

## PROTECTION & ADVOCACY for INDIVIDUALS with MENTAL ILLNESS (PAIMI) PROGRAM - ANNUAL PROGRAM PERFORMANCE REPORT (PPR)

STATE Virginia

FISCAL YEAR 2008

The Annual PAIMI Program Performance Report (PPR), which is due by January 1<sup>st</sup> of each year [**PAIMI Rules at 42 CFR 51.8 and the PAIMI Act at 42 U.S.C. 10805(a)(7)**], contains information provided by the State P&A system on its management and operation of the PAIMI Program. The Advisory Council Report (ACR) section of the annual PPR is the PAIMI Advisory Council's (PAC) *independent assessment* of the operations of the P&A system which is signed by the PAC Chair.

The Annual PPR may be transmitted by mail or electronically. However, if submitted electronically, the P&A shall mail to the SAMHSA, Division of Grants Management at least one (1) copy of the Advisory Council Report (ACR) with the original signature of the *PAIMI ADVISORY COUNCIL (PAC) CHAIR on the cover page*. Send the reports to the following addresses:

ELECTRONIC MAIL:

Barbara.Orlando@SAMHSA.hhs.gov

REGULAR MAIL

Barbara Orlando, Room 7-1091  
SAMHSA - Division of Grants Management  
1 Choke Cherry Road  
Rockville, Maryland 20857

FOR CERTIFIED MAIL & OVERNIGHT DELIVERY - Send to the above mailing address  
*BUT CHANGE THE ZIP CODE TO: 20850; Phone No. (240) 276-1400*

Electronic submissions of the annual PAIMI PPR, including the ACR, should also be sent to the PAIMI Program Coordinator, [Karen.Armstrong@samhsa.hhs.gov](mailto:Karen.Armstrong@samhsa.hhs.gov). If submitted electronically, please ensure that the Division of Grants Management is sent a signed copy of the ACR. Please use the attached glossary and instructions to complete the form. Questions may be directed to Ms. Armstrong, the PAIMI Program Coordinator at (240) 276 1760.

Public reporting burden for this section of the annual PAIMI PPR is estimated to average 28 hours per response. This includes the time needed to review the instructions, to search existing data sources, to gather the data needed, and to complete and review 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).

# ANNUAL PAIMI PROGRAM PERFORMANCE REPORT (PPR)

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## SECTION 1. GENERAL PAIMI PROGRAM INFORMATION

1.A. Fiscal Year:	2008
State:	Virginia
Name of P&A system:	Virginia Office for Protection and Advocacy
Mailing Address & Phone Number of Main Office:	1910 Byrd Avenue, Suite 5 Richmond, Virginia 23230 804-225-2042 / 1-800-552-3962
Mailing Address & Phone Numbers of for each Satellite Office:	N/A
Name of PAIMI Program, if different from the State P&A agency:	N/A
Name, phone number, and e-mail address of the PAIMI Coordinator:	Sherry Confer 804-662-7375 Sherry.Confer@vopa.virginia.gov
PPR Prepared by: Name: Title: Area Code & Phone Number: E-mail Address:	Sherry Confer Deputy Director 804-662-7375 Sherry.Confer@vopa.virginia.gov
The name of the Director of the State mental health agency to whom copies of the PAIMI PPR & ACR were sent.*	Commissioner James Reinhard MD
Date the PAIMI PPR & ACR were sent to the State mental health agency.*	December 30, 2008

*\*PAIMI Act [42 USC at 10805 (a)(7) mandates that the Head of the State mental health agency receive a copy of this report on or before January 1.*

## SECTION 1. GENERAL PAIMI PROGRAM INFORMATION

### 1. B. GOVERNING BOARD

<p>1.B.1. Does the P&amp;A have a multi-member governing board? If Yes, complete governing board (GB), Table 1.B.3. [See Governing Authority - 42 CFR 51.22(b)].</p>	<p>Yes XX</p>	<p>No</p>
<p>1. B.2. Is the Chair of the PAIMI Advisory Council (PAC) a member of the GB? An explanation is required if the answer to this question is <i>NO&amp;THE P&amp;A IS PRIVATE non-profit P&amp;A system</i>. The PAIMI Advisory Council Chair is an ex-officio non-voting member of the Governing Board.</p>	<p>Yes XX</p>	<p>No</p>

### 1. B. 3. GOVERNING BOARD (GB) INFORMATION

In the following table, please provide the requested information for the GB members *as of 9/30*.

a. Total number of GB member seats available.	13
b. Total number of GB members serving as of 9/30.	13
c. Total number of GB vacancies on 9/30.	0
d. Term of appointment for GB members (number of years).	4 years
e. Maximum number of terms a GB member may serve.	2
f. Frequency of GB meetings.	Quarterly
g. Number of GB meetings held this fiscal year .(FY)	4
h. % (Average) of GB members present at meetings this FY.	12

## SECTION 1. GENERAL PAIMI PROGRAM INFORMATION

### 1. B. 4 GOVERNING BOARD COMPOSITION

"The governing board shall be composed of members who broadly represent or are knowledgeable about the needs of clients served by the P&A system . . . ." [42 CFR 51.22(b)(2). <i>Count each GB member only once.</i>		
a. Number of individuals with mental illness (IMI) who are recipients/former recipients (R/FR) of mental health services or are or have been eligible for services.		4
b. Number of family members of individuals with mental illness who are R/FR of mental health services.		2
c. Number of guardians.		0
d. Number of advocates or authorized representatives.		1
e. Number of other persons who broadly represent or are knowledgeable about the needs of the clients served by the P&A system.		6
TOTAL		13
Section 42 CFR 51.22(b)(2) - mandated GB positions for private, non- profit systems. <i>Count each GB member only once. The Total of 1.B.3.a. must equal the subtotals of 1.B.3.b and 1.B.3.c.</i>		

### 1. 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: 35

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? <i>Do not include support or administrative staff in this count.</i> Total: <u>14</u>
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## SECTION 1. GENERAL PAIMI PROGRAM INFORMATION

### 1. D. ETHNICITY/RACE

	GOVERNING BOARD	PAIMI STAFF
American Indian/ Alaska Native		
Asian		1
Black/African American	3	3
Hispanic or Latino		
Native Hawaiian/Other Pacific Islander		
White	10	31
Vacancies on 9/30 (Identify by position).	0	0
<b>TOTAL</b>	<b>13</b>	<b>35</b>

### 1. E. GENDER

	GOVERNING BOARD	PAIMI STAFF
Male	5	10
Female	8	25
<b>TOTAL</b>	<b>13</b>	<b>35</b>

## SECTION 2. PAIMI PROGRAM PRORITIES (GOALS) and OBJECTIVES

In the format provided, please list the program priorities (goals) and activities, as reported in the PAIMI Application (under Priorities and Objectives) for the SAME Fiscal Year (FY) that were used to achieve the annual objectives for this PPR.

The priorities shall be limited and consistent with the current mission and Government Performance Results Act (GPRA) mandates, accountability, and performance-based management requirements of SAMHSA/CMHS.

Refer to the Guidance information included in the annual PAIMI Program Application.

For each priority (goal) identified for the FY, select *ONE (1) CASE EXAMPLE THAT BEST ILLUSTRATED THE ACTIVITIES RELATED TO EACH PRIORITY (GOAL)*. Please provide in narrative form, one (1) example of an individual or systemic case and, if applicable, a legislative or regulatory activity. Remember case examples must illustrate the impact(s) and/or outcome(s) of PAIMI Program efforts.

Write the case example as though you were telling a story. As appropriate, Include the following information in your narrative: the presenting issue/complaint to be resolved; who (the parties involved); what the facts about the situation); where (the event occurred, such as, the type of facility, etc.); why the P&A program was involved; how the P&A program made a difference; and the outcome(s) (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 . . . ."

Each narrative shall reflect the activities used to achieve the annual objectives; be brief, concise; use people first language; maintain confidentiality of the individual client; and, be consistent with the priorities and objectives submitted in the PAIMI Program application for same FY. Check narratives for redundancies, typographical, grammatical and syntax errors. *IN YOUR NARRATIVES, PLEASE SPELL OUT THE FULL NAME OF AN ENTITY, ETC. BEFORE USING ITS ACRONYM.*

*TO FACILITATE REVIEW OF THIS REPORT, THE PRIORITIES & OBJECTIVES MUST BE PRESENTED IN THE SAME ORDER AS THOSE REPORTED IN THE PAIMI APPLICATION FOR THE SAME FY.*

See the GLOSSARY for definitions of priorities (goals) and objectives.

## SECTION 2. PAIMI PROGRAM PRIORITIES & OBJECTIVES

SECTIONS 2.A., 2.B. & 2.C. were previously reported in the priority (goal)/objective table of the PAIMI Application for the same FY.

2. A. PRIORITY (GOAL) - is a broad, general description of what the PAIMI Program hopes to accomplish. Each priority (goal) may have either a single or multiple objectives.

2. B. OBJECTIVE - is the activity or activities undertaken to achieve a particular annual program priority (goal). Objectives have quantifiable targets and measurable outcomes. All objectives listed are to be completed within the FY. Regulatory, legislative and/or litigation activities may span several FYs. Therefore any objectives for these types of activities are to be divided into multiple steps that are achievable within the FY.

2. C. TARGET POPULATION - Identification of a specific PAIMI-eligible population to be served (targeted) under each objective, such as, the elderly, adolescents, etc.

Items 2.D. & 2.E. are to be reported in this section of the PPR.  
[Refer to the PAIMI Application for the same FY in which the information in items 2.A. 2.B & 2.C. was provided].

2. D. TARGET - A numerical statement of what is desired or expected as a result of the objective. [Note: *Even narrative targets may be expressed in measurable terms/numbers, For example, "Development of one [1] protocol for facility monitoring."*]

2. E. OUTCOME - What was actually achieved as a result of the activity expressed in numerical terms? (See note in 2.D.).

2. F. OBJECTIVE MET OR NOT MET: *A statement of whether the expected outcome (target) for this objective was met. If not met, an explanation is required as well as a description of future activities to address the unmet objective, if appropriate.*

### **PRIORITY (GOAL): 1**

People with Disabilities are Free from Abuse and Neglect

Focus Area 1: Deaths where there is probable cause to believe abuse or neglect occurred.

### **OBJECTIVES:**

1. Prepare monthly summaries and quarterly trend analyses of Critical Incident Reports and other analyses as needed, for use in institution monitoring.
2. By July 1, 2008, investigate policies and practices relating to internal death reviews, including the use of autopsies, to ensure that the Commonwealth is protecting residents from harm.
3. Investigate each death report indicating the past use of restraints, seclusion, or other restrictions to determine whether Local Human Rights Committees (LHRCs) exercised sufficient oversight over restrictive measures.

4. Investigate all reports of death that occurred in a state mental health institution, psychiatric residential treatment facility, or community-based facility where VOPA suspects abuse or neglect occurred. At most three (3) investigations will be at facilities for people with mental illness. Selection will be based on the strength of the evidence available, the possibility of systemic reform, and available resources. All in-depth investigations will identify systemic reform needs or best practices.

**TARGET POPULATION:**

PAIMI eligible children and adults where VOPA has received a report of their death and it appears to be related to abuse or neglect

**TARGET:**

12 monthly summaries  
4 quarterly trend analysis  
3 individual investigations  
1 systemic investigation

**OUTCOME:**

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.

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 406 CIRs from the state mental health institutions in FY08. Of those, 45 were reports of patient deaths.

Monthly summaries of CIRs were completed and distributed to staff. Quarterly trend analyses were also completed and discussed in the Director's meeting. VOPA staff use these documents and data in their monitoring of institutions to identify patterns of concerns.

VOPA reviewed all reports of deaths at DMHMRSAS-operated facilities to determine if an internal death review was conducted, whether the Medical Examiner was notified as required, and what action was taken by the Medical Examiner. VOPA collected data with regard to when an autopsy was conducted in order to identify any regional discrepancies.

VOPA reviewed each report of death at a DMHMRSAS-operated facility to determine whether the individual had any history of the use of restrictive measures and whether the Local Human Rights Committee (LHRC) adequately exercised its oversight function in reviewing and approving such measures. This investigation is ongoing.

VOPA is currently investigating three deaths at DMHMRSAS-operated mental health facilities. One involves a death in conjunction with a restraint episode. One concerns a patient who choked to death while being assisted during mealtime. Another involved a patient choking to death on an inedible object when the patient was supposed to be closely monitored.

With regard to the restraint-related death, VOPA retained an expert to review the death and the internal investigation of the event to determine what systemic failures may have contributed to the death.

With regard to the choking death while eating, VOPA is reviewing mealtime practices for those individuals who may require assistance or monitoring while eating, identification of swallowing disorders among this population, and staff response to choking incidents.

With regard to the patient who choked to death on an inedible object, VOPA is focusing on adequacy of staffing and staff response to medical emergencies.

**OBJECTIVE MET OR NOT MET:** Met

**PRIORITY (GOAL): 1**

People with Disabilities are Free from Abuse and Neglect

Focus Area 2: Abuse or Neglect in Community Settings

**OBJECTIVES:**

1. Provide disability rights training to six mental health consumer groups, including the South Eastern Virginia Mental Health Consumers Association.
2. Represent consumer choice, independence, and community integration for persons with mental illness or dual diagnoses on the Commission on Mental Health Law Reform and by monitoring the Interagency Civil Admission Advisory Council.
3. 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 policies.
4. Increase Adult Protective Services referrals to VOPA of allegations of abuse or neglect through development of consistent and uniform reporting tools.
5. Obtain disaster response plans from at most three (3) community based programs providing services to persons with mental illness, and identify whether rights of individuals with disabilities are protected. Take corrective action as necessary.
6. Develop training on consumer rights and present to staff of seven (7) community support providers
7. Obtain weekly program schedules from seven (7) community support programs identified above and assess for protection of rights. Obtain corrective action as necessary.
8. Inform mental health consumers of their rights to be free from abuse and neglect by offering the "office hours" program at three clubhouses.
9. Investigate ten (10) allegations of alleged or suspected abuse and neglect as identified through Adult Protective Services (APS) reports, licensure and other agency surveys, and complaints. The focus will be on medication, safety and inappropriate use of seclusion and restraint. Obtain corrective action. Selection will be based on strength of evidence, potential for systemic impact, geographic distribution and available resources.

**TARGET POPULATION:**

PAIMI eligible children and adults residing in the community where VOPA has reason to believe that they are at risk of or have experienced abuse or neglect.

**TARGET:**

Educate policy makers at several layers of government and administration

13 trainings

10 individual investigations

**OUTCOME:**

VOPA informed mental health consumers of their rights by conducting Office Hours at Chester House, Mountain House Clubhouse, and the Chesterfield CSB. In addition, several self advocacy groups were addressed including a NAMI chapter and VOCAL. Other self-advocates received mailings of rights information including the Southeastern Mental Health Consumers Association. Rights information provided has included information about employment, work incentives, housing, substitute decision making, and abuse and neglect.

VOPA continued to monitor the activities of the Commission on Mental Health Law Reform established by the Chief Justice of the Supreme Court of Virginia. As part of the Child and Adolescent Task Force of the Commission, VOPA advocated that the Comprehensive Services Act, which funds services for children and

adolescents with significant disabilities who require services from multiple agencies, be modified to give incentives for development and use of community based, not residential, services. We also advocated that parents and guardians should never have to give up custody in order to get these services for their children. Many communities have no publicly funded mental health services for children and adolescents, because these are optional services under the State Medicaid plan. VOPA supported the Task Force's recommendation that the General Assembly should amend the Virginia Code to mandate additional services for Community Services Boards beyond just emergency services and case management, to include crisis stabilization, family support, respite, in-home and psychiatric care for adults and children. The General Assembly should also insure that funds are available to support these services.

VOPA attends all meetings of the Interagency Civil Admissions Advisory Council (ICAAC) as members of the public. The work of this group has been delayed due to the work of the MH Law Reform Commission. Once re-convened, VOPA will again monitor the activities of the Council.

VOPA participates in the Advisory Group for Goal 4 of DMHMRSAS/DMAS Systems Transformation Grant. This goal addresses developing a centralized web-based database to collect incident reports from all State entities required to report abuse and neglect of people with disabilities. This effort will include Adult Protective Services referrals. VOPA alerted DMAS officials of our concern regarding little progress with this goal. DMAS assured VOPA that progress was being made "behind the scenes" and indeed the next meeting was more organized and directed.

VOPA requested and received disaster response plans from nine (9) congregate residential settings for people with disabilities. VOPA staff developed an evaluation instrument based on the disaster response regulations for the types of facilities and reviewed all the plans submitted. None of the facilities met all of the requirements in the regulations. A common deficiency was a lack of evacuation plans that specifically address persons with special needs. The facilities are violating the individual's rights because the correct protections are not in place. VOPA will use these results to advocate for increased regulation by the appropriate oversight authority.

VOPA continues to maintain contact with the Office of Commonwealth Preparedness. VOPA obtained disaster response plans from two Assisted-Living facilities, and two nursing homes. VOPA staff developed an evaluation instrument based on the disaster response regulations for those types of facilities and reviewed all the plans submitted. None of the facilities met all of the requirements in the regulations. A common deficiency was a lack of evacuation plans that specifically address persons with special needs. VOPA will use these results to advocate for increased regulation, training and enforcement by the appropriate licensing authorities.

VOPA obtained and reviewed weekly program schedules from seven (7) community support programs identified above and assess for protection of rights. From this review, VOPA could not ascertain whether rights violations were occurring. This work was completed under another funding stream.

VOPA initiated nine (9) investigations of community-based incidents based upon APS reports using multiple funding streams. In one case involving financial exploitation, a local case worker contacted VOPA regarding a client of his, alleging that the client was being neglected by her payee service provider. The case worker added that his client has not had her bills paid or other financial responsibilities taken care of for some time. The case worker indicated that this is having a detrimental effect on the client's mental status and could result in her losing her housing. VOPA advocated and negotiated with the client's payee service for reimbursement of her February 2007 rent which had not been paid by the payee service. The payee service provided documents and cancelled checks for VOPA and the client to review and VOPA was able to recover \$386.80 for the client. The client reported that her complaint against payee was satisfied.

In another case, the owner of assisted living facility (ALF) refused to pay a resident his \$30.00 monthly allowance from the auxiliary grant fund the ALF was receiving. Payment of the personal allowance is required by law. VOPA intervened, educated the provider about the requirement and the client received the back money owed and his monthly allowance of \$30.00 was put in place.

**OBJECTIVE MET OR NOT MET:** Met

**PRIORITY (GOAL): 1**

People with Disabilities are Free from Abuse and Neglect  
Focus Area 3: Abuse or Neglect in Institutional Settings

**OBJECTIVES:**

1. Identify possible abuse or neglect by reviewing all Critical Incident Reports submitted by state mental health institutions.
2. Prepare monthly summaries and quarterly trend analyses of Critical Incident Reports, 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. Inform policy-makers of the need to eliminate abuse and neglect in state mental health institutions in response to all relevant legislative proposals, proposed administrative regulations, and organizational policies.
4. By August 1, 2008, investigate the use of medication formulary at one jail and ensure that persons with mental health disorders are not being denied appropriate medications.
5. Represent three (3) mental health consumers to receive trauma-informed care in state psychiatric facilities.
6. Represent eight (8) forensic patients in the custody of the Commissioner, Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) who are in jail, to determine whether they receive timely and appropriate mental health treatment in an appropriate setting. If not, obtain corrective action.
7. Represent consumers' rights to treatment and integration on the Forensic Special Populations workgroup.
8. By April 1, 2008, investigate whether the DMHMRSAS internal abuse/neglect reporting and investigation system is adequate to ensure safety. If not, obtain corrective action.
9. Inform residents of veterans' facilities of their rights through three (3) trainings.
10. Based on available data, select one state-operated mental health facility and investigate whether it has instituted programs for the reduction and elimination of seclusion and restraint.
11. Investigate all critical incidents involving use of seclusion & restraint where VOPA suspects abuse or neglect occurred. Five (5) incidents or complaints will be selected for in-depth investigation. Selection will be based on strength of the evidence available, possibility of systemic reform, and available resources.
12. Investigate five (5) additional complaints or incidents where abuse or neglect is suspected. Selection will be based on strength of evidence available, possibility of systemic reform, distribution among facilities and available resources. Obtain corrective action as appropriate.
13. Inform residents of their rights to be free from abuse and neglect by conducting two rights clinics at each state operated mental health facility.

**TARGET POPULATION:**

PAIMI eligible individuals residing in state operated MH institutions.

**TARGET:**

2 trainings  
11 individuals represented  
12 monthly summaries  
4 quarterly trend analysis  
3 systemic investigations  
10 individual investigations  
Educating policy makers at several levels of government and administration

**OUTCOME:**

VOPA's Executive Director facilitates a weekly meeting with multi-disciplinary staff to discuss reports of

injuries, suspected abuse and neglect, and other issues. This group also meets to review data and pertinent reports received from entities not covered by the CIR statute. Discussion focuses on identifying patterns that may be related to abuse or neglect of people with disabilities.

VOPA has been investigating the DMHMRSAS internal abuse/neglect reporting and investigation system to determine whether it is adequate to ensure PAIMI eligible individuals' safety for some time.

VOPA obtained and reviewed numerous internal abuse and neglect investigations conducted at the nine DMHMRSAS-operated mental health facilities. The final results of that review are still pending but we have found that the quality of the investigations is generally poor, that they are conducted under a very limited definition and/or understanding of abuse and neglect, that the manner in which the question or object of the investigation is framed is far too limited. The investigations seldom, if ever, look to systemic issues that may have caused or contributed to the matter under investigation. One principle concern is that the investigations are conducted by employees of the facility at which the alleged abuse and neglect took place.

We are investigating two (2) cases of inappropriate restraint. In one, a woman sustained a broken clavicle due to the use of a four-person hold (she had been admitted with bilateral clavicle fractures). One day, she allegedly became combative (hitting and cursing staff). Four staff took her into a physical hold. The physical hold lasted approximately one minute and then she was released and placed in locked seclusion. Following her release from seclusion she complained of pain in her shoulder. She was assessed by the attending psychiatrist and X-rays taken at the facility showed a fracture of the clavicle. Our investigation is ongoing.

VOPA's investigation of the restraint episode on the adolescent unit of a state hospital led to the discovery of a practice of frequent (though otherwise legal) use of restraint at a PRTF. Terms of a seclusion and restraint reduction program were negotiated with and implemented by the PRTF. VOPA's review of our client's records revealed documentation violations by physician. The physician's contract with PRTF was terminated. The documentation violations were reported to the Board of Health Professions. Our client's mother received information and advice regarding protection of the client's rights in the event of future restraint incidents.

VOPA initiated investigations into an additional eighteen (18) incidents of possible abuse or neglect, including one where a resident was severely burned by cleaning chemicals. In another, an individual was "tasered" for refusing to attend his own commitment hearing. Many involved unexplained injuries including fractures and lacerations.

VOPA staff regularly visit state operated institutions in order to advise residents of their rights, monitor conditions, and to be available to receive complaints and concerns.

VOPA provided rights clinics at mental health facilities.

VOPA staff continue to emphasize our authority to access facilities and records on behalf of people with disabilities. In the past year, VOPA attended meetings at a state operated mental health institution that identified individuals who were ready for discharge but were faced with "extraordinary" barriers. These reports were routinely shared at the meetings. However, when VOPA requested the reports, facility staff challenged VOPA's authority. After discussions, the facility provided the reports. However, this issue has again returned and now Central Office staff are questioning VOPA's attendance at these meetings.

Staff consistently identify possible abuse and neglect by reviewing all Critical Incident Reports. 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 has monitored the implementation of seclusion and restraint reduction and the extent to which the principles of trauma informed care are integrated into that effort. VOPA has been monitoring efforts at specific DMHMRSAS-operated facilities that received a grant focused on the reduction of seclusion and restraint. VOPA has compiled years of data on the use of seclusion and restraint in order to compare use

among facilities. This investigation is ongoing.

VOPA obtained the medication formularies from several jails in order to compare them against the formulary available at DMHMRSAS-operated facilities. Our investigation has shown that frequently individuals who are sent to a state hospital for restoration and are stabilized on an atypical antipsychotic medication are switched to a less expensive medication upon returning to jail. This investigation is ongoing.

VOPA represented three (3) forensic patients in the custody of the Commissioner, DMHMRSAS who are in jail, to determine whether they received timely and appropriate mental health treatment in an appropriate setting. However, two of the allegations lacked merit and the third individual ceased contact with VOPA. In each case, the PAIMI eligible individuals received information about their rights.

**OBJECTIVE MET OR NOT MET:** Partially met.

VOPA received only three requests for services from PAIMI eligible individuals in jails.

**PRIORITY (GOAL): 1**

People with Disabilities are Free from Abuse and Neglect

Focus Area 4: Physical Abuse in Juvenile Facilities

**OBJECTIVES:**

1. Prepare regular summaries of all reports submitted by PRTFs for use in monitoring and to identify possible patterns of abuse or neglect.
2. Identify one (1) juvenile facility and investigate adequacy of mental health treatment, education, access to counsel, and freedom from harm by April 1, 2008. Obtain corrective action.
3. Represent five (5) youths at Psychiatric Residential Treatment Facilities (PRTFs) who were injured in restraints.
4. Obtain seclusion and restraint reduction plans and implementation strategies from five (5) PRTFs, investigate adequacy, and take action to correct.
5. Develop training on abuse and neglect and present to two (2) juvenile facilities.
6. Investigate all physical restraints conducted at Liberty Point PRTF. Identify any problematic patterns and obtain corrective action.

**TARGET POPULATION:**

PAIMI eligible children and youth residing in PRTFs, facilities licensed by the Interdepartmental Regulations, and detention centers.

**TARGET:**

Routine summaries  
6 systemic investigations  
5 youths represented  
2 trainings

**OUTCOME:**

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

VOPA investigated five (5) incidents in which patients at five different psychiatric residential treatment facilities (PRTFs) were injured during restraint episodes. Formal human rights complaints were lodged in three cases and corrective action plans obtained. We are investigating one (1) incident in which a patient was injured during a restraint incident. He reportedly sustained a laceration to his lip that required four sutures, as he fell to the floor during the restraint episode.

One Psychiatric Residential Treatment Facility (PRTF) serious occurrence report stated that a facility staff

placed client in a standing restraint. Client's chin hit the wall, and he sustained a laceration requiring seven sutures. Staff retrained on physical management system ("Handle with Care"). Client was transferred to a less restrictive setting.

Another PRTF serious occurrence report stated that client sustained a fractured clavicle during a MANDT hold. A review of seclusion and restraint policies and practices at this PRTF was conducted. VOPA worked with the facility and the Office of Human Rights to obtain compliance with applicable law and regulations.

VOPA monitored the implementation of a Seclusion and Restraint (S&R) Reduction grant received by the state operated children's mental health hospital. VOPA met with the facility's leadership to discuss Seclusion and Restraint reduction and elimination and principles of trauma informed care. VOPA attended the regularly scheduled meetings of Steering Committee on S&R reduction. VOPA also reviewed the facility's and national statistics on S&R use. The ongoing monitoring of critical incident reports focused on S&R-related injuries in this facility as well as abuse and neglect.

VOPA reviewed all occurrences of restraint at Liberty Point (PRTF) for one year. During this review we examined what the triggers were to the restraint, what were the justifications given for the restraint, what were the least restrictive measures taken by staff prior to the restraint and what were the responses of the individual to the restraint. We also looked at the entire debriefing process conducted by the facility after the restraint incident. Some of the other data that we reviewed included date, time of event, location of incident and the duration of the restraint. During this process we discussed with the Director of the facility our concerns and some of the patterns we found most disturbing. During this monitoring process, VOPA opened two additional cases based on injuries sustained during restraint episodes. Because of these additional cases of injuries during restraint and our monitoring of all restraints we were able to negotiate an agreement with Liberty Point to develop a restraint reduction and elimination program based on the evidence based practice, the Six Core Strategies to Reduce the Use of Seclusion and Restraint. Liberty Point called this plan "Creating Improved Cooperation and Safety" and they started implementing the program June 2008.

**OBJECTIVE MET OR NOT MET:** Partially met

The training on abuse and neglect and present to two (2) juvenile facilities was not completed due to a lack of resources.

**PRIORITY (GOAL): 1**

Children with disabilities receive an appropriate education

Focus Area 1: Denial of eligibility due to lack of or inappropriate evaluations and assessments

**OBJECTIVES:**

1. Develop a presentation on how to prepare for an Individual Education Plan (IEP) and present to two (2) child advocacy groups.
2. Develop training for foster parents and advocates regarding special education rights and present to two (2) groups.
3. Represent four (4) children in foster care who have been improperly denied special education eligibility due to lack of or inappropriate evaluations and assessments.
4. Represent twenty (20) children who have improperly been found ineligible for special education or appropriate special education services due to lack of or inappropriate evaluations or assessments. Cases will be selected where there is the potential for systemic impact.
5. Develop outreach and training for the Spanish-speaking community to inform them of their right to special education services.
6. Represent three (3) children from Spanish-speaking families who have improperly been found ineligible for special education or appropriate special education services.

**TARGET POPULATION:**

PAIMI eligible children and youth in school

**TARGET:**

4 trainings  
27 individuals represented

**OUTCOME:**

VOPA has presented two (2) trainings on how to prepare for an Individualized Education Plan (IEP) and presented two (2) trainings for foster parents regarding special education rights.

VOPA has represented one (1) PAIMI-eligible child in foster care who was improperly denied special education. The child with mental illness has been tested to have an IQ below 80. However, her school found her ineligible for special education. The child is currently receiving new evaluations. As of this report, the school, child and family and VOPA were addressing the need for a 504 plan.

Under other funding streams, VOPA has represented thirty-one (31) children who were improperly found ineligible for special education or appropriate special education services. With PAIMI funds, VOPA represented a 15-year-old male diagnosed with mental illness. He has an active IEP from his public school. This IEP states the child shall have a one-on-one aide to address behavior and academic performance for the full school day. The alternative educational placement decided to eliminate the aide while the child was in the hospital. When the child returned to school, the parent was told the aide is no longer available. The child had been in school for two weeks without the aide according to the mother. The client's mother is requesting assistance with maintaining the one-on-one aide. The client's mother is also concerned about confidentiality as the school provided documentation to a private provider without consent. VOPA provided representation at IEP meetings, and technical assistance and case services. It was discovered after working with the client that he has three functional limitations. Therefore, this case (open to PAIMI) was closed and reopened under other funding. The client received information about his legal rights and legal remedies. His decision making was maintained and improved through knowledge gained from VOPA.

Under other funding streams, VOPA has represented four (4) children from Spanish speaking families who have improperly been found ineligible for special education services.

VOPA has investigated whether special education mediators improperly contact VOPA client. VOPA investigated ethical standards for mediators and determined that improper contact was occurring. VOPA has met and negotiated this issue with Virginia Department of Education. VDOE has agreed to address and correct VOPA's concerns regarding improper mediator conduct. The systemic result is that mediators will no longer directly contact clients when an attorney is identified as representing the client.

Using other funding sources, VOPA provided comprehensive comments on the proposed special education administrative regulations promulgated by the Virginia Department of Education (VDOE). VOPA participated in a coalition of advocacy entities on the development of comments from the coalition. In addition, VOPA submitted its own comments. These VOPA comments were posted on the VOPA website and shared with the coalition as well. It has been reported to VOPA that several of the speakers at the public hearings around the State used portions of the VOPA comments and that the comments have been given to key legislators concerned with the regulations. Further, VOPA requested a meeting with VDOE to discuss the proposed regulations, VOPA's concerns and to strategize how to address common ground. This collaborative effort was productive for both parties. VOPA continues to collaborate with other advocacy entities as these regulations are addressed in both administrative and legislative forums.

Using other funding sources, we presented training on Foster Care Special Education rights for family members and advocates at "Adoptions Together" and at the Eastern Shore Early Education Training Center. Both sites noted that their respective programs had high percentages of children in Special Education programs. VOPA reviewed eligibility, IEP creation, transition planning and behavioral planning including explanations of a functional behavioral assessment and an explanation of an intervention plan. Both sites utilized our information and passed it on to other foster programs in their respective areas to share the knowledge with the community.

Using other funding sources, VOPA conducted outreach to the Spanish-speaking community regarding consumer rights in special education, housing and employment. This included an information booth during a Richmond Special Education event at the Science Museum of Virginia (approximately 400 individuals); the "Imagine" festival sponsored by the Richmond Hispanic Liaison (500 attendees); and Parent Teacher Night at Elkhart Middle School, where there is a large Hispanic population (approximately 100 in attendance). VOPA also attends the monthly Henrico and Richmond Spanish Coalition meetings.

**OBJECTIVE MET OR NOT MET:** Met

**PRIORITY (GOAL): 2**

Children with disabilities receive an appropriate education

Focus Area 2: Children who have been (or are at risk of being) suspended to inadequate behavioral intervention plans or functional behavioral assessments

**OBJECTIVES:**

1. Coordinate with other attorneys and advocacy groups to develop a strategy to help children receive appropriate Behavioral Intervention Plans and Functional Behavioral Assessments, focusing on the consistency of the evaluation process and the qualifications of evaluators.
2. By April 1, 2008, determine whether Functional Behavioral Assessments are performed by qualified individuals.
3. Represent three (3) children who are at risk of suspension or expulsion due to inappropriate Behavioral Intervention Plans, Functional Behavioral Assessments or the lack of any Behavioral Intervention Plan or Functional Behavioral Assessments.
4. Represent eight (8) children, including children in Richmond City Public Schools, who have been suspended or expelled due to the failure of their school to conduct or implement an appropriate Individualized Education Program, Functional Behavioral Assessment or Behavioral Intervention Plan or due to the failure of their school to conduct a proper Manifestation Determination Review.
5. By December 31, 2007, identify a school district and investigate whether it properly conducts Manifestation Determination Reviews for children with disabilities who were suspended or expelled. Obtain corrective action.

**TARGET POPULATION:**

PAIMI eligible children and youth in school

**TARGET:**

11 individuals represented  
1 investigation

**OUTCOME:**

VOPA collaborated with the legal clinics at the University of Richmond to develop a summit to help attorneys for children receive appropriate Functional Behavioral Assessments and Behavioral Intervention Plans. The program was entitled "Representing the Whole Child" and took place in May 2008. A VOPA attorney led a panel discussion of ways that civil attorneys, guardians *ad litem* and criminal defense counsel can work together to ensure that children receive proper services, including proper assessments and plans.

Using other funding sources, VOPA contracted with an expert and received a report on the subjects that should be covered in an appropriate functional behavioral assessment and the qualifications of people who conduct FBAs. VOPA produced an in-house training on the subject and has written a reference pamphlet for its attorneys. VOPA evaluates FBAs with the expert's guidance in mind and when unacceptable FBAs are identified, VOPA requests an independent FBA.

VOPA represented seventeen (17) children who were at risk of suspension or expulsion due to improper

Functional Behavioral Assessments but only two with PAIMI funding. In one case, VOPA represented a child who was under threat of expulsion from his school. After investigating the case, VOPA found that the child's Functional Behavioral Assessment was not done properly and that the school had not done a Behavioral Intervention Plan. VOPA advocated for the child to receive a proper plan. VOPA negotiated a settlement agreement with the school where it would transfer him to another school in its district and immediately conduct a new FBA and complete an appropriate BIP. Both were done to the parent's satisfaction.

Using other funding sources, VOPA represented eleven (11) children, including two (2) children from the Richmond City Public Schools, who were suspended or expelled due to improper Functional Behavioral Assessments or inappropriate IEPs. In one case, VOPA represented a child who was expelled due to allegedly improper behavior. The school proposed a new placement in a school which had no special education program and no way to implement the child's Behavioral Intervention Plan. VOPA filed a Due Process Complaint on the child's behalf. The case was settled on the eve of trial with the school agreeing to place the child in an appropriate private school where he would receive a new FBA and BIP. In another case, VOPA represents a child in the Richmond City School system who was suspended. The child and his mother contend that the school did not follow the child's behavioral intervention plan (BIP) and that the child's suspension was improper. The case has risen to the level of filing a Due Process Complaint on behalf of the child and we are moving the case to another funding stream.

Using other funding sources, VOPA identified Fairfax County Public Schools as a district that improperly conducts Manifestation Determination Reviews. VOPA's investigation determined that Fairfax, as a matter of policy, conducts MDRs contrary to the requirements of the IDEA. VOPA asked the District Court for the Eastern District of Virginia to find that Fairfax's MDRs violate IDEA. Unfortunately, the Court ruled that the child in question did not present this challenge at his MDR (VOPA did not represent the child at the MDR) and, therefore, did not rule on the legality of Fairfax's policy.

Using other funding sources, VOPA has provided three (3) trainings to inform children, parents and advocacy groups of their right to a proper Manifestation Determination Review. One of these trainings was provided to parents of children in Richmond City Public Schools.

**OBJECTIVE MET OR NOT MET:** Met

**PRIORITY (GOAL): 2**

Children with Disabilities Receive an Appropriate Education  
Focus Area 1: Transition from school to work

**OBJECTIVES:**

1. Represent three (3) children preparing to transition from psychiatric residential treatment facilities.
2. Develop a training to inform children in group homes, residential schools and other facilities, their parents and advocates for their right to services designed to help them transition from school to work (including work incentives). Provide trainings to three (3) groups, including parents and children in Richmond Public Schools.
3. Represent seven (7) children who have been denied appropriate transition planning or services designed to help them transition from school to work or who are leaving Department of Juvenile Justice (DJJ) facilities with an IEP or mental health transition plan.

**TARGET POPULATION:**

PAIMI eligible children and youth in school

**TARGET:**

10 individuals represented  
3 training

**OUTCOME:**

VOPA has developed and presented a training for children in group homes, residential schools and other facilities designed to help them transition from school to work and provided it at a psychiatric residential treatment facility with the intention of addressing referrals for assistance with transition services. However, we received no referrals.

Using other funding streams. VOPA represented three (3) children to help them develop appropriate transition plans.

**OBJECTIVE MET OR NOT MET:** Partially Met; VOPA did not receive referrals from the PRTF, DJJ or other mental health providers. Due to limited resources, only one training was provided.

**PRIORITY (GOAL): 3**

People with Disabilities Have Equal Access to Government Services

Focus Area 1: Services and support to enable individuals to move into the community

**OBJECTIVES:**

1. Inform policy-makers of the requirements of the Americans with Disabilities Act's (ADA) Integration Mandate, in response to all relevant legislative proposals, proposed administrative regulations, and organizational policies.
2. Represent consumer choice, independence, and community integration for persons with disabilities to DMAS/DMHMRSAS Systems Transformation Grant, Mental Health Transformation State Incentive Grant efforts, the Mental Health Planning Council, and the Coalition for Virginians with Mental Disabilities.
3. Investigate whether the Department of Rehabilitative Services provides vocational plans to residents of state-operated facilities. If not, obtain corrective action.
4. Change state's policy of limiting auxiliary grants to assisted living facilities.
5. Represent three (3) veterans who have been denied appropriate discharge plans from Department of Veteran's Affairs hospitals in Virginia or whose discharge plans have not been appropriately implemented.
6. Represent five (5) individuals to receive appropriate smoking cessation assistance in state-operated facilities to protect residents from harm.

**TARGET POPULATION:**

PAIMI eligible individuals who face systemic barriers to full, genuine community integration.

**TARGET:**

Educate policy makers at several levels of government and administration

1 investigation

8 individuals represented

**OUTCOME:**

The Virginia Office for Protection and Advocacy is mandated by Public Law 102-321 to maintain a seat on the Mental Health Planning Council (MHPC). As part of the MHPC, VOPA participated in review of the state's comprehensive mental health plans for adults with serious mental illness and children with serious emotional disturbances. VOPA also reviews and comment on the application for federal block grant money, the identification of unmet needs and on the utilization of funds which derive from the federal mental health block grant. In addition, VOPA provided Information and Referral services when the Council had questions. Also, VOPA provided presentations to the Council on the Protection and Advocacy for Beneficiaries of Social Security program and consumer rights. In addition, we attended the Adult Services Committee of the MHPC, and provided training and information and referral. We also partner with other community organizations during the committee meetings.

VOPA's investigation of vocational rehabilitation programs shows that DRS services at DMHMRSAS-operated facilities vary widely. At some state hospitals there is good linkage between DRS counselors and

hospital staff and vocational evaluations, pre-vocational work-ups, and job training opportunities are available. At other state hospitals, DRS services are entirely absent. This issue is even more difficult to address at present and for the foreseeable future due to the closure of the order of selection by the vocational rehabilitation program.

Under another funding stream, VOPA represented five (5) people to make sure they receive appropriate benefits planning prior to their discharge from institutions. VOPA attended treatment team meetings and worked to ensure that clients received appropriate benefits information and appropriate employment services in their discharge plans.

VOPA has also provided rights clinics at all mental health institutions in the Commonwealth. One set of trainings focused on the right to receive appropriate social security benefits planning. This too was done under another funding stream.

VOPA's effort to change Virginia's policy of limiting auxiliary grants to assisted living facilities was in collaboration with other agencies. At the time of this report, the Governor has issued his proposed budget that includes a pilot program to test using the grants in alternative settings.

Our client contacted VOPA about inadequate discharge planning by one of the Veterans Medical Center. VOPA communicated at length with the patient advocate and negotiated with client's sister (his payee). Later, VOPA was informed that client was progressing and the team was hopeful for discharge date at the end of the month. The client's sister followed through and straightened out his finances. This cleared the way for a smooth discharge. Our client was discharged and transported to an Assisted Living Community. Medical Center staff, private physicians and local MH staff monitored the client's transition and all were pleased after two very successful weeks of placement.

VOPA received no complaints from patients regarding the total cessation of smoking at the state hospitals.

**OBJECTIVE MET OR NOT MET:**

Met

**PRIORITY (GOAL): 3**

People with Disabilities Have Equal Access to Government Services

Focus Area 3: Services and supports to enable individuals to remain in the community

**OBJECTIVES:**

1. Inform policy-makers of the requirements of the Americans with Disabilities Act's (ADA) Integration Mandate, in response to all relevant legislative proposals, proposed administrative regulations, and organizational policies.
2. Represent consumer choice, independence, and community integration for persons with disabilities in DMAS/DMHMRSAS Systems Transformation Grant and Mental Health Transformation State Incentive Grant efforts, the Mental Health Planning Council, and the Coalition for Virginians with Mental Disabilities.
3. Coordinate with the Systems Transformation Initiative to require community-based programs for people with disabilities to centrally report allegations of abuse, neglect, and exploitation and require sufficient analysis and response of such reports to protect individuals from harm.
4. Inform residents about their housing and employment rights by visiting ten (10) assisted living facilities serving persons with disabilities.
5. Represent consumer choice, independence, and community integration for persons with mental illness or dual diagnosis (MH/DD) on the Commission on Mental Health Law Reform and by monitoring the Interagency Civil Admissions Advisory Council.
6. Inform twenty (20) Guardians ad Litem candidates about identifying children with disabilities and the services available to children with disabilities, including special education, EPSDT and social security benefits planning.

**TARGET POPULATION:**

PAIMI eligible individuals who face systemic barriers to full, genuine community integration.

**TARGET:**

Educate policy makers and advocate for PAIMI eligible individuals  
 30 information sessions  
 1 investigation

**OUTCOME:**

In May of 2008, VOPA presented to twenty (20) guardians *ad litem* (GAL) and GAL candidates about the importance of identifying children with disabilities and the services available to them. VOPA presented at a conference it co-sponsored called "Representing the Whole Child." At the program, VOPA led a panel discussion on the subject.

Using other funding sources, we informed clients of Centers for Independent Living Centers (CILs) of their rights under the Rehabilitation Act through the "office hours" program at Clinch Center for Independent Living; Resources for Independent Living in Charlottesville; and the Junction Center for Independent Living in Norton. VOPA visited ten (10) ALFs with information on Employment and Housing Rights. VOPA covered facilities in the Staunton and Waynesboro area as well as one in Petersburg. The information was well received by the individuals and facilities.

VOPA has represented four (4) individuals regarding discrimination and lack of accommodations in public housing under other funding streams.

VOPA addressed the other objectives under this priority in other sections of the report.

**OBJECTIVE MET OR NOT MET:** Met

**PRIORITY (GOAL): 3**

People with Disabilities Have Equal Access to Government Services  
 Focus Area 5: Access to vote for persons with disabilities

**OBJECTIVES:**

Litigate to ensure that qualified voters in state facilities have access to absentee ballots

**TARGET POPULATION:**

PAIMI eligible individuals in institutions that desire to and are eligible to vote

**TARGET:**

1 litigation

**OUTCOME:**

Using other funds, during the summer and fall of 2008, VOPA staff conducted extensive voter outreach in anticipation of the November general election, focused on voter registration and absentee ballot requests. These locations included Central State Hospital, Southern Virginia Mental Health Institute, Chester House, "Against all Odds" clubhouse in Radford, and Heritage Hall (nursing home and Assisted Living Facility) in Grundy.

As a follow-up to litigation in 2006 to compel the Virginia Board of Elections to allow absentee ballots to individuals with mental illness who are confined by the State to State hospitals. VOPA demanded the Board of Elections to allow absentee ballots to anyone with any type of disability who is unable to report to the polling site on election day. After threat of a lawsuit and a Freedom of Information Act request to obtain the names of plaintiffs, the Virginia Legislature reversed their position and revised the statute on absentee

ballots to allow any person with any type of disability to vote by absentee ballot.

**OBJECTIVE MET OR NOT MET:** Met

**PRIORITY (GOAL): 4**

People with Disabilities Live in the Most Appropriate Integrated Environment

Focus Area 1: Appropriate and timely discharge plans at state mental health facilities

**OBJECTIVES:**

1. Participate in ten (10) Regional Discharge Planning meetings and investigate whether the disbursement of Discharge Assistance Planning funds is used to enable individuals to live in the most integrated environment.
2. Obtain ready for discharge lists from all state mental health institutions facilities.
3. Represent five (5) residents of institutions to ensure that they receive appropriate employment training as a part of their treatment plans or discharge plans or to ensure that the employment training components of their treatment/discharge plans are implemented.
4. Represent thirty (30) individuals who are on mental health facility discharge lists.
5. Represent consumer direction by monitoring the Discharge Protocol Committee.

**TARGET POPULATION:**

PAIMI eligible individuals who are ready for discharge from a state operated mental health institution and face systemic barriers to successful full, genuine, community integration.

**TARGET:**

10 meetings

35 individual represented

**OUTCOME:**

VOPA was prevented by DMHMRSAS from participating in the Regional Discharge Planning meetings and investigating whether the disbursement of Discharge Assistance Planning funds is used to enable individuals to live in the most integrated environment. VOPA focused on obtaining the ready for discharge lists from the largest DMHMRSAS-operated mental health facility and is now receiving that list on a regular basis. We also obtained patient data from the other state hospitals regarding date of admission, date determined ready for discharge, and catchment area. Our investigations into the adequacy of discharge planning and timeliness of discharge is ongoing.

We opened twenty-eight (28) cases to assist people to obtain discharge plans from mental health facilities. In some cases, we are encountering resistance from the responsible community program. In one such case, we advocated for the individual to seek discharge to a different catchment area, and the client was successfully discharged. In another, the client's discharge was delayed for more than two years because of supposed medical issues. As a result of our advocacy, she selected a different community placement and will be discharged soon. In some instances, we are forced to file human rights complaints in order to secure appropriate discharge plans

VOPA represented three (3) people in state institutions to ensure that they receive appropriate employment planning as a part of their discharge plans. In one case, VOPA ensured that two local DRS offices - the office where the institution is and the office serving where the client will be discharged - collaborated to determine whether the client is eligible to receive DRS services. VOPA also represented one (1) client to ensure that she would receive appropriate employment planning services prior to her discharge. This advocacy effort was worked under another funding stream due to limited PAIMI funds.

VOPA has attempted to monitor the Discharge Protocol Committee with limited success. Information regarding the committee and the development and dissemination of new discharge protocols has been difficult to obtain. The existing protocols from 2001 are still in effect.

**OBJECTIVE MET OR NOT MET:**

Partially met.

VOPA's presence at the Regional Discharge Planning and Discharge Protocol Committee meetings has been challenged and not well received.

We represented 31 individuals instead of 35.

**PRIORITY (GOAL): 4**

People with Disabilities Live in the Most Appropriate Integrated Environment Possible

Focus Area 2: Consumer driven alternatives to guardianship

**OBJECTIVES:**

1. 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.
2. Investigate whether the use of DNRs in state facilities complies with federal and state law by January 1, 2008. Take appropriate action to correct.
3. Represent three individuals whose rights to refuse medications have been violated through the appointment of authorized representatives.
4. By December 31, 2007, investigate whether the Commonwealth's practices relating to authorized representatives complies with federal law and advise appropriate policy-makers of findings.
5. 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, capacity reviews, consumer self-direction, and improved protections for persons with disabilities in substitute decision-making proceedings.
6. Develop training on Advance Directives and powers of attorneys and present at three (3) state psychiatric hospitals and three (3) clubhouses.
7. Represent twenty (20) individuals in executing an Advance Directive or power of attorney.
8. Represent five (5) individuals whose Advance Directive or power of attorney has not been honored in a state or private psychiatric facility.
9. Investigate the use of limited guardianships in the public guardianship programs and promote their use through education and advocacy.

**TARGET POPULATION:**

PAIMI eligible individuals at risk of full guardianship or no longer needing full guardianship.

**TARGET:**

Educate policy makers

3 investigations

6 trainings

5 individual represented

**OUTCOME:**

VOPA investigated whether the use of DNRs in state facilities complied with federal and state law. VOPA completed research and analysis on the issue and shared with the CIR team., a multi-disciplinary group that meets with the Director each week. The CIR team discussed the findings and possible next steps. VOPA decided to look for a good case to carry this issue forward.

VOPA completed the analysis of the Commonwealth's practices relating to authorized representatives complying with federal law. VOPA decided to carry this issue forward in FY09.

VOPA is represented on the MH Law Reform Task Force on substitute decision making. We also worked with the Virginia DSS Adult Services Program Consultant on adapting advance directive materials for their Adult Abuse Prevention Month, and continue to participate on the Virginia Public Guardianship and

Conservatorship Advisory Board. We reviewed the outline of training to be provided to new judges by the Department of Aging on the topic of public guardianship. Our recommendation that limited guardianships be included in the training was accepted. We also attended the annual statewide Guardianship and Elder Law Conference and were pleased to see a stronger emphasis on alternatives to guardianship.

VOPA developed a presentation on Advance Directives and Alternatives to Guardianship, including a PowerPoint presentation and two handouts. We also developed an Advance Directive Planning Form for consumers to use as they prepare to discuss and draft their advance directives. We have given this presentation at three (3) State Hospitals (WSH, ESH, SWVMHI); eight (8) Centers for Independent Living (Richmond, Hanover, Chesterfield, Abingdon, Grundy, Norton, Lynchburg and Petersburg); four (4) Clubhouses (Mill House, Lassen House, On Our Own, and People Place); three (3) Community Services Boards (Hampton-Newport News, Mt. Rogers, and Colonial); and other forums (Crater Health District HIV/AIDS Consortium; Friendship Café; VOCAL Conference; Area Planning and Services Committee on Aging with Lifelong Disabilities Conference; Mental Health Planning Council).

VOPA has prepared written healthcare advance directives for nineteen (19) consumers. VOPA also assisted an individual in drafting an “educational directive” to allow the parents of a client who had reached age 18 to participate in his educational decisions as an alternative to petitioning for guardianship

VOPA received no allegations of Advance Directives or powers of attorney not being honored in a state or private psychiatric facility.

VOPA investigated the use of limited guardianships in the public guardianship programs. VOPA determined that there are no limited guardianships in the public system. VOPA raised this concern with the Virginia Public Guardian and Conservator Advisory Board and that group advocated for more emphasis on limited guardianships where appropriate. VOPA reviewed the outline of training to be provided to new judges by the Virginia Department of Aging on the topic of public guardianship and made a recommendation to include information on limited guardianships and that recommendation was accepted.

**OBJECTIVE MET OR NOT MET:** Met

**PRIORITY (GOAL): 5**

People with Disabilities Live are Employed to their Maximum Potential  
Focus Area 4: Employment Self-Advocacy Clinic

**OBJECTIVES:**

1. Inform persons with mental illness about their rights to employment and employment services through three (3) trainings.

**TARGET POPULATION:**

PAIMI-eligible individuals with employment issues

**TARGET:**

3 trainings

**OUTCOME:**

Using other funding sources, we completed twenty-four (24) ADA employment presentations at WWRC, as well as the “Ask the Experts” Conference in Roanoke, the DRS Staunton Job Club, three Assisted Living Facilities, and at the Virginia Transition Forum Conference. Four Employment Rights Presentations were also conducted at Eastern State Hospital, Mountain House Clubhouse in Roanoke, and On Our Own in Charlottesville. (On Our Own is a consumer-run program and they have requested that we continue the outreach on a quarterly basis.)

**OBJECTIVE MET OR NOT MET:** Met

## SECTION 3. PAIMI-ELIGIBLE INDIVIDUALS

Provide the number of individual PAIMI-eligible individuals for the categories listed below. Count an individual only once during each FY 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 but do not include individuals represented as part of a group or a legal class action, and individuals who receive only information or referral services.

Please complete each of the following sections. DO NOT leave any blank spaces. If no individuals were served in any category, list zero. Make sure that the total individuals served in each sub-category is consistent. The total in 3.A.3. should equal the totals listed in each of the following categories: 3.C. Age of Individuals; 3.D. Gender of Individuals; and, 3.F. Individual Living Arrangements.

### 3. A. NUMBER OF INDIVIDUALS SERVED WITH PAIMI FUNDS.

3. A.1. **Total of PAIMI-eligible individuals who were receiving advocacy at start of FY.** 35

[This category reflects the number of individuals supported with PAIMI Program funds or program income who had cases from the preceding FY still open on October 1. DO NOT REPORT INDIVIDUALS SERVED WITH NON-FEDERAL DOLLARS IN THIS SECTION, report these individuals in Section 8].

3. A.2. **Total of new/renewed PAIMI-eligible individuals served during the FY.** 83

[This is the number of individuals who had a case opened during the reporting period (October 1 and September 30). Do not report individuals served with non-Federal dollars in this section, report these individuals in Section 8].

3. A.3. **Total of PAIMI-eligible individuals served in 3.A.1. & 3. A. 2.** 118.

Reflects the total number of *individuals* 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].

3. A.4. The number of PAIMI-eligible individuals who requested individual advocacy services who were not served within 30 days of initial contact either due to insufficient PAIMI funding 3.A.4.i. 0 or non-priority issues 3.A.4.ii 30 [include individuals who received other services such as information and referral in-lieu]. **TOTAL 3.A.4. [Equals the sum of 3.A.4.i. &3.A.4.ii]** 30.

## SECTION 3. PAIMI-ELIGIBLE INDIVIDUALS

3. A.5. Identify populations, advocacy issues and activities (systemic, legislative, educational, training, etc.) from 3.A.4.i. and/or 3.A.4.ii. that will be addressed in the future.

3. B. NUMBER OF COMPLAINTS/PROBLEMS OF PAIMI-ELIGIBLE INDIVIDUALS.	Total
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*[3.B. refers to the total number of complaints/problems presented at the time the individual contacted the P&A for assistance. The number may be higher than the total number of PAIMI-eligible individuals served by the P&A because each individual may have more than one complaint/problem to be addressed].*

3. C. AGE OF INDIVIDUALS\* [See 42 U.S.C. 10804(a)(1)(4), 42 CFR 51.24 (a)]

0 - 4 <u>0</u>	5 - 12 <u>6</u>	13 - 18 <u>14</u>	19- 25 <u>10</u>	25 - 64 <u>79</u>	64+ <u>9</u>	Total <u>118</u>
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*\*The total of 3.C. should equal the total number of individuals served listed in 3. A.3*

3. D. GENDER OF INDIVIDUALS\*

3.D.1. Male <u>75</u>	3.D.2. Female <u>43</u>	3.D.3. Total* <u>118</u>
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*\*3.D.3. should equal the total number of individuals served listed in 3. A.3*

3. E. ETHNICITY/RACIAL BACKGROUND OF PAIMI-ELIGIBLE INDIVIDUALS

1. American Indian/ Alaska Native	1	4. Hispanic/Latino	4
2. Asian		5. Native Hawaiian/ Other Pacific Islander	
3. Black/African American	43	6. White	70
TOTAL			118

*[The data in 3.E. is self-reported. Please do not question self-reported data. Each client may select one or more categories. The totals in this section may exceed those listed in 3.A.3., 3.C.3, or 3.D.3.*

**PAIMI STAFF MUST ASK AND REPORT THIS INFORMATION.**

## SECTION 3. PAIMI-ELIGIBLE INDIVIDUALS

3. F. LIVING ARRANGEMENTS of INDIVIDUALS at INTAKE.	TOTAL							
1 - Independent	12							
2 - Parental or other family home	16							
3 - 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).								
4 - Adult community residential home, e. g., supervised apartment, semi-independent, halfway house, board & care, small group home (3 or less).	7							
5 - *Non-medical community-based residential facility for children &								
6 - Foster Care	1							
7 - *Nursing Facilities, including Skilled Nursing Facilities(SNF)								
8 - *Intermediate Care Facilities (ICF)								
9 - * Public and Private General Hospitals, including emergency rooms.								
10 - * Other health facility								
11 - Psychiatric wards (public or private)								
12 - Public (Municipal or State-operated) Institutional Living Arrangements (e.g., hospital treatment center/school or large group home 4+ beds).	64							
13 - Private Institutional Living Arrangement (e.g., hospital or treatment center, school or large group home more than 3 beds).	7							
14 - Legal Detention/Jail/Detention Center	6							
15 - State Prison								
17 - Homeless	2							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">18 - Federal Facility (List)</td> <td style="width: 15%;">a. Detention</td> <td style="width: 15%;">b. Prison</td> <td style="width: 15%;">c. Veterans Hospital 3</td> <td style="width: 15%;">d. Military</td> <td style="width: 15%;">e. Other (describe)</td> <td style="width: 10%; text-align: right;">3</td> </tr> </table>	18 - Federal Facility (List)	a. Detention	b. Prison	c. Veterans Hospital 3	d. Military	e. Other (describe)	3	
18 - Federal Facility (List)	a. Detention	b. Prison	c. Veterans Hospital 3	d. Military	e. Other (describe)	3		
<b>TOTAL</b>	<b>118</b>							

*The TOTAL for 3.F. equals the total listed in 3. 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 4. COMPLAINTS/PROBLEMS of PAIMI-ELIGIBLE INDIVIDUALS

4. A.1. AREAS OF ALLEGED ABUSE: Number of complaints/problems – <b>Make every effort to report within the following categories:</b>	Number from Closed Cases only	OUTCOMES			
	TOTAL	A	B	C	D
a. Inappropriate or excessive medication					
b. Inappropriate or excessive					
1. Physical restraint	7	3	2	1	1
2. Chemical restraint*	1	1			
3. Mechanical restraint*					
4. Seclusion					
c. Involuntary medication	2				2
d. Involuntary Electrical Convulsive Therapy (ECT)					
e. Involuntary aversive behavioral therapy					
f. Involuntary sterilization					
g. Failure to provide appropriate mental health treatment	5			2	3
h. Failure to provide needed or appropriate treatment for other serious medical problems	2	1			1
i. Physical Assault					
1. Serious injuries related to the use of seclusion and restraint.*	3	1			2
2. Serious injuries NOT related to seclusion and restraint.					
j. Sexual assault	1				1
k. Threats of retaliation or verbal abuse by facility staff					
l. Coercion					
m. Financial exploitation	1			1	
n. Suspicious death					
o. Other - Specify the type of complaint. Please describe on a separate sheet. [This number should be less than 1% of the total # of abuse complaints].					
<b>TOTAL</b>	<b>22</b>	<b>6</b>	<b>2</b>	<b>4</b>	<b>10</b>

\*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).

## SECTION 4. COMPLAINTS/PROBLEMS of PAIMI-ELIGIBLE INDIVIDUALS

### 4. A.2. ABUSE OUTCOME STATEMENTS

For each area of alleged abuse in 4.A.1., choose one or more outcome statements that best describe or relate to the complaint/problem area. Enter the appropriate letter(s) and provide the number of outcomes per category selected in the "outcome" columns (A, B, C, and D).

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 were favorably resolved as a result of P&A intervention.

D. Other indicators of success or outcomes that resulted from P&A involvement (explain).

Other – Physical restraint (1) (Client provided with rights information. Increased ability for self-advocacy.)

Other – Involuntary medication (2) (STA provided in self advocacy.) and (Client provided with information for self-advocacy.)

Other – Failure to provide appropriate mental health treatment (3) 3 Responses with - (Client received information about the P&A

Other – Failure to provide needed or appropriate treatment for other serious medical problems (1) (Client provided with rights information. Increased ability for self-advocacy.)

Other – Physical Assault – Serious injuries related to the use of seclusion and restraint (2) 2 Responses with - (Client provided with information for self-advocacy.)

Other – Sexual assault (1) (Client provided with information for self-advocacy.)

### 4. A.3. ABUSE COMPLAINTS DISPOSITION

For closed cases listed in Table 4.A.1., provide the number of abuse complaints/problems for each disposition category.

a. Number of complaints/problems determined after investigation not to have merit.	7
b. Number complaints/problems withdrawn or terminated by client.	1
c. Number of complaints/problem favorably resolved in the client's favor.	14
d. Number of complaints/problem not favorably resolved in the client's favor.	0
e. TOTAL number of complaints/problem addressed from closed cases. <i>[The sum of Items 4.A.3. a - d equals the total for 4.A.3.e. which must equal the total in Table 4. A.1.]</i>	22

## SECTION 4. COMPLAINTS/PROBLEMS of PAIMI-ELIGIBLE INDIVIDUALS

4. B.1. AREAS OF ALLEGED NEGLECT - [failure to provide for appropriate . . .] - Number of Complaints/Problems:	Number from <i>Closed Cases</i> only.	OUTCOMES				
	TOTAL	A	B	C	D	E
a. Admission to residential care or treatment facility						
b. Transportation to/from residential care or treatment facility	1					1
c. Discharge planning or release from a residential care or treatment facility	33			18	1	14
d. Mental health diagnostic or other evaluation (does not include treatment)						
e. Medical (non-mental health related) diagnostic or physical examination	1					1
f. Personal care (e.g., personal hygiene, clothing, food, shelter)	2	1				1
g. Physical plant or environmental safety	2	2				
h. Personal safety (client-to-client abuse)	2					2
i. Written treatment plan						
j. Rehabilitation/vocational programming						
k. Other. [Please describe. However, make every effort to report within the above categories.]						
<b>TOTAL</b>	<b>41</b>	<b>3</b>		<b>18</b>	<b>1</b>	<b>19</b>

## SECTION 4. COMPLAINTS/PROBLEMS of PAIMI-ELIGIBLE INDIVIDUALS

### 4. B.2. NEGLECT OUTCOME STATEMENTS

For each area of alleged neglect listed in Table 4.B.1. , choose one or more outcome statements that either best described or related to the complaint/problem. Enter the appropriate letter(s) and provide the number of outcomes per category selected in the "outcome" columns (A, B, C, D, and E).

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 (explain).

Other – Transportation to/from residential care or treatment facility (1) (Client provided with information for self-advocacy.)

Other – Discharge planning or release from a residential care facility (13) 13 Responses with – (Provided client with information regarding rights and self-advocacy.)

Other – Medical (1) (Client provided with information for self-advocacy.)

Other – Personal care (1) (STA services offered to client.)

Other – Personal safety (1) ) (Provided client with information regarding rights and self-advocacy.)

### 4. B.3. NEGLECT COMPLAINTS DISPOSITION

For closed cases listed in Table 4.B.1., provide the numbers of neglect complaints or problem areas for each disposition category. [See, 42 U.S.C. 10802(5)].

a. Number of complaints/problems determined after investigation not to have merit.	9
b. Number complaints/problems withdrawn or terminated by the client.	6
c. Number of complaints/problem favorably resolved in the client's favor.	25
d. Number of complaints/problem not favorably resolved in the client's favor.	1
e. TOTAL number of complaints/problem addressed from closed cases. <i>[The sum of Items 4.B.3. a - d equals the total for 4.B.3.e. which must equal the total in Table 4. B.1.]</i>	41

## SECTION. 4. COMPLAINTS/PROBLEMS of PAIMI-ELIGIBLE INDIVIDUALS

4. C.1. AREAS OF ALLEGED RIGHTS VIOLATIONS ; Number of Complaints Problems	Number from closed Cases only <b>TOTAL</b>	Outcomes			
		A	B	C	D
a. Housing Discrimination	2		2		
b. Employment Discrimination	4	1	3		
c. Denial of financial benefits/ entitlements (e.g., SSI, SSDI, Insurance)	3	1	2		
d. Guardianship/ Conservator problems	2		2		
e. Denial of rights protection information or legal assistance					
f. Denial of privacy rights (e.g., congregation, telephone calls, receiving mail)					
g. Denial of recreational opportunities (e.g., grounds access, television, smoking)	1	1			
h. Denial of visitors					
i. Denial of access to or correction of records					
j. Breach of confidentiality of records (e.g., failure to obtain consent before disclosure)					
k. Failure to obtain informed consent (see also, involuntary treatment)	2		1	1	
l. Failure to provide education (consistent with IDEA and state requirements)	9	3	5	1	
m. Advance directives issues	5		5		
n. Denial of parental/family rights					
o. Consumer financial issues					
p. Immigration issues					
q. Criminal justice issues	1			1	
r. Denial of community habilitation services	1		1		
s. Health insurance/managed care issues					
t. Other. [Please describe separately. Make every effort to report within the above categories.]					
<b>TOTAL (Sum of items a. - t.)</b>	<b>30</b>	<b>6</b>	<b>21</b>	<b>3</b>	<b>0</b>

## SECTION. 4. COMPLAINTS/PROBLEMS of PAIMI-ELIGIBLE INDIVIDUALS

### 4. C.2. RIGHTS VIOLATIONS OUTCOME STATEMENTS

For each category of alleged rights violation listed in Table 4.C.1., choose one or more outcome statements that either best described or related to the complaint/problem. Enter the appropriate letter(s) and provide the number of outcomes per category selected in the "outcome" columns (A, B, C, or D).

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:

Not applicable

### 4. C.3. RIGHTS VIOLATIONS DISPOSITION

For closed cases listed in Table 4.C.1., provide the numbers of rights complaints or problem areas for each disposition category.

a. Number of complaints/problems determined after investigation not to have merit.	1
b. Number complaints/problems withdrawn or terminated by client.	5
c. Number of complaints/problems favorably resolved in the client's favor.	24
d. Number of complaints/problems not favorably resolved in the client's favor	
e. The TOTAL number of complaints/problem addressed from closed cases. <i>[The sum of items 4.C.3. a - d equals the total for 4.C.3.e. which must equal the total in Table 4. C.1.]</i>	30

## SECTION. 4. COMPLAINTS/PROBLEMS of PAIMI-ELIGIBLE INDIVIDUALS

### 4. D.1. INTERVENTION STRATEGIES

Report the number of intervention strategies and the outcomes used to address each individual complaint/problem area in Section 4. D.3.

*Some clients may have more than one complaint/problem and each may require more than one intervention strategy, therefore, the total number of intervention strategies used may exceed the total number of individuals 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."

### 4. D. 2. INTERVENTION STRATEGY OUTCOMES

Strategy	Outcomes**							
	Total	A	B	C	D	E	F	G
1. Short Term Assistance	22							
2. Abuse/Neglect Investigations	18							
3. Technical Assistance	16							
4. Administrative Remedies	1							
5. Negotiation/ Mediation	34							
6. Legal Remedies	2							

\*\*Outcomes were not addressed per guidance from NDRN (National Disability Rights Network) who consulted with SAMHSA.

## SECTION. 4. COMPLAINTS/PROBLEMS of PAIMI-ELIGIBLE INDIVIDUALS

### 4. D.3. OUTCOME STATEMENTS FOR COMPLAINTS/PROBLEMS OF INDIVIDUALS

As applicable, for each area of client advocacy activity listed in 4.D.2., select one (1) or more of the following outcome statements that either best describe or relate to the complaint(s)/problem(s) of PAIMI-eligible individuals. Record your choices in 4.D.2.

Enter the appropriate letter(s) in the "outcome" column of Table 4.D.3.

A. Persons with disabilities (or their family members) served by the P&A whose complaint of abuse, neglect, or rights violation were remedied by the P&A.

B. Persons with disabilities (or their family members) who secured access to administrative remedies, received education or training about their rights, and as a result were empowered to become more effective self advocates.

C. Persons with disabilities who secured information about their rights and rights enforcement strategies as a result of P&A intervention.

D. Persons with disabilities who advocated on their own behalf as a result of P&A intervention.

E. Allegations of abuse or neglect that were substantiated by P&A.

F. Allegations of abuse or neglect that were not substantiated by P&A.

G. Other outcomes as a result of P&A involvement.

## SECTION. 4. COMPLAINTS/PROBLEMS of PAIMI-ELIGIBLE INDIVIDUALS

### 4.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.**

4. E.1. The number of deaths of PAIMI-eligible individuals reported to the P&A for investigation by the following entities:

4. E.1. a. The State. 44

b. The Center for Medicaid & Medicare Services (Regional Offices).

c. Other Sources. Briefly list the source for each death reported in this category, e.g., newspaper, concerned citizen, relative, etc.

d. TOTAL 44

4. E.1.e. *If the information requested in 4.E.1. was not available, please explain.*

Not applicable

4. E.2. All P&A Death investigations conducted involving PAIMI-eligible individuals related to the following:	Total
a. Number of deaths investigated involving incidents of seclusion (S).	0
b. Number of death investigated involving incidents of restraint (R).	1
c. Number of deaths investigated <i>NOT</i> related to incidents of S & R.	2
d. Total Number of deaths investigated [Sum of 4.E.2. a-c].	3

All 44 reports involving a death were reviewed in the weekly Executive Director’s meeting. Only 3 rose to the level of suspicion for abuse and neglect and were thus investigated.

## SECTION. 4. COMPLAINTS/PROBLEMS of PAIMI-ELIGIBLE INDIVIDUALS

### 4.E. DEATH INVESTIGATION ACTIVITIES

4.E.3. If you reported deaths in categories 4.E.2.a., 4.E.2.b., and/or 4.E.2.c., then please provide the following information on one (1) death from each category, as appropriate:

- A brief summary of the circumstances about the death.
- A brief description of P&A involvement in the death investigation.
- A summary of the outcome(s) resulting from the P&A death investigation.

VOPA is currently investigating three deaths at DMHMRSAS-operated mental health facilities. One involves a death in conjunction with a restraint episode. One concerns a patient who choked to death while being assisted during mealtime. Another involved a patient choking to death on an inedible object when the patient was supposed to be closely monitored.

With regard to the restraint-related death, VOPA retained an expert to review the death and the internal investigation of the event to determine what systemic failures may have contributed to the death.

With regard to the choking death while eating, VOPA is reviewing mealtime practices for those individuals who may require assistance or monitoring while eating, identification of swallowing disorders among this population, and staff response to choking incidents.

With regard to the patient who choked to death on an inedible object, VOPA is focusing on adequacy of staffing and staff response to medical emergencies.

## SECTION 5. INTERVENTIONS on BEHALF of GROUPS of PAIMI-ELIGIBLE INDIVIDUALS

This section captures information, which is NOT reflected in previous sections of this report, on how the P&A program used its PAIMI Program funds (including PAIMI Program income) *to support non-individual client activities* To complete Table 5.F. *TYPES of INTERVENTIONS, refer to the guidance in Sections 5.A. - 5.E.*

Under each intervention, as applicable, report each annual program priority activities for the FY & the other information requested. The items listed in the table's left column and the numbers reported for each category should relate to the narrative section that follows.

### 5. A. GUIDANCE FOR REPORTING NUMBERS OF INDIVIDUALS POTENTIALLY IMPACTED BY P&A INTERVENTIONS

TYPES OF INTERVENTION	GUIDANCE FOR DETERMINING NUMBER* OF INDIVIDUALS * [The number of persons potentially impacted within the fiscal year for which the PPR is submitted].
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 change.
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 change, (i.e., Count of PWD impacted by COM)
CLASS LITIGATION	Estimated number of PWD impacted by this change (i.e., Count of PWD impacted by this litigation).
LEGISLATIVE & REGULATORY ADVOCACY	Estimated number of PWD impacted by this change, (i.e., Count of PWD that are normally impacted by this practice, policy and or structure)
OTHER	Estimated number of PWD impacted by this change, (i.e., Count of PWD impacted specified intervention).

## SECTION 5. INTERVENTIONS on BEHALF of GROUPS of PAIMI-ELIGIBLE INDIVIDUALS

### 5. B. GUIDANCE FOR DETERMINATION OF *CONCLUDED SUCCESSFULLY\** FOR INTERVENTIONS ON BEHALF OF GROUPS OF PAIMI-ELIGIBLE INDIVIDUALS.

Interventions reported in the Table 5. A., are considered to be concluded successfully if they meet any one of the following six (6) positive outcome statements:

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 5. INTERVENTIONS on BEHALF of GROUPS of PAIMI- ELIGIBLE INDIVIDUALS

### 5. C. GUIDANCE FOR DETERMINATION OF CONCLUDED UNSUCCESSFULLY\* FOR INTERVENTIONS ON BEHALF OF GROUPS OF PAIMI-ELIGIBLE INDIVIDUALS.

Intervention activities reported in Table 5.F. ARE CONCLUDED UNSUCCESSFULLY IF THEY DO NOT MEET ANY OF THE OUTCOMES STATEMENTS IN SECTIONS 5.A. OR 5.B.

### 5.D. GUIDANCE FOR DETERMINATION OF ONGOING INTERVENTIONS ON BEHALF OF GROUPS OF PAIMI-ELIGIBLE INDIVIDUALS

SAMHSA/CMHS recognizes that *LEGISLATIVE, LEGAL AND/OR OTHER SYSTEMIC REFORM ACTIVITIES (E.G., FACILITY MONITORING, LITIGATION PREPARATION, ETC) MAY TAKE MORE THAN ONE FISCAL YEAR TO COMPLETE* and sometimes these types of interventions take years before they are completed successfully. *It is these types of situations where the use of ongoing is most appropriate. The interventions reported in Table 5. F. are considered ONGOING, IF THEY WERE STARTED IN EITHER A PRIOR YEAR OR THE CURRENT FISCAL YEAR AND WERE NOT CONCLUDED BY 9/30 OF THIS FY.*

## SECTION 5. INTERVENTIONS on BEHALF of GROUPS of PAIMI-ELIGIBLE INDIVIDUALS

5. E. TYPES OF INTERVENTIONS	Potential number of Individuals Impacted	Concluded Successfully	Concluded Unsuccessfully	On-going
1. Group Advocacy non-litigation				
Systems Change Grant participation				XX
2. Investigations ( <i>non-death related</i> )				
Seclusion and Restraint reduction- - PRTF		1,2		
Seclusion and Restraint reduction- - State facilities				XX
Logisticare				XX
DRS provided vocational plans in State operated MH institutions				XX
DNRS in state facilities				XX
Use of Authorized Representatives				XX
Use of limited guardianships in public guardianship program	2000	1,3,6		
DMHMRSAS internal abuse and neglect investigations				XX
3. Facility Monitoring Services				
State Operated Mental Health Institutions	1500	1,2,3,4,5,6		XX
CIRS from State Operated MH Institutions	1500	1,,2,3,4,5,6		XX
PRTF- - related to physical restraints				XX
4. Court Ordered Monitoring				
Not Applicable				
5. Class Litigation				
Not Applicable				

6. Legislative & Regulatory Advocacy				
Special Education Regulations				xx
PAIMI related bills at the General Assembly				XX
VOPA v. Reinhard (peer review)				XX
7. Other				
Absentee ballots	1500	1,3,5,6		
Commission on MH Law Reform				XX
Emergency Planning- - State and Local				XX
Auxiliary Grants		5		15
TOTAL				

## SECTION 5. INTERVENTIONS on BEHALF of GROUPS of PAIMI-ELIGIBLE INDIVIDUALS

In the PAIMI Application [at Section IV.2.2.], you were instructed to provide information on the objectives for these types of interventions in sequential steps that are achievable within the annual reporting period, such as, conducting research, identifying legal issues, filing the class action, etc.

5. F. In the space below, *provide at least ONE (1) EXAMPLE that reflected the outcome of EACH sub-category listed in Table 5.E.* In the narrative for each example briefly describe the PAIMI Program activity, include factual information (who, what, when, where, how) and the outcome(s) that resulted 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 their availability furthered the purposes of the PAIMI Act.

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. The work of this group has been delayed due to the work of the MH Law Reform Commission (see below). Once re-convened, VOPA will again monitor the activities of the Council.

In May 2006, VOPA was informed that the State Board of Elections had issued a memorandum to all locations and general registrars informing them that persons with mental illness residing in State mental health institutions were not allowed to vote by absentee ballot. VOPA attempted to work with the State Board of Elections and the Governor's counsel for several months in an effort for the memorandum to be retracted. The State Board of Elections refused to do so. VOPA then initiated legal action. In October of 2006 VOPA filed a lawsuit against the State Board of Elections and several institutions. This suit resulted in a settlement in October 2006 that led to a change in the law that was very favorable to people with mental illness who live in State mental health institutions, but uncovered other problems. VOPA worked with policy makers to address those additional problems in 2008. As a result of our advocacy, the legislature changed state law to enable greater access to absentee ballots.

The Commission on Mental Health Law Reform was appointed in FY07 by the Chief Justice of the Supreme Court of Virginia to undertake a review of the mental health care delivery system in the State and to make recommendations for reform to the State legislature. The Commission developed five (5) task forces with a specific focus area to advise the Commission. They include access to services, civil commitment, consumer empowerment, children and adolescents, and criminal justice. As members of these task forces, VOPA staff

advocated for the protection of disability-related and civil rights, individual choice and self determination. The work of the Commission was significantly impacted by the Virginia Tech incident. Much of VOPA's efforts were directed at protecting rights while gaining access to treatment. The work in this area continues into FY09 as the Commission is on-going.

The responses to natural disasters recently indicated that there was a widespread lack of detailed planning for the needs of persons with disabilities in relation to a major disaster. Now, in addition, there are concerns raised by the potential of the impact of an epidemic or pandemic in congregate care facilities. Please see earlier in this report where VOPA has begun evaluating congregate setting emergency planning.

## SECTION 6. NON-CLIENT DIRECTED ADVOCACY ACTIVITIES

6. A. INDIVIDUAL INFORMATION AND REFERRAL (I&R) SERVICES. Refer to the Glossary for the definition of I& R. [See also, PAIMI Rules, 42 CFR 51.24].

Provide the number of PAIMI Program I&R services.

TOTAL 3478

### 6.B. STATE MENTAL HEALTH PLANNING ACTIVITIES

*Briefly list P&A collaboration/involvement in State Mental Health planning activities.*

### 6. C. EDUCATION, PUBLIC AWARENESS ACTIVITIES AND/OR EVENTS

6.C.1. List the number of public awareness activities or events AND the number of individuals who received the information. [Refer to the Glossary].

6. C.1. a. Number of public awareness activities or events.

Total 3

6. C.1. b. Number of individuals receiving the information.

Total 950

6. C.2. Number of education/training activities undertaken.

Total 25

6.C.2 refers to either the 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 section 6.C.1.b.** [PAIMI Rules 42 CFR 51.31(c)].

Total 25

6. C.3. Number (approximate) of persons trained. **[Only include those individuals who attended a 6.C.2. type education/training program(s). See PAIMI Rules 42 CFR 51.31].**

Total 1041

## SECTION 6. NON-CLIENT DIRECTED ADVOCACY ACTIVITIES

### 6. C. EDUCATION, PUBLIC AWARENESS ACTIVITIES AND/OR EVENTS

DISSEMINATION ACTIVITIES. 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.

### 6. C.4. OUTCOME STATEMENTS for DISSEMINATION ACTIVITIES

For each non-client directed advocacy activity listed in the Table 6.C.5., choose one or more outcome statements that either best describe or relate to the TYPE of ACTIVITY. Enter the appropriate letter(s) and provide the number of outcomes per category selected in the "outcome" columns (A, B, and C).

A. Persons who received information about the P&A and its services.

B. Persons 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 6. NON-CLIENT DIRECTED ADVOCACY ACTIVITIES

6. C.5. TYPES OF DISSEMINATION ACTIVITIES	NUMBER OF ITEMS	NUMBER OF EVENTS	# of persons who received the information	OUTCOMES			
				Total A - C	A	B	C
a. Radio/TV appearances.	1	*	2400		1	1	
b. Newspaper articles (attach copies of articles).	2				2		
c. Public Services Announcements (PSA), videos/films/, etc.	3				3	3	
d. Reports							
e. Publications, including articles in Professional journals. VOPA newsletters	1	2			2		
f. Other P& A disseminated information, includes general training, outreach activities or presentations, brochures and handouts that <i>were not</i> included/counted under training activities). mailings	4523				4523		
g. Number Website hits, include visits.							
h. Describe other media activities.							
TOTALS							

\* VOPA provided a Q & A interview regarding Voting Rights and Accessibility issues in October to Virginia Voice which was recorded and played repeatedly prior to the Election.

## SECTION 7. GRIEVANCE PROCEDURES [42 CFR Section 51.25]

7. The PAIMI Rules mandate that the P&A system shall establish procedures to address grievances from: 1) Clients or prospective clients of the system to assure that individuals with mental illness have full access to the services of the program [42 CFR 51.25(a)(1)]; and 2) Individuals who have received or are receiving mental health services in the State, family members of such representatives, or representatives of such individuals or family members to assure that the eligible P&A system is operating in compliance with the Act [42 CFR 51.25(a)(2) - a systemic/program assurance grievance policy.]

7. a. Do you have a systemic/program assurance grievance policy, as mandated by 42 CFR 51.25(a)(2)? Yes XX If No, please develop one \_\_\_\_

7.1. The number of grievances filed by PAIMI-eligible clients, including representatives or family-members of such individuals receiving services during this fiscal year. TOTAL 0

7.2. 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 5

7.3. Total [Add 7.1 & 7.2] 5 [42 CFR Section 51.25(a)(1),(2)]

7.4. The number of grievances appealed to:

7. 4.a. The Governing Authority/Board	Total 1	7. 4.b. The Executive Director	Total 4
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c. TOTAL = 7.4a. & 7.4b. 5

7.5. a. The number of reports sent to the governing board *AND* the Advisory Board mandatory for private non-profit P&A systems, at least one annually) that describe the grievances received, processed, and resolved. *[Report required, even if no grievances were filed.* [42 CFR 51.25(b)(2)] Total 1

7.6. Please *IDENTIFY ALL INDIVIDUALS*, by name & title, responsible for grievance reviews.

Colleen Miller, Executive Director

Governing Board Appeals Committee (membership rotates routinely): Susan Kalanges (Chair), Pat Meyer (Vice-Chair), Brent Brown, Charles Cooper, Bill Fuller, Waja Grimm, Chris Harrison, Maureen Hollowell, Elizabeth Prialx, Daaiyah Rashid

## SECTION 7. GRIEVANCE PROCEDURES [42 CFR Section 51.25]

7.7. 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? 15 Calendar days [42 CFR 51.25(b)(4)]

7.8. a. Were written responses sent to all grievants? YES X, NO \_\_\_ If no, explain below.

7.9. Was client confidentiality protected? YES X, NO \_\_\_\_\_. If no, explain below.  
[42 CFR 51.25(b)(6)]

## SECTION 8. OTHER SERVICES AND ACTIVITIES

The PAIMI Rules [at 42 CFR at 51.24(b)] mandate that “Members of the public shall be given an opportunity, on an annual basis, to comment on the priorities established by, and the activities of, the P&A system. Procedures for public comment which must provide for notice in a format accessible to individuals with mental illness, including such individuals who are in residential facilities, to family members and to representatives of such individuals and to other individuals with disabilities. Procedures for public comment must provide for receipt of comments in writing or in person.”

### 8. A.1. Does the P&A have procedures established for public comment?

a. Yes  PROVIDE A COPY OF A NOTICE and briefly describe how the notice is used to reach persons with mental illness and their families.

b. No , If no, briefly explain.

VOPA maintains a website that posts all of our federal grants' priorities, goals, and objectives. This website also has the notices for the Board of Directors' and VOPA's Advisory Councils meetings. VOPA uses the VOPA website to recruit volunteers to serve on our two Advisory Councils. Meeting announcements and meeting minutes of the Advisory Councils and the Governing Board of Directors are posted on the website. Meeting announcements are also posted on disability related list-serves.

VOPA receives public comment in a variety of ways: the VOPA Governing Board has adopted a bi-annual schedule for reviewing our program goals and objectives; the FY09 Goals and Focus areas are the second year of this cycle. We solicited public comment through a public survey posted on our website. This survey ran from August 31, 2008 to October 1, 2008 and we received 31 comments from consumers. The VOPA Board Goals and Public Awareness Committee met on July 21 and September 22 to discuss means of gathering public input. The PAIMI Advisory Council met on August 14<sup>th</sup> at Catawba Hospital, a state-run mental health institution, and provided input on comment on VOPA's proposed goals and focus areas; this meeting was also open to members of the public and hospital residents. The VOPA Disability Advisory Committee also met on June 4 to provide input and comment on proposed goals and focus areas. The VOPA Board of Directors met on July 21st and September 23rd, with notice to the public that public comment would be received at both meetings. The Board actively reviewed VOPA's proposed goals and focus areas, and received in-person comment from one individual, and email comment from two individuals at the September meeting. VOPA's Governing Board has a formal written policy on receipt of public comments. In addition, the Governing Board develops and implements the public comment process based on the bi-annual planning cycle and staff recommendations; these decisions are reflected in the Board's meeting minutes which are also posted on the VOPA website. All VOPA Board and Advisory Council meetings are advertised as open to the public and include receipt of public comment as an agenda item. Any public comment received is considered in the priority planning process for the development of VOPA's goals, focus areas and objectives.

### 8. A.2. Were the notices provided to the following persons?

a. Individuals with mental illness in residential facilities?	YES <input checked="" type="checkbox"/>	NO* <input type="checkbox"/>
b. Family members and representatives of such individuals?	YES <input checked="" type="checkbox"/>	NO* <input type="checkbox"/>
c. Other Individuals with disabilities?	YES <input checked="" type="checkbox"/>	NO* <input type="checkbox"/>

d. \*Brief explanation is required for each NO answer in 8. A.2. a., b., or c.

8. A.3. Do the procedures provide for receipt of the comments in writing or in person? YES\* XX; NO     .

8. A.3.a. If YES\*, ATTACH A COPY OF THE AGENCY'S POLICIES/PROCEDURES PERTAINING TO PUBLIC COMMENT.

Public Comment is regularly offered in writing and VOPA's practice is to ascertain whether it is an individual grievance or genuine public comment. Content determines whether it is addressed following VOPA's grievance procedures or the Governing Board's Public Comment Policy. Most unsolicited public comment that VOPA receives is really related to a grievance issue.

8. A.3.b. If NO, EXPLAIN WHY THE AGENCY DOES NOT HAVE SUCH PROCEDURES IN PLACE.

Not applicable

## SECTION 8. OTHER SERVICES AND ACTIVITIES

8. B.1. Was the public provided an opportunity for public comment?

YES  
XX

NO

8. B. 2. If you answered YES to 8.B.1., then briefly describe the activities used to obtain public comment.

Please see above

8. B. 3. What formats and languages (as applicable) were used in materials to solicit public comments?

Web-based survey

Public meetings

Grievances

Mail

VOPA had a contract with a private, non-profit entity to provide translation services for some of our publications. Last year we translated 4 publications into Spanish. In addition, VOPA has the capability to provide documents in Braille and large print as requested.

Public meeting notices state that public comment can be taken by phone for individuals who cannot attend the public meeting.

8. B. 4. If you answered NO to 8.B.1., BRIEFLY EXPLAIN WHY THE PUBLIC WAS NOT PROVIDED AN OPPORTUNITY TO COMMENT.

Not applicable

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

- Department of Mental Health, Mental Retardation and Substance Abuse Services' Central Office and nine (9) institutions
- Local Human Rights Committees
- Mental Health Planning Council
- National Alliance for the Mentally Ill – Virginia and local affiliates
- Department of Rehabilitative Services
- Department of Medical Assistance Services
- Office of the Attorney General
- Virginia Public Guardian and Conservator Advisory Board
- Centers for Independent Living
- Community Service Boards
- Virginia Organization of Consumers Asserting Leadership (VOCAL)
- Virginia Supreme Court Task Force Sub Committees
- Coalition for Virginians with Mental Disabilities
- Refugee and Immigration Services

## SECTION 8. OTHER SERVICES AND ACTIVITIES

**8. D.** Briefly describe the outreach efforts/activities used to increase the numbers of ethnic and racial minority clients served and/or educated about the PAIMI Program. [This information will be evaluated by using the Demographic/State Profile information contained in the PAIMI Application for the same FY].

As previously noted, VOPA addressed objectives specifically tailored to outreach to the Spanish speaking community in Virginia and other underserved populations. We have engaged in a contract with a local entity to provide translation of our outreach publications. The PAIMI Advisory Council has made a concerted effort to recruit diverse representation via individual efforts at outreach, moving the Council meetings to different locations around the State and soliciting Governing Board assistance in addressing this.

Because Virginia still has state operated mental health institutions, most of our PAIMI efforts are centered there. Our case level services statistics do reflect all of the individuals that receive short term assistance and information and referral from staff providing monitoring activities. Because there is a larger proportion of a minority population in these facilities, VOPA suspects we serve many more minority PAIMI eligible individuals than our case statistics reflect.

**8. E.** Did the activities described in 8.D. result in an increase of ethnic and/or minorities in the following categories?

1. Staff	YES XX	NO
2. Advisory Council	YES	NO XX
3. Governing Board	YES XX	NO
4. Clients	YES XX	NO

If the answer to any item 8.E.1 - 4 is NO, please provide a brief explanation, such as 8.E.1., 2., or 3. – no vacancies.

VOPA has continued to make a strong effort to recruit employees that reflect the cultural diversity of Virginia residents and be more reflective of the disability communities in Virginia.

VOPA's Governing Board of Directors are appointed by the Virginia Governor, Speaker of the House of Delegates and the Senate Committee on Rules. Membership composition is defined in the Authorizing State Statute. The statute notes that consideration is to be given for individuals nominated by statewide disability advocacy groups. VOPA is to coordinate and provide the appointing authorities the lists of nominations for each appointment. VOPA's Executive Director has assumed this responsibility. She reviews the current composition of the Governing Board and advises the statewide advocacy groups of the membership composition required per the statute and notes the need for the board to be reflective of the cultural diversity of Virginia's residents.

Please see above regarding the Advisory Council's efforts at recruitment.

## 8. F. PAIMI PROGRAM IMPLEMENTATION PROBLEMS

### 8. F.1 External Impediments

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

The MH Law Commission effort and its recommendations to the General Assembly and the public reaction to the "Virginia Tech incident" were unexpected advocacy-intensive opportunities that required a significant portion of VOPA's PAIMI work this past year. This advocacy effort also limited the amount of time and funding we had available to complete the proposed activities.

## SECTION 8. OTHER SERVICES AND ACTIVITIES

### 8. F.2. *Internal Impediments*

Describe any problems with implementation of mandated PAIMI activities, including any identified annual priorities and objectives (e.g., lack of sufficient resources, necessary expertise, etc).

VOPA had 3 employees resign in FFY08 that were providing PAIMI related services. This impacted our ability to meet all proposed activities. In addition, VOPA merged the Policy and Administrative Units to do some internal re-organization. We also had staff turnover in the area of fiscal responsibilities. These events provided an opportunity to streamline some processes, but in the interim there has been some learning challenges for staff. We anticipate that FY09 will be a smoother year for the new unit.

VOPA had to prioritize and limit PAIMI services at the end of FFY08 due to funding limitations. In the past, VOPA has had significant carry-over funds from previous years. We are now at the point where we are working within the allotted amount for the fiscal year. There is great need in Virginia for PAIMI services and we hear frequently from our Council and self advocates that many PAIMI eligible individuals are not even aware of the P&A. Rights awareness in Virginia is a great need.

## 8. G. ACCOMPLISHMENTS

For this fiscal year, briefly describe the most important accomplishment(s) that resulted from PAIMI Program activities. PROVIDE copies of supporting documents, e.g., case law, news article, legislation, etc.

The Virginia Office for Protection and Advocacy (VOPA) has made a deliberate decision to take cases that we believe will have a strong systemic impact on the lives of Virginians with disabilities. Although we are opening a targeted number of cases, we believe that by tying them directly to systemic reform, we are making significant impact on a much larger population group.

VOPA plans its objectives based on the needs within the state; not by funding stream or specific disabilities. Some of the identified estimated cases and proposed activities may have been addressed in conjunction with other funding streams, but the result is still a positive impact on PAIMI-eligible individuals. For example, using another funding stream, VOPA was able to provide education and outreach about work incentives and vocational rehabilitation services to residents of the state operated mental health institutions when the PAIMI funding is so scarce. As well, the absentee ballot litigation was initiated under another funding stream and only used PAIMI funding to litigate. This saved PAIMI funding for other advocacy efforts.

VOPA's Director again 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. This 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.

The VOPA Governing Board has made a deliberate decision to maintain a committee structure that includes Board members, Advisory Council members and staff. The committees and their roles are as follows:

Goals and Public Awareness – develop a plan to effectively communicate how VOPA works for people with disabilities and the funding limitations and opportunities.

Internal Policies – review and when necessary revise current VOPA operating policies. When necessary, develop new operating policies;

Public Policy – review systemic challenges and opportunities to VOPA, address public policy position requests; (combined in September 2008; see below)

Finance and Resource Development – identify sources for funding to build capacity in local communities to provide services to those that VOPA cannot serve, create a fundraising plan, review VOPA financial reports and practices.

Council Relations and Public Policy – new committee as of September 2008, same role as the former Public Policy committee with the addition of improving communication between the VOPA Governing Board and VOPA Advisory Councils.

In addition to serving the individuals noted under the priority section of this report, VOPA served an additional 5 individuals via providing short term assistance or technical assistance. These were PAIMI eligible individuals whose issues did not fall within the priorities, but whose concerns could be easily addressed in a timely manner at the lowest level of intervention.

## SECTION 8. OTHER SERVICES AND ACTIVITIES

### 8. H. RECOMMENDATIONS

Please provide recommendations for activities and services to improve the PAIMI Program. Include a brief description of why such activities and services are needed. [42 U.S.C. 10824(a)(4)].

Not applicable

### 8. I. PLEASE IDENTITY ANY TRAINING & TECHNICAL ASSISTANCE REQUESTS.

[42 U.S.C. 10825]

Not applicable

## SECTION 9. ACTUAL PAIMI BUDGET/EXPENDITURES FOR FY 2008

*In this section, provide actual expenditures for the FY. Refer to the PAIMI Application [Appendix C] submitted to SAMHSA/CMHS for the same FY.*

**9. A. PAIMI PROGRAM PERSONNEL - INSERT ADDITIONAL ROWS AS NEEDED. ++  
List vacancies by position, annual salary, percentage of time & costs that will be charged to the PAIMI Program grant when the position is filled.**

Position Title	Annual Salary	Percent/Portion Of Time Charged To PAIMI	Costs Billed to PAIMI
Executive Director	\$117,862	22%	\$25,930
Policy Director	\$70,223	34%	\$23,876
Managing Attorney	\$71,989	55%	\$39,868
Managing Attorney	\$74,730	5%	\$3,737
Managing Attorney	\$77,670	30%	\$23,301
Staff Attorney	\$65,520	10%	\$6,552
Staff Attorney	\$42,983	30%	\$12,895
Staff Attorney	\$43,825	5%	\$2,191
Staff Attorney	\$58,802	60%	\$35,281
Staff Attorney	\$34,694	5%	\$1,735
Staff Attorney	\$57,179	20%	\$11,436
Staff Attorney	\$44,200	10%	\$4,420
Staff Attorney	\$42,640	60%	\$25,584
Staff Attorney	\$41,080	5.00%	\$2,054
Disability Rights Advocate	\$42,663	10%	\$4,266
Disability Rights Advocate	\$38,480	20%	\$7,696
Disability Rights Advocate	\$41,867	50%	\$20,934
Disability Rights Advocate	\$39,520	20%	\$7,904
Disability Rights Advocate	\$58,178	60%	\$34,907
Disability Rights Advocate	\$42,640	50%	\$21,320
Disability Rights Advocate	\$46,051	60%	\$27,631
Paralegal	\$36,451	5%	\$1,823
Business Manager	\$52,702	26%	\$13,703
Administrative Assistant	\$32,926	26%	\$8,561
Administrative Assistant	\$32,340 (9 mos)	26%	\$8,408
Administrative Assistant	\$15,167 (7 mos)	26%	\$3,943
Executive Assistant	\$38,464	26%	\$10,001
Executive Assistant	\$38,651	27%	\$10,583
Data/Incident Analyst	\$51,400	35%	\$17,990
Fiscal Officer	\$58,476	26%	\$15,204
Receptionist	\$29,281	29%	\$8,491
Law Intern	\$11 per hour (6 mos)	50%	\$62
Law Intern	\$11 per hour	9%	\$128
Law Intern	\$11 per hour (6 mos)	21%	\$65
Law Intern	\$9.50 per hour (6 mos)	76%	\$256
<b>SUBTOTAL</b>	<b>\$1,540,718</b>	<b>29%</b>	<b>\$446,808</b>
++Vacant positions	0		
Volunteer positions	0		
<b>TOTAL POSITIONS</b>	<b>\$1,540,718</b>	<b>29%</b>	<b>\$446,808</b>

9. B. CATEGORIES	COST
Fringe Benefits (PAIMI only)	\$14,499
Travel Expenses (PAIMI only)	\$23,849
SUBTOTAL	\$38,348

9. C. EQUIPMENT - TYPE (PAIMI ONLY)	COST
Copier/Postage Rental	\$5,435
Voice & Data Transmission	\$34
Electronic Equipment-DVD player	\$41
Reference Equip.-Books	\$127
SUBTOTAL	\$5,637

**SECTION 9. ACTUAL PAIMI BUDGET/EXPENDITURES FOR FY 2008**

9. D. SUPPLIES - TYPE (PAIMI ONLY)	COST
Office	\$5,735
Computer	\$251
<b>SUBTOTAL</b>	<b>\$5,986</b>

9. E. 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.				\$1,765
Employment Agency	Temporary Personnel-Administrative Support/Manual Labor	\$1,490			
Private Contractor	Accommodations for employee	\$924			
Catered Meals	Board and Council Meetings				\$5,145
Advertising Services	Job Ads, Training/Outreach Activities				\$263
CART	Interpreter	\$1,879			
Other Virginia State Agencies	Payroll services;				\$1,369
<b>SUBTOTAL</b>					<b>\$12,553</b>

9. F. TRAINING COSTS FOR PAIMI PROGRAM ONLY			
Categories	#Of Persons/ Travel Costs	#Of Persons/ Training Costs	# Of Persons/ Other Expenses
Staff	3/2,362	3/1807	0
Governing Board	0	0	0
PAC Members	0	0	0
Volunteers			0
Subtotal	\$2,362	\$1,807	0

9. G. OTHER EXPENSES (PAIMI PROGRAM ONLY)	COST
Organization Memberships/Publication Subscriptions	\$ 5,012
Postage/Shipping/Copying	\$ 4,492
Unemployment compensation reimbursements	\$ 886
Indirect Costs	\$103,855
Telephone Charges	\$19,065
<b>Subtotal</b>	<b>\$133,310</b>

## SECTION 9. ACTUAL PAIMI BUDGET/EXPENDITURES FOR FY 2008

9. H. Indirect Costs (PAIMI only):		COST
1. Does your P&A have an approved Federal indirect cost rate?	YES XX	NO
a. If YES, what is the approved rate?	15%	
2. Total of all PAIMI Program costs listed in 9.A. - 9.G.		\$647,094
3. Income Sources and Other Resources (PAIMI Program Only)		\$615,270
4. PAIMI Program carryover of grant funds identified by FY07.		\$181,642
5. Interest on Lawyers Trust Accounts (IOLTA).		\$ -
6. Program income (PAIMI only).		\$16,150
7. State		\$ -
8. County		\$ -
9. Private		\$ -
10. Other funding sources. -		\$
		\$-
11. Total of all PAIMI Program resources.		\$813,062
<b>SUBTOTAL</b>		<b>\$813,062</b>

## GLOSSARY

**Closed case** - is when the advocate/attorney closes the client record or case file after providing advocacy interventions on behalf of a client, and determining that the client either has no need of further intervention services or that the agency has no other services available to address the issue(s) or complaint(s) for which the case was initially opened.

**Grievance Procedures** – are policies and procedures developed by the P&A system to ensure that its clients and prospective PAIMI-eligible clients, their family members, or representatives have full access to the system services and that the system is fully compliant with the provisions of the PAIMI Act and Rules.

**Information and Referral (I&R) Services** - is the provision of brief written or oral information, such as generic information about the P&A, including information about additional programs and resources external to the P&A that relate to the individual's service needs and statutory or constitutional rights as a person with a disability. I &R services are generally of short duration, typically range from a few minutes to an hour, do not involve direct advocacy intervention by staff, and any type of staff follow-up. I&R services may include mailing generic agency information. Individuals receiving I &R services are not counted as PAIMI clients.

**Intervention Strategies:**

- **Abuse/Neglect Investigations** - a systemic and thorough examination of information, records, evidence and circumstances surrounding an allegation of abuse and neglect. Investigations are undertaken to determine if there is a basis for administrative or legal action on behalf of the client. Investigations require a significant allocation of time to interview witnesses, gather factual information, and to issue a written report of findings.
- **Administrative Remedies** - includes the use of any systems for appeal within an agency or facility, or between agencies, which does not involve adjudication by a court of law.
- **Legal Remedies** - the legal representation of clients in litigation in court processes concerned with rights, grievances, or appeals of such rights or grievances.
- **Legislative/Regulatory Advocacy** activities involve monitoring, evaluating, and commenting upon the development and implementation of Federal, State, and local laws, regulations, plans, budgets, taxes and other actions which may affect individuals with mental illness. [The PAIMI Rules at 42 FCR at 51.24 mandates that legislative activities shall also be addressed in the development of program priorities].
- **Negotiation/Mediation** - is a informal, non-legal intervention by a PAIMI representative, attorney or case manager used to resolve problems with facility staff or other agency representatives; (does not involve a formal appeal).
- **Short Term Assistance** - Time limited advice and counseling assistance, which may include reviewing information, counseling a client on actions one may take, and

assisting the client in preparing letters, documents or making telephone calls to resolve the issue.

- Technical Assistance - includes the provision of information, referral or advice to clients by a PAIMI Program representative, attorney, or advocate, (e.g., coaching the client in self-advocacy, explaining service delivery system(s) available to meet needs, dissemination of information and materials to client, etc.). Follow-up is required.

Objectives - are activities undertaken to achieve annual program priorities (goals). All objectives required to have measurable outcomes and the use of numerical targets is encouraged. Each objective must clearly state why the activity was undertaken, who will benefit from the objective (the target population), how the activity will be accomplished, and what is the expected outcome for the activity? Generally, with the exception of litigation, legislative or regulatory activities, objectives shall be attainable within the fiscal reporting period (within one (1) fiscal year).

Open Case - is when a PAIMI-eligible individual with a complaint is accepted as a client by the P&A system. A case record or case file is opened for that individual. System staff maintain all intervention services provided to the client and other information that are maintained in this case record/file.

Outreach - is an activity that targets information on PAIMI Program activities to specific populations (e.g., cultural, ethnic and racial minorities, and other underserved or un-served populations, etc. The activity is linked to an objective of a specific annual priority.

PAIMI Clients (for purposes of this report) - are individuals who meet the PAIMI eligibility criteria as defined in the PAIMI Act [42 U.S.C. 10802(4) and its Rules at 42 CFR 51.2 Definitions, who have a complaint, for whom demographic data is collected, and for whom the PAIMI Program, or any of its subcontractors, provides an intervention (as reported under Intervention Strategies in this form).

Priorities (Goals) - are broad general descriptions of short term activities for the P&A system to accomplish within one (1) fiscal year (FY). [The exceptions are generally regulatory, legislative, and litigation activities]. The priorities must be directly related to the purpose of the enabling Federal legislation and the requirements of the Federal-funding agency and consistent with the priorities included in the PAIMI Application for the same FY. [See PAIMI Act at 42 U.S.C. 10801, PAIMI Rules at 42 CFR 51.24 (a) – Program Priorities, and the Children’s Health Act of 2000 at 42 U.S.C. at 290ii-ii-1 and 290jj-jj-2].

Public Awareness Activities - provide general information on disability rights and the purpose and mission of the P&A system. Public awareness activities include public service announcements, newsletters, radio or television, publications in legal journals, web site services, general distribution of agency brochures, etc.

Public Education and Constituency Training - is the dissemination of information to one or more persons through an interactive event, which often promotes a greater understanding of the constitutional or statutory rights of persons with disabilities. Contrasted to Public Awareness Activities, education and training must be specifically targeted to meet the unique need of the group(s) trained.

Racial/Ethnic Background - for the purposes of this report, the ethnicity categories are Hispanic or Latino and Not Hispanic or Latino. The race categories are American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White.

Resolution of Complaint/Problem Area – is in a client's favor when ( 1) the client is satisfied with the result of the intervention or (2) the expressed wish or stated goal of the client is either fully attained or negotiated to an agreeable outcome, or (3) the violation in the stated case complaint/problem area was remedied.

Systemic Advocacy Activities – are the efforts taken to implement changes in policies and practices of systems that impact persons with mental illness. These "systems" include, but are not limited to, State agencies, various public and private residential care and treatment facilities, and other service providers, etc. [The PAIMI Rules at 42 CFR 51.24 (a) PAIMI Priorities state that systemic activities shall be addressed in the development and implementation of program priorities].