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

STATE: VA	FISCAL YEAR: 2015

SECTION 1. GENERAL PAIMI PROGRAM INFORMATION

1.A. Fiscal Year:	2015
State:	VA
Name of P&A System:	VIRGINIA - disAbility Law Center of Virginia
Mailing Address & Phone Number of Main Office:	1512 Willow Lawn Drive, Suite 100 Richmond, VA 23230 804-225-2042
Mailing Address & Phone Number of Each Satellite Office:	
Name of PAIMI Program, if different from the State P&A agency:	N/A
Name, Phone number and email address of the PAIMI Coordinator:	Colleen Miller 8042252042 colleen.miller@dlcv.org
PPR Prepared by: **Name:** **Title:** **Area Code & Phone Number:** **E-mail Address:**	Colleen Miller Executive Director 804-225-2042 Colleen.Miller@dlcv.org
The name of the Director of the State mental health agency to whom copies of the PAIMI PPR & ACR were sent.*	Jack Barber
Date the PAIMI PPR &ACR were sent to the State mental health agency.*	12/2/2015

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
1.B.2.a Is the P&A a private non-profit P&A system?	Yes
1.B.2.b Is the chair of the PAIMI Advisory Council (PAC) a member of the governing board?	Yes
1.B.2.c. Please provide an explanation why the chair is not a member of the governing board N/A	

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.	11
b. Total number of GB members serving as of 9/30.	10
c. Total number of GB vacancies on 9/30.	1
d. Term of appointment for GB members (number of years).	4
e. Maximum number of terms a GB member may serve.	2
f. Frequency of GB meetings.	Quarterly
g. Number of GB meetings held this fiscal year (FY).	6
h. % (Average) of GB members present at meetings this FY.	75%

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.	5
b. Number of family members of individuals with mental illness who are R/FR of mental health services.	1
c. Number of guardians.	0
d. Number of advocates or authorized representatives.	2
e. Number of other persons who broadly represent or are knowledgeable about the needs of the clients served by the P&A system.	1
TOTAL	9

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.	29
1.a. How many of the staff listed above are attorneys?	10
1.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.*	11

1.D. ETHNICITY & RACE		
The minimum categories for data on race and ethnicity for federal program administrative reporting are defined in the Glossary:		
1.D.1. ETHNICITY	GOVERNING BOARD	PAIMI STAFF
1.D.1.a. Hispanic or Latino	0	0
1.D.1.b. Not Hispanic or Latino	10	33
1.D.2. RACE		
1.D.2.a. American Indian or Alaska Native	0	0
1.D.2.b. Asian	0	0
1.D.2.c. Black or African American	2	7
1.D.2.d. Native Hawaiian or Other Pacific Islander	0	0
1.D.2.e. White	8	25
1.D.2.f. Two or more races	1	0
Vacancies on 9/30 (Identify by position).	1	0
Governing Board Member	1	0
Total	12	32

1.E. GENDER		
	GOVERNING BOARD	PAIMI STAFF
1.E.1. Male	7	9
1.E.2. Female	3	24
Total	10	33

SECTION 2. PAIMI PROGRAM PRIORITIES & OBJECTIVES

2.A. Priority - 1164

People with Disabilities are Free from Abuse and Neglect
Focus Area: Mental Health Services in Jails and Juvenile Correctional Facilities

Case Example

See case examples in outcome section.

2.B. Objective - 2029

1) Monitor conditions at each Department of Juvenile Justice (DJJ) Juvenile Correctional Centers (JCCs) quarterly to provide information to residents regarding their legal rights and identify unsafe conditions of confinement.

2) By December 1, 2014, develop self-advocacy training for children and caregivers of children at DJJ facilities to include facility specific rights, information on special education, supported decision-making, VR, and benefits, with a specific emphasis on transition services.

3) In collaboration with the DJJ Parent Information Center, provide self-advocacy training to children and caregivers of children at each JCC in Virginia.

4) Represent five (5) children at DJJ correctional facilities to ensure that they receive appropriate mental health services, transition plans, appropriate educational services, and are not subjected to the improper use of seclusion and restraint.

2.C. Target Population

PAIMI-eligible individuals in jails and juvenile correctional facilities who require mental health services.

2.D. Target

Individual cases;
Training;
and Targeted monitoring

2.E. Outcome

1) dLCV monitored conditions at the Department of Juvenile Justice (DJJ) Juvenile Correctional Facilities (JCCs) quarterly and provided information through trainings and outreach to 160 staff on dLCV's mission, services, and resident rights at Beaumont and Bon Air JCCs. dLCV identified and monitored unsafe solitary confinement systemic issues, finding that residents of DJJ JCCs can often spend 23 hours a day in isolation. dLCV is addressing DJJ's use of solitary confinement of youth with mental health and developmental disability needs in the next fiscal year.

Case example: During dLCV's monitoring at a DJJ Correctional Facility located in Powhatan, Virginia, we met Thomas. Thomas is a 20 year old diagnosed with mental health and developmental disabilities. Despite internal protocol that no DJJ facility may keep a child in isolation for over 30 days, the Correctional Facility kept Thomas in isolation for over three consecutive months. During this time, Thomas's treatment team recommended his removal from isolation. The Correctional Facility staff refused and isolated Thomas for 23 hours per day. dLCV brought Thomas's confinement to the attention of leadership. They released him out of isolation. dLCV continues to work with Thomas to ensure special education service provision through the next fiscal year.

As a result of dLCV monitoring at the DJJ Correctional Facilities, dLCV learned that Beaumont Juvenile Correctional Facility's on-site school closed due to air conditioning problems. Students at Beaumont JCC were not receiving educational services. dLCV sent a demand letter to DJJ requiring Beaumont to address the issue and open the school for student education. Within 48 hours, students were back in school. Afterwards, dLCV monitored Beaumont's efforts through unannounced site visits.

2) dLCV educated staff on special education, including eligibility, child find, and Individualized Education Plan (IEP) development. dLCV also partnered with Just Children, a part of Virginia Legal Aid Justice Center, to collaborate to address systemic issues in JCCs, to include denial of special education service provisions.

3) dLCV increased self-advocacy for children and caregivers of Department of Juvenile Justice (DJJ) facilities by partnering with DJJ's Parent Information Centers; however, dLCV learned that the Parent Information Center closed this year. dLCV changed its strategy strategized to increase self-advocacy for children and caregivers of DJJ facilities by outreaching to the local Court Service Units (CSU). dLCV mailed information and training materials to 9 CSUs across Virginia.

4) Case example: Through partnership with Just Children, dLCV opened a case regarding a lack of educational supports and services for Allen, a resident at a DJJ Correctional Facility located in Powhatan, Virginia. Allen reported to dLCV that his Attention Deficit and Hyperactivity Disorder (ADHD) affected his ability to succeed in school. dLCV provided information to Allen regarding his right to accommodations, specifically regarding child find and the eligibility process. dLCV advocated on behalf of Allen to the principal of the Correctional Facility that Allen enter child find to determine eligibility for special education services. As a result of dLCV involvement, Allen received the evaluation and can fully participate in his education through accommodations necessary to support his disability related needs.

2.F. Objective Met or Not Met: Met

2.A. Priority - 1165

People with Disabilities are Free from Abuse and Neglect
Focus Area: Protection from Harm in Community Settings

Case Example

See examples in outcome section.

2.B. Objective - 2031

1) Review all reports submitted by APS regarding abuse and neglect allegations in community settings. Review quarterly analysis of APS reports to identify possible patterns and trends of preventable harm.

2.C. Target Population

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

2.D. Target

Data analysis

2.E. Outcome

1) dLCV opened a total of 8 service requests using multiple funding streams including PAIMI, based on reports it received on community providers. dLCV maintains an internal database to record data from the reports for future use and analysis. dLCV identified emerging trends of concern in FY 15. One trend affecting PAIMI eligible individuals is that issues identified in smaller institutional settings, including falls and seclusion, parallel those in state operated facilities.

2.F. Objective Met or Not Met: Met

2.A. Priority - 1166

People with Disabilities are Free from Abuse and Neglect
Focus Area: Protection from Harm in Community or Institutional Settings Serving Children

Case Example

See examples in outcome section.

2.B. Objective - 2030

1) Review every report submitted by a Psychiatric Residential Treatment Facility (PRTF). Analyze data from PRTF reports quarterly to identify patterns and trends of preventable incidents.

2) Develop and begin to provide self-advocacy training for children and caregivers of children at PRTFs to include information on facility specific rights wrap around services, special education, vocational rehabilitation (VR), and benefits, with a specific emphasis on transition services.

3) Investigate ten (10) allegations of abuse and neglect of children with disabilities at a PRTF or other residential facility, involving unnecessary use of seclusion and restraint, medical neglect or staff abuse. All investigations will seek corrective action, to include systemic reform, where possible.

4) Notify all long-term residential care facilities for children in Virginia of dLCV's children's facility monitoring program.

5) Conduct one (1) monitoring visit per quarter at long-term residential care facilities for children in Virginia. Take corrective action as necessary.

6) Monitor conditions at the DBHDS-operated Commonwealth Center for Children and Adolescents through monthly visits and provide residents with information about their legal rights. Take corrective action as necessary.

7) Obtain appropriate wrap-around services for three (3) children transitioning from institutional settings.

2.C. Target Population

PAIMI-eligible children and adolescents residing in institutions and community settings.

2.D. Target

Data analysis;
individual cases;
investigations;
trainings
targeted facility monitoring and
public policy advocacy, as needed.

2.E. Outcome

1) dLCV reviewed and analyzed every report submitted by a Psychiatric Residential Treatment Facility (PRTF) in accordance with to Title 42 of the Code of Federal Regulations. dLCV's analysis resulted in notable patterns which allowed for increased advocacy through systemic monitoring and oversight and identification of 9 non-reporting facilities.

2) dLCV increased self-advocacy for children and caregivers at PRTFs through presentations, general monitoring, and training to approximately 160 staff and 140 children at 10 PRTFs throughout Virginia. As a

result of dLCV's outreach

and training, reporting in accordance with the Code of Federal Regulations for PRTFs has increased by 50%.

3) Case Example: Brian's father contacted dLCV on behalf of the services his son was receiving as a resident of a PRTF located in Newport News, Virginia. Brian is a 17 year old diagnosed with mental illness. Brian's father sought dLCV assistance regarding Brian's inclusion into his own treatment, potential special education service eligibility, and the use of restraint. dLCV opened a case to aid in increasing Brian and his father's advocacy at the PRTF and in the future. dLCV provided short-term assistance to Brian and his father regarding education on Brian's right to be active and meaningfully involved in his treatment and services, how to access special education through child find and the eligibility process, and Brian's right to be free from all unnecessary seclusion and restraint usage. As a result of dLCV involvement, Brian and his father are prepared to advocate for appropriate and inclusive services and protection from harm.

4) Case example: On a routine monitoring visit of Commonwealth Center for Children and Adolescents (CCCA), dLCV met 17 year old Brittney. Brittney requested dLCV aid in investigating abuse concerning restraint usage at her previous residence, a PRTF in Northern Virginia. dLCV investigated Brittney's allegations and found egregious practices which allowed for unmonitored, untimed seclusion usage and inaccurate data collection of seclusion and restraint. dLCV worked in collaboration with the facility and created policies to govern the use and data collection of seclusion in accordance with Virginia's regulations. As a result of dLCV's involvement, the use of seclusion now protects the rights of youth like Brittney and facility staff understand and provide trauma-informed care.

5) Case Example: Mary's mother contacted dLCV on behalf of the treatment her daughter was receiving at a PRTF in Tidewater. Mary is a 16 year old female with severe trauma history, bullying at school, and self-injurious behavior. Throughout the investigation, Mary told dLCV "I just want to be normal." dLCV investigated and found abuse and medical neglect, specifically relating to the use of solitary confinement, delayed medical care for a fracture resulting from restraint, and bed restraints. Her face covered with a towel and her hair shorn, Mary suffered tremendously. dLCV utilized the formal Human Rights Complaint Process to gain an apology and financial compensation for Mary and her family, the banning of solitary confinement and the use of face-down restraint in accordance with Virginia regulations, the development of an informed consent policy for children and caregivers upon admission relaying the dangers of restraint, the creation of a policy on reporting, and staff retraining on all identified issues. As a result of dLCV advocacy and Mary's courage, dLCV achieved systemic reform so that another child will not have to go through what Mary did.

6) dLCV conducted monthly monitoring visits at the Commonwealth Center for Children and Adolescents (CCCA), Virginia's only public, state-operated mental health facility for children and youth. dLCV's monitoring included informal rights clinics, meetings, and collaboration on complaints to educate both youth and staff on their rights. dLCV educated youth and staff about our agency. dLCV also collaborated with the Human Rights Advocate and Local Human Rights Committee (LHRC), an oversight body mandated with advocacy for and oversight of CCCA and surrounding area providers. dLCV's monitoring allowed for identification of individual case work and systemic areas of need.

Case example: Kathleen's mother contacted dLCV to investigate treatment her daughter received as a resident at CCCA, pertaining to environmental neglect and failure to adequately discharge Kathleen. Kathleen is a 14 year old diagnosed with both mental health needs and developmental disability. dLCV opened an investigation and case-level services to aid in protection from harm for Kathleen and to support her discharging to the least restrictive, clinically appropriate environment. Kathleen told dLCV that she did not feel safe and wanted to leave CCCA as soon as possible, as she was a frequent target for peer-on-peer abuse. dLCV founded neglect concerning CCCA's failure to protect Kathleen from harm and advocated for Kathleen to move to another unit of care. Simultaneously, dLCV worked in collaboration to hold Kathleen's home school district responsible for funding of her educational placement at a nearby PRTF, a less restrictive environment for Kathleen to continue treatment prior to returning home. As a result of dLCV investigation and advocacy, Kathleen successfully discharged CCCA into a clinically appropriate environment. Kathleen stated that she was happy with her residence and felt safe, citing a staff that was one of her good friends and confidants. Kathleen is preparing to discharge home from the PRTF.

7) dLCV obtained appropriate wrap-around services for three children transitioning from institutional settings back into the community and also created a plan to address this on a systemic level in the next fiscal year.

Case example: As a result of dLCV's outreach and training of residents and staff at a PRTF in Southwestern Virginia, a young man sought aid for discharge to go home. PRTF staff stated that John, a 15 year old diagnosed with mental health and developmental disability needs, was clinically ready to return to the community but that the Community Services Board (CSB) was not moving forward in finding John the supports to successfully discharge home with his grandmother. dLCV met with John and his grandmother and begin to advocate in collaboration with the PRTF for John to return home. John stated to dLCV that his goals were to finish school and to find a job. John stated that he wants his own apartment someday and he knew that he would need to work hard to achieve this goal. dLCV advocated for John to receive Money Follows the Person funding, a funding stream through Department of Medical Assistance Services (DMAS) for people returning to the community. dLCV also gained in-home supports to aid John's grandmother in caregiving. As a result of dLCV advocacy, John returned home and resides there today. John is on his way to finishing high school and gaining a job so that he can live independently.

Case example: Nicole's mother contacted dLCV on behalf of her daughter, a resident at a PRTF in Newport News. Nicole is a 16 year old female with severe trauma and abuse history. As a result of inadequate treatment in various psychiatric hospitals in Virginia, Nicole cycled through the system and was in and out of facilities through the state throughout her adolescence. Nicole's mother alleged that the PRTF told her that she had to "come and pick up [Nicole] immediately" as the PRTF could not manage her behaviors anymore. Nicole's mother wondered how she could support Nicole in the community when mental health professionals at a PRTF could not. Nicole's mother feared that Nicole would go into crisis and hurt herself or another person. dLCV opened a case to prevent the PRTF from discharging Nicole without an adequate discharge plan, as this would set Nicole up for failure. dLCV worked in collaboration with the PRTF and the Community Services Board (CSB) to ensure that Nicole received an adequate discharge plan and supports in the community to include intensive in-home, peer support, and special education eligibility screening. As a result of dLCV advocacy, a month later, Nicole successfully discharged back to her family's home. Nicole most enjoys her peer supports and wants to help other youth in the future.

2.F. Objective Met or Not Met: Met

2.A. Priority - 1167

People with Disabilities are Free from Abuse and Neglect
Focus Area: Protection from Harm in Institutions

Case Example

See examples in outcome section.

2.B. Objective - 2028

1) Monitor conditions at Department of Behavioral Health and Developmental Services (DBHDS) operated mental health facilities, with an emphasis on reduction of seclusion and restraint, the provision of trauma informed care and timely discharge to the community.

2) On a weekly, monthly, and quarterly basis, analyze data from critical incident reports to identify patterns and trends of preventable incidents. On a quarterly basis, analyze licensing surveys, restraint data, and other sources of information to identify patterns and trends of preventable incidents.

3) Investigate the response of oversight agencies in twelve (12) incidents at DBHDS facilities involving restraint, possible staff abuse, or preventable death. Seek corrective action including systemic reform, as necessary.

4) Identify key indicators of improved quality of care at Eastern State Hospital (ESH), Building 1, from the ESH plan of correction. Monitor indicators and advise policy makers of progress or lack thereof by June 30, 2015.

5) Identify key indicators of trauma informed care and monitor ESH for presence of those indicators. Prepare and publish a report on findings by May 1, 2015.

6) Conduct a quarterly review of DBHDS management of court ordered restoration services.

7) Represent six (6) individuals in the forensic mental health system to ensure their right to the least restrictive environment or adequate due process.

8) Conduct primary or secondary investigations of twelve (12) incidents at non-state operated institutions, with an emphasis on active treatment, trauma informed care, and freedom from staff abuse.

9) Investigate the use of seclusion, restraint, and isolation at Marion Correctional Treatment Center (MCTC) and prepare a report of findings, to include seeking any needed corrective action, by August 15, 2015.

10) Review all reports submitted by Adult Protective Services (APS) regarding abuse and neglect allegations in institutional settings. Review quarterly analysis of APS reports to identify possible patterns and trends of preventable harm.

11) Respond to proposed legislation, regulation, or policy changes that may impact abuse and neglect in institutional settings.

2.C. Target Population

PAIMI-eligible individuals living in institutional settings

2.D. Target

Data analysis;
Targeted facility monitoring;
investigations;
and Public policy advocacy, as needed.

2.E. Outcome

1) dLCV continued monitoring activities in state operated psychiatric facilities. Monitoring activities included site visits, reviewing licensing and other reports, and data collection and analysis. The use of seclusion and restraint, quality treatment and prevention of abuse and neglect continued to be primary targets of monitoring activities.

For example, monitoring activities at multiple facilities demonstrated systemic inconsistencies in the standards for reporting and investigating abuse and neglect. dLCV shared this information with the Department of Behavioral Health and Developmental Services (DBHDS), who agreed to initiate a systemic review of investigation practices. dLCV also intervened when Central State Hospital failed to follow restraint protocols during “transport holds” in its maximum security forensic unit. At dLCV’s urging, the Office of Human Rights clarified the requirements to the human rights and facility staff. The Director ordered training to educate staff and minimize the risk of future rights violations.

dLCV also provided ongoing feedback regarding problematic practices, including peer on peer violence and PRN medications. dLCV completed a report regarding a death proximate to restraint at Western State Hospital. Based on monitoring activities in FY2015 and previous years, the report outlined the facility's past and current problems with unsafe and life-threatening seclusion and restraint practices.

dLCV also published Treatment Failure: The State of Services at Eastern State Hospital, informed in significant part by monitoring activities conducted at the facility in FY2015. DBHDS responded with its intention to engage a national expert to audit and provide recommendations.

2) dLCV reviewed every critical incident report weekly and compiled and analyzed data from those reports to identify trends. dLCV also used its findings to successfully advocate for systemic improvements and prevent future harm. For example, dLCV staff met with Harry after receiving a critical incident report. Harry self-injured with glass tubing; he got the glass from a light fixture in a bathroom. We investigated further and found that many light fixtures in the hospital were not tamper resistant, and that individuals could easily access them by standing on the lightweight chairs in the bedrooms. After addressing the matter directly with the facility director, the director agreed to spend more than $100,000.00 to upgrade more than 600 fixtures. The director also agreed to update policies and procedures to prevent future harm.

3) dLCV received a complaint that Demi fell and hit her head, requiring staples. Follow up revealed that the injury occurred in seclusion. After the advocate requested video footage, the facility conducted an investigation. dLCV’s investigation exposed numerous rights violations and disturbing deficiencies in the facility’s internal procedures. dLCV addressed the problems with the facility director, the assistant commissioner, and the Office of Human Rights. The director implemented a corrective action plan that included trauma informed care training for all staff, commencing a seclusion and restraint reduction committee, and instructing the Falls Committee to look at the connections between medications and fall precaution measures. dLCV also advocated for improved reporting, so dLCV is aware of reported injuries occurring incidental to a seclusion or restraint episode. In another matter, Liam approached dLCV to address physical restraint. dLCV found that the facility, relying on a faulty interpretation of applicable regulations, inappropriately restrained an individual and did not document the restraint according to facility policy. dLCV requested clarification from the office responsible for enforcing the regulations. They agreed that what the facility labeled a “transport hold” met the definition of restraint and must meet the standards for use and documentation of restraint. The facility amended its policies to conform to regulations, and the director

educated staff to facilitate compliance.

4) While contending with significant ongoing changes in structure and leadership at Eastern State Hospital (ESH), dLCV pursued completion of the objective. dLCV relied on the "key indicators" identified in the facility's corrective action plan, a plan developed in response to dLCV's findings regarding care in Building 1, Hancock Geriatric Treatment Center (HGTC), at the end of FY2014. In accordance with the corrective action plan, dLCV worked with the HGTC and ESH leadership to address issues as they arose. dLCV also shared concerns with DBHDS. We advised policy makers of findings and ongoing conversations with the leadership at HGTC, ESH and DBHDS as the corrective plan launched. dLCV continues monitoring at ESH.

5) dLCV monitored Eastern State Hospital (ESH) for indicators of trauma informed care by direct observation; case work; abuse and neglect investigations; interviewing leadership, staff and people served by ESH; evaluating seclusion and restraint data; reviewing internal policies and staff development activities; and reviewing DBHDS departmental policies.

6) dLCV's "Treatment Failure: The State of Services at Eastern State Hospital" report reached the Facility Directors, the Commissioner of the DBHDS, the Inspector General of Virginia and various press contacts. The Commissioner responded by arranging with an outside consultant to address problems at the facility. A regional newspaper wrote an article citing the report. Directors at other state operated facilities have discussed the report with advocates at dLCV. For example, a facility director expressed interest in making needed changes to deter a similar report about her facility. dLCV continues to monitor the implementation of trauma informed care at ESH and other state operated facilities in the coming year.

7) dLCV provided advocacy and attorney representation to protect the due process rights of individuals receiving forensic mental health services. For example, Niall contacted dLCV because the local mental health services agency denied his request to transfer case management services, delaying his progress toward release from the hospital. dLCV found that both mental health services agencies were out of compliance with applicable protocols. The advocate connected the mental health services' agencies Forensic Case Management Coordinator with the Assistant Commissioner for Behavioral Health in an effort to facilitate resolution. The mental health services agencies negotiated an agreement that allowed Niall to move forward in the graduated release process and prepare for discharge.

dLCV also represented a number of individuals approved for and awaiting transfer from a maximum security forensic unit to a less restrictive environment. The receiving hospital could not accept the individuals, and they remained in maximum security unit, in violation of the right to the least restrict environment. Following dLCV intervention at multiple levels, those individuals transferred to an appropriate and less restrictive facility.

8) dLCV investigated selected incidents in non-state operated institutions. dLCV focused those efforts on trauma informed care and appropriate treatment.

Adele contacted dLCV to address the hospital's threats to forcibly medicate her and their failure to obtain informed consent. The hospital staff not only disregarded the written instructions in her advance directive, they disregarded the healthcare agent's authority to withhold consent to the medication. We contacted the unit supervisor and demanded that his staff stop immediately. We also educated the supervisor, providing supporting documentation and the applicable statutes. Because of dLCV's swift action on her behalf, Adele avoided forcible medication. In addition, the hospital discharged her the next day, and she continues to live successfully in her community.

9) dLCV established access authority to Marion Correctional Treatment Center (MCTC) for the purpose of investigating and reporting on the facility's seclusion, restraint, and isolation practices. dLCV identified

inconsistencies in the application of seclusion, restraint and isolation for correctional versus clinical purposes. Because of dLCV intervention, inmates with disabilities are safer and dLCV can address reports of abuse or neglect from MCTC more quickly and efficiently.

10) Virginia law allows local departments of social services to share adult protective services reports with dLCV. dLCV reviewed every APS report it received in FY2015. If the report involved a state operated facility, dLCV referred it to the assigned staff for further review. dLCV uses this data to identify failures to comply with CIR reporting requirements, to identify individuals in need of additional advocacy services, and to identify facilities in need of additional monitoring. dLCV used specific examples of reportable incidents received from these reports to request more careful reporting from senior management at DBHDS. The specificity and variability of the information complicated efforts to perform statistical data analysis. However, the information helped dLCV identify individuals in need of advocacy services and support monitoring activities

11) dLCV responded to proposed legislative, regulatory and policy changes that could impact abuse and neglect protections for individuals in institutional settings. For example, dLCV provided public comment to the Department of Social Services, Division of Licensing programs regarding proposed changes to the licensing standards for assisted living facilities. Many assisted living facilities in Virginia serve individuals with serious mental illness. Public comment included recommendations for strengthening reporting requirements, formalizing criminal background checks for volunteers, and banning or limiting physical restraint.

2.F. Objective Met or Not Met: Met

2.A. Priority - 1168

People with Disabilities Live in the Most Appropriate Integrated Environment
Focus Area: Timely Discharge from State Facilities

Case Example

See examples in outcome section.

2.B. Objective - 2033

1) Provide STA to twenty (20) residents of DBHDS psychiatric hospitals who are seeking discharge.

2) Represent ten (10) individuals at DBHDS-operated psychiatric hospitals who have been identified as ready for discharge for more than thirty (30) days to ensure timely and appropriate discharge planning and referral to VR services and benefits planning.

3) By April 1, 2015, develop handbook on resident rights, including rights to discharge. Distribute five hundred (500).

4) Prepare and publish a report identifying barriers to discharge of geriatric individuals who have been determined clinically ready for discharge from state psychiatric facilities.

2.C. Target Population

PAIMI-eligible individuals in state-operated mental health facilities who face systemic barriers to full and genuine community integration.

2.D. Target

Individual cases;
publication;
report;
and public policy advocacy, as needed.

2.E. Outcome

1) dLCV provided short term assistance to multiple people seeking discharge from state operated psychiatric facilities. For example, Louis believed he should be discharged and contacted dLCV for assistance. The advocate confirmed that the hospital found he met discharge criteria, and advised him of his right to request immediate discharge and waive discharge planning. dLCV provided the appropriate form to request discharge from the facility. Louis is close to going home.

In another example, dLCV assisted Harry navigate a complicated discharge process. Harry met the criteria, but role confusion and communication problems delayed the discharge process. dLCV helped Harry include his supportive sister in the process and advocate for his preferences. dLCV facilitated communication and collaboration and Harry successful transitioned to an assisted apartment close to his relatives.

In some circumstances, the person seeking services does not meet the criteria for discharge. dLCV assists them in other ways, providing information on discharge rights and self-advocacy strategies for developing and meeting treatment goals. For example, Caleb requested discharge assistance and believed he had been ready for discharge for some time. After reviewing his records and meeting with his social worker, dLCV learned that the court issued a civil commitment order for Caleb, and he did not meet the criteria. dLCV helped Caleb understand when his right to discharge begins, and invited him to contact us in the future.

2) dLCV provided services for individuals identified as ready for discharge for more than 30 days. Those people are experiencing “extraordinary barriers” to discharge that facilities and community agencies sometimes fail to address. For example, dLCV intervened on behalf of Levi, a young man in his ninth year of hospitalization. After dLCV participated in his discharge planning, the process went smoothly, and the facility quickly implemented a plan that Levi felt very confident in. Levi received all of the supports and services in his plan and was very pleased with his placement.

dLCV also used discharge planning to advocate for systemic improvement. Marilyn approached dLCV for assistance because her discharge planner withdrew Marilyn’s application to her preferred placement without a proper explanation. dLCV negotiated extensively with the mental health services agency resulting in Marilyn’s discharge. After discharge, she expressed concern with the funding of her placement. dLCV resolved the issue for Marilyn and also persuaded the mental health services agency to adopt the practice of reviewing placement funding plans with clients prior to discharge.

3) dLCV developed a handbook on resident rights, including rights to discharge to support individuals in state operated psychiatric facilities while also streamlining information and referral on common issues. In FY15, dLCV determined appropriate content areas for the resident rights handbook. Because of the considerable amount of information covered, staff divided the handbook into two editions, one for treatment rights, and one for discharge rights. However, because of limited PAIMI funding we delayed production of the handbook until FY 16.

4) Based on monitoring data, analysis, and individual client representation, dLCV identified a number of barriers to discharge for geriatric individuals in state operated psychiatric facilities. Although many individuals no longer need inpatient services, complex medical, behavioral health, and supported decision making needs, and the scarcity of community providers able or willing to serve this population, impedes discharge. Other financial and legal problems also play a role. dLCV prepared recommendations for inclusion in a report for policymakers and department officials. Just before publication, facilities and programs serving geriatric individuals underwent significant changes due to a CMS ruling that they did not qualify for nursing home funding. Statutory changes also impacted dLCV’s ability to assess barriers to discharge. Nonetheless, dLCV identified important barriers and is better prepared to address ongoing obstacles to least restrictive environments for geriatric Virginian’s with psychiatric service needs.

2.F. Objective Met or Not Met: Not Met

Limited PAIMI funding

FY16: Production of handbook

2.A. Priority - 1169

People with Disabilities Live in the Most Appropriate Integrated Environment
Focus Area: Maximize Choice and Self Direction

Case Example

See examples in outcome section.

2.B. Objective - 2032

1) Represent individuals in preparing a Healthcare Directive or Power of Attorney as an alternative to guardianship or involuntary treatment.

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

3) Respond to all proposals that would reduce legal rights to choice, independence, and integration that we learn of through the Behavioral Health Advisory Council and the Virginia Public Guardianship and Conservatorship Advisory Board.

4) By June 15, 2015, develop, produce, and disseminate a Video on Advance Directives to be used in psychiatric facilities to support understanding and use of advance directives as a tool to maximize self-determination in treatment.

5) Represent eight (8) individuals at DBHDS-operated psychiatric hospitals to receive, as part of their treatment plan, opportunities for choice and control over themselves and their environment to include opportunities to communicate and meet in private and any necessary AT.

2.C. Target Population

PAIMI-eligible individuals in DBHDS Forensic Mental Health System

2.D. Target

Individual cases;
video;
and public policy advocacy, as needed

2.E. Outcome

1) Using Advance Healthcare Directives and Powers of Attorney, dLCV attorneys helped people thwart unnecessary guardianship proceedings, substituting the state's most restrictive decision-making arrangement for one that maximizes control and self-determination. Many clients came to dLCV after being told to seek guardianship, but they desired a less costly and restrictive arrangement. Some had previously received training in alternatives to guardianship from dLCV.

Case example: For some clients, healthcare planning became a family affair. Elana contacted dLCV to complete an advance directive for her daughter who recently turned 18. During the discussion of her daughter's decision-making needs, Elana felt that she could also benefit from an advance directive due to her own significant healthcare needs. The dLCV attorney helped mother and daughter each draft and execute advance directives. Now they have the power to support one another if a mental health emergency occurs.

Case example: Tracy's mother contacted dLCV on behalf of her daughter for information on guardianship, as Tracy reached 18. Tracy, at the time, was receiving treatment for her mental health needs at CCCA. dLCV educated Tracy's mother on the benefits of a Power of Attorney instead of guardianship, as a guardianship order would remove all of Tracy's rights, even when she was not in mental health crisis. Tracy's mother now advocates for her daughter's support needs and independence simultaneously.

2) We completed this objective using non-federal funds.

3) dLCV reviewed information provided by the Behavioral Health Advisory Council and the Virginia Public Guardianship and Conservatorship Advisory Board to stay informed of any proposals intended to reduce legal rights to choice, independence, and integration of Virginians with mental illness in institutions or at risk of institutionalization.

4) dLCV produced three video training modules on the use of Advance Directives, which were tied into the Ask the Expert video trainings. dLCV intends to use the training modules in state operated psychiatric facilities to facilitate the use of advance directives and support individual choice and control in FY 16. Due to limited PAIMI funding, we delayed completion and distribution of the videos until FY 16.

5) dLCV advocated for eight people requesting assistance to obtain opportunities for choice and control in their recovery. These individuals received services at state operated psychiatric facilities. For example, Ally approached dLCV because the facility administered medication despite her objection. dLCV determined that Ally could provide informed consent and helped her file a complaint to ensure her choices were honored during a mental healthcare emergency.

2.F. Objective Met or Not Met: Not Met

Limited PAIMI funding

FY16: Completion of videos

SECTION 3. PAIMI-ELIGIBLE INDIVIDUALS

3.A. NUMBER OF INDIVIDUALS SERVED WITH PAIMI FUNDS

3.A.1. Total of PAIMI-eligible individuals who were receiving advocacy services at start of FY. [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].	47
3.A.2. Total of new/renewed PAIMI-eligible individuals served during the FY. [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*].	85
3.A.3. Total of PAIMI-eligible individuals served in 3.A.1. & 3.A.2. 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].	132
3.A.4.a. The number of PAIMI-eligible individuals who requested individual advocacy services who were not served within 30 days of initial contact due to insufficient PAIMI funding.	0
3.A.4.b. The number of PAIMI-eligible individuals who requested individual advocacy services who were not served within 30 days of initial contact due to non-priority issues.	0
3.A.4.c. Total [Equals the sum of 3.A.4.a. & 3.A.4.b. Refer to the GLOSSARY for definition of I&R. DO NOT include individuals who received Information and Referral (I&R) services in this section – report them in Section 6.A.]	0

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

Limited PAIMI funding affected the total amount of time spent on PAIMI cases and projects. Examples include completion of videos and reports and the duration and frequency of monitoring visits.

dLCV promotes increasing PAIMI funding for the P&A system to allow for individuals with mental illness to receive adequate services.

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

Total [*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*].	159

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

3.C.1. Ages 0 - 4	0
3.C.2. Ages 5 - 12	0
3.C.3. Ages 13 - 18	15
3.C.4. Ages 19 - 25	16
3.C.5. Ages 26 - 64	86
3.C.6. Ages 64+	15

SECTION 3. PAIMI-ELIGIBLE INDIVIDUALS

3.A. NUMBER OF INDIVIDUALS SERVED WITH PAIMI FUNDS

Total	132

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	76
3.D.2. Female	56
3.D.3. Total*	132

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

3.E. ETHNICITY & RACE OF PAIMI-ELIGIBLE INDIVIDUALS

3.E.1. ETHNICITY	
3.E.1.a. Hispanic or Latino	3
3.E.1.b. Not Hispanic or Latino	0
3.E.2. RACE	
3.E.2.a. American Indian or Alaska Native	1
3.E.2.b. Asian	2
3.E.2.c. Black or African American	51
3.E.2.d. Native Hawaiian or Other Pacific Islander	0
3.E.2.e. White	71
3.E.2.f. Two or more races	4
Total	129

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.

3.F. LIVING ARRANGEMENTS OF INDIVIDUALS AT INTAKE	
3.F.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].	9
3.F.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.	6
3.F.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).	0
3.F.4. - Adult community residential home, e.g., supervised apartment, semi-independent, halfway house, board & care, small group home (3 or less).	5
3.F.5. - *Non-medical community-based residential facility for children & youth.	1
3.F.6. - Foster Care	0
3.F.7. - *Nursing Facilities, including Skilled Nursing Facilities(SNF)	1
3.F.8. - *Intermediate Care Facilities (ICF)	0
3.F.9. - * Public and Private General Hospitals, including emergency rooms.	1
3.F.10. - * Other health facility.	0
3.F.11. - Psychiatric wards (public or private)	4
3.F.12. - Public (Municipal or State-operated) Institutional Living Arrangements (e.g., hospital treatment center/school or large group home 4+ beds).	93
3.F.13. - Private Institutional Living Arrangement (e.g., hospital or treatment center, school or large group home more than 3 beds).	8
3.F.14. - Legal Detention/Jail/Detention Center	4
3.F.15. - State Prison	0
3.F.16. - Homeless	0
3.F.17.a. - Federal Facility - Detention	0
3.F.17.b. - Federal Facility - Prison	0
3.F.17.c. - Federal Facility - Veterans Hospital	0
3.F.17.d. - Federal Facility - Other (Describe)	0
Total	132
The total for 3.F. equals the total listed in 3.A.3. *Expanded authorities under the Children's Health Act of 2000, Part H, section 592(a) and Part I Section 595, as codified respectively under Title V. Public Health Service Act, 42 U.S.C. at 290ii- 290ii and 290jj-1 - 290jj(2).	

SECTION 4. COMPLAINTS / PROBLEMS of PAIMI-ELIGIBLE INDIVIDUALS

4.A.1. AREAS OF ALLEGED ABUSE: Number of complaints/problems – Make every effort to report within the following categories:	Number From Closed Cases Only	Outcomes			
	Total	A	B	C	D
a. Inappropriate or excessive medication	3	0	1	0	2
b.1. Inappropriate or excessive physical restraint	9	2	1	0	6
b.2. Inappropriate or excessive chemical restraint	0	0	0	0	0
b.3. Inappropriate or excessive mechanical restraint	4	0	2	2	0
b.4. Inappropriate or excessive seclusion	1	0	0	1	0
c. Involuntary medication	1	0	0	0	1
d. Involuntary electrical convulsive therapy (ECT)	0	0	0	0	0
e. Involuntary aversive behavioral therapy	0	0	0	0	0
f. Involuntary sterilization	0	0	0	0	0
g. Failure to provide appropriate mental health treatment	9	1	0	3	5
h. Failure to provide needed or approprate treatment for other serious medical problems	9	3	1	1	4
i.1. Physical Assault - Serious injuries related to the use of seclusion and restraint	2	1	0	0	1
i.2. Physical Assault - Serious injuries NOT related to seclusion and restraint	2	0	0	1	1
j. Sexual assault	3	0	0	0	3
k. Threats of retaliation or verbal abuse by facility staff	0	0	0	0	0
l. Coercion	8	1	1	0	6
m. Financial exploitation	0	0	0	0	0
n. Suspicious death	0	0	0	0	0
o. Other (This number should be less than 1% of the total # of abuse complaints)	0	0	0	0	0
Total	51	8	6	8	29

*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).

4.A.2. ABUSE OUTCOME STATEMENTS

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

4.A.2. ABUSE OUTCOME STATEMENTS

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

See outcomes in section 2.

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).

N/A

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.	7
b. Number complaints/problems withdrawn or terminated by client.	6
c. Number of complaints/problem favorably resolved in the client's favor.	38
d. Number of complaints/problem not favorably resolved in the client's favor.	0
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

SECTION 4. COMPLAINTS / PROBLEMS of PAIMI-ELIGIBLE INDIVIDUALS

4.B.1. AREAS OF ALLEGED NEGLECT – [failure to provide for appropriate . . .] - Number of Complaints/Problems:	Number From Closed Cases Only	Outcomes				
	Total	A	B	C	D	E
a. Admission to residential care or treatment facility	1	0	0	0	0	1
b. Transportation to/from residential care or treatment facility	0	0	0	0	0	0
c. Discharge planning or release from a residential care or treatment facility	48	2	0	0	24	22
d. Mental health diagnostic or other evaluation (does not include treatment)	0	0	0	0	0	0
e. Medical (non-mental health related) diagnostic or physical examination	2	1	0	1	0	0
f. Personal care (e.g., personal hygiene, clothing, food, shelter)	4	1	0	1	1	1
g. Physical plant or environmental safety	2	1	1	0	0	0
h. Personal safety (client-to-client abuse)	3	2	0	0	0	1
i. Written treatment plan	2	0	0	0	0	2
j. Rehabilitation/vocational programming	3	1	0	0	0	2
k. Other (Please make every effort to report within the above categories)	0	0	0	0	0	0
Total	65	8	1	2	25	29

4.B.2. NEGLECT OUTCOME STATEMENTS

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

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

See outcomes in section 2.

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

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

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

N/A

4.B.3. NEGLECT COMPLAINTS DISPOSITION

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

a. Number of complaints/problems determined after investigation not to have merit.	0
b. Number complaints/problems withdrawn or terminated by client.	1

4.B.3. NEGLECT COMPLAINTS DISPOSITION	
c. Number of complaints/problem favorably resolved in the client's favor.	64
d. Number of complaints/problem not favorably resolved in the client's favor.	0
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.].***	65

SECTION 4. COMPLAINTS / PROBLEMS of PAIMI-ELIGIBLE INDIVIDUALS

4.C.1. AREAS OF ALLEGED RIGHTS VIOLATIONS; Number of Complaints Problems	Number From Closed Cases Only	Outcomes			
	Total	A	B	C	D
a. Housing Discrimination	0	0	0	0	0
b. Employment Discrimination	0	0	0	0	0
c. Denial of financial benefits/ entitlements (e.g., SSI, SSDI, Insurance)	0	0	0	0	0
d. Guardianship/ Conservator problems	2	0	0	0	2
e. Denial of rights protection information or legal assistance	0	0	0	0	0
f. Denial of privacy rights (e.g., congregation, telephone calls, receiving mail)	0	0	0	0	0
g. Denial of recreational opportunities (e.g., grounds access, television, smoking)	2	0	0	1	1
h. Denial of visitors	0	0	0	0	0
i. Denial of access to or correction of records	2	0	1	0	1
j. Breach of confidentiality of records (e.g., failure to obtain consent before disclosure)	0	0	0	0	0
k. Failure to obtain informed consent (see also, involuntary treatment)	0	0	0	0	0
l. Failure to provide special education consistent with State requirements	4	3	0	0	1
m. Advance directives issues	12	0	12	0	0
n. Denial of parental/family rights	0	0	0	0	0
o. Other (Please make every effort to report within the above categories)	0	0	0	0	0
Total	22	3	13	1	5

4.C.2. RIGHTS VIOLATIONS OUTCOME STATEMENTS

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

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

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

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

Received rights information and self-advocacy strategies

4.C.3. RIGHTS VIOLATIONS DISPOSITION

For closed cases listed in Table 4.C.1., provide the numbers of rights complaints or problem areas for each disposition category.	
a. Number of complaints/problems determined after investigation not to have merit.	1
b. Number complaints/problems withdrawn or terminated by client.	1
c. Number of complaints/problem favorably resolved in the client's favor.	20
d. Number of complaints/problem not favorably resolved in the client's favor.	0
e. 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.].***	22

SECTION 4. COMPLAINTS / PROBLEMS of PAIMI-ELIGIBLE INDIVIDUALS

4.D.1. INTERVENTION STRATEGY OUTCOMES		Outcomes												
		Abuse				Neglect					Rights Violations			
Strategy	Total	A	B	C	D	A	B	C	D	E	A	B	C	D
a. Short Term Assistance	61	3	1	0	8	0	0	7	1	24	1	12	3	1
b. Abuse/Neglect Investigations	26	5	4	3	14	0	0	0	0	0	0	0	0	0
c. Technical Assistance	4	0	0	0	1	0	0	1	0	2	0	0	0	0
d. Administrative Remedies	10	0	0	0	0	3	0	5	1	0	1	0	0	0
e. Negotiation/Mediation	33	0	1	5	5	5	1	11	0	2	1	0	1	1
f. Legal Remedies	4	0	0	0	1	0	0	2	0	0	0	1	0	0
Total	138	8	6	8	29	8	1	26	2	28	3	13	4	2

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:

a. The State.	54
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. CIR and APS Reports. dLCV receives a report whenever an individual receiving services in a state facility dies. dLCV also receives information from adult protective services and complaints in the community.	1
d. Total	55

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

N/A

4.E.2. All P&A Death investigations conducted involving PAIMI-eligible individuals related to the following:	**Total**
a. Number of deaths investigated involving incidents of seclusion (S).	0
b. Number of death investigated involving incidents of restraint (R).	0
c. Number of deaths investigated NOT related to incidents of S & R, e.g., suicides.	7
d. Total Number of deaths investigated [Sum of 4.E.2. a-c].	7

4.E.3. If you reported deaths in categories 4.E.2.a., 4.E.2.b., and/or 4.E.2.c., then please provide the following information on one (1) death from each category, as appropriate:
- A brief summary of the circumstances about the death.
- A brief description of P&A involvement in the death investigation.
- A summary of the outcome(s) resulting from the P&A death investigation.

4.E. DEATH INVESTIGATION ACTIVITIES

Case narrative for 4.E.2.a.

N/A

Case narrative for 4.E.2.b.

N/A

Case narrative for 4.E.2.c.

Example: dLCV received an incident report regarding Jason in July 2015. At the time of his death, Jason received inpatient services from a state operated facility. According to the report, Jason demonstrated labored breathing and complained of chest pain before expiring off grounds shortly thereafter. There was no explanation of Jason's swift decline in the report. dLCV immediately requested a copy of the autopsy report from the Office of the Medical Examiner to gain additional evidence and possible support for a probable cause assertion. In October 2015, dLCV received and reviewed the autopsy report, which referenced unexplained chest injuries consistent with blunt force trauma to the chest. The hospital theorized that Jason's injuries connected to a fall proximate to his injury. The hospital also indicated a mechanical device used by the hospital and emergency medical technicians might be the cause. The investigation is ongoing while dLCV determines whether it is appropriate to move forward with a probable cause determination.

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

5.E. TYPES OF INTERVENTIONS	Number of types of interventions used	Potential number of Individuals Impacted	Concluded Successfully	Concluded Unsuccessfully	On-going
1. Group Advocacy non-litigation	1	517	517	0	0
2. Investigations (non-death related)	1	28	18	6	4
3. Facility Monitoring Services	1	1343	0	0	1343
4. Court Ordered Monitoring	0	0	0	0	0
5. Class Litigation	0	0	0	0	0
6. Legislative & Regulatory Advocacy	0	0	0	0	0
7. Other	0	0	0	0	0
Total	3	1888	535	6	1347

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.

******Reminder: PAIMI Program participants are restricted from using federal funds to engage in lobbying activities. Please describe only the legislative and regulatory activities utilizing SAMHSA/PAIMI funds. Section 503 of Title V, in Division H of the Consolidated Appropriations ct, 2014 provides that no federal funds may be used to pay the salary or expenses of any grant recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body. Section 503 also prohibits grantees from using appropriated funds to pay for any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending or future requirement or restriction on any legal consumer product, including its sale or marketing (e.g., activity advocating for gun control).**

Case Example for 5.E.1. Group Advocacy non-litigation

1) dLCV prepared a report that identified inconsistencies at Marion Correctional Treatment Center (MCTC) in the application of seclusion, restraint and isolation for correctional versus clinical purposes. See Section 2 for further details.

Case Example for 5.E.2. Investigations (non-death related)

2) dLCV completed 28 investigations of abuse and neglect detailed in Section 2 of this report. dLCV's access

authority to mental health facilities and access to APS and CIR reports allow us to review suspicious incidents of harm and death.

Case Example for 5.E.3. Facility Monitoring Services

3) dLCV monitored state operated psychiatric facilities. Monitoring activities included site visits, reviewing licensing and other reports, and data collection and analysis. Our monitoring presence provides a level of quality assurance for service delivery by the facilities.

Case Example for 5.E.4. Court Ordered Monitoring

N/A

Case Example for 5.E.5. Class Litigation

N/A

Case Example for 5.E.6. Legislative & Regulatory Advocacy

N/A

Case Example for 5.E.7. Other

N/A

SECTION 6. NON-CLIENT DIRECTED ADVOCACY ACTIVITIES

6.A. INDIVIDUAL INFORMATION AND REFERRAL (I&R) SERVICES

Provide the number of PAIMI Program I&R services.	1078

6.B. STATE MENTAL HEALTH PLANNING ACTIVITIES

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

In FY 2015, dLCV monitored the work of Virginia Behavioral Health Advisory. The Council 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 the utilization of funds which are derived from the federal mental health block grant.

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

6.C.1. List the number of public awareness activities or events AND the number of individuals who received the information.

6.C.1.a. Number of public awareness activities or events.	12
6.C.1.b. Number of individuals receiving the information.	1243
6.C.2. Number of education/training activities undertaken.	58

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)].

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].	1243

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

A. Persons who received information about the P&A and its services.

B. Persons with 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				Outcomes			
	Number of Items	Number of Events	Number of persons who received the information	Total A - C	A	B	C
a. Radio/TV appearances	1	1	160000	2	1	1	0
b. Newspaper articles	2	2	63638	2	1	1	0
c. Public Services Announcements (PSA), videos/films, etc.	0	0	0	0	0	0	0
d. Reports	2	0	15043	3	1	1	1
e. Publications, including articles in professional journals	1	1	270	1	1	0	0
f. Other P&A disseminated information, includes general training, outreach activities or presentations, brochures and handouts that were not included/counted under training activities)	0	0	0	0	0	0	0
g. Number of Website hits, include visits	25863	0	15043	0	0	0	0
h. Other media activities	0	0	0	0	0	0	0
Total	25869	4	253994	8	4	3	1

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)? (If No, please develop one)	Yes
7.B. The number of grievances filed by PAIMI-eligible clients, including representatives or family-members of such individuals receiving services during this fiscal year.	3
7.C. 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.	0
7.D. Total [Add 7.B. & 7.C.]	3
7.E. The number of grievances appealed to the governing authority/board.	1
7.F. The number of grievances appealed to the executive director.	2
7.G. Total [Add 7.E. & 7.F.]	3
7.H. 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)]	4

7.I. Please identify all individuals, by name & title, responsible for grievance reviews.

Appeals to the Board are rotated through individual Board Members as necessary.

Colleen Miller, Executive Director

C.W. Tillman, Governing Board President, Governing Board Appeals Committee
Angela Thanyachareon, Governing Board Vice President, Governing Board Appeals Committee
Stephen Dawe, Secretary, Governing Board Appeals Committee
Donald Price, Treasurer, Governing Board Appeals Committee
Michael Newcomb, PAIMI Council Chair, Governing Board Appeals Committee
Maureen Hollowell, Governing Board Appeals Committee
Bryan Lacy, Governing Board Appeals Committee
Kathryn Marks, Governing Board Appeals Committee
Michael Toobin, Governing Board Appeals Committee
Eunice Turkson, Governing Board Appeals Committee

7.J. What is the timetable (in days) used to ensure prompt notification of the grievance procedure process to clients, prospective clients or persons denied representation, and ensure prompt resolution? [42 CFR 51.25(b)(4)]	15
7.K. Were written responses sent to all grievants?	Yes

7.K.1. Please explain why written responses were not sent to all grievants.

N/A

7.L. Was client confidentiality protected?	Yes

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.L.1. Please provide a brief explanation why client confidentiality was not protected.

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?	Yes

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

dLCV launched a public input survey to obtain feedback on the goals and focus areas. From 5/17/15 through 7/24/15 dLCV received 340 responses to our survey. This is an increase from the number of responses in previous years. Twenty-two percent of responses came directly from individuals with disabilities. Twenty-six percent of responses were from parents or guardians. The remaining groups included family members, teachers, mental health professionals, and providers.

When it came to the issues most important to respondents, access to quality mental health care services (14 %) comprised the largest and most significant percentage. This was a new survey category added to the survey per the recommendation of the PAIMI Advisory Council (PAC) representative on the dLCV Board Public Input and Priorities Committee. Tied for second place includes access to community programs and government services (10 %), housing (10 %), and access to assistive technology and health care (10 %). Following those were: special education (8 %), effective vocational rehabilitation services (7 %), employment rights (7 %), transportation (7 %), abuse and neglect in schools (5 %), access to buildings and community activities (4%), guardianship (4 %), abuse and neglect in the juvenile justice system (3 %), abuse and neglect in jails and prisons (1 %), and voter rights (1%).

dLCV distributed surveys to the public via the internet, mailings and at facilities. dLCV staff, with input from the PAC, public input survey, and past year work experience, also helped to develop Fiscal Year 2016 Goals, Focus Areas, and Objectives. The dLCV Board approved the Fiscal Year 2016 Goals and Focus Areas.

The PAC was actively involved in developing PAIMI-related objectives for dLCV for Fiscal Year 2016. dLCV consults with the PAC about target populations, intervention strategies, and community linkages and resources. dLCV appreciates the PAC being an informed and diligent resource.

8.A.2. Were the notices provided to the following persons?	
a. Individuals with mental illness in residential facilities?	Yes
b. Family members and representatives of such individuals?	Yes
c. Other Individuals with disabilities?	Yes
8.A.3. Do the procedures provide for receipt of the comments in writing or in person?	Yes

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

N/A

8.B.1. Was the public provided an opportunity for comment?	Yes

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

See section 8.A.1.

SECTION 8. OTHER SERVICES AND ACTIVITIES

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

The survey was available via web, telephone, language line, and in paper form. Alternate formats were available upon request.

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

N/A

8.C. LIST GROUPS, (a representative list of State, consumer and advocacy organizations, and other entities, such as professional, national and local organization organizations involved in mental health and/or other disability related issues, current and former recipients of mental health services and their family members with whom the PAIMI program coordinated systems, activities, and mechanisms [42 U.S.C. 10824 (a)(D)].

Department of Behavioral Health and Developmental Services' Central Office and its nine (9) state-operated mental health facilities
Department of Juvenile Justice
Local Human Rights Committees
State Human Rights Committee
Behavioral Health Advisory Council of Virginia (Mental Health Planning Council)
National Alliance on Mental Illness – Virginia and local affiliates
Department of Aging and Rehabilitative Services
Department of Medical Assistance Services
Office of the Attorney General
Centers for Independent Living
Community Service Boards
Virginia Organization of Consumers Asserting Leadership (VOCAL)
Coalition for Virginians with Mental Disabilities
Partnership for People with Disabilities Advisory Council
Virginia Board for People with Disabilities
Mental Health America of Virginia
University of Virginia's Institute for Law, Psychiatry and Public Policy
Virginia Commonwealth University
University of Richmond, School of Law
Department of Education (DOE), Training and Technical Assistance Center
Just Children and Virginia Legal Aid
Brain Injury Association of Virginia

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].

A portion of dLCV PAIMI training and outreach was provided via 'Office Hours', a diverse program we operate to provide outreach to individuals with disabilities facing PAIMI and other advocacy issues throughout the state's Centers for Independent Living (CILs). dLCV reached out and fostered relationships with eight locations in all parts of the state to provide further outreach services.

dLCV also provides outreach and training, exhibits and materials for fairs, conferences, and meetings on request. Whenever dLCV provides presentations, they address some of the work we do related to PAIMI issues.

dLCV uses "The Directors' Blog" on our website (www.dlcv.org) to alert the public about our activities, as well as news and developments in disability law and to obtain feedback about our work.

dLCV frequently uses our Facebook page to post articles on disability advocacy issues and inform the public about our work as well.

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
2. Advisory Council	Yes
3. Governing Board	Yes
4. Clients	Yes

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.).

dLCV experienced minimal implementation problems from the state operated facilities where the majority of its PAIMI activities occur. dLCV staff maintain relationships with key facility staff to minimize access issues and other delays. dLCV identified some problems with timely and accurate reporting of critical incidents. We address those problems systemically with DHBHS senior management and individually with facilities when necessary.

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).

dLCV has insufficient PAIMI resources to meet all needs of individuals with mental illness across the state. Due to limited funding, we partially met a portion of our objectives. See Section 2 for specific information. dLCV marginally reduced the amount of projected PAIMI work in FY 16 to adjust to our financial limitations.

8.G. ACCOMPLISHMENTS

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

As a result of dLCV monitoring at the DJJ Correctional Facilities, dLCV learned that Beaumont Juvenile Correctional Facility's on-site school closed due to air conditioning problems. Students at Beaumont JCC were not receiving educational services. dLCV wrote a demand letter to DJJ requiring Beaumont to address the issue and they re-opened their school within days of our demand letter.

Our individual PAIMI case work exhibited diversity and yielded multiple positive outcomes.

Case example: Robert's grandmother sought dLCV aid in accessing appropriate mental health services for Robert at a DJJ facility in Richmond. Robert, a 16 year old diagnosed with mental health needs, was spending up to 23 hours a day in isolation. Robert received no mental health treatment. During the course of dLCV's investigation, Robert attempted suicide due to extreme isolation. dLCV worked diligently for proper mental health supports not only on a case-level basis but systemically through the DJJ system. dLCV obtained proper mental health supports for Robert and aided in his discharge to a community placement where he is thriving!

Case example: Due to the inadequacy of supports in Virginia to meet the needs of clients with dual diagnosis in specific regard to behavioral issues secondary to mental illness, Amy cycled through multiple psychiatric treatment centers, both acute and residential, as well as Assisted Living Facilities (ALFs), and various medical hospitals throughout her life. Amy's placement at an ALF quickly became at risk due to her engagement in self-injurious and aggressive behaviors, and Amy transferred to Eastern State Hospital (ESH). dLCV worked tirelessly on Amy's case to obtain the resources in the community to support Amy despite lack of funding and community supports. As a result of zealous dLCV advocacy, Amy discharged successfully from ESH back to her mother's home.

Because of its working relationship with dLCV, the Director of a state operated psychiatric facility allowed dLCV to provide substantial feedback on a policy involving restraint, and has adopted most of our recommendations to reduce the practice of restraint and instances of injury or death.

Finally, our report "Treatment Failure: The State of Services at Eastern State Hospital" exposed the critical need for implementation of trauma informed care at ESH and other state operated facilities. The report received attention from the community, Facility Directors, the Commissioner of the DBHDS, and the Inspector General of Virginia and the media.

8.H. RECOMMENDATIONS

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

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

In order to provide the level of oversight necessary to monitor facilities and other service providers for PAIMI eligible individuals, funding for additional staff would be greatly beneficial.

8.I. TRAINING & TECHNICAL ASSISTANCE REQUESTS

Please identify any training & technical assistance requests. [42 U.S.C. 10825]

None

SECTION 9. ACTUAL PAIMI BUDGET/EXPENDITURES FOR FISCAL YEAR

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
ACTIVE POSITIONS			
See attachment	$0.00	0.00 %	$0.00
Subtotal	$0.00		$0.00
Total Positions	$0.00		$0.00

9.B. CATEGORIES	COST
Fringe Benefits (PAIMI Only)	$1,197.00
Travel Expenses (PAIMI Only)	$6,164.00
Subtotal	$7,361.00

9.C. EQUIPMENT - TYPE (PAIMI ONLY)	COST
IT Equipment	$7,219.00
Subtotal	$7,219.00

9.D. SUPPLIES - TYPE (PAIMI ONLY)	COST
Office Supplies/Forms	$2,827.00
Subtotal	$2,827.00

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	Printing	$0.00	$0.00	$0.00	$500.00
Private Vendor	Equipment Rental	$0.00	$0.00	$0.00	$2,530.00
Various Media	Advertisements, Recruitment, PR	$0.00	$0.00	$0.00	$221.00
Private Contractor	Accomodations	$0.00	$0.00	$0.00	$9,390.00
Professional Organizations	Memberships/Subscriptions	$0.00	$0.00	$0.00	$6,522.00
Service Provider	Telecommunications	$0.00	$0.00	$0.00	$4,764.00
Catering Services	Board Council Staff Meetings	$0.00	$0.00	$0.00	$1,896.00
Property Management	Office Space	$0.00	$0.00	$0.00	$45,023.00
Subtotal		$0.00	$0.00	$0.00	$70,846.00

9.F. TRAINING COSTS FOR PAIMI PROGRAM ONLY						
	TRAVEL		TRAINING		OTHER EXPENSES	
CATEGORIES	# OF PERSONS	COST	# OF PERSONS	COST	# OF PERSONS	COST
Staff	29	$2,419.00	0	$0.00	0	$0.00
Governing Board	10	$1,498.00	0	$0.00	0	$0.00
PAC Members	9	$2,247.00	0	$0.00	0	$0.00
Volunteers	0	$0.00	0	$0.00	0	$0.00
Subtotal	48	$6,164.00	0	$0.00	0	$0.00

9.G. OTHER EXPENSES (PAIMI PROGRAM ONLY)	COST
Professional Insurance	$232.00
Postage	$1,671.00
Subtotal	$1,903.00

9.H. INDIRECT COSTS (PAIMI ONLY)	COST
1. Does your P&A have an approved Federal indirect cost rate?	No
a. If Yes, what is the approved rate?	N/A
2. Total of all PAIMI Program costs listed in 9.A. - 9.G.	$96,320.00
3. Income Sources and Other Resources (PAIMI Program Only)	$666,587.00
4. PAIMI Program carryover of grant funds identified by FY.	
FY14	$135,723.00
5. Interest on Lawyers Trust Accounts (IOLTA).	$0.00
6. Program income (PAIMI only).	$16,551.00
7. State	$0.00
8. County	$0.00
9. Private	$0.00
10. Other funding sources. [IDENTIFY each source].	$0.00
11. Total of all PAIMI Program resources.	$818,861.00