

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

STATE Virginia

FISCAL YEAR 2011

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:

Virginia.Simmons @SAMHSA.hhs.gov

REGULAR MAIL

***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)

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SECTION 1. GENERAL PAIMI PROGRAM INFORMATION

1.A. Fiscal Year:	2011
State:	Virginia
Name of P&A system:	Virginia Office for Protection and Advocacy
Mailing Address & Phone Number of Main Office:	1910 Byrd Avenue, Suite 5 Richmond, VA 23230 804-225-2042
Mailing Address & Phone Numbers of for each Satellite Office:	Not Applicable
Name of PAIMI Program, if different from the State P&A agency:	Not Applicable
Name, phone number, and e-mail address of the PAIMI Coordinator:	Sherry Confer Sherry.Confer@vopa.virginia.gov 804-225-2042
PPR Prepared by: Name: Title: Area Code & Phone Number: E-mail Address:	Sherry Confer Deputy Director 804-225-2042 Sherry.Confer@vopa.virginia.gov
The name of the Director of the State mental health agency to whom copies of the PAIMI PPR & ACR were sent.*	James W. Stewart, III Virginia Department of Behavioral Health and Developmental Services
Date the PAIMI PPR & ACR were sent to the State mental health agency.*	December 20, 2011

***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 XX	No
<p>1. B.2. Is the Chair of the PAIMI Advisory Council (PAC) a member of the GB? An explanation is required if the answer to this question is NO & THE P&A IS PRIVATE non-profit P&A system.</p> <p>VOPA is not a private non-profit P&A system.</p> <p>State statute determines the Governing Board's composition and authority. The PAC Chair is an ex-officio member of the Governing Board.</p> <p>PAIMI Advisory Council members have representation on each of the Governing Board Committees and have an equal vote on each committee.</p>	Yes XX	No

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

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

a. Total number of GB member seats available.	13
b. Total number of GB members serving as of 9/30.	13
c. Total number of GB vacancies on 9/30.	0
d. Term of appointment for GB members (number of years).	4
e. Maximum number of terms a GB member may serve.	2
f. Frequency of GB meetings.	Quarterly
g. Number of GB meetings held this fiscal year (FY).	4
h. Average Percentage (Average) of GB members present at meetings this FY.	75%

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.

4

b. Number of family members of individuals with mental illness who are R/FR of mental health services.

2

c. Number of guardians.

0

d. Number of advocates or authorized representatives.

1

e. Number of other persons who broadly represent or are knowledgeable about the needs of the clients served by the P&A system.

6

TOTAL

13

Section 42 CFR 51.22(b)(2) - mandated GB positions for private, non- profit systems. 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: 29

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: 9

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
.D.1. a. HISPANIC or LATINO	0	0
1.D.1. b. NOT HISPANIC or LATINO	0	29
1.D.2 RACE		

1.D.2. a. American Indian or Alaska Native	0	0
1.D.2. b. Asian	0	1
1.D.2. c. Black or African American	3	1
1.D.2. d. Native Hawaiian or Other Pacific Islander	0	0
1.D.2.e. White	10	27
1.D.2.f. One or more races	0	0
Vacancies on 9/30 (Identify by position).	0	2
TOTAL	13	29

SECTION 1. GENERAL PAIMI PROGRAM INFORMATION

1. E. GENDER

	GOVERNING BOARD	PAIMI STAFF
Male	4	10
Female	9	19
TOTAL	13	29

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 ILLUSTRATES 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 of 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, what - the outcome(s) that 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 the confidentiality of individual clients, and be consistent with the priorities and objectives submitted in the PAIMI Program application for the 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. w 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 FY2011
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. Investigate one (1) report of the unauthorized use of seclusion and restraint on an individual with a disability at an institution in each Health Planning Region. All investigations will seek corrective action, to include systemic reform, as necessary.
2. 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 individuals with disabilities in institutional settings, with a focus on psychoactive medication being administered in violation of the individual's rights. All investigations will seek corrective action, to include systemic reform, as necessary.
3. Investigate the system for protection from harm provided at DBHDS-operated institutions for individuals with mental illness and determine whether it meets legal requirements. Obtain corrective action as appropriate.
4. Establish whether the Commissioner, DBHDS, has implemented a system for the standardized reporting of seclusion and restraint events, and the compilation, analysis, and publication of seclusion and restraint data by DBHDS-operated institutions. Obtain corrective action as appropriate.
5. By April 1, 2011, investigate the implementation of a newly revised DBHDS instruction on emergency planning at one (1) DBHDS-operated mental health facility. Publish the results.
6. Prepare quarterly summaries and semi-annual trend analyses of Critical Incident Reports (CIRs) and other analyses as needed, for use in institution monitoring.
7. Inform policymakers of the need to eliminate abuse and neglect in institutional settings in response to all significant proposed regulations, policies, or legislation.

TARGET POPULATION:

PAIMI eligible children and adults living in institutional settings

TARGET:

Thirteen (13) investigations, data analysis, educate policy makers

OUTCOME:

1. VOPA investigated incidents of restraint related injuries at facilities serving persons with mental illness in three of

the five health planning regions. In one instance a serious occurrence report submitted by a psychiatric residential treatment facility stated that a resident had sustained a fractured arm as the result of a restraint episode. VOPA contacted the individual and the individual's guardian and obtained and reviewed records of care and treatment and the facility's internal investigation. Our investigation revealed that a "therapeutic hold" was improperly administered. The residential counselor who performed the hold was terminated for improper use of the restraint procedure. We also found that the facility failed to make the appropriate notifications to the individual's guardian. VOPA assisted the guardian in filing a formal human rights complaint and sought corrective action from the facility. The facility agreed to notify VOPA of every seclusion and restraint episode to include a copy of all documentation of the seclusion or restraint event and the contact information for the parent, guardian or other authorized representative of the individual who is the subject of the restraint for a period of one year.

2. VOPA opened 15 investigations into the response of licensing and oversight entities to deaths, serious injuries, or allegations of abuse or neglect of individuals with disabilities at Department of Behavioral Health and Developmental Services (DBHDS)-operated psychiatric hospitals. In one case a patient at a state hospital contacted VOPA via telephone and requested an investigation into an incident in which he alleged that a hospital staff member placed him in a choke hold and repeatedly punched him in the face. VOPA visited the individual at the hospital and reviewed records and video of the incident. The hospital's internal investigation eventually concluded that our client was abused by being assaulted by a staff member. Our client was subsequently discharged from the hospital and the staff member was the subject of a personnel action.
3. VOPA is investigating the system for protection from harm provided at DBHDS-operated facilities. The investigation has included review of hundreds of critical incident reports and dozens of facility investigation reports, review of facility practices and procedures regarding the conduct of internal investigations and reporting of incidents to external authorities, and has focused on individual cases as well as systemic issues such as staffing levels, staff training and supervision, and environmental factors. This investigation is ongoing.
4. VOPA monitored and provided input into the development of a DBHDS philosophy statement regarding seclusion and restraint usage and a new Departmental Instruction governing the use of seclusion and restraint. The most recent version of the Departmental instruction imposes a uniform system of reporting on the state operated facilities and bans the use of prone restraint. Additionally, we are pursuing the issue of the public dissemination of seclusion and restraint data by DBHDS.
5. VOPA investigated the implementation of a new DBHDS instruction on emergency planning at a state hospital. VOPA found that the hospital has in place a pre-existing emergency response plan that does not reflect the fact that the facility moved to a completely different physical structure. We contacted the facility director and the emergency planning and response coordinator at DBHDS Central Office and obtained assurances that a complete and updated assessment and plan will be developed.
6. VOPA reviews and processes every Critical Incident Report (CIR), Adult Protective Services (APS) report, and Psychiatric Residential Treatment Facilities (PRTF) serious occurrence report as they come in, and selects the most egregious for further discussion at a weekly meeting. Some incidents are opened for short-term fact-finding (which we are now tracking in our client database).
7. VOPA tracked legislative bills and discussions at the General Assembly related to abuse and neglect in institutions. We posted regular "Legislative Highlights" on our web page and sent occasional "alerts" concerning specific issues. Several pieces of proposed legislation addressed the rights of individuals with mental illness, including one to extend the time for a temporary detention order. That bill was defeated.

OBJECTIVE MET OR NOT MET:

Partially met.

1. No reports were received from two of the five Health Planning Regions.
3. Investigation is ongoing.
4. Investigation is ongoing on the issue of DBHDS publication of seclusion and restraint data.

PRIORITY (GOAL): 1

People with Disabilities are Free from Abuse and Neglect

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

OBJECTIVES:

1. Develop a publication to educate consumers regarding the state or federal agency that has regulatory authority over each community residential setting and how to file a complaint of abuse or neglect.
2. Investigate five (5) allegations of the abuse or neglect of individuals with disabilities in licensed community residential settings. Coordinate with the Department of Social Services (DSS) in two (2) jurisdictions to support increased reporting. All investigations will seek corrective action, to include systemic reform, as necessary.
3. By January 30, 2011, review initial findings from assisted living outreach effort and select up to five (5) facilities for more intensive review.

TARGET POPULATION:

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

TARGET:

One (1) publication, data analysis, five (5) investigations, monitoring efforts, five (5) facility reviews, educate policy makers

OUTCOME:

1. VOPA developed a fact sheet to educate consumers regarding the state or federal agency that has regulatory authority over each community residential setting and how to file a complaint of abuse or neglect.
2. VOPA conducted two investigations into allegations of neglect in licensed community residential settings serving individuals with mental illness. One investigation was based upon an APS referral that stated that an individual with mental illness who had been residing at an Assisted Living Facility (ALF) was transported to a community hospital. The individual required surgery to address severe health issues that indicated neglect. VOPA met with the individual who requested services. We then reviewed records from the ALF and the acute care hospital and met with the Adult Protective Services (APS) staff from the local Department of Social Services (DSS) office who had investigated the initial complaint. The local DSS office determined that the ALF had complied with all regulatory requirements with regard to the care provide our client. Our client was unable to return to the ALF due to increased medical needs and was admitted to a nursing home. (VOPA received, reviewed and keyed over 400 APS reports, however these reports rarely identify a specific disability so there is no way for VOPA to determine how many were actually PAIMI eligible.)
3. VOPA selected five ALFs for follow-up based on the results of our assisted living facility (ALF) outreach. Four ALFs had previously refused access to VOPA to discuss voting rights and denied us access to residents, and one ALF was chosen for follow-up due to poor conditions observed. VOPA completed surveys at all five ALF locations. We notified the DSS Office of Licensing Programs of VOPA's observations regarding conditions at one facility.

OBJECTIVE MET OR NOT MET:

Partially met.

2. Only two allegations involving PAIMI eligible individuals were received that met case selection criteria.

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. Investigate the response of entities responsible for licensing, oversight, or investigation in three (3) reports of death, serious injury, or allegations of abuse or neglect in community or institutional settings serving children and adolescents. All investigations will seek corrective action, to include systemic reform, as necessary.
2. Investigate the seclusion and restraint practices at the Commonwealth Center for Children and Adolescents. Seek corrective action, to include systemic reform, as necessary.
3. Investigate the inappropriate or excessive use of seclusion and restraint in a public or private school. Obtain corrective action as appropriate.
4. Prepare semi-annual summaries of all reports submitted by PRTFs for use in monitoring and to identify possible patterns of abuse or neglect.
5. Inform policymakers of the need to eliminate abuse and neglect in community or institutional settings serving

children and adolescents in response to all significant proposed regulations, policies, or legislation.

TARGET POPULATION:

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

TARGET:

Five (5) investigations, data analysis, educate policy makers

OUTCOME:

1. VOPA investigated the response of entities responsible for licensing, oversight, or investigation to seven reports of serious injury or allegations of abuse or neglect in facilities serving children and adolescents. One case was initiated by a complaint from a parent whose child was a resident of a psychiatric residential treatment facility (PRTF). The child had recently reached the age of majority and had been charged as an adult following a restraint incident based on allegations that she assaulted a staff member. Our client asserted that staff had used unnecessary physical force against her. VOPA obtained and reviewed records from the facility, the hospital emergency room, the police department, and the local DSS. Our investigation found, ultimately, that the response and subsequent actions of the licensing, oversight and investigation entities involved in the incident were appropriate.
2. VOPA is investigating seclusion and restraint practices at an acute inpatient psychiatric facility for children and adolescents operated by DBHDS. The investigation seeks to assess what progress the facility has made toward implementation of recommendations made by the Office of Technical Assistance for seclusion and restraint reduction. This investigation is ongoing.
3. VOPA conducted a preliminary inquiry regarding a complaint of improper use of restraint at a regional alternative school program. VOPA successfully negotiated with school attorney for release of parental contact information and the release of student records. Our investigation included a review of educational records, interviews of the parent and school staff, and a review of school policies on training and use of restraint. After review of student records and meeting with school staff, VOPA determined that there was insufficient evidence of abuse regarding the specific complaint.
4. VOPA reviews all serious occurrence reports submitted by Psychiatric Residential Treatment Facilities (PRTFs) and checks for trends in numbers of reports submitted by each facility and types of injuries reported. In FY11, VOPA received over 230 of these reports from 15 facilities.
5. VOPA reviewed the responses provided from Local Education Authorities to our FOIA request for policies on Seclusion and Restraint. We are drafting a summary of our findings to educate policymakers on the need for effective state regulations in this area. Additionally, VOPA tracked legislation concerning new requirements for children's facilities to post their licensing status. Although the bill was defeated in the session, the Governor included the requirement in his budget revisions.

OBJECTIVE MET OR NOT MET:

Partially met.

2. The investigation is ongoing.

PRIORITY (GOAL): 1

People with Disabilities are Free from Abuse and Neglect

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

OBJECTIVES:

1. Represent five (5) individuals who are in jail and under court order to the custody of the Commissioner, DBHDS, to ensure the receipt of timely and appropriate mental health treatment in an appropriate setting.
2. Identify one (1) jail where individuals are waiting for mental health services, investigate timeliness and appropriateness of services, and inform policymakers of findings.
3. Review whether there are systemic issues identified in the cases above and notify relevant policymakers.

TARGET POPULATION:

PAIMI eligible inmates who require mental health services

TARGET:

Five (5) individual cases, one (1) investigation, educate policy makers

OUTCOME:

1. VOPA represented 25 individuals in jail who had been ordered to the custody of the Commissioner, DBHDS, for restoration to competency services but had waited months without services. VOPA obtained lists of individuals awaiting restoration. One of the individuals was found incompetent to stand trial and the court ordered him into the custody of the Commissioner, DBHDS, for restoration in January 2011. After locating the individual in jail and entering into a representation agreement VOPA filed a motion for an order to show cause on our client's behalf in June 2011. The court held a hearing on our motion and issued a rule to show cause ordering the Commissioner to appear to explain why he should not be held in contempt for failure to comply with the court's earlier order regarding restorative treatment for our client. Our client was transferred to a state hospital for restoration prior to the show cause hearing. At the hearing the court granted the Attorney General's motion to dismiss the Rule to show cause order as moot.
- 2-3. VOPA met with the Commissioner of DBHDS, other Department officials, and facility directors regarding the provision of mental health services for individuals awaiting court-ordered restoration. The Department presented a plan to address the timely transfer of individuals under court order for restoration and other issues relating to forensic patients. VOPA is continuing to monitor implementation of that plan.

OBJECTIVE MET OR NOT MET:

Partially met.

2. Investigation of the provision of mental health services in jails is ongoing.

PRIORITY (GOAL): 2**People with Disabilities Live in the Most Appropriate Integrated Environment**

Focus Area 1: Maximize Individual Choice and Self Direction

OBJECTIVES:

1. Train consumers and staff at a Veterans Administration (VA) hospital regarding recognition of medical directives within the VA system.
2. Train ten (10) groups of Advance Directive Peer Advisors to equip mental health consumers to assist others in drafting advance directives.
3. In collaboration with the REACH (Recovery Education and Creative Healing) program, train ten (10) WRAP (Wellness Recovery Action Plan) facilitators to provide information on how to draft advance directives and facilitate their use with mental health consumers.
4. Represent three (3) individuals in proceedings to prevent, modify or terminate guardianship where the individual has capacity or has regained capacity as determined by a physician or psychologist.
5. Represent ten (10) individuals in preparing a health care directive or power of attorney as an alternative to guardianship.
6. Represent two (2) individuals per one hundred (100) patients at each DBHDS-operated psychiatric hospital to receive, as part of their treatment plan, opportunities for choice and control over themselves and their environment to include any necessary assistive technology.
7. Represent five (5) residents at PRTFs to receive timely and appropriate transition services
8. Investigate whether the appointment of substitute decision makers at DBHDS-operated institutions violates due process. Publish the results.

9. Inform policymakers about the right to self-determination and increased personal choice in response to all significant regulations, policies, or legislation concerning substitute decision-making.

TARGET POPULATION:

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

TARGET:

Twenty-one (21) trainings, one (1) investigation, thirty-two (32) individual cases, educating policy makers

OUTCOME:

1. VOPA provided training at the McGuire VA Hospital on advance directives attended by the entire mental health department staff.
2. VOPA provided training on Advance Directives for 89 individuals in 9 trainings, including CSBs, the VOCAL annual conference, and NAMI Peer-to-Peer Richmond. Most of the individuals trained are mental health consumers, but there have also been professional service providers interspersed in several of the audiences. Working with the Norfolk CSB, VOPA also trained eight peer advisers in the Norfolk area in the preparation of Advance Directives, and is developing a statewide training curriculum with a certification process.
3. In collaboration with the REACH (Recovery Education and Creative Healing) program, 17 WRAP (Wellness Recovery Action Plan) facilitators attended Peer Advisor training this year on how to draft advance directives and how to facilitate their use with mental health consumers.
4. VOPA opened six cases to represent individuals in proceedings to prevent, modify, or terminate guardianship. Upon investigation it was found that five of the cases did not meet the criteria of the objective; one case is ongoing.
5. VOPA assisted 26 individuals with mental illness in completing advance directives or powers of attorney regarding healthcare decisions.
6. VOPA represented 17 individuals who are patients at state hospitals in order to assist them in exercising choice and control over themselves and their environment and to obtain any necessary assistive technology. One individual contacted VOPA staff during a facility monitoring visit and reported that he was not permitted to communicate privately with anyone by telephone. VOPA agreed to assist the individual in asserting his right to communicate privately with persons of his choice. The individual is deaf and his use of a TTY device was being monitored by staff as part of a restrictive behavior plan. VOPA brought a human rights complaint on his behalf at the Local Human Rights Committee (LHRC). The LHRC directed the hospital to develop a corrective action plan to include: the hospital director provided our client with a written assurance that any restrictions placed on him would be in accordance with the Human Rights Regulations; a review of the client's treatment plan for compliance with the Human Rights Regulations was completed; all hospital treatment team heads were reminded of human rights requirements related to restrictive measures; the hospital director provided a report on the system for training hospital employees on the Human Rights Regulations.
7. VOPA received no service requests related to transitions services and PRTF discharge planning.
8. VOPA's investigation into whether the appointment of substitute decision makers at DBHDS-operated facilities violates due process has included the review of Departmental and facility policies and practices and information on the level of involvement of substitute decision makers in treatment decisions and discharge planning. This investigation is ongoing.
9. VOPA tracked several bills at the 2011 General Assembly session relating to substitute decision making. One bill with substantial reforms to the guardianship process was defeated in committee.

OBJECTIVE MET OR NOT MET:

Partially met.

7. No requests for services.
8. The investigation is ongoing.

PRIORITY (GOAL): 2

People with Disabilities Live in the Most Appropriate Integrated Environment

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

OBJECTIVES:

1. Inform patients and residents of their rights by conducting quarterly clinics on discharge rights and the human rights complaint system at each DBHDS-operated institution to include the dissemination and implementation of a self-advocacy training module.
2. Represent one (1) individual per one hundred (100) patients at each DBHDS-operated psychiatric hospital who have been identified as ready for discharge for thirty days and who have been identified as having one significant barrier to discharge to ensure timely and appropriate discharge planning and discharge.
3. For each individual represented in the objective above, review the Uniform Assessment Instrument (UAI) to determine if the placement plan is in the most integrated setting.
4. Identify barriers to discharge at one (1) DBHDS-operated psychiatric facility and notify appropriate policymakers.
5. Inform policymakers about the Americans with Disabilities Act's (ADA) Integration Mandate in all significant proposed regulations, policies, or legislation.
6. Inform policymakers that auxiliary grants should be "portable" as appropriate to individual need.
7. Inform policymakers about legal rights to choice, independence, and integration in all significant proposed regulations, policies, or legislation that we learn of through, the Mental Health Planning Council, the Coalition for Virginians with Mental Disabilities, the Commission on Mental Health Law Reform, and the Alliance for Community.

TARGET POPULATION:

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

TARGET:

Seven (7) individual cases, educating policy makers, twenty-eight (28) clinics and trainings

OUTCOME:

1. VOPA staff provided information regarding discharge rights and the human rights complaint system to patients at the nine DBHDS-operated psychiatric facilities. VOPA has developed and is currently using training curricula and tools that provide information regarding the human rights system in a more accessible format.
- 2-3. VOPA represented 19 individuals who are patients at state hospitals in obtaining timely and appropriate discharge planning and discharge. VOPA reviewed the Uniform Assessment Instrument (UAI) in those cases to determine whether the planned community placement is in the most integrated setting possible. In one instance VOPA represented a patient at a DBHDS-operated psychiatric facility for geriatric patients. VOPA staff met the individual during a facility monitoring visit and he requested assistance in obtaining discharge. VOPA staff worked with the individual, the hospital, and the community services board to develop an appropriate discharge plan. VOPA also worked with DBHDS Central Office to ensure that facility staff had access to barriers to discharge information needed for effective discharge planning as required by the Department's discharge protocols. Our client was discharged to a nursing home of his choosing.
4. VOPA identified barriers to discharge at a DBHDS-operated psychiatric facility including failure of the facility and the community services boards to engage in timely and effective discharge planning, lack of "bridge" funding, and lack of community mental health resources.
5. VOPA monitored and educated policymakers about many legislative and regulatory matters learned of through our partner advocacy organizations, including proposals for managed behavioral healthcare and its potential for increased institutionization.
6. VOPA is reviewing laws, regulations, legislative studies, and reports relevant to the auxiliary grant and is developing a white paper setting forth why it is imperative that the grant be made portable.

7. VOPA assisted with the legislative rally sponsored by the Coalition for Virginians with Mental Disabilities and advised the Coalition in its development of a legislative agenda. VOPA participated in the Waivers Group during the session and attended the Independent Living Day luncheon. VOPA monitored and educated policymakers concerning several mental health bills, including bills relating to licensure of children's mental health facilities.

OBJECTIVE MET OR NOT MET:

Partially met.

6. VOPA is considering strategies to address the issue of auxiliary grant portability.

PRIORITY (GOAL): 2

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 one (1) NGRI acquittee at each DBHDS-operated institution for persons with mental illness to ensure the timely development of a conditional release plan.
2. Investigate whether forensic patients at one (1) DBHDS-operated institution for persons with mental illness who have been determined to be ready for a less restrictive environment are transferred in timely manner, and publish report.

TARGET POPULATION:

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

TARGET:

Seven (7) individual cases, one (1) investigation

OUTCOME:

1. VOPA is representing six individuals who are not guilty by reason of insanity (NGRI) acquittees to ensure the timely development of a conditional release plan. One individual contacted VOPA staff during a facility monitoring visit. He has been at a state hospital for more than seven years and had not been progressing in the forensic privileging process which is necessary for eventual conditional release. VOPA met with the individual and his treatment team and advocated for adherence to the timelines established in the NGRI Manual for the privileging process and the development of a conditional release plan including decisions on granting privileges by the Internal Forensic Privileging Committee and the Forensic Review Panel.
2. As the result of a systemic investigation, VOPA determined that forensic patients at the state's high security forensic facility were not being transferred to a less restrictive facility in a timely manner after having been determined to be clinically appropriate for transfer. Using the human rights complaint system, VOPA obtained a favorable decision from the State Human Rights Committee which required the Commissioner, DBHDS, to develop and implement a plan for the timely transfer of all transfer-ready individuals. The Commissioner developed a plan to address this and other issues relating to forensic patients and VOPA is monitoring its implementation.

OBJECTIVE MET OR NOT MET:

Partially met.

1. VOPA did not receive a request for services on this issue from every DBHDS psychiatric hospital.

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 particular 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. 18 [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. 140

[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 number of PAIMI-eligible individuals served in 3.A.1. plus 3. A. 2. 158.

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 33 . TOTAL 3.A.4. [Equals the sum of 3.A.4.i. & 3.A.4.ii.] 33 . [Refer to the GLOSSARY for definition of Information and Referral (I&R) DO NOT include individuals that received I&R services in this section – report them in Section 6.A.]

SECTION 3. PAIMI-ELIGIBLE INDIVIDUALS

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 FY12 application notes the populations, advocacy issues and activities we intend to address in FY12. In addition, as other sections of this report note, there are some activities that are being carried forward into FY12. This carryover is due to budget constraints and level of staffing allowed within the grant parameters. Funding increases would help significantly in this area.

VOPA does not intend to use PAIMI funds for non-priority efforts. The 33 individuals noted above were fully screened for case level services but VOPA determined their issue was either not within priorities or they did not meet VOPA case selection criteria. They received information and referral resources and did not request additional services from VOPA. Section 6.A notes that VOPA provided information and referral resources to another 3155 individuals who did not require a full screening as clearly their issue was either outside of priorities or not an issue a P&A would address.

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

Total
183

[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	5 - 12	13 - 18	19- 25	25 - 64	64+	Total
0	0	11	13	120	14	158

***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 102	3.D.2. Female 56	3.D.3. Total* 158
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***The total number of individuals served listed in 3.A.3 should equal 3.D.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. Provisions 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	6
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	76
3.E.2.d. Native Hawaiian or Other Pacific Islander	
3.E.2.e. White	72
TOTAL	158
<u>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.</u>	

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.]					26
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).					
4. Adult community residential home, e.g., supervised apartment, semi-independent, halfway house, board & care, small group home (3 or less).					11
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)					5
12. Public (Municipal or State-operated) Institutional Living Arrangements, e.g., hospital treatment center/school or large group home 4+ beds.					78
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					20
15. State Prison					
16. Homeless					
17. Federal facility	a. Detention	b. Prison	c. Veterans Hospital	d. Other	
TOTAL					158

*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	2			1	1
b. Inappropriate or excessive					
1. Physical restraint	5			1	4
2. Chemical restraint*	1			1	
3. Mechanical restraint*					
4. Seclusion					
c. Involuntary medication	6			1	5
d. Involuntary Electrical Convulsive Therapy (ECT)					
e. Involuntary aversive behavioral therapy					
f. Involuntary sterilization					
g. Failure to provide appropriate mental health treatment	31	3		24	4
h. Failure to provide needed or appropriate treatment for other serious medical problems	3			1	2
i. Physical Assault					
1. Serious injuries related to the use of seclusion and restraint*					
2. Serious injuries NOT related to seclusion and restraint	1				1
j. Sexual assault					
k. Threats of retaliation or verbal abuse by facility staff					
l. Coercion					
m. Financial exploitation					
n. Suspicious death					
o. Other - Specify the type of complaint. Please describe on a separate sheet. [This number should be less than 1% of the total # of abuse complaints.] 1. Need for dental 2.	2				2

<i>Eyeglass withheld</i>					
TOTAL	51	3	0	29	19
*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 environments were 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

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.	11
b. Number of complaints/problems withdrawn or terminated by client.	4
c. Number of complaints/problem favorably resolved in the client’s favor.	35
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.A.3. a - d equals the total for 4.A.3.e. which must equal the total in Table 4. A.1.]	51
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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 <u>cc</u> only	OUTCOMES				
	TOTAL	A	B	C	D	E*
a. Admission to residential care or treatment facility						
b. Transportation to/from residential care or treatment facility						
c. Discharge planning or release from a residential care or treatment facility	35	5	1	16	5	9
d. Mental health diagnostic or other evaluation (does not include treatment)	1				1	
e. Medical (non-mental health related) diagnostic or physical examination	2	1				1
f. Personal care (e.g., personal hygiene, clothing, food, shelter)						
g. Physical plant or environmental safety	1					1
h. Personal safety (client-to-client abuse)						
i. Written treatment plan						
j. Rehabilitation/vocational programming	4			2	1	1
k. Other. [Please describe. However, make every effort to report within the above categories.] death investigation	1		1			
TOTAL	45	6	2	18	7	12

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

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.	6
b. Number of complaints/problems withdrawn or terminated by the client.	2
c. Number of complaints/problem favorably resolved in the client's favor.	35
d. Number of complaints/problem not favorably resolved in the client's favor.	2
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.]	45

SECTION. 4. COMPLAINTS/PROBLEMS of PAIMI-ELIGIBLE INDIVIDUALS						
4.C.1. AREAS OF ALLEGED RIGHTS VIOLATIONS ;		Number from closed cases only	Outcomes			
Number of Complaints	Problems		TOTAL	A	B	C
a.	Housing Discrimination	4		2		2
b.	Employment Discrimination	2				2
c.	Denial of financial benefits/ entitlements (e.g., SSI, SSDI, Insurance)	1		1		

d. Guardianship/ Conservator problems	5		1		4
e. Denial of rights protection information or legal assistance					
f. Denial of privacy rights (e.g., congregation, telephone calls, receiving mail)	3			1	2
g. Denial of recreational opportunities (e.g., grounds access, television, smoking)	2		1		1
h. Denial of visitors					
i. Denial of access to or correction of records	2		2		
j. Breach of confidentiality of records (e.g., failure to obtain consent before disclosure)					
k. Failure to obtain informed consent (see also, involuntary treatment)					
l. Failure to provide special education consistent with State requirements	2		1		1
m. Advance directives issues	25		25		
n. Denial of parental/family rights.	1	1			
o. Other: Please describe separately - Limited to no more than 1% of total.					
TOTAL (Sum of items a. - o.)	47	1	33	1	12

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

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.	5
b. Number complaints/problems withdrawn or terminated by client.	4
c. Number of complaints/problems favorably resolved in the client's favor.	36
d. Number of complaints/problems not favorably resolved in the client's favor.	2
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.]	47

4. D. 2. INTERVENTION STRATEGY OUTCOMES

Strategy		Outcomes												
		Abuse				Neglect					Rights Violations			
Intervention Strategies	Total	A	B	C	D*	A	B	C	D	E*	A	B	C	D*
1. Short Term Assistance	65	2		4	9	2		3	5	5	2	28		5
2. Abuse/Neglect Investigations	14	1	1	1	6		1	1	2			1		
3. Technical Assistance	10				1			1		1		6		1
4. Administrative Remedies	14			7		4		2	1					
5. Negotiations/Mediation	25			3	1		1	12	4		1	1		2
6. Legal Remedies	15	1		14										

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

ABUSE OUTCOME STATEMENTS

- A. Persons with disabilities whose environment was changed to increase safety or welfare.**
- B. Positive changes in policy, law or regulation re: abuse in facilities.**
- C. Validated abuse complaints that were favorably resolved as a result of P&A intervention.**
- D. Other indicators of success or outcomes that resulted from P&A involvement.**

* Received Rights Information

NEGLECT OUTCOME STATEMENTS

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

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

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

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

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

* Received Rights Information

RIGHTS VIOLATIONS OUTCOME STATEMENTS

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

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

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

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

* Received Rights Information

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 57

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

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

APS reports 1

d. TOTAL

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).	1
c. Number of deaths investigated NOT related to incidents of S & R, e.g., suicides.	2
d. Total Number of deaths investigated [Sum of 4.E.2. a-c].	3

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

4.E. DEATH INVESTIGATION ACTIVITIES

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

each category, as appropriate:

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

VOPA is investigating the death of a patient at a state-operated mental health facility during a restraint. VOPA obtained and reviewed the report of the Medical Examiner. VOPA has asserted probable cause and requested records. The investigation is ongoing.

VOPA investigated the death of a 50-year-old patient at a state-operated mental health facility from choking while eating lunch. VOPA reviewed the response of direct care staff and others to the emergency. The facility purchased equipment and implemented various measures to improve response to Code Blue situations including ongoing annual competencies and quarterly drills.

VOPA is investigating the death by suicide of a patient at a state-operated mental health facility that provides services for geriatric patients. The patient hung himself from an exposed pipe in his room. VOPA has obtained and reviewed records of the individual's care and treatment and facility records regarding monitoring of patients by hospital staff and Joint Commission review of the facility including a variance that was granted regarding the exposed pipes. The investigation is ongoing.

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

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

TOTAL						

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

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

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

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

INSERT ADDITIONAL PAGES INTO THIS SECTION AS NEEDED.

VOPA has no additional PAIMI related activities to report in this section. VOPA uses its annual objectives to address not only individual cases, but also its training and outreach, monitoring, legislative, and all systemic work. VOPA’s objectives include regular monitoring, group advocacy, regulatory advocacy, and investigations. Our work in those areas is reported under our objectives above. Any work outside of these objectives must be pre-approved by the Executive Director. VOPA had no PAIMI funded work outside of the objectives in FY11.

Please see other sections of this report for the above categories.

VOPA’s impact on PAIMI individuals includes patients at the state facilities (about 2405) and individuals receiving services from the public community based service providers (107,405). However, as Virginia still has state operated institutions, our greatest efforts are in those facilities.

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 3,155
6.B. STATE MENTAL HEALTH PLANNING ACTIVITIES	
Briefly list P&A collaboration/involvement in State Mental Health planning activities.	
<p>VOPA has a seat on the Mental Health Planning Council, mandated by Public Law 102-321. The MHPC reviews the state's comprehensive mental health plans for adults with serious mental illness and children with serious emotional disturbances. It also reviews and comments on the application for federal block grant money, the identification of unmet needs and on the utilization of funds which derive from the federal mental health block grant.</p> <p>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 finalizing their minutes due to not having a quorum at the meetings. It has been a little more difficult this year to locate notifications of the meetings. VOPA will continue to monitor when information is public.</p>	
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 conducted.	Total 9
6. C.1. b. Number of individuals who received the information.	Total 217
6. C.2. Number of education/training activities undertaken.	Total 59
Note: 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 59
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 1,484

SECTION 6. NON-CLIENT DIRECTED ADVOCACY ACTIVITIES

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

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).	63	63	Unknown, most were web-based and forwarded and re-forwarded	1	X		
c. Public Services Announcements (PSA), videos/films/, etc.							

d. Reports							
e. Publications, including articles in professional journals.	4	4	Unknown-Electronic newsletters that were forwarded and re-forwarded	1	X		
f. Other P&A disseminated information, includes general training, outreach activities or presentations, brochures and handouts that were not included/counted under training activities). (DVD created and mailed to targeted audience)	1	1	35	1	X		
g. Number Website hits, include visits.							
h. Describe other media activities. Annual Report to General Assembly, Director Blog on VOPA website	2	2	100 to General Assembly members Unknown director's blog	1	X		
TOTALS							

VOPA cannot definitively state that all the recipients of the above materials were people with disabilities, although we are confident that some are people with disabilities. Electronic distribution of materials is no longer limited to a readership or number of viewers. It is impossible to estimate how many times an item was forwarded.

SECTION 7. GRIEVANCE PROCEDURES [42 CFR Section 51.25]

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

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

7.1. The number of grievances filed by PAIMI-eligible clients, including representatives or family-members of such individuals receiving services during this fiscal year. TOTAL 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 3

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

7.4. The number of grievances appealed to:

7.4. a. The Governing Authority/Board	Total	7.4. b. The Executive Director	Total
	1		4

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

7.5. a. The number of reports sent to the governing board AND the Advisory Board mandatory for private non-profit P&A systems, at least one annually) that describe the grievances received, processed, and resolved. [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): Bill Fuller (Chair until 2012 and member until June 2013), Darrel Mason (Vice Chair and member until June 2012), Maureen S. Hollowell, Susan R. Kalanges, Rita Kidd, Martha Pillow, Elizabeth Priaulx, Daaiyah Rashid, Angela Thanyachareon, 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.

N/A

7.9. Was client confidentiality protected? YES _____ X _____, NO _____. If "No", briefly explain below [42 CFR 51.25(b)(6)].

N/A

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.

Information regarding the PAIMI program and VOPA's Goals and Focus areas are published on our website.

The VOPA Governing Board has adopted a tri-annual schedule for reviewing our program goals and objectives; the FY12 Goals and Focus areas are the third year of this cycle. We solicited public comment through a public survey posted on our website. This survey ran from June 7, 2011 to September 5, 2011. VOPA received 60 public comments from consumers, family members and professionals; 20% of the comments received related to mental health issues.

The VOPA Governing Board has an established policy and practice to receive public comment at each quarterly meeting of the Board and that Board Committees may receive public comment at their meetings at their discretion. Also, the Governing Board develops and implements a detailed public comment process based on the tri-annual planning cycle and staff recommendations; these decisions are reflected in the Board's meeting minutes which are also posted on the VOPA website. All VOPA Board and advisory council meetings are advertised as open to the public and include receipt of public comment as an agenda item. Any public comment received is considered in the priority planning process for the development of VOPA's goals, focus areas and objectives. (Please see attached sample Board and Council meeting notices) VOPA experimented with a new approach to public input during the summer of 2010 and expanded the approach in 2011. VOPA wrote short articles for e-newsletters of other advocacy agencies, describing current work of the agency and asking for input on future work. One brief article, on advanced directives, was featured in the NAMI Virginia e-news. Based on the success of this small experiment, VOPA intends to produce the e-news articles for other advocacy organizations and solicit public input throughout the year.

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

a. Individuals with mental illness in residential facilities?	YES X	NO *
b. Family members and representatives of such individuals?	YES X	NO *
c. Other individuals with disabilities?	YES X	NO *

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

Not applicable

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

8. A.3.a. If "No", briefly explain why the agency does not have such procedures in place.

Not applicable

SECTION 8. OTHER SERVICES AND ACTIVITIES

8. B.1. Was the public provided an opportunity for comment? YES X NO

8. B. 2. 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. The VOPA

website does have a link to translation services. VOPA also uses a telephonic language line where callers can and do request interpretation services.

8. B. 3. 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)].

Not applicable

8. C. LIST GROUPS, include 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

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

If the answer to any item in 8.E.1 - 4 is “NO”, please provide a brief explanation.

VOPA did not hire any additional PAIMI staff in FY11

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.).

Access to certain records related to investigations of deaths and serious injuries was delayed by the refusal of the State to recognize our authority to access those records which required protracted litigation to address. (See 8.G.)

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.

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.).

A VOPA disability rights advocate with significant experience in seclusion and restraint issues and children’s mental health issues left to pursue other employment. This impacted on our ability to pursue our objectives relating to those issues.

VOPA’s data analyst developed a major medical condition and passed away. This significantly impacted our ability to conduct trend analyses and other data processing activities.

VOPA’s Council liaison was on extended leave and resigned unexpectedly. This has created some gaps in administrative support to the Council and to VOPA in general.

8. G. ACCOMPLISHMENTS

For this fiscal year, briefly describe the MOST important accomplishment(s) that resulted from PAIMI Program activities. PROVIDE a reference, e.g., a website address, case or legislation citation, and the name of the newspaper, the date and title of article, etc. mentioned in your narrative. Please do not submit any supplemental materials.

VOPA obtained a favorable decision in the U.S. Supreme Court on an issue that directly affected our ability to function as a state agency P&A. The case was initiated by our pursuit of peer review records relating to investigations of death and serious injuries. The State sought to end our federal suit seeking those records by asserting sovereign immunity. The Supreme Court ultimately held that a state agency like VOPA can use the Ex parte Young exception to sovereign immunity to sue state officials who are alleged to have violated federal law. See VOPA v. Stewart, 131 S.Ct. 1632 (2011).

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.

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

SECTION 9. ACTUAL PAIMI BUDGET/EXPENDITURES FOR FY 2011

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	\$133,047	30%	\$39,914
Data Specialist	28,892	27%	7,801
Staff Attorney	65,326	20%	13,065
Staff Attorney	74,098	12%	8,892
Administrative Assistant	40,624	30%	12,187
Managing Attorney	81,590	20%	16,318
Disability Rights Advocate	8,925	5%	446
Administrative Assistant	40,428	32%	12,937
Disability Rights Advocate	38,110	50%	19,055
Disability Rights Advocate	45,176	17%	7,680
Disability Rights Advocate	2,775	50%	1,388
Managing Attorney	77,201	50%	38,600
Administrative Coordinator	36,168	26%	9,404
Disability Rights Advocate	42,570	20%	8,514
Staff Attorney	45,562	5%	2,278
Deputy Director	84,132	34%	28,605

Disability Rights Advocate	64,602	50%	32,301
Managing Attorney	85,982	5%	4,299
Staff Attorney	48,909	50%	24,454
Disability Rights Advocate	49,432	50%	24,716
Staff Attorney	46,350	50%	23,175
Disability Rights Advocate	44,798	12%	5,376
Data/Incident Analyst	18,000	31%	5,580
Staff Attorney	65,454	60%	39,273
Disability Rights Advocate/Paralegal	39,346	10%	3,935
Administrative Assistant-Reader/Driver	\$11 per hour (1,500 hrs per year)	10%	1,650
Law Interns	\$11 per hour (20 hr 12 weeks)	3%	79
Law Interns	\$11 per hour (20 hr 12 weeks)	3%	79
SUBTOTAL	\$1,378,834		\$394,752
++Vacant Positions			
Data Analyst/Disability Rights Advocate	\$39,000	31%	12,090
Disability Rights Advocate	37,000	20%	7,400
<i>Volunteer Positions</i>			
TOTAL POSITIONS	\$1,454,834		\$414,242
9. B. CATEGORIES		COST	
Fringe Benefits (PAIMI Only)		\$98,466	
Travel Expenses (PAIMI Only)		\$16,441	
SUBTOTAL		\$114,907	
9. C. EQUIPMENT - TYPE (PAIMI ONLY)			COST
Printer			\$9
SUBTOTAL			\$9

SECTION 9. ACTUAL PAIMI BUDGET/EXPENDITURES FOR FY 2011

9. D. SUPPLIES - TYPE (PAIMI ONLY)		COST
Computer Operating Supplies		\$502
Office Supplies/Forms		1,167

Custodial Repairs/Maint. Materials	32
Food Supplies	299
SUBTOTAL	\$2,000

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				\$763
Legal Services	Court Reporters, Process Servers, Court filing fees				14
Private Contractor	Accommodations for staff				4,472
Catering Services	Food for Board/Council/ Staff Meetings				1,364
SUBTOTAL					\$6,613

9. F. TRAINING COSTS FOR PAIMI PROGRAM ONLY

Categories	Number of persons/travel costs	Number of persons/ training costs	Number of persons/ Other expenses
Staff	4/\$1,045		4/\$1,692
Governing Board	8/1,541		
PAC Members	5/2,998	1/200	
Volunteers			
SUBTOTAL	\$5,584	\$200	\$1,692

9. G. OTHER EXPENSES (PAIMI PROGRAM ONLY)	COST
Short term Disability Payments/Leave Liability	\$6,198
Postage/Shipping	848
Indirect Cost	17,998
SUBTOTAL	\$25,044

SECTION 9. ACTUAL PAIMI BUDGET/EXPENDITURES FOR FY 2011

9. H. Indirect Costs (PAIMI only):	COST	
	YES	NO
1. Does your P&A have an approved Federal indirect cost	X	

rate?		
a. If YES, what is the approved rate?	9%	
2. Total of all PAIMI Program costs listed in 9.A. - 9.G.		\$570,291
3. Income Sources and Other Resources (PAIMI Program Only)		\$658,424
4. PAIMI Program carryover of grant funds identified by FY.		\$220,855
FY 2010		
5. Interest on Lawyers Trust Accounts (IOLTA).		\$
6. Program income (PAIMI only).		\$17,402
7. State		\$
8. County		\$
9. Private		\$
10. Other funding sources. [IDENTIFY each source].		\$
11. Total of all PAIMI Program resources.		\$
SUBTOTAL		\$896,681

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 affiliation 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].