

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

STATE	Virginia	FISCAL YEAR 2010
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The Annual PAIMI Program Performance Report (PPR), which is due by January 1st of each year [**PAIMI Rules at 42 CFR 51.8 and the PAIMI Act at 42 U.S.C. 10805(a)(7)**], contains information provided by the State P&A system on its management and operation of the PAIMI Program. The Advisory Council Report (ACR) section of the annual PPR is the PAIMI Advisory Council's (PAC) *independent assessment* of the operations of the P&A system which is signed by the PAC Chair.

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

<p><u>ELECTRONIC MAIL:</u> Barbara.Orlando@SAMHSA.hhs.gov</p>	<p><u>REGULAR MAIL</u> Barbara Orlando, Room 7-1091 SAMHSA - Division of Grants Management 1 Choke Cherry Road Rockville, Maryland 20857</p>
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FOR CERTIFIED MAIL & OVERNIGHT DELIVERY - Send to the above mailing address ***BUT CHANGE THE ZIP CODE TO: 20850; Phone No. (240) 276-1400***

Electronic submissions of the annual PAIMI PPR, including the ACR, should also be sent to the PAIMI Program Coordinator, Karen.Armstrong@samhsa.hhs.gov. If submitted electronically, please ensure that the Division of Grants Management is sent a signed copy of the ACR. Please use the attached glossary and instructions to complete the form. Questions may be directed to Ms. Armstrong, the PAIMI Program Coordinator at (240) 276 1760. Public reporting burden for this section of the annual PAIMI PPR is estimated to average 28 hours per response. This includes the time needed to review the instructions, to search existing data sources, to gather the data needed, and to complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0169); OAS, Room 7-1044; 1 Choke Cherry Rd.; Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0169).

ANNUAL PAIMI PROGRAM PERFORMANCE REPORT (PPR)

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SECTION 1. GENERAL PAIMI PROGRAM INFORMATION

1.A. Fiscal Year:	2010
State:	Virginia
Name of P&A system:	Virginia Office for Protection and Advocacy
Mailing Address & Phone Number of Main Office:	1910 Byrd Avenue, Suite 5 Richmond, Virginia 23230 804-225-2042
Mailing Address & Phone Numbers 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 Sherry.Confer@vopa.virginia.gov 804-225-2042
PPR Prepared by: Name: Title: Area Code & Phone Number: E-mail Address:	Sherry Confer Deputy Director 804-225-2042 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.*	James W. Stewart, III Virginia Department of Behavioral Health and Developmental Services
Date the PAIMI PPR & ACR were sent to the State mental health agency.*	December 30, 2010
*PAIMI Act [42 USC at 10805 (a)(7) mandates that the Head of the State mental health agency receive a copy of this report on or before January 1.	

SECTION 1. GENERAL PAIMI PROGRAM INFORMATION

1. B. GOVERNING BOARD

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 ✓	No
1. B.2. Is the Chair of the PAIMI Advisory Council (PAC) a member of the GB? An explanation is required if the answer to this question is <i>NO&THE P&A IS PRIVATE non-profit P&A system</i> . State statute determines the Governing Board’s composition and authority. The PAC Chair is an ex-officio member of the Governing Board. PAIMI Advisory Council members have representation on each of the Governing Board Committees and have an equal vote on each committee.	Yes ✓	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.	1
d. Term of appointment for GB members (number of years).	4
e. Maximum number of terms a GB member may serve.	2
f. Frequency of GB meetings.	Quarterly
g. Number of GB meetings held this fiscal year .(FY)	4
h. % (Average) of GB members present at meetings this FY.	76%

SECTION 1. GENERAL PAIMI PROGRAM INFORMATION

1. B. 4 GOVERNING BOARD COMPOSITION

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

1. C. PAIMI PROGRAM STAFF

1. Provide the total number of P&A staff who are paid either partially or totally with PAIMI Program funds, including PAIMI Program income. Total: 32

a. How many of the staff listed above are attorneys? Total: 10

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: 13

SECTION 1. GENERAL PAIMI PROGRAM INFORMATION

1. D. ETHNICITY/RACE

	GOVERNING BOARD	PAIMI STAFF
American Indian/ Alaska Native	0	0
Asian	0	2
Black/African American	3	3
Hispanic or Latino	0	0
Native Hawaiian/Other Pacific Islander	0	0
White	9	27
Vacancies on 9/30 (Identify by position).	1	
TOTAL	13	32

1. E. GENDER

	GOVERNING BOARD	PAIMI STAFF
Male	4	11
Female	9	21
TOTAL	13	32

SECTION 2. PAIMI PROGRAM PRORITIES (GOALS) and OBJECTIVES

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

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

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

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

Write the case example as though you were telling a story. As appropriate, Include the following information in your narrative: the presenting issue/complaint to be resolved; who (the parties involved); what the facts about the situation); where (the event occurred, such as, the type of facility, etc.); why the P&A program was involved; how the P&A program made a difference; and the outcome(s) (what resulted from this P&A activity)? For example, “as a result of P&A intervention, this client lives independently in the community, goes to work every day”

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

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

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

SECTION 2. PAIMI PROGRAM PRIORITIES & OBJECTIVES

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

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

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

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

Items 2.D. & 2.E. are to be reported in this section of the PPR.

[Refer to the PAIMI Application for the same FY in which the information in items 2.A. 2.B & 2.C. was provided].

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

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

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

PRIORITY (GOAL): 1

People with Disabilities are Free from Abuse and Neglect

Focus Area 1: Individuals Living in Institutional Settings have an Adequate System for Protection from Harm

OBJECTIVES:

1. Develop a publication to educate consumers regarding access to the DBHDS Human Rights system and how to file a complaint of abuse or neglect; distribute copies to all state institutions.
2. Investigate ten (10) instances of death, serious injury, or allegation of abuse or neglect in institutional settings, including the response of each entity responsible for licensing, oversight, or investigation. All investigations will seek corrective action, to include systemic reform, as necessary.
3. Investigate twelve (12) reports of the use of seclusion and restraint at DBHDS-operated institutions that results in injury to a patient or resident. All investigations will seek corrective action, to include systemic reform, as necessary.
4. Investigate the system for protection from harm provided at DBHDS-operated institutions for individuals with mental illness and determine whether it meets legal requirements. Obtain corrective action as appropriate.
5. Establish whether the Commissioner, DBHDS, has implemented a system for the standardized reporting of seclusion and restraint events and the compilation and analysis of seclusion and restraint data by DBHDS-operated institutions. Obtain corrective action as appropriate.
6. Establish whether the Commissioner, DBHDS, has developed and implemented a policy to require DBHDS-operated institutions to develop and adhere to a plan for the reduction and elimination of seclusion and restraint. Obtain corrective action as appropriate.
7. Investigate planning, training, and response with regard to health threats and other emergencies at one (1) DBHDS-operated mental health facility. Publish results of investigations.
8. Prepare quarterly summaries and semi-annual trend analyses of Critical Incident Reports and other analyses as needed, for use in institution monitoring.
9. Inform policymakers of the need to eliminate abuse and neglect in institutional settings in response to all significant proposed regulations, policies, or legislation.

TARGET POPULATION:

PAIMI eligible children and adults living in institutional settings

TARGET:

Publication, 24 investigations, education, 4 outreach projects

OUTCOME:

1. VOPA prepared a publication to assist individuals in state mental health institutions in utilizing the Department of Behavioral Health and Developmental Services' (DBHDS) Human Rights system. After review by the PAIMI Council, two local Human Rights Committees, individuals who received services at Eastern State Hospital, a Wellness Recovery Action Plan (WRAP) team at Western State Hospital and two DBHDS Human Rights Advocates, it has been distributed to all DBHDS-operated mental health facilities. See attached.
2. VOPA opened six injury or abuse or neglect cases, only 3 led to full investigations in state operated mental health institutions. In one, a patient who was under close observation sustained cervical fractures that may have caused permanent paralysis. Our client was banging his fists on the window in the unit dayroom. An RN remained with him while an order was obtained for emergency medications. He initially responded to staff interventions; however while speaking with staff he started walking backwards out of the room, then became agitated and suddenly ran towards the window and banged his head forcefully into the window. He then lowered himself facedown on the floor. Staff immediately assessed him for injury, and notified the Primary Care Physician. He was placed on constant observations by the nursing staff and he remained in a prone position on the floor. Staff remained with the individual throughout the entire incident. He was admitted to Fairfax Hospital. There is a high probability of partial paralysis. Began to investigate the abuse allegation, with the cooperation and consent of the family. While reviewing documentation (e.g. 201 Abuse and Neglect, etc) prior to beginning interviews or formal investigative methodology, family relayed that they would be seeking outside counsel. As a result, VOPA wrote a short report on the inconsistencies found within the 201 Abuse and Neglect Investigation, the Critical Incident Report (CIR), Hospital documentation, and facility documentation but proceeded to cease all investigation methodology as to not result in any damage to either lawsuit or evidence that may occur. Family advised that outside counsel was waiting for VOPA's report and thus, VOPA closed the case.

3. VOPA is investigating five incidents in which individuals at state operated mental health institutions were injured during seclusion and restraint episodes. In one, our client is a not-guilty-by-reason-of-insanity (NGRI) patient watching TV in the common room of the ward. Another patient quickly rushed him and began hitting him with a hard hair brush in the head and chest. Our client claims he called for help and the nursing staff just stood by and watched the incident and did not intervene. The client claims that the other patient was then taken to the courtyard to de-escalate, but he was left alone and not checked on by the staff. He tried to express his frustration to the staff member who did not check if he had been injured in the attack or listen to his concerns. The client claims this did lead him to curse once at the staff member in frustration. The client claims once in his room, he had completely de-escalated and at no point during the incident had any aggressive behavior. As the client awaited staff to come in and talk about the incident or check on him, a staff member suddenly came in and forcibly gave him "an injection." The client claims he was uncertain of the medication, but notes that he has never had an injection forced upon him while at other facilities and was completely baffled that he did nothing yet was being punished for the other client's behavior. The client is pursuing the Human Rights complaint process, but additionally sought VOPA's assistance to look into this incident. We worked closely with client and assisted him in the development of his own advocacy skills. We provided assistance in researching his complaint, filing his complaint and negotiating an outcome that he thought was satisfactory. The facility not only agreed to develop and implement a care plan that addressed interventions to prevent seclusions, restraints and physical holds for our client, but for every patient at the facility. In addition to the seclusion and restraint prevention plans, the facility also agreed to conduct debriefings after every episode of seclusion, restraint or a "hold" order. Debriefings are a vital part of reducing, and eventually eliminating the use of seclusion and restraint in facilities like this facility. The debriefing process requires staff to review the seclusion or restraint episode with the individual, review the individual's care plan and find out where the failures occurred in the treatment process. Lastly, the facility agreed to forward to the heads of all of the treatment teams the criteria for the use of "PRNs" which is in response to the inappropriate use of a "PRN" restraint, a psychopharmacological intra-muscular injection.

VOPA has been involved in meetings with DBHDS and their federal grant reviewer for the grant they received to reduce seclusion and restraint at State operated mental health institutions. DBHDS has been working on a philosophy statement regarding the use of seclusion and restraint at least partly based on our efforts and input.

4. VOPA obtained and reviewed numerous DBHDS internal abuse or neglect investigation reports. In addition we reviewed all critical incident reports and opened investigations in selected cases. This project is carried over into FY11.
- 5-6. VOPA actively participated in the DBHDS Administration's Workgroup on seclusion and restraint prevention, reduction, and elimination (which also covers the standardization of reporting), encompassed a wide variety of individuals well equipped to offer advice, strategy, and information. Consistent with the Substance Abuse and Mental Health Services Administration (SAMHSA) consultants (grant funders) and VOPA's recommendations, DBHDS removed the phrases and term "the need for" or "necessary" while referring to the usage of seclusion and restraint. This is paramount in consideration of the necessary cultural change. Leadership in DBHDS administration appears committed to the process of prevention and reduction of seclusion and restraint. On September 3, 2010, DBHDS sent out the draft (Departmental Instruction) (DI) of seclusion and restraint usage. This draft DI, when implemented, will cover areas such as the use of seclusion and restraint in all facilities – hospitals, training centers, behavioral health centers for children and adolescents, and rehabilitation centers. These specifications are paramount for increased knowledge and standardization of practices and reporting. The main procedural requirements in the draft DI are now: (1) establishment of facility policies and procedures consistent with external requirements; (2) a requirement for facility seclusion and restraint reduction plans; (3) requirements for debriefing episodes of behavioral restraint; (4) quality monitoring; and (5) the use of the DBHDS seclusion and restraint database.
7. Issues related to emergency planning (EP) were identified and shared with a state-operated mental health institution. The institution is now working with the EP manager at another state-operated mental health institution nearby and with the regional program. Revision of the actual plan will be monitored via VOPA's ongoing facility monitoring. At VOPA's urging, the institution is once again involved in working with the facility that shares its campus and provides their logistical, security and communication support on EP. They have also renewed their involvement in the regional project. Both steps increase the safety of patients and position the facility to provide enhanced response to local and regional emergencies. The institution also conducted an after-action-review (a group process to assess what happened, what was supposed to happen, what needs to be fixed and what needs to be sustained and who is responsible for doing so) on their emergency management for real world emergencies, which VOPA monitored and reviewed. DBHDS emergency preparedness expert, on loan from the federal government, will focus on improving facility readiness in 2011, making life in DBHDS operated facilities much safer in time of emergency. This objective will be continued into 2011.

8. 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” from Psychiatric Residential Treatment Facilities (PRTFs).

By statute, VOPA receives Critical Incident Reports (CIRs) submitted by the Department of Behavioral Health and Developmental Services (DBHDS) operated-institutions. Every CIR is read by VOPA staff and pertinent information is entered into a database. All CIRs that involve injuries within current program priorities and other alarming or unusual reports are identified and further reviewed. In addition, the VOPA Executive Director conducts a weekly meeting to address the reports, their implications, and remedial action. In conjunction with VOPA’s review of CIRs, VOPA routinely requests that the DBHDS produce internal investigation reports and supporting materials.

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.

412 CIR reports were reviewed during the last year. Many were flagged for more intensive review and consideration for case-level services or inclusion in Project work.

9. The General Assembly session began in January 2010. VOPA posted several versions of our “legislative highlights” on our web page and received feedback concerning bills and budget items that some of our constituents believed we should watch. The highlights were updated several times a week.

The Executive Director met regularly with leaders of advocacy groups to discuss issues of mutual concern. To prepare for the legislative session, she met with representatives of the Long Term Care Ombudsman Office, Mental Health Association-Virginia, NAMI-Virginia, VOCAL, the CILs, and the Virginia Board for People with Disabilities. VOPA attended the meetings of the Coalition for Virginians with Mental Disabilities and participated in their consumer Rally in January. VOPA remains active with the Alliance for Community and participated in their advocacy Summit. The Alliance is continuing its focus on support for community-based services development. VOPA attends meetings of the legislative and implementation team of the Mental Health Law Reform Commission.

VOPA advised policymakers on the implications of proposed legislation concerning mandatory outpatient treatment, advanced directives, jail transfers, the commitment appeal process, temporary detention orders, and voluntary admissions.

VOPA met with a former legislator and advocate for disability services shortly after the November 2009 elections, to discuss several legislative issues and get his insights into current issues. He was alerted of the problem we are facing with the 4th circuit court decision about the power of a state agency P & A. He wrote to the Governor-elect to alert him to the potential problem.

VOPA met with a member of the Governor’s transition staff to acquaint them with VOPA. We explained in some detail the areas where we routinely collaborate with the executive branch, and noted that the media only picks up the times we disagree. We shared insights on the needs of some disability service agencies.

OBJECTIVE MET OR NOT MET: Partially met

PRIORITY (GOAL): 1

People with Disabilities are Free from Abuse and Neglect

Focus Area 2: Individuals Living in Licensed Community Residential Settings have an Adequate System for Protection from Harm

OBJECTIVES:

1. Develop a publication to educate consumers regarding the state or federal agency that has regulatory authority over each community residential setting and how to file a complaint of abuse or neglect.
2. Investigate ten (10) allegations of the abuse or neglect of individuals with a disability in licensed community residential settings including the response of each entity responsible for licensing, oversight, or investigation. All investigations will seek corrective action, to include systemic reform, as necessary.
3. Coordinate with local Departments of Social Services in selected jurisdictions in Northern Virginia and Southwestern Virginia to conduct four (4) joint investigations of allegations of abuse or neglect of individuals with disabilities at licensed community residential settings. All investigations will seek corrective action, to include systemic reform, as necessary.

4. Investigate facility planning and staff training and response to communicable disease threats, including influenza, at one (1) mental health. Inform the appropriate licensing and oversight entities of findings.
5. Prepare quarterly summaries of all reports submitted by APS to identify possible patterns of abuse or neglect.
6. Inform policy makers of the need to eliminate abuse and neglect in licensed community residential settings in response to all significant proposed regulations, policies, or legislation.

TARGET POPULATION:

PAIMI eligible children and adults residing in the licensed residential settings in the community

TARGET:

Publications, 15 investigations, systemic project, education

OUTCOME:

1. VOPA is drafting a Human Rights complaint publication for community residential settings. This will be completed in FY 11.
2. VOPA is investigating five allegations of abuse or neglect of PAIMI eligible individuals in community residential settings. VOPA investigated four restraint incidents for the same individual. VOPA met with the facility director and treatment team to obtain immediate safety measures to prevent further unnecessary restraint of the individual, a medication review, and an effective restraint avoidance plan for the client. In addition we obtained a corrective action plan for facility-wide reforms. VOPA identified and addressed more than 20 violations of Medicaid Conditions of Participation and DBHDS Licensing and Human Rights regulations. The client received representation in meetings with his treatment team and the facility director, resulting in adoption of immediate measures designed to avoid the staff's "need" to restrain our client and the development of a restraint avoidance plan incorporating an improved approach to early detection of impending crises, along with strategies designed to prevent rather than contain behavioral incidents that might precipitate restraint. VOPA followup activities demonstrated that these measures were effective in eliminating any further restraint of our client. Having noted that many of the violations uncovered in its investigation were the result of widespread practices at the facility, VOPA demanded facility-wide reforms. The facility submitted corrective action plans agreeing to conduct facility-wide medication reviews, to review and correct all residents' de-escalation plans, to revise the facility's written restraint policy, to implement a quick reference "card system" giving staff quicker access to de-escalation plans, and to hold mandatory trainings for physicians, team members, direct care staff, and all other staff on early crisis detection and deflection, restraint avoidance planning and techniques, the rewritten policy, and use of the new card system. The facility reports that it has fully implemented all corrective measures. The client and his parents also received rights information and advice regarding restraint related rights, records access rights, and discharge rights.
3. VOPA is conducting one joint investigation into allegations of abuse or neglect of a PAIMI eligible individual in a community residential setting in collaboration with local Adult Protective Services (APS). The case involves an investigation into an overdose of psychiatric medication which resulted in need for emergency medical care. The investigation is still open.
4. Please see Priority #1, Objective #7. There is significant collaboration occurring with the state operated institutions representatives and the federal consultant. This work will continue into FY11.
5. VOPA reviews and acts on APS reports as needed. APS sends 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 actually opened. Keying of reports into a database has been temporarily delayed as we assess office-wide database needs.
6. VOPA participates in workgroups revising assisted living facilities (ALF) licensing regulations. The regulations apply to both large private pay facilities as well as smaller facilities that accept supplemental funding (known as auxiliary grants) used by individuals with Medicaid not needing nursing home care. Although the work group is dominated by the large facilities, we advocate for individuals in the smaller facilities, focusing on both protection from harm and self-direction. VOPA made substantive comments on the proposed regulations & posted them so other entities could review & use them. We addressed consumer-direction, genuine community integration, & increased focus on crisis intervention services.

VOPA drafted the complaint publication for consumers; it will be completed in FY 11.

The Virginia Department of Social Services (DSS) contacted VOPA seeking guidance. They reported that certain ALFs want to be able to close their facility during the day and require the residents to attend a day support program of some kind. We discussed the implications with DSS.

VOPA's cross unit workgroup reviewed the proposed Department of Behavioral Health and Developmental Services

licensing regulations. Staff made substantive comments and forwarded them to DBHDS and posted them on the VOPA website so that other entities could review and use them. Our comments addressed issues of consumer-direction, genuine community integration, and increased focus on crisis intervention services in particular. Crisis intervention is a service mandated by Code and the regulations did not address it.

VOPA participates in the Advisory Group for Goal 4 of 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. DMAS reports that the workgroup is on hiatus until spring 2011 as they work on technical components of the project.

OBJECTIVE MET OR NOT MET: Partially met

PRIORITY (GOAL): 1

People with Disabilities are Free from Abuse and Neglect

Focus Area 3: Abuse or Neglect in Community or Institutional Settings Serving Children and Adolescents

OBJECTIVES:

1. Inform each Psychiatric Residential Treatment Facility (PRTFs) of the federal requirement to report serious occurrences to VOPA. Identify PRTFs that are underreporting or failing to report, advise DMAS and obtain corrective action as appropriate.
2. Investigate six (6) reports of seclusion or restraint related injuries at three (3) private and three (3) public facilities serving children and adolescents. All investigations will seek corrective action, to include systemic reform, as necessary.
3. Investigate facility planning and staff training and response to communicable disease threats, including influenza, at two (2) licensed community residential settings for children and adolescents. Inform the appropriate licensing and oversight entities of findings.
4. Based on NDRN and GAO reports, develop policy recommendations to the State Department of Education regarding the use of seclusion and restraint in public and private schools. Advocate for the creation of a report and incident data base for data collection of all cases of seclusion and restraint in public and private schools throughout the Commonwealth.
5. Investigate inappropriate or excessive use of seclusion and restraint in one (1) public or private school. Obtain corrective action as appropriate.
6. Prepare semi-annual summaries of all reports submitted by PRTFs for use in monitoring and to identify possible patterns of abuse or neglect.
7. Inform policymakers of the need to eliminate abuse and neglect in community or institutional settings serving children and adolescents in response to all significant proposed regulations, policies, or legislation.

TARGET POPULATION:

PAIMI eligible children and adolescents residing in institutions and the community.

TARGET:

3 group advocacy, 9 investigations, 1 systemic project, education

OUTCOME:

1. VOPA requested information from the Department of Medical Assistance Services (DMAS) through the Freedom of Information Act. They provided a list of 27 operating psychiatric residential treatment facilities (PRTF) in Virginia. The list enabled VOPA to identify all known PRTFs and send letters to them reminding them of their obligation to report serious occurrences. After receiving VOPA's letters, several PRTFs called with follow up questions regarding their legal obligations. After clarification, VOPA started receiving incident reports from them. Others, that VOPA has received their incident reports in the past, sent in more. Several follow-up calls confirmed that an occasional reminder may be warranted (e.g., turnover rate in risk managers disrupts the reporting process).
2. VOPA reviews and analyzes all Critical Incident Reports (CIRs) and seclusion and restraint data submitted by the two Department of Behavioral Health and Developmental Services (DBHDS) facilities that provide care to children and adolescents, and reviews and analyzes all serious occurrence reports submitted by Psychiatric Residential Treatment Facilities (PRTFs). VOPA is conducting six investigations into restraint related injuries at four PRTFs. In one instance a resident of a PRTF was injured when staff fell on top of him during a restraint incident. That facility still permits prone restraints. The injuries are still being investigated and include a laceration to the chin requiring six sutures, a fractured collarbone and a broken arm.
3. Under another funding stream, VOPA reviewed the emergency procedures and evacuation/disaster plan of a community based facility that serves only children and adolescents to ensure that the full range of potential emergencies is considered in the planning process and regarding recommended emergency equipment.
4. VOPA identified a private alternative school and reviewed its use of seclusion and restraint. We compared the policies

regarding seclusion and restraint from the surrounding school districts to the private school's policies and identified no violations. VOPA conducted two monitoring visits, observed an intervention with a student who was exhibiting behavioral issues, and observed the students transitioning from class to class.

5. Via FOIA requests to every school district, VOPA obtained copies of all written policies, procedures, regulations or protocols regarding the use of restraint and seclusion. 70 responded. Of those, 48 indicated they had no written policy or were waiting for guidance from the Virginia School Board Association. The Department of Education in 2009 released a report that 81 of the Local Education Authorities had provided staff training on the use of seclusion and restraint. However, we could find no consistent data on training, implementation or policy implementation amongst the school districts. VOPA's intention was to send this information to DOE but the process has been hampered by the fact that many schools clearly indicated that they will be changing their policies within the next academic year making this report all but obsolete. We are waiting to see what the recommendations are and how they intend to implement them.
6. While PRTFs are required to report serious occurrences to us similar to the CIR requirement, compliance is very intermittent. We have developed a database to track patterns on those reports even as we seek better compliance. See earlier information about VOPA efforts to increase consistent reporting.
7. VOPA's work on DBHDS licensing proposed regulations, referenced above, was done under this focus area as well.

OBJECTIVE MET OR NOT MET: Partially Met

PRIORITY (GOAL): 1

People with Disabilities are Free from Abuse and Neglect

Focus Area 4: Individuals in City, County and Regional Jails have Access to Timely and Appropriate Mental Health Services

OBJECTIVES:

1. Represent five (5) individuals in local or regional jails who allege denial of psychiatric medication.
2. Represent up to five (5) forensic patients who are in jail and under court order to the custody of the Commissioner, DBHDS, to ensure the receipt of timely and appropriate mental health treatment in an appropriate setting.

TARGET POPULATION:

PAIMI eligible inmates who require mental health services

TARGET:

10 individual cases

OUTCOME:

1. VOPA investigated the only complaint received. It was about the provision of psychiatric medication at a local jail. VOPA received a call from a mother whose PAIMI-eligible son was not receiving all of his prescribed medications and had an untreated medical condition. VOPA provided information and referral to the mother. Upon meeting with the individual, he had no complaints about his treatment. VOPA provided him with information and referral resources if needed in the future.
2. In an effort to free up bed space and allow for more timely transfer of individuals under restoration orders, the previous Commissioner issued a directive requiring that NGRI patients for whom transfer from the maximum security program at Central State Hospital to a civil bed has been approved by the Forensic Review Panel be transferred within 10 days of FRP approval. The directive is not being implemented by the current Commissioner of DBHDS.

OBJECTIVE MET OR NOT MET: Partially Met

PRIORITY (GOAL): 2

Children with Disabilities Receive an Appropriate Education

Focus Area 3: Children who are Suspended or who are at Risk of Long-Term Suspension

OBJECTIVES:

1. Provide three (3) presentations to teachers, school staff and parent advocacy groups regarding Functional Behavior Assessments and Behavior Intervention Plans, and addressing seclusion and restraint practices and methodologies in schools.
2. Represent three (3) children in special education who are at risk of a long term suspension due to a lack of an appropriate Functional Behavioral Assessment or Behavioral Intervention Plan. Priority will be given to children who have already requested and received a Functional Behavioral Assessment and disagree with the results.
3. Represent three (3) children in special education who have received a long term suspension to ensure that they return to school in an appropriate placement.
4. Represent up to three (3) children from objectives 2.3.2 and 2.3.3 above in Due Process or VADOE Complaints.

TARGET POPULATION:

PAIMI eligible children and youth in school who need services and supports to fully participate in their educational setting
TARGET: 3 presentations, 6 individual cases
OUTCOME: 1. Using another funding stream, VOPA staff developed materials regarding Functional Behavior Assessments (FBAs), Behavior Intervention Plans (BIPs), and seclusion and restraint practices and provided training at parent advocacy groups at the Abingdon Center for Independent Living, Clinch Center for Independent Living in Grundy, and the Norton Center for Independent Living. 2. VOPA received no complaints about PAIMI-eligible students for this objective. 3. VOPA received no complaints about PAIMI-eligible students for this objective. 4. VOPA could not complete this objective as it was dependent on Objectives 2-3 above.
OBJECTIVE MET OR NOT MET: Partially Met
PRIORITY (GOAL): 3 People with Disabilities Have Equal Access to Government Services Focus Area 1: Reasonable Accommodations for individuals in public housing or receiving public assistance in housing
OBJECTIVES: 1. Distribute VOPA’s Housing Rights video to forty (40) community based organizations or advocacy groups that provide training or services to consumers regarding housing. 2. Represent five (5) individuals who reside in public housing or receive public housing assistance regarding housing discrimination due to their disability or denial of a reasonable accommodation. 3. Inform assisted living facility (ALF) residents about their housing rights through ten (10) annual visits to ALFs or other community facilities ALF residents regularly attend.
TARGET POPULATION: PAIMI eligible individuals who may experience discrimination in housing based on their mental illness
TARGET: 1 mailing, 5 individual cases, 10 outreach sessions
OUTCOME: 1. The Fair Housing video was sent out to 66 organizations including community clubhouses and the Recovery Education and Creative Healing program. In addition, VOPA’s Fair Housing video (developed with the HUD grant in 2007) is posted on the SAMHSA website and is noted to be a “great resource.” VOPA staff participated in an interview for Public Radio on Fair Housing rights and individuals with disabilities. VOPA completed presentations on Fair Housing rights in Lynchburg, Chesterfield, and two in northern Virginia. 2. VOPA represents 1 PAIMI eligible individual who contacted us because he currently receives housing through the Community Services Board (CSB) where he receives mental health services. Our client received an eviction notice. Due to issues with roommates and with the housing services provided by the CSB, our client feels that the CSB is taking retaliatory action. In the notice they said that he could self advocate, take his own medications and did not need additional assistance and therefore was no longer eligible for their services. He states they have given him no assistance with transition or to find another housing option. Our client does not have anywhere else to live. He wants VOPA to provide him assistance with advocating to be able to stay and also to assist with his allegations of issues of discrimination and abuse that he has suffered in that housing setting. VOPA services are continued into FY11. 3. VOPA completed 10 presentations on Fair Housing rights for Assisted Living Facilities (ALFs) located in Lynchburg, Chesterfield, Springfield, Reston, and Northern Virginia.
OBJECTIVE MET OR NOT MET: Partially Met
PRIORITY (GOAL): 4 People with Disabilities Live in the Most Appropriate Integrated Environment Focus Area 1: Maximize individual Choice and Self-Direction
OBJECTIVES: 1. Office Hours staff will provide trainings on VOPA’s Goals and Objectives, self advocacy and legal rights at the designated Office Hours host locations. 2. In collaboration with the REACH (Recovery Education and Creative Healing) program’s training for WRAP (Wellness Recovery Action Plans) facilitators, provide information on the legal aspects of advance directives and how to facilitate their use with mental health consumers. 3. Inform consumers, family members, and service providers about alternatives to guardianship by providing ten (10) trainings at conferences and programs, schools, clubhouses, and state facilities. 4. Develop a training program and guide for mental health consumers on assisting peers in drafting advance directives and present to three (3) peer-run programs or conferences. 5. Represent twenty-five (25) individuals in preparing a health care directive or power of attorney as an alternative to guardianship.

6. Represent five (5) individuals whose advance directives have been denied recognition by a health care or other service provider.
7. Represent five (5) residents of PRTFs to receive timely and appropriate transition planning.
8. Evaluate whether the appointment of substitute decision makers at DBHDS-operated institutions violates due process. Publish the results.
9. Inform policymakers about the right to self-determination in response to all significant regulations, policies, or legislation concerning substitute decision-making.
10. Inform policymakers about the need for increased personal choice and self-direction for individuals with disabilities through participation on the Virginia Public Guardianship and Conservatorship Advisory Board (VPGCAB) and in response to all significant regulations, policies, or legislation.

TARGET POPULATION:

PAIMI eligible individuals who face systemic barriers to exercising their rights to self-direction and individual choice.

TARGET:

2 group advocacy, 23 trainings, 35 individual cases, 1 report, education

OUTCOME:

1. Office Hours is a program that provides outreach and education for people with disabilities and aims to build collaborative relationships with consumers and staff from the agencies who participate in the program. Through this program VOPA provides outreach largely through Centers for Independent Living in diverse locations ranging from urban areas such as Richmond and Manassas to Southwest Virginia in Grundy, Abingdon and Norton. In 2010 VOPA repeatedly provided Office Hours at eight locations across the state. Office Hours is tailored to the population it serves. In Norfolk appointments are routinely scheduled for once a month to address issues that typically fall within our Goals and Objectives. In the Southwest Virginia locations, because of the limits of transportation, Office hours is provided on a quarterly basis and provided via presentations that meet the needs of the local population. A typical presentation in Grundy South West Virginia may have an attendance of 10-15 people. In Norfolk 3-5 appointments may be scheduled for the Office Hours program where targeted advocacy will be provided to each individual.
2. VOPA is working with REACH to provide consumer training on advance directives as a part of the WRAP for Virginia. VOPA and REACH have developed a web-based consumer training on advance directives which is being tested by consumers; several CSBs have expressed an interest in using this training.
3. VOPA gave 12 presentations on advance directives at conferences or meetings, including 4 statewide conferences: VOCAL Annual Conference, Guardianship and Elder Rights Conference, Virginia Psychiatric Rehabilitation Association conference, and the Statewide Advance Directives symposium co-sponsored by the Attorney General's Office and DBHDS. Presentations were also given at three peer-run mental health groups in Southwest Va. and Norfolk. VOPA has trained 530 individuals under these objectives.
4. VOPA also piloted a training program for mental health counselors and peer-run programs in assisting peers in drafting advance directives at the SW Va. Regional Consumer Empowerment and Recovery Council's annual retreat.
5. VOPA met this objective using multiple funding streams, including representing 19 PAIMI eligible individuals. VOPA represented an individual who came to a VOPA training on advance directives and made an appointment at the Office Hours held a few weeks later. Our client is a member of the Jehovah's Witnesses and was very concerned about writing an advance directive that would ensure her religious beliefs about blood transfusions be respected. VOPA worked with her and drafted a Power of Attorney and Medical Directive for End-of-Life that clearly states her beliefs and that clearly give no authority to her agent or her medical providers to give her blood products. We also drafted a detailed Medical Directive regarding mental health needs and services. Our client then attended a 3-hour training on how to assist her peers in writing their own advance directives. Since that training, she has observed VOPA working with other clients (with proper consent) and has facilitated two advance directives with assistance. Our goal is that she will be an Advance Directive Peer Advisor in her area.
6. VOPA received no complaints from PAIMI eligible individuals related to this objective.
7. VOPA received no complaints from PAIMI eligible individuals related to this objective. We aggressively worked with the Department of Medical Assistance Services on the Children's Mental Health demonstration waiver and provided information with regard to transition planning eligibility under IDEA but had no requests for transition planning services.
8. VOPA reviewed critical incident reports, DBHDS internal abuse/neglect investigation reports, DBHDS Departmental policies, individual facility policies and other sources of information regarding the appointment of substitute decision makers for patients and residents of DBHDS operated facilities. This project is carried forward to FY11.
9. VOPA attends the monthly meeting of the Virginians with Mental Disabilities Coalition. This coalition informs policy makers of needs and issues facing individuals with mental illness living in the community. Although not a formal voting member of the Coalition, VOPA participates as an invited resource for the Coalition. VOPA's Executive Director regularly communicated with the Department of Justice to coordinate civil rights enforcement activities and activities and strategies with several advocacy groups, including Voices for Virginia's Children, VOCAL, NAMI-Virginia, and the Mental Health Association-Virginia. The Director collaborated with state agencies, including the Office of the Medical

Examiner and the Inspector General. VOPA continued activity on the Supreme Court Mental Health Law Reform initiative. At one meeting of the Commission, the chair lavished some significant praise on VOPA for the work we are doing to promote advanced directives for people with mental illness. Our most active work during the General Assembly session was on the revisions to the advanced directives bill, the mental health courts bill, and the mandatory outpatient treatment bill. VOPA worked closely with advocates on a bill that would have limited fair housing rights and on a bill that required enhanced reporting from emergency room staff.

10. The main focus of the VPGCAB has been state and local budget cuts and the need for alternatives to cutting services. One other major focus has been Person-Centered Planning (PCP) which was raised by VOPA at one of the meetings when the issue of individual wishes conflicting with guardian wishes arose. Many of the Board members had not heard of the concept and asked VOPA to provide training on it. Along with VOPA, two other members who are working on PCP (DBHDS Intellectual Disabilities Director and the Executive Director of one of the community services boards piloting the PCP initiative) presented information to the Board. The information was well received and the Board made a recommendation to the Virginia Department for the Aging (the agency which oversees the Public Guardianship Program) that PCP training be included in the required annual training for public guardians. This was added to the curriculum in 2010 and will be included every year.

OBJECTIVE MET OR NOT MET: Partially Met

PRIORITY (GOAL): 4

People with Disabilities Live in the Most Appropriate Integrated Environment

Focus Area 2: Individuals are Ensured the Right to Timely Discharge from State Facilities

OBJECTIVES:

1. Inform patients and residents of their rights by conducting quarterly clinics on discharge rights and the human rights complaint system at each DBHDS-operated institution.
2. Represent two (2) individuals who are clinically ready for discharge from the Pathways Program at Southwestern Virginia Training Center to ensure that length of stay does not exceed 90 days.
3. Represent three (3) individuals to be able to use an auxiliary grant on discharge to a residence other than an assisted living facility.
4. Represent two (2) individuals at each DBHDS-operated institution who have been identified as ready for discharge to ensure timely and appropriate discharge planning and discharge.
5. From patterns identified in objectives above, evaluate whether DBHDS-operated institutions and Community Services Boards adhere to the Discharge Protocols. Obtain corrective action as appropriate.
6. Inform policymakers about the Americans with Disabilities Act's (ADA) Integration Mandate in all significant proposed regulations, policies, or legislation.
7. Inform policymakers about legal rights to choice, independence, and integration in all significant proposed regulations, policies, or legislation that we learn of through the Systems Transformation Grant, the Mental Health Planning Council, the Coalition for Virginians with Mental Disabilities, and the Commission on Mental Health Law Reform.

TARGET POPULATION:

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

TARGET:

7 individual cases, 20 rights clinics, education, systemic project

OUTCOME:

1. VOPA conducted "rights clinics" at each of the state operated mental health institutions. Some clinics were an opportunity for patients to talk with VOPA staff and other clinics were presentations and trainings. The approach was dependent on what would best meet the needs and concerns of the patients. For example, in one facility presentations were conducted introducing the patients to VOPA, alerting them to their rights while hospitalized including rights related to discharge, and an overview of the DBHDS Human Rights system. As the year progressed in response to patient concerns and questions, VOPA developed a form to help consumers file human rights complaints and focused a greater effort on educating consumers on the process and self-advocacy strategies. This project highlighted the vacuum created when DBHDS decreased the number of facility Human Rights advocates and expanded the roles of the advocates left in place.
2. VOPA received no complaints from PAIMI eligible individuals for this objective. (Pathways Program is designed as a quasi-crisis stabilization program for individuals who are dually diagnosed with mental health and intellectual disabilities.)
3. VOPA received no complaints from PAIMI eligible individuals for this objective.
- 4-5. VOPA opened 18 requests for services for this objective; 7 are still on-going. Of the 18, VOPA investigated 11 "ready-for-discharge" cases. VOPA performed compliance analyses and a large number of DBHDS discharge Protocols violations and other discharge-related problems were identified and recorded for classification and planning for systemic initiatives. VOPA represented three clients in Human Rights Actions, and successfully asserted and defended another client's right to post-discharge housing over objection and opposition from the Virginia Attorney General's Office. Two

clients received representation to successfully resist their legal guardians' opposition to their discharges, and two other individuals received representation in Human Rights proceedings challenging their Authorized Representatives' resistance to their discharges. One client had been ready for discharge since April 2007. Also under pressure from VOPA, DBHDS promulgated long-delayed revised admission and discharge protocols.

6. Please see #9 in the previous priority.

7. Advocacy efforts with these 4 entities are reported elsewhere in this report.

OBJECTIVE MET OR NOT MET: Partially Met

PRIORITY (GOAL): 4

People with Disabilities Live in the Most Appropriate Integrated Environment

Focus Area 3: Individuals found Not Guilty by Reason of Insanity Receive Adequate Due Process Protections Relative to Conditional Release

OBJECTIVES:

1. Represent five (5) NGRI acquittees committed to the custody of the Commissioner, DBHDS, whose circumstances present potential due process violations.
2. From cases above, evaluate whether DBHDS policies and practices serve to limit due process protections afforded to NGRI acquittees.

TARGET POPULATION:

PAIMI eligible individuals in state operated MH institutions whose rights to due process are violated.

TARGET:

5 individual cases, 1 evaluation

OUTCOME:

1. VOPA is representing six NGRI patients at state hospitals whose cases present possible due process violations. One case involves an NGRI patient who has been in a state hospital for 13 years and the CSB in the jurisdiction to which he has chosen to be discharged refuses to develop a conditional release plan.
2. VOPA has reason to believe that the DBHDS conditional release process is unduly formalistic and inflexible and denies individuals timely and appropriate releases from state operated institutions. As well, VOPA is concerned whether DBHDS' system for transfer of forensic patients from a maximum security setting to a less restrictive placement is timely and appropriate. Investigation is ongoing. VOPA filed a complaint with the State Human Rights Committee (SHRC) regarding the failure of the DBHDS to comply with state regulations, which directs that an individual "receive services in that setting and under those conditions that are least restrictive of his freedom." At the time of the complaint, there were two individuals found not guilty by reason of insanity (NGRI) who are in maximum security at despite having been determined to be appropriate for civil placement by their treatment team and the forensic review panel. Each is designated for transfer to the facility near their previous community, and on the waiting list for admission there. Additionally, there are nine other individuals in maximum security who are also approved for civil transfer who are awaiting such placement. Of this group, the individual waiting the longest has been on the list since January 2010.

These concerns were shared with the DBHDS Commissioner via letter who responded by stating that transfers had temporarily been suspended to allow a smooth transition into a new building – a move which has been planned for years. VOPA did not find this an appropriate response and so indicated, delineating the reasons why transfer is so important. There was no response so VOPA filed the complaint with the SHRC as the LHRCs at the facilities have no advisory capacity to the Commissioner. VOPA's work in this area will continue into FY11.

OBJECTIVE MET OR NOT MET: Partially Met

SECTION 3. PAIMI-ELIGIBLE INDIVIDUALS

Provide the number of individual PAIMI-eligible individuals for the categories listed below. Count an individual only once during each FY reporting period (even if the client returned for services many times or if many intervention strategies were provided. Include individuals carried over from the previous year but do not include individuals represented as part of a group or a legal class action, and individuals who receive only information or referral services.

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

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

3. A.1. **Total of PAIMI-eligible individuals who were receiving advocacy at start of** FY. 13

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

3. A.2. **Total of new/renewed PAIMI-eligible individuals served during the FY.** 72

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

3. A.3. **Total of PAIMI-eligible individuals served in 3.A.1. & 3. A. 2.** 85.

Reflects the total number of *individuals* served with PAIMI Program dollars, including program income, during the fiscal reporting period and is an unduplicated count of all PAIMI-eligible individuals who received individual case representation].

3. A.4. The number of PAIMI-eligible individuals who requested individual advocacy services who were not served within 30 days of initial contact either due to insufficient PAIMI funding 3.A.4.i. 0 or non-priority issues 3.A.4.ii 3095 [include individuals who received other services such as information and referral in-lieu]. **TOTAL 3.A.4. [Equals the sum of 3.A.4.i. & 3.A.4.ii.]** 3095.

SECTION 3. PAIMI-ELIGIBLE INDIVIDUALS

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

VOPA's FY11 application notes the populations, advocacy issues and activities we intend to address in FY11. In addition, as other sections of this report note, we have several activities that are being carried forward into FY11. This carryover is due to budget constraints and level of staffing allowed within the grant parameters. Funding increases would help significantly in this area.

We will again conduct a mid-year analysis to identify areas of the state that VOPA has not yet made any type of contact with and consider those areas when planning for the rest of the year.

VOPA does not intend to use PAIMI funds for non-priority efforts. The 3095 individuals noted above received information and referral resources and did not request additional services from VOPA.

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

Total 91

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

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

0 – 4 _0_	5 – 12 _1_	13 – 18 _12	19- 25 _10_	25 – 64 _58	64+ _4_	Total 85
*The total of 3.C. should equal the total number of individuals served listed in 3. A.3						
3. D. GENDER OF INDIVIDUALS*						
3.D.1. Male 56		3.D.2. Female 29		3.D.3. Total* 85		
*3.D.3. should equal the total number of individuals served listed in 3. A.3						

3. E. ETHNICITY/RACIAL BACKGROUND OF PAIMI-ELIGIBLE INDIVIDUALS			
1. American Indian/ Alaska Native		4. Hispanic/Latino	1
2. Asian		5. Native Hawaiian/ Other Pacific Islander	
3. Black/African American	27	6. White	55
TOTAL * 2- Multiracial			85 (with 2 multiracial)
<i>[The data in 3.E. is self-reported. Please do not question self-reported data. Each client may select one or more categories. The totals in this section may exceed those listed in 3.A.3., 3.C.3, or 3.D.3.]</i>			
PAIMI STAFF MUST ASK AND REPORT THIS INFORMATION.			

SECTION 3. PAIMI-ELIGIBLE INDIVIDUALS

3. F. LIVING ARRANGEMENTS of INDIVIDUALS at INTAKE.						TOTAL
1 - Independent						18
2 - Parental or other family home						14
3 - Community residential home for children/youth (0-18 years), e.g., supervised apartment, semi-independent, halfway house, board & care, small group home (3 or less).						
4 - Adult community residential home, e. g., supervised apartment, semi-independent, halfway house, board & care, small group home (3 or less).						7
5 - *Non-medical community-based residential facility for children & youth (Age 0-18)						8
6 - Foster Care						1
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						
15 - State Prison						
17 – Homeless*1 – Shelter						1
18 - Federal Facility (List)	a. Detention	b. Prison	c. Veterans Hospital	d. Military	e. Other (describe)	
TOTAL						85

The TOTAL for 3.F. equals the total listed in 3. A.3 *Expanded authorities under the Children’s Health Act of 2000, Part H, section 592(a) and Part I Section 595, as codified respectively under Title V. Public Health Service Act, 42 U.S.C. at 290ii- 290ii and 290jj-1 - 290jj(2).

SECTION 4. COMPLAINTS/PROBLEMS of PAIMI-ELIGIBLE INDIVIDUALS

4. A.1. AREAS OF ALLEGED ABUSE: Number of complaints/problems – Make every effort to report within the following categories:	Number from Closed Cases only	OUTCOMES			
	TOTAL	A	B	C	D
a. Inappropriate or excessive medication					
b. Inappropriate or excessive					
1. Physical restraint	7	1	1	4	1
2. Chemical restraint*					
3. Mechanical restraint*	1	1			1
4. Seclusion					
c. Involuntary medication					
d. Involuntary Electrical Convulsive Therapy (ECT)					
e. Involuntary aversive behavioral therapy					
f. Involuntary sterilization					
g. Failure to provide appropriate mental health treatment	1				1
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.*	5	1		1	3
2. Serious injuries NOT related to seclusion and restraint.	4	1		1	2
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	19	4	1	6	8

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

SECTION 4. COMPLAINTS/PROBLEMS of PAIMI-ELIGIBLE INDIVIDUALS

4. A.2. ABUSE OUTCOME STATEMENTS

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

A. Persons with disabilities whose environment was changed to increase safety or welfare.

B. Positive changes in policy, law or regulation re: abuse in facilities (describe facility where impact was made).

C. Validated abuse complaints that were favorably resolved as a result of P&A intervention.

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

4. A.3. ABUSE COMPLAINTS DISPOSITION

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

a. Number of complaints/problems determined after investigation not to have merit.	4
b. Number complaints/problems withdrawn or terminated by client.	3
c. Number of complaints/problem favorably resolved in the client’s favor.	11
d. Number of complaints/problem not favorably resolved in the client’s favor.	1
e. TOTAL number of complaints/problem addressed from closed cases. <i>[The sum of Items 4.A.3. a - d equals the total for 4.A.3.e. which must equal the total in Table 4. A.1.]</i>	19

SECTION 4. COMPLAINTS/PROBLEMS of PAIMI-ELIGIBLE INDIVIDUALS

4. B.1. AREAS OF ALLEGED NEGLECT –
[failure to provide for appropriate . . .] -
Number of Complaints/Problems:

	Number from <i>Closed Cases</i> only. TOTAL	OUTCOMES				
		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	16	1		9		6
d. Mental health diagnostic or other evaluation (does not include treatment)						
e. Medical (non-mental health related) diagnostic or physical examination	1					1
f. Personal care (e.g., personal hygiene, clothing, food, shelter)	1	1				
g. Physical plant or environmental safety	2	1				1
h. Personal safety (client-to-client abuse)						

i. Written treatment plan						
j. Rehabilitation/vocational programming						
k. Other. [Please describe. However, make every effort to report within the above categories.]						
TOTAL	21	3		9		9

SECTION 4. COMPLAINTS/PROBLEMS of PAIMI-ELIGIBLE INDIVIDUALS

4. B.2. NEGLECT OUTCOME STATEMENTS

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

A. Validated neglect complaints that have a favorable resolution as a result of P&A intervention.

B. Positive changes in policy, law, or regulation regarding neglect in facilities (describe facilities).

C. Persons with disabilities discharged consistent with their treatment plan after P&A involvement.

D. Persons with disabilities whose treatment plans met selected criteria.

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

N/A

4. B.3. NEGLECT COMPLAINTS DISPOSITION

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

a. Number of complaints/problems determined after investigation not to have merit.	4
b. Number complaints/problems withdrawn or terminated by the client.	
c. Number of complaints/problem favorably resolved in the client’s favor.	17
d. Number of complaints/problem not favorably resolved in the client’s favor.	
e. TOTAL number of complaints/problem addressed from closed cases. <i>[The sum of Items 4.B.3. a - d equals the total for 4.B.3.e. which must equal the total in Table 4. B.1.]</i>	21

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

4. C.1. AREAS OF ALLEGED RIGHTS VIOLATIONS ; Number of Complaints Problems	Number from closed Cases only TOTAL	Outcomes			
		A	B	C	D
a. Housing Discrimination					
b. Employment Discrimination	1		1		
c. Denial of financial benefits/ entitlements (e.g., SSI, SSDI, Insurance)					
d. Guardianship/ Conservator problems					
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					
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	22		22		
n. Denial of parental/family rights					
o. Consumer financial issues					
p. Immigration issues					
q. Criminal justice issues					
r. Denial of community habilitation services					
s. Health insurance/managed care issues					
t. Other. [Please describe separately. Make every effort to report within the above categories.] *1-Denied right to marry; 1-Right to Service Animal in a medical setting	2				2
TOTAL (Sum of items a. - t.)	30	1	27		2

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

4. C.2. RIGHTS VIOLATIONS OUTCOME STATEMENTS

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

A. Persons with disabilities served by the P&A whose rights were restored as a result of P&A Intervention.

B. Persons with disabilities whose personal decision making was maintained or expanded as a result of P&A intervention.

C. Policies or laws changed and other barriers to personal decisions making eliminated as a result of P&A intervention.

D. Other outcomes as a result of P&A involvement:

1 – Denied right to marry

1 – right to service animal in medical setting

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	31				2			2		6		19		2
2. Abuse/Neglect Investigations	22	4		6	5	1		3		3				
3. Technical Assistance	6				1							5		
4. Administrative Remedies	1					1								
5. Negotiation/Mediation	10		1							5	1	3		
6. Legal Remedies	1							1						

4. C.3. RIGHTS VIOLATIONS DISPOSITION

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

a. Number of complaints/problems determined after investigation not to have merit.	1
b. Number complaints/problems withdrawn or terminated by client.	2
c. Number of complaints/problems favorably resolved in the client's favor.	27
d. Number of complaints/problems not favorably resolved in the client's favor	
e. The TOTAL number of complaints/problem addressed from closed cases. <i>[The sum of items 4.C.3. a - d equals the total for 4.C.3.e. which must equal the total in Table 4. C.1.]</i>	30

SECTION 4. COMPLAINTS/PROBLEMS of PAIMI-ELIGIBLE INDIVIDUALS

4. D.1. INTERVENTION STRATEGIES

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

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

DO NOT REPORT EACH PHONE CALL, LETTER, MEETING OR OTHER ACTION TAKEN ON BEHALF OF A CLIENT AS A SEPARATE INTERVENTION STRATEGY. [Referrals, counseling, and negotiation are considered cumulative processes]. See Glossary for the definitions of "Intervention Strategies.

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

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.

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.

Individual received clarification re: disability rights and self-advocacy options

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.

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.

Individual received clarification re: disability rights and self-advocacy options

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.

Individual received clarification re: disability rights and self-advocacy options

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. Critical Incident Reports – 53

b. The Center for Medicaid & Medicare Services (Regional Offices). 0*

c. Other Sources. Briefly list the source for each death reported in this category, e.g., newspaper, concerned citizen, relative, etc. 0

d. TOTAL 53

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

*VOPA recently submitted the required form to the Regional Office in order to receive the information.

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.	0
d. Total Number of deaths investigated [Sum of 4.E.2. a-c].	0

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

4.E. DEATH INVESTIGATION ACTIVITIES

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

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

VOPA reviewed each report of death we received. In addition, when the report indicated that DBHDS had completed an internal investigation or review, we requested those documents. If the report indicated the medical examiner conducted an autopsy, we requested that as well. All of those documents were reviewed and analyzed.

In 2006, a mentally ill patient in a state operated mental health institution, after being placed in restraints for 33 hours, died shortly after attendants tried to restore the restraints. VOPA asked for all records pertaining to the death, including a customary analysis and review. But DBHDS said no.

Since VOPA operates under eight different federal programs, it decided to sue. A federal judge ruled in VOPA's favor, but the state appealed. The Fourth Circuit Court of Appeals in Richmond threw out the lawsuit, ruling that under the doctrine of sovereign immunity, one state agency cannot sue another state agency in federal court, even in an attempt to enforce federal law.

The ruling was in direct conflict with Indiana's Seventh Circuit Court of Appeals, which found that states receiving federal funds cannot shield their state-run hospitals from congressionally created oversight of those funds. The U.S. Supreme Court agreed to take the case, and oral arguments were heard Dec. 1. A final ruling is expected in a few months.

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

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

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

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

TYPES OF INTERVENTION	GUIDANCE FOR DETERMINING NUMBER* OF INDIVIDUALS * [The number of persons potentially impacted within the fiscal year for which the PPR is submitted].
GROUP ADVOCACY (non-litigation)	Estimated number of people with disabilities impacted by this change, i.e., Count of People with Disabilities (PWD) that are normally impacted by this practice, policy and or structure.
INVESTIGATIONS (non-death related)	Estimated number of PWD impacted by this change.
FACILITY MONITORING SERVICES	Estimated number of PWD impacted. (i.e., Count of PWD living in facility)
COURT ORDERED MONITORING	Estimated number of PWD impacted by this change, (i.e., Count of PWD impacted by COM)
CLASS LITIGATION	Estimated number of PWD impacted by this change (i.e., Count of PWD impacted by this litigation).
LEGISLATIVE & REGULATORY ADVOCACY	Estimated number of PWD impacted by this change, (i.e., Count of PWD that are normally impacted by this practice, policy and or structure)
OTHER	Estimated number of PWD impacted by this change, (i.e., Count of PWD impacted specified intervention).

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

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

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

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

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

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

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

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

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

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

5. E. TYPES OF INTERVENTIONS	Potential number of Individuals Impacted	Concluded Successfully	Concluded Unsuccessfully	On-going
1. Group Advocacy non-litigation				
Systems Change Grant participation				✓
Commission on MH Law Reform				✓
Emergency Planning- - State and Local				✓
Auxiliary Grants				✓
2. Investigations (non-death related)				
Seclusion and Restraint reduction- - PRTF				✓
Seclusion and Restraint reduction- - State facilities				✓
Use of Authorized Representatives				✓
DMHMRSAS internal abuse and neglect investigations				✓
3. Facility Monitoring Services				
State Operated Mental Health Institutions				✓
CIRS from State Operated MH Institutions				✓
PRTF- - related to physical restraints				✓
4. Court Ordered Monitoring				
5. Class Litigation				
6. Legislative & Regulatory Advocacy				
PAIMI related bills at the General Assembly				✓
VOPA v. Stewart (peer review)				✓
7. Other				
TOTAL				13

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

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

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

Use work examples that illustrate the impact of PAIMI Program activities, especially how the activities made a difference to the clients served, such as, improved quality of life, etc. If PAIMI Program funds were used to support any of the above activities, then describe how the availability furthered the purposes of the PAIMI Act.

INSERT ADDITIONAL PAGES INTO THIS SECTION AS NEEDED.
These items were each reported on in earlier sections of this report.

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 3095
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6.B. STATE MENTAL HEALTH PLANNING ACTIVITIES

Briefly list P&A collaboration/involvement in 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. [Refer to the Glossary].

6. C.1. a. Number of public awareness activities or events. See also 6. C. 5	Total	12
6. C.1. b. Number of individuals receiving the information.	Total	144
6. C.2. Number of education/training activities undertaken.	Total	49
6.C.2 refers to either the number of training programs sponsored by the P&A or the number of events sponsored by another organization <i>WHERE P&A STAFF ARE THE TRAINERS</i> . <u>The training must have provided specific information to participants regarding their rights. If the P&A only provided general program information then report the number of individuals trained in section 6.C.1.b.</u> [PAIMI Rules 42 CFR 51.31(c)].		
6. C.3. Number (approximate) of persons trained. <i>[Only include those individuals who attended a 6.C.2. type education/training program(s). See PAIMI Rules 42 CFR 51.31].</i>	Total	3,379

SECTION 6. NON-CLIENT DIRECTED ADVOCACY ACTIVITIES

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

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

6. C.4. OUTCOME STATEMENTS for DISSEMINATION ACTIVITIES

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

- A. Persons who received information about the P&A and its services.
- B. Persons disabilities (or their family members) who received education or training about their rights, enabling them to be more effective self advocates.
- C. Other outcomes that resulted from PAIMI Program involvement.

SECTION 6. NON-CLIENT DIRECTED ADVOCACY ACTIVITIES

6. C.5. TYPES OF DISSEMINATION ACTIVITIES	NUMBER OF ITEMS	NUMBER OF EVENTS	# of persons who received the information	OUTCOMES			
				Total A - C	A	B	C
a. Radio/TV appearances.	3	multiple	12,000	12,000		12,000	
b. Newspaper articles (attach copies of articles).							
c. Public Services Announcements (PSA), videos/films/, etc.	1	5	1,000,000+ (per radio station)	1,000,000	1,000,000		
	1	66	Organizations	66		66	
d. Reports VOPA published an investigation on its website and then notified Governing Board, PAIMI Council and the Disabilities Advisory Council of its publication. We did receive feedback from the 3 entities that led us to assume they gained a better understanding of the role of the P&A and the various nuances of abuse, neglect and investigation details.	1	1	At least 30	At least 30			At least 30
e. Publications, including articles in Professional journals.	3	3	250	250	250		
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, MH patient rights brochure	1,262	1,262	1,262	1,262	1,262		
g. Number Website hits, include visits.	19,169	19,169	19,169	19,169	19,169		
h. Describe other media activities.							
TOTALS							

VOPA maintains a website that posts all of our federal grants' priorities, goals, and objectives, including PAIMI. This website also has the notices for the Board of Directors' and VOPA's Advisory Councils meetings, job vacancies, announcements, VOPA publications, and disability-related links are also available.

VOPA routinely provides training and speaking engagements through our Speakers Bureau. The Speakers Bureau is comprised of VOPA staff that are available to provide training and presentations that are related to the Office’s current Goals, Focus Areas, and Objectives (priorities). The Speaker’s Bureau currently has its own page on the VOPA website and there is a link for the public to make request a for a Speaker’s Bureau presentation. VOPA also provides exhibits and/or materials for fairs, conferences, and other functions. Whenever a presentation is conducted about VOPA in general, it addresses some of the work we do related to PAIMI.

VOPA initiated “VOPA alert,” an email distribution list service to communicate with our constituents. Please see below for the first outgoing message announcing its purpose, requesting public input for our priority planning, and public comment on the work we have done.

Welcome to VOPA Alert, a communication service of the Virginia Office for Protection and Advocacy. The purpose of this service is to advise people who support VOPA’s mission, or who support the rights of people with disabilities in general, when there has been some significant development in the agency’s work, some important news event, or when there is an imminent action that you may want to know about.

You have been included in this distribution list because you have had a significant connection with VOPA. If you would prefer not to receive alert emails, please send an email to general.vopa@vopa.virginia.gov. Put “alert” in the subject line and ask to be dropped from the list. If you know of others who might like to receive these alerts, please forward this email to them as an invitation. They can send an email to general.vopa@vopa.virginia.gov with “alert” in the subject line and ask to be added to the distribution list. Please feel free to include this invitation in your newsletters or on your own distribution lists.

Each year, VOPA develops a specific plan of action for the work we hope to do in the coming year. Because we have limited resources, we try to use them in the most strategic and effective manner. We are reviewing our current specific objectives and welcome your thoughts. How are we doing? What should we be doing more of? What should we do less of? Please give us your input at www.vopa.virginia.gov and complete a short annual public input survey.

VOPA initiated “The Directors’ Blog” on our website. VOPA offers this blog as a way of alerting the public to news and developments in disability law, sharing activities of the Office, and getting feedback about how we’re doing.

SECTION 7. GRIEVANCE PROCEDURES [42 CFR Section 51.25]

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

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

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

7.2. The number of grievances filed by prospective PAIMI-eligible clients (those who were not served due to limited PAIMI Program resources or because of non-priority issues. TOTAL 5

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

7.4. The number of grievances appealed to:

7. 4.a. The Governing Authority/Board	Total	7. 4.b. The Executive Director	Total
	2		5

c. TOTAL = 7.4a. & 7.4b. 5

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

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

Colleen Miller, Executive Director

Governing Board Appeals Committee (membership rotates routinely): Pat Meyer (Chair and member until June 2010), Bill Fuller (Vice Chair until June 2010, current Chair); Charles Cooper, Waja Grimm, Chris Harrison, Maureen S. Hollowell, Susan R. Kalanges, Rita Kidd, Darrel Mason, Elizabeth Priaulx (current Vice Chair), Daaiyah Rashid, and Angela Thanyachareon.

SECTION 7. GRIEVANCE PROCEDURES [42 CFR Section 51.25]

7.7. What is the timetable (in days) used to ensure prompt notification of the grievance procedure process to clients, prospective clients or persons denied representation, and ensure prompt resolution? 15 [42 CFR 51.25(b)(4)]

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

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

SECTION 8. OTHER SERVICES AND ACTIVITIES

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

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

- a. Yes PROVIDE A COPY OF A NOTICE and briefly describe how the notice is used to reach persons with mental illness and their families.
- b. No , If no, briefly explain.

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 FY11 Goals and Focus areas are the second year of this cycle. We solicited public comment through a public survey posted on our website. This survey ran from July 12 to September 9, 2010. VOPA received 68 public comments from consumers, family members and professionals; 20% 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. (Please see attached sample Board and Council meeting notices)

VOPA experimented with a new approach to public input during the summer of 2010. VOPA wrote short articles for e-newsletters of other advocacy agencies, describing current work of the agency and asking for input on future work. One brief article, on advanced directives, was featured in the NAMI Virginia e-news. Based on the success of this small experiment, VOPA intends to produce the e-news articles for other advocacy organizations and solicit public input throughout the year.

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

a. Individuals with mental illness in residential facilities?	YES <input checked="" type="checkbox"/>	NO* <input type="checkbox"/>
b. Family members and representatives of such individuals?	YES <input checked="" type="checkbox"/>	NO* <input type="checkbox"/>
c. Other Individuals with disabilities?	YES <input checked="" type="checkbox"/>	NO* <input type="checkbox"/>
d. *Brief explanation is required for each NO answer in 8. A.2. a., b., or c.		

8. A.3. Do the procedures provide for receipt of the comments in writing or in person? YES* ; 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

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

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 8.A.1 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 interpretation 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].

In the spring of 2010, VOPA conducted an analysis of its outreach and services statewide. The Disability Advocacy Database (DAD) reporting and sorting capabilities were used to determine the localities where VOPA had provided some level of services. Using the tourism guidelines to break the state into regions, VOPA staff marked each county or city where VOPA had done work and were able to illustrate how broad reaching advocacy efforts were across the state for the first half of the year. Calculations were also made to determine the populations of each region so that a comparison could be made between populations of regions in relation to the services provided. By importing the number of individual cases and types of systemic projects into Microsoft Excel, VOPA was able to further demonstrate its efforts showing the number of case services, I&R and systemic work by grant. The overall results of the project were put into a PowerPoint presentation and shared with VOPA's Governing Board. In addition, staff used the results to target underserved areas for the last half of the fiscal year.

VOPA sent letters of invitation to a few members of the legislature, asking them to visit VOPA's offices whenever they are in Richmond and have a few moments. A Senator was the first to accept the offer. Selected staff were available as he toured the office, and discussed projects of importance with him, including our critical incident report monitoring, beneficiaries, our efforts to reduce seclusion and restraint, and our statewide advocacy efforts. Our relationship with the Senator is clearly warming. We look forward to future visits by other legislators.

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	NO X
2. Advisory Council	YES	NO X
3. Governing Board	YES	NO x
4. Clients	YES	NO X

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.

The effort in the first noted activity did help VOPA to identify localities that we had not provided some level of advocacy for; thus we considered them underserved and targeted them for VOPA services for the 2nd half of the year.

The second activity was not designed to increase ethnic or minority representation in the noted entities.

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.).

Although VOPA is an independent state agency, there are many State requirements we must abide by. There is a section in the Virginia Code that requires all state agencies to come into compliance with information technology (IT) security standards. These standards are quite complex and address not only the technical aspects of security, but physical plant, personnel, and extensive documentation. VOPA has been working on the standards and consulting with State IT representatives as needed. We are in the process of creating the necessary documentation and putting security related practices into place. However, the standards are written for larger agencies and for entities that use State IT support services. Therefore, our task is to make the end product meaningful to our employees and not written for IT professionals.

The Virginia General Assembly removed the state funds appropriation for VOPA. This was a loss of over a quarter of a million dollars. VOPA used those funds to supplement the federal protection and advocacy grants. This loss of what had been perceived to be as reliable funding motivated the Governing Board to develop a Resource Development Committee to explore funding alternatives.

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 from the U.S. Supreme Court.

SECTION 8. OTHER SERVICES AND ACTIVITIES

8. F.2. Internal Impediments

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

VOPA’s Fiscal Officer retired in the spring of FY10. The Financial Coordinator has been designated as the Acting Fiscal Officer while VOPA assesses the fiscal and internal control needs of the Office.

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.

For some time, the VOPA Governing Board has been discussing whether it should be involved in fundraising. In the fall of 2009, the Board developed a Resource Development Task Force to more closely determine avenues and its resources for pursuing fundraising. The Virginia General Assembly discontinued providing state funding for the P&A at its 2010 session. This action reinforced the Board's commitment to pursue more diversified funding alternatives. The Board is pursuing this initiative without the paid assistance of the P&A staff.

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.

SECTION 8. OTHER SERVICES AND ACTIVITIES

8. H. RECOMMENDATIONS

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

Not applicable

8. I. PLEASE IDENTITY ANY TRAINING & TECHNICAL ASSISTANCE REQUESTS. [42 U.S.C. 10825]

Not applicable

SECTION 9. ACTUAL PAIMI BUDGET/EXPENDITURES FOR FY 2010

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	\$125,410	30%	\$37,623
Data Specialist	28,050	27%	7,574
Staff Attorney	63,423	20%	12,685
Staff Attorney	71,940	12%	8,633
Executive Assistant	39,441	30%	11,832
Managing Attorney	79,214	30%	23,764
Disability Rights Advocate	11,900	15%	1,785
Disability Rights Advocate	40,882	15%	6,132
Executive Assistant	39,250	32%	12,560
Managing Attorney	74,952	50%	37,476
Administrative Coordinator	35,115	26%	9,130
Disability Rights Advocate	43,860	17%	7,456
Staff Attorney	44,235	5%	2,212
Deputy Director	81,682	34%	27,772
Disability Rights Advocate	41,330	20%	8,266
Disability Rights Advocate	62,720	50%	31,360
Financial Coordinator	36,500	26%	9,490
Managing Attorney	83,478	5%	4,174
Staff Attorney	46,553	50%	23,277
Disability Rights Advocate	47,992	50%	23,996
Data Analyst	52,449	35%	18,357
Staff Attorney	63,548	60%	38,129
Staff Attorney	45,900	5%	2,295
Administrative Assistant	30,887	26%	8,031
Disability Rights Advocate	43,493	12%	5,219
Paralegal	38,200	5%	1,910
Disability Rights Advocate	37,000	50%	18,500
Disability Rights Advocate	37,000	50%	18,500
Disability Rights Advocate	37,000	50%	18,500
Fiscal Officer	29,835	24%	7,160
Law Intern	\$11 per hour (12 weeks)	30%	792
Law Intern	\$11 per hour (12 weeks)	30%	792
SUBTOTAL	\$1,763,888		\$447,631
++ Vacant positions			
Volunteer positions			
TOTAL POSITIONS	32		

9. B. CATEGORIES	COST
Fringe Benefits (PAIMI only)	\$206,730
Travel Expenses (PAIMI only)	\$7,298
SUBTOTAL	\$214,028

9. C. EQUIPMENT - TYPE (PAIMI ONLY)	COST
Voice & Data Equipment	\$62
SUBTOTAL	\$62

SECTION 9. ACTUAL PAIMI BUDGET/EXPENDITURES FOR FY 200_

9. D. SUPPLIES - TYPE (PAIMI ONLY)	COST
Office Supplies	\$1,225
Food Supplies	\$53
Computer Supplies	\$358
SUBTOTAL	\$1,636

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

Position Or Entity	Service Provided	Salary/Fee	Fringe Benefit Cost	Travel Expenses	Other Costs
Temporary Agency	Manual labor/Clerical service				\$207
Printing/Copying company	Printing/Copying				\$681
Professional Organization	Subscriptions/Memberships				\$1,831
Media Outlets	Advertisements/Recruitments				\$193
Catering Co.	Food service				\$1,361
Private Contractor	Accommodations for staff/interpreter/consultant				\$1,960
SUBTOTAL					\$6,233

9. F. TRAINING COSTS FOR PAIMI PROGRAM ONLY

Categories	#Of Persons/ Travel Costs	#Of Persons/ Training Costs	# Of Persons/ Other Expenses
Staff	5/\$1,907	5/\$2,975	-
Governing Board	8/\$1,176	-	
PAC Members	5/\$5,151	-	
Volunteers	-	-	
Subtotal	\$8,234	\$2,975	

9. G. OTHER EXPENSES (PAIMI PROGRAM ONLY)	COST
LITIGATION	-
Postal/Shipping	\$260
Short Term Disability Payments	\$2,249
Indirect Cost	\$28,280
SUBTOTAL	\$30,789

SECTION 9. ACTUAL PAIMI BUDGET/EXPENDITURES FOR FY 200_

9. H. Indirect Costs (PAIMI only):	COST	
1. Does your P&A have an approved Federal indirect cost rate?	YES X	NO
a. If YES, what is the approved rate?		7%
2. Total of all PAIMI Program costs listed in 9.A. - 9.G.		\$711,588
3. Income Sources and Other Resources (PAIMI Program Only)		\$656,253
4. PAIMI Program carryover of grant funds identified by FY.		\$123,112
FY 09 carryover		
5. Interest on Lawyers Trust Accounts (IOLTA).		\$-
6. Program income (PAIMI only).		\$17,199
7. State		\$-
8. County		\$-
9. Private		\$-
10. Other funding sources. [IDENTIFY each source].		\$-
11. Total of all PAIMI Program resources.		\$796,564
SUBTOTAL		\$

GLOSSARY

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

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

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

Intervention Strategies:

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

Objectives - are activities undertaken to achieve annual program priorities (goals). All objectives required to have measurable outcomes and the use of numerical targets is encouraged. Each objective must clearly state why the activity was undertaken, who will benefit from the objective (the target population), how the activity

will be accomplished, and what is the expected outcome for the activity? Generally, with the exception of litigation, legislative or regulatory activities, objectives shall be attainable within the fiscal reporting period (within one (1) fiscal year).

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