OMB Approval: 0930-0169

Expiration Date: 09/30/2017

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

STATE: VA	FISCAL YEAR: 2016

SECTION 1. GENERAL PAIMI PROGRAM INFORMATION

1.A. Fiscal Year:	2016
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:	disAbility Law Center of Virginia
Name, Phone number and email address of the PAIMI Coordinator:	Colleen Miller 8042252042 info@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.*	Dr. Jack Barber, DBHDS
Date the PAIMI PPR &ACR were sent to the State mental health agency.*	11/21/2016

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.	12
b. Total number of GB members serving as of 9/30.	12
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 and as needed
g. Number of GB meetings held this fiscal year (FY).	6
h. % (Average) of GB members present at meetings this FY.	80%

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.	2
e. Number of other persons who broadly represent or are knowledgeable about the needs of the clients served by the P&A system.	4
TOTAL	12

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.	32
1.a. How many of the staff listed above are attorneys?	9
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.*	13

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	12	32
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	3	6
1.D.2.d. Native Hawaiian or Other Pacific Islander	0	0
1.D.2.e. White	9	25
1.D.2.f. Two or more races	0	1
Vacancies on 9/30 (Identify by position).	0	0
Total	12	32

1.E. GENDER

	GOVERNING BOARD	**PAIMI STAFF**
1.E.1. Male	4	10
1.E.2. Female	8	22
Total	12	32

SECTION 2. PAIMI PROGRAM PRIORITIES & OBJECTIVES

2.A. Priority - 1634

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

Case Example

Who decides?

A patient at a DBHDS hospital complained that he was being subjected to behavioral interventions inconsistent with his advance directive. Upon investigation, dLCV found that the hospital had not accessed Lou's advance directive-which was on the Virginia Advance Directive Registry. Instead, the hospital had appointed a more cooperative "Authorized Representative" to make Lou's decisions. We demanded that the hospital discharge the Authorized Representative and recognize the patient's advance directive and identified Health Care Agent. The director agreed to comply. However, a few weeks later, the hospital psychiatrist and the Health Care Agent disagreed on a treatment question so the psychiatrist cut off communication with the Agent. dLCV filed a formal Human Rights complaint on behalf of the patient. The hospital subsequently implemented an acceptable plan of correction, communication was restored and the complaint was founded and resolved in the patient's favor.

2.B. Objective - 2776

Monitor conditions at Department of Behavioral Health and Developmental Services (DBHDS) operated mental health facilities; identify and seek resolution of issues presenting risk to health and safety and barriers to discharge. ESH, WSH and CSH will be monitored at least quarterly, others on a schedule to be developed by October 15. Provide limited STA to residents on issues identified as part of facility monitoring.

Review every critical incident report. Conduct limited follow-up on selected CIRs, based on severity of injury or a pattern of abuse or neglect, to determine if additional investigation or corrective action is needed. Review death summaries, autopsy reports, and mortality reviews of all suspicious deaths.

On a quarterly basis, analyze data from critical incident reports to identify patterns and trends. Analyze licensing surveys, restraint data, and other sources of information to identify trends. Use this information to identify facility monitoring focus for the upcoming quarter. The first quarter focus will be on access to assistive technology.

Investigate the response of oversight agencies in ten (10) incidents at DBHDS facilities involving seclusion and restraint, possible staff abuse and neglect or suspicious death. Seek corrective action, including systemic reform, as necessary.

Represent five (5) individuals in the forensic mental health system to ensure their right to the least restrictive environment or adequate due process.

Review all reports submitted by Adult Protective Services (APS) regarding abuse and neglect allegations in institutional settings.

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

2.C. Target Population

PAIMI-eligible persons residing in institutional settings

2.D. Target

Monitor DBHDS facilities, Ten investigations, Represent five individuals, Monitor and review CIR data, Respond to proposed legislation

2.E. Outcome

Pushing for institutional reforms

dLCV monitors conditions at Department of Behavioral Health and Developmental Services (DBHDS) operated facilities. During these monitoring visits, dLCV identifies and seeks resolution of issues presenting risk to health and safety and barriers to discharge. dLCV identifies issues that go beyond individual patient complaints.

In one case, while conducting a monitoring visit, Andi complained of an assault by another patient as a DBHDS staff member stood by and failed to intervene to protect her. dLCV requested the DBHDS neglect investigation. As it turned out, the facility director had avoided initiating an investigation based on DBHDS policy which allowed him to make the finding that Andi's allegation was "improbable." Such unilateral decisions, while allowable under current regulations, have consequences as they may discourage other patients from reporting incidents that they have experienced. dLCV reported this issue to DBHDS with a list of other deficiencies. As a result, DBHDS has initiated a review of their policies with the intent to make reforms as needed.

Tracking patterns of abuse and neglect

dLCV reviews all the critical incident reports provided by state operated facilities on a weekly basis. dLCV also uses this data to track patterns of accident and injury at facilities. This allows dLCV to place individual incidents within a broader context. For example, dLCV learned of a client's passing during routine review of critical incident reports from facilities. dLCV requested and reviewed the autopsy and Medical Examiners report and learned that the cause of death was sepsis due to recurring urinary tract infections (UTI) with other factors. The ME report supports systemic issues dLCV has identified at this and other DBHDS facilities regarding these types of deaths. dLCV shared this information with the Office of Human Rights. dLCV continues to monitor deaths related to UTI and sepsis throughout the DBHDS system.

Another way that dLCV tracks patterns of abuse and neglect is by conducting a quarterly review of data from critical incident reports as well as seclusion and restraint data from state operated facilities. In fiscal year 2016, dLCV found that one facility had an extremely large rise in seclusion hours. This rise in seclusion hours did not match a rise in seclusion episodes which indicates that seclusion episodes were extremely long, an average of 41.1 hours per episode. A similar pattern emerged for restraint at another facility, with an average of 12 hours per restraint episode. In response to these findings, dLCV advocates have bolstered and refocused their monitoring toward reducing seclusion and restraint and will continue to do so in the next fiscal year.

Advocating for safer environments

dLCV investigates response of oversight agencies at DBHDS involving seclusion and restraint, possible staff abuse and neglect or suspicious death. During this fiscal year, dLCV reviewed 374 APS reports.

dLCV received one Adult Protective Services report regarding Trinity, who was hospitalized and underwent surgery to remove a carabiner that she had swallowed. It was determined that Trinity removed the carabiner from an emergency restraint chair (ERC) on the unit. dLCV completed a secondary investigation. The findings substantiated neglect. As part of the corrective action plan, DBHDS assessed all ERCs and removed carabiners as well as any other loose pieces so that an individual cannot easily find a harmful object. DBHDS also committed to the safe storage of the ERCs, as the ERC was not in use when the incident occurred.

Facilitating due process

dLCV represents individuals in the forensic mental health system to ensure their right to the least restrictive environment or adequate due process. Esther lived in a mental health facility for over four years after receiving a Not Guilty by Reason of Insanity (NGRI) acquittal. Despite being considered “ready for discharge,” the facility had not even applied for her to take unsupervised community passes. dLCV sent a letter to the forensic coordinator at the facility clarifying the facility’s responsibility to request increased privileges in a timely fashion when they believed them to be appropriate. dLCV also contacted the CSB to facilitate placement. Esther is now living successfully in a group home.

Seeking better policies

dLCV responds to proposed legislation, regulation, or policy changes that may impact abuse and neglect in institutional settings. dLCV reviewed and commented on several policies, regulations and proposals. The agency identified issues with the DBHDS Departmental Instruction 201 on internal investigations of abuse and neglect. We monitored a dozen pieces of proposed legislation that might impact people with serious mental illness and educated policy makers about the impact when necessary. dLCV continued to monitor the progress of the Human Rights regulations through the administrative process. dLCV commented on the changes to the regulations for assisted living facilities. dLCV also participated in the Governor’s criminal justice summit to determine the major issues in interface between behavioral health and criminal justice systems.

Lesson Never Learned: Lethal Restraint in Western State Hospital

In November 2015, dLCV released an investigative report regarding a woman with mental illness who died while being committed to Western State Hospital. dLCV first found out about the woman’s death through review of CIR reports. When dLCV requested the Medical Examiner’s report, we learned that she died while in restraints. We launched an investigation and found that Western State allowed her to deteriorate medically and psychiatrically over the twenty-six day period preceding her death – the entirety of which she spent mechanically restrained!

We published this report to shine a light on a long history of dangerous seclusion and restraint practices. Media outlets near the facility and in Richmond covered the report. It was distributed statewide via multiple distribution methods and sent to all Western State staff and the local human rights committee members. Many legislators referred to the report in deliberations during the 2016 legislative session. Unfortunately, this case mirrors another report we published nearly 20 years ago regarding a woman who died under strikingly similar circumstances.
http://dlcv.org/ourwork/lesson-never-learned/

2.F. Objective Met or Not Met: Met

2.A. Priority - 1635

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

Case Example

Help is on the Way

Lisa's mother originally contacted dLCV with multiple complaints of abuse and medical neglect concerning the services Lisa received while a resident of Commonwealth Center for Children and Adolescents (CCCA). Lisa is 17. She has a complex trauma history and significant mental health needs. When dLCV was contacted, Lisa had been a resident of CCCA fifteen times to date throughout her short life. dLCV investigated Lisa and her mother's statements and found evidence to support abuse and dehumanizing treatment. Specifically, dLCV found improper and excessively egregious patterns of coercive restraint use. dLCV worked in collaboration with Lisa and her mother to publish a report to seek trauma-informed care and systems change. Lisa was one of two client stories published to the Department of Behavioral Health and Developmental Services (DBHDS) and to CCCA to seek reform. As a result of dLCV's advocacy, the Local Human Rights Committee (LHRC) and DBHDS are both investigating the use of seclusion and restraint at CCCA.

2.B. Objective - 2777

Review and analyze every report submitted from a Psychiatric Residential Treatment Facility (PRTF) to identify patterns and trends of preventable incidents.

Provide self-advocacy training at five PRTFs for children and caregivers of children, to include information on facility specific rights, wrap around services, special education, assistive technology, and vocational rehabilitation (VR) services, with a specific emphasis on transition services.

Notify PRTFs that are not reporting serious incidents to dLCV of the federal reporting requirements. Obtain corrective action.

Investigate a PRTF regarding the use of seclusion and restraint and implementation of trauma-informed care to prevent resident abuse and neglect. Publish report to DBHDS and seek corrective action and systemic reform.

Investigate eight (8) allegations of abuse and neglect at PRTFs or other residential facility, involving unnecessary seclusion and restraint, medical neglect, or staff abuse. All investigations will seek to gain corrective action and systemic reform.

Monitor conditions at the DBHDS-operated Commonwealth Center for Children and Adolescents (CCCA) through quarterly visits, and provide residents with information about their legal rights. Identify systemic issues presenting a risk to health and safety of residents and seek corrective action as necessary.

2.C. Target Population

PAIMI-eligible children and adolescents residing in community and institutional settings

2.D. Target

Monitor DBHDS facility, Eight investigations, PRTF investigation, Five trainings,
Review PRTF incident data, Respond to proposed legislation

2.E. Outcome

Analyzing Serious Incidents

dLCV reviewed and analyzed all reports submitted from Psychiatric Residential Treatment Facilities (PRTFs) in Virginia. As a result of dLCV's review, we opened two investigations. Additionally, dLCV followed up with individual Directors or Risk Managers on 32 incidents reported. Outcomes include increased facility oversight, corrective action holding PRTFs accountable to conduct meaningful investigations, notification of incidents to Child Protective Services (CPS) and to the Department of Behavioral Health and Developmental Services (DBHDS) licensure and human rights divisions.

Creating Self-Advocates across Virginia

dLCV provided self-advocacy training for 188 residents and 39 staff at Psychiatric Residential Treatment Facilities (PRTFs) in Virginia. PRTFs trained included Barry Robinson Center, Timber Ridge, Newport News Behavioral Health, Hallmark Youthcare, and Cumberland Hospital. These PRTFs are located across the Commonwealth and serve underserved and rural populations that have less access to services and outreach. As a result of these trainings, dLCV opened 4 individual cases.

Get in Compliance!

Under federal law, each Psychiatric Residential Treatment Facility (PRTF) in Virginia is required to report any serious incident to dLCV. As a result of dLCV reporting and analysis the previous fiscal year, dLCV noted that only 9 out of 20 PRTFs were reporting in accordance with regulations. Through letters, emails, and meetings, dLCV spoke to and educated each of the 11 PRTFs not in compliance with reporting requirements. As a result of dLCV's notifications, three months into the fiscal year, all 20 PRTFs were reporting within requirements.

Treatment, Not Trauma

dLCV investigated allegations of abuse and neglect regarding the implementation of seclusion and restraint and trauma-informed care practices at the Commonwealth Center for Children and Adolescents (CCCA). Since 2008, CCCA has subscribed to trauma-informed care protocols which focus on non-coercive culture shifts, such as reducing and eliminating the use of seclusion and restraint. CCCA has received thousands of dollars and countless trainings and technical assistance from The Substance Abuse and Mental Health Services Administration (SAMHSA) in efforts to promote trauma-informed care.

Despite the years of funding and trainings, dLCV found a pattern of coercive and excessive restraint usage and a failure to implement self-adopted trauma-informed care practices at CCCA. dLCV's analysis of data from the Department of Behavioral Health and Developmental Services (DBHDS) depicted a 163% increase in the use of non-ambulatory restraints, particularly the use of the Emergency Restraint Chair (ERC). CCCA initiated use of the ERC in 2014, despite a lack of data of the use on children, and the inherent risk of re-traumatization and injury. dLCV published a report detailing the story of one child injured as a result of ERC implementation. dLCV's report urged DBHDS to seek system-wide reform to ensure that all children and youth at CCCA are safe, free from unlawful seclusion and restraint practices, and receive services consistent with trauma-informed care practices.

Breaking the Cycle of Institutionalization

When dLCV met Ramona, she was a 17 year old female with complex mental health needs living in a Psychiatric Residential Treatment Facility (PRTF) in Central Virginia. After dLCV conducted a routine self-advocacy presentation at Ramona's PRTF, Ramona approached dLCV, asking how to obtain someone to help her with decisions, her impending graduation, her social security income, and her upcoming discharge back into the community. Ramona had been in and out of institutions since a young age and was fearful of

discharge and the current lack of supports in place for her. In her history, Ramona reported that she would often hurt herself to sabotage her discharge out of fear and anxiety. As a result, Ramona would end up back in acute care where she felt safe. In the community, Ramona has limited supports and has often suffered from abuse and neglect by her biological family. When Ramona asked for dLCV help, she kept repeating that she did not want to end up in the adult hospitals. dLCV provided vital education on obtaining a Power of Attorney and the limitations of guardianship, Social Security Income and redetermination, and her education and right to work if she so chooses. dLCV worked to obtain case management through the local community services board and supports within the community. Ramona currently resides in a home in Central Virginia. She is utilizing her community supports to break the cycle of institutionalization.

Protection from Harm by Procedures

Peter's mother sought out dLCV to request services on her son's behalf, as she believed Peter was a victim of abuse at a Psychiatric Residential Treatment Facility (PRTF) in Western Virginia. Peter is a 10 year old male with mental health and developmental disability needs. dLCV investigated the services and treatment Peter received while a resident of the PRTF and found multiple procedural violations, including inaccurate staff documentation and unclear internal investigative processes, which made not only Peter but all residents more at risk of abuse and neglect. dLCV worked in collaboration with the PRTF to remedy these systems violations. As a result of dLCV investigative and advocacy practices, the PRTF currently documents seclusion and restraint in accordance with regulations and pursues their own investigations in line with best practices.

Not without a Plan!

Jill's father contacted dLCV on Jill's behalf regarding the services that Jill was receiving at a Psychiatric Residential Treatment Facility (PRTF) located in the Eastern Tidewater area of Virginia. Jill is a 14 year old female diagnosed with mental health needs. Jill's father alleged neglect, specifically that the PRTF was threatening to discharge Jill without an adequate plan and supports in the community. Jill and her father both were concerned that without a plan and supports, Jill's discharge would be unsuccessful and set Jill and her family up to fail in the community. dLCV investigated the allegations while advocating for services and funding to be developed and secured through multiple funding streams, including FAPT, Medicaid, and Tricare. As a result of dLCV's advocacy, Jill now resides in a group home in Central Virginia and is slated to return home in three months.

Outreach to CCCA

dLCV conducted quarterly monitoring, oversight, education, and outreach visits to Commonwealth Center for Children and Adolescents (CCCA) year. These visits include formal and informal rights clinics, administrative meetings, and collaboration on complaints to educate children and staff. dLCV works in collaboration with the Office of Human Rights, Office of Licensure, Department of Behavioral Health and Developmental Services (DBHDS), Child Protective Services, and local community services boards to ensure that children and youth at CCCA are free from harm, abuse, and exploitation.

2.F. Objective Met or Not Met: Met

2.A. Priority - 1636

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

Case Example

Be Inclusive

Frank's mother contacted dLCV to request services for help in obtaining appropriate education services in the least restrictive environment for Frank once discharged from Department of Juvenile Justice (DJJ)'s correctional facility. Frank is a 17 year old male with severe mental health needs and emotional disturbances due to trauma. Frank's mother alleged that her home school district had told Frank that he could not be mainstreamed back into the regular day classroom with "students without disabilities" due to his "legal issues." dLCV provided short-term assistance to Frank and his mother on Frank's rights under the Individuals with Disabilities Education Act (IDEA) to include his right to be educated in the least restrictive environment and to Individualized Education Program (IEP) services. As a result of dLCV advocacy and outreach, Frank and his Mother are better suited to advocate for his education through increased information on Frank's rights.

2.B. Objective - 2778

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

Develop and distribute self-advocacy materials for children and parents or guardians of children in DJJ facilities, to include facility specific rights, information on special education, assistive technology, supported decision-making, and VR services, with a specific emphasis on transition services.

Represent ten (10) children at DJJ correctional facilities to ensure they receive appropriate mental health services, transition plans, appropriate educational services and are not subjected to the improper use of seclusion or restraint.

2.C. Target Population

PAIMI-eligible children and adolesents residing in correctional facilities

2.D. Target

Monitor DJJ and JCC facilities, Represent ten individuals, Develop and distribute self-advocacy materials

2.E. Outcome

Keeping Watch

dLCV conducted 6 monitoring visits at The Department of Juvenile Justice (DJJ)'s Correctional Facility Beaumont and 4 monitoring visits at DJJ's Correctional Facility Bon Air during the course of this fiscal year. dLCV developed an extensive monitoring protocol, met with DJJ staff including the superintendents and grievance coordinators, and reviewed DJJ protocols to ensure protection from harm for residents. Protocols reviewed and revised include serious incident reporting, grievance procedures, reentry transition, and special education. As a result of dLCV monitoring, dLCV opened 6 cases total.

Transition Training

dLCV provided training to all 34 court service units in Virginia at the annual Department of Juvenile Justice (DJJ) reentry submit in collaboration with DJJ's Reentry Program Manager. dLCV provided outreach and education on self-advocacy and transition services to over 300 attendees at the summit to include the DJJ Director, DJJ executive staff, corrections officers, counselors, and direct service providers. As a result of this training, dLCV was requested to continue trainings throughout the year. Additionally, dLCV advocated for DJJ to provide dLCV advocacy materials to every child and guardian during DJJ intake processing and upon reentry into the community.

Youth Have Rights!

As a result of dLCV's monitoring and self-advocacy training, Sam sought dLCV representation to investigate allegations of abuse during restraint; specifically that staff had verbally abused him while slamming his head face-down into the concrete floor. Sam is a 19 year old man diagnosed with serious mental illness and Post-Traumatic Stress Disorder (PTSD) and was housed at the Department of Juvenile Justice (DJJ)'s correctional facility in Central Virginia when he asked for dLCV aid. dLCV investigated Sam's claims and although unable to substantiate his allegations, advocated in collaboration with DJJ for his discharge back into the community. Due to dLCV's advocacy and partnership, Sam now lives in an independent living home in the community.

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

Work continues in FY 17

continued monitoring and investigation in juvenile facilities

2.A. Priority - 1637

People with Disabilities are Free from Abuse and Neglect
Focus Area: Jail Transfer Impact Project

Case Example

N/A

2.B. Objective - 2779

The DBHDS will be under a court order to transfer inmates ordered to their custody within 15 days of the transfer order.

2.C. Target Population

PAIMI-eligible incarcerated adults

2.D. Target

Court Order

2.E. Outcome

Prepared to Strike

In FY 16, dLCV initiated a Jail Transfer Impact Project to ensure the timely transfer of inmates into Department of Behavioral Health and Developmental Services (DBHDS) facilities as ordered. The lag time for inmates to receive psychiatric care in an appropriate setting has had notably fatal consequences in the Commonwealth of Virginia. In order to tackle this issue, dLCV created a team to work toward the goal of requiring DBHDS to transfer inmates ordered to their custody within 15 days of the transfer order. dLCV drafted a plan, researched legal issues, monitored DBHDS jail transferred wait lists, and drafted a complaint. Just when dLCV planned coordinated jail visits to select their individual plaintiffs, DBHDS suddenly transferred all of the wait listed individuals. dLCV had to halt its plan to file a court order as they no longer had plaintiffs. However, dLCV continues to monitor DBHDS' performance and is prepared to file this action as soon as DBHDS falls behind on jail transfers yet again.

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

See Outcome

continued monitoring

2.A. Priority - 1638

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

Case Example

You Might Just Make it After All!

Mary lived in a group home since her conditional release from a state hospital. When she began having problems at this placement, she was re hospitalized. She had spent years working toward her conditional release status and could not risk losing it over this one incident. Indeed, rather than revoking the client's conditional release, the judge gave the hospital 60 days to stabilize her. If she is not discharged within that timeframe, her conditional release would be revoked and she would face months or even years in the hospital. That's why 20 days after her admission, she contacted dLCV. She believed the providers were not expediting her discharge. dLCV worked with the CSB to find a suitable apartment, secure emergency discharge assistance program (DAP) funding from DBHDS, gain appropriate community supports and ensure it all happened within 60 days. Thanks to dLCV's tireless efforts, the client was released on day 59 of her hospitalization and is now living in her own apartment in the community!

2.B. Objective - 2780

Provide STA to fifteen (15) residents of DBHDS psychiatric hospitals who are seeking discharge.

Represent five (5) 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.

Print and distribute 500 handbooks on resident rights in DBHDS mental health facilities.

2.C. Target Population

PAIMI-eligible children and adolescents residing in community and institutional settings

2.D. Target

Short term assistance for fifteen individuals, Represent five individuals, Distribute 500 resident rights handbooks

2.E. Outcome

Facilitating successful community placements

dLCV provides Short Term Assistance (STA) to residents of psychiatric hospitals who are seeking discharge. STA cases give dLCV the opportunity to help residents understand their rights better or give an extra push to providers to ensure timely and appropriate discharge. In one case, a client approached dLCV because he was ready for discharge from the state hospital. The CSB however failed to arrange placement in the assisted living center he had chosen. dLCV got involved and as a result, the client was discharged to his home with all the outpatient services and supports he required to live successfully in the community.

Providing Timely Assistance

When an issue persists beyond the level of STA, dLCV provides case level services to individuals at DBHDS-operated psychiatric hospitals 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. In one case detailed below, dLCV's assistance came just in the nick of time!

Finding Funding Solutions

In an effort to help clients understand their rights within DBHDS mental health facilities, dLCV created a handbook entitled, "dLCV Guide to Treatment Rights." However, dLCV was unable to finalize and print these guides due to lack of PAIMI funding. dLCV is actively seeking donor funding in order to make sure that these guidebooks reach their intended audience.

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

limited funding

seeking alternative funding for guidebooks

2.A. Priority - 1639

People with Disabilities Live in the Most Integrated Environment
Focus Area: Maximize Individual Choice

Case Example

Amplifying Client Voices

dLCV represents individuals in institutional settings to receive opportunities for choice and control over themselves and their environment. This includes helping people find appropriate placements in the community. dLCV met Phyllis when she complained that although she was clinically ready for discharge from the state hospital, her treatment team withheld discharge in an attempt to coerce her into accepting placement at an Assisted Living Facility (ALF). She and her health care agent explained that she had a long history of unsuccessful ALF placements which has led to a cycle of failed ALF placements and re-hospitalizations. After we ascertained that the client was legally competent to select her placement, we filed a human rights complaint seeking recognition of her right to select placement and changes to her treatment plan. The facility acquiesced when we prepared to petition for an LHRC hearing. Unfortunately, Phyllis's clinical condition regressed in the meantime and she was no longer clinically ready for discharge. Once she made a quick recovery, her treatment team refused to classify her as ready for discharge until she would agree to an "appropriately safe placement." As dLCV argued that point, Phyllis was recommitted. On dLCV's advice, she took advantage of the opportunity to appeal to get the matter before a judge quickly and in a de novo posture. dLCV advised the client and helped her obtain an independent discharge readiness evaluation-which was favorable! dLCV also supported and counselled the local attorney the court appointed to represent the client at the hearing. The state hospital released the client after reading a copy of the Independent Evaluator's report. She is finally living successfully in the community!

2.B. Objective - 2781

Publish the Ask the Expert video series 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.

Represent eight (8) individuals living in institutional settings to receive 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

2.D. Target

One video, Response(s) to proposed legislation, Represent eight individuals

2.E. Outcome

Providing Tools for Self-Determination

FY16 was a productive year for the advance directive Ask the Expert series. dLCV released and publicized all three of our previously filmed videos. The reception of those videos was overwhelmingly positive. As of September 20th, Video 1 had 205 views, Video 2 had 132 views, and video 3 had 89 views. Peer support staff at DBHDS facilities have indicated that these guides are a tremendously helpful resource for hospitalized individuals developing crisis plans. In addition to the 3 videos we released, we developed, approved and obtained a quote for a 4th video entitled, “Completing your Advance Directive” which we plan to film once we have secured funding.

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

limited PAIMI funding

seeking funding to secure completion of video series

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].	19
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*].	87
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].	106
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, the 'Guide to Treatment Rights' 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*].	120

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	1
3.C.3. Ages 13 - 18	17
3.C.4. Ages 19 - 25	10
3.C.5. Ages 26 - 64	57
3.C.6. Ages 64+	21

SECTION 3. PAIMI-ELIGIBLE INDIVIDUALS

3.A. NUMBER OF INDIVIDUALS SERVED WITH PAIMI FUNDS

Total	106

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	55
3.D.2. Female	51
3.D.3. Total*	106

***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	4
3.E.1.b. Not Hispanic or Latino	102
3.E.2. RACE	
3.E.2.a. American Indian or Alaska Native	0
3.E.2.b. Asian	1
3.E.2.c. Black or African American	33
3.E.2.d. Native Hawaiian or Other Pacific Islander	0
3.E.2.e. White	66
3.E.2.f. Two or more races	2
Total	102

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].	2
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.	4
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).	2
3.F.4. - Adult community residential home, e.g., supervised apartment, semi-independent, halfway house, board & care, small group home (3 or less).	2
3.F.5. - *Non-medical community-based residential facility for children & youth.	0
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.	0
3.F.10. - * Other health facility.	0
3.F.11. - Psychiatric wards (public or private)	1
3.F.12. - Public (Municipal or State-operated) Institutional Living Arrangements (e.g., hospital treatment center/school or large group home 4+ beds).	81
3.F.13. - Private Institutional Living Arrangement (e.g., hospital or treatment center, school or large group home more than 3 beds).	5
3.F.14. - Legal Detention/Jail/Detention Center	6
3.F.15. - State Prison	0
3.F.16. - Homeless	2
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	106
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	2	0	0	0
b.1. Inappropriate or excessive physical restraint	0	0	0	0	0
b.2. Inappropriate or excessive chemical restraint	7	3	0	3	1
b.3. Inappropriate or excessive mechanical restraint	4	1	0	3	0
b.4. Inappropriate or excessive seclusion	1	0	0	1	0
c. Involuntary medication	2	1	0	1	0
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	4	0	0	0	4
h. Failure to provide needed or approprate treatment for other serious medical problems	0	0	0	0	0
i.1. Physical Assault - Serious injuries related to the use of seclusion and restraint	1	0	0	1	0
i.2. Physical Assault - Serious injuries NOT related to seclusion and restraint	2	0	2	0	0
j. Sexual assault	1	1	0	0	0
k. Threats of retaliation or verbal abuse by facility staff	1	0	0	0	1
l. Coercion	2	1	0	0	1
m. Financial exploitation	0	0	0	0	0
n. Suspicious death	15	15	0	0	0
o. Other (This number should be less than 1% of the total # of abuse complaints)	0	0	0	0	0
Total	42	24	2	9	7

*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 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).

Individuals and facilities educated to understand rights. Individuals empowered with self-advocacy skills.

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.	6
b. Number complaints/problems withdrawn or terminated by client.	3
c. Number of complaints/problem favorably resolved in the client's favor.	32
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.].***	42

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	0	0	0	0	0	0
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	29	0	0	16	13	0
d. Mental health diagnostic or other evaluation (does not include treatment)	1	0	0	0	1	0
e. Medical (non-mental health related) diagnostic or physical examination	1	0	1	0	0	0
f. Personal care (e.g., personal hygiene, clothing, food, shelter)	1	0	0	1	0	0
g. Physical plant or environmental safety	3	0	0	2	1	0
h. Personal safety (client-to-client abuse)	3	1	0	2	0	0
i. Written treatment plan	0	0	0	0	0	0
j. Rehabilitation/vocational programming	2	1	0	1	0	0
k. Other (Please make every effort to report within the above categories)	0	0	0	0	0	0
Total	40	2	1	22	15	0

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 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.	3

4.B.3. NEGLECT COMPLAINTS DISPOSITION	
c. Number of complaints/problem favorably resolved in the client's favor.	37
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.].***	40

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	1	0	1	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	2	0	0
e. Denial of rights protection information or legal assistance	4	2	0	0	2
f. Denial of privacy rights (e.g., congregation, telephone calls, receiving mail)	1	0	0	1	0
g. Denial of recreational opportunities (e.g., grounds access, television, smoking)	0	0	0	0	0
h. Denial of visitors	0	0	0	0	0
i. Denial of access to or correction of records	1	0	0	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)	2	0	2	0	0
l. Failure to provide special education consistent with State requirements	2	0	0	0	2
m. Advance directives issues	1	0	0	0	1
n. Denial of parental/family rights	1	1	0	0	0
o. Other (Please make every effort to report within the above categories)	0	0	0	0	0
Total	15	3	5	1	6

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:

Individuals and facilities educated to understand rights. Individuals empowered with self-advocacy skills.

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.	3
b. Number complaints/problems withdrawn or terminated by client.	3
c. Number of complaints/problem favorably resolved in the client's favor.	9
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.].***	15

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	29	0	1	5	0	7	0	7	0	0	2	6	1	0
b. Abuse/Neglect Investigations	46	18	1	11	0	3	1	7	0	0	2	3	0	0
c. Technical Assistance	2	0	0	0	0	1	0	1	0	0	0	0	0	0
d. Administrative Remedies	6	0	0	3	0	1	0	2	0	0	0	0	0	0
e. Negotiation/Mediation	12	0	0	3	0	4	0	4	1	0	0	0	0	0
f. Legal Remedies	2	0	0	0	0	0	0	1	0	0	0	1	0	0
Total	97	18	2	22	0	16	1	22	1	0	4	10	1	0

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.	42
b. The Center for Medicaid & Medicare Services (Regional Offices).	0
c. Other Sources. Briefly list the source for each death reported in this category, e.g., newspaper, concerned citizen, relative, etc.	0
d. Total	42

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.	11
d. Total Number of deaths investigated [Sum of 4.E.2. a-c].	11

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.

Case narrative for 4.E.2.a.

N/A

4.E. DEATH INVESTIGATION ACTIVITIES

Case narrative for 4.E.2.b.

N/A

Case narrative for 4.E.2.c.

dLCV reviewed all Critical Incident Reports (CIR) provided by state operated facilities. dLCV followed up on any reported deaths that occurred under suspicious circumstances. In one example, dLCV received a critical incident report from a facility reporting that a resident was experiencing lower leg edema which was painful to the touch. The facility arranged transfer to the ER for the resident. He lost his balance while walking toward the parking lot for his appointment. He sustained an abrasion to the right side of forehead, denied pain, and experienced no loss of consciousness. He was placed in a wheelchair and taken to the ER where he was admitted. He received antibiotic therapy and observation. Suddenly, the client coded and died. dLCV conducted a preliminary investigation. dLCV found inconsistencies on the Medical Examiner's report. Once dLCV informed the Medical Examiner of the inconsistencies, they corrected the report. Because of the clarified information, dLCV determined insufficient evidence to assert access authority to continue investigation.

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	1460	5	0	0
2. Investigations (non-death related)	1	35	35	0	0
3. Facility Monitoring Services	1	2432	24	0	0
4. Court Ordered Monitoring	0	0	0	0	0
5. Class Litigation	1	75	0	0	1
6. Legislative & Regulatory Advocacy	0	0	0	0	0
7. Other	0	0	0	0	0
Total	4	4002	64	0	1

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

In November 2015, dLCV released an investigative report regarding a woman with mental illness who died while being committed to Western State Hospital. See Section 2 for further details.

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

dLCV completed 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 allowus to review

suspicious incidents of harm and death.

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

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

dLCV initiated a Jail Transfer Impact Project to ensure the timely transfer of inmates into Department of Behavioral Health and Developmental Services (DBHDS) facilities as ordered.
Further details are in Section 2.

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.	251

6.B. STATE MENTAL HEALTH PLANNING ACTIVITIES

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

dLCV monitored the work of Virginia Behavioral Health Advisory Council. 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.	37
6.C.1.b. Number of individuals receiving the information.	499
6.C.2. Number of education/training activities undertaken.	11

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].	499

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	2	12000	12000	12000	0	0
b. Newspaper articles	0	0	0	0	0	0	0
c. Public Services Announcements (PSA), videos/films, etc.	3	3	426	427	1	426	0
d. Reports	2	2	15600	15600	15600	0	0
e. Publications, including articles in professional journals	0	0	0	0	0	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)	565	12	565	565	565	0	0
g. Number of Website hits, include visits	71059	1	14470	14470	14470	0	0
h. Other media activities	0	0	0	0	0	0	0
Total	71630	20	43061	43062	42636	426	0

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.	1
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.]	1
7.E. The number of grievances appealed to the governing authority/board.	1
7.F. The number of grievances appealed to the executive director.	0
7.G. Total [Add 7.E. & 7.F.]	1
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)]	1

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

dLCV staff initially process grievances. Then, they are submitted to the Executive Director. If the grievant chooses to pursue another appeal after an adverse decision by the dLCV Executive Director, dLCV Board Members rotate responsibility to hear the grievances as necessary.

Colleen Miller, Executive Director

Angela Thanyachareon, President, Governing Board Appeals Committee
Stephen Dawe, Vice President, Governing Board Appeals Committee
Jacqueline Eubanks, PAIMI Council Chair Ex Officio, Governing Board Appeals Committee
Michael Toobin, Treasurer, Governing Board Appeals Committee
Bryan Lacy, Secretary, Governing Board Appeals Committee
CW Tillman, Governing Board Appeals Committee
Maureen Hollowell, Governing Board Appeals Committee
Kathryn Marks, Governing Board Appeals Committee
Eunice Turkson, Governing Board Appeals Committee
Thomas Walk, Governing Board Appeals Committee
Polly Swainston, Governing Board Appeals Committee
Donna L. Gilles, Ed.D, 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)]	30
7.K. Were written responses sent to all grievants?	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.K.1. Please explain why written responses were not sent to all grievants.

N/A

7.L. Was client confidentiality protected?	Yes

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 offered two public input surveys during the spring and summer of this fiscal year. The first survey allowed our 318 respondents the opportunity to express which disability advocacy issues they feel are most important. The top three categories chosen: quality mental health care (15%), community access and barrier free environment (10%) and special education (9%). 31% of our respondents were individuals with disabilities and 34% were family members and caregivers. dLCV used this information as part of our FY 17 goal and focus area development.

The second systemic input survey allowed dLCV to hear targeted input from 22 respondents who reviewed our dLCV Board adopted FY 17 goals and drafted ideas for focused systemic work to affect those goals.

dLCV staff, with input from the public input survey, and past year work experience, also helped to develop Fiscal Year 2017 Goals, Focus Areas, and Objectives. The dLCV Board approved the Fiscal Year 2017 Goals and Focus Areas.

The PAC was actively involved in developing PAIMI-related objectives for dLCV for Fiscal Year 2017. dLCV consults with the PAC about target populations, intervention strategies, and community linkages and resources. The dLCV Board's Public Input and Priorities Committee Chair also serves on the PAC. 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 for explanation.

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.

SECTION 8. OTHER SERVICES AND ACTIVITIES

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
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)
Partnership for People with Disabilities Advisory Council
Virginia Board for People with Disabilities
Mental Health America of Virginia

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].

dLCV carefully reviewed demographic data including race and ethnicity at the end of FY 16 while creating our objectives for FY 17. We identified three rural underserved areas in Virginia, the Spanish speaking community and the elder population as targeted underserved and unserved groups to concentrate a portion of our FY 17 objectives.

dLCV held an open house event to the public in February to introduce the community to our agency and mission. We had 57 guests who had little or no prior knowledge of the dLCV. We made a great first impression and plan to hold other open house events in the future.

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?

SECTION 8. OTHER SERVICES AND ACTIVITIES	
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.).

None to Report

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 the needs of individuals with mental illness across the state. A portion of our objectives were only partially met due to limited funding. See Section 2 for specific information.

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.

In FY 16, dLCV released the Lesson Never Learned investigative report regarding a woman with mental illness who died while being restrained at Western State Hospital. The report shines a light on the facility's long history of dangerous seclusion and restraint practices and details the young woman's final days in the state's care.

dLCV provided case services for 120 people. We helped Phyllis obtain an independent discharge readiness evaluation, and release from a state hospital. She is living successfully in the community. We helped Mary find a suitable apartment, secure emergency discharge assistance program funding from DBHDS, and gain appropriate community supports.

We continued diligent efforts to monitor all of the DBHDS mental health facilities across the Commonwealth and follow up on egregious reports of death and abuse and neglect at those facilities.

dLCV released three videos on advance directives and initiated a Jail Transfer Impact Project to ensure the timely transfer of inmates to DBHDS facilities.

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 for Individual PAIMI Staff Financial Data	$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)	$151,246.00
Travel Expenses (PAIMI Only)	$20,000.00
Subtotal	$171,246.00

9.C. EQUIPMENT - TYPE (PAIMI ONLY)	COST
Computer Equipment	$4,500.00
Office Furniture	$2,000.00
Subtotal	$6,500.00

9.D. SUPPLIES - TYPE (PAIMI ONLY)	COST
Office Supplies / Forms	$2,000.00
Food Supplies	$200.00
Subtotal	$2,200.00

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

POSITION OR ENTITY	SERVICE PROVIDED	SALARY/FEE	FRINGE BENEFIT COST	TRAVEL EXPENSES	OTHER COSTS
Postage and freight	freight, pickup and delivery, postal service	$0.00	$0.00	$0.00	$1,000.00
Printing / Copying Companies	printing services	$0.00	$0.00	$0.00	$250.00
Telephone/Internet	telephone / internet services	$0.00	$0.00	$0.00	$4,000.00
Professional Organizations	Subscriptions and Memberships	$0.00	$0.00	$0.00	$5,000.00

9.E. CONTRACTUAL COSTS (including Consultants) for PAIMI Program Only					
POSITION OR ENTITY	**SERVICE PROVIDED**	**SALARY/FEE**	**FRINGE BENEFIT COST**	**TRAVEL EXPENSES**	**OTHER COSTS**
Legal Services	Court Reporters, Process Services, Court Filing Fees	$0.00	$0.00	$0.00	$400.00
Various Media	Advertisements, Recruitment, PR	$0.00	$0.00	$0.00	$1,500.00
Audit/Accounting Services	Required Audit	$0.00	$0.00	$0.00	$4,000.00
Management Services	Consultants, Interpreters	$0.00	$0.00	$0.00	$7,000.00
Catered Meals for Board and Advisory Council Meetings	Food	$0.00	$0.00	$0.00	$750.00
Unemployment Compensation Insurance	insurance	$0.00	$0.00	$0.00	$45.00
Subtotal		$0.00	$0.00	$0.00	$23,945.00

9.F. TRAINING COSTS FOR PAIMI PROGRAM ONLY						
	TRAVEL		**TRAINING**		**OTHER EXPENSES**	
CATEGORIES	**# OF PERSONS**	**COST**	**# OF PERSONS**	**COST**	**# OF PERSONS**	**COST**
Staff	32	$15,000.00	32	$3,000.00	0	$0.00
Governing Board	12	$700.00	12	$300.00	0	$0.00
PAC Members	11	$750.00	11	$300.00	0	$0.00
Volunteers	0	$0.00	0	$0.00	0	$0.00
Subtotal	55	$16,450.00	55	$3,600.00	0	$0.00

9.G. OTHER EXPENSES (PAIMI PROGRAM ONLY)	COST
Professional Insurance	$2,600.00
Payroll Service	$2,500.00
Subtotal	$5,100.00

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.	$229,041.00
3. Income Sources and Other Resources (PAIMI Program Only)	$666,587.00
4. PAIMI Program carryover of grant funds identified by FY.	
FY 15	$50,000.00
5. Interest on Lawyers Trust Accounts (IOLTA).	$0.00

9.H. INDIRECT COSTS (PAIMI ONLY)	COST
6. Program income (PAIMI only).	$17,500.00
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.	$734,087.00