to call either the doctor or the pharmacy to get a copy of the order faxed immediately.

There have been no access issues since the settlement agreement went into effect. The facility has also made referrals to VOPA regarding rights issues involving their residents and others. This year, there has also been a focus on increased day time activities outside the facility. Many residents now go to some sort of day programming away from the facility, consistent with their expressed preferences. The oversight period required by the settlement agreement terminates in February 2007. At this time, there is no indication that there is any reason to request extension. The facility has had good oversight reviews from all of the other oversight entities as well, including their licensure agency (Department of Social Services), the Fire Department, and the Health Department.

VOPA has met with APS representatives in two regions, including the regional supervisor and local workers, and has made significant progress on an information sharing protocol with APS.

Staff consistently prepare quarterly summaries of reports about facilities not covered by the Critical Incident Reporting statute using licensing inspections, investigations, complaints of abuse or neglect, APS reports, and other relevant information to identify patterns of abuse or neglect.

Staff have made six monitoring visits to various assisted living facilities throughout the state to identify medication practices and staff training. Staff plan to visit four other ALFs by the end of September.

VOPA participated in working groups reviewing the DMHMRSAS Human Rights regulations, the DSS licensing regulations for Assisted Living Facilities and monitored the work groups developing regulations for the certification of medication aides and licensing ALF administrators. In each activity, VOPA advocated for increased consumer direction, protection from abuse, neglect and exploitation, stronger reporting requirements for allegations of abuse, neglect and exploitation, and increased opportunities for meaningful community integration.

VOPA was very active at the 2006 General Assembly session related to guardianship issues as well as issues related to personal services provided by health care entities. VOPA staff attended the DMHMRSAS Restructuring Advisory Council meeting that reviewed the Department's plan for facility restructuring. In addition, VOPA and other collaborative partners participated in the Coalition for Virginians with Mental Disabilities activities.

VOPA staff have informally collaborated with representatives of the Long-Term Care (LTC) Ombudsman Office over the course of the year. VOPA staff have received individual referrals and facility-related information in some cases.

For each objective, provide the following information:

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

Objective # 3: Abuse or Neglect in Institutional Settings

b. Objective was: Met

c. Base Measure used to determine whether priority was met (numerical target)

1. Identify possible abuse and neglect by reviewing all Critical Incident Reports submitted by state mental health institutions.
2. Prepare monthly summaries of CIRs, quarterly trend analyses of CIRs, quarterly reports on use of administrative investigations, and other analyses as needed for use in institution monitoring and to identify possible patterns of abuse or neglect.
3. Establish the extent of adult patient on patient physical abuse in state mental health institutions on a per facility basis and by comparison between facilities. Identify to the Department of Mental Health the most

- serious patterns of patient on patient abuse, and obtain corrective action as appropriate.
- 4. Investigate ten (10) incidents of abuse or neglect in state operated institutions or nursing homes, focused on misuse of seclusion or restraint, failure to obtain informed consent, or staff on resident assault, and obtain corrective actions as appropriate.
- 5. Inform policy makers of the need to eliminate abuse and neglect in state mental health and mental retardation institutions in response to all relevant legislative proposals, proposed administrative regulations, and organizational policies.

d. Target population: PAIMI-eligible individuals in institutions.

e. Outcome: Systemic issues that cause or contribute to abuse or neglect are identified and violations are remediated.

Staff consistently identify possible abuse and neglect by reviewing all Critical Incident Reports submitted by state mental health institutions.

Staff consistently prepare monthly summaries of CIRs, quarterly trend analyses of CIRs, quarterly reports on use of administrative investigations and other analyses as needed for use in institution monitoring and to identify possible patterns of abuse or neglect.

VOPA worked on 21 investigations of alleged abuse or neglect in PAIMI institutional settings. In one instance, an improper restraint allegation was brought under the DMHMRSAS Human Rights procedures. The case was settled before reaching the Local Human Rights Committee hearing. Personnel action was taken against the staff involved and his supervisor for failure to correct subordinate or to make proper reports of the incident. All facility direct care staff are now required to attend training on the difference between re-direction and restraint, restraint criteria and the Virginia facility behavior management technique (TOVA).

In one case, VOPA received a complaint of a peer-on-peer assault that occurred while staff were assisting the client. The client received a hip fracture during the incident. VOPA met with institution representatives several times and achieved the following results: 1) a new policy on physician orders relating to patient behaviors, 2) new policy on collecting and analyzing data in order to identify trends of peer on peer assaults and 3) purchase of a new x-ray machine and collaboration with a local medical center to better address medical needs.

VOPA continues to pursue litigation in the case of a nursing home that has multiple deficient practices that VOPA believes have resulted in the abuse and neglect of numerous residents. This work is being carried over to FY07.

In another investigation stemming from a CIR, VOPA found that a resident was the victim of patient-on-patient abuse. Systemic changes put into place following our investigation include increased monitoring of patient behaviors and staff interventions, and increased use of a facility-developed database to track peer-on-peer assaults. This work is being carried over to FY07 due to its serious nature.

VOPA participated in working groups reviewing the DMHMRSAS Human Rights Regulations, the DSS licensing regulations for Assisted Living Facilities and monitored the work groups developing regulations for the certification of medication aides and licensing ALF administrators.

For each objective, provide the following information:

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

Objective # 4: Physical Abuse in Juvenile Facilities

b. Objective was: Met

c. Base Measure used to determine whether priority was met (numerical target)

- 1. Obtain compliance with reporting requirements and rights protection by monitoring three (3) Psychiatric Residential Treatment Facilities.
- 2. Identify possible abuse and neglect by reviewing all reports forwarded to VOPA by Psychiatric Residential Treatment Facilities and all complaints about schools and detention centers.
- 3. Prepare quarterly summaries of licensing inspections, investigations, monitoring results, complaints, and other relevant information about juvenile facilities to identify patterns of abuse or neglect and obtain corrective actions as appropriate.

4. Establish whether full investigation is warranted, where there is reason to suspect abuse or neglect, in complaints or reports of “serious occurrences” in juvenile facilities that result in serious bodily injury or loss of consciousness requiring medical treatment.
 5. Investigate five (5) instances of such allegations where there is probable cause to believe that abuse or neglect occurred in juvenile facilities and obtain corrective action. Investigations will focus on inappropriate restraint or seclusion and medical care.
 6. Inform juveniles and their families about their rights while in psychiatric residential treatment facilities, schools, and detention centers through technical assistance, short term assistance, and trainings for 25 individuals.
- d. Target population: PAIMI-eligible individuals in juvenile facilities.
- e. Outcome: Systemic issues that cause or contribute to abuse are identified and identified violations are remediated.

VOPA reviews and analyzes all Critical Incident Reports (CIRs) and seclusion/restraint data submitted by the two state-operated mental health facilities that provide care to children and adolescents, and reviews and analyzes all serious occurrence reports submitted by Psychiatric Residential Treatment Facilities (PRTFs).

VOPA continues to monitor three Psychiatric Residential Treatment Facilities. All parents or guardians were notified of VOPA’s monitoring.

A large number of complaints of abuse and neglect have been received regarding one particular PRTF as a result of VOPA’s monitoring activity. Seven individual investigations and four preliminary inquiries have been conducted concerning current and former patients at that facility. The complaints involve high levels of violence, sexual activity between staff and residents, misuse of seclusion and restraint, and inadequate staff qualifications, levels, and training. Staffing is so inadequate that police are regularly called to the facility to quell riots. VOPA sought remedial action from licensing authorities and other enforcement agencies. VOPA collaborated with the state survey agency (Office of Licensure and Certification of the Department of Health), DMHMRSAS Office of Licensing, and the Attorney General’s Medicaid Fraud Unit in an effort to obtain greater oversight of the facility.

The juvenile rights fact sheet (“Your Rights While Living at a Residential Facility for Children”) has been sent to 30 individuals. It is posted on the VOPA Website. VOPA staff trained five individuals at the Virginia Treatment Center for Children regarding these rights. Staff also educated the Mental Health Planning Council regarding the rights for juveniles. VOPA sent 25 copies of the juvenile rights fact sheet to twelve detention facilities across the state.

For each objective, provide the following information:

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

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

- b. Objective was: Partially Met
- c. Base Measure used to determine whether priority was met (numerical target)
1. Investigate possible psychiatric bed shortage in southeastern Virginia and identify responsive strategies by March 30, 2006.
 2. Represent consumer choice, independence, and community integration for people with mental illness or dual diagnoses on the Interagency Civil Admissions Advisory Commission.
- d. Target population: PAIMI-eligible individuals being assessed for or needing acute psychiatric hospitalization.
- e. Outcome: Systemic issues that cause or contribute to abuse or neglect are identified and advocacy for remediation is conducted.

VOPA continues to receive complaints from emergency room staff regarding individuals who require inpatient psychiatric treatment but who are spending long periods in emergency rooms because no psychiatric beds are available in the community. VOPA followed the cases of four individuals who were admitted to a state-operated psychiatric hospital following long stays in hospital emergency departments when a Temporary Detention Order (TDO) bed could not be obtained in the community. VOPA reviewed records to try to determine what, if any,

common factors were involved. All of the individuals had been active clients of CSBs. Three had been receiving PACT services. Subsequently, all were discharged to less restrictive settings. VOPA is taking a closer look now at PACT services to try to determine how an individual receiving the most intensive community-based services available could decompensate and then languish in a hospital emergency department for up to seven days.

Another example is where VOPA assisted an elderly man with mental illness in a nursing home. He decompensated and the nursing home had him prescreened for a Temporary Detention Order. The nursing home told the mental health prescriber that the client had to leave the facility and the police said the client either goes into a psychiatric hospital or to jail. A psychiatric bed could not be found so he was charged and arrested. VOPA was contacted by the jail. VOPA contacted the family who had guardianship and the family agreed for VOPA to try to help. VOPA worked with the family who worked with client's attorney and the charges were dropped. The client went to the family home. The nursing home was reported to the licensing board which did an investigation and their license was placed on probation. The family was pleased with the result.

Development of overall response strategies to the shortage of beds is ongoing.

The Interagency Civil Admissions Advisory Council (ICAAC) was established by the state legislature with a charge to identify and discuss various issues related to emergency custody, temporary detention, admission, and involuntary inpatient and outpatient treatment. Chaired by the Secretary of Health and Human Resources, the Council's membership includes representatives of the community services boards, mental health professionals and providers, state government, local government, a family member and a consumer. The Council was established by Virginia Statute: *The Interagency Civil Admissions Advisory Council (the Council) is established as an advisory council, within the meaning of § 2.2-2100, in the executive branch of state government. The purpose of the Council is to study issues related to the provisions of Virginia law regarding the emergency custody, temporary detention, admission, and involuntary inpatient and outpatient treatment of persons with mental illness, to propose recommendations and provide advice addressing those issues, and to improve the coordination and effectiveness of the implementation of those recommendations.*

VOPA attends all meetings of the ICAAC as members of the public. During FY06 we challenged a Council proposed statutory amendment that would have permitted "appropriate" medical evaluation and treatment during the ECO/TDO process without addressing the need for informed consent. The proposal was withdrawn. We also challenged a legislative initiative to delete the requirement to identify the facility of detention on the TDO. This deletion was based on the difficulty that prescreeners have in locating an available psychiatric bed in the time allotted for the detention. If allowed, the individual could be held and not notified of what facility they were eventually being taken to. That proposal was also withdrawn.

The work in this area continues into FY07 as the Commission is on-going.

Provide the following information for each priority/goal and objective identified for the fiscal year.

For each objective provide the following information:

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

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

b. Objective was: Met

c. Base Measure used to determine whether priority was met (numerical target)

1. Represent the rights of persons with mental illness to appropriate mental health treatment on the DMHMRSAS Forensic Special Populations Work Group.
2. Represent five (5) inmates in county or municipal jails who have been denied access to needed psychiatric medications or treatment

d. Target population: PAIMI-eligible individuals residing in county and municipal jails.

e. Outcome: Systemic issues that cause or contribute to abuse or neglect are identified and advocacy for remediation is conducted.

VOPA completed five investigations involving inmates who were allegedly denied needed psychiatric medications or treatment. VOPA responded to complaints from individuals at two city jails and three regional jails. One client with serious mental illness had been in a regional jail for more than a month without a psychiatric evaluation or medications despite repeated promises to the contrary. VOPA intervened and he was promptly seen by a psychiatrist, evaluated and medications were prescribed. The client reported improvement. However, staff then denied him a scheduled specialist appointment for a painful chronic condition. Initial advocacy measures were not successful and VOPA then issued a formal demand letter. The client was then taken to the specialist, evaluated, and treatment prescribed.

An additional individual was provided with technical assistance regarding how to file a complaint within the jail system.

VOPA was informed of two other individuals whose family members were very concerned that their incarcerated loved ones may not be receiving appropriate mental health treatment. However, when interviewed by VOPA, both individuals noted they did not need any assistance in this area. Following client direction VOPA closed the inquiries.

Another family contacted VOPA about their concern that their family member may not be receiving appropriate mental health treatment. Upon inquiry, VOPA learned that the individual at times would refuse his medication and then be transferred to another facility that was a hardship for the family to visit. VOPA provided the family and the individual with information and clarification about the limitations of the facility to provide in-patient services.

VOPA continues to participate on the Forensic Special Populations Workgroup which addresses issues of appropriate treatment of offenders with mental illness in appropriate settings with discharge to community when the patient is determined to no longer be dangerous to self or others. The workgroup has focused on better understanding of and access to mental health treatment in jails and on diversions from the criminal justice system. The workgroup was convened by DMHMRSAS and includes representatives from a number of state agencies, local and regional jails, law enforcement, attorneys, and mental health professionals who work in forensic settings or with forensic clients, consumers and advocates. There has been review of the progress that localities have made in using varied approaches to provide services, including restoration of competency in jails and community settings.

For each objective, provide the following information:

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

Objective # 7: Completion of on-going work

b. Objective was: Met

c. Base Measure used to determine whether priority was met (numerical target)

1. In every case where a client in a public school has been subjected to seclusion or restraint, in addition to other representation, determine if school has a seclusion and restraint policy and has received training in the use of seclusion and restraint. If not, obtain corrective action as appropriate.
2. Complete investigation of informed consent practices at Western State Hospital and obtain corrective action as appropriate.
3. Send the juvenile rights fact sheet to 30 individuals.

d. Target population: PAIMI-eligible individuals in schools in Western State Hospital and juvenile facilities.

e. Outcome: Systemic issues that cause or contribute to abuse or neglect are identified and advocacy for remediation is conducted. Inappropriate seclusion or restraint in the identified juvenile facilities and schools will decrease.

Complaints were made to the Western State Hospital (WSH) internal patient advocate that when an individual was assigned a Legally Authorized Representative, the individual was not then provided all of the information necessary to provide informed consent. The Local Human Rights Committee (LHRC) reviewed the hospital's documentation and found that they did not adequately explain options other than medication and were otherwise only marginally adequate. (VOPA staff are regular attendees at the LHRC meetings.) These concerns were shared with the WSH administration. The facility modified its informed consent form which was reviewed by LHRC and adopted by the facility last November.

VOPA was contacted about a child (diagnosed with bipolar disorder and Emotional Disturbance) who was being placed in a small "closet-like" seclusion room. VOPA opened the case to ensure appropriate behavioral strategies and supports were being employed. VOPA reviewed the individual client records, restraint and seclusion training, and policies for the school itself and the school district. Despite extensive negotiation, VOPA could not reach settlement with the school. Therefore, we filed a due-process hearing request. On the eve of the due process hearing, the school agreed to our requests: 1. Remove the inappropriate time-out room from the child's classroom. 2. Provide a 1-1 behavioral aide for the child.

The "closet-like" seclusion room was replaced with part of the classroom being sectioned off for time-out purposes. The time-out room was enclosed; it had four walls and a ceiling. The sectioned off part of the classroom that replaced the room had three quarter walls, no ceiling, a window (at child's height) and beanbags. The size, window, open quality, and beanbags were based on expert advice considering the sensory needs of the child.

Further VOPA provided technical assistance to the parent in order for the child to receive an appropriate Functional Behavioral Assessment and Behavior Intervention Plan. The great news is that this school year, the child has not been placed in time-out. This may be in part because with the 1-1 behavioral aide and strategies recommended via FBA/BIP, behaviors are now effectively dealt with prior to escalation.

The change in time-out area occurred in the one self-contained classroom for this elementary school. Thus, this change potentially affects all of the self-contained special education students in the school. Although this work was completed under another funding stream, it will provide a positive impact for PAIMI eligible children.

The juvenile rights fact sheet has been sent to 30 individuals and has been distributed to each juvenile detention facility. The juvenile rights fact sheet was distributed to 30 individuals at staff trainings and presentations and 25 copies of the fact sheet were distributed to each juvenile detention facility.

For each objective, provide the following information:

Goal #2: Children with Disabilities Receive an Appropriate Education

Objective # 1: Children who have been (or are at risk of being) suspended due to Inadequate Behavioral Intervention Plans (BIPs) or Functional Behavioral Assessments (FBAs)

- b. Objective was: Partially Met/Continuing
- c. Base Measure used to determine whether priority was met (numerical target)
 - 1. Represent ten (10) children who have been suspended or who are at risk of being suspended due to inadequate functional behavioral assessments or behavioral intervention plans.
 - 2. Post Suspension/Expulsion brochure to the web and send to local Special Education Advisory Councils, Parent Resource Centers, the VDOE Ombudsman, and parent organizations.
- d. Target population: PAIMI-eligible children suspended or at risk of suspension due to inappropriate behavioral intervention plans or functional behavioral assessments.
- e. Outcome: These 10 children will receive adequate functional behavioral assessments or behavioral intervention plans

VOPA assisted several children in psychiatric residential treatment facilities who desire transition services. In one case, the local education agency changed the child's designation to "ineligible" rather than provide the services. VOPA continues to advocate for the child.

VOPA has opened a significant number of cases under this objective during this year using several funding streams; only one individual was PAIMI eligible. The individual's mother contacted VOPA concerned that her child was not progressing in school. For example, the child cannot write in cursive and is in the 10th grade. VOPA has advocated for the child to receive appropriate special education services including a behavioral intervention plan. VOPA will continue to advocate for similarly situated children.

VOPA developed a special education eligibility fact sheet that has been published, posted on the VOPA website, and is available in alternate format. The IEE brochure concerning "Independent Education Evaluations" (IEE) is in the final stage of VOPA's approval process.

For each objective, provide the following information:

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

Objective # 1: Geriatric Programs in Mental Health Facilities

- b. Objective was: Partially Met/Continuing
- c. Base Measure used to determine whether priority was met (numerical target)
 - Investigate quality of programs for geriatric patients at Eastern State Hospital, Piedmont Geriatric Hospital, Catawba Hospital and Southwestern Virginia Mental Health Institute. Develop recommendations for all state mental health institutions serving geriatric patients, and obtain corrective action as appropriate
- d. Target population: Geriatric PAIMI eligible individuals living in state operated mental health institutions.
- e. Outcome: Better quality active programming for geriatric patients at state mental health institutions will be addressed.

VOPA is engaged in an ongoing assessment of the quality of programs for geriatric patients at the state hospitals that have specific programs for such patients. We are currently gathering information on the programs operated by the Hancock Geriatric Center at Eastern State Hospital (ESH), Southwestern Virginia Mental Health Institute (SWVMHI), Catawba Hospital, and Piedmont Geriatric Hospital. The Hancock Geriatric Treatment Center has 330 certified long-term care (SNF/NF) beds. The Hancock Center is also JCAHO accredited. SWVMHI has 25 certified long-term care (SNF/NF) beds and is also JCAHO accredited. As certified long-term care facilities, The Hancock Center and SWVMHI are required to comply with regulations promulgated by the Centers for Medicare and Medicaid Services. Catawba Hospital is an Institution for Mental Disease (IMD) operating 110 beds and is JCAHO accredited. Catawba operated two geriatric units each with a 30 bed capacity. Piedmont Geriatric Hospital (PGH) is an IMD operating 135 beds and is JCAHO accredited. Piedmont is the only state-operated mental health facility dedicated solely to the provision of services to the geriatric mentally ill. VOPA is in the process of

identifying resources with the necessary expertise to identify best practices in the area of provision of mental health services to the elderly.

VOPA will continue this work into the FY07 objectives.

For each objective, provide the following information:

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

Objective # 2: Services and Supports to Enable Individuals to Move into the Community

b. Objective was: Partially Met/Continuing

c. Base Measure used to determine whether priority was met (numerical target)

1. Develop informational brochure on community services and supports based on the Olmstead decision and send to four (4) community advocacy groups for persons with disabilities for distribution of fact sheet.
2. Inform policy-makers of the requirements of the Americans with Disabilities Act's Integration Mandate as set forth in the Olmstead decision, in response to all relevant legislative proposals, proposed administrative regulations, and organizational policies.
3. If funded, represent consumer choice, independence, and community integration for people with mental illness in DMAS/DMHMRSAS Systems Transformation Grant and Mental Health Transformation State Incentive Grant efforts

d. Target population: PAIMI-eligible individuals in institutions.

e. Outcome: Systemic reforms that will afford PAIMI-eligible individuals more opportunities to move into the community.

The informational brochure on community services and supports based on the Olmstead decision has been written and is in the final stage of the VOPA reviewing process.

Neither the DMAS Systems Transformation Grant nor the DMHMRSAS Transformation State Incentive grants were funded. However, VOPA will continue to advocate for consumer choice, independence and community integration for people with disabilities in other settings.

VOPA attended the monthly meetings of the Coalition for Virginians with Mental Disabilities. Although not a member of the Coalition, VOPA staff participated in discussions to help the Coalition frame its legislative agenda in a consumer directed manner and supported efforts to enhance community integration opportunities for consumers.

VOPA staff have been active participants in the DMHMRSAS mental institutions discharge protocol revision process. VOPA assisted in providing input about distinguishing the role of the facility and the role of the community service board. VOPA also noted that there was little opportunity for consumer input in the revision process. DMHMRSAS responded by scheduling focus groups with consumers around the state; at this time only one group has been held.

Provide the following information for each priority/goal and objective identified for the fiscal year.

For each objective, provide the following information:

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

Objective #1: Appropriate and Timely Discharge Plans at State Mental Health Facilities

b. Objective was: Partially Met/Continuing

c. Base Measure used to determine whether priority was met (numerical target)

1. Complete investigation of DMHMRSAS' failure to discharge eligible individuals from mental health institutions by February 1, 2006. In collaboration with DMHMRSAS, identify remedial steps needed to improve discharge planning and obtain compliance.
2. Obtain discharge planning services by both state mental health institutions and community services boards as required by law and regulation for ten (10) patients of state mental health institutions.
3. Represent ten (10) patients of state mental health institutions who are ready for discharge and who wish to live in a more integrated setting.
4. Revise discharge planning and mental health treatment brochures and distribute to 50 consumers.

d. Target population: PAIMI eligible individuals residing in State Mental Health Institutions who have been deemed ready for discharge.

e. Outcome: PAIMI-eligible individuals will be more actively and appropriately involved in the development of appropriate and timely discharge plans from mental health facilities; and the plans are implemented appropriately and in a timely manner.

VOPA assisted 17 PAIMI eligible individuals with discharge planning at state hospitals. The primary barrier to discharge for all individuals seeking discharge was a lack of community placements. In some cases, our clients were institutionalized because the responsible community services board failed to provide necessary supports and services. Lack of housing and lack of behavioral supports are significant barriers for our clients.

In one case, VOPA was contacted by a consumer who was having difficulties with the community services board's (CSB) lack of involvement in the discharge planning process with the facility staff. VOPA staff met with the client and facility team to clearly identify barriers to discharge. Then VOPA contacted the CSB who made arrangements for an appropriate residential placement and follow-up mental health services.

VOPA completed its investigation into DMHMRSAS' failure to discharge people with mental illness from institutions. VOPA submitted a report to DMHMRSAS and is now working with DMHMRSAS to implement the major suggestions made by VOPA. Since that time, VOPA has collaborated with DMHMRSAS to secure the discharge of two people with mental illness who were denied discharge by Virginia Courts. In both cases, VOPA, at DMHMRSAS' request, represented a person with mental illness found not guilty by reason of insanity of a misdemeanor. Although DMHMRSAS certified that the individuals should be discharged, the discharge was opposed by localities and initially denied by local courts. VOPA represented each person at a trial and secured their discharges.

The discharge planning and mental health treatment brochures have been revised and are being reviewed. With this review, VOPA recognized that these brochures have a lot of complex information in them and cover a host of issues. VOPA decided that these publications should be included in the Office's review and revision of all publications. VOPA staff authored two new publications titled, "*Information About Your Rights in Assisted Living Facilities*" and, "*Information About Your Rights While Living at a Residential Facility for Children.*" Both of these publications are of value for PAIMI eligible individuals.

For each objective, provide the following information:

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

Objective #2: Alternative Decision Making Methods

b. Objective was: Partially Met/Continuing

c. Base Measure used to determine whether priority was met (numerical target)

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

d. Target population: PAIMI eligible individuals at risk of full guardianship or no longer needing full guardianship

e. Outcome: Systemic recommendations that will result in PAIMI-eligible individuals having increased opportunities to participate in alternative decision making processes in lieu of full guardianship.

VOPA represented 2 PAIMI individuals this fiscal year in the area of substitute decision making. One individual was identified by Virginia Department of Aging's Long Term Care Ombudsman program as not needing or wanting a full guardian. However, after several interviews with VOPA staff, the individual has declined to make any changes even though VOPA, the LTC Ombudsman and the housing provider has assured him he could handle the decisions and that his guardian would not be in any legal jeopardy if things changed. Respecting consumer direction, VOPA provided him with technical assistance and information about his rights and closed the case.

VOPA attended and participated in the quarterly Public Guardianship Advisory Board meetings. VOPA gave an overview of the alternatives to guardianship study progress. VOPA serves on 2 committees, Program Planning and Development and Healthcare Decision-making.

VOPA is working on the "flowchart" and decision tree using Microsoft Visio. It is a software program used to develop floor plans, flowcharts, etc. It is also able to use the hyperlinks so that the final products may be posted on the webpage.

An article concerning alternatives to guardianship is in the final stages of being written. Potential publications have been identified.

VOPA served on the Assisted Living Facilities Licensing Regulations Advisory Group. VOPA frequently advocated to ensure that the regulations included the individual or their representative in every aspect of their care planning assessment, development and revision. VOPA was also a strong presence in the DMHMRSAS Human Rights regulations review process while serving on the "consent" subcommittee which addressed substitute decision making options.

For each objective, provide the following information:

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

Objective # 1: Underserved Communities

b. Objective was: Met

c. Base Measure used to determine whether priority was met (numerical target)

1. Obtain full compliance with settlement agreement with McGuire Veterans Medical Center.
2. By December 1, 2005, identify two (2) additional underserved areas in the far Southwest Virginia.
3. Develop plan for outreach to these areas by February 1, 2006.
4. Implement outreach activities beginning March 1, 2006.
5. By April 30, 2006, develop a plan for increasing cultural, geographical, and disability diversity on VOPA's Board of Directors and Advisory Councils

- d. Target population: PAIMI-eligible individuals in Virginia that have been traditionally underserved by VOPA.
- e. Outcome: These underserved populations will have a greater awareness of VOPA and the services we can provide.

Outreach in the southwestern region of Virginia has included presentations to the following groups: Radford University on self-advocacy; to the Wytheville CSB on VOPA services and how we can work together in serving clientele; to The Appalachian Independence Centers in Galax and Bristol on VOPA services; and to the On Our Own – Drop in Center in Charlottesville on VOPA services. VOPA participated in a mental health walk in Emory, which included persons from Radford, Wytheville, Galax, Marion, Abington, Grundy, Tazewell, Richland, St. Paul, Big Stone Gap, and Clintwood as a part of the Southwest Virginia Consumer and Family Involvement Project. VOPA has also connected with the Valley Voice who has agreed to read a VOPA Public Service Announcement (PSA) on their radio station. In addition, VOPA had an article published in the Girl Scout newsletter regarding inclusion of those with disabilities that was mailed to members in the southwest area. All of these organizations were very appreciative of the outreach and VOPA has received several requests for information and referral from these organizations as a result of the outreach efforts in this area.

The Advisory Councils have both developed and implemented a membership recruitment plan that we hope will increase the diversity of the Councils. There are roles for both Council members and VOPA staff in the plan. In addition, through the web-based survey for annual public input for the priority planning there was an opportunity to request more information about the Advisory Councils. Council members have taken a very active role in recruiting new applicants. VOPA staff are in the process of reviewing the applications we have received and responding to other Council related inquiries.

For each objective, provide the following information:

Goal #5: People with Disabilities in the Commonwealth of Virginia are Aware of VOPA’s Services

Objective # 2: Outreach to constituents of the Eastern Shore

- b. Objective was: Met
- c. Base Measure used to determine whether priority was met (numerical target)
 - 1. Develop and implement a plan for outreach to residents of the Eastern Shore using contacts with area service providers.
 - 2. By April 1, 2006, evaluate and refine the Eastern Shore outreach plan
- d. Target population: PAIMI-eligible individuals living in the Eastern Shore.
- e. Outcome: These underserved populations will have a greater awareness of VOPA and the services we can provide.

VOPA conducted outreach efforts on the Eastern Shore. Information about VOPA was provided for the following groups: the Center for Independent Living (CIL), the CSB, the local newspaper (The Eastern Shore News), Shore Memorial Hospital, and the Eastern Shore Health Fair. Outreach has been provided to the Children’s Hospital of the King’s Daughters and Old Dominion University (both located in Tidewater, also serving the Eastern Shore). The local newspaper ran a public service announcement (PSA) for a week that provided information and contacts for VOPA. WHRO TV and Radio which reaches the Eastern Shore read the PSA over the radio. These providers requested and received a large amount of VOPA publications that they are eager to share with consumers. VOPA also had an article published in the Girl Scout newsletter regarding inclusion of those with disabilities that was mailed to members in this area. Outreach recipients have included both service providers and consumers.

The CSB and Children’s Hospital of the King’s Daughters requested and were greatly appreciative of receiving materials in Spanish. They also are eager to share these materials with local residents who speak Spanish.

VOPA participated in a Health Fair in Northampton County (Eastern Shore) and handed out VOPA materials to approximately 200 family members and service providers in the area. VOPA staff also visited the CIL in Northampton County and passed out VOPA materials. VOPA conducted a presentation on self-advocacy for mental health consumers in Southwest Virginia. VOPA is in the process of arranging several other presentations in both the Eastern Shore and Southwest areas. VOPA is in the process of visiting 40 Department of Rehabilitative Services (DRS) offices and 6 Department for the Blind and Vision Impaired (DBVI) offices, which will include

both the Eastern Shore and Southwest areas.

Provide the following information for each priority/goal and objective identified for the fiscal year.

For each objective, provide the following information:

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

Objective # 3: Spanish Speaking Constituents

- b. Objective was: Partially Met/Continuing
- c. Base Measure used to determine whether priority was met (numerical target)
 - 1. Develop outreach to Spanish-speaking communities in two (2) additional areas with the assistance of the Spanish Speaking Advisory committee.
 - 2. Inform Spanish speaking constituents of their rights by translating all publications into Spanish and distributing a list of translated materials to ten (10) contact organizations.
- d. Target population: PAIMI-eligible individuals in Virginia who speak Spanish that have been traditionally underserved by VOPA
- e. Outcome: These underserved populations will have a greater awareness of VOPA and the services we can provide.

VOPA has formed alliances with the Refugee and Immigration Services and has participated in the Henrico Hispanic Coalition and the Richmond Coalition, which includes service providers and members from the Hispanic community. VOPA, through the Neighborhood Development Center, had 1,286 flyers delivered to families of Hispanic origin informing them of VOPA services.

VOPA has participated in the Henrico Hispanic Coalition and the City of Richmond Hispanic Coalition to strengthen our relationships with service providers to Spanish speakers. We attended a Neighborhood Watch meeting in the City of Richmond and handed out our VOPA flyer in Spanish to make the Spanish community aware of our services. We have also arranged for a volunteer to look over our publications once they are translated into Spanish to ensure that the correct meaning is being conveyed.

Indicator #2 above was not met.

For each objective, provide the following information:

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

Objective # 4: Law Enforcement Agencies Recognize the Rights of Persons with Disabilities

- b. Objective was: Not Met
- c. Base Measure used to determine whether priority was met (numerical target)
 - 1. Inform two (2) law enforcement agencies or associations about rights issues involved in law enforcement interaction with persons with mental illness.
- d. Target population: PAIMI-eligible individuals who have reason to be involved with law enforcement entities.
- e. Outcome: People with mental illness have more positive encounters with law enforcement.

Due to staff shortages VOPA was unable to meet identified objectives under this focus area.

For each objective, provide the following information:

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

Objective # 5: Collaboration with Mental Health Consumer Groups

- b. Objective was: Met
- c. Base Measure used to determine whether priority was met (numerical target)
 - 1. Obtain advice from the VOPA PAIMI Advisory Council about outreach opportunities and linkages to consumer groups and any specific publications developed for this outreach effort.
 - 2. Inform consumers and families about patients' rights to discharge planning and appropriate mental health treatment through two (2) trainings to 20 individuals.
 - 3. Send VOPA brochure and mental health publications to five (5) consumer groups.
- d. Target population: PAIMI-eligible consumers.
- e. Outcome: These underserved populations will have a greater awareness of VOPA and the services we can provide.

VOPA made presentations to the national NAMI staff, NAMI Virginia Beach, and the NAMI Chesapeake chapters. The presentations included consumers and family members. The Local chapter presentations included an overview of Virginia's P&A program, while the national presentation included Virginia's and the national P&A network. VOPA also presented to the Richmond Mental Health Wellness Mentors.

VOPA participated in VOCAL Network's Regional Symposiums in Richmond and Martinsville. VOPA also presented to the VOCAL Charlottesville chapter. Staff provided an overview of VOPA and supported participation in consumer advocacy efforts.

Once all the mental health brochures have been reviewed, staff will distribute them to at least five consumer groups. VOPA sent 25 copies of each of the following two new mental health brochures to eight mental health consumer groups across the state: "Information About Your Rights in Assisted Living Facilities" and "Information About Your Rights While Living at a Residential Facility for Children."

VOPA staff were invited to and participated in the Southwestern Virginia Clubhouses' Annual Retreat. Providing the opening session presentation and participating in the retreat afforded VOPA the opportunity to share information both formally and informally about VOPA, mental health related disability rights and self advocacy techniques. VOPA has been invited to come back next year and to have a greater role in the retreat.

The PAIMI Advisory Council brainstormed with staff about contacts and opportunities for collaboration with mental health consumer groups. Council members encouraged VOPA staff to include peer-to-peer efforts as well as traditional provider settings for outreach.

VOPA staff have reached over 200 mental health consumers with information regarding discharge planning rights through their trainings and outreach activities.

For each objective, provide the following information:

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

Objective #6: Employment for People with Mental Illness

- b. Objective was: Partially Met/Continuing
- c. Base Measure used to determine whether priority was met (numerical target)
 - 1. Through VOPA's Employment Clinic, inform people with mental illness about their rights to employment and employment services under the law.
 - 2. Obtain advice from the VOPA PAIMI Advisory Council about resources and linkages to improve employment opportunities.
- d. Target population: PAIMI-eligible individuals with employment issues.
- e. Outcome: These underserved populations will have a greater awareness of VOPA and the services we can provide.

Through VOPA's employment clinic, VOPA is developing training programs designed to inform people with mental illness of their right to employment and right to reasonable accommodations for their disabilities. The VOPA employment clinic prepared and presented a training specifically for people with non-obvious disabilities and presented it to several groups that included people with mental illnesses, including college and high school students preparing for the workforce and individuals who are already employed. The presentation addressed issues including the right to request accommodations, if and when to disclose a mental illness, and appropriate remedies for people who face discrimination.

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| 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). Include individuals carried over from the previous year. Do not include individuals represented as part of a group or a legal class action, or 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>49</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 in Section VIII of this report.</p> |
| <p>2. Total of new/renewed PAIMI-eligible clients served during the fiscal year. <u>69</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. Total <u>118</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 individuals who requested individual advocacy services under the PAIMI Act [42 U.S.C. 10801 <i>et seq.</i>] 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. <u>4,351</u></p> |

5. Identify populations, advocacy issues and activities (systemic, legislative, educational, training, etc.) that will be addressed in the future.

VOPA is participating in an effort sponsored by the Chief Justice of the Virginia Supreme Court to reform the mental health system in Virginia: the Commission on Mental Health Law Reform.

VOPA has a representative on each of the Commission Task Forces – Access to Services, Children and Adolescents, Commitment, Consumer Empowerment, and Criminal Justice. The task forces are charged with identifying and addressing the primary issues/problem areas and reporting to the Commission. The guiding principle of the Commission is to assure access to recovery-oriented services that facilitate consumer choice and protect consumers and others from harm.

B. Number of Case Problems of Individual PAIMI-Eligible Clients Total: 153

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.

C. Age of Individual Clients* [See, 42 U.S.C. 10804(a)(1)(4), 42 CFR 51.24 (a)]

| | | | | | | |
|---------------|----------------|------------------|------------------|-------------------|--------------|-------------------|
| 0- 4 <u>0</u> | 5- 12 <u>3</u> | 13- 18 <u>22</u> | 19 - 25 <u>9</u> | 26 - 64 <u>75</u> | 65+ <u>6</u> | Total: <u>115</u> |
|---------------|----------------|------------------|------------------|-------------------|--------------|-------------------|

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

*Three client's ages are unknown or they refused to give Date of Birth.

D. Gender of Individual Clients

| | |
|---------|-----------|
| Male 68 | Female 50 |
|---------|-----------|

Total 118

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 | 36 |
| d. Hispanic/Latino | 4 |
| e. Native Hawaiian or Other Pacific Islander | 1 |
| f. White | 74 |
| Total | 116* |

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

*Ethnicity/Racial Background is unknown or was refused to respond by 2 individuals.

| F. Clients' Living Arrangements at Intake | Total |
|--|--------------|
| Independent | 7 |
| Parental or other Family Home | 4 |
| 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) | 0 |
| Adult Community Residential Home (e. g., supervised apartment, semi-independent, halfway house, board & care, small group home 3 or less) | 6 |
| *Non-medical community-based residential facility for children & youth (Age 0-18) | 0 |
| Foster Care | 0 |
| *Nursing Facilities, including Skilled Nursing Facilities(SNF) | 2 |
| *Intermediate Care Facilities (ICF) | 0 |
| * Public and Private General Hospitals, including emergency rooms | 0 |
| * Other health facility | 0 |
| Psychiatric wards (public or private) | 0 |

| F. Clients' Living Arrangements at Intake | | | Total |
|--|--------------|---------------------|--------------|
| Public (Municipal or State-operated) Institutional Living Arrangement (e.g., hospital treatment center/school or large group home 4+ beds) | | | 78 |
| Private Institutional Living Arrangement (e.g., hospital or treatment center, school or large group home more than 3 beds) | | | 12 |
| Legal Detention/Jail/Detention Center | | | 7 |
| State Prison | | | 1 |
| Homeless | | | 0 |
| Federal Facility (List) | 1. Detention | 2. Prison | 1 |
| 3. Veterans Hospital | 4. Military | 5. Other (describe) | |
| Total Client Cases by Living Arrangement | | | 118 |

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 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 | D=10 | 10 |
| b. *Inappropriate or excessive: 1. Physical restraint, | A=2, B-2, | 6 |
| | C-2, D=1 | |
| 2. Chemical restraint | | 0 |
| 3. Mechanical restraint | D=1 | 1 |
| 4. Seclusion | D=1 | 1 |
| c. Involuntary medication | D=1 | 1 |
| d. Involuntary Electrical Convulsive Therapy (ECT) | | 0 |
| e. Involuntary aversive behavioral therapy | | 0 |
| f. Involuntary sterilization | | 0 |

| | | |
|--|--------------------------------|-----------|
| g. Failure to provide appropriate mental health treatment | A=4, B=3 C=2, D=2 | 10 |
| h. Failure to provide needed or appropriate treatment for other serious medical problems | A=1, B=1, D=1 | 3 |
| i. *Physical assault: | | 0 |
| 1) Serious injuries related to the use of seclusion and restraint. | | |
| 2) Serious injuries NOT related to seclusion and restraint. | D=3 | 3 |
| j. Sexual assault | B=1 | 1 |
| k. Threats of retaliation or verbal abuse by facility staff | A=1, B=1 | 2 |
| l. Coercion | | 0 |
| m. Financial exploitation | | 0 |
| 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. | | 0 |
| TOTAL (Sum of a. - n.) | A=8, B=8, C=4, D=20 | 38 |

* 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 | 9 |
| b. # of Complaints/Problems Withdrawn or Terminated by Client | 3 |
| c. # of Complaints/Problem Favorably Resolved in Client's Favor | 26 |
| d. # of Complaints/Problem Not Favorably Resolved in Client's Favor | 0 |
| e. Total Number of Complaints/Problem Addressed From Closed Cases | 38 |

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

A.3. Abuse Outcome Statements

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.

- 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. Validated abuse complaints that have favorable resolution as a result of P&A intervention
- D. Other indicators of success or outcomes that resulted from P&A involvement

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 | | 0 |
| b. Transportation to/from residential care or treatment facility | | 0 |
| c. Discharge planning or release from a residential care or treatment facility | C=18, D=5, E=11 | 30 |
| d. Mental health diagnostic or other evaluation (does not include treatment) | D=1, E=2 | 2 |
| e. Medical (non-mental health related) diagnostic or physical examination | D=1 | 1 |
| f. Personal care (e.g., personal hygiene, clothing, food, shelter) | | 0 |
| g. Physical plant or environmental safety | E=1 | 1 |
| h. Personal safety (client-to-client abuse) | A=8, B=9, E=2 | 11 |
| i. Written treatment plan | E=1 | 1 |
| j. Rehabilitation/vocational programming | B=1 | 1 |
| l. Other. [Please describe. However, make every effort to report within the above categories.] | B=1 | 1 |
| TOTAL (Sum of a-j) | A=8, B=11, C=18, D=7, E=17 | 48 |

B. 2. Complaints Disposition: For closed cases, 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 | 3 |
| b. # of Complaints/Problems Withdrawn or Terminated by Client | 3 |
| c. # of Complaints/Problem Favorably Resolved in Client’s Favor | 42 |

| Areas of Alleged Neglect | Outcomes | # From Closed Cases Only |
|--|----------|--------------------------|
| d. # of Complaints/Problem Not Favorably Resolved in Client's Favor | | 0 |
| e. Total Number of Complaints/Problem Addressed From Closed Cases | | 48 |

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 described or related to the complaint/problem. Enter the appropriate letter(s) in the "outcome" column in table - B.1.

- A. Validated neglect complaints that have a favorable resolution as a result of P&A intervention
- B. Positive changes in policy, law or regulation regarding neglect in facilities (describe facilities).
- C. Persons with disabilities discharged consistent with their treatment plan after P&A involvement.
- D. Persons with disabilities whose treatment plans met selected criteria.
- E. Other indicators of success or outcomes that resulted from P&A involvement.

C.1 Alleged Violations of Rights: Number of Complaints/problems on Rights Protection:

| Areas of Alleged Rights Violations | Outcome | Complaints from Closed Cases Only |
|---|----------|-----------------------------------|
| a. Housing Discrimination | | 0 |
| b. Employment Discrimination | B=1 | 1 |
| c. Denial of financial benefits/ entitlements (e.g., SSI, SSDI, Insurance) | | 0 |
| d. Guardianship/Conservatorship problems | | 0 |
| e. Denial of rights protection information or legal assistance | A=2 | 2 |
| f. Denial of privacy rights (e.g., congregation, telephone calls, receiving mail) | | 0 |
| g. Denial of recreational opportunities (e.g., grounds access, television, smoking) | B=2 | 2 |
| h. Denial of visitors | B=1 | 1 |
| i. Denial of access to or correction of records | A=1 | 1 |
| j. Breach of confidentiality of records (e.g., failure to obtain consent before disclosure) | | 0 |
| k. Failure to obtain informed consent (see also, involuntary treatment) | A=1, C=2 | 2 |
| l. Failure to provide education (consistent with IDEA and state requirements) | A=2, B=5 | 7 |
| m. Advance directives issues | | 0 |
| n. Denial of parental/family rights | | 0 |

| Areas of Alleged Rights Violations | Outcome | Complaints from Closed Cases Only |
|--|----------------------|-----------------------------------|
| o. Consumer financial issues | | 0 |
| p. Immigration issues | | 0 |
| q. Criminal justice issues | | 0 |
| r. Denial of community habilitation services | | 0 |
| s. Health insurance/managed care issues | | 0 |
| t. Other. [Please describe separately. Make every effort to report within the above categories.] | | 0 |
| TOTAL (Sum of a. - t.) | A=6, B=9, C=2 | 16 |

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

| C. 2. Complaints Disposition: For closed cases, 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 | 3 |
| b. # of Complaints/Problems Withdrawn or Terminated by Client | 3 |
| c. # of Complaints/Problem Favorably Resolved in Client's Favor | 10 |
| d. # of Complaints/Problem Not Favorably Resolved in Client's Favor | 0 |
| e. Total Number of Complaints/Problem Addressed From Closed Cases | 16 |

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

| C.3. Violations of Rights Outcome Statements |
|---|
| For each of the areas of alleged violation of rights, choose one or more outcome statements that best describe or is related 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 Intervention. |
| 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 decisions 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: | VOPA has not collected intervention outcomes. We will research whether our current database can be updated to reflect this data element. | 28 |
| 2. Abuse/Neglect Investigations: | | 47 |
| 3. Technical Assistance: | | 10 |
| 4. Administrative Remedies: | | 5 |
| 5. Negotiation/Mediation: | | 28 |
| 6. Legal Remedies: | | 4 |
| Total Invention Strategies [Add items 1-6.] | | 122 |

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. . .”.

C. Outcome Statement

For each area of non-client advocacy activity, 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 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.

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 58
- B. The Center for Medicaid & Medicare Services (Regional Offices) 0
- C. Other (describe) 6
- D. **Total** 64

Five (5) deaths were reported to us by APS. One (1) death was reported by a PRTF. None were related to seclusion/restraint. VOPA conducted a preliminary inquiry into the PRTF death which documented the essential facts and revealed that the family had retained counsel and are pursuing a wrongful death action. One of the APS-reported deaths is part of VOPA’s nursing home investigation.

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

- A. Seclusion 0
- B. Restraint 0
- C. **Total** 0

3. Describe P&A involvement: Not applicable

SECTION V. INTERVENTIONS on BEHALF of GROUPS of PAIMI-ELIGIBLE INDIVIDUALS

A. Types of Interventions - Summary of Information. 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. This table provides 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.

| Type of Invention | Potential # of Individuals Impacted (See Guidance Below) | Concluded Successfully (See Guidance Below) | Concluded Unsuccessfully (See Guidance Below) | On-going |
|--|---|--|--|----------|
| Group Advocacy non-litigation | 1,686 | XX | | |
| Facility Monitoring Services | | | | |
| <ul style="list-style-type: none"> Assisted Living Facilities | 231 | The FY06 objective was met. VOPA’s FY07 objectives include monitoring 10 ALFs. | | |
| Court Ordered Monitoring | | | | |
| <ul style="list-style-type: none"> Brice’s Villa | 41 | | | XX |
| Legislative & Regulatory Advocacy | | | | |
| <ul style="list-style-type: none"> Assisted Living Regulations DMHMRSAS Human Rights Regulations | 33,890 110,861 | XX | | XX |
| Other | | | | |
| Total | 146,709 | 3 | | 2 |

Provide at least **one (1) example that** reflects 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.

VOPA completed its investigation into DMHMRSAS' facility discharge planning process and delivered the report to DMHMRSAS urging them to implement VOPA's recommendations. VOPA met with DMHMRSAS representatives who agreed to revamp discharge planning protocols and include VOPA suggestions. As the protocols were in the process of being revised, DMHMRSAS invited VOPA to participate on the task force. VOPA suggestions included greater communication between DMHMRSAS and CSBs, more consumer choice, more employment planning as part of discharge planning, and greater "out of catchment" planning.

VOPA monitored five (5) assisted living facilities over the past year. One facility was very aware of residents' rights and ensured that the residents who had guardians were made aware of VOIPA's monitoring visit. This was confirmed as several contacted VOPA to learn more of the visit and VOPA's findings as well as to learn more about OVPA and the services it provides. At another facility, the administrator was very receptive to learning more about how not to violate residents' rights and spent a lot of time with VOPA staff discussing rights.

VOPA was invited to and did participate in the Department of Social Services Assisted Living Facilities Licensing Regulations Advisory Committee. VOPA advocated for increased active consumer participation in the development, implementation, and revising of care plans. VOPA also advocated for and strongly advised the Committee to not set a separate criteria for people with mental illness who apply for admission to assisted living facilities. The proposed regulations as of this writing do not reflect the additional requirements for mental health consumers.

Guidance for Reporting Numbers of Individuals Potentially Impacted by Interventions

This guidance provides uniformity in the way in which all programs estimate and report the number of individuals potentially impacted, resulting in a positive life change, by the intervention types reported in Section V Table A of the PPR.

| Type of Intervention | Guidance for Determining Number of Individuals Potentially Impacted * |
|------------------------------------|--|
| Group Advocacy non-litigation | Estimated number of people with disabilities impacted by this change. (i.e., Count of People with Disabilities (PWD) that are normally impacted by this practice, policy and or structure) |
| Investigations (Non-death related) | Estimated number of PWD impacted by this activity. |
| Facility Monitoring Services | Estimated number of PWD impacted. (i.e., Count of PWD living in facility) |
| Court Ordered Monitoring | Estimated number of PWD impacted by this activity. (i.e., Count of PWD impacted by COM) |
| Class Litigation | Estimated number of PWD impacted by this activity. (i.e., Count of PWD impacted by CL) |
| Legislative & Regulatory Advocacy | Estimated number of PWD impacted by this activity. (i.e., Count of PWD that are normally impacted by this practice, policy and or structure) |
| Other | Estimated number of PWD impacted by this activity. (i.e., Count of PWD impacted by the specified intervention) |

*Number of persons potentially impacted within the fiscal year for which the PPR is submitted

Guidance for Determination of Concluded Successfully for Interventions On Behalf of PAIMI-

Eligible Individuals

Interventions reported in Section V Table A would be determined to have been concluded successfully if they meet **any one of the six positive outcome statements below**:

1. The intervention resulted in a positive change in a policy, law, regulation, or other barrier for persons with disabilities
2. The intervention changed the environment to increase safety or welfare for persons with disabilities.
3. The intervention resulted in a positive change through the restoration of client rights, the expansion or maintenance of personal decision-making, or the elimination of other barriers to personal decision-making for persons with disabilities.
4. The intervention resulted in persons with disabilities securing access to administrative or judicial processes.
5. The intervention resulted in persons with disabilities securing information about their rights and strategies to enforce their rights.
6. The intervention resulted in persons with disabilities taking action to advocate on their own behalf.

SECTION VI. NON-CLIENT DIRECTED ADVOCACY ACTIVITIES

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

Total 4,351

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 revisions noted earlier. The VOPA representative to the MHPC is the chair of the membership committee of the Council (05-present) and serves as a member of the Executive Committee. During the past year, the membership committee led in revision of the MHPC By-laws to increase membership of consumers and family members of children with serious emotional disturbance. Additionally, the VOPA representative attended meetings of the Child and Adolescent Committee. VOPA commented on the state's MHPC block grant application and assisted the MHPC president in drafting the MHPC letter that accompanies the application.

MHPC also reviewed the Inspector General's report on Emergency Services provided by the Community Services Boards.

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: 16 funded by PAIMI

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: 566

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

SECTION VI. NON-CLIENT DIRECTED ADVOCACY ACTIVITIES

| 3. Dissemination Activities | # of Items* or events | **Estimated # of persons receiving the information | Outcomes |
|--|------------------------------|---|-----------------|
| a. Radio/TV appearances | 0 | 0 | n/a |
| b. Newspaper articles (attach articles) | 9 | 20,000 | A |
| c. PSAs/videos/films/, etc. | 4 | 3,500 | A |
| d. Reports | 0 | 0 | n/a |
| e. Publications, including articles in Professional journals Girl Scout newsletter article | 1 | 1,600 | A, B |
| f. Other P&A disseminated information, including general training, outreach or presentations not included counted under training activities). Outreach Fairs and Exhibit Booths | 8 | 495 | A, B, C |
| g. Number Website hits | 22,173 | 22,173 | |
| h. Describe other media activities | 0 | 0 | n/a |
| Total: | # of Items or events | Estimated # of persons receiving the information | Outcomes |
| | 22,195 | 47,768 | A=5, B=3, C=-2 |

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.)

C. Outcome Statement

For each area of non-client advocacy activity, 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 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.

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 non-priority issues). Total 3 | | | |
| 3. Total [Add 1 & 2] 4 [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: 2 | b. The Executive Director | Total: 4 |
| c. Total 4a. and 4b. 4 | | | |
| 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. 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): Brent Brown, Raymond Burmester, William Fuller, Waja Grimm, Maureen Hollowell, Susan Kalanges, Rita Kidd, Elizabeth Priaulx, Dink Shackelford, Chris Harrison, and Pat Meyer. | | | |
| 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. <u>contemporaneous</u> [42 CFR 51.25(b)(4)] | | | |
| 8. Were written responses sent to all grievants? Yes <u>X</u> If not, explain below. [42 CFR 51.25(b)(5)] | | | |
| 9. Was client confidentiality protected? Yes <u>X</u> If not, explain below. [42 CFR 51.25(b)(6)] | | | |

SECTION VIII. OTHER SERVICES AND ACTIVITIES

A. List groups with whom the PAIMI Program coordinated systems, activities, and mechanisms (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). [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
- Department of Rehabilitative Services
- Department of Medical Assistance Services

Office of the Attorney General
 Virginia Public Guardian and Conservator Advisory Board
 State Special Education Advisory Council
 Medical Buy-in Work Group
 Centers for Independent Living
 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.

VOPA has formed alliances with the Refugee and Immigration Services and has participated in the Henrico Hispanic Coalition and the Richmond Coalition, which includes service providers and members from the Hispanic community. VOPA, through the Neighborhood Development Center, had 1,286 flyers delivered to families of Hispanic origin notifying them of VOPA services.

VOPA has participated in Coalitions to strengthen its relationship with service providers to people who speak Spanish. VOPA participated in Richmond's Neighborhood Watch "Night Out" and distributed the VOPA brochure in Spanish to help raise awareness in the Spanish community of VOPA's availability.

| C. Did your activities result in an increase of minorities in the following categories? | | |
|--|------------------------------|--|
| Staff | yes <input type="checkbox"/> | no <input checked="" 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 type="checkbox"/> | no <input checked="" 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 occasionally questioned.

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 could not complete an objective related to law enforcement due to staff shortages.

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

VOPA's most important PAIMI accomplishments are noted in other sections of the report.

VOPA's PAIMI Council's Chair was appointed to the Governing Board by the Governor. This individual is very active in many consumer advocacy efforts across the state; he is also involved in training other consumers about self-advocacy.

The new VOPA PAIMI Council Chair is a member of VOPA's Governing Board; however, the position on the Board does not have voting rights. This is because the Governing Board membership is defined by the Virginia Code, which is very specific about who can be a member of the Board. However, the VOPA Board values the work of the Council and developed their by-laws to include the PAIMI Council Chair as a member of the Board. This past year, the Governing Board developed a committee structure that allows other Advisory Council members to participate in the work of the Board and to interact with the Board members.

VOPA's Director implemented and maintained a "Legislative Watch" on the VOPA website during the General Assembly session. It was updated daily, with the most recent activity and a commentary as appropriate. The Legislative Watch generated a heavy amount of feedback from the community at the beginning of the session and a steady flow of comments throughout the session. It seemed to be a useful tool for some in the disability community.

A state operated psychiatric hospital got permission from the DMHMRSAS to develop a smoking cessation program for the facility with the stated intention of prohibiting patient use of tobacco products entirely. Their plan was to offer the program with inducements for participation before terminating all tobacco usage. Patients and advocates objected that the plan was inconsistent with the Department's "vision of self-determination, empowerment, and recovery." The DMHMRSAS responded by delaying the plan and convened a meeting of stakeholders to discuss the issue. The original meeting included no consumer representatives. It was clear that the medical director of the DMHMRSAS had already decided that all state facilities would become tobacco-free. VOPA advocated for a plan that was fair, individualized, and consistent with treatment, especially treatment after someone leaves the facility.

The Department has held a subsequent meeting, with more consumer involvement, but with no serious attention to any of the concerns raised by consumers. The Department appears determined to proceed, no matter what effect the plan may have on choice, recovery, or treatment.

Hurricane Katrina devastated areas of the Gulf States. With PAIMI funding, VOPA coordinated with the Louisiana Protection and Advocacy agency to provide two VOPA staff with on-the-job training in assisting people with disabilities in a major disaster. This learning experience was invaluable to the individual staff as well as to the entire Virginia P&A. The dispatched staff provided VOPA with an overview of their training and noted recommendations for disaster planning for both people with disabilities as well as for the P&A as an agency. Since then, VOPA has been involved in statewide and local disaster planning efforts where VOPA assists in representing the interests of people with disabilities. VOPA has established an internal Committee to plan for and prepare for disasters as an agency.

During the 2006 General Assembly, VOPA was very active collaborating with many stakeholders about proposed legislation about assisted living facilities (ALFs). In Virginia, ALFs can look like a nursing home or like a board and care home. The General Assembly has been attempting for many years to address the issue of these facilities' ability or lack of ability to serve the populations appropriately that they house. Due to VOPA testimony at a session, VOPA was later contacted by the General Assembly's Joint Legislative Audit and Review Commission (JLARC) about a study they were conducting on ALFs. VOPA and representatives from JLARC met and shared concerns and findings from our experience with representing residents of and monitoring of ALFs.

VOPA had a 2-day on-site training provided by a psychiatric nurse consultant. She covered issues related to infection control, medical records requirements, medication problems, the Nurse Practitioners Act, and other issues VOPA may encounter in Abuse and Neglect investigations.

VOPA's Executive Director was elected to a 4-year term on the NDRN Board of Directors. This 17-member Board of Directors is elected by the membership and governs NDRN. VOPA's Director's active involvement in the P&A network and collaborative efforts earned her this honor.

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 2006

| PAIMI Program Personnel | | | |
|----------------------------|-------------------|--|-----------------------|
| Position Title | Annual Salary | Percent/Portion of Time Charged to PAIMI | Costs billed to PAIMI |
| Executive Director | 101,803 | 16.65 | 16,950 |
| Policy Director | 67,513 | 29.24 | 19,741 |
| Managing Attorney | 75,134 | 32.20 | 24,193 |
| Managing Attorney | 72,782 | 6.52 | 4,745 |
| Acting Managing Attorney | 55,699 (6 month) | 59.39 | 16,540 |
| Staff Attorney | 56,950 | 2.18 | 1,242 |
| Staff Attorney | 58,783 | 19.79 | 11,633 |
| Staff Attorney | 54,239 | 0.42 | 228 |
| Staff Attorney | 46,645 | 77.29 | 36,053 |
| Staff Attorney | 52,047 (6 month) | 20.96 | 5,455 |
| Staff Attorney | 54,239 | 68.85 | 37,344 |
| Staff Attorney | 46,144 | 28.20 | 13,013 |
| Staff Attorney | 51,480 (5 month) | 10.77 | 2,310 |
| Disability Rights Advocate | 41,200 | 56.04 | 23,088 |
| Disability Rights Advocate | 40,000 (9 month) | 54.02 | 16,205 |
| Disability Rights Advocate | 59,125 | 81.76 | 48,341 |
| Disability Rights Advocate | 32,760 (4 month) | 19.06 | 2,081 |
| Disability Rights Advocate | 35,880 (4 month) | 16.14 | 1,930 |
| Disability Rights Advocate | 34,479 (3 month) | 90.00 | 78 |
| Investigator | 31,827 | 49.54 | 15,767 |
| Resource Advocate | 38,693 (6 month) | 13.66 | 1,960 |
| Resource Advocate | 31,068 | 22.54 | 7,003 |
| Paralegal | 32,549 | 0.32 | 104 |
| Business Manager | 53,560 | 26.64 | 14,268 |
| Administrative Assistant | 29,355 (8 month) | 20.23 | 3,959 |
| Administrative Assistant | 33,280 | 26.32 | 8,759 |
| Administrative Assistant | 28,080 (10 month) | 2.36 | 552 |
| Administrative Assistant | 30,160 (2 month) | 9.88 | 497 |

| | | | |
|--------------------------|---------------------|--------------|----------------|
| Administrative Assistant | 35,048 | 26.64 | 9,337 |
| Administrative Assistant | 25,750 (1 month) | 29.15 | 626 |
| Administrative Assistant | 31,300 (1 month) | 20.54 | 536 |
| Executive Assistant | 33,800 | 26.64 | 9,004 |
| Data/Incident Analyst | 49,443 | 45.72 | 22,605 |
| Fiscal Officer | 52,898 | 26.64 | 7,046 |
| Receptionist | 27,655 | 29.52 | 82 |
| Law Intern | \$10/hour (2 month) | 36.84 | 1,179 |
| IT Specialist | 63,177 (8 month) | 29.08 | 12,248 |
| Data Entry Clerk | \$9/hour (1 month) | 20.54 | 296 |
| | | | |
| Sub-Total | 1,377,803 | 30.32 | 412,758 |
| ++Vacant positions | | | |
| | | | |
| Volunteer positions | | | |
| Total Positions | 1,377,803 | 30.32 | 412,758 |

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

SECTION XI. ACTUAL PAIMI BUDGET/EXPENDITURES FOR FY 2006

| CATEGORIES | COST |
|------------------------------|----------------|
| Fringe Benefits (PAIMI only) | 137,518 |
| Travel Expenses (PAIMI only) | 24,046 |
| SUBTOTAL | 161,564 |

| EQUIPMENT - TYPE (PAIMI ONLY) | COST |
|-------------------------------|--------------|
| Computer | 7,648 |
| Office | 1,290 |
| Photographic | 5 |
| SUBTOTAL | 8,943 |

| SUPPLIES - TYPE (PAIMI ONLY) | COST |
|------------------------------|--------------|
| Office | 2,758 |
| Gas | 157 |
| Data Processing | 577 |
| SUBTOTAL | 3,492 |

SECTION IX. ACTUAL PAIMI BUDGET/EXPENDITURES FOR FY 2006

| 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. | 261 | | | |
| Employment Agency | Temp. Personnel | 3,113 | | | |
| Information systems | Database design/development | 7,622 | | | |
| Management Services | Interpreters, other experts, etc. | 126 | | | |
| Catered Meals | Board and Council meetings | 1,635 | | | |

| | | | | | |
|--|--|--|---|--|--|
| Advertising Services | Job ads, training/outreach activities | 1,220 | | | |
| Equipment Maintenance Services | Maintenance contracts for office equipment | 386 | | | |
| Medical Experts | Personal services for medical expertise | 1,472 | | | |
| Telecommunications | Local/long distance telephone service, online research service | 13,295 | | | |
| Subtotal | | 29,130 | | | |
| Training Costs for PAIMI Program Only | | | | | |
| Categories | #of persons/ Travel Costs | #of persons/ Training Costs | # of persons/ other expenses | | |
| Staff | 19/6,962 | 19/507 | | | |
| Governing Board | 1/995 | 1/72 | | | |
| Advisory Council | 2/1,989 | 2/145 | | | |
| Volunteers | | | | | |
| Subtotal | | | | | |
| TOTAL | 9,946 | 724 | | | |
| Other Expenses (PAIMI Program only) | | | Costs | | |
| Shipping Services, Organization Memberships, Publication Subscriptions, Printing, Equipment/Office Space Rentals, Furniture, computer software, unemployment compensation reimbursements | | | 25,338 | | |
| Indirect Costs: | | | 72,451 | | |
| SUBTOTAL | | | 97,789 | | |

SECTION IX. ACTUAL PAIMI BUDGET/EXPENDITURES FOR FY 2006

| | |
|--|-------------------|
| Indirect Costs (PAIMI only): Does your P&A have an approved Federal indirect cost rate? XX Yes ___ No; If yes, what is the approved rate? <u>16%</u> | |
| Total of All PAIMI Program Costs \$ <u>724,346</u> | |
| Income Sources and Other Resources (PAIMI Program Only) | |
| PAIMI Program carryover from the previous Federal Fiscal Year(s)**FY05 | \$ 292,596 |
| Program Income | \$ |
| Interest on Lawyers Trust Accounts (IOLTA) | \$ |
| State | \$ |
| County Annual PAIMI Advisory Council Report | \$ |
| Private | \$ |
| Other (list) | \$ |
| Total of resources from all Sources | \$ 292,596 |

** Please identify the carryover funds by Federal Fiscal Year, e.g., FY 2002, FY 2003.

*** 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.

**OMB Approval: 0930-0169
Expiration Date: May 31, 2007**