Virginia

Department of Health and Human Services
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

FY 2019
PROTECTION AND ADVOCACY FOR INDIVIDUALS WITH MENTAL ILLNESS

Short Title: 2019 PAIMI Progress Report

Funding Opportuntity Announcement (FOA) No. SM-17-F2

Catalog of Federal Domestic Assistance (CFDA) No.: 93-138

A. PAIMI Program Information

General Information

1. P &A Identification

Name of state or jurisdiction	Virginia
Name of P&A systems	disAbility Law Center of Virginia
Duns#	078863392

2. Main Office

Agency Name of Main Office	disAbility Law Center of Virginia
Mailing Address	1512 Willow Lawn Drive, Suite 100
City	Richmond
Zip Code	23230
Phone Number of Main Office	804-225-2042

Toll Free Number	800-552-3962
Email address	info@dlcv.org
Website address	www.dlcv.org
TTY phone number	800-552-3962
County of Main Office	Henrico, VA

3. Satellite Office (if any)

Agency Name of Satellite Office	
Mailing Address	
City	
Zip Code	
County of Satellite Office	

4. Executive Director/CEO Contact Information

Name	Colleen Miller
Mailing Address	1512 Willow Lawn Drive, Suite 100
City	Richmond
Zip Code	23230
Phone Number/Extension	804-225-2042
Email Address	Colleen.Miller@dlcv.org

5. PPR Preparer Contact Information

Name	Robert Gray
Title	Director for Compliance and QA
Phone Number/Extension	804-225-2042
Email Address	Robert.Gray@dlcv.org

Governing Board President/Chair

Name	Tom Walk
Mailing Address	1512 Willow Lawn Drive, Suite 100
City	Richmond, VA
Zip Code	23230
County of Residence	Henrico
Email Address	info@dlcv.org
Current Term Started	10/1/2017 12:00:00 AM

Current Term Expires	10/1/2019 12:00:00 AM

6. PAIMI Advisory Council President/Chair

Name	Frank Carrillo`
Mailing Address	1512 Willow Lawn Drive, Suite 100
City	Richmond
Zip Code	23230
County of Residence	VA
Email Address	info@dlcv.org
Current Term Started	1/1/2019 12:00:00 AM
Current Term Expires	1/1/2021 12:00:00 AM

7. P&A Financial Officer/Accountant

Name	Randy Reus
Title	Acting Director of Finance and Operations
Phone Number/Extension	804-225-2042
Email Address	Randy.Reus@dlcv.org

9. Governor's Liaison

Name	Dr. Daniel Carey
Title	Secretary, Health and Human Resources
Mailing Address	Patrick Henry Building 1111 East Broad Street
City	Richmond, VA
Zip Code	23219
County of Residence	VA
Email Address	HealthAndHumanResources@governor.virginia.gov

10. Commissioner/Director of the State Mental Health Agency

Name	Mira Signer
Mailing Address	DBHDS P.O. Box 1797
City	Richmond, VA
Zip Code	23218-1797
Phone Number/Extension	804-786-3921
Email Address	maria.reppas@dbhds.virginia.gov

Footnotes:

A. PAIMI Program Information

Board/Council/ Staff Demographics

		Governing Board	Advisory Council	Program Staff
Ethnicity				
	Hispanic/Latino	1	1	1
	Non-Hispanic/Latino	12	13	32
Race				
	American Indian/Alaskan Native	0	1	0
	Asian	0	0	0
	Black/African American	1	1	3
	Native Hawaiian/Pacific Islander	0	0	0
	White	10	11	27
	Two or more races	2	1	3
	Unknown	0	0	0
Sex				
	Male	7	5	10
	Female	6	9	23

Footnotes:

A. PAIMI Program Information

Governing Board Information

Type and Number of Members

Governing Board	Minimum # of Members	Maximum # of Members
Private, non-profit with multi-member	11	15
State-operated with governing board	0	0
State-operated with no governing board	0	0

Information

In the following table, please provide the requested information for the GB members

	Number
Total seats available	15
Total members serving as of 9/30/2019	13
Total vacancies on 9/30/2019	0
Term of appointment (number of years)	4
Term maximum	2
Meeting Frequency	6
Number of meetings held this fiscal year (FY 2018)	6
Percentage of members present at meetings during the FY 2018	82 %

Composition

The governing board shall be composed of members who broadly represent or are knowledgable about the needs of clients served by the P&A System (count each GB member only once)

	Number
Number of individuals with mental illness who are recipients/former recipients (R/FR) of mental health services or have been eligible for services.	2
Number of family members of individuals with mental illness who are (R/FR) of mental health services	9
Number of guardians	1
Number of advocates or authorized representatives	0
Number of other persons who broadly represent or are knowledgeable about the needs of the clients served by the P&A system	1
Total	**13**

Executive Director (ED)

Initial Appointment Date	12/01/2013 (MM/DD/YYYY)	
Recent performance evaluation completed	October, 2019 (MM/DD/YYYY)	
Date of previous performance evaluation	October, 2018 (MM/DD/YYYY)	
Agency has written policy and procedures to guide the ED's evaluation process?	X Yes	☐No
List documents and exact sections, page, where this information may be found.	dLCV Board Operations Manual	
Input on ED's performance evaluation obtained from the following **(**check all that apply**)**		
All agency employees/staff	☐Yes	X No
Senior managers	X Yes	☐No
All board directors	X Yes	☐No
All PAIMI Advisory Council members	☐Yes	X No
Stakeholders	☐Yes	X No

Consumers	☐Yes	X No
Family members of consumers	☐Yes	X No
State mental health providers	☐Yes	X No
Private mental health providers	☐Yes	X No
Other **selected non-direct-reports; all Board members**	X Yes	☐No

Executive Director (ED) attachment

DisAbility Law Center of Virginia
Board of Directors
Executive Director Evaluation Process
Revised, July 27, 2019

1. The evaluation committee will be the Executive Committee or a subset thereof, as determined by the Board President
2. The evaluation committee will get input from all Board members and from four staff (see below)
3. The evaluation committee will perform the evaluation from beginning to end and will report a summary to Board after the conclusion
4. The committee will conduct a survey of the Board based (at least) on the ED job description and, to a lesser degree, on progress on the ED goals for the evaluation year. The Board survey will not be anonymous. All board survey results will be shared with the ED.
5. The Director will provide the committee with a list of all staff, their years of service, and their position within the agency, telecommuter or not, and whether the person is a direct report, has frequent association, or not. The Committee will select four staff to interview: two direct reports and two non-direct reports.
6. Staff interviews will be limited to these questions:
   a. Does the ED implement the personnel policies established by the Board? If not, how has she deviated from them?
   b. Does the ED comply with statutory and legal requirements when representing dLCV in the legislature? In Congress? In the media? With donors? If not, what requirements has she violated?
   c. Does the ED focus on implementing the program goals established by the Board? If not, identify program goals she has not implemented.
   d. Does the ED authorize use of agency funds pursuant to the budget, established policy, federal guidelines and program limitations? If not, identify limitations she has violated. Is there any evidence of fraudulent or illegal activity?

7. The Committee will provide with ED with a summary of staff interviews in a manner that protects the confidentiality of the staff who participated and their input.
8. The Committee must review prior years' evaluations.
9. The Committee, together with the executive director, will set goals for the coming year. Goals will be set "with" the Director and not "for" the Director and will be based on the ED job description and the feedback received from the Board and the staff. The Board will support the ED in achieving the goals, and the ED will rate the Board on its support.

PAIMI Advisory Council (PAC)

PAC Chair		
Sits on the governing board	☒ Yes	☐No
Appointment date	**January 1, 2019** MM/DD/YYYY	
Other PAC member(s) sit on governing board	☐Yes	☒ No
If yes, number serving	**0**	

. **Staff assigned to the PAIMI Program**

	Number of Attorneys	Full-time	Part-time	Male	Female	Number of Advocates	Full-time	Part-time	Male	Female
Ethnicity										
Hispanic/Latino (of any race)										
Non-Hispanic/ Latino	**11**	**11**		**5**	**6**	**15**	**15**			**15**
Race										
American Indian/ Alaskan Native										

Asian										
Black/African American						**1**	**1**			**1**
Native Hawaiian/ Pacific Islander										
White	**11**	**11**		**5**	**6**	**12**	**12**			**12**
Two or more races						**2**	**2**			**2**
Unknown										

B. Demographics - Intervention on Behalf of Individuals Served

Population Information

Age of PAIMI-eligible Individuals Served

	Male	Female	Unknown/would not disclose	Total	
0-4					
5-12					
13-18	9	4		13	
19-25	4	2	2	8	
26-64	42	30		72	

65 and over	18	15		33	
Total	73	51	2	126	

Racial and Ethnic Diversity of PAIMI Individuals Served

Ethnicity	Number	PAI MI %	State %
HISPANIC OR LATINO	4	3.17	9.10
NOT HISPANIC OR LATINO	122	96.83	90.90
Unknown			0.00
Total	126		

Race	Number	PAIMI %	State %
AMERICAN INDIAN / ALASKA NATIVE			0.5
ASIAN	1	1.22	6.6
BLACK OR AFRICAN AMERICAN	25	20.49	19.8
MORE THAN ONE RACE REPORTED	14	11.48	2.9
NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER			0.1
WHITE	82	67.21	70
Total	122		

B. Demographics - Intervention on Behalf of Individuals Served

PAIMI Eligible Individuals served with PAIMI Program Funds

Count individual once per fiscal year (FY). Multiple counts not permitted for lines 1-2.

		Enter Number
1. Number of PAIMI-eligible individuals served with PAIMI Program funds, includes any program income resulting from legal actions supported by PAIMI Program funds from October 1, 2017 to September 30, 2018. (only cases carried over from previous FY).		29
2. Number of new PAIMI-eligible individuals served during the FY 2018.		97
3. Total number of PAIMI-eligible individuals served during this FY 2018 (Add lines 1 and 2).		126
4. Total number of PAIMI-eligible individuals who requested program related advocacy services ,but were NOT served within 30 days of initial contact because of :		
	a. insufficient PAIMI Program resources.	
	b. non-priority areas.	
5. Individuals served as of September 30, 2018 (Carry over to next FY; this should be less than or equal to the total in item #3).		126

Footnotes:

Living Arrangements	Number
Community Residential Home for Children/Youth up to age 18 Yrs.	2
Community Residential Home for Adults	10
Non-Medical Community-Based Residential Facility for Children/Youth	1
Foster Care	
Nursing Homes, Including Skilled Nursing Facilities (SNF)	4
Intermediate Care Facilities (ICF)	
Public General Hospitals Including Emergency Rooms	
Private General Hospitals Including Emergency Rooms	2
Public Institutions	3
Private Institutions	8
Psychiatric Hospitals (Public or Private) a. Public/State b. Private	82
Jails a. Municipal/City b. County c. Other	2
State Prison	2

Federal Detention Center	2
Federal Prison	
Veterans Administration Hospital	
Other Federal Facility	
Homeless	

Demographics - Intervention on Behalf of Individuals Served

Living Arrangements of PAIMI-Eligible Individuals at Intake

Independent (in the community & PAIMI-eligible) a. within 90 days post-discharge from a facility b. after 90 days of discharge	4
Parental or Other Family Home & PAIMI-eligible a. within 90 days post-discharge from a facility b. after 90 days of discharge	3
Unknown	1
Total	126

Areas of Alleged Abuse	Outcomes				Number from Closed Cases Only
	A	B	C	D	Total
1. Inappropriate or excessive medication	2		2		4
2. Inappropriate or excessive					
1. Physical restraint	2		3		5
2. Chemical restraint			1		1
3. Mechanical restraint		1			1
4. Seclusion					
3. Involuntary medication			1		1
4. Involuntary Electric Convulsive Therapy (ECT)			1		1
5. Involuntary aversive behavioral therapy					
6. Involuntary sterilization					
7. Failure to provide appropriate mental health treatment		1	2		3
8. Failure to provide needed medical treatment					
9. Physical assault					
1. Serious injuries related to the use of seclusion or restraint					
2. Serious injuries NOT related to seclusion or restraining					
a. Patient on Patient					
b. Staff/caretaker		1			1
c. Facility resident			1		1

10. Sexual assault					
1. Staff/caretaker					
2. Patient/facility resident	1		1		2
11. Threats of retaliation or verbal abuse by facility staff			1		1
12. Coercion	1				1
13. Financial exploitation					
14. Suspicious death	3		5		8
15. Other *Specify types of compliants. Please describe below. [This number should be less than 1% of the total number of total complaints.]*					

Totals for the Alleged Abuse complaints/problem addressed from closed cases	
A. Number of complaints/problems determined after investigation not to have merit	9
B. Number of complaints/problems withdrawn or terminated by client	3
C. Number of complaints/problems resolved in the client's favor	18
D. Number of complaints/problems not resolved in the client's favor	0
Total	30

Areas of Alleged Abuse

Case of Alleged Abuse

dLCV got to know Katherine through monitoring at a state facility. Katherine called dLCV to discuss concerns with care, including court-ordered medication. dLCV reviewed Katherine's medical records and contacted her treatment team. After learning that she did have a court order for medication, dLCV explained the hospital's obligation to find a surrogate decision-maker before going to court for a medication order. dLCV also explained her right to have her capacity reviewed periodically. dLCV helped her develop a strategy to have a trusted person become her authorized representative and request a re-evaluation of her capacity to consent to treatment.

ATTACKED WHILE RESTRAINED

dLCV reviewed a Critical Incident Report (CIR) from Eastern State Hospital (ESH) which stated that 18-year-old Eric, a resident diagnosed with significant mental health and developmental disability needs, was attacked by a peer while in the Emergency Restraint Chair (ERC). dLCV opened an investigation to review the reported incident. dLCV reviewed all records and videos related to the event and found that Eric, despite having a staff with him 1:1, was tied down in the ERC when a peer ran into the room and stabbed him repeatedly in the neck and face with plexiglass. dLCV found that the 1:1 staff with Eric pulled at the peer's jacket sleeve for roughly 30-60 seconds and then left the room. Once the staff left, Eric was completely alone with his attacker for over a minute before his 1:1 staff returned. The peer left shortly after the staff's return. Once the peer left, Eric then sat in the ERC, bleeding and restrained for about four minutes before another staff came and removed his restraints and began administering first aid. dLCV substantiated abuse and neglect in the victimization of Eric. dLCV additionally found ESH not only failed to conduct an adequate investigation, they also failed to find abuse and neglect by staff. dLCV is in process of representing Eric in the Human Rights Complaint Process. Eric additionally intends to file a lawsuit against the hospital. dLCV's investigation and representation of Eric will ensure protections for current and future residents of ESH.

Areas of Alleged Neglect	Outcomes					
	A	B	C	D	E	TOTAL
1. Admission to residential care or treatment facility		1				1
2. Transportation to/from residential care or treatment facility						
3. Discharge planning or release from residential care or treatment facility	4	6	22		10	42
4. Mental health diagnostic or other evaluation (does not include treatment)						

5. Medical (non-mental health related) diagnostic physical examination	1	2	1		1	5
6. Inadequate care (e.g., personal hygiene, clothing, food, shelter)			3		2	5
7. Physical plant or environmental safety	1		1		1	3
8. Personal safety issues (unsecured access to facility, resident rooms, patient to patient abuse	1		2	1		4
9. Other *[Please describe below; however, make every effort to report within the above categories].*						

Totals for the Alleged Neglect Dispositions categories

A. Number of complaints/problems determined after investigation not to have merit	7
B. Number of complaints/problems withdrawn or terminated by client	10
C. Number of complaints/problems resolved in the client's favor	28
D. Number of complaints/problems not resolved in the client's favor	1
E. Other Indicators of success or outcomes that resulted from P&A involvement	14
Total	60

	Outcomes				Number from Closed Cases only
	A	B	C	D	TOTAL
1. Right to individualized written treatment or service plan	1		1		2
2. A written discharge plan including a description of mental health services needed upon discharged from such program or facility		1	8		9
3. The right to ongoing participation, in a manner appropriate to such person?s capabilities, in the planning of mental health services to be provided such person (including the right to participate in the development and periodic revision of the plan				1	1
4. Denial of financial benefits/entitlements (e.g. SSI, SSDI, Insurance)			1		1
5. Guardianship/Conservator problems		2	3		5
6. Denial of rights protection information or legal assistance	1		3		4
7. Denial of privacy rights (e.g., congregation, telephone calls, receiving mail)				1	1
8. Denial of recreational opportunities (e.g., grounds access, television, smoking)					
9. Denial of Visitors					
10. Denial of access to or corrections of records			1		1
11. Breach of confidentiality of records (e.g., failure to obtain consent before disclosure)					
12. Failure to obtain informed consent					
13. Advance directives issues			1		1
14. Denial of parent/family rights					
15. Other *[Please make every effort to report within the above categories].*					

Totals for the Alleged Rights Violations Description Categories	
A. Number of complaints/problems determined after investigation not to have merit	2
B. Number of complaints/problems withdrawn or terminated by client	3
C. Number of complaints/problems resolved in the client's favor	18
D. Number of complaints/problems not resolved in the client's favor	2

Total	25

Areas of Alleged Rights Violations

Case of Alleged Rights Violations

Mona reported to dLCV that the state hospital kept using a three-year old treatment plan and that the Director's office failed to respond to her human rights complaints. dLCV advocated for a change to Mona's treatment plan and participated in LHRC review of Mona's behavior treatment. In addition, dLCV advocated for Mona to be taken off of staffing restricting, an unfulfilled promise by her treatment team. dLCV also gathered copies of Mona's complaints to demand the required written responses. Ultimately, dLCV advocated for Mona's discharge, and the facility discharged her shortly thereafter.

WAITING FOR A BED….

After review of a Computerized Human Rights Information System (CHRIS) report, which detailed that 13-year-old Annie had waited four days in a local Emergency Room (ER) while awaiting a psychiatric bed, dLCV opened a case to determine what circumstances led to and resulted in Annie's delay in inpatient psychiatric services. While investigating Annie's experience, dLCV found trends that indicate a pattern of both youth and adults waiting extended periods in ERs around Virginia while a psychiatric bed is located. This delay may often be caused by developmental disability or extensive medical needs comorbid with mental health service needs. As a result of Annie's case, dLCV has formed new objectives regarding delay in psychiatric care for Virginians with disabilities for the internal dLCV CHRIS team to tackle systemically in the incoming year.

Reasons for Closing Individual Advocacy Case Files

	Number
Number of closed cases in which client's objective was partially or fully met	41
Other representation found	
Individual withdrew complaint	8
Services were not needed due to client's death or relocation	6
P&A withdrew because individual or client would not cooperate	
Individual's case lacked merit	3
Individual's issue not favorably resolved	2
Appeal(s) Unsuccessful	
Total	60

Case of Closing an Individual Advocacy Case File

Carl reported to dLCV that, although his treatment team had found him ready for discharge months earlier, his Community Service Board (CSB) discharge planners failed to develop a discharge plan and make satisfactory arrangements for his discharge from the state hospital. dLCV investigated, and found that the CSB had failed to make diligent or effective efforts to address the barriers that were preventing Carl's discharge from the state hospital. dLCV demanded a corrective action plan from the CSB. Promptly thereafter, the CSB completed the action plan and arranged for Carl's discharge to his community.

Intervention Strategies

	Outcomes													
	Abuse				Neglect				Rights Violations					
	A	B	C	D	A	B	C	D	E	A	B	C	D	Total
1. Short Term Assistance	1		5		3	6	15		10		2	12	2	56
2. Abuse/Neglect Investigations	8	3	11		3	2	3	1	2	2				35
3. Technical/Assistance						1	1							2
4. Administrative Remedies							1		1			1		3
5. Negotiation/Mediation			2		1	1	8					2		14
6. Legal Remedies											1	3		4
Total	9	3	18		7	10	28	1	13	2	3	18	2	115

Death Investigation Activities

1. The number of deaths of individuals reported to the P&A for investigation by the following entities:	
a. The State.	47
b. The Center for Medicaid & Medicare Services (Regional Offices).	
c. Other Sources *Briefly list the source for each death reported in this category.e.g.,newspaper,concerned citizen,relative,etc.* calls and monitoring	
Total	47

2. All Death investigations conducted involving PAIMI-eligible individuals related to the following:	
a. Number of deaths investigated involving incidents of seclusion (S).	1
b. Number of deaths investigated involving incidents of restraint (R).	
c. Number of deaths investigated NOT related to incidents of S&R, (e. g., suicides.)	14
Total	15

3. If you reported deaths in categories 2.a., 2.b., and/or 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.

dLCV investigated the death of a patient who died while receiving services at a state hospital, including reviewing a mortality review conducted by facility's medical director. Upon review, dLCV concluded that the individual died of a preventable condition (bowel impaction). dLCV's investigation showed that a physician had misinterpreted the diagnostic testing and therefore didn't order treatment for condition. The facility adopted corrective action that included procedures for reviewing individuals who are at-risk for bowel obstruction secondary to medications or medical conditions.

FATAL RESTRAINTS

After review of a Computerized Human Rights Incident System (CHRIS) report on the death of 14-year-old Psychiatric Residential Treatment Facility (PRTF) North Spring Behavioral Healthcare resident Julian, dLCV conducted an extensive investigation of the incident. dLCV reviewed all internal North Spring documentation, including one hundred and forty one (141) videos. dLCV fought for and won access to both Child Protective Services (CPS) documentation. dLCV also won access to the documentation of Law Enforcement (LE) and Emergency Medical Services (EMS) through the Commonwealth's Attorney, given that the case was being prosecuted criminally. dLCV substantiated a plethora of violations, including abusive and lethal restraint, specifically an obese staff leaning their weight on Julian's back; staff abuse prior to the incident; and medical neglect, regarding failure to respond appropriately when Julian was in respiratory distress. dLCV found additional violations concerning staffing ratios, contraindications to restraint, justification for the restraint, failure to protect from peer-to-peer, and failure to have information readily available for LE and EMS. After dLCV's extensive review of policies, procedures, and corrective action plans, North Spring implemented all recommended corrective action as appropriate, including termination of staff, retraining of staff, revision and development of new seclusion

and restraint procedures, and implementation of The Substance Abuse and Mental Health Services Administration's (SAMHSA) Trauma Informed Care Program. North Spring additionally created policies regarding codes and response to medical issues and needs. The two staff involved directly in the restraint are facing manslaughter charges.

Investigations on Behalf of Groups of PAIMI Eligible Individuals

Multiple counts not permitted for lines 1 –3 and 6.

What to Count	
1. Group cases/projects still open on October 1, 2018. (Carried over from prior FY (s))	0
2. New group cases/projects opened during the year.	7
3. Total group cases/projects worked on during the year (Add lines 1 & 2)	7
4. Total group cases/projects as of Septemer 30, 2019. (Carry over to next FY)	0
5. Group cases/projects targeted at serving the following special populations:	
a. Ethnicity	
b. Racial Minorities	
c. Homeless	
d. Veterans	
e. Urban	
f. Rural/Frontier	
g. Elderly/geriatric	1
6. Total # of individuals potentially impacted by line 3	14,921

Types of Interventions	Potential # of Individuals Impacted	Concluded Successfully	Concluded Unsuccessfully	On-going
Group Advocacy non-litigation	514,373	16		2
Investigations (non-death related)	14,921	7		
Facility Monitoring Services	18,004	23		
Court Ordered Monitoring				
Class Litigation				
Legislative & Regulatory Advocacy	176,569	5		
Other	0	0	0	0
Total	723,867	51		2

Footnotes:

D. Non-client Directed Advocacy Activities

1. **Individual Information and Referral (I&R)**.

Provide the number of PAIMI Program I&R services.	
Total	351

2. **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.

3. **Education, Public Awareness Activities, and Events**

List the number of public awareness activities or events **and** the number of individuals who received the information [Refer to Glossary].	
1. Number of public awareness activities or events.	14
2. Number of education/training activities undertaken.	11
3. Number (approximate) of persons trained in 2.	19,323

E. Grievance Procedures

Grievance Procedures

1. Do you have a systemic/program assurance grievance policy, as mandated by 42 CFR 51.25(a) (2)?	X Yes ☐ No (If no, please indicate the date that the developed policy is anticipated. __/__/____

2. The number of grievances filed by PAIMI-eligible clients, including representatives or family members of such individuals receiving services during this fiscal year.	
Total	4

3. The number of grievances filed by prospective PAIMI-eligible clients (those who were not served due to limited PAIMI program resources or because of non-priority issues.	
Total [42 CFR Section 1.25(a)(1),(2)]	4

4. The number of grievances appealed to:	
4.a. The governing authority/board	0
4.b. The Executive Director	4
Total 4.a. & 4.b.	4

5. The number of reports sent to the governing board **and** the advisory board.	
Total	1

6. Please identify all individuals (name & title), responsible for grievance reviews. (list 5 only)

Name & title	Colleen Miller, Executive Director Thomas Walk, President All dLCV Board Members

7. What is the timetable (in days) used to ensure prompt notification of the grievance procedure process to clients, prospective clients or persons denied representation, and ensure prompt resolution?	
Number of days	15

8. Were written responses sent to each grievant? XYes ☐No (if no, explain below).

9. Was client confidentiality protected? XYes ☐No (if no, explain below)

F. Other Services & Activities

Public Comment

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

a. Yes

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

dLCV offered a public input survey to identify which disability advocacy issues we should consider in FY 20. We posted the survey on our website and distributed through monitoring, trainings, and multiple outreach activities. Our 405 respondents identified quality mental health care, access to government benefits, and housing as the top three areas of concern. 37% of our respondents were individuals with disabilities. Agencies and groups we reached included: the Virginia Board for People with Disabilities, Department for Aging and Rehabilitative Services (DARS), Partnership for People with Disabilities, Department for Behavioral Health and Developmental Services (DBHDS) , and multiple community advocacy and networking groups. dLCV used this information to develop our FY 19 PAIMI goals and focus areas.

b. ●◠ No, briefly explain.

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

3. Do the procedures provide for receipt of the comments in writing or in person?

a. No, explain why the agency does not have such procedures in place.

The dLCV Board's Public Input Committee convenes multiple times throughout the year and develops our annual survey instrument(s) and assesses the best way each year to receive and solicit public comment. Anyone can provide public comment at any time to dLCV throughout the year as well.

4. Was the public provided an opportunity for public comment. Yes

5. If you answered Yes to 4., briefly describe the activities used to obtain public comment.
See F.1.

6. What formats and languages (as applicable) were used in materials to solicit public comment?
The survey was available via web, telephone, language line, and in paper form. We created copies in Spanish as well. Alternate formats were available upon request.

7. If you answered No to 4, briefly explain why the public was not provided an opportunity to comment.

N/A

8. List groups (e.g., states, consumer advocacy, service providers, professional organizations and others, including groups of current and former mental health consumers and/or family members of such individuals) with whom the PAIMI Program coordinated systems, activities and mechanisms. [PAIMI Act 42 U.S.C.. 10824 (a) (D)]

Department of Behavioral Health and Developmental Services' Central Office and its nine state-operated mental health facilities and one nursing facility
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
Department of Justice
Department of Juvenile Justice
VOICES for Virginia's Children
Child Protective Services
REACH- 5 Regional Programs
Office of the Attorney General
DBHDS Office of Human Rights and Office of Licensure
DBHDS Centers for Independent Living
Community Service Boards
Virginia Organization of Consumers Asserting Leadership (VOCAL)
Partnership for People with Disabilities Advisory Council
Psychiatric Residential Treatment Facilities (19 in Virginia)
Virginia Board for People with Disabilities
Mental Health America of Virginia
Local Department of Social Services APS Divisions
Department of Social Services Licensing
Virginia's Attorney General

9. Briefly describe the outreach efforts/activities used to increase the number of ethnic and racial minority clients served or educated about the PAIMI program [this information will be evaluated by using the demographic/state profile information contained in the PAIMI application for the same FY]

We meet regularly with members of the business community as well. Though an organization known as 'Synapse', diverse guests who had little or no prior knowledge of the dLCV meet to learn more about dLCV. dLCV continuously recruits volunteers from all across the state to connect with local communities to provide targeted outreach. dLCV also provides training, exhibits, and materials for fairs, conferences, and meetings on request. Whenever dLCV provides presentations, we address some of the work we do related to PAIMI issues. dLCV frequently uses our Facebook page and Twitter account to post articles on disability advocacy issues and inform the public about our work as well.

F. Other Services & Activities

Impediments

External Impediments
Describe any problems with implementation of mandated PAIMI activities, including those activities required by Parts H and I of the Children's Heath 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 continues to work with local offices of the Department of Social Services and DBHDS to receive timely incident reports related to abuse and neglect.
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 limited PAIMI funds to serve the needs of the PAIMI eligible population.

F. Other Services & Activities

Accomplishments and Recommendations

Accomplishments
For this fiscal year, briefly describe the most important accomplishment(s) that resulted from PAIMI Program activities. Provide copies of supporting documents, e.g., case law, news, articles, legislation, etc.
dLCV provided PAIMI case services to 142 individuals and PAIMI information and referral to 333 individuals in FY 19. Our project work additionally impacted over 723,867 adults and children. Following dLCV's persistent advocacy, the Department of Behavioral Health and Developmental Services (DBHDS) finally began including the actual identified barriers to discharge for individuals on the extraordinary barriers list (EBL) in September 2018. dLCV found that upon having to identify specific, concrete barriers, the number of people on the EBL dropped by 21, the largest monthly reduction in the last year. dLCV tackled concerns with the investigation process at one facility, filing two LHRC appeals related to deficits in the human rights investigation process. The LHRC made several findings favorable to our clients which reflected the facility's failure to protect individuals from harm and to promptly respond to complaints and allegations of abuse and neglect. The facility finally provided corrective action plans that can result in sustainable policy and practice improvements in care and in abuse and neglect investigations. dLCV fought another systemic concern involving abuse and neglect, relating to the interpretation of the abuse and neglect investigation appeals available to individuals through the regulations. This stemmed from a successful State Human Rights Committee (SHRC) appeal and guidance provided by the Office of Human Rights that attempts to define a finding of a rights violation separately from a finding that abuse or neglect occurred. The Office of Human Rights responded, affirming its agreement with dLCV's interpretation of the regulations. dLCV feels the response is comprehensive and mostly affirms its interpretation of the human rights regulations, but belies larger issues with the efficacy of the system. We continue to hold the system accountable for its deficiencies. dLCV also presented DBHDS with an analysis report of critical incident reports from mental health facilities, Our FY 19 review reinforced concerns from FY 18 that 2018 was the deadliest year in the state's mental health facilities. The numbers and percentages of individuals dying within 3 months of being admitted to a state mental health facility continue to grow. Medical Conditions continue to make up the vast majority of deaths every year. We urged the Commonwealth to determine the source of admission for every death that occurred within 90 days of admission, conduct a complete analysis of each death, evaluate staffing levels, increase staff training and review the falls protocol in each of the state's mental health facilities. We continue to fight for better treatment and decreased mortality rates in DBHDS facilities.

During the prior fiscal year, dLCV received media reports regarding allegations of abuse of juvenile detainees at Shenandoah Valley Juvenile Center in Staunton (SVJC). SVJC is a local juvenile detention that contracts with Health and Human Services (HHS) Office of Refugee Resettlement (ORR) to house minor unaccompanied immigrants. This year, dLCV staff toured the physical facility multiple times, interviewed medical and correctional staff, and spoke informally with several federal and local detainees.

Recommendations

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

Additional funding would allow dLCV to provide increased monitoring in PAIMI facilities and a broader range of services to our clients.

Training Needs

G. PAIMI Budget - Actual

PAIMI Expenditures and Revenues

PAIMI Expenditures	
1. Does your P&A have an approved Federal indirect cost rate? If yes, what is the approved rate?	○ Yes ○ No %
2. Total indirect costs	0
3. Total of all PAIMI program costs listed in **I - VIII** in the Budget	

Total	**$**
Income sources and other resources (PAIMI program only)	
1. PAIMI program information	676,109
2. Interest on Lawyers Trust Accounts	0
3. Program income (PAIMI only)	16551
4. State	0
5. County	0
6. Private	0
7. Other funding sources [identify each source]	0
Total of all PAIMI Program resources.	**$ 692,660**

Footnotes:

G. Budget info- See Attachment

H. Statement of Goals and Priorities

PAIMI Program Statement of Priorities & Objectives

Priority/Goal Description: GOAL 1: PEOPLE WITH DISABILITIES FREE FROM ABUSE AND NEGLECT Goal 1, Focus Area: People with Disabilities are Free from Harm in Adult Institutions

Objective: Monitor DBHDS operated facilities for people with disabilities using site visits, review of Critical Incident Reports (CIRs), relevant policies and procedures, CMS surveys, APS reports, and other sources. Identify systemic issues involving institutional failures to protect residents from harm and obtain corrective actions to improve internal processes and protect established human rights at four facilities.

Target Measures

Target Population:	PAIMI eligible adults
Expected Target:	1
Expected Outcome:	1
Actual Outcome:	1

Achieved: (●) **Partially Achieved:** ( ) **Not Achieved:** ( )

Reason why priority/goal was not achieved or was partially achieved:

Results narratives of P&A activities and accomplishments related to above priority:

37

Objective: Provide STA to all residents who request it during facility monitoring.

Target Measures

Target Population:	PAIMI eligible adults
Expected Target:	1
Expected Outcome:	1
Actual Outcome:	37

Achieved: (●) **Partially Achieved:** ( ) **Not Achieved:** ( )

Reason why priority/goal was not achieved or was partially achieved:

Results narratives of P&A activities and accomplishments related to above priority:

Tony asked for help from dLCV when his treatment team placed him in a designated female room with a female roommate. Tony identifies as male, so the placement caused him significant distress. dLCV met with

the facility administration, who explained that they were concerned for Tony's safety. dLCV negotiated with the facility to reassign Tony to a private room next to the "dayroom." The new room assignment pleased Tony.

Rodney needed help because a nursing aide at the facility handled him without regard for his painful skin condition. Rodney reported that the aide handled him roughly helping him with his activities of daily living, which caused him pain and discomfort. dLCV helped Rodney make an abuse complaint. As a result of Rodney's complaint and dLCV's assistance, the facility reprimanded the aide, providing retraining, and required another staff person to be present when the aide worked with Rodney.

Penelope reported to dLCV that she is frequently hospitalized and felt the hospital should be acting more quickly to discharge her. She asked dLCV to verify her readiness for discharge and identify any specific barriers to discharge. dLCV provided Penelope with information on her rights, including how to appeal an order for involuntary commitment. dLCV also verified Penelope's readiness for discharge. dLCV advised Penelope of her discharge status and recommended a strategy for expediting discharge arrangements, resulting in her prompt discharge.

Objective: Monitor weekly reports of forensic transfers from jail to hospital for restoration, and obtain immediate corrective action if the number of individuals waiting for transfer to any given hospital exceeds 10, or if any individual awaiting transfer is kept waiting for over 30 days.

Target Measures

Target Population:	PAIMI eligible adults
Expected Target:	20
Expected Outcome:	20
Actual Outcome:	47

Achieved: (●) **Partially Achieved:** ( ) **Not Achieved:** ( )

Reason why priority/goal was not achieved or was partially achieved:

Results narratives of P&A activities and accomplishments related to above priority:

dLCV reviewed weekly reports provided by DBHDS. In FY19, all transfers of forensically involved individuals from jails to Eastern State Hospital and Central State Hospital were executed timely. Therefore, dLCV didn't seek corrective action. Historically, transfers didn't occur in a timely manner. dLCV intervened and regularly reviewed reports from DBHDS, following up with the hospitals and DBHDS when transfers

weren't timely in past years. The lack of needed follow up in FY19 suggests our intervention and ongoing monitoring reinforces accountability by DBHDS for timely transfers.

Objective: Monitor transfer of individuals from maximum security at Central State Hospital to Eastern State Hospital in a timely manner. If any one individual waits more than 30 days or multiple individuals wait more than 10 days, obtain corrective action.

Target Measures

Target Population:	PAIMI eligible adults
Expected Target:	1
Expected Outcome:	1
Actual Outcome:	1

Achieved: (●) **Partially Achieved:** ( ) **Not Achieved:** ( )

Reason why priority/goal was not achieved or was partially achieved:

Results narratives of P&A activities and accomplishments related to above priority:

dLCV reviewed weekly reports provided by DBHDS of all transfers of forensically involved individuals from maximum security at Central State Hospital to Eastern State Hospital. The majority of transfers occurring in FY19 were timely. When dLCV identified failures to timely transfer individuals, dLCV reported them to the Assistant Commissioner for Forensic Services at DBHDS and requested a plan for timely transfer and future compliance.

Objective: Investigate 8 allegations of abuse or neglect in adult institutional settings of 7 or more people. Publish written reports of findings and obtain corrective action.

Target Measures

Target Population:	PAIMI eligible adults
Expected Target:	8
Expected Outcome:	8
Actual Outcome:	11

Achieved: (●) **Partially Achieved:** ( ) **Not Achieved:** ( )

Reason why priority/goal was not achieved or was partially achieved:

Results narratives of P&A activities and accomplishments related to above priority:

dLCV identified Brienne through a critical incident report (CIR); the report indicated that Brienne, a young woman with co-occurring developmental disability and mental health needs, had been sexually assaulted by a peer at a state hospital. dLCV followed up with Brienne, who requested dLCV's assistance in reviewing the investigation. dLCV reviewed the hospital, police and Adult Protective Services (APS) records and consulted with facility administration regarding the investigation findings and corrective action taken. dLCV provided the findings to Brienne and advised her on her rights in the matter. Brienne returned to the community with a better understanding of her rights and what happened after her assault.

Objective: Investigate 3 allegations of abuse or neglect by staff in licensed congregate care facilities. Obtain corrective action. Information to be drawn from APS reports, CHRIS reports, CMS surveys or complaints.

Target Measures

Target Population:	PAIMI eligible adults
Expected Target:	3
Expected Outcome:	3
Actual Outcome:	1

Achieved: ○ **Partially Achieved:** ◉ **Not Achieved:** ○

Reason why priority/goal was not achieved or was partially achieved: Cases worked under multiple funding streams.

Results narratives of P&A activities and accomplishments related to above priority:

Jerome contacted dLCV to report that he did not receive appropriate pain medication after having hemorrhoid surgery earlier in the year. dLCV visited Jerome and reviewed his most recent medical records. The records in the group home were incomplete and did not match the blister packs of medication that staff presented. dLCV requested further records from the facility which showed a number of inconsistencies. In addition to several documentation errors, the facility did fail to give the client his pain medication, as he alleged. dLCV sent a copy of these findings to the provider and to the DBHDS Office of Licensing. As a result of dLCV's investigation and advocacy, the client and others served by this provider will live in a safer environment.

Objective: Improve investigations and protection from harm by representing 3 individuals in Human Rights hearings to appeal investigative findings where review of the investigation indicates potential for systemic impact.

Target Measures

Target Population:	PAIMI eligible adults
Expected Target:	3
Expected Outcome:	3
Actual Outcome:	2

Achieved: ○ **Partially Achieved:** ◉ **Not Achieved:** ○

Reason why priority/goal was not achieved or was partially achieved: Only two complaints were received this year.

Results narratives of P&A activities and accomplishments related to above priority:

dLCV offered to assist Winnifred with a complaint after her CSB refused to assist her in the discharge process from a state hospital because she disagreed with their provider recommendation. dLCV filed a human rights complaint on Winnifred's behalf, explaining her right to have appropriate services from the CSB, specifically discharge planning services. When the CSB denied any neglect on their part, dLCV agreed to assist Winnifred and appeal the CSB's decision. After a hearing, the LHRC determined that the CSB violated Winnifred's rights and recommended a corrective action plan for them to follow.

Priority/Goal Description: **Goal 1, Focus Area: Children and Youth with Disabilities are Free from Harm in Community or Institutional Settings**

Objective: Monitor conditions at all Psychiatric Residential Treatment Facilities (PRTFs) serving children and adolescents through review of critical incident reports, CHRIS reports, and APS reports. Monitoring will focus on opportunities for community integration and discharge, and allegations of abuse or neglect. Report issues identified to regulatory or oversight entities, and to the DOJ and Independent Reviewer as appropriate.

Target Measures

Target Population:	PAIMI eligible children and youth
Expected Target:	1
Expected Outcome:	1
Actual Outcome:	1

Achieved: (●) **Partially Achieved:** ( ) **Not Achieved:** ( )

Reason why priority/goal was not achieved or was partially achieved:

Results narratives of P&A activities and accomplishments related to above priority:

dLCV monitored all Psychiatric Residential Treatment Facilities (PRTFs) through daily review of incident reports, Computerized Human Rights Information System (CHRIS) reports, and cross-unit Adult Protective Services (APS) and Child Protective Services (CPS) reports. dLCV identified PRTFs not reporting to dLCV in accordance with federal regulations and successfully educated PRTFs on appropriate reporting. As a result of dLCV advocacy, all PRTFs are reporting to dLCV and The Department of Behavioral Health and Developmental Services (DBHDS) CHRIS system. Additionally, dLCV conducted in-person monitoring and rights clinics at four (4) facilities. As a result of dLCV monitoring and rights clinics, dLCV opened three (3) investigations to ensure protection from harm, abuse, and exploitation for children and youth living in residential institutionalized settings in Virginia. Additionally, dLCV identified a trend of alleged abuse and neglect at a PRTF in the Tidewater region of Virginia. As a result of this trend, dLCV has launched a systemic investigation to include multiple unannounced monitoring visits, collaboration with Human Rights and The Office of Licensure and Certification (OLC), and two individual investigations. As a result of dLCV's outreach to collaborators, OLC has also initiated an unannounced investigation and review of this PRTF.

Objective: Investigate 5 allegations of abuse and neglect at institutions serving children, involving unnecessary seclusion and restraint, medical neglect, or staff abuse or neglect. Publish written reports of findings and obtain corrective action.

Target Measures

Target Population:	PAIMI eligible children and youth
Expected Target:	5
Expected Outcome:	5
Actual Outcome:	5

Achieved: (●) **Partially Achieved:** ( ) **Not Achieved:** ( )

Reason why priority/goal was not achieved or was partially achieved:

Results narratives of P&A activities and accomplishments related to above priority:

WHY WEREN'T WE INFORMED?

dLCV was contacted by 17-year-old Jason's Mother, May, with complaints of neglect and inappropriate discharge from Psychiatric Residential Treatment Facility (PRTF) Liberty Point. dLCV opened an investigation into May and Jason's allegations, reviewed all pertinent documentation from Liberty Point and nearby hospitals, incident reports and investigations, and interviewed staff as appropriate. dLCV substantiated significant policy issues that led to inadequate discharge planning and communication with both May and Jason. dLCV worked collaboratively with Liberty Point to remedy these issues, both in revision and creation of internal procedures to reflect changes in their system of care and discharge planning. These policies reflect new procedures on reporting of incidents, chain of command, and incident and investigation reporting.

INAPPROPRIATE DISCHARGE WITH NO WARNING

dLCV received a complaint of neglect concerning 15-year-old Ian, previous resident of Psychiatric Residential Treatment Facility (PRTF) North Spring Behavioral Healthcare. Ian and his Mother, Molly, reported that North Spring discharged Ian without an appropriate discharge plan and without services, due only to funding mix-up. Molly reported that Ian was discharged to her with a googled sheet of providers, Ian's safety plan in a residential setting, and a list of nearby hotels, as Ian is not allowed around his younger siblings due to previous sexual behavioral engagements. Directly after discharge, Ian eloped from his Mother's care and was not found until two (2) weeks later in New York. dLCV opened Ian's case and investigated Ian and Molly's claims through document reviews and interviews with Medicaid and Ian's Managed Care Organization (MCO), and found neglect in terms of inappropriate discharge due to funding issues and inadequate discharge specific to supports not being in place. dLCV's investigation showed a lack of funding for only three (3) days of care due to communication issues before Ian's funding was continued. North Spring's behavior was particularly egregious given Ian's history of hospitalization since age five (5). dLCV filed a complaint with The Office of Licensure and Certification on behalf of Ian and his family to ensure corrective action for Ian and all current and future residents of North Spring.

Objective: Represent 2 individuals at institutions serving children who need assistance in accessing appropriate community based services and assistive technology during discharge planning.

Target Measures

Target Population:	PAIMI eligible children and youth
Expected Target:	2
Expected Outcome:	2
Actual Outcome:	2

Achieved: (●) **Partially Achieved:** ( ) **Not Achieved:** ( )

Reason why priority/goal was not achieved or was partially achieved:

Results narratives of P&A activities and accomplishments related to above priority:

BREAKING THE CYCLE

dLCV was contacted by Psychiatric Residential Treatment Facility (PRTF) Three Rivers for assistance in barriers to discharge for 17-year-old Jenny. Jenny's Community Services Board (CSB) was refusing to discharge plan or seek funding and was insisting that Jenny go to an Assisted Living Facility (ALF). Jenny, her family, and Three Rivers opposed this plan as they deemed an ALF to be clinically inappropriate for Jenny and feared that, without the proper supports, Jenny would decompensate and go into crisis, moving into the adult sphere of mental health treatment in Virginia. dLCV strove to break this cycle by educating and holding Jenny's CSB accountable for appropriate discharge planning while working in collaboration with The Department of Behavioral Health and Developmental Services (DBHDS). Simultaneously, dLCV worked to ensure Jenny's Social Security redetermination and Medicaid approval upon her eighteenth (18) birthday. As a result, currently Jenny is living with her Father and receiving services in the community. Jenny reports she is happy with her placement.

CSB UNRESPONSIVE? NOT OKAY BY US!

dLCV was contacted by Monica, Mother of 17-year-old Jessica, as Jessica was discharged from Commonwealth Center for Children and Adolescents (CCCA). Jessica has both mental health and developmental disability service needs, making her case even more complex, she needs wrap-around, community-based services. Simultaneously, Jessica's Community Services Board (CSB) was unresponsive to family advocacy for help. dLCV opened a case to assist Jessica in being assessed for services and contacted Jessica's CSB to educate them on Jessica's legal rights to services. dLCV forced involvement of the CSB, specifically to have Jessica assessed for a variety of mental health and developmental disability services she may be eligible for in the community so that she could be successful outside of an institution. As a result of dLCV assistance, Jessica received the Developmental Disability Waiver, Priority 1. Jessica's team is now working to gain her the proper supports to ensure her happiness in her home community.

Priority/Goal Description: Goal 1, Focus Area: Children and Youth with Disabilities Receive Appropriate Services in Juvenile Justice Facilities

Objective: Monitor conditions at Bon Air Juvenile Correctional Center (JCC) by conducting quarterly visits with an emphasis on asserting our access rights, providing residents with information on their legal rights, and establishing a disability rights clinic quarterly for residents. 19.1.4.1

Target Measures

Target Population:	PAIMI eligible children and youth
Expected Target:	4
Expected Outcome:	4
Actual Outcome:	4

Achieved: (●) **Partially Achieved:** ( ) **Not Achieved:** ( )

Reason why priority/goal was not achieved or was partially achieved:

Results narratives of P&A activities and accomplishments related to above priority:

1

Objective: Provide short-term assistance to all residents at DJJ operated facilities who request it during monitoring and outreach.

Target Measures

Target Population:	PAIMI eligible children and youth
Expected Target:	1
Expected Outcome:	1
Actual Outcome:	1

Achieved: (●) **Partially Achieved:** ( ) **Not Achieved:** ( )

Reason why priority/goal was not achieved or was partially achieved:

Results narratives of P&A activities and accomplishments related to above priority:

A SIGHT FOR SORE EYES
During a routine monitoring visit to Bon Air JCC, dLCV encountered 17-year-old Stephen wearing broken glasses. When dLCV inquired about his vision needs, Stephen replied that his glasses were broken and he was borrowing a “less broken” pair from his friend. Stephen had put his request in with staff at Bon Air for new glasses four months prior. dLCV provided short-term assistance and contacted Bon Air administration. dLCV advocated on behalf of Stephen to receive the proper medical treatment. Stephen got his new glasses!

Objective: Investigate 3 allegations of abuse, neglect, or denial of rights at a juvenile justice facility.

Target Measures

Target Population:	PAIMI eligible children and youth
Expected Target:	3
Expected Outcome:	3
Actual Outcome:	3

Achieved: (●) **Partially Achieved:** ( ) **Not Achieved:** ( )

Reason why priority/goal was not achieved or was partially achieved:

Results narratives of P&A activities and accomplishments related to above priority:

2

Objective: Monitor conditions at Shenandoah Valley Juvenile Center with two site visits.

Target Measures

Target Population:	PAIMI eligible children and youth
Expected Target:	2
Expected Outcome:	2
Actual Outcome:	2

Achieved: (●) **Partially Achieved:** ( ) **Not Achieved:** ( )

Reason why priority/goal was not achieved or was partially achieved:

Results narratives of P&A activities and accomplishments related to above priority:

dLCV conducted two (2) monitoring visits at Shenandoah Valley Juvenile Center (SVJC) this fiscal year. dLCV used the assistance of a Spanish-language interpreter to communicate with many of the youth at this facility. dLCV opened two (2) investigations for youth at this facility this fiscal year related to abuse and neglect, lack of appropriate mental health services, and educational rights. Through monitoring, dLCV identified a deficit in the area of vocational rehabilitation services. dLCV connected SVJC to their contact at the Department of Aging and Rehabilitative Services to coordinate the provision of Pre-Employment Transition Services to youth at this facility.

Priority/Goal Description: GOAL 4: PEOPLE WITH DISABILITIES LIVE IN THE MOST APPROPRIATE INTEGRATED ENVIRONMENT Programs licensed by DBHDS will be safer and more inclusive due to dLCV's monitoring

Objective: Review all CHRIS reports, and identify and analyze trends of abuse, neglect, and unsafe conditions leading to preventable injuries.

Target Measures

Target Population:	PAIMI eligible individuals
Expected Target:	10
Expected Outcome:	10
Actual Outcome:	10

Achieved: (●) **Partially Achieved:** ( ) **Not Achieved:** ( )

Reason why priority/goal was not achieved or was partially achieved:

Results narratives of P&A activities and accomplishments related to above priority:

dLCV reviewed more than 14,000 reports in FY2019. dLCV utilized volunteers to support a small team of staff reviewers. After dealing with system incompatibilities caused by changes at the Department for Behavioral Health and Developmental Services in Q4, dLCV worked diligently on a resolution. Reviewing CHRIS reports greatly expanded dLCV's understanding of DBHDS's provider system in Virginia and issues common to individuals' receiving services.

Objective: Review 5 internal investigations of CHRIS-reported incidents to determine the adequacy of the investigations, findings and corrective actions. Publish a summary of investigative deficits identified in DBHDS investigations and identify corrective action needed.

Target Measures

Target Population:	PAIMI eligible individuals
Expected Target:	5
Expected Outcome:	5
Actual Outcome:	4

Achieved: ○ **Partially Achieved:** ◉ **Not Achieved:** ○

Reason why priority/goal was not achieved or was partially achieved: 4 cases were worked under PAIMI, the remaining cases were completed under other funding streams

Results narratives of P&A activities and accomplishments related to above priority:

dLCV reviewed a CHRIS report, which detailed that Violetta may have been denied medical treatment after she alleged peer-to-peer rape while a resident of Psychiatric Residential Treatment Facility (PRTF). dLCV interviewed the PRTF and found that they offered Violetta medical treatment, but she denied services due due to her discomfort. Violetta and her legal guardian didn't request a more in-depth investigation from dLCV or provide authorization, so dLCV resolved to continue monitoring and responding to incidents in community programs.

Objective: Follow up with at least 3 providers to ensure they completed their corrective action plan as reported in CHRIS. Seek full compliance in any case where documentation is not provided. Notify DBHDS of the provider's response.

Target Measures

Target Population:	PAIMI eligible individuals
Expected Target:	3
Expected Outcome:	3
Actual Outcome:	3

Achieved: ◉ **Partially Achieved:** ○ **Not Achieved:** ○

Reason why priority/goal was not achieved or was partially achieved:

Results narratives of P&A activities and accomplishments related to above priority:

dLCV requested 26 corrective action plans from providers in the community. dLCV identified providers through daily review of CHRIS reports where the report indicated corrective action in response to a reportable incident. dLCV followed up with 13 providers who failed to responded to initial requests, gaining an additional nine reports. dLCV notified the Office of Licensure and Certification (OLC) at DBHDS of those four providers who ultimately failed to respond.

24

Objective:

Priority/Goal Description: GOAL 4: PEOPLE WITH DISABILITIES LIVE IN THE MOST APPROPRIATE INTEGRATED ENVIRONMENT People with mental illness are discharged timely from state facilities

Objective: Represent 7 individuals who have been found ready for discharge for more than fourteen days to receive timely and appropriate discharge planning.

Target Measures

Target Population:	PAIMI eligible individuals
Expected Target:	7
Expected Outcome:	7
Actual Outcome:	9

Achieved: (●) **Partially Achieved:** ( ) **Not Achieved:** ( )

Reason why priority/goal was not achieved or was partially achieved:

Results narratives of P&A activities and accomplishments related to above priority:

dLCV became aware of Merrick from his ongoing presence on the facility's discharge-ready list. dLCV found that the facility had applied to nursing homes close to the facility for the client, despite the fact that he came from the other side of Virginia. dLCV worked with the client's treatment team and family to secure an appropriate discharge placement closer to home. dLCV visited him at the nursing home after discharge. Despite some medical issues, the client thrived and felt more alert and engaged than he did while at the state facility, due to taking fewer psychotropic medications. Due to dLCV's involvement, the client lives in a less restrictive setting and reports a higher quality of life.

Provide STA to 35 residents of DBHDS psychiatric hospitals who have questions about discharge rights.

Objective:

Target Measures

Target Population:	PAIMI eligible individuals
Expected Target:	35
Expected Outcome:	35
Actual Outcome:	24

Achieved: ○ **Partially Achieved:** ◉ **Not Achieved:** ○

Reason why priority/goal was not achieved or was partially achieved: We only received 24 requests for assistance this year.

Some work was completed under other grants.

Results narratives of P&A activities and accomplishments related to above priority:

dLCV sought out Pamela and offered discharge assistance after identifying her through facility's weekly "ready for discharge" (RFD) list. While Pamela wished to remain independent to the greatest extent possible, the facility treatment team insisted on a locked nursing home unit. The facility couldn't could not provide a reason why nursing home placement was necessary, other than the individual's general cancer diagnosis. dLCV remained in frequent contact with Pamela and the treatment team throughout the discharge process, continually advocating for the least restrictive environment. The team worked with dLCV to identify an assisted living placement. Pamela is being treated well, and visits with her family more frequently.

Langston approached dLCV at a routine monitoring visit and asked for help getting out of the hospital. dLCV agreed to get him information on his discharge readiness. dLCV talked with the treatment team and learned that Langston isn't considered to be ready for discharge due to his combativeness with staff and unwillingness to accept a nursing home level placement. dLCV provided Langston with information on his discharge readiness, barriers to discharge, and rights regarding discharge.

Objective: Monitor DBHDS' progress in reducing the number of individuals who are identified with extraordinary barriers to discharge and the length of time they wait for that discharge. Trend data and obtain DBHDS identification of what those known barriers may be. Obtain corrective action as to one barrier.

Target Measures

Target Population:	PAIMI eligible individuals
Expected Target:	1
Expected Outcome:	1
Actual Outcome:	1

Achieved: ◉ **Partially Achieved:** ○ **Not Achieved:** ○

Reason why priority/goal was not achieved or was partially achieved:

Results narratives of P&A activities and accomplishments related to above priority:

dLCV analyzed the Extraordinary Barriers to Discharge List (EBL) monthly. The May 2019 EBL data showed that more than 50 individuals were added to the list in a single month. The uniquely high EBL numbers prompted dLCV to write a report on the data and contextualize the related civil rights and health and safety issues that come with

unnecessary /or prolonged hospitalization. Multiple news outlets reported on dLCV's findings and the EBL report received significant attention. dLCV also studied barriers to geriatric discharges to identify potential systemic remedies. dLCV identified and tracked nine primary classifications of "Extraordinary Barriers," examined their causes, and considered nine systemic remedies.

Objective:

Present to DBHDS, the SHRC and others our analysis of the EBL, at least annually, and obtain their support for improved practices and supports.

Target Measures

Target Population:	PAIMI eligible individuals
Expected Target:	1
Expected Outcome:	1
Actual Outcome:	1

Achieved: (●) **Partially Achieved:** ( ) **Not Achieved:** ( )

Reason why priority/goal was not achieved or was partially achieved:

Results narratives of P&A activities and accomplishments related to above priority:

In September, after having published its impactful Extraordinary Barriers to Discharge List (EBL) report, the State Human Rights Committee invited dLCV to present its data to the EBL. The SHRC received the presentation extremely well and showed great interest in the information dLCV provided. dLCV recently learned of new proposals from DBHDS that are in line with its report and the presentation's recommendations, suggesting an impact on their funding priorities.

Objective:

Priority/Goal Description: GOAL 4: PEOPLE WITH DISABILITIES LIVE IN THE MOST APPROPRIATE INTEGRATED ENVIRONMENT People with disabilities have maximum individual choice

Objective: Represent 5 individuals living in institutional settings to eliminate barriers to self-determination, including lack of assistive technology, effective communication and review of decision making capacity, prevention or termination of guardianship where there is evidence of capacity.

Target Measures

Target Population:	PAIMI eligible individuals
Expected Target:	5
Expected Outcome:	5
Actual Outcome:	3

Achieved: ○ **Partially Achieved:** ◉ **Not Achieved:** ○

Reason why priority/goal was not achieved or was partially achieved:

Some work completed under other grants.

Results narratives of P&A activities and accomplishments related to above priority: Cases worked under multiple funding streams

Adrienne contacted dLCV because her psychiatrist recommended electroconvulsive therapy. Adrienne had concerns and wanted to avoid ECT in favor of other treatments. dLCV successfully advocated for Adrienne to be treated with medications and psychosocial therapies instead of electroconvulsive therapies, consistent with her preferences. dLCV also successfully advocated for the client's participation in her treatment planning going forward.

Objective: Identify barriers to discharges from nursing homes to less restrictive settings.

Target Measures

Target Population:	PAIMI eligible individuals
Expected Target:	1
Expected Outcome:	1
Actual Outcome:	1

Achieved: ◉ **Partially Achieved:** ○ **Not Achieved:** ○

Reason why priority/goal was not achieved or was partially achieved:

Results narratives of P&A activities and accomplishments related to above priority:

Compiling a combination of academic research, information from other advocacy groups, and our monitoring, etc., dLCV found that individuals are more likely to request discharge and have a successful discharge within the first 90 days of their admission. dLCV generally found that services and timeliness are important predictors of successful discharge from nursing homes. dLCV also found that availability of wraparound services and housing or family caregivers were also important conditions precedent for successful discharge. dLCV used the information to develop objectives for FY2020 and to keep if needed to educate policymakers on resolving barriers to nursing home discharge.

Objective:

Priority/Goal Description: GOAL 4: PEOPLE WITH DISABILITIES LIVE IN THE MOST APPROPRIATE INTEGRATED ENVIRONMENT Individuals with dual diagnoses have access to appropriate services

Objective: Monitor the admissions of dually diagnosed individuals to DBHDS psychiatric facilities and those on the EBL. Inform the DOJ and SHRC of any trends identified.

Target Measures

Target Population:	PAIMI eligible individuals
Expected Target:	1
Expected Outcome:	1
Actual Outcome:	1

Achieved: (●) **Partially Achieved:** ( ) **Not Achieved:** ( )

Reason why priority/goal was not achieved or was partially achieved:

Results narratives of P&A activities and accomplishments related to above priority:

dLCV received a considerable amount of admissions data for individuals with co-occurring developmental disabilities and mental health needs from DBHDS at the end of FY2109. Trending the data showed a continuous increase in DD admissions from January to April 2019, followed by a significant decrease in May and June. Throughout FY19, dLCV trended Extraordinary Barriers List (EBL) data monthly; the May EBL revealed a considerable increase in the number of dually-diagnosed individuals on the EBL. dLCV's published report on the EBL highlighted the risks of continued hospitalization specifically for individuals with developmental disabilities who are ready for discharge.

Objective: By January 1, 2019, submit a formal complaint to DBHDS and DMAS, seeking systemic reforms on behalf of children and adolescents through age 21 who are dually diagnosed with co-occurring developmental disabilities and complex behavioral health support needs. Advocate for medically necessary services to avoid unnecessary institutionalizations, including effective case management, coordination of care, and increased provider capacity.

Target Measures

Target Population:	PAIMI eligible individuals
Expected Target:	1
Expected Outcome:	1
Actual Outcome:	1

Achieved: (●) **Partially Achieved:** ( ) **Not Achieved:** ( )

Reason why priority/goal was not achieved or was partially achieved:

Results narratives of P&A activities and accomplishments related to above priority:

dLCV investigated and created a systemic complaint regarding the Commonwealth's repeated failures to ensure youth diagnosed with mental health and developmental disability needs, referred to as "dually diagnosed," receive the full range of Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services in the least restrictive settings appropriate to their needs. dLCV's multipronged complaint argued that federal Medicaid requirements and the Americans with Disabilities Act (ADA) call for a system of specialized services and care coordination that is not readily available to Virginia's dually diagnosed youth at this time. Additionally, dLCV profiled several youth subjected to lengthy and repeated institutionalizations due to a failure to provide medically necessary services in home and community based settings. dLCV met with senior leadership at The Department of Behavioral Health and Developmental Services (DBHDS) and The Department of Medical Assistance Services (DMAS) about systemic deficiencies in need of urgent reforms. DBHDS and DMAS discussed their plans to overhaul crisis services across the lifespan, across disabilities, and across the state.

dLCV found that in 2019 alone, there were over one thousand (1,000) admissions involving individuals with dual diagnosis and three hundred and sixty (360) admissions involving individuals under the age of 21 in state psychiatric hospitals. When confronted with these staggeringly high numbers, DBHDS insisted that such admissions involve outliers.

The US v VA Settlement Agreement is now in its seventh year. dLCV remains particularly concerned about the state's efforts to comply with requirements impacting dually diagnosed youth. The Settlement Agreement's Independent Reviewer submitted his thirteenth and fourteenth reports to the court during FFY19 and the state hosted Settlement Agreement Stakeholder Group meetings throughout the year as well. dLCV attended these stakeholder group meetings and reviewed the Independent Reviewer's reports. dLCV also maintained open lines of communication with both parties to the Settlement Agreement (the Commonwealth of Virginia and the US Department of Justice) throughout the year.

Objective: Monitor the state's preparation for, and compliance with new CMS guidance effective January 1, 2019 related to the provision of EPSDT in Institutions for Mental Disease (IMDs). Report identified deficiencies to DBHDS, DMAS and the regional CMS office.

Target Measures

Target Population:	PAIMI eligible individuals
Expected Target:	1
Expected Outcome:	1
Actual Outcome:	1

Achieved: (●) **Partially Achieved:** ( ) **Not Achieved:** ( )

Reason why priority/goal was not achieved or was partially achieved:

Results narratives of P&A activities and accomplishments related to above priority:

In June of 2018, The Center for Medicare and Medicaid Services (CMS) issued guidance to state Medicaid programs regarding their obligation to ensure individuals have access to the full range of Early and Periodic Screening, Diagnostic and Treatment (EPSDT) while residing in Institutions for Mental Disease (IMDs). dLCV monitored the state's preparation for the provision of EPSDT in IMDs by communicating with relevant leaders in the Department of Medical Assistance Services (DMAS), as DMAS directly funds and operates multiple IMDs. dLCV found that contacts within DMAS were not familiar with CMS guidelines and educated all parties therein, including connecting DMAS leadership with The Deparment of Behavioral Health and Developmental Services

(DBDHS). dLCV received assurance from DMAS that they have trained on the new CMS requirements and have taken steps to ensure compliance. After DMAS released their draft Managed Care Organization (MCO) contracts, dLCV reviewed these documents to ensure they accounted for EPSDT services in IMDs. dLCV will continue to monitor conditions in all of Virginia's state operated IMDs in the next fiscal year and will seek corrective action if EPSDT eligible individuals experience service access issues in these settings.

Advisory Council Report

OMB Approval: 0930-0169

Expiration Date: 07.31.2020

The ADVISORY COUNCIL REPORT (ACR) Section of the ANNUAL PAIMI PROGRAM PERFORMANCE REPORT (PPR)

STATE Virginia	FISCAL YEAR 2019

The Advisory Council Report (ACR) section of the annual PAIMI Program Performance Report (PPR) is due by January 1. The ACR is an independent assessment by the PAIMI Advisory Council (PAC) of their state P&A system's PAIMI Program operations. The ACR must be signed and dated by the PAC Chairperson.

For ACR assistance, please contact your assigned PAIMI Program Officer.

Please read and follow the instructions in each section and use the attached glossary in to complete the form.

Public reporting burden for the ACR section of the annual PAIMI PPR is estimated to average 10 hours per response. This includes the time needed to review the instructions, to search existing data sources, to gather the data needed, and to complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0169); CBHSQ, Room 15E57B; 5600 Fishers Lane.; Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0169).

The ACR Section of the ANNUAL PAIMI PPR

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The ACR Section of the Annual PAIMI PPR	
SECTION A. GENERAL INFORMATION	
Fiscal Year:	**2019**
State:	**VA**
Name of P&A system:	**VIRGINIA- disAbility Law Center of Virginia**
PAC Report Prepared By: **Provide the name [Print First, Middle and Last Name]** **Title of the preparer Phone Number:**	**Colleen Miller** **Executive Director** **804-225-2042**
Name of PAC Chair: **[Print First, Middle and Last Name]** **Provide updated contact information if the PAC Chair is different than the person** **listed on the most recent PAIMI Application.**	**Frank Carrillo`**
Telephone Number	**804-225-2042**
E- Mail Address:	**info@dlcv.org**
Date Submitted:	
By signing this document, the Chair certifies that this report reflects the consensus of the PAC members.	

SECTION B. The PAIMI ADVISORY COUNCIL (PAC)	
***Under Primary ID, select *ONLY ONE* (1) primary identity for each PAC member position [B.1.b. - B.1.h.] that is mandated per the PAIMI Act & Rules).**	**Primary Identification**
B.1.a. The TOTAL number of seats on the PAC.	**Total**
B.1.b. Individuals who are recipients/former recipients (R/FR) of mental health services.	**9**
B.1.c. Family members of individuals who are recipients/former recipients (R/FR) of mental health services.	**1**
At least one (1) PAC member shall be a B.1.d.	
B.1.d. Family members of a minor child or youth (under 18 years old) who has received or is receiving mental health services.	**1**
B.1.e. Mental health service providers.	**1**
B.1.f. Mental health professionals.	**1**
B.1.g. Attorneys.	**0**
B.1.h. Individuals from the public knowledgeable about mental illness.	**1**
B.1.i. Others (please identify by position held).	**0**
B.1.j. Vacancies as of 9/30. [Identify each vacant position & the date it was vacated].	**1**
B.1.k. TOTAL number of PAC members serving on 9/30.	**Total 14**
B.1.l. Number of PAC members who are either CR/FR of MH services or family members of these individuals (count each PAC member only once).	**11**
B.1.m. Percentage of PAC members who are either CR/FR of MH services or family members of these individuals [B.1. k. divided by B.1.l.]	**73%**

B. 2. REPRESENTATION OF THE PAC CHAIRPERSON		
B.2. Is the PAC Chair an individual who has received or is receiving mental health services, or a family member of an individual who has received or is receiving mental health services?	**Yes**	

B. 3. PAC TERMS of Appointment	
B.3.a. Term of Appointment (Number of years)	**4**
B.3.b. Maximum Number of Terms a Member May Serve	**2**
B.3.c. Frequency of Meetings	**Quarterly**
B.3.d. Number of Meetings Held in the FY [3 is the mandated minimum].	**4**
B.3. e. Number (%Average) of PAC members present at Meeting.	**82%**

SECTION C. PAC ETHNICITY & RACIAL DIVERSITY

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

C. A. ETHNICITY	Number of PAC Members
C. A. 1. Hispanic or Latino	**1**
C. A. 2. Not of Hispanic Origin	**13**
(Add C.A.1 & C.A.2., the total should be the same as the one listed in B.1.k. (members serving as of 9/30).	**Total 14**
C. B. RACE	
C. B. 1. American Indian or Alaska Native	**1**
C. B. 2. Asian	**0**
C. B. 3. Black or African American	**1**
C. B. 4. Native Hawaiian/Other Pacific Islander	**0**

C. B. 5. White	**11**
C. B. 6. Two or More Races	**0**
C. B. 7. = C.B.1 through C.B.6.	**Total 14**
Members may select as many racial identifications as they want.	
C. C.1. Total Number of PAC member vacancies on September 30.	**Total PAC Vacancies**
	1

SECTION D. GENDER of PAC Members	
D.1 MALE 5	**D.2 FEMALE 9**
D.3. TOTAL 14	

SECTION E. GOVERNING BOARD INFORMATION		
E. 1. FOR STATE-OPERATED P&A SYSTEMS ONLY:		
E.1.a. Is this a State-operated P&A system?		**No**
E.1.b. Does this State-operated system have a Governing Board/Authority authorized by State statute? If the answer is NO, proceed to Section F.	**N/A**	
E.1.c. If the answer to item E.1.b. is YES, does the PAC Chair sit on the Governing Board/Authority as a full voting member?	**N/A**	
E.1.d. If the answer to item E.1.c. is no, briefly explain (e.g., State statute determines Governing Board/Authority composition, etc.).		
E.2. For PRIVATE, Not-for Profit P&A SYSTEMS only		
E. 2.a. Does the P&A system have a multi-member Governing Board?	**Yes**	

If you answered YES to E.2.a., please answer the questions E.2.b. 1. - 3.		
E.2.b.1. Number of Governing Board members.	**Total 12**	
E.2.b.2. Is the PAC Chair a full voting member of the Governing Board?	**Yes**	
E.2.b.3. If you answered No to E.2.b.2., than explain why the PAC Chair is not a full voting member of the Governing Board as mandated by the PAIMI Rules at 42 CFR 51.22(b)(3). **n/a**		
E.2.b.4. Do any other PAC members hold seats on the Governing Board? If Yes, how many seats? ____		**No**

SECTION F. PAC ACTIVITIES [See, PAIMI Act - 42 U.S.C. 10805(7)]		
F.1. Are P&A program staff invited to attend PAC meetings?	**Yes**	
F.1.a. Did any of the invited program staff attend?	**Yes**	
F.2.a. If the answer to F.1. is Yes, please identify the positions of staff (e.g., PAIMI Coordinator, Mental health advocate, etc.) usually invited to attend. Executive Director Deputy Director(s) Council Program Coordinator Disability Rights Advocate(s) Staff Attorney(s) Team Leader(s) Administrative Assistant(s)		

F.2.b. If the answer to F.1.a. is Yes, please identify the positions of the program staff in attendance (e.g., one advocate, one attorney) and their role at the meetings, e.g., information sharing, etc.

Executive Director: The Executive Director attended all PAC meetings to answer PAC members' questions, most often related to dLCV's quarterly Progress on Objectives, Litigation, and Budget Expenditure Reports. Additionally, the Executive Director provides updates on state and federal legislative activities that have actual or potential ramifications for PAIMI-related programs and stakeholders.

Council Program Coordinator: For Fiscal Year 2019, the Council Program Coordinator attended all PAC meetings. The Council Program Coordinator developed meeting agendas, coordinated trainings for council members, and disseminated relevant information to the council members.

Administrative Assistant: An Administrative Assistant attended all PAC meetings to provide administrative support to the PAC as needed. Typically, this involves coordination of packets, attendees, and various fiscal accounting.

Disability Rights Advocate(s), Staff Attorney(s), and Team Leader(s), Deputy Director(s): One or more Disability Rights Advocates, Staff Attorneys, Team Leaders or Deputy Directors attended all PAC meetings to facilitate work sessions and trainings on issues related to the PAIMI Program.

F.2.c. If the answer to F.1. is No, you *MAY* provide a brief explanation.

F. 3. a. Were governing board members, excluding the PAC Chair, invited to PAC meetings?	**Yes**	

F.3.b. If you answered Yes to F.3.a., which governing board members were invited, for what purpose (e.g., informational, etc.) and did they attend?

Governing Board members are invited to quarterly PAC meetings throughout the year, and attendance rotates among current Governing Board members. Four different board members attended the PAC's Fiscal Year 2019 meetings. Board members have dedicated time on each PAC meeting agenda to greet the council, to update on pertinent Board activities, and to provide other significant agency updates as needed.

F.3.c. Did any of the invited governing board members attend?	**Yes**	

F.4. Did the PAC work jointly with the governing board to develop the annual PAIMI priorities? [42 CFR 51.23(a) (2)].	**Yes**	

F.4.a. If Yes, Briefly describe these joint activities.

PAC provided feedback on dLCV's progress towards meeting annual PAIMI priorities and offered recommendations for the development of future PAIMI priorities during each quarterly council meeting. The PAC chair represented the council on dLCV's Governing Board as an ex-officio member. A representative from the board was present at PAC meetings to collect the feedback of PAC members.

dLCV's Director for Compliance and Quality Assurance was responsible for staffing the Governing Board's Public Comment and Priorities Committee, which is the primary entity tasked with compiling, distilling, and synthesizing programmatic recommendations received from various PAIMI Program stakeholders throughout the year. Along with Governing Board members, a PAC member served on this committee.

Ultimately, the PAC and Governing Board committee members jointly presented their PAIMI priority recommendations to the full Governing Board for consideration and approval. A joint meeting between the PAIMI Council and dLCV Board in July 2019 allowed both groups to discuss the changing environments of current disability related issues.

SECTION F. PAC ACTIVITIES [See, PAIMI Act - 42 U.S.C. 10805(7)]

F.4. b. If No, PAC's affiliated with private, non-profit P&A systems must provide a brief explanation.

N/A

F.5. Did PAC members attend any in-state or out-of- state trainings or educational presentations related to PAIMI Program activities? *[42 CFR 51.27 - payments for PAC and Governing board/authority members by a State P&A system are optional].*

F.5.a. In-State Trainings/Educational Activities.	**Yes**	

If Yes, list each activity by number and provide a brief description of PAC involvement, e.g., Activity 1 – Attendance at local NAMI training. 1- Training facilitated by a dLCV advocate about the FY19 PAIMI objectives 2- Training by a dLCV advocate about dLCV's Dual Diagnosis Impact Project. 3- Training facilitated by dLCV attorney regarding legislative issues 4- NDRN Webinar about writing the Advisory Council Report.		
F.5.b. Out of State Trainings/Educational Activities.		**No**
If yes, list each activity by number and provide a brief description of PAC involvement, e.g., Activity 1 – Attendance at NDRN annual conference.		

F.6. Does the P&A system have established written policies and procedures for reimbursing PAC members for expenses that takes into account the needs of the individual council members, available resources and applicable restrictions on use of grant funds, including the restrictions cited in and the restrictions in 51.31(e) and 51.6(e)? [See, 42 CFR 51.23 (d) (1)].		
F.6.a.1. Yes √	**F.6.a.2. No***	**F.6.a.3. Don't Know.***
F.6.b. Brief explanation needed for F.6.a.2. or F.6.a.3. responses]. **N/A**		

SECTION F. PAC ACTIVITIES [See, PAIMI Act - 42 U.S.C. 10805(7)]

F.7. If the answer to F.6. was Yes, were PAC members reimbursed for expenses incurred for PAIMI Program related activities, consistent with the P&A system's policies and procedures.			
F.7.a.	**1.Yes** √	**2. No***	**3. Don't Know***

F.7.b. *Brief explanation required for either F.7.a. 2. No *or* F.7.a. 3. Don't Know responses.

N/A

F. 8. REIMBURSEMENT OF EXPENSES – If PAC member expenses were reimbursed, please complete the following chart. [42 CFR 51.23(d) (1)]. Under the Activity column, list the activity by the number used in above F.5.a. – In-State or F.5.b. – Out-of State. Example: F.5.b. Out of State activity # 1, – 5 PAC members attended the NDRN annual meeting, 2 members reimbursed by the P&A; 2 self paid, 1 NDRN scholarship.

a. ACTIVITY	b. # ATTENDING	c. P&A	d. SELF	e. OTHER
In-State 1-Training facilitated by a dLCV advocate about the FY19 PAIMI objectives	12	12		
In-State 2- Training by a dLCV advocate about dLCV's Dual Diagnosis Impact Project.	11	11		
In-State 3- Training facilitated by dLCV attorney regarding legislative issues	13	13		
In-State 4- NDRN Webinar about writing the Advisory Council Report	10	10		

SECTION F. PAC ACTIVITIES [See PAIMI Act at 10805(7)]		
F.9. Did the P&A system provide the PAC with reports, materials, & fiscal data to enable review of the following: [42 CFR 51.23(c)].		
F.9.a. Existing program policies, priorities, and performance outcomes.	**Yes**	
F.9.b. If Yes, were the submissions (of P&A system documents referenced in F.9.a.) made at least annually and (shall) report expenditures for the past two (2) FISCAL *YEARS?*	**Yes**	
***F.9.c. If the answer to F.9. a. or F.9.b. is 'No", a brief explanation is required.]**		
F.9.d. If you answered Yes in F.9.a., did the P&A system documents referenced also *INCLUDE THE PROJECTED EXPENSES FOR THE NEXT FISCAL YEAR (FY) IDENTIFIED BY BUDGET CATEGORY*, e.g. salary & wages, contracts for services, administrative expenses, including, the amount allotted for training of the PAC, the governing board and staff?	**Yes**	
F.9.d.1. If No*, a brief explanation is required]. **N/A**		

SECTION F. PAC ACTIVITIES [See, PAIMI Act at 10805(7)]
F.9.e. The PAIMI Rules 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 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 representatives of such individuals with disabilities. [42 CFR at 51.24(b)].

F.9.e. Does the P&A have procedures established for public comment?		
F.9.e. 1. Yes √	**F.9.e. 2. No***	**F.9.e.3. Don't Know***

F.9.e.4. *Brief explanation required for F.9.e.2. No or F.9.e.3.Don't know responses.

dLCV solicits comment from the public based on the needs of the community each fiscal year. Our methods of collection involve utilization of a public input survey and on-going comment from the public and PAC during the year.

F.9.f. Was the PAC provided a copy of these procedures?		
F.9.f.1. Yes √	**F.9.f.2. No***	**F.9.f.3. Don't Know***

F.9.f.4. *Brief explanation required for F.9.f.2. No or F.9.f.3.Don't know responses.

A PAC member served on the Public Input committee that developed the survey.

SECTION F. PAC ACTIVITIES [See, PAIMI Act at 10805(7)]

F.9.g. The PAIMI Rules, at 42 CFR 51. 24(b), mandate that 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. *WAS THE PUBLIC PROVIDED AN OPPORTUNITY FOR PUBLIC COMMENT?*

F.9.g. 1. Yes#	F.9.g. 2. No*	F.9.g.3. Don't Know*

F.9.g 4. #If the answer to F.9.g.1. is Yes, briefly describe activities the P&A system used to obtain public comment.

dLCV offered a public input survey to identify which disability advocacy issues we should consider in FY 20. The survey was posted on our website and distributed through monitoring, trainings, and multiple outreach activities. Our 405 respondents identified quality mental health care, access to government benefits, and housing as the top three areas of concern. 37% of our respondents were individuals with disabilities. Agencies and groups we reached included: the Virginia Board for People with Disabilities, Department for Aging and Rehabilitative Services (DARS), Partnership for People with Disabilities, Department for Behavioral Health and Developmental Services (DBHDS) , and multiple community advocacy and networking groups. dLCV used this information to develop our FY 20 PAIMI goals and focus areas.

F.9.g. 5. *If the answer to F.9.g.2. is NO, explain why public comment was not obtained.
F.9.g. 6. *If the answer to F.9.g.3. is DON'T KNOW, please explain (e.g., PAC needs training, etc.)
F.10. *COMPLETION OF THIS SECTION (F.10 a. –e.) IS OPTIONAL.* **However, if you choose to respond, please describe in the spaces below any other PAC activities, *other than* mandated PAC membership meetings.**
F.10.a. Briefly describe, governing board or PAC committee work. N/A
F.10.b. Briefly describe any training or educational presentations to either constituency groups or the general public. N/A

SECTION F. PAC ACTIVITIES [See, PAIMI Act – 42 U.S.C.10805(7)]
F.10.d. Briefly describe any special projects (e.g., institutional monitoring). N/A
F.10.e. Briefly describe any other activities, e.g., fund raising, public relations, etc. Some PAIMI council members represent dLCV at resource fairs and other outreach activities.

SECTION G. PAC ASSESSMENT OF PAIMI PROGRAM OPERATIONS

G.1. *Please provide a NARRATIVE SUMMARY of the PAC'S SSESSMENT of the PAIMI priorities (goals) and objectives included in the PPR for this Fiscal Year.*

Include in the narrative an assessment of the following items:

G.1.a. The PAIMI Priorities (Goals) and Objectives selected.

G.1.b. The activities conducted towards achieving these priorities (goals) and objectives.

G.1.c. The outcomes.

G.1.d. Examples of individual or systemic cases, applicable legislative activities, and participation in State mental health planning activities.

G.1.e. Any recommendations regarding future priorities (goals) and objectives.

Goal 1: People with disabilities are free from abuse and neglect

1. People with disabilities are free from harm in adult institutions

Over the course of the fiscal year of 2019, the dLCV worked to accomplish this focus area by conducting onsite visits to DBHDS mental health facilities, remotely monitoring reports, and conducting investigations of individual complaints. They have monitored CIR reports, transportation to jails, APS reports, the problematic number of staff vacancies at facilities, reported use of restraints and seclusion, and CHRIS reports of serious incidents and deaths. They conducted 14 onsite visits during the first quarter, 23 during the second, and 20 during the third.

The PAC appreciates that the dLCV's combined use of facility reporting and onsite visits works to accomplish this focus area by successfully discovering areas of the highest concern. These efforts have enabled strong advocacy for consumers through both individual investigations and general monitoring of conditions and treatment in adult institutions. The dLCV has demonstrated a strong use of available resources.

The single most important thing that the dLCV can do in order to continue to accomplish this focus area is to increase their physical presence in state facilities. This needs to be combined with an effort to increase consumers' awareness of their role. The PAC suggests an increased presence at monthly LHRCs, especially those of state hospitals with a higher number of reported patient deaths and use of seclusion and restraint. In order to avoid an unbalanced shift of focus, the PAIMI advisory council suggests setting a quota for unannounced visits to facilities that acknowledges the need for appropriately distributed dLCV presence and resources across levels of care. The best way to attain an understanding of the quality of care is to speak with the consumers residing in these facilities directly.

2. Children with disabilities are free from harm in institutional settings.

It is the opinion of the PAC that dLCV was successful in their efforts to ensure that children and youth with disabilities are free from harm in both community and intuitional settings. In the fiscal

year 2019, dLCV was actively involved in monitoring facilities, advocating for individuals, educating providers and families, and representing individuals to ensure safe treatment.

Examples of dLCV's works were evaluated and deemed to meet the goals set forth by the PAC. Through dLCV's representation, children in PRTFs were assessed for appropriate services, assisted with barriers to discharge, obtained funding for community-based supports, and linked to appropriate services. dLCV completed unannounced visit to Iliff Nursing and Rehabilitation Center throughout the year and while there ensured residents were provided information and referral services. dLCV also monitored Psychiatric Residential Treatment Facilities (PRTFs) through review of incident reports, CHRIS reports, and Adult Protective Services (APS) reports.

The PAC applauds the efforts of dLCV to ensure that children with disabilities are free from harm in both community and institutional settings. The PAC recommends ongoing representation, monitoring, and advocacy efforts to ensure safety for children with disabilities.

3. Children and youth with disabilities receive appropriate services in Juvenile Justice Facilities

During the fiscal year 2019, dLCV has made great efforts in their focus on outreach to the children in Juvenile Justice Facilities (JJF). dLCV has also made strides to ensure children in JJF have access to information regarding their rights. Efforts have been made to improve relationships and understanding between JJF and dLCV. dLCV has been an active participant in the review of proposed Department of Juvenile Justice regulations and has provided public comment providing support towards efforts to ensure appropriate services. Monitoring visit of JJF has been an avenue to identify issues, provide education, advocacy, and ensure appropriate services.

dLCV demonstrated notable efforts regarding systemic issues. dLCV was able to advocate and assist Bon Air to acquire additional services for youth interested in transitioning into a vocation. dLCV coordinated meetings between youth, school officials, and DARS to discuss what services would be appropriate based on each youth's needs and interests. Though these efforts children who are interested will now be provided with Pre-employment Transition Services through the local DARS. dLCV also issued public comment on the issues such as safety during restraints, eliminating the use of restraint chairs, room confinement, and mental health transition planning.

It is the opinion of the PAC that dLCV has been successful in their efforts to ensure children and youth with disabilities receive appropriate services in JJF. dLCV has been visible in the JJF settings, and through their investigative efforts, advocacy, education, and monitoring have made a significant contribution to ensure appropriate services.

Goal 4: People with disabilities live in the most appropriate integrated environment

1. Individuals with dual diagnosis have access to appropriate services

dLCV opened several individual cases utilizing a Medicaid EPSDT focused advocacy strategy, State psychiatric hospital admissions data obtained by dLCV during the third quarter demonstrated the highest number of dually diagnosed CCCA admissions this year. CMS released new guidance to states reminding them of their obligation to guarantee access to the full range of EPSDT services to Medicaid eligible youth (through age 21) while admitted to inpatient psychiatric settings. DBHDS circulated a draft report of its investigation into the system of care for individuals dually diagnosed with autism and behavioral health conditions during that same time. dLCV received an advance copy of this report and was afforded the opportunity to provide public comment. dLCV used this opportunity to formally share its concerns about the lack of attention paid to individuals with autism and co-occurring behavioral health challenges who are institutionalized in their systemic findings and recommendations. The council is pleased with the progress that dLCV has made in seeking systemic solutions for dually diagnosed individuals.

Goal 7: People with disabilities increase self-advocacy through education and training

There needs to be more outreach in the area of information brochures passed out in the jail systems, through CSB's statewide, at attorney's offices, resource fairs and National Night Out, College campuses and such. By recruiting more volunteers to help pass out the dLCV brochures in different places, we were able to give out several brochures in our area to different health and human services organizations when setting at different events, planning and contacting different events throughout the state and getting volunteers will get the word out there about dLCV. Also, to set up Self Advocacy training groups at DLCV or other locations notifying consumers of these trainings will help people learn Self Advocacy.

SECTION G. PAC ASSESSMENT OF PAIMI PROGRAM OPERATIONS

G.2. OTHER COMMENTS CONCERNING PAIMI SYSTEM OPERATIONS:

Briefly describe any special initiatives, problem solving techniques, or innovative practices that may help other State P&A systems.

The PAC is integrated into dLCV's volunteer program. Most PAC members have attended dLCV's volunteer orientation and all PAC members receive regular updates about volunteer opportunities within the agency.

G.3. Please list any training & technical assistance needs identified by the PAC. None

SECTION H. GRIEVANCE PROCEDURES [42 CFR Section 51.25]		
Pursuant to the PAIMI Rules at 42 CFR 51.25, the P&A systems shall establish procedures to address grievances from: individuals at 42 CFR 51.25*(a)(1) – clients or prospective clients . . . ; and systemic complaints at 42 CFR 51.25(a)(2) – individuals who have received or are receiving mental health services in the state, family members or representatives of such individuals . . . .*		
H.1. Is the PAC aware of and knowledgeable of the above referenced policies and procedures?	**Yes**	
H.1.a. If you answered No to H.1. provide a brief explanation. **N/A**		
H.2. The number of grievances filed by PAIMI-eligible clients, including representatives or family-members of such individuals receiving services during this fiscal year.	**Total 4**	
H.3. The number of grievances filed by prospective PAIMI-eligible clients (those who were not served due to limited PAIMI Program resources or because of non-priority issues).	**Total 0**	
H.4. Add H.2 & H.3 [42 CFR Section 51.25(a)(1),(2)]	**Total 4**	
H.5. The Number of Grievances Appealed to:		
H.5. a. The Governing Board (the PAC Chair of a private, non-profit P&A system should have this information).	**Total 0**	

H.5.b. The Executive Director	**Total 4**
H.5 c. The number of Grievances appealed [H.5.a. + H.5.B = H.5.c.].	**Total 4**
H.6. The number of reports sent to the Governing Board AND the PAC (*at least one annually*) that describe the grievances received, processed, and resolved.	**Total 1**

SECTION H. GRIEVANCE PROCEDURES [42 CFR Section 51.25]

H.7. Please identify all individuals, by name & title, responsible for P&A system grievance reviews.

Colleen Miller, Executive Director

Thomas Walk (President)

Carrie Knopf (Vice President)

Angela MW Thanyachareon (Secretary)

Jefferson Harding (Treasurer)

Maureen Hollowell

Henry Claypool

Michael Toobin

Sally Conway

Carrie Knopf

Harry Gewanter, MD

Donna Gilles, Ed.D

Frank Hayes

Holly Hilton

Frank Carrillo, PAIMI Chair Ex Officio

H.8. 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)]		**Days** **15**
H.9. Were written responses sent to all grievants?	**Yes**	
H.9.a. *If you answered No, to H.9, briefly explain.		
H.10. Was client confidentiality protected? ____. If not, explain below. [42 CFR 51.25(B)(6)]	**Yes**	
H.10.a. *If you answered No, to H.10, briefly explain.		

GLOSSARY

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

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

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

Intervention Strategies:

Abuse/Neglect Investigations - a systemic and thorough examination of information, records, evidence and circumstances surrounding an allegation of abuse and neglect. Investigations are undertaken to determine if there is a basis for administrative or legal action on behalf of the client. Investigations require a significant allocation of time to interview witnesses, gather factual information, and to issue a written report of findings.

Administrative Remedies - includes the use of any systems for appeal within an agency or facility, or between agencies, which does not involve adjudication by a court of law.

Legal Remedies - the legal representation of clients in litigation in court processes concerned with rights, grievances, or appeals of such rights or grievances.

Legislative/Regulatory Advocacy activities involve monitoring, evaluating, and commenting upon the development and implementation of Federal, State, and local laws, regulations, plans, budgets,

taxes and other actions which may affect individuals with mental illness. [The PAIMI Rules at 42 FCR at 51.24 mandates that legislative activities shall also be addressed in the development of program priorities].

Negotiation/Mediation - is an informal, non-legal intervention by a PAIMI representative, attorney or case manager used to resolve problems with facility staff or other agency representatives; (does not involve a formal appeal).

- **Short Term Assistance -** Time limited advice and counseling assistance, which may include reviewing information, counseling a client on actions one may take, and assisting the client in preparing letters, documents or making telephone calls to resolve the issue.

- **Technical Assistance -** includes the provision of information, referral or advice to clients by a PAIMI Program representative, attorney, or advocate, (e.g., coaching the client in self-advocacy, explaining service delivery system(s) available to meet needs,
  dissemination of information and materials to client, etc.). Follow-up is required.

Objectives - are activities undertaken to achieve annual program priorities (goals). All objectives required to have measurable outcomes and the use of numerical targets is encouraged. Each objective must clearly state why the activity was undertaken, who will benefit from the objective (the target population), how the activity will be accomplished, and what is the expected outcome for the activity? Generally, with the exception of litigation, legislative or regulatory activities, objectives shall be attainable within the fiscal reporting period (within one (1) fiscal year).

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

Outreach - is an activity that targets information on PAIMI Program activities to specific populations (e.g., cultural, ethnic and racial minorities, and other underserved or un-served populations, etc. The activity is linked to an objective of a specific annual priority.

PAIMI Clients (for purposes of this report) - are individuals who meet the PAIMI eligibility criteria as defined in the PAIMI Act [42 U.S.C. 10802(4) and its Rules at 42 CFR 51.2 Definitions, who have a complaint, for whom demographic data is collected, and for whom the PAIMI Program, or any of its subcontractors, provides an intervention (as reported under Intervention Strategies in this form).

Priorities (Goals) – are broad general descriptions of short term activities for the P&A system to accomplish within one (1) fiscal year (FY). [The exceptions are generally regulatory, legislative, and litigation activities]. The priorities must be directly related to the purpose of the enabling Federal legislation and the requirements of the Federal-funding agency and consistent with the priorities

included in the PAIMI Application for the same FY. [See PAIMI Act at 42 U.S.C. 10801, PAIMI Rules at 42 CFR 51.24 (a) – Program Priorities, and the Children's Health Act of 2000 at 42 U.S.C. at 290ii-ii-1 and 290jj-jj-2].

Public Awareness Activities - provide general information on disability rights and the purpose and mission of the P&A system. Public awareness activities include public service announcements, newsletters, radio or television, publications in legal journals, web site services, general distribution of agency brochures, etc.

Public Education and Constituency Training - is the dissemination of information to one or more persons through an interactive event, which often promotes a greater understanding of the constitutional or statutory rights of persons with disabilities. Contrasted to Public Awareness Activities, education and training must be specifically targeted to meet the unique need of the group(s) trained.

Racial/Ethnic Background –

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

CATEGORIES AND DEFINITIONS: Ethnicity:

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American descent.

Not of Hispanic Origin.

Race:

American Indian or Alaska Native (include tribal affiliation for the Alaska native when possible) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

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

Black or African American - A person having origins in any of the Black racial groups of Africa.

Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific islands**.**

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

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

Resolution of Complaint/Problem Area – is in a client's favor when (1) the client is satisfied with the result of the intervention or (2) the expressed wish or stated goal of the client is either fully attained or negotiated to an agreeable outcome, or (3) the violation in the stated case complaint/problem area was remedied.

Systemic Advocacy Activities – are the efforts taken to implement changes in policies and practices of systems that impact persons with mental illness. These "systems" include, but are not limited to, State agencies, various public and private residential care and treatment facilities, and other service providers, etc. [The PAIMI Rules at 42 CFR 51.24 (a) PAIMI Priorities state that systemic activities shall be addressed in the development and implementation of program priorities].