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Expiration Date: 3-31-2011

PAIMI ADVISORY COUNCIL (PAC) Section of the  
ANNUAL PROGRAM PERFORMANCE REPORT (PPR)

STATE	VIRGINIA	FISCAL YEAR	2009
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The Advisory Council Report (ACR), an important component of the PAIMI PPR, is due on due on January 1st. The ACR may be submitted by mail or electronically. However, if submitted electronically, the P&A shall mail to the SAMHSA, Division of Grants Management at least ONE (1) COPY OF THE PAIMI ADVISORY COUNCIL (PAC) REPORT WITH THE ORIGINAL SIGNATURE OF THE PAIMI ADVISORY COUNCIL CHAIR ON THE COVER PAGE. Send the reports to the following addresses:

ELECTRONIC MAIL:

LouEllen.Rice@SAMHSA.hhs.gov

REGULAR MAIL

LouEllen M. Rice  
SAMHSA - Division of  
Grants Management  
Room 7-1091  
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Rockville, Maryland 20857

FOR CERTIFIED MAIL & OVERNIGHT DELIVERY

Send to the above mailing address

*BUT CHANGE THE ZIP CODE TO: 20850*

*Phone: (240) 276-1400*

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

Public reporting burden for the ACR section of the annual PAIMI PPR is estimated to average 10 hours per response. This includes the time needed to review the instructions, to search existing data sources, to gather the data needed, and to complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0169); OAS, Room 7-1044; 1 Choke Cherry Rd.; Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0169).

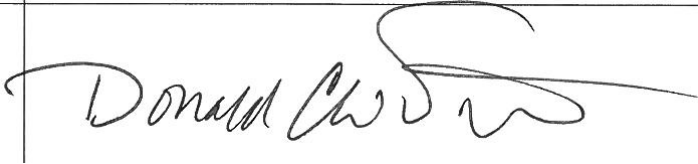
**ANNUAL *PAIMI ADVISORY COUNCIL (PAC) SECTION* OF THE PAIMI PROGRAM  
PERFORMANCE REPORT (PPR)**

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**ANNUAL *PAIMI* ADVISORY COUNCIL (PAC) SECTION OF THE PAIMI PROGRAM  
PERFORMANCE REPORT (PPR)**

**SECTION A. GENERAL INFORMATION**

Fiscal Year:	2009
State:	Virginia
Name of P&A system:	Virginia Office for Protection and Advocacy
PAC Report Prepared By: Provide the name [Print First, Middle and Last Name] Title of the preparer Phone Number:	Sherry Confer Deputy Director 804-225-2042
Name of PAC Chair: Print First, Middle and Last Name  Provide updated contact information if the PAC Chair is different than the person listed on the most recent PAIMI Application.	Donald CW Tillman 4921 Seminary Rd, #917 Alexandria, VA 22311
Telephone Number	703-328-4332
E- Mail Address:	ctillman@nami.org
Date Submitted:	12/15/2009
By signing this document, the Chair certifies that this report reflects the consensus of the PAC members.	

**SECTION B. PAIMI ADVISORY COUNCIL (PAC) MEMBERSHIP**

**B. 1. COMPOSITION**

Indicate the number of the following mandated positions [B.1.b. - B.1.g.] included on the PAIMI Advisory Council (PAC). Count each member only once.

*Under Primary ID, select <i>ONLY ONE</i> (1) primary identity for each PAC member position [B.1.b. - B.1.h.] which are mandated per the PAIMI Act & Rules). PAC members secondary ID may be in any category.	Primary I.D.	Secondary I.D.
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B.1.a. The TOTAL number of seats on the PAC.	15-20		
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B.1.b. Individuals who are recipients/former recipients (R/FR) of mental health services.	6		
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B.1.c. Family members of individuals who are recipients/former recipients (R/FR) of mental health services.	2	1	
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At least one (1) PAC member from B.1.d.			
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B.1.d. Family members of a minor child or youth (under 18 years old) who has received or is receiving mental health services.			
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B.1.e. Mental health service providers.	1	1	
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B.1.f. Mental health professionals.	1		
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B.1.g. Attorneys.			
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B.1.h. Individuals from the public knowledgeable about mental illness.		8	
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B.1.i. Others (please identify by position held).			
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**\*Since each Advisory Council member can only be counted once, to meet the 60 percent requirement of individuals who have received or are receiving mental health services or who are family members of such individuals, there must be at least 6 seats occupied by individuals who have received or are receiving mental health services or who are family members of such individuals in addition to the 4 other mandated positions. [See, PAIMI Application, Appendix B].**

B.1.j. Vacancies as of 9/30. [Identify each vacant position & the date it was vacated].	5-10		
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The PAIMI Advisory Council has recently been able to fill the required vacancy for the attorney position. This member was appointed in November 2009 and therefore cannot be included in FY09 PAC report.

B.1.k. *Demonstrate that at least 60% of the PAC membership is comprised of individuals who have received or are receiving mental health services or family members of such individuals.*

B.1.l. TOTAL number of PAC members serving on 9/30.		10	
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B.1.m. Number of PAC members who are R/FR of MH services or family		8	
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members of these individuals.	
B.1.n. Percentage of PAC members who are R/FR of MH services or family members of these individuals [B.1. I. divided by B.1.m.]	80%

**SECTION B. PAIMI ADVISORY COUNCIL (PAC) MEMBERSHIP**

**B. 2. REPRESENTATION OF THE CHAIR**

B.2. Is the PAC Chair an individual who has received or is receiving mental health services, or a family member of an individual who has received or is receiving mental health services?	<b>Yes</b> ✓	<b>No</b>
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**B. 3. TERMS**

B.3.a. Term of Appointment (Number of years)	4
B.3.b. Maximum Number of Terms a Member May Serve	1
B.3.c. Frequency of Meetings	Quarterly
B.3.d. Number of Meetings Held in the FY [3 is the mandated minimum].	4
B.3. e. Number (%Average) of PAC members present at Meeting.	71.4%

**SECTION C. PAC ETHNICITY/RACIAL DIVERSITY**

\*In the columns below, indicate the number of the following positions included on the PAC who identify with each ethnic/racial group below:

	Number of Members	Vacancies on 9/30
C.1. American Indian/Alaska Native	1	
C. 2. Asian		
C. 3. Black/African American	1	
C. 4. Native Hawaiian/Other Pacific Islander		
C. 5. White	8	
C. 6. Hispanic/Latino(a)		
C.7. *TOTAL PAC MEMBERS serving on 9/30. [*This total should be the same as that listed in Section B.1.I.]	10	5-10

**\*This information was provided to SAMHSA/CMHS in the PAIMI Application (see Appendix B - PAIMI Advisory Council Information Table) for the same FY.**

**SECTION D. GENDER of PAC Members**

D.1 MALE    3	D.2 FEMALE    7
D.3. TOTAL    10	

**SECTION E. GOVERNING BOARD INFORMATION**

**E. 1. FOR STATE-OPERATED P&A SYSTEMS ONLY:**

E.1.a. Is this a State-operated P&A system?	Yes ✓	No
E.1.b. Does this State-operated system have a Governing Board/Authority authorized by State statute? If the answer is NO, proceed to Section F.	Yes ✓	No
E.1.c. If the answer to item E.1.b. is Yes, does the PAC Chair sit on the Governing Board/Authority as a full voting member?	Yes	No ✓
<p>E.1.d. If the answer to item E.1.c. is no, briefly explain (e.g., state statute determines Governing Board/Authority composition, etc.).</p> <p>State statute determines the Governing Board's composition and authority. The PAC Chair is an ex-officio member of the Governing Board.</p> <p>PAIMI Advisory Council members have representation on each of the Governing Board Committees and have an equal vote on each committee.</p>		

**E.2. For PRIVATE, NOT- FOR PROFIT P&A SYSTEMS only**

E. 2.a. Does the P&A system have a multi-member Governing Board?	Yes	No
If you answered YES to E.2.a., please answer the questions E.2.b. 1. - 3.		
E.2.b.1. Number of Governing Board members.	Total	
E.2.b.2. Is the PAC Chair a full voting member of the Governing Board?	Yes	No
E.2.b.3. If you answered No to E.2.b.2., than explain why the PAC Chair is not a full voting member of the Governing Board as mandated by the PAIMI Rules at 42 CFR 51.22(b)(3).		
E.2.b.4. Do any other PAC members hold seats on the Governing Board? If Yes, how many seats? ____	Yes	No

SECTION F. PAC ACTIVITIES [See, PAIMI Act 42 U.S.C. at 10805(7)]

F.1. Are P&A program staff invited to attend PAC meetings?	Yes ✓	No
F.1.a. Did any of the invited program staff attend?	Yes ✓	No
<p>F.2.a. If the answer to F.1. is Yes, please identify the positions of staff (e.g., PAIMI Coordinator, Mental health advocate, etc.) usually invited to attend.</p> <p>The Executive Director, Deputy Director and the Council Liaison (Administrative Assistant) routinely attend the PAIMI Advisory Council meetings. In addition, every meeting includes a training session that is provided by VOPA Managing Attorneys, staff attorneys, or staff advocates.</p>		
<p>F.2.b. If the answer to F.1.a. is Yes, please identify the positions of the program staff in attendance (e.g., one advocate, one attorney) and their role at the meetings, e.g., information sharing, etc.</p> <p>The Executive Director provides an update on the activities of VOPA and highlights items that are of particular interest and concerns to the PAIMI Advisory Council. The Executive Director also explains legal concepts and processes to clarify the PAIMI Advisory Council's understanding of the authority and limitations of the P&amp;A.</p> <p>The Deputy Director develops the agenda and facilitates the Advisory Council's work in close consultation with the PAIMI Advisory Council Chair. This includes providing comment on the work of VOPA as well as making recommendations for goals, focus areas and objectives.</p> <p>The Council Liaison is responsible for the recording and posting of the minutes on VOPA's website. The Council Liaison is also responsible for all the logistics of the meeting; that is room setup, refreshments, travel arrangements, and so on. The Council Liaison routinely sends the council members information about upcoming events (such as information fairs and educational sessions), and current events and news articles concerning the mental health community. The Council Liaison is available to council members to address any concerns of the members as well as advocating on the behalf of the council to appropriate VOPA staff, including areas such as drafting goals, focus areas and objectives for the next fiscal year.</p> <p>In addition, every meeting includes a training session that is provided by Managing Attorneys, staff attorneys, or staff advocates.</p>		
F.2.c. If the answer to F.1. is No, you <i>MAY</i> provide a brief explanation. N/A		
F. 3. a. Were governing board (excluding the PAC Chair) members invited to PAC meetings?	Yes ✓	No

<p>F.3.b. If you answered Yes to F.3.a., which governing board members were invited, for what purpose (e.g., informational, etc.) and did they attend?</p> <p>Board members routinely attended and provide an update from the most recent Board meeting. This exchange between PAIMI Advisory Council members and Board members has been noted as being positive from both bodies.</p>		
F.3.c. Did any of the invited governing board members attend?	Yes ✓	No
F.4. Did the PAC work jointly with the governing board to develop the annual PAIMI priorities? [42 CFR 51.23(a)(2)].	Yes ✓	No*
<p>F.4.a. If Yes, Briefly describe these joint activities.</p> <p>Time on the agendas was dedicated to discussing and providing recommendations about the goals, focus areas and objectives. In addition, the PAIMI Advisory Council was provided information about that summarized the public comment input VOPA receives. The PAIMI Advisory Council chair, as an ex-officio member of the VOPA Governing Board, was involved in the Board deliberations of the goals, focus areas and objectives. Budget and financial reports are also discussed and reviewed at every Board meeting.</p>		

**SECTION F. PAC ACTIVITIES [See, PAIMI Act 42 U.S.C. at 10805(7)]**

F.4. b. If No, PAC's affiliated with private, non-profit P&A systems must provide a brief explanation.

N/A

F.5. Did PAC members attend any in-state or out-of- state trainings or educational presentations related to PAIMI Program activities? [42 CFR 51.27 - payments for PAC and Governing board/authority members by a State P&A system are optional].

<b>F.5.a. In-State Trainings/Educational Activities.</b>	Yes ✓	No
<p>If Yes, list each activity by number and provide a brief description of PAC involvement, e.g., Activity 1 – Attendance at local NAMI training.</p> <p>Activity 1 – Steven Hornstein, Northern Virginia Community Support Center, volunteer organizer</p> <p>Activity 2 – Kathy Harkey, Liberty University, classes in Special Education and Psychology</p> <p>Activity 3 – Kathy Harkey, Medical College of Virginia Campus of Virginia Commonwealth University (MCV/VCU) Department of Psychiatric and Behavior Genetics, Internship</p> <p>Activity 4 – Kathy, Harkey, NAMI, Instructor Train the Trainer – Family to Family</p> <p>Activity 5 – Elaine Caudill, Paving the Way Home – Veterans and Mental Health Professionals</p> <p>Activity 6 – Elaine Caudill, Mandatory training completed for LCSW in Acute</p>		

<p>Psychiatry</p> <p>Activity 7 – Elaine Caudill, Continuing Education Credit – Bipolar Disorder and Borderline Personality Disorder</p>		
<p><b>F.5.b. Out of State Trainings/Educational Activities.</b></p>	<p>Yes ✓</p>	<p>No</p>
<p>If yes, list each activity by number and provide a brief description of PAC involvement, e.g., Activity 1 – Attendance at NDRN annual conference.</p> <p>Activity 1: March 16, 2009, Mike Newcomb attended the NDRN conference held in Baltimore, MD. Mr. Newcomb attended the PAIMI Advisory Council member training entitled: “Your PAIMI COUNCIL: Continued dedication and leadership in your community.” This work session reviewed the legal basis and requirements for the PAC, and discussion on how the PAC and its members fit into the priority setting for each P&amp;A. Mr. Newcomb presented at a PAIMI Advisory Council meeting about the conference. Elements of his presentation are being added to the Council member orientation binders.</p> <p>Activity 2: June 16, 2009, CW Tillman participated in a conference call hosted by NDRN on the Roles and Responsibilities of PAIMI Councils. Approximately forty-one participants took part learning about the statutory history of PAIMI, PAIMI members role as advocate, leader and guide, political neutrality of PAIMI Councils, purpose of the PAIMI Council, role of PAIMI within the governing structure of the P&amp;A, and confidentiality. VOPA staff have put together an orientation/reference binder for all PAIMI Council members that outlines each of these areas and the chair feels that the PAIMI Council is very aware of their role.</p> <p>Activity 3: September 15, 2009, CW Tillman (Chair) and Steve Hornstein (member) participated in a conference call hosted by NDRN on Recruiting and Retaining PAIMI Council Members with an Emphasis on Un-served and Underserved Populations. This topic has been especially important to our PAIMI Council as we’ve worked to recruit members representing the racial, ethnic, and geographic diversity of the state of Virginia. Steps that were offered included identification of potential members, invitation to serve on the council, a thorough orientation, effective communication, and active involvement.</p>		
<p>F.6. Does the P&amp;A system have established written policies and procedures for reimbursing PAC members for expenses that takes into account the needs of the individual council members, available resources and applicable restrictions on use of grant funds, including the restrictions cited in and the restrictions in 51.31(e) and 51.6(e)? [See, 42 CFR 51.23 (d)(1)].</p>		
<p>F.6.a.1. Yes ✓</p>	<p>F.6.a.2. No*</p>	<p>F.6.a.3. Don’t Know.*</p>
<p>F.6.b. Brief explanation needed for F.6.a.2. or F.6.a.3. responses].</p> <p>PAIMI Advisory Council members are reimbursed for their Council activities in accordance with the travel reimbursement policies for State employees.</p>		

SECTION F. PAC ACTIVITIES [See, PAIMI Act 42 U.S.C. at 10805(7)]

F.7. If the answer to F.6. was Yes, were PAC members reimbursed for expenses incurred for PAIMI Program related activities, consistent with the P&A system's policies and procedures. [Brief explanation required].

F.7.a.	1. Yes ✓	2. No*	3. Don't Know*
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F.7.b. \*Brief explanation required for F.7.a. 2. No *OR* F.7.a. 3. Don't Know responses.

VOPA provides PAIMI Advisory Council members with reimbursement for their travel costs for Council meetings and for Governing Board Committee meetings. However, these costs are not tracked by "council" expenses but rather by "travel" expenses. The PAIMI Advisory Council members are reimbursed for their Council activities in accordance with the travel reimbursement policies for State employees.

F. 8. REIMBURSEMENT OF EXPENSES – If PAC member expenses were reimbursed, please complete the following chart. [42 CFR 51.23(d)(1)] . Under the Activity column, list the activity by the number used in above F.5.a. – In-State or F.5.b. – Out-of State. Example: F.5.b. Out of State activity # 1, – 5 PAC members attended the NDRN annual meeting, 2 members reimbursed by the P&A; 2 self-paid, 1 NDRN scholarship.

a. ACTIVITY	b. # ATTENDING	c. P&A	d. SELF	e. OTHER
Out of State Activity 1: NDRN Annual Conference	1			NDRN scholarship

**SECTION F. PAC ACTIVITIES [See PAIMI Act at 10805(7)]**

F.9. Did the P&A system provide the PAC with reports, materials, & fiscal data to enable review of the following: [42 CFR 51.23(c)].

F.9.a. Existing program policies, priorities, and performance outcomes.	Yes ✓	No
F.9.b. If Yes, were the submissions (of P&A system documents referenced in F.9.a.) made at least annually and (shall) report expenditures for the past two (2) <i>FISCAL YEARS</i> ?	Yes ✓	No*
F.9.c. If No,* briefly explanation required.] N/A		
F.9.d. If you answered Yes in F.9.a., did the P&A system documents referenced also <i>INCLUDE THE PROJECTED EXPENSES FOR THE NEXT FISCAL YEAR (FY) IDENTIFIED BY BUDGET CATEGORY</i> , e.g. salary & wages, contracts for services, administrative expenses, including, the amount allotted for training of the PAC, the governing board and staff?	Yes ✓	No*
F.9.d.1. If No*, brief explanation required]. N/A		

**SECTION F. PAC ACTIVITIES See PAIMI Act at 10805(7)**

F.9.e. The PAIMI Rules mandate that members of the public shall be given an opportunity, on an annual basis, to comment on the priorities established by, and the activities of, the P&A system. Procedures for public comment must provide for notice in a format accessible to individuals with mental illness, including such individuals who are in residential facilities, to family members and representatives of such individuals with disabilities. [42 CFR at 51.24(b)].

F.9.e. Does the P&A have procedures established for public comment?		
F.9.e. 1. Yes ✓	F.9.e. 2. No*	F.9.e.3. Don't Know*
F.9.e.4. *Brief explanation required for F.9.e.2. No or F.9.e.3.Don't know responses.  Not applicable		
F.9.f. Was the PAC provided a copy of these procedures?		
F.9.f.1. Yes ✓	F.9.f.2. No*	F.9.f.3. Don't Know*
F.9.f.4. *Brief explanation required for F.9.f.2. No or F.9.f.3.Don't know responses.  Not applicable		

SECTION F. PAC ACTIVITIES See PAIMI Act at 10805(7)

F.9.g. The PAIMI Rules, at 42 CFR 51. 24(b), mandate that the public shall be given an opportunity, on an annual basis, to comment on the priorities established by and the activities of the P&A system. *WAS THE PUBLIC PROVIDED AN OPPORTUNITY FOR PUBLIC COMMENT?*

F.9.g. 1. Yes ✓

F.9.g. 2. No\*

F.9.g.3. Don't Know\*

F.9.g 4. #If the answer to F.9.g.1. is Yes, briefly describe activities the P&A system used to obtain public comment.

Information regarding the PAIMI program and VOPA's Goals and Focus areas are published on our website. The VOPA Governing Board has adopted a tri-annual schedule for reviewing our program goals and objectives; 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. This survey ran from June 1 to August 31, 2009. VOPA also distributed written requests for public comment at public meetings and presentations during this period. VOPA received 97 public comments from consumers, family members and professionals; 30% of the comments received related to mental health issues. The VOPA Governing Board has an established policy and practice to receive public comment at each quarterly meeting of the Board and that Board Committees may receive public comment at their meetings 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. All VOPA Board and advisory council meetings are advertised as open to the public and include receipt of public comment as an agenda item. Any public comment received is considered in the priority planning process for the development of VOPA's goals, focus areas and objectives.

F.9.g. 5. \*If the answer to F.9.g.2. is No, explain why public comment was not obtained.

N/A

F.9.g. 6. \*If the answer to F.9.g.3. is DON'T KNOW, please explain (e.g., PAC needs training, etc.)

N/A

**F.10. *COMPLETION OF THIS SECTION (F.10 a. -e.) IS OPTIONAL.*** However, if you choose to respond, please describe in the spaces below any other PAC activities, *other than* mandated PAC membership meetings.

F.10.a. Briefly describe, governing board or PAC committee work.

At every Governing Board meeting the PAIMI Advisory Council Chair gives a verbal report of the PAIMI Advisory Council's activities since the last Board meeting. This report is usually a review of the Council meeting and what impact it may have had on the members' other advocacy efforts in the mental health community.

PAIMI Advisory Council members are given the opportunity to serve on the Governing Board committees. The PAIMI Advisory Council members have volunteered to serve on each of the Governing Board committees. On these committees Council members have an equal vote with the Governing Board members.

The PAIMI Advisory Council members and VOPA staff routinely update the other council members on the Governing Board committee work. The committees and their roles are as follows:

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

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

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

Council Relations and Public Policy – improving communication between the VOPA Governing Board and VOPA Advisory Councils (including PAIMI) and VOPA staff. The committee also reviews systemic challenges and opportunities to VOPA, address public policy position requests.

F.10.b. Briefly describe any training or educational presentations to either constituency groups or the general public.

The PAIMI Advisory Council makes referrals to VOPA but has not done any presentations on VOPA's behalf.

**SECTION F. PAC ACTIVITIES See PAIMI Act at 10805(7)**

F.10.d. Briefly describe any special projects (e.g., institutional monitoring).

None

F.10.e. Briefly describe any other (e.g., fund raising, public relations, etc.).

Ongoing PAIMI Advisory Council activities include work on the Governing Board Committees.

SECTION G. PAC ASSESSMENT OF PAIMI PROGRAM OPERATIONS

**G.1. Please provide A NARRATIVE SUMMARY of the PAC'S ASSESSMENT of the PAIMI priorities (goals) and objectives included in the PPR for this Fiscal Year.**

*Include in the narrative an assessment of the following items:*

G.1.a. The PAIMI Priorities (Goals) and Objectives selected.

G.1.b. The activities conducted towards achieving these priorities (goals) and objectives.

G.1.c. The outcomes.

G.1.d. Examples of individual or systemic cases, applicable legislative activities, and participation in State mental health planning activities.

G.1.e. Any recommendations regarding future priorities (goals) and objectives.

**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

Focus Area 2: Abuse or Neglect in Community Settings

Focus Area 3: Abuse or Neglect in Institutional Settings

Focus Area 4: Physical Abuse in Juvenile Facilities

**PAC ASSESSMENTS**

The PAIMI Advisory Council applauds VOPA for its work protecting individuals with mental illness from abuse and neglect. Council members were particularly concerned about abuse and neglect in Juvenile facilities and asserted that VOPA should protect those who cannot protect themselves. Council members want seclusion and restraint practices to stop at state operated mental health facilities. This also includes forced injections as medication should not be used as punishment. Council members believe that seclusion and restraint practices are the result of treatment failure. Council members learned about the types of data VOPA collects and were happy to hear about the trend that the use of restraints are decreasing but were alarmed that the use of seclusion is rising. Council members learned that State operated facilities are using "calming rooms," however were concerned if patients were allowed to enter and leave freely. Council supports VOPA educating facilities about what constitutes seclusion and restraint: anything that limits the patient's movement.

Council members were very interested about trauma informed care and believe that it should be practiced in state operated facilities. Learning about the history of trauma can facilitate the healing process. The use of restraint can be very dangerous therapeutically and physically for people with a history of trauma. The Council believes that there should be a therapeutic bond between the care giver and the patient. The Council agrees with VOPA that addressing systemic failures as a means to achieve system-wide changes will be beneficial to all in mental health facilities. The Council believes that staff may resort to seclusion and restraint practices if there are not enough resources.

Council members were concerned about whether facility staff undergo background checks. The Council members were aware that facilities are understaffed and wanted to know that facilities hired the right people. Council member also wanted to know if staff were adequately trained in de-escalation practices and trauma informed care. Council members are also aware that many facility staff personnel are not paid well and therefore staff turnover rates can be high that may lead to not hiring the right people. PAIMI Advisory Council understands that VOPA cannot control the State Budget cuts and recognizes that both the mental health system in Virginia and VOPA have limited resources.

Council members learned how VOPA collects data for Critical Incident Reports (CIR). Council members were aware that CIR data only included data about incidents where injuries occurred that required medical treatment. Council members believe that verbal and psychological abuse can be very detrimental to the mental health of patients. Council members also were outraged that it is not mandatory for all facilities that help people with disabilities to report CIR data to VOPA, only state operated facilities. Council members know of instances that occurred in the community and want VOPA to have a means of tracking data so the issue can be addressed.

Council members learned about people with mental illness who enter jail are often denied their medications. Council members are aware that people who enter jails are those who often do not have help in the community and therefore decompensate drawing the attention from the police. The Council recommends that the police department need to be trained in de-escalation techniques and think of alternatives to jail, such as psychiatric hospitals. Council members learned about the large number of people with mental illness in jails because they cannot get transferred to mental health facilities for treatment. Council members want VOPA to address the fact that people are being warehoused in mental health hospitals and not being discharged. Council members agree that failure to discharge is neglect; it is the same thing as false imprisonment. The Council recommends VOPA to continue working with the State Human Rights Committee to ensure that discharges are appropriate and timely.

Council members recommend that patients in facilities talk to their Patient Advocate to report abuse and neglect. However, Council members were shocked to hear that Patient Advocates have many responsibilities and are rarely seen in mental health facilities. The PAIMI Advisory Council wants VOPA to advocate for at least one full-time Patient Advocate at every state operated mental health facility.

**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

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

**PAC ASSESSMENTS**

The PAIMI Advisory Council recommends the use of PACT (Program for Assertive Community Treatment) Teams and ICT (Intensive Community Treatment) Teams and recommends VOPA to advocate for more. Council members state that often people may feel disheartened by the mental health system and may be reluctant to use more traditional means of treatment. PACT Teams are very successful and are often very cost effective as they can prevent hospitalizations. The Council is aware that community treatment is often more cost effective than treatment in facilities. The Council recommends that VOPA advocate for more community level treatment and to stress the cost savings in this current fiscal environment.

One of the barriers for individuals to move to and remain in their communities is transportation. The Council agrees that community integration is essential to recovery and you need to be able to travel to where you want and need to go. Transportation needs to be part of the discharge plan and the logistics need to be determined in advance of discharge. Council members are also concerned about the lack of appropriate housing for people leaving the facilities upon discharge.

Council members were happy that VOPA is addressing portability of the Auxiliary Grants. The Auxiliary Grant is an income supplement to Social Security Income for certain individuals with

disabilities residing in licensed Assisted Living Facilities (ALF). The Council understands the limited use of the Auxiliary Grant and would like VOPA to advocate for a more wide spread use of the grant money to allow people to live in a home of his or her choosing. Council members are concerned that the current limited use of the Auxiliary Grant will not help with the current backlog of individuals residing in mental health facilities who cannot move to an ALF.

The Council learned about a demonstration grant awarded to the Virginia Department of Medical Assistance Services (DMAS) to design a program to allow states to offer home and community-based services for children who live in Psychiatric Residential Treatment Facilities (PRTF).

Council members believe that people with mental illness should only be sent to a facility as a last resort. The Council would like VOPA to advocate for more Crisis Stabilization Programs and more short term acute levels of care so ties to the community are not severed. The Council appreciates VOPA's efforts and wants VOPA to address the need for community resources such as housing, transportation, Crisis Intervention Teams, and short term acute care as being necessary. Some Council members are not familiar with state operated mental health institutions.

**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

Focus Area 2: Consumer driven alternatives to guardianship

**PAC ASSESSMENTS**

The Council commends VOPA for going to the State Human Rights Committee and addressing issues related to appropriate and timely discharge from state operated facilities.

Council members view the changes to the Health Care Decisions Act from the 2009 General Assembly as empowering to the consumer as it moves away from restrictive guardianship practices. Council members were particularly happy with the addition of Advance Directives to include psychiatric directives. Council members did have concerns about the proposed form being an "opt-out" format. Council members recommend that VOPA have extensive and detailed presentation and workshops to explain legalities of an Advance Directive. The Council would like VOPA to partner with the Coalition of Peer Specialists to work together training consumers about Advanced Directives and WRAP Plans (Wellness Recovery Action Plans). The Council wants VOPA to follow-up with the implementation of the Advance Directives to see if doctors honor the legal document.

**PRIORITY (GOAL): 5 People with Disabilities are Employed to their Maximum Potential**

Focus Area 4: Employment Self-Advocacy Clinic

**PAC ASSESSMENTS**

The Council was concerned about that Department of Rehabilitative Services (DRS) stopped serving new clients in November 2008. DRS's mission is to help people with disabilities find employment and in these economic times the need is even greater. The Council believes that employment is where true community integration happens for people with disabilities.

Council members stated that employment discrimination was hard to talk about as many members feel people with mental illness do not even enter the workplace out of fear of losing their social security income (SSI) and Medicaid. The Council believes people with mental illness talk about pre-

employment issues such as Ticket to Work before the discussion of employment discrimination can happen. Council members stated that losing your SSI is punishment if you are able to get a job. Employment is what gives you self worth and VOPA should advocate things that reinforce employment efforts. The Council suggested that employment should be relabeled as job therapy as a means to protect benefits.

## SECTION G. PAC ASSESSMENT OF PAIMI PROGRAM OPERATIONS

### G.2. OTHER COMMENTS CONCERNING PAIMI SYSTEM OPERATIONS:

*Briefly describe any special initiatives, problem solving techniques, or innovative practices that may help other State P&A systems.*

As mentioned in section F.10.a., PAIMI Advisory Council members have a voting role in the decision making on the VOPA Governing Board committees. Every committee member has an equal voice on any decisions made during the committee meeting. The committee as a whole comes to a consensus by taking a vote and the committee's decision is then relayed to the Board as a recommendation at the Governing Board meeting. The committee structure affords PAIMI Advisory Council members to have a voice in the decisions of the Governing Board.

### G.3. Please list any training & technical assistance needs identified by the PAC.

SECTION H. GRIEVANCE PROCEDURES [42 CFR Section 51.25]

PURSUANT TO THE PAIMI RULES at 42 CFR PART 51.25, THE P&A SYSTEM SHALL ESTABLISH PROCEDURES TO ADDRESS GRIEVANCES FROM: (A)(1) – CLIENTS OR PROSPECTIVE CLIENTS . . . ; AND (A)(2) – INDIVIDUALS WHO HAVE RECEIVED OR ARE RECEIVING MENTAL HEALTH SERVICES IN THE STATE, FAMILY MEMBERS OR REPRESENTATIVES OF SUCH INDIVIDUALS . . . .

H.1. Is the PAC aware of and knowledgeable of the above referenced policies and procedures?	Yes ✓	No*
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H.1.a. If you answered No to H.1. provide a brief explanation.  
N/A

H.2. 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
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H.3. 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
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H.4. Add H.2 & H.3 [42 CFR Section 51.25(a)(1),(2)]	Total 0
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H.5. THE NUMBER OF GRIEVANCES APPEALED TO:

H.5. a. The Governing Board (the PAC Chair of a private, non-profit P&A system should have this information).	Total 0
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H.5.b. The Executive Director	Total 0
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H.5 c. The number of Grievances appealed [H.5.a. + H.5.B = H.5.c.].	Total 0
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H.6. The number of reports sent to the Governing Board AND the PAC ( <i>at least one annually</i> ) that describe the grievances received, processed, and resolved.	Total 0
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SECTION H. GRIEVANCE PROCEDURES [42 CFR Section 51.25]

H.7. Please identify all individuals, by name & title, responsible for P&A system grievance reviews.

Colleen Miller, Executive Director

Governing Board Appeals Committee (membership rotates routinely): Pat Meyer (Chair), Bill Fuller (Vice-Chair), Charles Cooper, Waja Grimm, Chris Harrison, Maureen S. Hollowell, Susan R. Kalanges, Rita Kidd, Elizabeth Priaulx, Daaiyah Rashid, Elizabeth Schell.

H.8. 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. **[42 CFR 51.25(B)(4)]**

Days  
15

H.9. Were written responses sent to all grievants?

Yes

No\* ✓

H.9.a. \*If you answered No, to H.9, briefly explain.

No grievances were made in this fiscal year

H.10. Was client confidentiality protected? \_\_\_\_\_. If not, explain below. **[42 CFR 51.25(B)(6)]**

Yes ✓

No\*

H.10.a. \*If you answered No, to H.10, briefly explain.

N/A

Yes

No\*

## GLOSSARY

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

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

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

### Intervention Strategies:

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

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

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

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

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

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

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

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

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

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

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

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