OMB Approval: 0930-0169
Expiration Date: 8-31-2014

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

STATE VIRGINIA	**FISCAL YEAR** 2012

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

ELECTRONIC MAIL:	***REGULAR MAIL***
Virginia.Simmons@SAMHSA.hhs.gov	Virginia Simmons, Room 7-1091 SAMHSA - Division of Grants Management 1 Choke Cherry Road Rockville, Maryland 20857

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

Electronic submissions of the annual PAIMI PPR, including the ACR, should also be sent to the PAIMI Program Coordinator, Karen.Armstrong@samhsa.hhs.gov,. 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)

TABLE of CONTENTS

SECTION 1. GENERAL PAIMI PROGRAM INFORMATION	
1.A. Fiscal Year:	2012
State:	VIRGINIA
Name of P&A system:	Virginia Office for Protection and Advocacy
Mailing Address & Phone Number of Main Office:	Virginia Office for Protection and Advocacy 1910 Byrd Avenue, Suite 5 Richmond, VA 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:	Elizabeth Fischer Nagji (804) 225-2042 Elizabeth.Nagji@vopa.virginia.gov
PPR Prepared by: **Name:** **Title:** **Area Code & Phone Number:** **E-mail Address:**	Elizabeth Fischer Nagji Staff Attorney/Quality Assurance & Compliance Coordinator (804) 225-2042 Elizabeth.Nagji@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.*	12/17/2012 (PPR) 12/31/2012 (ACR)
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** X	**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 *NO &THE P&A IS PRIVATE non-profit P&A system*. VOPA is not a private non-profit P&A system. 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** X	**No**

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

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

a. Total number of GB member seats available.	13
b. Total number of GB members serving as of 9/30.	13
c. Total number of GB vacancies on 9/30.	0
d. Term of appointment for GB members (number of years).	4
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.	3
h. % (Average) of GB members present at meetings this FY.	97%

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). *Count each GB member only once*.	
a. Number of individuals with mental illness (IMI) who are recipients/former recipients (R/FR) of mental health services or are or have been eligible for services.	2
b. Number of family members of individuals with mental illness who are R/FR of mental health services.	
c. Number of guardians.	1
d. Number of advocates or authorized representatives.	3
e. Number of other persons who broadly represent or are knowledgeable about the needs of the clients served by the P&A system.	7
TOTAL	13
Section 42 CFR 51.22(b)(2) - mandated GB positions for private, non- profit systems. *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.*	

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: __30__

a. How many of the staff listed above are attorneys? Total: __11__	**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:** ___11__

SECTION 1. GENERAL PAIMI PROGRAM INFORMATION

The minimum categories for data on race and ethnicity for federal program administrative reporting are defined in the Glossary:

1. D. 1. ETHNICITY

	GOVERNING BOARD	PAIMI STAFF
1.D.1. a. HISPANIC or LATINO	0	1
1.D.1. b. NOT HISPANIC or LATINO	13	26
1.D.2 RACE		
1.D.2. a. American Indian or Alaska Native	1	
1.D.2. b. Asian		
1.D.2. c. Black or African American	2	6
1.D.2. d. Native Hawaiian or Other Pacific Islander		
1.D.2.e. White	10	21
1.D.2.f. Two or more races		
Vacancies on 9/30 (Identify by position).		
TOTAL	13	27

SECTION 1. GENERAL PAIMI PROGRAM INFORMATION

1. E. GENDER

	GOVERNING BOARD	PAIMI STAFF
Male	3	8
Female	10	19
TOTAL	13	27

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.*

Insert additional pages into this section as needed.

Statement of Annual PAIMI Priorities (Goals) and Objectives FY2012
Priority (Goal)/Objective Table for PAIMI Application

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. Inform patients of their rights to be free from abuse and neglect by conducting quarterly clinics at nine (9) Department for Behavioral Health and Developmental Services (DBHDS)-operated institutions.

2. Investigate the possibility of pursuing personal injury actions on behalf of individuals who were not protected from harm in state-funded facilities.

3. Investigate three (3) reports of the forced administration of psychotropic medication. All investigations will seek corrective action, to include systemic reform, as necessary.

4. Investigate the response of entities responsible for licensing, oversight, or investigation of ten (10) instances of death, serious injury, or allegations of abuse or neglect of PAIMI-eligible individuals in institutional settings. Incidents will be selected based on patterns of suspected abuse or neglect. All investigations will seek corrective action, to include systemic reform, as necessary.

5. Report the results of the investigation of the system for protection from harm provided at DBHDS-operated institutions. Obtain corrective action as appropriate.

6. Monitor conditions at nine (9) DBHDS-operated mental health facilities monthly and provide residents with information about their legal rights as requested.

7. Prepare quarterly summaries and semi-annual trend analyses of Critical Incident Reports (CIRs) and other analyses as needed, for use in mental health institution monitoring.

8. Respond to all proposed legislation, regulation, or policy changes that seek to address elimination of abuse and neglect in institutional settings.

TARGET POPULATION:

PAIMI-eligible children and adults living in institutional settings.

TARGET:

36 Rights clinics
14 Investigations
1 Report
96 Episodes of monthly monitoring
Quarterly summaries
Semiannual trend analyses
Public policy related advocacy as needed

OUTCOME:

1. VOPA conducted approximately 67 (sixty-seven) rights clinics at nine (9) state-operated mental health facilities in Virginia to inform individuals receiving services of their right to be free from abuse and neglect. VOPA gave these clinics in various formats: formal and informal presentations and trainings, office hours, and 1:1 meetings with the individuals. VOPA also disseminated information regarding human rights. Often, VOPA opened individual cases for investigation, negotiation, and resolution for complaints of human rights violations. For example, Tony wanted to be in a less restrictive setting. Although his state-operated mental health facility treatment team clinically approved for Tony to be transferred to a less restrictive

environment, he continued to be held in a maximum security unit. VOPA successfully assisted Tony in his human rights complaint to the State Human Rights Committee (SHRC), requesting that he be transferred. The SHRC found that keeping individuals in maximum security after being found clinically ready for a less restrictive placement violated their rights. Tony now receives services in a less restrictive environment near his family.

2. VOPA researched the availability and applicability of personal injury and 1983 actions to remedy abuse and neglect in state facilities. We developed and implemented a staff in-service training on pursuing personal injury actions on behalf of individuals who were harmed in state-operated facilities in Virginia. VOPA is currently applying the research and training to ongoing and future cases, as we created an objective specifically focused on pursuing damages in FY 2013.

3. VOPA successfully obtained individual corrective action and systemic reform in nine (9) individual cases regarding reports of forced psychotropic medication. In one instance, Elissa felt threatened. She claimed that hospital staff, without a court order or emergency behavior justification, threatened restraints and forced injections if she refused to take psychotropic medication. VOPA investigated Elissa's allegation and successfully advocated against the forced medication. The state-operated facility no longer coerced Elissa to take psychotropic medication. Elissa was soon thereafter discharged successfully into the community.

   Another example is David who voluntarily admitted himself into a state-operated facility. He retained his capacity for informed consent. Despite David's objections to take several prescribed medications, the facility repeatedly administered these psychotropic medications through an intramuscular injection as they restrained him. In one of those forced restraint episodes, David sustained a laceration above his right eye as he and the staff fell to the floor. VOPA's investigation validated that staff both abused David and violated his rights. As a result of VOPA's investigation, assistance, and education on human rights and the complaint process, David was able to self-advocate and file a human rights complaint. The facility no longer forces David to take psychotropic medications.

   In a third example, Jose's treatment team refused his request to change his current medication to a similar, more common medication to ease severe side effects such as tardive dyskinesia. VOPA successfully represented Jose, assisting him in filing a human rights complaint. As a result of VOPA's involvement and promotion of Jose's self-directed advocacy, the facility switched his medication, resulting in an improved side effect profile and greater ability for socialization.

4. VOPA got corrective action relating to the response of entities responsible for licensing, oversight, or investigation of twenty-one (21) instances of death, serious injury, or allegations of abuse or neglect of individuals within institutional settings. One instance was Jerry, a young man who was being heavily restrained. During one particular restraint episode, a staff member placed her hands around Jerry's neck and grabbed his arm. She also attempted to pick him up and move him to a time-out room. Jerry was bruised and hurt. He identified witnesses to this incident. However, the facility did not conduct an investigation, stating that Jerry had harmed himself. Despite being a mandated reporter under state law, the facility also failed to report to Child Protective Services. VOPA intervened and encouraged Jerry's guardian to contact Child Protective Services about the improper restraint and Jerry's injury. Jerry has since been discharged to another facility. He recently informed VOPA staff that he is learning more appropriate coping skills at his new placement.

   A second example is Elizabeth, whose human rights were violated when a male staff conducted

routine checks while she was undressing in the bathroom. Elizabeth complained that the male staff had "leered" and refused to leave the restroom. Other staff discouraged Elizabeth from making a human rights complaint. However, VOPA investigated, verified a human rights violation, and promoted Elizabeth's self-advocacy by assisting her in filing in a formal human rights complaint. As a result of VOPA's involvement, the facility has retrained staff and created a protocol for staff checks for both male and female individual patients, dependent upon gender. Elizabeth's dignity and privacy are now safeguarded.

5. Consumers have a hard time using the state's Human Rights process. The complaint and appeal process is confusing, time consuming, and cumbersome (*Regulations To Assure The Rights Of Individuals Receiving Services From Providers Licensed, Funded, Or Operated By The Department Of Behavioral Health And Developmental Services)*. As a result, we developed an objective for FY 2013 where we will advocate for revision of those regulations to gain clarity and better protection of client rights.

   Some state-operated facilities conduct good internal investigations, others do not. The quality of the Department of Behavioral Health and Developmental Services' (DBHDS) internal investigations of abuse and neglect varies widely among different DBHDS-operated facilities. Investigators are facility-staff, with facility-loyalties, even though they report to Central Office in Richmond for investigations. Therefore, many investigations do not adequately ensure protection from harm for individuals receiving treatment in DBHDS-operated facilities. Pursuant to our FY 2012 objective regarding investigations of deaths, injuries, or allegations of abuse or neglect, VOPA reviewed facility investigations and sought both individual and facility-specific systemic reforms.

6. VOPA conducted one hundred and fourteen (114) visits to monitor conditions at state-operated mental health facilities in Virginia to educate and provide training to individuals about their legal rights.

   At Catawba Hospital, VOPA routinely monitored the use of seclusion and restraint on both systemic and individual levels to ensure that individuals were educated about their legal rights in order to be protected from harm. This monitoring included review, research, and recommendations on Catawba's instruction on the use of seclusion and restraint. VOPA assisted Catawba in creating their first annual restraint reduction plan. The latest data shows that restraint usage at Catawba has decreased more than fifty (50) percent between July 2011 and July 2012, both in terms of the number of incidents and hours of restraint usage.

   VOPA monitored Southwestern Virginia Mental Health Institute's human rights complaint process, both systemically and through individual case representation. Through this oversight, VOPA developed, tested, distributed, and supported the use of self-advocacy human rights complaint forms for residents. As a result of VOPA's involvement, individuals can engage in more effective self-advocacy efforts while navigating through DBHDS' human rights complaint system.

7. As required by state law, VOPA receives Critical Incident Reports (CIRs) from Department of Behavioral Health and Developmental Services (DBHDS) when an individual is seriously injured. We review reports to identify incidents of particular concern and or trends. Additionally, VOPA's executive director conducts weekly meetings with the advocates and attorneys to discuss reports involving seclusion and or restraint, suspicious deaths, and aspiration pneumonia.

We are developing tools to be able to do more discrete trend analyses.

8. The Virginia legislature considered legislation that would increase the use of forced treatment as a condition for release from a hospital. VOPA worked with key legislators and a consumer group to be certain that "mandatory" treatment would only be used with the individual's consent.

OBJECTIVE MET OR NOT MET: 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. Investigate five (5) allegations of the abuse or neglect of individuals with mental illness in licensed community residential settings. All investigations will seek corrective action, to include systemic reform, as necessary.

2. Survey five (5) community residential facilities in a selected geographic region of the state to assess the effectiveness of licensure oversight for safety and quality of service. Obtain corrective action as appropriate.

3. Prepare quarterly summaries of all reports submitted by Adult Protective Services (APS) to identify possible patterns of abuse or neglect.

4. Respond to any plan for improved incident reporting from community providers to ensure that it is part of a comprehensive system for protection from harm.

5. Respond to all proposed legislation, regulation, or policy changes that seek to address elimination of abuse and neglect in licensed community residential settings.

TARGET POPULATION:
PAIMI-eligible children and adults residing in the licensed residential settings in the community.

TARGET:
5 Investigations
5 Surveys
Quarterly summaries
Public policy advocacy as needed

OUTCOME:

1. VOPA investigated six (6) complaints: two (2) from Adult Protective Services (APS) regarding residents of assisted living facilities and four (4) involving residents of psychiatric residential treatment facilities for children and adolescents.

   Michelle complained that a nurse at her assisted living facility (ALF) tried forcibly to inject her with medication and wrestled her to the floor in the attempt. We investigated and filed complaints with the Board of Nursing and Department of Social Services Division of Licensing (DSS Licensing). We learned that DSS Licensing does a poor job of protecting resident rights,

so we filed an additional complaint to the head of DSS Licensing. Furthermore, at VOPA's urging, the president of the Adult Home Association stressed the importance of resident rights in a presentation at their annual convention.

Junior, a resident of a psychiatric residential treatment facility for children and adolescents, was restrained; shortly thereafter, he said his wrist and arm hurt. The facility staff noted the injury at the one-hour evaluation after the restraint. However, the facility staff ignored him for 12 hours. An X-ray was not done until the following day. It was approximately twenty (20) hours after the restraint incident before facility staff sent Junior to the emergency room for treatment for his injury. We investigated and demanded a corrective action plan. The Director of Nursing retrained staff on the appropriate response to this kind of complaint, and strengthened the facility's assessment policies.

2. We surveyed fifteen (15) community residential facilities. Seven (7) of the fifteen (15) community residential facilities that we surveyed were Assisted Living Facilities (ALFs) serving primarily PAIMI-eligible individuals. We developed two survey instruments, and included a review of available or needed assistive technology and environmental modifications. We also examined the safety of ALFs. Through the survey visits, VOPA identified many issues. We found inadequate ramps and thresholds, lack of emergency preparedness plans, safety and access problems, inadequate medical beds and adaptive equipment. VOPA educated ALF staff and individuals about various assistive technology equipment for communication and adaptive living. Following the surveys, VOPA reviewed emergency plans and or staffing plans and offered recommendations to improve such plans.

3. VOPA reviewed and prepared summaries of three hundred and eight-five (385) Adult Protective Services (APS) reports concerning adults with disabilities to identify possible patterns of possible abuse and neglect. VOPA found patterns of abuse and neglect in transportation, staffing levels and assistance, and failure to comply with individuals' service plans. Based on several reports, VOPA opened individual cases for further investigations or advocacy.

4. Virginia's Health and Human Resources Secretariat (HHRS) and its agencies had been working to develop a master system to centralize complaints of abuse and neglect and licensure issues among multiple state agencies. This initiative died and no other plan for improved incident reporting has surfaced. However, DBHDS did put its licensure surveys and investigations online, but its system is not user-friendly. VOPA continues to urge the agencies to develop a better tracking and reporting system.

5. The Virginia legislature considered separate pieces of legislation that would have limited individual rights to vote and limited the right to refuse treatment. Working with other advocacy groups, VOPA helped to educate policy makers so that the proposals were withdrawn.

OBJECTIVE MET OR NOT MET: MET

PRIORITY (GOAL): 1

People with Disabilities are Free from Abuse and Neglect

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

OBJECTIVES:

1. Represent ten (10) children at a psychiatric residential treatment facility to receive appropriate habilitation and discharge planning and services.

2. Investigate whether the Commonwealth Center for Children and Adolescents has implemented the recommendations resulting from the Substance Abuse and Mental Health Services Administration (SAMHSA) grant on alternatives to seclusion and restraint. Seek corrective action, to include systemic reform, as necessary.

3. Prepare semi-annual summaries of all reports submitted by PRTFs for use in monitoring and to identify possible patterns of abuse or neglect.

4. Inform policymakers about the need for statewide monitoring by the Department of Education of the use of seclusion and restraint in public and private schools.

5. Respond to all proposed legislation, regulation, or policy changes that seek to address elimination of abuse and neglect in community or institutional settings serving children and adolescents.

TARGET POPULATION:
PAIMI-eligible children and adolescents residing in institutions and the community.

TARGET:
10 Cases
1 Investigation
Semiannual summaries
1 Targeted public policy effort
Public policy advocacy as needed

OUTCOME:
1. VOPA represented eleven (11) children or adolescents in obtaining appropriate habilitation and discharge planning and services.

   Larry, a child with multiple diagnoses, had a history of in-patient psychiatric placements leading to his placement at a large psychiatric residential treatment facility (PRTF). He and his family wanted him to return home but needed additional services in the community. Virginia had the Children's Mental Health Waiver available for those leaving PRTFs, but many families and community providers were unfamiliar with this program. VOPA educated PRTF staff about waiver's available services and encouraged referrals of potentially eligible individuals. VOPA also partnered with Larry's local community services board (CSB), a local mental health agency, to inform it of the services available and the eligibility criteria. Larry was found eligible for the waiver. He is now home with his family and receives home-based therapy, including weekly family therapist visits, and neuro-feedback. They also get respite care and companion care. His mother says, "Things are going good!"

   In a similar case, Larry's PRTF referred the mother of Sharon, a young girl who was receiving treatment services, to VOPA. When VOPA contacted Sharon's CSB for it to initiate the referral for the Children's Mental Health Waiver, the CSB staff were unaware of the waiver's existence. VOPA educated the CSB. They completed the application for Sharon's waiver services and she was soon enrolled. Sharon is now happily home with her family and is receiving the community-based mental health services she needs.

2. Several years ago, in efforts to help Commonwealth Center for Children and Adolescents (CCCA) reduce its high rates of seclusion and restraints, VOPA partnered with Substance Abuse and Mental Health Services Administration (SAMHSA). Through SAMHSA's grant on alternatives to seclusion and restraints, SAMHSA provided strong recommendations to CCCA. VOPA monitored CCCA's work collecting data on seclusion and restraint practices through facility monitoring, individual cases, attendance at trainings and leadership team meetings, and review of data analysis, policy, and procedures. VOPA found many egregious practices, including the use of prone restraint, unreported injuries to residents, and restraint usage despite contraindications such as trauma history. After noting CCCA's continual failure to implement SAMHSA's recommendations throughout this fiscal year, VOPA successfully advocated for CCCA facility leadership to request additional assistance and recommendations from SAMHSA. VOPA attended SAMHSA's initial site visit in June 2012 where SAMHSA detailed numerous deficiencies within the leadership, culture, and implementation of seclusion and restraint protocol. As a result of VOPA's advocacy and SAMHSA's findings, SAMHSA has planned a comprehensive follow-up site visit to address CCCA's dangerous and outmoded seclusion and restraint practices. Meanwhile, VOPA continues to examine seclusion and restraint use through routine monitoring and investigations. Deficiencies persist.

3. VOPA reviewed and prepared summaries of 155 reports submitted from Virginia's various Psychiatric Residential Treatment Facilities (PRTFs) to identify potential patterns of abuse and neglect. VOPA found patterns related to peer-on-peer assaults and their resultant injuries, as well as injury subsequent to restraint practices. This project is ongoing for continued monitoring and protection from harm.

4. We had preliminary discussions with the Department of Education regarding seclusion and restraint in schools.

5. We monitored budget proposals that might impact services for children in community and institutional settings.

OBJECTIVE MET OR NOT MET: 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. Obtain systemic relief for individuals who have been ordered to the custody of the Commissioner of DBHDS but who remain in jail.

2. By March 1, 2012, investigate the implementation of the DBHDS "Proposal for Addressing Forensic Waiting Lists at State Facilities." Initiate corrective action as appropriate.

3. Represent five (5) individuals transferred to jails after receiving court ordered restoration services at DBHDS-operated psychiatric hospitals to receive appropriate mental health services.

4. Identify any systemic issues identified in the cases above and notify relevant policymakers.

TARGET POPULATION:
PAIMI-eligible inmates who require mental health services.

TARGET:
5 Cases
1 Investigation
1 Systemic case
Public policy advocacy as needed

OUTCOME:

1. Far too often, when someone with a mental illness is arrested, they are held in jail long after the Court orders them into treatment. Someone with serious mental illness can be stuck in a jail, with no treatment, for months and months.

   Last year, VOPA went to court for seventeen different individuals who were being held in jail instead of a hospital. In each case, the person was quickly transferred to treatment. This year, building on that success, we developed a "packet" to assist defense counsel to use this same tactic. This kit consisted of forms, briefs, references to authorities, and an explanatory cover letter describing the previous success of this tactic. We distributed this packet to all public and capital defenders via electronic media.

   We know of at least two defense attorneys employed the tactic for their respective clients who were then promptly transferred for needed psychiatric treatment.

   VOPA continuously monitors DBHDS' progress in addressing the waiting lists for hospital transfer. We also maintain regular contact with DBHDS' Office of Forensic Services regarding the waiting list and other forensic mental health issues.

2. Like the problem above, someone with mental illness is also often held in Virginia's most restrictive hospital, Central State, long after the need for strict confinement has passed. Last year, we argued that people were being held, systemically, in more restrictive settings than necessary. The State Human Rights Committee (SHRC) agreed with us and required the DBHDS to develop a corrective plan. The plan had two prongs: first, it addressed transfers from jails to state hospitals for court-ordered restoration services. The other prong involved transfers of individuals who were being held in maximum security long after having been found clinically ready for transfer to less restrictive environment (LRE).

   It appeared, for awhile, that the plan was working. The number of people waiting to move to a less restrictive setting dropped from 18 to 4, and the time spent waiting was less than a month. This was a substantial reduction from the previous year. That did not last long, however.

   Transfers from maximum security at Central Sate Hospital to less restrictive settings have declined. By September 2012, the number of individuals awaiting transfer had risen to 12 and the waits were as long as seven months. Clearly, the plan developed by DBHDS was not sustainable. Again, the SHRC ruled that such overly restrictive placements constitute rights violations and commanded DBHDS to develop a meaningful long-term plan to resolve this issue by November 30, 2012. We are now planning our next action on this issue.

3. While we are aware that some jails refuse to continue the medications needed by incompetent defendants, we received no requests for assistance on this issue.

4. We have attempted to address systemic issues with the Commissioner of DBHDS, State Human Rights Committee (SHRC), and the state's Joint Commission on Health Care. Additionally, VOPA has challenged DBHDS policy on annual reports to the court set forth in the *Guidelines For the Management Of Individuals Found Not Guilty By Reason Of Insanity.* VOPA will continue to press the issue with DBHDS.

OBJECTIVE MET OR NOT MET: Partially met

3. There were no requests for services.

PRIORITY (GOAL): 2

Children with Disabilities Receive an Appropriate Education

Focus Area 1: Children who are Suspended or who are at Risk of Long-Term Suspension

OBJECTIVES:
1. Increase self-advocacy by providing Technical Assistance or Short Term Assistance to two (2) callers who complain that they or their PAIMI –eligible children have been suspended or are at risk of a long-term suspension.

2. Represent one (1) child who received a long-term suspension or who are at risk of receiving a long-term suspension due to the lack of an appropriate Functional Behavioral Assessment or Behavioral Intervention Plan and advocate for them to receive services in the least restrictive environment.

TARGET POPULATION:
PAIMI-eligible children and youth in school who need services and supports to fully participate in their educational setting.

TARGET:
3 cases

OUTCOME:
1. We represented many children under this objective using other funding sources. VOPA did not identify any PAIMI-eligible clients who called to complain that their child was suspended or at-risk of a long-term suspension. However, VOPA provided Technical Assistance or Short Term Assistance to some callers, under other funding streams, thereby increasing self-advocacy for a positive result for students with disabilities suspended or at-risk of a long-term suspension.

2. See above

OBJECTIVE MET OR NOT MET: Not met

1. There were no PAIMI-eligible callers that met the case selection criteria.

2. There were no PAIMI-eligible callers that met the case selection criteria.

PRIORITY (GOAL): 3

People with Disabilities Have Equal Access to Government Services

Focus Area 1: Access to State and Federal Government Services

OBJECTIVES:
1. Respond to all proposed legislation, regulation, or policy changes regarding managed care of behavioral health services that may deny individuals their right to treatment in the least restrictive environment.

TARGET POPULATION:
PAIMI-eligible individuals facing access related discrimination.

TARGET:
Public policy advocacy as needed

OUTCOME:

1. We served on an advisory committee as Virginia developed a proposal for managed care for behavioral health. We also advised policymakers of the need for an ombudsman for health care services, and urged Virginia to support the portions of the Affordable Care Act that would benefit people with mental illness. The Commonwealth of Virginia has not yet made any final decisions regarding insurance exchanges, Medicaid expansion, or managed care.

OBJECTIVE MET OR NOT MET: Met

PRIORITY (GOAL): 3

People with Disabilities Have Equal Access to Government Services

Focus Area 2: Reasonable Accommodations for individuals in public housing or receiving public assistance in housing

OBJECTIVES:
1. Provide technical assistance to three (3) individuals regarding housing discrimination due to their disability or denial of a reasonable accommodation in housing under the Fair Housing Act.

2. Represent one (1) individual who reside in public housing or receive public housing assistance regarding housing discrimination due to their disability or denial of a reasonable accommodation.

TARGET POPULATION:
PAIMI-eligible individuals facing housing discrimination.

TARGET:
3 Technical assistance efforts
1 Individual case

OUTCOME:

1. VOPA did not identify any PAIMI-eligible individuals needing technical assistance regarding housing discrimination due to their disability or denial of a reasonable accommodation in

housing under the Fair Housing Act. However, VOPA provided Technical Assistance or Short Term Assistance to some callers under other funding streams, thereby increasing self-advocacy for a positive result for individuals with disabilities discriminated against or denied housing.

2. See above

OBJECTIVE MET OR NOT MET: Not met

1. There were no PAIMI-eligible callers that met the case selection criteria.

2. There were no PAIMI-eligible callers that met the case selection criteria.

PRIORITY (GOAL): 4

People with Disabilities Live in the Most Appropriate Integrated Environment

Focus Area 1: Maximize individual Choice and Self-Direction

OBJECTIVES:

1. Train five (5) groups of Advance Directive Peer Advisors to equip mental health consumers to assist others in drafting advance directives.

2. Train three (3) groups of high school students, family members, and educators about alternatives to guardianship and Powers of Attorney.

3. Working with other advocacy groups, develop statewide training curriculum for advance directive peer advisers.

4. Represent ten (10) individuals at DBHDS-operated psychiatric hospitals to receive, as part of their treatment plan, opportunities for choice and control over themselves and their environment to include opportunities to communicate and meet in private and any necessary assistive technology.

5. Represent one (1) individual in proceedings to prevent, modify, or terminate guardianship where the individual has capacity or has regained capacity.

6. Represent ten (10) individuals in preparing a health care directive or power of attorney as an alternative to guardianship.

7. Complete the investigation into whether the appointment of substitute decision makers at DBHDS-operated institutions violates due process. Publish the results.

8. Investigate the provision of services in the deaf unit at Western State Hospital to include the provision of interpreter services and opportunities afforded deaf patients to communicate and meet with persons of their choice in private. Seek corrective action as appropriate.

9. Respond to all proposed legislation, regulation, or policy changes that appear to violate legal rights in substitute decision-making proceedings.

10. Inform policymakers about the need for increased opportunity for advance directive peer advisers.

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

TARGET:
8 Trainings
1 Training curriculum
21 Individual cases
2 Investigations
1 Targeted public policy effort
Public policy efforts as needed

OUTCOME:
1. VOPA provided five (5) trainings statewide to groups of Advance Directive Peer Advisors, reaching sixty (60) individuals. VOPA collaborated with a variety of peer advisors, consumers, and educators such as the Virginia Organization of Consumers Asserting Leadership (VOCAL) and the University of Virginia Mental Health Law Clinic. The trainings equipped the Advance Directive Peer Advisors with skills and knowledge to assist others in drafting advance directives. Through these trainings, VOPA also educated the individuals about maximizing consumer involvement, peer leadership, individual choice, and self-direction.

2. VOPA increased awareness of alternatives to guardianship through the statewide training of three (3) groups of high school students, family members, and educators. VOPA provided outreach to forty-five (45) individuals at schools and day support programs regarding the purpose, definition, and implementation of a Power of Attorney for educational decisions. As a result of VOPA's trainings, students, family members, and educators can use a Power of Attorney for educational decisions whenever appropriate.

3. VOPA collaborated with other advocacy groups, including University of Virginia Mental Health Law Clinic, Virginia Organization of Consumers Asserting Leadership (VOCAL), Mental Health America, and National Association for Mental Illness, to develop statewide training curriculum for advance directive peer advisors. Entitled "How to Decide Who Decides When I Can't Decide," this curriculum helps individuals make informed decisions regarding their choices in life, thereby maximizing their individual choice and self-direction.

4. VOPA opened fifteen (15) cases for thirteen (13) clients. In one example, Martina felt that her treatment team rebuffed her participation in her treatment meetings. VOPA counseled her on her rights, the Human Rights complaint procedure, and self-advocacy strategies. VOPA then met with the head of her treatment team to reiterate Martina's right to participate fully in her treatment planning. Subsequently, Martina met with her team and negotiated for a change in her antipsychotic medication, for admission to vocational training, and for participation in Wellness Recovery Action Plan (WRAP) groups.

   Shawn wanted a different treatment team. He wanted to work with a psychiatrist in whom he had confidence. VOPA provided rights information and assisted in development of self-advocacy strategies, including the drafting of a human rights complaint. Shawn got his preferred treatment team. He reports that this change made a real difference and that he is making meaningful progress toward discharge.

   Jonas, too, was concerned about his health treatment. We learned that there was a standoff

between Jonas and his treatment team. Despite psychiatrists from two other DBHDS-operated mental health facilities and an independent second opinion affirming Jonas' capacity, his team refused to acknowledge his capacity to participate in his own treatment planning. Discussions between Jonas and his team proved futile. He decided to request a transfer to another facility where he could start over and to seek discharge to a new community well away from his prior associates. VOPA advocated for the transfer. Jonas transferred to another facility where his new psychiatrist recognized his capacity and included him in his treatment planning. He is doing well and working toward discharge.

Phillip had difficulty getting access to his psychiatric records. On Phillip's behalf, VOPA requested, received, and delivered the desired records. Armed with this information, he better understood his treatment plan and was able to advocate for himself.

5. VOPA represented two (2) individuals in guardianship proceedings. One example is Lisa whose parents successfully petitioned for a legal guardianship several years ago. Lisa wanted to be more independent. She particularly wanted to learn how to drive to go to her full-time job in the community. VOPA helped Lisa get medical recommendations from her doctor regarding about her capacity to make informed decisions. Currently, VOPA and Lisa are waiting for her doctor's recommendations so we can move to terminate the court's guardianship order.

6. VOPA helped seven (7) individuals prepare a health care directive or power of attorney as an alternative to guardianship. One example is Latonya, an individual receiving treatment in a state-operated mental health facility in eastern Virginia. VOPA counseled Latonya in creating an advanced directive, legally documenting her wishes for mental and medical treatment. Latonya no longer fears being subjected to unwanted and traumatizing psychiatric treatment such as forced medication in a mental health facility.

   Another example is Shelly, who wanted a medical power of attorney. Due to her deteriorating physical condition, and mobility and muscular movement limitations, Shelly has trouble communicating verbally. Hospital staff were reluctant to assist Shelly in the creation of medical power of attorney documents. Twice hospitalized for medical issues this past year, Shelly wished to appoint a power of attorney to maximize her desires, individual choice, and self-direction if she was no longer able to decide medical decisions herself. VOPA helped Shelly develop a power of attorney. Shelly no longer worries that her wishes will be unknown if she is hospitalized again.

7. We reviewed the state's process for appointment of substitute decision makers at state-operated mental health institutions violates. VOPA determined that these state-operated facilities continuously allow substitute decision makers the authority to make decisions regarding residence and discharge placement, of which is a direct violation of Virginia's regulations. The state-operated facilities further violate this process when they routinely do not take into consideration the individual's own choices, thereby minimizing control and self-direction for individuals receiving services in state-operated facilities. This project is ongoing.

8. Residents of the Mental Health Center for the Deaf at Western State Hospital (WSH). People who are deaf or hard of hearing are an underserved cultural and linguistic population in the mental health system. Normal adjustment, culture, language, and communication issues are often mistaken for developmental delays, mental illness, or mental retardation. VOPA concluded that individuals who are deaf or hard of hearing at WSH face challenges in acquiring consistent and appropriate services, particularly interpreter services. Furthermore, we learned that WSH places more restrictive interventions on this specific sub-population. For example,

during routine monitoring, VOPA found that a rule that "access to a computer and videophone (VP) on the ward is a privilege." Virginia's Human Rights Regulations clearly state that use of a telephone is a basic human right. VOPA effectively advocated to eliminate this restriction and violation of patients' human rights. We will continue to press this objective in 2013.

9. Virginia's General Assembly considered many bills in 2012 that would have seriously limited the rights of people with mental illness. VOPA educated legislators, legislative committees, and other policymakers against legislation that would have limited access to voting and to visitors, and would have subjected individuals to coerced treatment.

10. We continue to work with legislators and policymakers to improve access to advanced directives. Last year, we monitored legislation that clarified some confusion in state law supporting advanced directives.

OBJECTIVE MET OR NOT MET: Partially met

6. VOPA received only seven (7) requests for assistance to prepare a health care directive or power of attorney as an alternative to guardianship.

7. This project is ongoing.

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 of their rights by conducting quarterly clinics on discharge rights and the human rights complaint system at each DBHDS-operated mental health institution to include the dissemination and implementation of a self-advocacy training module.

2. Represent ten (10) patients at DBHDS-operated psychiatric hospitals who have been identified as ready for discharge for thirty days to ensure timely and appropriate discharge planning and discharge.

3. Respond to all proposed legislation, regulation, or policy changes that appear to violate the ADA's Integration Mandate.

4. Inform policymakers of the steps necessary for Virginia's auxiliary grant program to come into compliance with the ADA.

5. Respond to all proposals that would reduce legal rights to choice, independence, and integration that we learn of through the Mental Health Planning Council and the Coalition for Virginians with Mental Disabilities.

TARGET POPULATION:
PAIMI-eligible individuals who face systemic barriers to full, genuine community integration.

TARGET:
36 Rights clinics

10 Individual cases
1 Targeted public policy effort
Public policy advocacy as needed

OUTCOME:

1. As discussed earlier, VOPA conducted approximately 67 (sixty-seven) rights clinics at nine (9) state-operated mental health facilities in Virginia to inform individuals receiving services of their right to be free from abuse and neglect. VOPA gave these clinics in various formats: formal and informal presentations and trainings, office hours, and 1:1 meetings with the individuals. VOPA also disseminated information regarding human rights and DBHDS Human Rights complaint process. Often, VOPA opened individual cases for investigation, negotiation, and resolution for complaints of human rights violations.

2. Whether you can leave depends on where you are. As we worked to help people get out of state hospitals, we found that the standards for discharging vary dramatically from one hospital to the next. VOPA is addressing this systemic issue at both facility and agency level in FY 2013.

   We served fifteen (15) individuals under this objective. For example, Mario finally moved to a community placement that met his needs and preferences. Initially, Mario's treatment team denied discharge based on improper readiness criteria. Furthermore, the team did not even develop a discharge plan with Mario. He had complex service needs due to his mental illness and an intellectual disability. With VOPA's involvement, he took charge of his discharge planning and assisted the development of his discharge plan, which included a referral for vocational services.

   In another instance, Jefferson asked for our help. Jefferson said he was close to discharge, but he was unsure what the plans were, particularly what services might be available to him in the event of a post-discharge crisis. He chose to be discharged to a community some distance from his previous residence because he said that local law enforcement and "all the bad guys know me at home." VOPA worked with his social worker to develop a crisis prevention plan that would provide Jefferson with useful points of contact and phone numbers in his new placement. VOPA also visited the placement and talked with the administrator. VOPA assured Jefferson that the new placement truly welcomed his participation. During a post-discharge monitoring visit, Jefferson told us he was pleased. He particularly enjoys the day programming. VOPA's advocate also reviewed his crisis plan with him to ensure that he knew how to reach appropriate supports, including VOPA.

3. Virginia's legislature considered many ill-advised bills that would have violated the ADA, but they all concerned training center residents. VOPA educated policymakers using other funds.

4. We continue to work with NAMI-VA and policymakers to bring Virginia's auxiliary grant program into compliance with the ADA. We have not been successful.

5. Working with other mental health advocacy groups, VOPA successfully responded to legislation that would have restricted individual rights to vote and individual rights in decisionmaking.

OBJECTIVE MET OR NOT MET: Partially met – Virginia's auxiliary grant program is still available only in restrictive environments.

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 twenty (20) NGRI acquittees at DBHDS-operated institutions for persons with Mental illness to ensure the timely development of a conditional release plan.

2. Represent five (5) NGRI acquittees at conditional release or continuation of confinement hearings.

3. Investigate whether forensic patients at Central State Hospital who have been determined to be ready for a less restrictive environment are transferred in timely manner. Obtain corrective action as appropriate.

TARGET POPULATION:

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

TARGET:

25 Cases
1 Investigation

OUTCOME:

1. VOPA represented 25 NGRI acquittees to ensure a timely development of a conditional release plan.

   Lawrence could not get discharged. Prior to VOPA's involvement, Lawrence had 48-hour overnight passes to the community. He was also on the ready-for-discharge list for over a year. His team felt he was ready, but he could not find services in the community, so he was stuck. He ultimately requested a transfer to a hospital in another part of the Virginia to work with a community services board (CSB), a local mental health agency, that could better serve him. Both his original CSB and the proposed post-discharge CSB initially agreed to this plan; instead, they spent most of FY 2012 quibbling over details and management of funding and billing. VOPA intervened and prompted the directors of the two CSBs to finalize an agreement. Lawrence's discharge then quickly occurred. However, when problems with payment and services started, we stepped back in. We negotiated compliance with the agreement. Lawrence is doing well in the new community and hopes for less restrictions when the court next reviews his conditional release plan.

   Despite being clinically ready for discharge, Donna remained hospitalized for years because she and her treatment team could not finalize her conditional release plan due to difficulties in to applying for benefits. Donna's father had died during her hospitalization and all of her personal documents were lost. Without a birth certificate, she could neither establish identity nor age. VOPA had previously worked with Donna and again represented her, assisting her in gaining a copy of her birth certificate. With the certificate in hand, she quickly progressed with her team to identify potential discharge placements and to develop a discharge plan. VOPA visited her at

her community placement during her trial visits to ensure that she was happy with the plan. VOPA and her community case manager advocated with her treatment team for maximum independence and self-direction, and Donna was soon discharged.

VOPA represented ten (10) NGRI acquittees at appeal to the State Human Rights Committee in FY 2011 and their subsequent transfer to the appropriate less restrictive facility in early FY 2012. The move to a civil program, a prelude to discharge, was necessary to the development of a conditional release plan, community visits, and linkage with CSB case management.

2. Usually, attorneys who were appointed at the initial criminal charge generally continue to represent NGRI acquittees. Sometimes, though, the attorney withdraws or needs help at the discharge stage. Two attorneys asked for our help.

   We worked with Billy to get a conditional release plan that was approved by his treating professionals, the community mental health agency (CSB), and the Forensic Review Panel (FRP). Despite supportive relevant professionals and extensive testimony at Billy's hearing, the Court denied his request for conditional release and returned him to the custody of the DBHDS Commissioner. Even though Billy has a job in the community and has frequent overnight passes, we were not able to convince the court to release him.

3. Many forensic patients are stuck in maximum security, even when it is clinically inappropriate for them. These include individuals found not guilty by reason of insanity, mandatory parolees who require psychiatric services when discharged from the Department of Corrections, and individuals found unrestorablely incompetent to stand trial. Upon review and approval of a treatment team's determination that they are ready for transfers out of maximum security to a civil hospital setting, the individuals are placed on a waiting list for transfer. At one facility, some fifteen individuals have been on the waiting list for transfer for months. VOPA is now representing these individuals in seeking expedited transfer. We developed an objective to address this ongoing issue in FY 2013.

   As described earlier, in FY 2011, DBHDS developed a plan to address forensic waiting lists in its facilities in response to VOPA's successful complaint to the State Human Rights Committee (SHRC). We represented four (4) clients in FY 2011 and FY 2012 at the State Human Rights Committee (SHRC) appeal who then were subsequently transferred early in FY 2012.

   In one example, Tommy was a misdemeanor acquittee who had waited two months for the transfer to the appropriate facility, which also was much closer his home and family. Following VOPA's appeal to the SHRC and the DBHDS' implementation of their initial FY 2011 corrective action plan, Tommy was transferred to the new hospital and then successfully discharged to his community within a few months of the transfer.

   In September 2012, VOPA petitioned the SHRC for review of this issue because the number of those awaiting transfer had increased significantly and the waits were as long as seven months. The SHRC ruled that such overly restrictive placements constitute rights violations and demanded DBHDS to develop a plan to resolve this issue by November 30, 2012.

OBJECTIVE MET OR NOT MET: Partially met.

2. VOPA received only two (2) service requests for representation.

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 services at start of FY.* _38__ **[This category reflects the number of individuals supported with either 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*. _105_

[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.* _143_.

This 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** _18__ **TOTAL 3.A.4. [Equals the sum of 3.A.4.i. & 3.A.4.ii.]** __18___. **[Refer to the GLOSSARY for definition of I&R. DO NOT include individuals who received Information and Referral (I&R) services in this section – report them in Section 6.A.]**

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 FY 2013 PAIMI application identifies the populations, advocacy issues, and activities we intend to address in FY 2013. Also, as noted in other sections of this report, VOPA is carrying forward several activities into FY 2013. The carryover is due to budget constraints and staffing level allowed within the grant parameters. We do not intend to utilize PAIMI funds for non-priority efforts. Section 6.A notes that VOPA provided information and referral services to 2,825 individuals who did not require a full screening, as their issue was either outside FY 2012 priorities or their issue was not one a P&A would address.

3. B. NUMBER OF COMPLAINTS/PROBLEMS OF PAIMI-ELIGIBLE INDIVIDUALS.	**Total** 168

[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*** 8	***13 – 18*** 15	***19- 25*** 14	***25 – 64*** 95	***64+*** 11	***Total*** 143

****The total of 3.C. should equal the total number of individuals served in 3. A.3.***

3. D. GENDER OF INDIVIDUALS*

3.D.1. Male 95	**3.D.2. Female** 48	**3.D.3. Total*** 143

****3.D.3. should equal the total number of individuals served listed in 3. A.3***

SECTION 3. PAIMI-ELIGIBLE INDIVIDUALS

Please refer to the GLOSSARY for definitions. The following information is self-reported or self-identified and uses two separate questions. The data on race and ethnicity are collected SEPARATELY, provision shall be made to report the number of respondents in each category who are Hispanic or Latino. Collection of greater detail is encouraged; however, any collection that uses more detail shall be organized in such a way, that the additional information can be aggregated into these minimum categories for data on race and ethnicity.

,

3. E. ETHNICITY & OF PAIMI-ELIGIBLE INDIVIDUALS	
ETHNICITY	
3. E.1. a. Hispanic or Latino	4
3.E.1. b. Not Hispanic or Latino	
RACE	
3.E.2. a. American Indian or Alaska Native	
3.E.2.b. Asian	4
3. E.2.c. Black or African American	51
3.E.2.d. Native Hawaiian or Other Pacific Islander	
3.E.2.e.. White	79
3.E.2.e.6. Two or More Races	2
TOTAL	140*

The data in 3.E. is self-reported. Please do not question self-reported data. Each client may select one or more categories. The totals in this section may exceed those listed in 3.A.3., 3.C.3, or 3.D.3. PAIMI STAFF MUST ASK AND REPORT THIS INFORMATION.

*VOPA did not receive self-reported data from three individuals.

SECTION 3. PAIMI-ELIGIBLE INDIVIDUALS

3. F. LIVING ARRANGEMENTS of INDIVIDUALS at INTAKE.	TOTAL
1 - Independent [per the PAIMI Act of 2000 – these individuals DO NOT have priority over PAIMI-eligible individuals in residential care or treatment facilities, see 42 U.S.C. 10804(d), exception those within 90 days of discharge from a residential care or treatment facility, military families (off base), veterans, the homeless, veteran].	10
2 - Parental or other family home - per the PAIMI Act of 2000 – these individuals DO NOT have priority over PAIMI-eligible individuals in residential care or treatment.	10
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).	7
4 - Adult community residential home, e.g., supervised apartment, semi-independent, halfway house, board & care, small group home (3 or less).	5
5 - *Non-medical community-based residential facility for children & youth.	3
6 - Foster Care	
7 - *Nursing Facilities, including Skilled Nursing Facilities(SNF)	
8 - *Intermediate Care Facilities (ICF)	
9 - * Public and Private General Hospitals, including emergency rooms.	
10 - * Other health facility.	
11 - Psychiatric wards (public or private)	3
12 - Public (Municipal or State-operated) Institutional Living Arrangements (e.g., hospital treatment center/school or large group home 4+ beds).	94
13 - Private Institutional Living Arrangement (e.g., hospital or treatment center, school or large group home more than 3 beds).	5
14 - Legal Detention/Jail/Detention Center	5
15 - State Prison	
17 – Homeless	1

18 - Federal Facility (List)	a. Detention	b. Prison	c. Veterans Hospital	d. Other (describe)	
TOTAL					143

***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	3				3
b. Inappropriate or excessive					
1. Physical restraint	11	2	1	3	5
2. Chemical restraint*					
3. Mechanical restraint*	1				1
4. Seclusion					
c. Involuntary medication	4				4
d. Involuntary Electrical Convulsive Therapy (ECT)					
e. Involuntary aversive behavioral therapy					
f. Involuntary sterilization					
g. Failure to provide appropriate mental health treatment	14		1	6	7
h. Failure to provide needed or appropriate treatment for other serious medical problems	2	1			1
i. Physical Assault					
1. Serious injuries related to the use of seclusion and restraint.*	2				2
2. Serious injuries NOT related to seclusion and restraint.					
j. Sexual assault	1				1
k. Threats of retaliation or verbal abuse by facility staff					
l. Coercion	1				1
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]. Compliance with SAMHSA seclusion and restraint principles.	1				1
TOTAL	40	3	2	9	26

***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). *Received rights information and self advocacy strategies.

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.	1
b. Number complaints/problems withdrawn or terminated by client.	8
c. Number of complaints/problem favorably resolved in the client's favor.	31
d. Number of complaints/problem not favorably resolved in the client's favor.	
e. TOTAL number of complaints/problem addressed from closed cases. *[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.].*	40

SEC. 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 *Closed Cases* only.	OUTCOMES				
	TOTAL	A	B	C	D	E
a. Admission to residential care or treatment facility	2	1			1	
b. Transportation to/from residential care or treatment facility						
c. Discharge planning or release from a residential care or treatment facility	40	8		15	2	15
d. Mental health diagnostic or other evaluation (does not include treatment)						
e. Medical (non-mental health related) diagnostic or physical examination						
f. Personal care (e.g., personal hygiene, clothing, food, shelter)	3					3
g. Physical plant or environmental safety						
h. Personal safety (client-to-client abuse)	1					1
i. Written treatment plan	3				1	2
j. Rehabilitation/vocational programming	3				1	2
k. Other. [Please describe. However, make every effort to report within the above categories.						
TOTAL	52	9		15	5	23

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). *Received rights information and self advocacy strategies.

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.	3
b. Number complaints/problems withdrawn or terminated by the client.	3
c. Number of complaints/problem favorably resolved in the client's favor.	45
d. Number of complaints/problem not favorably resolved in the client's favor.	1
e. TOTAL number of complaints/problem addressed from closed cases. *[The sum of Items 4.B.3. a - d equals the total for 4.B.3.e. which must equal the total in Table 4. B.1.].*	52

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)	1				1
d. Guardianship/ Conservator problems	3		1		2
e. Denial of rights protection information or legal assistance					
f. Denial of privacy rights (e.g., congregation, telephone calls, receiving mail)					
g. Denial of recreational opportunities (e.g., grounds access, television, smoking)					
h. Denial of visitors					
i. Denial of access to or correction of records	2				2
j. Breach of confidentiality of records (e.g., failure	1				1

to obtain consent before disclosure)					
k. Failure to obtain informed consent (see also, involuntary treatment)					
l. Failure to provide special education consistent with State requirements	2				2
m. Advance directives issues	8		4		4
n. Denial of parental/family rights					
TOTAL (Sum of items a. - n.)	23*	1	5		17

*NOTE: There are five (5) "other" complaint problems that do not fit in any of the above categories. One closed cased involved denial of community habilitation services with Outcome D. Another closed cased involved youth transitional services from residential care with Outcome D. Third closed case addressed denial of access to patient funds with Outcome D. The fourth case involved coercion to a more restrictive placement in the community with Outcome D. The last case addressed unreasonable delays in presenting a conditional release plan for consideration with Outcome A.

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: *Received rights information and self advocacy strategies.

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.	2
b. Number complaints/problems withdrawn or terminated by client.	7
c. Number of complaints/problems favorably resolved in the client's favor.	14
d. Number of complaints/problems not favorably resolved in the client's favor	

e. The TOTAL number of complaints/problem addressed from closed cases. *[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.].*	23

SEC. 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.

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

4. D. 2. INTERVENTION STRATEGY OUTCOMES

OUTCOMES

		ABUSE					NEGLECT					RIGHTS VIOLATIONS			
Strategy	**Total**	**A**	**B**	**C**	**D**		**A**	**B**	**C**	**D**	**E**	**A**	**B**	**C**	**D**
1. STA	42	1			15				3	2	11		3		7
2. A/NI	16	1	1	2	5				2		3				2
3. TA	11				1						1		1		8
4. AR	18		1	6	2		6				3				
5. N/M	25	1			3		2		10	2	5	1	1		
6. LR	3			1			1			1					
	115	3	2	9	26		9		15	5	23	1	5		17

Key:

1. **STA - Short Term Assistance**
2. **A/NI - Abuse/Neglect Investigations**
3. **TA - Technical Assistance**
4. **AR - Administrative Remedies**
5. **N/M - Negotiation/Mediation**
6. **L/R - Legal Remedies**

- **Please refer to the outcome statements listed in Section 4.D.3.**

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

4. D.3. OUTCOME STATEMENTS FOR INTERVENTION STRATEGIES

As applicable, for each complaint of Abuse, Neglect, or Rights Violations listed in 4.D.2., select one (1) or more of the following outcome statements that either best describe or relate to the intervention strategies used to resolve the complaint(s)/problem(s) of PAIMI -eligible individuals. Record your choices in the Table 4.D.2.

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

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

B. Persons with disabilities (or their family members) who secured access to administrative remedies, received education or training about their rights, and as a result were empowered to become more effective self advocates.
C. Persons with disabilities who secured information about their rights and rights enforcement strategies as a result of P&A intervention.
D. Persons with disabilities who advocated on their own behalf as a result of P&A intervention.
E. Allegations of abuse or neglect that were substantiated by P&A.
F. Allegations of abuse or neglect that were not substantiated by P&A.
G. Other outcomes as a result of P&A involvement.

SEC. 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.	36
b. The Center for Medicaid & Medicare Services (Regional Offices).	
c. Other Sources. Briefly list the source for each death reported in this category, e.g., newspaper, concerned citizen, relative, etc.	
d. TOTAL	36

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

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 *NOT* related to incidents of S & R, e.g., suicides.	5
d. Total Number of deaths investigated [Sum of 4.E.2. a-c].	5

SEC. 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 received from Department of Behavioral Health and Developmental Services (DBHDS). In selected incidents, we requested a copy of the autopsy if the medical examiner conducted an autopsy. VOPA analyzed the documents for trends. For example, VOPA received a Critical Incident Report that Rosa had a full code when she suffered a potential cardiac arrest. However, the code was unsuccessful and she passed. VOPA opened a short-term investigation to review death discharge summary and other pertinent records to ascertain whether Rosa's medical needs were adequately addressed and why Rosa had a lengthy stay at this particular DBHDS-operated facility. VOPA used the information to inform our FY 2013 objectives.

While routinely reviewing Critical Incident Reports from the state-operated facilities, VOPA learned that Kendra died from questionable circumstances while receiving services in a state-operated mental health facility The institution reported to VOPA that Kendra died as a result of a stroke. In collaborating with the state police, VOPA conducted an investigation into Kendra's medical decline and death and found that Kendra had, in fact, died from trauma to the brain after striking her head twenty (20) hours before her death. Additionally, VOPA found that thirteen (13) minutes had elapsed between the facility noting that Kendra was unresponsive and the facility's call to emergency medical services. As a result of this investigation, VOPA recommended corrective action and systemic reform to include specific personnel actions and additional annual training for all nursing staff. The facility accepted and implemented this corrective action plan.

VOPA completed an investigation, opened at the end of FY 2011, into the death by suicide of an individual at a DBHDS-operated mental health facility. The individual had hung himself from an exposed pipe in his room. This facility responded aggressively and decisively to the issues stemming from the suicide. In response to the individual's suicide and subsequent investigations from multiple agencies, there have been many changes to the facility's policy and procedure, staffing planning, and accountability check system. Also, the facility is renovating its physical plant to address life safety issues and to make it safer for individuals receiving services.

SEC. 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	**Number of types of interventions used**	**Potential number of Individuals Impacted**	**Concluded Successfully**	**Concluded Unsuccessfully**	**On-going**
1. Group Advocacy non-litigation	1	1,400	X		
2. Investigations *(non-death related)*					
3. Facility Monitoring Services	1	35			X
4. Court Ordered Monitoring					
5. Class Litigation					
6. Legislative & Regulatory Advocacy					
7. Other					
TOTAL	2	1,435	1		1

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

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

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

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

INSERT ADDITIONAL PAGES INTO THIS SECTION AS NEEDED.

1. Group Advocacy Activity: VOPA worked with Virginia's Medicaid agency to distribute information on Children's Mental Health Waiver (CMHW), a demonstration grant from the federal Centers for Medicare and Medicaid Services. Although PAIMI funds were initially used to support this outreach, VOPA developed a contract with Virginia's Medicaid agency to reimburse our efforts with this project. CMHW is Virginia's first waiver for children and adolescents to opt out of institutional-based residential treatment, and instead, choose treatment in their respective community. This waiver also identified the need, effectiveness, and use of community-based mental health supports.

   Through this outreach, VOPA identified and trained several youth peer specialists to help educate providers and families regarding the availability of CMHW. Employing this waiver, VOPA also assisted individual discharges for children and adolescents in Virginia, thereby increasing individual choice and self-direction for treatment in the least restrictive environment. Furthermore, VOPA's work paves the path for this CMHW to be a permanent option for our children and adolescents with mental illnesses in the future.

2. Monitoring: In FY2011, We learned about Charlie, a young man who was injured at his treatment facility. Charlie's arm was broken in a restraint. We investigated. At the start of FY2012, VOPA filed a Human Rights complaint on Charlie's behalf. We got a resolution for him and all children at the PRTF. This PRFT will notify VOPA within 48 hours of every episode of restraint and seclusion, with or without injury, for two years. The PRFT must submit a copy of documented debriefing process and documented notification to parents and authorized representatives. These notifications allow VOPA to provide oversight concerning abuse and neglect. VOPA has thus far identified several patterns such as a marked increased in restraint and seclusion episodes in the afternoons and around mealtimes. We are working with the PRTF to address the patterns.

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**	2,825

6.B. STATE MENTAL HEALTH PLANNING ACTIVITIES

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

VOPA monitors the work of the State Mental Health Planning Council and assists when requested.

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.

Due to limited PAIMI funding, we limited our activity to monitoring the meeting agendas and minutes this year. In the past year, the Council has had difficulty completing their work due to not having a quorum at the meetings.

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

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

6. C.1. a. Number of public awareness activities or events.	**Total**	34
6. C.1. b. Number of individuals receiving the information.	**Total**	1,060
6. C.2. Number of education/training activities undertaken.	**Total**	17
6.C.2. refers to either the number of training programs sponsored by the P&A or the number of events sponsored by another organization *WHERE P&A STAFF ARE THE TRAINERS*. *The training must have provided specific information to participants regarding their rights. If the P&A only provided general program information then report the number of individuals trained in section 6.C.1.b.* [PAIMI Rules 42 CFR 51.31(c)].	**Total**	17

6. C.3. Number (approximate) of persons trained. *[Only include those individuals who attended a 6.C.2. type education/training program(s),* [See PAIMI Rules 42 CFR 51.31].	**Total** 1,567

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	NUM BER OF EVENTS	# of persons who received the information	OUTCOMES			
				Total A - C	A	B	C
a. Radio/TV appearances.							
b. Newspaper articles (attach copies of articles).							
c. Public Services Announcements (PSA), videos/films/, etc.							

d. Reports							
e. Publications, including articles in Professional journals.							
f. Other P& A disseminated information, includes general training, outreach activities or presentations, brochures and handouts that *were not* included/counted under training activities).	805	39	805	1	X		
g. Number Website hits, include visits.	Not known	1		1	X		
h. Describe other media activities. Annual report to the General Assembly; Executive Director's Blog on VOPA website.	2	2	Report to the GA: 140 Blog: Unknown	1	X		
TOTALS							

NOTE: VOPA cannot conclusively state that all recipients of the above materials were individuals with disabilities; however, we are confident that most are individuals with disabilities or their families or advocates. Electronic distribution of materials is not limited to a readership or number of viewers. We currently do not have a website counter to ascertain how many individuals view either VOPA's website or Executive Director's Blog.

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 __X__ 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 __2__**

7.2. The number of grievances filed by prospective PAIMI-eligible clients (those who were not served due to limited PAIMI Program resources or because of non-priority issues. **TOTAL __0__**

7.3. Total [Add 7.1 & 7.2] __2___ [42 CFR Section 51.25(a)(1),(2)]

7.4. The number of grievances appealed to:

7. 4.a. The Governing Authority/Board	**Total** 1	**7. 4.b. The Executive Director**	**Total** 2

c. TOTAL = 7.4a. & 7.4b. __3___

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. *[A report required, even if no grievances were filed.* [42 CFR 51.25(b)(2)] Total _1__

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

Colleen Miller, Executive Director

Governing Board Appeals Committee (membership rotates routinely):
Darrel Mason, Chairperson
Angela Thanyachareon, Vice Chairperson
Bill Fuller
Maureen S. Hollowell
Susan Kalanges (through February 2012)
Rita Kidd
Martha Pillow
Elizabeth Priaulx
Daaiyah Rashid
Michael Toobin
Thomas Walk

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 _X__, NO ___ If no, explain below.

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

SECTION 8. OTHER SERVICES AND ACTIVITIES

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

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

a. Yes _X_ Briefly describe how the notice is used to reach persons with mental illness and their families.

b. No __, If no, briefly explain.

VOPA publishes information regarding the PAIMI program and VOPA's Goals and Focus Areas on our website.

The Governing Board adopted a tri-annual schedule for reviewing the goals, focus areas, and objectives. September 30, 2012 saw the end of the three-year cycle, with FY 2012 Objectives accomplished. The FY 2013 Goals and Focus Areas are the first year of the new three-year cycle. The Governing Board and the Public Awareness and Goals Committee led the planning for the VOPA's PAIMI program. The Public Awareness and Goals Committee is comprised of a minimum of two Governing Board members, a representative from each of VOPA's Advisory Councils, and a VOPA staff person. This committee is charged to prepare the annual priorities for the full Board's consideration. The committee met in Spring 2012 to discuss plans for obtaining public input and comment on FY13-FY15 Goals and Focus Areas. The Governing Board approved and shared these plans with the VOPA Advisory Councils and VOPA staff. VOPA launched a web-based survey to obtain feedback on the goals and focus areas. VOPA also distributed surveys to the

public via mailings and at facilities. The Governing Board unanimously approved FY13 Goals and Focus Areas at its July 25, 2012 board meeting. VOPA staff, with input from the Advisory Councils, public input survey, and past year work experience, developed FY13 Objectives. The Public Awareness and Goals Committee recommended the objectives to the Governing Board at its October 3, 2012 board meeting. The Governing Board approved the FY13 Objectives then.

The PAIMI Advisory Council was actively involved in developing the PAIMI-related objectives for VOPA. VOPA consults this Advisory Council about target populations, intervention strategies, and community linkages and resources. It is a solid and frank resource for VOPA.

8. A.2. Were the notices provided to the following persons?		
a. Individuals with mental illness in residential facilities?	**YES X**	**NO***
b. Family members and representatives of such individuals?	**YES X**	**NO***
c. Other Individuals with disabilities?	**YES X**	**NO***
d. *Brief explanation is required for each NO answer in 8. A.2. a., b., or c.		

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

8. A.3.a. If *NO*, *briefly 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 comment?	**YES X**	**NO**

8. B. 2. If you answered YES to 8.B.1., then briefly describe the activities used to obtain public comment, e.g., public forums, constituent surveys, etc.

VOPA launched a web-based survey to obtain feedback on the goals and focus areas. VOPA also distributed surveys to the public via mailings and at facilities.

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

Alternate formats and translated documents would have been made available if requested. VOPA's website has a link to translation services. VOPA has a telecommunications device for the deaf (TTD) to receive calls from individuals who are deaf or hard of hearing. We also use a telephonic language line where callers can and do request services.

8. B. 4. If you answered NO to 8.B.1., *BRIEFLY EXPLAIN WHY THE PUBLIC WAS NOT PROVIDED AN OPPORTUNITY TO COMMENT* [42 CFR 51.24(b)].

8. C. LIST GROUPS, (a representative list of State, consumer and advocacy organizations, and other entities, such as professional, national and local organization organizations involved in mental health and/or other disability related issues, current and former recipients of mental health services and their family members 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
- Virginia Advocates United Leading Together (VAULT)

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. [The Demographic/State Profile information submitted with your PAIMI Application for the same FY will be used in the evaluation of your PPR data].

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

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

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

Governing Board members are political appointees. Although VOPA puts forward recommendations that reflect the diversity of the state and geographic areas, the appointments are at the will of the designated legislators and Governor.

8. F. PAIMI PROGRAM IMPLEMENTATION PROBLEMS

8. F.1. External Impediments

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

VOPA has invested considerable resources in an effort to enforce the reporting requirement of 42 C.F.R. § 483.374 regarding the reporting of serious occurrences by psychiatric residential treatment facilities. Serious occurrence reporting from psychiatric residential treatment facilities is inconsistent and accurate information regarding providers is difficult to obtain.

VOPA submitted paperwork to the Regional Centers for Medicare and Medicaid Services so they can provide the P&A with: (1) the names of individuals who died in restraint or seclusion incidents; and (2) full investigation reports and supporting information. To date we have not received any reports.

VOPA has insufficient PAIMI resources to meet the needs of individuals with mental illness living in the community.

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).

One (1) Managing Attorney and one (1) Disability Rights Advocate with significant experience in PAIMI activities resigned in FY 2012 to pursue other employment opportunities. Also, one (1) Staff Attorney was on maternity leave. This significantly impacted our ability to pursue some PAIMI objectives.

No later than January 1, 2014, VOPA will convert from a state agency to a private non-profit pursuant to state law. VOPA's Governing Board fully supports this conversion. During the 2012 Session, the Virginia General Assembly passed, and the Governor of Virginia signed, House Bill 1230. The law requires VOPA's Executive Director to complete a transition plan and to create a private non-profit capable of assuming the duties of the state's designated protection and advocacy system. The law also requires that the Governor redesignate VOPA as a private non-profit by January 1, 2014. We anticipate transition earlier, however. VOPA anticipates some staff departures as a result of the transition.

8. G. ACCOMPLISHMENTS

Briefly describe the most important PAIIMI-related accomplishment(s) that resulted from PAIMI Program activities. PROVIDE a website reference as to where any supporting documents describing these achievements may be found, e.g., case citations, news articles, legislation, etc.

One of our biggest accomplishments is seeking both individual and systemic relief for individuals who are in jail and who have been ordered into the custody of the Commissioner for Department of Behavioral Health and Developmental Services (DBHDS) for restoration services. As discussed in Section II, due to VOPA's advocacy efforts, the waiting list and times for individuals who are awaiting jail transfers to state hospitals for restoration services have reduced dramatically. VOPA continues to address aggressively any increases in the waiting list and times through individual cases. Our efforts have enabled many PAIMI-eligible individuals to receive the services they need in a more timely manner. Furthermore, our "Show Cause Kit," also discussed in Section II, have encouraged several members from Virginia's criminal defense bar to address their clients' needs for mental health services while in jail. This tactic has the potential to allow many more PAIMI-eligible individuals to receive the mental health services they need.

As with above, VOPA makes 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.

VOPA is undergoing a tremendous and positive change. We are transitioning to become a private nonprofit organization. Federal law requires that each state's protection and advocacy system for people with disabilities have the authority to investigate incidents of abuse and neglect independent of any agency providing services and to have the authority to pursue all appropriate legal remedies. As an Agency of the Commonwealth, VOPA cannot be fully independent. VOPA is an aggressive and zealous advocate for the rights of Virginians with disabilities, including those who are PAIMI-eligible. However, VOPA is tethered to the Commonwealth in many significant ways. As a fully independent organization, VOPA will be able to use its resources more effectively and efficiently. More importantly, as a fully independent organization, VOPA will be less susceptible to political threats. Therefore, VOPA will convert from a state agency to a private non-profit pursuant to state law. VOPA's Governing Board and the PAIMI Advisory Council fully support this conversion. During the 2012 Session, the Virginia General Assembly passed, and the Governor of Virginia signed, House Bill 1230. The law requires VOPA's Executive Director to complete a transition plan and to create a private non-profit capable of assuming the duties of the state's designated protection and advocacy system. The law also requires that the Governor redesignate VOPA as a private non-profit. We are targeting full conversion by October 1, 2013.

SECTION 8. OTHER SERVICES AND ACTIVITIES

8. H. RECOMMENDATIONS

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

PAIMI funding is inadequate to meet the needs of all eligible individuals, as well as to pursue all PAIMI activities permitted within the parameters of the grant.

All protection and advocacy programs would benefit from a reporting process that is better coordinated among the federal agencies.

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

None.

SECTION 9. ACTUAL PAIMI BUDGET/EXPENDITURES FOR FY 2012

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	$ 127,846	30.00%	$ 38,354
Administrative Assistant	$ 30,953	27.00%	$ 8,357
Staff Attorney	$ 66,594	20.00%	$ 13,319
Staff Attorney	$ 75,537	12.00%	$ 9,064
Administrative Assistant	$ 45,093	30.00%	$ 13,528
Managing Attorney	$ 83,175	20.00%	$ 16,635
Disability Rights Advocate	$ 3,207	50.00%	$ 1,604
Administrative Assistant	$ 27,000	32.00%	$ 8,640
Disability Rights Advocate	$ 7,164	60.00%	$ 4,298
Disability Rights Advocate	$ 41,850	50.00%	$ 20,925
Disability Rights Advocate	$ 65,856	50.00%	$ 32,928
Managing Attorney	$ 70,739	50.00%	$ 35,370
Administrative Coordinator	$ 40,550	26.00%	$ 10,543
Disability Rights Advocate	$ 46,053	17.00%	$ 7,829
Staff Attorney	$ 41,749	5.00%	$ 2,087
Deputy Director	$ 49,058	34.00%	$ 16,680
Staff Attorney	$ 50,582	50.00%	$ 25,291

Disability Rights Advocate	$ 46,154	20.00%	$ 9,231
Managing Attorney	$ 85,982	5.00%	$ 4,299
Staff Attorney	$ 50,880	50.00%	$ 25,440
Receptionist	$ 34,431	35.00%	$ 12,051
Disability Rights Advocate	$ 32,941	50.00%	$ 16,471
Fiscal Officer	$ 51,000	35.00%	$ 17,850
Disability Rights Advocate	$ 45,667	12.00%	$ 5,480
Data/Incident Analyst	$ 38,500	35.00%	$ 13,475
Staff Attorney	$ 66,725	60.00%	$ 40,035
Staff Attorney	$ 50,195	5.00%	$ 2,510
Disability Rights Advocate	$ 44,110	5.00%	$ 2,206
Reader/Driver	$11 per hour (1500 per year)	32.00%	$ 5,280
Disability Rights Advocate-Part time	$11 per hour (1500 per year)	15.00%	$ 2,475
Law Interns	$11 per hour (20 hrs 12 weeks)	3.00%	$ 79
Law Interns	$9.50 per hour (20 hrs 12 weeks	17.00%	$ 388
SUBTOTAL	$ 1,443,651	25%	$ 422,720
++VACANT POSITIONS			
VOLUNTEER POSITIONS			
TOTAL POSITIONS	31		

9. B. CATEGORIES	**COST**
FRINGE BENEFITS (PAIMI ONLY)	$ 122,589
TRAVEL EXPENSES (PAIMI ONLY)	$ 16,630
SUBTOTAL	$ 139,219

9. C. EQUIPMENT - TYPE (PAIMI ONLY)	**COST**
SUBTOTAL	

SECTION 9. ACTUAL PAIMI BUDGET/EXPENDITURES FOR FY 2012

9. D. SUPPLIES - TYPE (PAIMI ONLY)	COST
Computer Operating Supplies	$ 217
Office Supplies/Forms	$ 1,411
Food Supplies	$ 65
SUBTOTAL	$ 1,693

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

POSITION OR ENTITY	SERVICE PROVIDED	SALARY/ FEE	FRINGE BENEFIT COST	TRAVEL EXPENSES	OTHER COSTS
Printing/Copying Companies	Printing Services				$ 598
Legal Services	Court Reporters, Process Servers, Court Filing Fees, etc.				$ 3
Various Media	Advertisements, Recruitment, PR				-
Private Contractor	Accommodations for employee; interpreter, CART				$ 2,450
Professional Organizations	Memberships/ subscriptions				$ 6,972
Service Provider	Telecommunication Services				$ 45
Catering Services	Food for Board/Council/ Staff meetings				$ 1,346
SUBTOTAL					$ 11,414

9. F. TRAINING COSTS FOR PAIMI PROGRAM ONLY

CATEGORIES	# OF PERSONS/ TRAVEL COSTS+	# OF PERSONS/ TRAINING COSTS	# OF PERSONS/ OTHER EXPENSES++
STAFF	20/$1,983	20/$2,418	
GOVERNING BOARD	5/$1,136		5/ $673
PAC MEMBERS	6/$750		6/$750
VOLUNTEERS			
SUBTOTAL	31/$3,869	20/$2,418	11/$1,346

+These totals are included under "Travel Expenses" in Section 9.B.

++These totals are included in Sections 9.D and 9.E.

9. G. OTHER EXPENSES (PAIMI PROGRAM ONLY)	COST
Short Term Disability Payments/Leave Liability	$ 2,267
Postage/Shipping/Copying	$ 837
Office furniture	$ 135
Indirect costs	$ 46,641
SUBTOTAL	$ 49,880

SECTION 9. ACTUAL PAIMI BUDGET/EXPENDITURES FOR FY 2012

9. H. Indirect Costs (PAIMI only): $ 46,641		COST
1. Does your P&A have an approved Federal indirect cost rate?	YES X	NO
a. If YES, what is the approved rate?	12.0%	
2. Total of all PAIMI Program costs listed in 9.A. - 9.G.		$ 624,926
3. Income Sources and Other Resources (PAIMI Program Only)		$ 657,158
4. PAIMI Program carryover of grant funds identified by FY.		
FY 2011		$ 185,448
5. Interest on Lawyers Trust Accounts (IOLTA).		$
6. Program income (PAIMI only).		$ 17,435
7. State		$
8. County		$
9. Private		$
10. Other funding sources. [IDENTIFY each source].		$
11. Total of all PAIMI Program resources.		$ 861,041
SUBTOTAL		$ 861,041

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 -

The following minimum standards shall be used for all federal administrative reporting and grants reporting or record keeping requirements that include data on race and ethnicity [http://www.whitehouse.gov/omb/fedreg_1997standards/].

CATEGORIES AND DEFINITIONS:

ETHNICITY:

HISPANIC OR LATINO: A person of Cuban, Mexican, Puerto Rican, South or Central American descent.

Not of Hispanic Origin:

RACE:

AMERICAN INDIAN OR ALASKA NATIVE (include tribal affliation for the Alaska native when possible). - A person having origins in any of the original peoples of North and South America (including Central America), an who maintains tribal affiliation or community attachment.

ASIAN - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

BLACK OR AFRICAN AMERICAN - A person having origins in any of the Black racial groups of Africa.

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific islands.

WHITE - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Respondents have the option of selecting one or more racial designations.

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].