

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

STATE Virginia

FISCAL YEAR 2009

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SECTION 1. GENERAL PAIMI PROGRAM INFORMATION

| | |
|--|--|
| 1.A. Fiscal Year: | 2009 |
| State: | Virginia |
| Name of P&A system: | Virginia Office for Protection and Advocacy |
| Mailing Address & Phone Number of Main Office: | 1910 Byrd Avenue, Suite 5 Richmond, VA 23230 |
| Mailing Address & Phone Numbers of for each Satellite Office: | Not Applicable |
| Name of PAIMI Program, if different from the State P&A agency: | Not Applicable |
| Name, phone number, and e-mail address of the PAIMI Coordinator: | Sherry Confer 804-662-7375 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.* | Dr. James Reinhard, Commissioner Virginia Department of Behavioral Health and Developmental Services |
| Date the PAIMI PPR & ACR were sent to the State mental health agency.* | December 18, 2009 |

SECTION 1. GENERAL PAIMI PROGRAM INFORMATION

1. B. GOVERNING BOARD

| | | |
|---|-----------|----|
| 1.B.1. Does the P&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).]. | Yes XX | No |
| 1. B.2. Is the Chair of the PAIMI Advisory Council (PAC) a member of the GB? The VOPA PAIMI Council Chair is an ex-officio non-voting member of the Governing Board. | Yes XX | No |

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. | 4x/yr |
| g. Number of GB meetings held this fiscal year .(FY) | 4 |
| h. % (Average) of GB members present at meetings this FY. | 85 |

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). *Count each GB member only once.*]

| | |
|--|-----------|
| 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. | 5 |
| c. Number of guardians. | |
| d. Number of advocates or authorized representatives. | |
| e. Number of other persons who broadly represent or are knowledgeable about the needs of the clients served by the P&A system. | 4 |
| 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: 34

a. How many of the staff listed above are attorneys? Total: 12

b. How many of the staff listed above are non-attorney case workers/mental health advocates? Do not include support or administrative staff in this count. Total: 14

1. D. ETHNICITY/RACE

| | GOVERNING BOARD | PAIMI STAFF |
|---|-----------------|------------------------------|
| American Indian/ Alaska Native | | |
| Asian | | 1 |
| Black/African American | | 5 |
| Hispanic or Latino | | |
| Native Hawaiian/Other Pacific Islander | | |
| White | | 31 |
| Vacancies on 9/30 (Identify by position). | | 1 - - Operations Coordinator |
| | | |
| | | |
| | | |
| TOTAL | | 37 |

1. E. GENDER

| | GOVERNING BOARD | PAIMI STAFF |
|--------|-----------------|-------------|
| Male | | 12 |
| Female | | 25 |
| TOTAL | | 37 |

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.

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 quarterly summaries and semi-annual trend analyses of Critical Incident Reports and other analyses as needed, for use in institution monitoring.
2. Investigate all reports of death where VOPA suspects abuse or neglect occurred. Five (5) incidents will be selected for an in-depth investigation. At most, two (2) of the five investigations will be at mental health facilities. 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:

2 investigations, quarterly summaries, 2 trend analyses

OUTCOME:

At the conclusion of FY08, VOPA's PAIMI funds were exhausted. Staff were reassigned to other grants. As funds were slowly made available by SAMHSA late in FY09, staff were gradually reassigned to PAIMI work. Due to the delays in releasing funds, VOPA was not able to complete all targeted objectives.

1. VOPA reviews all Critical Incident Reports (CIRs) of deaths submitted by state operated institutions, all reports of deaths forwarded by Adult Protective Services (APS), and all reports of "serious occurrences" that involve a death forwarded by Psychiatric Residential Treatment Facilities (PRTFs) to VOPA. VOPA staff reads each report and enters pertinent information into a database. We review all CIRs that involve injuries within current program priorities and other alarming or unusual reports. 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, VOPA routinely requests that the Department of Behavioral Health and Developmental Services (DBHDS) [formerly Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS)] produce internal investigation reports and supporting materials. VOPA received a total of 45 CIRs reporting deaths of PAIMI-eligible individuals living in the state operated mental health institutions in FY09.

DBHDS has challenged VOPA's right to some of these records. VOPA sued in federal court to obtain the records, but to date has been unsuccessful. A petition for certiorari is pending before the U.S. Supreme Court.

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 DBHDS-operated institutions to determine if an internal death review was conducted, whether the Medical Examiner was notified as required by law, whether the Medical Examiner conducted the required investigation of the circumstances of the death and whether the case was referred for autopsy. VOPA collected and reviewed data with regard to when an autopsy was conducted in order to identify any regional discrepancies.

2. VOPA completed an investigation into the death of a patient at a state operated mental health institution. Prior to her death, the patient exhibited psychotic symptoms by intermittently expressing delusional thoughts and hyper-religiosity, stating that God was trying to communicate to her. She specifically communicated to staff the actions that the delusional thoughts were telling her to take and the substance of thoughts was documented in her chart. She eventually acted on her delusions and her actions resulted in her death while she was supposed to be closely monitored by facility staff. VOPA's investigation report into this incident will be published soon.

The investigation was initiated after review of a report of death received through the CIR system. VOPA's investigation revealed shortcomings in the provision of care and in the internal system for abuse and neglect reporting and investigation. A second investigation revealed that suspicions of abuse and neglect lacked legal merit.

VOPA learned of a suspicious death at a state operated mental health institution that is also a long-term care facility. Due to delayed PAIMI resources, we were unable to investigate it, but we did refer the question to the Office of Licensure and Certification (OLC), the state's Medicaid Survey Agency. The OLC conducted a survey and cited the facility for deficiencies (based in part upon the death reported by VOPA) which were addressed through the correction action plan that the facility submitted in response.

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 mental health consumer or support groups, including consumer run programs and associations.
2. Develop training on consumer rights and present to staff community support providers.
3. Inform mental health consumers of their rights to be free from abuse and neglect by offering the "Office Hours" program at clubhouses by providing information about their rights and services available to them.
4. Submit a Petition for Rulemaking to the Virginia Department of Health and the Virginia Department

of Social Services recommending that their regulations provide specific and measurable standards for disaster response plans for all community-based facilities.

5. Respond to all proposals by the Interagency Civil Admission Advisory Council that appear to violate constitutional or federal law.

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:

develop 4 trainings, 1 petition

OUTCOME:

1. VOPA provided outreach and training to 3 groups about disability rights for PAIMI eligible individuals. One training was at a clubhouse for PAIMI eligible individuals. Over 40 individuals received training at this session. A second training was at a PAIMI eligible peer-run conference; the training addressed forced treatment issues. A third training was provided for Virginia's long-term care ombudsman staff and volunteers. We felt this was appropriate as one of the ombudsman's strategies in monitoring and advocacy is to initiate and support resident councils in long-term care facilities. The training was about disability rights and the role of VOPA in these settings.
2. Using a variety of funding sources, VOPA provided a total of ten (10) trainings on consumer rights for as diverse a population as possible including mental health providers and consumers at Chester House, a consumer clubhouse. The disability rights presentation at Chester House was attended by 18 consumers. While there, 2 consumers were screened for services from VOPA. In addition, several individuals were provided information and referral services in response to their questions.
3. Using a variety of funding sources, in October 2008, VOPA mailed information on VOPA's FY2009 Goals and Objectives to all Office Hours providers and confirmed their ongoing commitment to Office Hours. (VOPA's "Office Hours" program is one in which staff travel to locations throughout the State to provide information on consumer rights, do possible case screenings, and provide limited short term assistance. The program is offered in locations where consumers are already receiving services, such as independent living centers and clubhouses.) The VOPA Office Hours team met quarterly to discuss and review the services provided and to monitor the continuity and quality of the VOPA services provided. Office Hours is provided across the state, including monthly at Chester House (a mental health clubhouse). Office Hours were also provided at Mountain House clubhouse where VOPA met with individuals on an appointment basis and provided presentations on consumer rights. These presentations often generated requests for appointments.
4. Under another funding stream, VOPA reviewed the regulatory requirements for disaster response plans by community-based programs providing services to persons with disabilities to determine whether they provided sufficient protection from harm. (VOPA recognizes that many of these individuals are probably dually diagnosed.) Using some PAIMI funding in addition to other funds, VOPA found that the State Nursing Facilities regulations require an emergency plan but are lacking in detail. Federal regulations also require nursing facilities to develop plans. VOPA found that VDH does not routinely survey these plans as part of their work for CMS; it is only required for new licensees. VOPA concluded that although the regulations offer sufficient guidance on development of disaster response plans, there is a need for increased consumer involvement in

all levels of planning. Also, interagency collaboration to enhance training and technical assistance is needed. The Secretary of Health and Human Resources has designated VDH to coordinate Virginia's efforts regarding emergency preparedness for people with disabilities and other special needs and VOPA is an active participant in this process. VOPA concluded that the current regulations offer sufficient guidance on development of disaster response plans, therefore VOPA did not file a petition for new rulemaking.

5. The Interagency Civil Admission Advisory Council was disbanded by the Virginia General Assembly in February 2009. Much of its work was rolled into the Mental Health Law Reform Commission's efforts. Other systemic advocacy in this area includes VOPA participating in the Advisory Group for Goal 4 of the DBHDS/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.) The technical components of addressing this goal are being explored and discussed. State agencies already have data collection systems that they are reluctant to abandon in order to try this new system. Many of the stakeholders have serious concerns about the budgetary requirements and perceived duplication of effort. During the most recent quarter, the advisory group learned that the state IT agency is just now being included in the effort. The grantees have had to re-negotiate some of the objectives of the grant due to State budget cuts.
6. VDSS has re-activated the Assisted Living Facility Advisory Group to review the licensing regulations. VOPA will be monitoring the efforts and participating in some of the sub-groups. VOPA worked with the Virginia Department of Health on two (2) regulatory packages. One is for home health services and the other is hospice services. VOPA's intent in both packages is to balance individual safety with self-determination.
7. VOPA is investigating two (2) allegations of suspected abuse or neglect of PAIMI eligible individuals living in the community. The allegations include the administration of psychotropic medication over objection and taking away an individual's wheelchair as punishment for failure to comply with facility policy. In the first case, our client was involuntarily hospitalized. He claimed that the attending psychiatrist stated she was going to acquire a court order and put him on an antipsychotic medication. Our client claimed he had never been on an anti-psychotic and did not understand what was going on. Our investigation revealed that they noted his objection and did not administer the disputed medication. They did pursue and obtain a court order for medication. However, as a result of our advocacy, our client agreed to take a different medication. The court ordered medication became moot due to client's agreement to take a different medication. He was discharged from the hospital upon the expiration of the involuntary process. The other case is still in process.

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. Inform residents of their right to be free from abuse and neglect by conducting two rights clinics at each state-operated mental health institution.
2. Inform recipients of medical services through the Department of Veterans Affairs of their rights

through three (3) trainings at veteran's facilities or organizations

3. Prepare quarterly summaries and semi-annual 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.
4. By December 31, 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 forensic patients who are in jail and under court order to the custody of the Commissioner, DMHMRSAS to ensure the receipt of timely and appropriate mental health treatment in an appropriate setting.
6. By December 31, 2008, investigate whether DMHMRSAS internal abuse/neglect reporting and investigation system is adequate to ensure safety. If not, obtain corrective action.
7. Identify possible abuse or neglect by reviewing all Critical Incident Reports submitted by state mental health institutions.
8. Investigate complaints or incidents where abuse or neglect or an unreasonable risk of abuse or neglect is suspected. Selection will be based on strength of evidence available, possibility of systemic reform, and available resources. Obtain corrective action, including systemic reform, as appropriate
9. Complete the investigation of law enforcement use of force on a patient in a state facility and seek corrective action to include publication.

TARGET POPULATION:

PAIMI eligible individuals residing in institutions.

TARGET:

14 rights clinics, quarterly summaries, 2 trend analyses, 6 investigations, 1 systemic case, 3 trainings

OUTCOME:

1. VOPA completed 3 formal rights clinics at state operated mental health institutions. Over 100 PAIMI eligible consumers received disability rights related information including the right to access the P&A. VOPA provided rights information several times throughout the year to residents of the nine DBHDS-operated mental health institutions during the course of routinely conducted monitoring visits.
2. Using a variety of funding sources, VOPA provided trainings to the Association for Wounded Veterans-Petersburg, The Paralyzed Veterans of America, and the Marine Corp League. The Consumer Rights presentation covered Traumatic Brain Injury and symptoms of TBI, as well as mental health issues such as depression, anxiety, and personality changes. Discussions also covered symptoms of Post Traumatic Stress Disorder. In addition to information regarding VOPA services, information on other state and national resources like The Brain Injury Association of Virginia (BIAV) and the National Alliance on Mental Illness (NAMI) was provided.
3. 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.

4. A review of a cross-section of formularies from both local and regional jails across the state indicated that the formularies were generally defensible. Needed mental health medications were available, with the caveat that the less expensive medications be used first unless there was clear showing that more expensive medications were the only ones effective for the individual. However, this was a paper only review; it is unclear whether prescribing and administration is consistent with the protocols laid out in the formularies. To truly assess availability of needed psychiatric medications VOPA will do individual client advocacy or obtain complaints of specific violations. The work in this area will carry over into FY2010.
5. VOPA continues to review whether individuals who are ordered into the custody of the Commissioner, DBHDS, but are remaining in jails, are provided prompt and appropriate mental health treatment. VOPA obtained the list of individuals awaiting transfer from jail to a state hospital for restoration services and identified an inordinate delay in most instances. VOPA met with the Commissioner and others to discuss the delay in transfers and potential corrective action. The Commissioner later provided additional information regarding steps taken by DBHDS to speed up this process. Work in this area will carry over into FY2010.
6. VOPA reviewed 97 abuse and neglect investigations, other incident reviews, and critical incident reports regarding DBHDS facilities. VOPA found deficiencies in DBHDS and individual facility policies, procedures, and practices with regard to the reporting and investigation of abuse and neglect allegations. These deficiencies result in a failure to protect patients from harm. VOPA representatives met with DBHDS representatives to discuss findings, however, no formal process or corrective action plan has been obtained. Work on this objective will carry over into FY2010.
7. VOPA reviews all Critical Incident Reports (CIRs) submitted by state operated institutions, all reports forwarded by Adult Protective Services (APS), and all reports of "serious occurrences" forwarded by Psychiatric Residential Treatment Facilities (PRTFs) to VOPA. VOPA reads each report and enters relevant information into a database. We identify and review all CIRs that involve injuries within current program priorities and other alarming or unusual reports. 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, VOPA routinely requests that the Department of Behavioral Health and Developmental Services (DBHDS) [formerly Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS)] produce internal investigation reports and supporting materials. VOPA received a total of 478 CIRs involving 354 unique individuals living in the state operated mental health institutions in FY09.

VOPA keys information from APS reports into an Access database. We review and act on reports as needed. (Keying had been temporarily delayed as we assessed whether they could be keyed into the new client database system (DAD).) VOPA received 305 APS reports involving 276 individuals. APS reports on incidents concerning "incapacitated adults," but without stating the specific disability. There is no way to identify PAIMI eligible individuals until a case is opened.

8. VOPA initiated five (5) investigations into complaints or incidents where abuse or neglect is suspected in institutional settings for PAIMI eligible individuals. In one case VOPA investigated an allegation of forced medication. Our client insisted that there was a show of force (coercion and verbal intimidation by staff) and that he did not take the medication voluntarily. Our investigation revealed that indeed he was given medication without consent. As well, it revealed that physicians were writing medication orders that included "by mouth and if refused, injection." We demanded corrective action, including policies and training on the following: 1. Any hold is restraint regardless of duration (very brief holds are restraint if movement is prevented) 2. Physicians are not to write "PO and if refused IM" orders because these are inherently coercive in nature. 3.

Restraint may not be used to administer judicially authorized medications unless behavioral restraint standards are met.

VOPA represented a client in a formal human rights hearing which resulted in systemic reforms. The client alleged that she was being forced to take a medication that would be harmful to her and alleged that her decision maker was not properly informed of this. The local human rights committee directed remedial actions that the client found insufficient. We appealed to the State Human Rights Committee (SHRC), which ordered more aggressive corrective actions and required reporting by the Commissioner of DBHDS. Our client believed compliance with those requirements was insufficient, so we challenged that, again, at the SHRC. Final relief by the SHRC included policy revisions, a patient ombudsman system, posting of the SHRC findings, an apology from the director, and a request that VOPA evaluate the Human Rights system. VOPA presented its evaluation of the system to the State Human Rights Committee in July and identified numerous ways in which the system is inaccessible or overwhelming for residents in state hospitals.

9. VOPA investigated the use of excess force at a state hospital. An individual who was awaiting transportation to a commitment hearing was tasered by the officer who was to transport him. This incident serves to validate our continuing concern regarding the use of law enforcement for the transportation of individuals within the state's mental health system. VOPA's investigation is completed and will be published.

OBJECTIVE MET OR NOT MET: Partially met; Rights clinics, trainings, quarterly data summaries, and trend analyses were all completed. VOPA made good progress on the jail related and DBHDS investigations. It is not unusual for investigations involving large complex systems to take more than one year to complete.

PRIORITY (GOAL) 1: People with Disabilities are Free from Abuse and Neglect
Focus Area 4: Physical Abuse in Juvenile Facilities

OBJECTIVES:

1. Inform residents of their right to be free from abuse and neglect by conducting four rights clinics in selected juvenile facilities
2. Investigate the implementation of trauma-informed care principles at one DMHMRSAS operated facility serving children.
3. Investigate the implementation of seclusion and restraint reduction plans at CCCA and the child and adolescent unit at SWVMHI.
4. Select two youth facilities for in-depth review of compliance with abuse and neglect reporting, preparation for work, and meeting assistive technology needs.
5. Prepare regular summaries of all reports submitted by PRTFs for use in monitoring and to identify possible patterns of abuse or neglect.

TARGET POPULATION:

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

TARGET:

3 investigations, 4 rights clinics, 2 facility reviews, data summaries

OUTCOME:

1. VOPA collaborated with the Department of Medical Assistance Services (DMAS) in the development of outreach and training materials and presentations for staff, residents and families of Psychiatric Residential Treatment Facilities (PRTF) about the mental health demonstration waiver. This waiver's goal is to provide community-based, wrap around services for children as an alternative to institutional placement. VOPA and DMAS provided outreach and training about the waiver option and discharge planning for 9 PRTFs reaching nearly 550 people.
2. VOPA investigated the use of the implementation of trauma-informed care principles at Commonwealth Center for Children and Adolescents (CCCA), a state-operated mental health institution for children and youth. VOPA routinely attended facility Seclusion and Advisory Committee meetings. VOPA obtained data on seclusion and restraint from the facility. Our analysis identified a significant safety issue with regard to seclusion room doors which open inward and failure of the facility to develop a plan to respond to a potential barricade incident. VOPA filed a formal human rights complaint. VOPA attended the Office of Technical Assistance (OTA) site visits and continues to monitor the implementation of the consultant's recommendations as well as the implementation of Trauma Informed Care principles through facility monitoring and data collection and analysis.
3. VOPA continues to monitor the implementation of seclusion and restraint at facilities providing care and treatment for children and adolescents. An investigation is underway into the use of seclusion and restraint at CCCA.
4. VOPA staff are members of the Seclusion and Restraint Steering Committee at CCCA. The involvement of VOPA was cited as a "significant strength" in the effort to reduce and eliminate seclusion and restraint at CCCA by the Technical Assistance of the National Association of State Mental Health Program Directors. The reviewers consider involvement of the P&A to be a strength due to the additional external oversight that it contributes.

VOPA reviewed the system for abuse and neglect reporting and investigation at a state operated mental health institution for children and youth and the child and adolescent unit at another state operated mental health institution. VOPA reviewed all critical incident reports from these facilities, obtained and reviewed facility abuse and neglect investigations, and conducted facility monitoring.

5. VOPA reviews and analyzes all Critical Incident Reports (CIRs) and seclusion and restraint data submitted by the two DBHDS facilities that provide care to children and adolescents, and reviews and analyzes all serious occurrence reports submitted by Psychiatric Residential Treatment Facilities (PRTFs). The Access database used to collect information from the PRTF serious occurrences reports was updated with new data fields reflecting items related to VOPA's objectives. VOPA received 188 PRTF reports involving 164 individuals.

OBJECTIVE MET OR NOT MET: Partially Met. We had a backlog in keying PRTF reports which delayed our trend analysis for these facilities. However, every report received was closely read, considered for investigation and used for facility monitoring efforts.

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. Develop information concerning the Children's Mental Health (CMH) Program as a community-based alternative to treatment at a PRTF and provide to parents or guardians of children in eight (8) PRTFs.
2. Represent ten (10) individuals of state-operated mental health facilities to move into the community.
3. Obtain the list of individuals who are ready to move to the community from one (1) mental health facility. Identify patterns of obstacles to moving to the community and present to policy-makers
4. Respond to all legislative proposals that appear to violate the Americans with Disabilities Act's (ADA) Integration Mandate.
5. Respond to all proposals that would reduce legal rights to choice, independence, and integration that we learn of through the Systems Transformation Grant, Mental Health Transformation State Incentive Grant efforts, the Mental Health Planning Council, and the Coalition for Virginians with Mental Disabilities.
6. Change state's policy of limiting auxiliary grants to assisted living facilities and adult foster care.

TARGET POPULATION:

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

TARGET:

policy changes, educate policy makers, educate family members, represent 10 PAIMI eligible individuals

OUTCOME:

1. VOPA continues its collaborative efforts with DMAS on the Children's MH Program (demonstration waiver for children and youth being discharged from PRTFs). DMAS and VOPA provided presentations to the PAIMI Council about their joint efforts regarding the waiver implementation. VOPA contacted and educated almost 600 parents, guardians, and case managers throughout Virginia concerning the Children's Mental Health Program.
2. VOPA is currently representing 5 PAIMI eligible individuals in their efforts to move into less restrictive settings in the community from state-operated mental health institutions. In one case, VOPA advocated for provision of community support services to enable the client to be able to live in her home in the community. The client was discharged from a state hospital to her home in accordance with a discharge plan that provides for intensive case management and other services.

Under another funding stream, VOPA represented two (2) people to ensure that they receive appropriate social security benefits information and services in their discharge plans. In each case, VOPA's representation focused on ensuring that the client's planning team makes provisions for assisting the client in planning for and receiving benefits and for providing information about the Ticket to Work Act and services.

With this same funding stream, VOPA prepared a training on social security benefits planning for residents of state facilities and presented it at three (3) state facilities. (These efforts demonstrate how funding streams are maximized to the greatest extent in an effort to address the high level of

advocacy need for PAIMI eligible individuals.)

3. During FY09, the selected state operated mental health institution provided ready for discharge lists to VOPA on a regular basis. VOPA received revisions to the Discharge Protocols which are slated to become effective January 2010. There continues to be an assertion on the part of the community services boards and DBHDS that the most common barriers to discharge from the selected institution are ineligibility for public benefits, insufficient funding to provide the needed supports, and lack of appropriate placements to meet the needs of patients in the community. The facility also indicates that lack of suitable placements and available guardians appear to be the most prevalent among geriatric patients. These assertions may contribute to discharge issues, however the absence of oversight by the Department and the failure of the Department to enforce the Performance Contract is a major contributing factor to the unlawful continued institutionalization of individuals. The Department assumes that the identified facility and the community services boards can work out any differences they have with problematic discharges. What happens in reality is that the individual languishes in the state operated institution until someone files a complaint.
- 4-5 VOPA responded to several proposals implicating the ADA, including one relating to the auxiliary grant program. VOPA contributed to discussions on the recommendations of the MH Law Reform Commission related to authority of guardians to admit an incapacitated person to a mental health facility and other legislative changes. VOPA worked closely with VOCAL (a consumer-run advocacy group), NAMI-VA, and other mental health advocacy groups on the development of legislation enabling mental health advanced directives, to enhance choice and independence. VOPA advised policy-makers on other mental health related proposals, including proposals for mandatory outpatient treatment, mental health courts, stigma-reduction efforts and changes to commitment hearing procedures. VOPA supported the efforts of other advocacy entities, including the Mental Health Planning Council and the Coalition for Virginians with Mental Disabilities, for increased community based services. Our work with each of those entities is noted in other sections of this report, as well.
6. VOPA worked with other advocacy groups to change Virginia's policy of limiting auxiliary grants to assisted living facilities. The 2010 Budget included a pilot program to test using the grants in alternative settings. However, it appears that no significant progress has been made in beginning this pilot. VOPA reviewed issues with NAMI-Virginia. We collaborated with DBHDS and DSS as they sought to identify the first CSB and DSS pilot site and establish protocols, but they appear to have abandoned the pilot. VOPA is researching cases in other states to determine the next course of action in FY2010.

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 residents about their housing and employment rights by visiting assisted living facilities serving persons with disabilities.
2. Respond to any proposal from the Virginia Department of Emergency Management Special Population Workgroup and Virginia Department of Health Medical Sheltering Group that appears to violate federal law.

3. Respond to all proposals by the Commission on Mental Health Law Reform that appear to violate constitutional or federal law.

TARGET POPULATION:

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

TARGET:

educating policy makers, consumer awareness

OUTCOME:

1. Using a variety of funding sources, VOPA conducted small-group presentations on housing and employment rights and numerous one-on-one meetings with residents of twelve (12) assisted living facilities (ALF). These were conducted in the Roanoke area, the Eastern Shore, Henrico, East Richmond, and at several rural SW Virginia locations. For many, the information provided will be used months later as they prepare to find other housing and employment. Some individuals, however, were near the time when they would be leaving the ALF and had already begun investigating possible housing and employment options. These individuals were most concerned with reasonable accommodation employment issues. For example, on at least three occasions we offered practical options related to accommodations due to medication side effects. Another area of interest was reasonable accommodations in housing. Many were unaware of their rights to modify a rental unit or common areas to accommodate issues related to their disability and whose financial responsibility it is in each situation.
2. VOPA reviewed regulations regarding emergency planning and obtained information from licensing authorities on number of violations of emergency planning requirements. Our recommendations addressed deficiencies in training, provider technical assistance needs and meaningful oversight. VOPA participated in statewide FEMA-based training for emergency planners and managers on special populations. VOPA is continuing to review plans and ensure that plans are updated and rehearsed.
3. VOPA's response to proposals of the MH Law Reform Commission is covered earlier in this report. The Mental Health Law Reform Commission's agendas included a wide variety of topics including housing, funding, children's mental health services, substitute decision makers and jail diversion options for people with mental illness. The Commission will be extended into the next fiscal year.

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. Investigate whether the Commissioner, DMHMRSAS, is enforcing the terms of CSB performance contracts with respect to discharge planning. Publish findings
2. Represent three (3) residents of institutions to ensure that they receive appropriate employment training as a part of their treatment plans or discharge plans.

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:

1 investigation, individual representations

OUTCOME:

1. VOPA investigated whether DBHDS is enforcing the terms of the CSB performance contract, specifically with regard to discharge planning and discharge. The performance contract between DBHDS and the CSBs requires the CSBs to take on certain responsibilities with regard to the provision of discharge planning and related services on behalf of patients at state operated mental health institutions. Through advocacy, including human rights complaints, VOPA highlighted provisions of the performance contract that appear to be intended for the benefit of patients awaiting discharge, and seeking action by DBHDS to enforce those provisions. The investigation was successfully concluded and findings made that the Commissioner did not have a practice of enforcement. The performance contract defines DBHDS' standards for discharge planning practices through a set of admission and discharge protocols, which are appended to the Contract. VOPA's investigation identified widespread non-compliance with these standards among CSBs and state-operated institutions. Under another funding stream, VOPA obtained policy and procedure changes, staff training and other reforms to bring a state-operated facility into compliance with the protocols. VOPA hopes that this systemic change will be implemented statewide. Additionally, DBHDS undertook a long-postponed effort to bring its discharge protocols up to date. VOPA has established a FY 2010 Objective to monitor this and ensure compliance with the result.
2. Because of the delayed release of PAIMI Funds, work under this and other goal areas was done using other resources. Under another funding stream but to the benefit of PAIMI eligible individuals in state operated institutions, VOPA met with the Department of Rehabilitative Services and proposed that it make regular visits to a state institution and provide residents with information about their rights. VOPA also proposed such an arrangement at a training session of new case counselors.

Again under another funding stream, VOPA represented one (1) person to ensure that he receives appropriate employment planning as a part of his discharge plan. VOPA's representation focused on ensuring that the Department of Rehabilitative Services became involved in the client's planning process and provides appropriate services upon discharge. Through VOPA advocacy, the person was discharged and contact was made with DRS to provide further assistance.

OBJECTIVE MET OR NOT MET: Met

PRIORITY (GOAL) 4: People with Disabilities Live in the Most Appropriate Integrated Environment Possible

Focus Area 2: Consumer driven alternatives to guardianship

OBJECTIVES:

1. Present training on advance directives and powers of attorneys at two (2) state psychiatric hospitals, parent advocacy groups, and consumer-based disability organizations.
2. Develop training for case managers and other clinical staff on facilitating Advance Directives with their consumers and present to three (3) Community Services Boards
3. Respond to all legislative and regulatory proposals that appear to violate legal rights in substitute decision-making proceedings.

4. Represent three (3) individuals whose rights to refuse medications have been violated through the appointment of authorized representatives.
5. Represent ten (10) individuals in the preparation of an advance directive or power of attorney.
6. Represent five (5) individuals whose advance directive or power of attorney has not been honored in a state or private psychiatric facility.
7. Represent three (3) individuals who currently have substitute decision makers to assist them in increasing their degree of self-determination
8. Respond to all proposals on the Guardianship Advisory Board of the Department for the Aging that do not promote alternatives to guardianship, capacity reviews, consumer self-direction, and improved protections for persons with disabilities.

TARGET POPULATION:

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

TARGET:

at least 7 trainings, at least 21 individual representations, educating policy makers

OUTCOME:

1. Using a variety of funding sources, VOPA provided nine (9) presentations to parent advocacy and consumer groups: Mt. Rogers Community Services Board (CSB); Galax Clubhouse; Southwest Virginia Regional Consumer Empowerment and Recovery Council; National Alliance for the Mentally Ill of Hampton-Newport News; the annual conference of VOCAL (Virginia Organization of Consumers Asserting Leadership); Region 10 Community Services Board in Charlottesville; mental health consumer clubhouse in Louisa; and the Rappahannock Area Community Services Board (RACSB) in Fredericksburg. These presentations also included staff. VOPA attended the annual retreat of WRAP (Wellness Recovery Action Plan) facilitators and gave a presentation on how WRAP plans differ from advance directives. The presentation also included how WRAP facilitators may assist their participants in developing a legally-recognized advance directive in addition to a WRAP plan. The work with WRAP facilitators will continue in FY2010.
2. VOPA gave a presentation on Facilitating Advance Directives to the RACSB professional staff on facilitating advance directives. In attendance from the CSB were the Executive Director, Director of Community Services, MH Clubhouse Director, Director of Crisis Support Services, Case Management Director, Case Managers, and Group Home Supervisors; and the Medical Director and the Admissions Coordinator from Snowden MH Hospital. Following major legislative changes in the 2009 General Assembly. VOPA focused on reaching mental health consumers directly. VOPA worked to develop training on the potential benefits and pitfalls of the legal changes for individuals with mental illness. This was a collaborative effort with the Department of Behavioral Health and Developmental Services, the Attorney General's Office, the National Alliance on Mental Illness, and VOCAL. VOPA also began working with the Mental Health America of Virginia to develop an on-line training module for individuals and facilitators. A second phase of the project will get the training module out to many of the CSBs through their on-line training program. Region 10 CSB has agreed to assist with that phase and has been working with VOPA to plan it. Those projects will continue into FY2010.
3. VOPA serves on the Virginia Public Guardianship and Conservatorship Advisory Board (VPGCAB). VOPA carefully tracked a legislative proposal dealing with the issues of multiple

jurisdiction and interstate transfer of guardianship. VOPA contributed to discussions on the recommendations of the MH Law Reform Commission related to authority of guardians to admit an incapacitated person to a mental health facility. VOPA staff members have presented models of person-centered planning to the VPGCAB subcommittees on Planning and Development and on Substitute Decision Making and the Board asked for a formal training on person-centered planning at the fall training conference for all public guardians. The Board also tasked the Planning and Development subcommittee to read the draft program guidelines with an eye toward principles of person-centered planning. This is a new and exciting concept for many members of the Board, and its inclusion as best practices for the public guardianship program has the potential for a huge systemic impact.

4. VOPA received no requests for services for this objective.
5. VOPA assisted drafting an Advance Directive or power of attorney for five (5) PAIMI eligible individuals. In one case, VOPA assisted a client at Woodrow Wilson Rehabilitation Center whose mother had been advised by staff to petition for guardianship. VOPA assisted the client in drafting a Power of Attorney that maintained his legal independence while giving his mother the power to assist him in making medical and vocational decisions as needed. As a result, the family decided that guardianship was no longer needed.
6. VOPA received no requests for services for this objective.
7. VOPA assisted a client at a state operated mental health institution when the institution began discussing guardianship with the client's family members. VOPA reviewed information and options several times with the client and the family about substitute decision making rights. The family did not seek guardianship at the time.
8. A VOPA representative serves on the Virginia Public Guardianship Advisory Board (VPGCAB). We carefully tracked a legislative proposal dealing with the issues of multiple jurisdiction and interstate transfer of guardianship. VOPA has also contributed to discussions on the recommendations of the MH Law Reform Commission related to authority of guardians to admit an incapacitated person to a mental health facility. VOPA staff presented models of person-centered planning to the VPGCAB subcommittees on Planning and Development and on Substitute Decision Making and the Board asked for a formal training on person-centered planning at the fall training conference for all public guardians. The Board also tasked the Planning and Development subcommittee to read the draft program guidelines with an eye toward principles of person-centered planning. This is a new and exciting concept for many members of the Board, and its inclusion as best practices for the public guardianship program has the potential for a huge systemic impact.

OBJECTIVE MET OR NOT MET: Partially Met. The 2009 Virginia General Assembly made substantial amendments to state law on advance directives, and VOPA suspended training on this objective until completion of the expansive overhaul of the advance directive laws. The VOPA training materials were substantially revised and trainings resumed in the 4th quarter of FY2009. VOPA was able to complete the community based trainings in the fourth quarter; we did not complete the 2 proposed trainings at state hospitals.

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 regarding their employment rights and self-advocacy through three (3) trainings to consumer groups

TARGET POPULATION:

PAIMI-eligible individuals with employment issues

TARGET:

3 trainings

OUTCOME:

1. Using PAIMI and other funds, VOPA presented numerous trainings on Employment Rights for community-based advocacy groups. In addition to Chester House, VOPA made over 10 presentations at Woodrow Wilson Rehabilitation Center and Department of Rehabilitative Services Job Club meetings at Portsmouth, Fredericksburg, and Harrisonburg DRS offices targeted to individuals with mental illness as well as other disabilities. VOPA developed a specific presentation for employment rights for people with non-obvious disabilities that is utilized when speaking to groups that include people with mental illness. Participants at these presentations receive information and referral in response to questions and discussion.

OBJECTIVE MET OR NOT MET: Met

SECTION 3. PAIMI-ELIGIBLE INDIVIDUALS

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. | 30 |
| 3. A.2. Total of new/renewed PAIMI-eligible individuals served during the FY. | 33 |
| 3. A.3. Total of PAIMI-eligible individuals served in 3.A.1. & 3. A. 2. | 63 |

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. 10 or non-priority issues 3.A.4.ii 25 **TOTAL: 36**

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.

Individual requests that were not served due to delayed PAIMI funds will likely be addressed in this year or future years systemic work (discharge planning for example). Most of the denied requests concern issues that do not involve legal rights. Some concerned the rights of inmates in the state correctional system. VOPA does not have any immediate plans to address those.

As noted earlier, delaying of PAIMI funding at the federal level required VOPA to shift its emphasis and staffing patterns.

3. B. NUMBER OF COMPLAINTS/PROBLEMS OF PAIMI-ELIGIBLE INDIVIDUALS.

Total
68

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

| | | | | | | | |
|-------|--------|---------|--------|---|---------|-------|-------|
| 0 – 4 | 5 – 12 | 13 – 18 | 19- 25 | 4 | 25 – 64 | 64+ 7 | Total |
| 0 | 2 | 7 | | | 43 | | 63 |

3. D. GENDER OF INDIVIDUALS*

| | | | |
|----------------|------------------|---------------|----|
| 3.D.1. Male 43 | 3.D.2. Female 20 | 3.D.3. Total* | 63 |
|----------------|------------------|---------------|----|

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

| | | | |
|-----------------------------------|----|--|----|
| 1. American Indian/ Alaska Native | 1 | 4. Hispanic/Latino | 1 |
| 2. Asian | | 5. Native Hawaiian/ Other Pacific Islander | |
| 3. Black/African American | 22 | 6. White | 38 |

Self-report as Multi-Cultural
1

TOTAL

(The data in 3.E. is self-reported. Each client may select one or more categories.)

63

SECTION 3. PAIMI-ELIGIBLE INDIVIDUALS

3. F. LIVING ARRANGEMENTS of INDIVIDUALS at INTAKE.

TOTAL

| | |
|-----------------------------------|----|
| 1 - Independent | 10 |
| 2 - Parental or other family home | 12 |

| | | | | | | |
|---|--------------|-----------|-----------------------|-------------|----------|----|
| 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). | | | | | | 1 |
| 5 - *Non-medical community-based residential facility for children & | | | | | | |
| 6 - Foster Care | | | | | | 2 |
| 7 - *Nursing Facilities, including Skilled Nursing Facilities(SNF) | | | | | | 1 |
| 8 - *Intermediate Care Facilities (ICF) | | | | | | |
| 9 - * Public and Private General Hospitals, including emergency rooms. | | | | | | |
| 10 - * Other health facility | | | | | | |
| 11 - Psychiatric wards (public or private) | | | | | | 1 |
| 12 - Public (Municipal or State-operated) Institutional Living Arrangements (e.g., hospital treatment center/school or large group home 4+ beds). | | | | | | 34 |
| 13 - Private Institutional Living Arrangement (e.g., hospital or treatment center, school or large group home more than 3 beds). | | | | | | |
| 14 - Legal Detention/Jail/Detention Center | | | | | | 1 |
| 15 - State Prison | | | | | | |
| 17 – Homeless | | | | | | |
| 18 - Federal Facility | a. Detention | b. Prison | c. V.A. Hospital 1 | d. Military | e. Other | 1 |
| TOTAL | | | | | | 63 |

SECTION 4. COMPLAINTS/PROBLEMS of PAIMI-ELIGIBLE INDIVIDUALS

| 4. A.1. AREAS OF ALLEGED ABUSE: Number of complaints/problems – Make every effort to report within the following categories: | Number from <i>Closed Cases</i> only | OUTCOMES | | | |
|---|---|----------|----------|----------|----------|
| | TOTAL | A | B | C | D |
| a. Inappropriate or excessive medication | 1 | | 1 | | |
| b. Inappropriate or excessive | | | | | |
| 1. Physical restraint | 4 | 1 | 1 | 1 | 1 |
| 2. Chemical restraint* | | | | | |
| 3. Mechanical restraint* | | | | | |
| 4. Seclusion | | | | | |
| c. Involuntary medication | 1 | | | 1 | |
| d. Involuntary Electrical Convulsive Therapy (ECT) | | | | | |
| e. Involuntary aversive behavioral therapy | | | | | |
| f. Involuntary sterilization | | | | | |
| g. Failure to provide appropriate mental health treatment | | | | | |
| h. Failure to provide needed or appropriate treatment for other serious medical problems | | | | | |
| i. Physical Assault | | | | | |
| 1. Serious injuries related to the use of seclusion and restraint.* | 1 | 1 | | | |
| 2. Serious injuries NOT related to seclusion and restraint. | | | | | |
| j. Sexual assault | | | | | |
| k. Threats of retaliation or verbal abuse by facility staff | | | | | |
| l. Coercion | | | | | |
| m. Financial exploitation | | | | | |
| 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]. | | | | | |
| TOTAL | 7 | 2 | 2 | 2 | 1 |

4. A.2. ABUSE OUTCOME STATEMENTS

- 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).
Individual received clarification of disability related rights and self-advocacy options.

4. A.3. ABUSE COMPLAINTS DISPOSITION

| | |
|--|---|
| a. Number of complaints/problems determined after investigation not to have merit. | |
| b. Number complaints/problems withdrawn or terminated by client. | 1 |
| c. Number of complaints/problem favorably resolved in the client's favor. | 6 |
| d. Number of complaints/problem not favorably resolved in the client's favor. | |
| e. TOTAL number of complaints/problem addressed from closed cases. | 7 |

| 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 | 1 | 1 | | | | |
| b. Transportation to/from residential care or treatment facility | | | | | | |
| c. Discharge planning or release from a residential care or treatment facility | 23 | 9 | 1 | 9 | 4 | |
| d. Mental health diagnostic or other evaluation (does not include treatment) | | | | | | |
| e. Medical (non-mental health related) diagnostic or physical examination | | | | | | |
| f. Personal care (e.g., personal hygiene, clothing, food, shelter) | 2 | 2 | | | | |
| g. Physical plant or environmental safety | | | | | | |
| h. Personal safety (client-to-client abuse) | 1 | 1 | | | | |
| i. Written treatment plan | | | | | | |
| j. Rehabilitation/vocational programming | | | | | | |
| k. Other. [Death Investigations] | 2 | 1 | | | | 1 |
| TOTAL | 29 | 14 | 1 | 9 | 4 | 1 |
| 4. B.2. NEGLECT OUTCOME STATEMENTS | | | | | | |
| 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: Death investigation revealed that the suspicion of neglect lacked legal merit. | | | | | | |
| 4. B.3. NEGLECT COMPLAINTS DISPOSITION | | | | | | |
| a. Number of complaints/problems determined after investigation not to have merit. | | | | | | 1 |
| b. Number complaints/problems withdrawn or terminated by the client. | | | | | | 2 |
| 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. [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.]. | | | | | | 29 |

| 4. C.1. AREAS OF ALLEGED RIGHTS VIOLATIONS ; Number of Complaints Problems | Number from closed Cases only | OUTCOMES | | | |
|---|-------------------------------|----------|-----------|---|----------|
| | TOTAL | A | B | C | D |
| a. Housing Discrimination | 1 | | 1 | | |
| b. Employment Discrimination | | | | | |
| c. Denial of financial benefits/ entitlements (e.g., SSI, SSDI, Insurance) | 1 | | | | 1 |
| d. Guardianship/ Conservator problems | 1 | | 1 | | |
| 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) | | | | | |
| h. Denial of visitors | | | | | |
| i. Denial of access to or correction of records | 1 | | 1 | | |
| j. Breach of confidentiality of records (e.g., failure to obtain consent before disclosure) | | | | | |
| k. Failure to obtain informed consent (see also, involuntary treatment) | | | | | |
| l. Failure to provide education (consistent with IDEA and state requirements) | 5 | 1 | 4 | | |
| m. Advance directives issues | 5 | | 4 | | 1 |
| n. Denial of parental/family rights | | | | | |
| o. Consumer financial issues | | | | | |
| p. Immigration issues | | | | | |
| q. Criminal justice issues | | | | | |
| r. Denial of community habilitation services | 1 | | 1 | | |
| s. Health insurance/managed care issues | | | | | |
| t. Other. [2- - related to using service animals 2- - related to access issues] | 4 | 4 | | | |
| TOTAL (Sum of items a. - t.) | 19 | 5 | 12 | | 2 |

4. C.2. RIGHTS VIOLATIONS OUTCOME STATEMENTS

- 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: Client received clarification of disability related rights and self-advocacy options.

4. C.3. RIGHTS VIOLATIONS DISPOSITION

| | |
|--|----|
| a. Number of complaints/problems determined after investigation not to have merit. | 1 |
| b. Number complaints/problems withdrawn or terminated by client. | 3 |
| c. Number of complaints/problems favorably resolved in the client's favor. | 15 |
| d. Number of complaints/problems not favorably resolved in the client's favor | |
| e. The TOTAL number of complaints/problem addressed from closed cases. | 19 |

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

4. D.1. INTERVENTION STRATEGIES

4. D. 2. INTERVENTION STRATEGY OUTCOMES

| Intervention Strategies | Total | Outcomes | | | | | | | | | | | | |
|---------------------------------|-------|----------|---|---|---|---------|---|---|---|---|-------------------|---|---|---|
| | | Abuse | | | | Neglect | | | | | Rights Violations | | | |
| | | A | B | C | D | A | B | C | D | E | A | B | C | D |
| 1. Short Term Assistance | 17 | | | | 1 | 3 | 1 | 1 | 2 | | 4 | 5 | | |
| 2. Abuse/Neglect Investigations | 10 | 1 | 1 | 1 | | 5 | | 1 | | 1 | | | | |
| 3. Technical Assistance | 5 | | | | | | | | | | | 4 | | 1 |
| 4. Administrative Remedies | 4 | | 1 | 1 | | | | 1 | | | | | | 1 |
| 5. Negotiation/Mediation | 18 | 1 | | | | 5 | | 6 | 2 | | 1 | 3 | | |
| 6. Legal Remedies | 1 | | | | | 1 | | | | | | | | |

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

A. Persons with disabilities (or their family members) served by the P&A whose complaint of abuse, neglect, or rights violation was 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. (from Critical Incident Reports only) | 45 |
| 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 | 45 |

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

It is not clear whether CMS did not forward reports to VOPA or whether CMS did not receive them from the institutions.

| 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). | 0 |
| 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]. | 2 |

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 completed an investigation into the death of a patient at a state operated mental health institution. Prior to her death, the patient exhibited psychotic symptoms by intermittently expressing delusional thoughts and hyper-religiosity, stating that God was trying to communicate to her. She specifically communicated to staff the actions that the delusional thoughts were telling her to take and the substance of thoughts was documented in her chart. She eventually acted on her delusions and her actions resulted in her death while she was supposed to be closely monitored by facility staff.

The investigation was initiated after review of a report of death received through the CIR system. VOPA’s investigation revealed shortcomings in the provision of care and in the internal system for abuse and neglect reporting and investigation. VOPA’s investigation report into this incident will be published soon.

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 |
| Commission on MH Law Reform | | | | XX |
| Emergency Planning- - State and Local | | | | XX |
| Auxiliary Grants | | | | XX |
| 2. Investigations (non-death related) | | | | |
| Seclusion and Restraint reduction- - PRTF | | | | XX |
| Seclusion and Restraint reduction- - State facilities | | | | XX |
| Logisticare | | | | 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 | | | | XX |
| CIRS from State Operated MH Institutions | | | | XX |
| PRTF- - related to physical restraints | | | | XX |
| 4. Court Ordered Monitoring-Not applicable | | | | |
| 5. Class Litigation-Not applicable | | | | |
| 6. Legislative & Regulatory Advocacy | | | | |
| PAIMI related bills at the General Assembly | | | | XX |
| VOPA v. Reinhard (peer review) | | | | XX |
| TOTAL | 15 | 1 | | 14 |

Section 2 PAIMI PROGRAM PRIORITIES (GOALS) AND OBJECTIVES reflects VOPA's work in each of these sections.

Interventions reported in the Table 5. E., 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 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 2736 |
|---|------------|

6.B. STATE MENTAL HEALTH PLANNING ACTIVITIES

VOPA has a seat on the Mental Health Planning Council, mandated by Public Law 102-321. The MHPC reviews the state's comprehensive mental health plans for adults with serious mental illness and children with serious emotional disturbances. It also reviews and comments 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. Much of the MHPC's recent focus has been on expansion of consumer run programs and peer services. Due to limited PAIMI funding, we limited our activity to monitoring the meeting agendas and minutes this year.

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.

| | |
|---|-----|
| 6. C.1. a. Number of public awareness activities or events. | 1 |
| 6. C.1. b. Number of individuals receiving the information. | 200 |
| 6. C.2. Number of education/training activities undertaken. | 16 |
| 6. C.3. Number (approximate) of persons trained. | 472 |

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 | # of ITEMS | # of Events | # of persons who received the information | OUTCOMES | | | |
|--|--------------|--------------|---|--------------|--------------|-------------|---|
| | | | | Total A - C | A | B | C |
| a. Radio/TV appearances. | | | | | | | |
| b. Newspaper articles (attach copies of articles). | | | | | | | |
| c. Public Services Announcements (PSA), videos/films/, etc. | | | | | | | |
| d. Reports | | | | | | | |
| e. Publications, including articles in Professional journals. | | | | | | | |
| 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). VOPA brochure and poster mailings. Educational materials related to the Children's MH Waiver | 1650 | | 1650 | 1650 | | 1650 | |
| g. Number Website hits, include visits. | 20864 | 20864 | 20864 | 20864 | 20864 | | |
| h. Describe other media activities. | | | | | | | |
| TOTALS | 22514 | 20864 | 22514 | 22514 | 20864 | 1650 | |

SECTION 7. GRIEVANCE PROCEDURES

7. a. Do you have a systemic/program assurance grievance policy)? Yes XX

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 0

7.3. Total [Add 7.1 & 7.2] 0

7.4. The number of grievances appealed to:

| | | | |
|---------------------------------------|------------|--------------------------------|------------|
| 7. 4.a. The Governing Authority/Board | Total 0 | 7. 4.b. The Executive Director | Total 0 |
|---------------------------------------|------------|--------------------------------|------------|

c. TOTAL = 7.4a. & 7.4b. 0

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.* Total 1

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

Colleen Miller, Executive Director

VOPA Governing Board Members: Patricia Meyer, Charles Cooper, Chris Harrison, Susan Kalanges, Elizabeth Prialx, Elizabeth Schell, William Fuller, Waja Grimm, Maureen Hollowell, Rita Kidd, Daaiyah Rashid, Shirley McInnis, CW Tillman

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 days

7.8. a. Were written responses sent to all grievants? N/A

7.9. Was client confidentiality protected? N/A

SECTION 8. OTHER SERVICES AND ACTIVITIES

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.

Information about PAIMI services and VOPA's Goals, Focus Areas and Objectives are published on our website. The VOPA Governing Board has adopted a tri-annual schedule for reviewing our goals and focus areas. The FY10 Goals and Focus Areas are the first year of this cycle. We solicited public comment through a public survey posted on our website. The survey ran from June 1 to August 31, 2009. VOPA also distributed written copies of the survey at public meetings and presentations during the same time period. VOPA received 97 public comments from consumers, family members and professionals. 30% of the comments received related to PAIMI and mental health Issues. The VOPA Governing Board has an established policy and practice to receive public comment at each Board meeting. Board committees may receive public comment at their discretion. Also, the Governing Board develops and implements a detailed public comment process based on the tri-annual planning cycle and staff recommendations; these decisions are reflected in the Board's meeting minutes which are also posted on the VOPA website. Likewise, the PAIMI Council, which meets four times a year, has a public comment period at each meeting. All VOPA Board and Advisory Council meetings are advertised as open to the public. Any public comment received is considered in the priority planning process for the development of VOPA's goals, focus areas and objectives. (Please see attached Board and Council meeting notices on page 40.)

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

| | | |
|--|-------|-----|
| a. Individuals with mental illness in residential facilities? | YES X | NO* |
| b. Family members and representatives of such individuals? | YES X | NO* |
| c. Other Individuals with disabilities? | YES X | NO* |
| d. *Brief explanation is required for each NO answer in 8. A.2. a., b., or c. Not applicable | | |

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

8. A.3.a. If YES*, ATTACH A COPY OF THE AGENCY'S POLICIES/PROCEDURES PERTAINING TO PUBLIC COMMENT. Please see attached Board policy on page 43.

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?
Alternate formats and translated documents would have been made available if requested. The VOPA website does have a link to translation services. VOPA also uses a telephonic language line where callers can and do request translation services.

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 Behavioral Health and Developmental Services' Central Office and nine (9) institutions
- Local Human Rights Committees
- State Human Rights Committee
- 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)
- Coalition for Virginians with Mental Disabilities

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. The PAIMI Advisory Council has made a concerted effort to recruit diverse representation via individual efforts at outreach 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 our systemic work serves 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 X | NO |
| 2. Advisory Council | YES X | NO |
| 3. Governing Board | YES X | NO |
| 4. Clients | YES X | 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's outreach efforts to increase the number of ethnic and minority clients served or educated about PAIMI were effective. The increase in ethnic and minorities on the Board, Council and Staff is a result of other recruiting mechanisms guided by law, regulations and policies.

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.).

VOPA participated on a national advisory group for HRSA about cultural competency and serving people with TBI. We had hoped to generalize lessons learned here to our Office's operations in general. However, the HRSA vendor facilitating the work group lost the contract and the new vendor has not yet followed up on this initiative.

Again this year, VOPA had to juggle providing PAIMI services, due to delayed funding and due to having exhausted all FY08 funds prior to receipt of FY09 funds. Staff were creative in using other funding streams to serve PAIMI-eligible individuals and to off-set some expenses. Please see accomplishments section. VOPA had to limit PAIMI services at the start of the year due to funding limitations. In the past, VOPA has had significant carry-over funds from previous years. There is great need in Virginia for PAIMI services and we continue to hear from our Council and self advocates that many PAIMI eligible individuals are not even aware of the P&A.

VOPA is seeking access to peer review records to which it is entitled under federal law. VOPA initially sought the records as part of investigations it was conducting into instances of death and serious injury at two state-operated institutions. The defendants refused to provide the records and VOPA sought judicial relief. The case is currently pending a decision on VOPA's petition for a writ of certiorari with the U.S. Supreme Court.

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).

Again this year, VOPA had to juggle providing PAIMI services, due to having exhausted all FY08 funds prior to receipt of the delayed FY09 funds. VOPA had to limit PAIMI services at the start of the year due to funding limitations. In the past, VOPA has had significant carry-over funds from previous years. There is great need in Virginia for PAIMI services and we continue to hear from our Council and self advocates that many PAIMI eligible individuals are not even aware of the P&A.

VOPA's Operations Coordinator left the organization in the spring of FY09 after an extended leave. During the absence and subsequent vacancy, VOPA continued to assess and re-organize the administrative functions within the Office. The vacancy was not planned and the position had been held by a long-time State employee. Her departure left a gap in institutional knowledge of state functions and contacts. However, the administrative staff in place seized this opportunity to quickly learn new skills and take on new responsibilities. Within 6 months of the resignation, we had all of the position's responsibilities covered or planned for. In addition, we are anticipating the retirement of the VOPA Fiscal Officer in FY2010 which will also lend itself to challenges and opportunities for the administrative staff.

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.

VOPA does a comprehensive and systemic review of all Critical Incidents at state operated mental health facilities. In addition, VOPA does a similar systemic review of all reports forwarded by Adult Protective Services (APS), and all reports of "serious occurrences" forwarded by Psychiatric Residential Treatment Facilities (PRTFs) to VOPA. We read hundreds of reports and enter information into databases. We discuss in detail all CIRs that involve injuries within current program priorities and other alarming or unusual reports. In addition, the VOPA Executive Director conducts a weekly meeting to address the reports, their implications, and remedial action. Staff assigned to specific facilities receive copies of each of the reports from the facilities they are monitoring. This is an additional tool for monitoring, investigating and identifying patterns of injuries and practices. We conduct quarterly trend analyses to identify systemic patterns across all facilities and within each facility. Between the data and VOPA's knowledge of and experience with the facilities, troubling or suspicious injuries are further explored in a variety of ways. It should be noted that VOPA concludes that although these incident reportings are required either by statute or policy, they are not reflective of all incidents of abuse or neglect. Much abuse and neglect does not meet the legal reporting definitions. VOPA suspects the reports we do receive are just a fraction of the injuries and abuse and neglect that occurs within these facilities.

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 opened a targeted number of individual cases, we believe that by tying them directly to systemic reform, we are making a 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.

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.

Not Applicable

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

Not applicable

SECTION 9. ACTUAL PAIMI BUDGET/EXPENDITURES FOR FY 2009

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 | \$124,193 | 10% | \$12,419 |
| Data Specialist | 26,520 | 18% | 4,774 |
| Staff Attorney | 58,323 | 17% | 9,915 |
| Staff Attorney | 66,830 | 2% | 1,337 |
| Staff Attorney | 13,255 (3 months) | 1% | 133 |
| Administrative Assistant | 39,440 | 16% | 6,310 |
| Managing Attorney | 79,214 | 10% | 7,921 |
| Disability Rights Advocate | 35,700 | 7% | 2,499 |
| Disability Rights Advocate | 39,250 | 5% | 1,963 |
| Administrative Assistant | 39,250 | 25% | 9,813 |
| Disability Rights Advocate | 31,851(8 months) | 28% | 8,918 |
| Disability Rights Advocate | 37,000 | 34% | 12,580 |
| Disability Rights Advocate | 2,775 (2 months) | 15% | 416 |
| Managing Attorney | 73,429 | 39% | 28,637 |
| Administrative Coordinator | 33,585 | 15% | 5,038 |
| Disability Rights Advocate | 43,860 | 10% | 4,386 |
| Staff Attorney | 30,772 | 4% | 1,231 |
| Deputy Director | 81,682 | 17% | 13,069 |
| Disability Rights Advocate | 40,310 | 9% | 3,628 |
| Disability Rights Advocate | 62,720 | 27% | 16,934 |
| Managing Attorney | 83,478 | 2% | 1,670 |
| Staff Attorney | 43,493 | 31% | 13,483 |

| | | | |
|----------------------------|----------------------------|------------|----------------|
| Financial Coordinator | 36,500 | 14% | 5,110 |
| Disability Rights Advocate | 46,972 | 36% | 16,910 |
| Staff Attorney | 17,459 | 2% | 349 |
| Disability Rights Advocate | 43,493 | 9% | 3,914 |
| Data/Incident Analyst | 52,449 | 31% | 16,259 |
| Staff Attorney | 59,978 | 30% | 17,993 |
| Staff Attorney | 41,902 | 13% | 5,447 |
| Receptionist | 29,867 | 20% | 5,973 |
| Disability Rights Advocate | 3,113 (2 months) | 10% | 311 |
| Paralegal | 37,180 | 4% | 1,487 |
| Fiscal Officer | 59,670 | 16% | 9,547 |
| Operations Specialist | 28,408 | 4% | 1,136 |
| Law Intern | \$11 per hour (12 weeks) | 3% | 79 |
| Law Intern | \$11 per hour (12 Weeks) | 3% | 79 |
| Law Intern | \$9.50 per hour (12 weeks) | 17% | 388 |
| SUBTOTAL | 1,551,481 | 14% | 252,058 |
| ++Vacant positions | 1 | | |
| Volunteer positions | | | |
| TOTAL POSITIONS | 37 | | |

| 9. B. CATEGORIES | | COST |
|--|--|---------------|
| Fringe Benefits (PAIMI only) | | 21,791 |
| Travel Expenses (PAIMI only) | | 8,088 |
| SUBTOTAL | | 29,879 |
| 9. C. EQUIPMENT - TYPE (PAIMI ONLY) | | COST |
| Computer-laptop | | 678 |
| Audio-Visual Equipment | | 175 |
| SUBTOTAL | | 853 |

SECTION 9. ACTUAL PAIMI BUDGET/EXPENDITURES FOR FY 2009

| 9. D. SUPPLIES - TYPE (PAIMI ONLY) | COST |
|------------------------------------|-------------|
| Computer Operating Supplies | 552 |
| Office Supplies | 473 |
| Custodial & Maintenance Supplies | 114 |
| Food Supplies | 192 |
| SUBTOTAL | 1331 |

9. E. CONTRACTUAL COSTS (including Consultants) for PAIMI Program Only

| Position Or Entity | Service Provided | Salary/Fee | Fringe Benefit Cost | Travel Expenses | Other Costs |
|-------------------------------|---|------------|---------------------|-----------------|---------------|
| Printing & Copying company | Document Printing | | | | 109 |
| Telecommunications | Telephone & Internet Services | | | | 1,673 |
| Professional Organizations | Subscriptions & Memberships | | | | 2,980 |
| Legal Services | Court reporters, process servers, court filing fees | | | | 221 |
| Various Media | Recruitment advertisements | | | | 214 |
| Private Contractor | Staff Accommodations | | | | 1,011 |
| Private Contractor | Consultants, interpreters | | | | 10,708 |
| Maintenance & Repair Services | Equipment Repair & Maintenance | | | | 261 |
| Catering Services | Council, Board and staff meeting food | | | | 1,341 |
| SUBTOTAL | | | | | 18,518 |

9. F. TRAINING COSTS FOR PAIMI PROGRAM ONLY

| Categories | #Of Persons/ Travel Costs | #Of Persons/ Training Costs | # Of Persons/ Other Expenses |
|-----------------|------------------------------|--------------------------------|---------------------------------|
| Staff | 5/1584 | 5/1014 | |
| Governing Board | 8/2436 | | |
| PAC Members | 5/2998 | | |
| Volunteers | | | |
| Subtotal | 7018 | 1014 | |

| 9. G. OTHER EXPENSES (PAIMI PROGRAM ONLY) | COST |
|---|--------|
| Short-term disability payments | 9,476 |
| Postage & shipping | 316 |
| Meeting space rental | 46 |
| Indirect Costs | 30,817 |
| SUBTOTAL | 40,655 |

SECTION 9. ACTUAL PAIMI BUDGET/EXPENDITURES FOR FY 2009

| 9. H. Indirect Costs (PAIMI only): | | COST |
|---|-----------|-----------|
| 1. Does your P&A have an approved Federal indirect cost rate? | YES XX | NO |
| If YES, what is the approved rate? | 5% | |
| 2. Total of all PAIMI Program costs listed in 9.A. - 9.G. | | \$351,326 |
| 3. Income Sources and Other Resources (PAIMI Program Only) | | \$656,253 |
| 4. PAIMI Program carryover of grant funds identified by FY. | | \$ |
| 5. Interest on Lawyers Trust Accounts (IOLTA). | | \$ |
| 6. Program income (PAIMI only). | | \$17,219 |
| 7. State | | \$ |
| 8. County | | \$ |
| 9. Private | | \$ |
| 10. Other funding sources. [IDENTIFY each source]. | | \$ |
| 11. Total of all PAIMI Program resources. | | \$673,472 |
| SUBTOTAL | | \$673,472 |

ATTACHMENTS

1: Board and PAIMI Advisory Council announcements

NOTICE OF PUBLIC MEETING

BOARD FOR PROTECTION AND ADVOCACY

Governing Board Virginia Office for Protection and Advocacy

The Governing Board of the Virginia Office for Protection and Advocacy (VOPA) will meet on Friday, January 30, 2009, at the VOPA Conference Room, in Richmond, Virginia. The address is 1910 Byrd Avenue, Suite 5, Richmond, Virginia 23230. This meeting is open to the public.

Public comment is welcomed by the Board and will be received beginning at 10:00 a.m. Public comment will also be accepted by telephone. If you wish to provide public comment via telephone, you must call Lisa Shehi, Executive Assistant at 1-800-552-3962 (Voice/TTY) or via e-mail at lisa.shehi@vopa.virginia.gov no later than January 23, 2009. Ms. Shehi will take your name and phone number and you will be telephoned during the public comment period.

If interpreter services or other accommodations are required, please contact Ms. Shehi, no later than January 15, 2009.

For further information, please contact Ms. Shehi.

NOTICE OF PUBLIC MEETING

BOARD FOR PROTECTION AND ADVOCACY

Governing Board Virginia Office for Protection and Advocacy

The Governing Board of the Virginia Office for Protection and Advocacy (VOPA) will meet beginning at 9:00 a.m. on Tuesday, April 28, 2009. The meeting will be held in Room 403 at the Roanoke Higher Education Center, located at 108 North Jefferson Street in Roanoke. This meeting is open to the public.

Public comment is welcomed by the Board and will be received beginning at approximately 10:00 a.m. Public comment will also be accepted by telephone. If you wish to provide public comment via telephone, you must call Lisa Shehi, Executive Assistant at 1-800-552-3962 (Voice/TTY) or via e-mail at lisa.shehi@vopa.virginia.gov no later than April 14, 2009. Ms. Shehi will take your name and phone number and you will be telephoned during the public comment period.

If interpreter services or other accommodations are required, please contact Ms. Shehi, no later than April 14, 2009.

For further information, please contact Ms. Shehi.

NOTICE OF PUBLIC MEETING

BOARD FOR PROTECTION AND ADVOCACY

Governing Board

Virginia Office for Protection and Advocacy

The Governing Board of the Virginia Office for Protection and Advocacy (VOPA) will meet on Tuesday, July 28, 2009, at the VOPA Conference Room, in Richmond, Virginia. The address is 1910 Byrd Avenue, Suite 5, Richmond, Virginia 23230. This meeting is open to the public.

Public comment is welcomed by the Board and will be received beginning at 9:00 a.m. Public comment will also be accepted by telephone. If you wish to provide public comment via telephone, you must call Lisa Shehi, Executive Assistant at 1-800-552-3962 (Voice/TTY) or via e-mail at lisa.shehi@vopa.virginia.gov no later than July 21, 2009. Ms. Shehi will take your name and phone number and you will be telephoned during the public comment period.

If interpreter services or other accommodations are required, please contact Ms. Shehi, no later than July 14, 2009.

For further information, please contact Ms. Shehi.

NOTICE OF PUBLIC MEETING

BOARD FOR PROTECTION AND ADVOCACY

**Governing Board
Virginia Office for Protection and Advocacy**

The Governing Board of the Virginia Office for Protection and Advocacy (VOPA) will meet on Tuesday, September 29, 2009, at the VOPA Conference Room, in Richmond, Virginia. The address is 1910 Byrd Avenue, Suite 5, Richmond, Virginia 23230. This meeting is open to the public.

Public comment is welcomed by the Board and will be received beginning at 9:00 a.m. Public comment will also be accepted by telephone. If you wish to provide public comment via telephone, you must call Lisa Shehi, Executive Assistant at 1-800-552-3962 (Voice/TTY) or via e-mail at lisa.shehi@vopa.virginia.gov no later than September 22, 2009. Ms. Shehi will take your name and phone number and you will be telephoned during the public comment period.

If interpreter services or other accommodations are required, please contact Ms. Shehi, no later than September 15, 2009.

For further information, please contact Ms. Shehi.

Notice of Public Meeting

**Protection and Advocacy for Individuals with Mental Illness (PAIMI)
Advisory Council**

Virginia Office for Protection and Advocacy

The Protection and Advocacy for Individuals with Mental Illness (PAIMI) Advisory Council of the Virginia Office for Protection and Advocacy (VOPA) will have a meeting on Thursday, November 13, 2008, at Indian River Library in Chesapeake, Virginia. The address is 2320 Old Greenbrier Road, Chesapeake VA 23325. This meeting is open to the public.

Public comment is welcomed by the Council and will be received beginning shortly after 10:00 a.m. on November 13, 2008. Public comment will also be accepted by telephone. If you wish to provide public comment via telephone, you must call Kim Mendella, Executive Assistant at 1-800-552-3962 (Voice/TTY) or via e-mail at kim.mendella@vopa.virginia.gov no later than November 5, 2008. Ms. Mendella will take your name and phone number and you will be telephoned during the public comment period.

For further information, please contact Ms. Mendella. If interpreter services or other accommodations are required, please contact Ms. Mendella, no later than November 5, 2008.

NOTICE OF PUBLIC MEETING

**Protection and Advocacy for Individuals with Mental Illness (PAIMI)
Advisory Council**

Virginia Office for Protection and Advocacy

The Protection and Advocacy for Individuals with Mental Illness (PAIMI) Advisory Council of the Virginia Office for Protection and Advocacy (VOPA) will have a meeting on Thursday, February 12, 2009 at VOPA Conference Room in Richmond, Virginia. The address is 1910 Byrd Avenue, Suite 5, Richmond, Virginia 23230. This meeting is open to the public.

Public comment is welcomed by the Council and will be received beginning shortly after 10:00 a.m. on February 12. Public comment will also be accepted by telephone. If you wish to provide public comment via telephone, you must call Kim Mendella, Executive Assistant at 1-800-552-3962 (Voice/TTY) or via e-mail at kim.mendella@vopa.virginia.gov no later than February 5, 2009. Ms. Mendella will take your name and phone number and you will be telephoned during the public comment period.

For further information, please contact Ms. Mendella. If interpreter services or other accommodations are required, please contact Ms. Mendella, no later than February 5, 2009.

NOTICE OF PUBLIC MEETING

**Protection and Advocacy for Individuals with Mental Illness (PAIMI)
Advisory Council**

Virginia Office for Protection and Advocacy

The Protection and Advocacy for Individuals with Mental Illness (PAIMI) Advisory Council of the Virginia Office for Protection and Advocacy (VOPA) will have a meeting on Thursday, May 14, 2009 at VOPA Conference Room in Richmond, Virginia. The address is 1910 Byrd Avenue, Suite 5, Richmond, Virginia 23230. This meeting is open to the public.

Public comment is welcomed by the Council and will be received beginning shortly after 10:00 a.m. on May 14. Public comment will also be accepted by telephone. If you wish to provide public comment via telephone, you must call Kim Mendella, Executive Assistant at 1-800-552-3962 (Voice/TTY) or via e-mail at kim.mendella@vopa.virginia.gov no later than May 8, 2009. Ms. Mendella will take your name and phone number and you will be telephoned during the public comment period.

For further information, please contact Ms. Mendella. If interpreter services or other accommodations are required, please contact Ms. Mendella, no later than May 8, 2009.

NOTICE OF PUBLIC MEETING

**Protection and Advocacy for Individuals with Mental Illness (PAIMI)
Advisory Council**

Virginia Office for Protection and Advocacy

The Protection and Advocacy for Individuals with Mental Illness (PAIMI) Advisory Council of the Virginia Office for Protection and Advocacy (VOPA) will have a meeting on Thursday, August 13, 2009 at VOPA Conference Room in Richmond, Virginia. The address is 1910 Byrd Avenue, Suite 5, Richmond, Virginia 23230. This meeting is open to the public.

Public comment is welcomed by the Council and will be received beginning shortly after 10:00 a.m. on August 13. Public comment will also be accepted by telephone. If you wish to provide public comment via telephone, you must call Kim Mendella, Executive Assistant at 1-800-552-3962 (Voice/TTY) or via e-mail at kim.mendella@vopa.virginia.gov no later than August 7, 2009. Ms. Mendella will take your name and phone number and you will be telephoned during the public comment period.

For further information, please contact Ms. Mendella. If interpreter services or other accommodations are required, please contact Ms. Mendella, no later than August 7, 2009.

ATTACHMENTS

2: Governing Board Policy: Public Comment

Public Comment

Effective Date: April 24, 2007

Policy

The VOPA Governing Board will designate time at each quarterly meeting to receive public comment. Public Comment will generally not be received at emergency meetings, special meetings, retreats, or work sessions of the Board. Committees of the Board may receive Public Comment at their discretion.

Public Comment will be received as it pertains to general program or operational issues and is not a substitute for the individual appeals process