

OMB Approval: 0930-0169

Expiration Date: 6/30/2023

**Protection and Advocacy for Individuals with Mental Illness
(PAIMI)**

Annual Program Performance Report (PPR)

Substance Abuse Mental Health Services Administration (SAMHSA)
U.S. Department of Health and Human Services

Table of Contents

Section A: General Program Information

- 1) P&A Identification
- 2) Main Office
- 3) Other Offices (if any)
- 4) Executive Director/Chief Executive Officer Contact Information
- 5) PPR Preparer Contact Information
- 6) Governing Authority President/Chair
- 7) PAIMI Advisory Council President/Chair
- 8) Name of P&A Chief Financial Officer/Accountant
- 9) Governor's Liaison
- 10) Commissioner/Director of the state Mental Health Agency Name
- 11) Demographic composition of Governing Board, Advisory Council and PAIMI staff
- 12) Number of mental health professionals (social workers, psychologists, psychiatric nurses, psychiatrists, psychiatric nurse practitioners, peer support specialists, other) on the Advisory Council.
- 13) Governing Board (GB) Type and Number of Members
- 14) Governing Board Information
- 15) Governing Board Composition
- 16) PAIMI Advisory Council
- 17) Staff charging time to the PAIMI Program

Section B: Demographics - Interventions on behalf of Individuals

- 1) Age of PAIMI-eligible Individuals Served
- 2) Sex of PAIMI-eligible Individuals Served
- 3) Ethnicity and Race of Individuals Served
- 4) PAIMI-eligible Individuals served with PAIMI Program funds
- 5) Living Arrangements of PAIMI-eligible Individuals at Intake

Section C: Complaints/Problems of PAIMI-eligible Individuals

- 1) Complaints/Problems of PAIMI-eligible Individuals - Abuse
- 2) Abuse Complaints Disposition
- 3) Complaints/Problems of PAIMI-eligible Individuals – Neglect
- 4) Neglect Complaints Disposition
- 5) Complaints/Problems of PAIMI-eligible Individuals - Rights Violations
- 6) Rights Violations Complaints Disposition
- 7) Reasons for Closing Individual Advocacy Case Files
- 8) Intervention Strategies

9) Death Investigation Activities

1. The number of deaths of individuals reported to the P&A for investigation by category
2. All Death investigations conducted involving PAIMI-eligible individuals by category.
3. Brief summary examples of an individual's death, P&A involvement, and outcome.

10) Intervention on Behalf of Groups of PAIMI-eligible Individuals (count by type).

11) Intervention on Behalf of Groups of PAIMI-eligible Individuals (number and outcome by type of intervention).

12) End Outcomes of P&A Activities

Section D: Non-Client Directed Advocacy Activities

- 1) Individual Information and Referral
- 2) State Mental Health Planning Activities
- 3) Education, Public Awareness Activities and Events
- 4) Technical Assistance

Section E: Grievance Procedures

Section F: Other Services and Activities

Section G: Actual PAIMI Budget/Expenditures for FY21

Section H: Statement of Goals and Priorities

- 1) Report on previous FY Statement of Priorities and Objectives (SPO)

Section A: General Program Information for FY21

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	N/A
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 804-225-2042
Number/Extension
Email Address Colleen.Miller@dlcv.org

5. PPR Preparer Contact Information

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

6. Governing Board President/Chair

Name Carrie Knopf
Mailing 1512 Willow Lawn
Address Drive, Suite 100
City Richmond, VA
Zip Code 23230
County of Residence Henrico
Email Address info@dlcv.org
Current 10/1/2020 12:00:00
Term Started AM
Current
Term 09/30/2022
Expires 12:00:00 AM

7. PAIMI Advisory Council President/Chair

Name Tina Stelling
Mailing 1512 Willow Lawn
Address Drive, Suite 100
City Richmond
Zip Code 23230
County of Residence VA
Email Address info@dlcv.org
Current 1/1/2020 12:00:00
Term Started AM

Current 1/1/2022 12:00:00
AM
Term
Expires

8. P&A Financial Officer/Accountant

Name Randy Reus
 Title Director of Finance and Operations
 Phone 804-225-2042
 Number/Extension
 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 VA
 Residence
 Email Address HealthAndHumanResources@governor.virginia.gov

10. Commissioner/Director of the State Mental Health Agency

Name Alison Land
 Mailing Address DBHDS P.O. Box 1797
 City Richmond, VA
 Zip Code 23218-1797
 Phone 804-786-3921
 Number/Extension
 Email Address alison.land@dbhds.virginia.gov

11. Demographic Composition of PAIMI Governing Board, Advisory Council, and Program Staff

		Governing Board	Advisory Council	Program Staff
Ethnicity	Hispanic/Latino	14		3
	Non-Hispanic/Latino	1		34
Race	American Indian/ Alaskan/Native		1	1
	Asian			1
	Native Hawaiian or Other Pacific Islander			

	Black/African American	2	1	3
	White	13	7	28
	Two or more races			4
Sex	Female	7	7	27
	Male	8	2	8
	Unknown/would not disclose			2

12. Number of Mental Health Professionals on the Advisory Council (social workers, psychologists, psychiatric nurses, psychiatrists, psychiatric nurse practitioners).

Professional Category	Number on Advisory Council
Social Worker	
Psychologist	
Psychiatric Nurse	
Psychiatrist	
Psychiatric Nurse Practitioner	
Peer Support Specialist	
Other – Provider, family members or persons, Attorney	9
Total:	9

13. Governing Board (GB) Type and Number of Members Included in Governing Board Information

Governing board	Minimum number of members	Maximum number of members
Private, non-profit with multimember	12	19
State-operated with governing board		
State-operated with no governing board		

14. Governing Board Information

Total seats available	19
Total members serving as of 9/30/21	15
Total vacancies on 9/30/21	0
Term of appointment (number of years)	4
Term maximum	2
Meeting frequency	6
Number of meetings held this fiscal year (FY)	6
Percentage of members present at meetings during the FY	86%

15. Governing Board Composition

Number of individuals with mental illness who are recipients/former recipients (R/FR) of mental health services or have been eligible for services.	1
Number of family members of individuals with mental illness who are R/FR of mental health services, guardians, advocates or authorized representatives or other persons who broadly represent or are knowledgeable about the needs of clients served by the P&A system.	3
Total	4

16. PAIMI Advisory Council (PAC)

PAC Chair		
Sits on the governing board	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Appointment date	01/01/2020	
	MM/DD/YYYY	
Other PAC member(s) sit on governing board	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes, number serving		

17. Staff charging time to the PAIMI Program1

	Number of Attorneys	Full-time	Part-time	Male	Female	Number of Advocates	Full-time	Part-time	Male	Female
Ethnicity										
Hispanic/Latino (of any race)						1	1			1
Non-Hispanic/Latino	10	10		5	5	14	14			14
Race										
American Indian/Alaskan Native										
Asian										
Black/African American						2	2			2
Native Hawaiian/Pacific Islander										
White	10	10		5	5	13	13			13
Two or more races						1	1			1
Unknown										

Section B: Demographics

1. Age of PAIMI-eligible Individuals Served

Age	Number
0 – 2	0
3-5	0
6-10	1

11-22	52
23-64	103
65+	11
Unknown	1
Total	168

2. Sex of PAIMI-eligible Individuals Served

Sex	Number
Female	65
Male	103
Unknown/would not disclose	0
Total	168

3. Ethnicity and Race of Individuals Served

Ethnicity	Number	PAIMI%	State%
Hispanic/Latino (of any race)	6	3.57	9.8
Non-Hispanic/Latino	162	96.43	90.2
Ethnicity unknown			
Total	168		

Race	Number	PAIMI%	State%
American Indian/Alaskan Native		0	0.5
Asian	2	1.23	6.9
Black/African American	34	20.99	19.9
Native Hawaiian/Pacific Islander		0	0.1
White	85	52.47	61.2
Two or more races	5	3.08	3.2

Race unknown	36	22.22	N/A
Total	162		

4. PAIMI-eligible Individuals Served with PAIMI Program Funds

What to Count	Number
1. Number of PAIMI-eligible individuals continued to be served with PAIMI program funds, including any program income resulting from legal actions supported by PAIMI program funds as of October 1, from the previous FY into the reporting year.	42
2. Number of new PAIMI-eligible individuals served during the reporting year.	126
3. Total number of PAIMI-eligible individuals served during this FY (add lines 4.1 and 4.2).	168
4. Individuals with more than one intervention opened/closed during the reporting year	31
5. Individuals with a co-occurring mental illness and Intellectual and Developmental Disability (IDD).	165
6. Total number of PAIMI-eligible individuals who requested program related advocacy services during the reporting year, but were not served within 30-days of initial contact due to:	31
a. insufficient PAIMI program resources	
b. non-priority areas.	
7. Individuals served as of September 30 and will be carried over to next reporting year (This should equal \leq item 3 above).	29

5. Living Arrangements of PAIMI-eligible Individuals at Intake

Living Arrangement	Number
Community residential home for children/youth up to age 18 yrs.	1
Community residential home for adults	2
Non-medical community-based residential facility for children/youth	3
Foster care	
Nursing homes, including skilled nursing facilities	1
Intermediate care facilities	
Public and Private general hospitals including emergency rooms	1

Public institutional Living arrangement	
Private institutional living arrangement	27
Psychiatric hospitals (public/private)	142
a. public/state 135 b. private 7	
Jails	
State prison	1
Federal detention center	20
Federal prison	
Veterans administration hospital/Clinic	
Other federal facility	
Homeless	1
Independent (in the community & PAIMI-eligible)	13
Parental or other family home & PAIMI-eligible	1
Unknown	3
Total	216

Section C: Complaints/Problems of PAIMI-eligible Individuals

1. Areas of Alleged Abuse

Number of complaints/problems <i>(Make every effort to report within the following categories)</i>	Number from <i>Closed Cases</i> only	Outcomes								
		Total	A	B	C	D	E	F	G	H
a. Inappropriate or excessive medication	9	2		5	2					
b. Inappropriate or excessive restraint and seclusion	11	2	2	4				1	2	
c. Involuntary medication	5	2		3						
d. Involuntary electrical convulsive therapy										
e. Involuntary aversive behavioral therapy										
f. Involuntary sterilization										
g. Physical assault	10	2	2	3	2				1	
h. Sexual assault	6	1	1	4						

i. Threats of retaliation or verbal abuse by facility staff	2	1		1					
j. Coercion	9	3	1	3	2				
k. Financial exploitation									
l. Suspicious death	2			1				1	
m. Other - Specify type of complaint (describe on a separate sheet)									
Total	54	13	6	24	6			1	4

Abuse Case Example Amy reported that while she was a resident of a PRTF located in Northern Virginia, she traded sexual favors for narcotics with male staff. Although Amy was subject to drug testing, there was no follow up on allegations of sexual abuse and exploitation. To ensure proper oversight and protection from harm for Amy and others, DLCV filed a complaint and worked with regulatory agencies to investigate and provide corrective action to the PRTF.

For total closed cases listed in Table C.1., provide the number of abuse complaints/problems for each disposition category.		3.
Total number of abuse complaints/problem addressed from closed cases.	54	
a. Number of complaints/problems determined after investigation not to have merit.	13	
b. Number complaints/problems withdrawn or terminated by client.	6	
c. Number of complaints/problems resolved in the client's favor.	24	
d. Number of complaints/problems not resolved in the client's favor.	6	
e. Other representation found.		
f. Services not needed due to client death or relocation.		
g. Lost Contact	1	
h. Outcome Unknown	4	
i. Lack of Resources		

[Failure to provide for appropriate . .] - Number of complaints/problems:	Number from <i>Closed Cases only</i>	s Outcome									
	Total	A	B	C	D	E	F	G	H	I	J
a) Failure to provide necessary or appropriate medical (other than psychiatric) treatment.											
b) Failure to provide necessary or appropriate mental health treatment, including access to prescribed medication.	7	1		3	2					1	
c) Failure to provide necessary or appropriate personal care and safety.	9	1		6						2	
d) Failure to provide appropriate discharge planning or release from a residential care or treatment facility.	50	3		31	3			3		7	3

e) Mental health diagnostic or other evaluation (does not include treatment).	1	1									
f) Medical (non-mental health related) diagnostic or physical examination.	14	2		8	2				1	1	
g) Other [Describe and make every effort to report within the above categories].											
Total	81	8		48	7			3	1	11	3

Neglect Case Example

Mr. G had been severely injured during the course of being restrained. dLCV submitted a human rights complaint and appealed to the Local Human Rights Committee, who found multiple rights violations and substantiated neglect. As part of their corrective action plan, the facility retrained their staff on restraint procedures and initiated internal auditing on seclusion/restraint instances to prevent similar instances of neglect.

For total closed cases listed in Table C.3., provide the numbers of neglect complaints or problem areas for each disposition category.	
Total number of Neglect complaints/problem addressed from closed cases.	81
a. Number of complaints/problems determined after investigation not to have merit.	8
b. Number complaints/problems withdrawn or terminated by the client.	
c. Number of complaints/problems resolved in the client's favor.	48
d. Number of complaints/problems not resolved in the client's favor.	7
e. Other indicators of success or outcomes that resulted from P&A involvement.	
f. Other representation found,	
g. Services not needed due to client death or relocation	3
h. Lost Contact	1
i. Outcome Unknown	11

j. Lack of Resources	3
----------------------	---

5. Areas of Alleged Rights Violations

Number of Complaints/Problems	Number from <i>Closed Cases</i> only	Outcomes								
		Total	A	B	C	D	E	F	G	H
a. Failure to provide an individualized, written treatment or service plan.										

b. Failure to provide written discharge plan, including a description of mental health services needed upon discharge from such program or facility	6	1	1	2			1		1	
c. Failure to allow ongoing participation, appropriate to such person's capabilities, in the planning of mental health services (including the right to participate in the development and periodic revision of the plan).	3					1	1		1	
d. The right to refuse treatment.	1	1								
e. The right to refuse to take prescribed medications.	2	1					1			
f. The denial of financial benefits/entitlements (e.g., SSI, SSDI, Insurance).										
g. Guardianship/conservator problems	5	1		2	1				1	
h. The denial of rights protection information or legal assistance, including adequate and appropriate representation during commitment hearings.	11	1	1	8				1		
i. The denial of privacy rights (e.g., congregation, telephone calls, receiving mail)	2	1		1						

j. The denial of recreational opportunities (e.g., grounds access, television, and smoking)	4	2		2						
k. The denial of visitors										
l. The denial of access to or correction of records	1	1								
m. Breach of confidentiality of records (e.g., failure to obtain consent before disclosure)										
n. Failure to obtain informed consent	2			1					1	
o. Advance directives issues										
p. The denial of parental/family rights										
q. Housing Discrimination;	1				1					
r. The denial of access to administrative or judicial process;	2			2						
s. Failure to provide educational services in the least restricted environment for PAIMI-eligible individuals;	2	1		1						
t. The denial of access to community based rehabilitation services and/or treatment	2	1								1
u. The denial of access to transportation										
v. Employment Discrimination										
w. Other [Please, make every effort to report within the above categories].										
Total	44	11	2	19	2	1	4	0	4	1

6. Rights Violations Disposition

For closed cases listed in this Table, provide the number of rights complaints or problem areas for each disposition category.

Total number of rights violation complaints/problems addressed from closed cases.	44
a. Number of complaints/problems determined after investigation not to have merit.	11

b. Number complaints/problems withdrawn or terminated by client.	2
c. Number of complaints/problems resolved in the client's favor.	19
d. Number of complaints/problems not resolved in the client's favor.	2
. Other representation found.	1
f. Services not needed due to client death or relocation.	4
g. Lost Contact	0
h. Outcome Unknown	4
i. Lack of Resources	1

7. Reasons for Closing Individual Advocacy Case File

	Number
Number of closed cases, in which client's objective was partially or fully met	24
Other representation found	1
Individual withdrew complaint	4
Services were not needed due to client's death or relocation	4
P&A withdrew because individual or client would not cooperate	
Individual's case lacked merit	4
Individual's issue not favorably resolved	1
Appeal(s) unsuccessful	4
Other appropriate entity investigating	
Lost Contact	2
Lack of Resources	
Total	44

		Outcomes																										
		Abuse					Neglect										Rights Violations											
Strategy	Total	A	B	C	D	E	F	G	H	I	A	B	C	D	E	G	H	I	J	A	B	C	D	F	G	I	J	
1. SAA	43	3	3							1	1		7			2		7	1	3	1	7	1			2	3	1
2. LA	5									3			1	1														
3. AR	101	9	3	22	5				1		7		26	5			1	4	1	6	1	7	2			1		
4. L	2															1			1									
5. M	4	1											2	1														
6. N	24			2	1								12							1	1	4		1	1	1		
7. STA 1																						1						
Total	180	13	6	24	6				1	4	8		48	7		3	1	11	3	10	3	19	3	1	4	4	1	

Intervention Strategies (more columns will be added to match C.1., C.3. and C.5.)

Example of closed case file case

dLCV reviewed multiple CHRIS reports detailing that Cade and five peers enabled a smoke detector, allowing doors to unlock, and escaped from a PRTF in Southwestern Virginia. After all residents were returned safely by law enforcement, dLCV worked with the facility to ensure corrective action, including contracting with companies to meet fire regulatory codes yet also provide a secure environment for residents to ensure protection from harm for youth in Virginia.

Death Investigation Activities

1. SAA – Self Advocacy Assistance
2. LA – Limited Advocacy
3. AR – Administrative Remedies
4. L – Litigation
5. M – Mediation
6. N – Negotiation

a). The number of deaths reported to the P&A for investigation by the following entities:	
1. State	
2. The State or The Center for Medicaid & Medicare Services (Regional Offices).	61
3. Other Sources. Briefly list the source for each death reported in this category (e.g., newspaper, concerned citizen, relative, etc.).	0
Total Number of deaths investigated.	61
If the information requested in this section was not available please explain.	
b). All death investigations conducted involving PAIMI-eligible individuals related to the following:	
1. Number of deaths investigated involving incidents of seclusion (S).	0
2. Number of deaths investigated involving incidents of abuse (A).	0
3. Number of deaths investigated involving incidents of restraint (R).	0
4. Number of deaths investigated not related to incidents of S & R.	61
5. Death investigations with a finding or determination.	0
6. Provision in policy added or prevented as a result of a death investigation	0
Total Number of deaths investigated [Sum of 9b 1-6].	61

c). Provide a brief summary example of an individual’s death, P&A involvement, and outcome.

If you reported deaths in categories B.9.b., please provide the following information on one death from each category, as appropriate:

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

dLCV learned of the death of Mr. K due to a fall. dLCV found that, while the hospital had found care issues that contributed to Mr. K’s fall, they had never initiated an abuse/neglect investigation. dLCV submitted a human rights complaint but did not receive the findings, resulting in a second complaint. Soon after, dLCV received the hospital's findings, which substantiated neglect, and a corrective action plan which included retraining staff, new hand-off procedures, and new auditing practices.

10. Number of Interventions on behalf of groups of PAIMI-eligible Individuals – Individuals Impacted

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

What to Count	Number
1. Group cases/projects still open on October 1 (carried over from prior FY(s)).	5
2. New group cases/projects opened during the year.	43
3. Total group cases/projects worked on during the year (add items 1 and 2 above).	48
4. Total group cases/projects as of September 30 (carry over to next FY).	4
5. Group cases/projects targeted at serving the following special populations:	
a. ethnicity	
b. racial minorities	3
c. homeless	
d. veterans	
e. urban	
f. rural/frontier	
g. older adults/geriatric	
6. Total number of individuals impacted by line 3.	5,824

11. Interventions on behalf of groups of PAIMI-eligible Individuals

5. E. Intervention Types (<i>See the Instructions for Guidance</i>)	Potential number of Individuals Impacted	Concluded Successfully	Concluded Unsuccessfully	On-going
Group Advocacy non-litigation				
Abuse and Neglect Investigations (<i>non-death related</i>)	738	13		2
Facility Monitoring Services	10,998	4		
Community Based Monitoring Services				
Court Ordered Monitoring				
Systemic Litigation				
Educating Policy Makers	12,055	5		
Other Systemic Advocacy	7,890	21		3
Total	31,681	43		5

12. End Outcomes of P&A Activities

Outcomes	Number from Closed Cases only
a) PAIMI-eligible individuals who are provided with appropriate community based services resulting in community integration and independence;	21

b) PAIMI-eligible individuals who accessed benefits and services;	5
c) PAIMI-eligible individuals who live in a healthier, safer or otherwise improved environment;	43
d) PAIMI-eligible individuals who achieved or maintained employment;	
e) PAIMI-eligible individuals who go to school in safe and more humane conditions;	
f) PAIMI-eligible individuals who were able to stay in school and receive an appropriate education;	2
g) PAIMI-eligible individuals who have their other rights enforced, retained, restored and/or expanded;	110

Section D. Non-Client Directed Advocacy Activities

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

Provide the number of PAIMI Program I&R services.	
Total	297

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.	3
2. Number of education/training activities undertaken.	9
3. Number (approximate) of persons trained in 2.	225

4. Technical Assistance

Provide the number of PAIMI Program TA services.	
Total	8

Section E. Grievance Procedures [42 CFR Section 51.25]

1. Do you have a systemic/program assurance grievance policy, as mandated by 42 CFR 51.25(a) (2)?	<p style="text-align: center;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">(If no, please indicate the date that the developed policy is anticipated.)</p> <p style="text-align: center;">_/_/___</p>
---	--

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	3

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)]	0

4. The number of grievances appealed to:	
4.a. The governing authority/board	0
4.b. The Executive Director	3
Total 4.a. & 4.b.	3

5. The number of reports sent to the governing board and the advisory board.	
Total	4

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

Name & title	Colleen Miller, Executive Director
Name & title	Carrie Knopf, Board President
Name & title	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? Yes No (if no, explain below).

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

Section F. Other Services and Activities

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

- a. Yes, (briefly describe how the notice is used to reach person with mental illness and their families).
- b. No, (if no, briefly explain, limit to 500 characters).

dLCV offered an annual public input survey during the spring and summer of this fiscal year to reach PAIMI eligible clients through facility visits, training, and our website. This survey allowed our 204 respondents across all grant programs the opportunity to express which disability advocacy issues they feel are most important. The top three categories selected were: quality mental health care, community access / barrier free, and access to government benefits including Medicaid waivers. 38% of our respondents were individuals with disabilities, who represented our highest number of respondents. Agencies and groups we reached included: past dLCV clients, the Department for Aging and Rehabilitative Services (DARS), Virginia Board for People with Disabilities, Arc South of the James, Partnership for People with Disabilities, Department for Behavioral Health and Developmental Services (DBHDS), and dLCV volunteers. dLCV used this information to develop our FY 22 goals and focus areas.

2. Were the notices provided to the following persons?

a. Individuals with mental illness in residential facilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Family members and representatives of such individuals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Other individuals with disabilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Brief explanation is required for each no answer in 2.a., b., or c.		

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

Yes No

3.a. If **yes** to 3, attach a copy of the agency's policies/procedures pertaining to public comment.

3.b. If **no** to 2 a, b, c., 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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
---	---	-----------------------------

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 comments?
English, Spanish, Braille and other formats and languages as requested

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 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)].
<p>Department of Behavioral Health and Developmental Services’ Central Office and its nine state-operated mental health facilities and one nursing facility</p> <p>Local Human Rights Committees State Human Rights Committee</p> <p>Behavioral Health Advisory Council of Virginia (Mental Health Planning Council)</p> <p>National Alliance on Mental Illness – Virginia and local affiliates</p> <p>Department of Aging and Rehabilitative Services</p> <p>Department of Medical Assistance Services</p> <p>U.S. Department of Justice</p> <p>Department of Juvenile Justice</p> <p>VOICES for Virginia’s Children</p> <p>Child Protective Services</p> <p>Office of the Attorney General</p>

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 Division

9. Briefly describe the outreach efforts/activities used to increase the numbers 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.

dLCV continued membership in the Virginia Hispanic Chamber of Commerce. We participated in activities and meetings with the Chamber throughout the year.

dLCV maintains a cultural competency work group, in which our staff discuss ideas for increased cultural competency and awareness throughout the agency. This year we brought in the Manager of the Richmond Office of Multicultural Affairs for an internal staff training on cultural competency. The Committee also completes an annual evaluation of the effectiveness of our outreach to unserved and underserved communities.

dLCV continues to complete activities to increase our diversity internally as well such as advertisement of employment and volunteer opportunities in minority markets.

10. Did the activities described in 9; result in an increase of ethnic or minorities in the following categories?

a. Staff	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b. Advisory Council	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c. Governing Board	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Clients	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

If you answer **no** to any item (10.a-d), please provide a brief explanation, such as 10.a, b., or c. – no vacancies.

a., b.- staff and advisory council vacancies

11. External Impediments

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

Even through the COVID-19 pandemic, we still demanded access to facilities and provided on-site monitoring consistently during the fiscal year. We also monitored remotely through data, news reports, and soliciting community feedback. dLCV had some difficulties accessing patients on the units by phone, but successfully advocated with the facilities to ensure telephone access to patients.

12. 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.).

The COVID-19 pandemic led to an internal shifting of resources and priorities for dLCV as we responded to increased cases regarding service and treatment denials for our clients, access issues, and creation of creative and safe ways to continue oversight of our facilities.

13. 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 article, legislation, etc.).

Throughout the year, dLCV’s work influenced local media reports, including our analysis and work to reduce the “Extraordinary Barriers List” of individuals awaiting discharge. Our efforts convinced the state to scrap their plan to invest unnecessary money into bed expansion and focus on bolstering community supports and placements. dLCV claimed victory in several contentious Human Rights Hearings, including the case of young man who was severely injured during the course of a restraint and a woman with serious mental illness who was placed in seclusion for disruptive behavior. These hearings along with our data analysis led to

substantial policy changes at the facility and increased pressure at DBHDS to address seclusion and restraint across all state facilities. Finally, dLCV's report regarding critical incidents at state facilities lead to increased reporting from the facilities in question and a renewed interest in DBHDS updating its critical incident reporting policy.

<https://www.dlcv.org/critical-incidents-report-2020>

<https://www.dlcv.org/virginia-is-overpaying-for-state-hospital-beds>

14. 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)].

dLCV has limited resources to complete our PAIMI program and additional funding would allow us to serve more Virginians with mental illness.

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

N/A

2. Total indirect costs	
3. Total of all PAIMI program costs listed in I-VIII in the Budget.	\$
Income sources and other resources (PAIMI program only)	
1. PAIMI program carryover of grant funds identified by FY.	\$
2. Program income (PAIMI only).	\$
3. State	\$
4. Other funding sources [identify each source].	\$
5. Subtotal	\$
Total of all PAIMI Program resources	\$

Section H: Statement of Priorities (Goals)

A. For each Priority/Objective, please indicate the “Achieved Outcome:

Priority/Goal Description: People with Disabilities are Free from Abuse and Neglect	
Objective: People with disabilities are free from harm in adult institutions	
Target Population: PAIMI eligible adults	
Expected Target: projects and cases	
Achieved Outcome yes	
B. Strategies Used to Implement Goal and Address Priorities <i>(Check all that apply below)</i>	
<input checked="" type="checkbox"/> Collaboration	<input type="checkbox"/> Systemic Litigation
<input checked="" type="checkbox"/> Rights-Based Individual Advocacy Services	<input checked="" type="checkbox"/> Educating Policy Makers
<input checked="" type="checkbox"/> Investigations of Abuse and Neglect	<input checked="" type="checkbox"/> Other Systemic Advocacy
<input checked="" type="checkbox"/> Monitoring	<input checked="" type="checkbox"/> Training/Outreach
<input checked="" type="checkbox"/> Issuance of Public Report	

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

Priority:	People with Disabilities are Free from Abuse and Neglect
Objective:	People with disabilities are free from harm in adult institutions
Target Population:	PAIMI eligible adults
<p>dLCV created revised presentation on the ADA and how it applies to prisons. We recorded the presentation, added to dLCV's resource page, and emailed to the ADA Coordinator with Virginia's Department of Corrections to disseminate to ADA Coordinators at the individual facilities.</p> <p>Throughout the fiscal year, dLCV solicited stories from persons with disabilities about experiences with abusive paid caregiver staff. We solicited through the dLCV website and social media. dLCV will continue to gather stories next year and developing new methods for collection.</p> <p>dLCV created a patient guide to rights regarding medication refusal and chemical restraint. It is on the dLCV website. We distributed it to residents of all DBHDS facilities.</p> <p>dLCV conducted four on-unit in-person interactive trainings at Western State Hospital. A total of 56 persons (34 patients and 22 staff) received training. The trainings spotlighted potential individual staff liability if they are involved in illegal or improper seclusion and restraint practices. The trainings also educated patients on how to report abusive practices to dLCV and other oversight agencies.</p>	

dLCV monitored DBHDS-operated facilities for people with serious mental illness using site visits, incident reports, and other sources. dLCV addressed several systemic issues: (1) advocacy for improved incident reporting; (2) advocacy to reduce the Extraordinary Barriers List; (3) advocacy to correct facility policies that tried to limit resident phone access; and (4) advocacy to ensure that forensic patients were able to access community passes and progress appropriately through privileging levels.

dLCV collaborated with the Department of Aging and Rehabilitative Services (DARS), Virginia's lead agency for Adult Protective Services (APS) oversight, and the Department of Behavioral Health and Developmental Services to develop new and improved reporting systems to access all incident reports across the entire Commonwealth. This is our P&A unprecedented access to reports and allows us to review and investigate abuse, neglect and other rights violations facing individuals with serious mental illness.

dLCV made 54 monitoring and poster survey visits to all 10 DBHDS-operated adult facilities. During these visits we monitored conditions, visited with residents, and identified missing, damaged or misplaced posters and supplied the facilities with necessary replacements. As of the date of this report all DBHDS-operated adult facilities are in full compliance with dLCV posting requirements.

Mr. H requested and received detailed rights information and self-advocacy advice to help him influence the court to appoint his mother as his legal guardian--in lieu of the candidate put forth by the CSB.

Mr. N met with dLCV during a monitoring visit to Catawba Hospital. We referred him to Roanoke NAMI and gave him information on the SOAR program which provides outreach and assistance for individuals with mental illness who need to apply for SSI/SSDI benefits.

Mr. C informed dLCV that the state hospital had denied him access to a suitable deaf communication device on the COVID quarantine unit. dLCV addressed this with the facility director who transferred Mr. C back to his home unit and presented a plan of correction to purchase enough video signing telephones for all units. They also changed facility policy to clarify that patients always have the right to contact dLCV or the OHR advocate—even if they are otherwise on telephone restrictions.

Mr. G had been severely injured during the course of being restrained. dLCV submitted a human rights complaint and appealed to the Local Human Rights Committee, who found multiple rights violations and substantiated abuse and neglect.

Ms. H had been put into seclusion for disruptive behavior. dLCV appealed to the Local Human Rights Committee, who found multiple violations, and then to the State Human Rights Committee, who substantiated abuse and neglect.

dLCV conducted a resident survey and analyzed S/R data, presenting these findings to the new administration and to the Office of Human Rights. dLCV found exemplar cases for the abusive seclusion and restraint practices and elevated these cases through the Human Rights Complaint Process, resulting in substantiated abuse and neglect findings and corrective action plans. The average length of seclusion episodes dropped from 19.59 hours in October 2020 to 8.1 hours in June 2021.

dLCV conducted a resident survey and analyzed data, presenting these findings to the new administration and to the Office of Human Rights. dLCV found exemplar cases for the abusive seclusion and restraint practices and elevated these cases through the Human Rights Complaint Process, resulting in substantiated abuse and neglect findings and corrective action plans. The number of Emergency Restraint Chair hours dropped from 724.59 hours in October, 2020 to 617.84 hours in June, 2021.

Joe was being held at a mental health hospital against his will under threat of them seeking an ECO. dLCV responded, explained his rights to him and to the charge nurse. Joe was ordered to be released by hospital administrator and returned to his home in the community.

Betty asked for assistance regarding food restrictions and discharge rights. dLCV worked with her team, who agreed to remove or mitigate the food restriction and to actively work on transitioning her to an independent placement with supports.

dLCV provided Mr. B with self-advocacy advice and resources on responding to the Veterans Administration's denial of his Request to Increase Disability Rating.

dLCV met with Mr. Cartwright, who reported that he wanted to move to a different nursing home. dLCV referred Mr. Cartwright to the Long Term Care Ombudsman in his area, who was successful in getting him transferred to another facility where he was much happier.

Ms. P informed dLCV of several neglectful actions by hospital staff. dLCV notified the hospital director about the allegations, and a DI 201 investigation was completed and found no neglect had occurred. dLCV was concerned about the quality of the investigation as the investigator never actually interviewed the client as part of the investigation. When the director declined to reopen the investigation, dLCV advocated with the DBHDS Office of Human Rights to conduct their own investigation.

dLCV finalized a white paper regarding the effectiveness of the Human Rights Regulations. As part of the drafting process, dLCV reached out to OSIG and OHR for their feedback regarding the Regulations and for future presentation. It will be posted in FY 22.

dLCV developed a Complaint Guide that explains which agency to file certain complaints for jails and prisons. The guide was posted on the Corrections resource page and will be included in I&R regarding corrections as needed.

dLCV sent out 26 letters through the corrections mail program providing I&R to inmates in correctional facilities regarding a variety of issues, including access to healthcare and accessibility.

A. For each Priority/Objective, please indicate the “Achieved Outcome:

Priority/Goal Description: People with Disabilities are Free from Abuse and Neglect	
Objective: Children and youth with disabilities are free from harm in community or institutional settings	

Target Population: PAIMI eligible children	
Expected Target: case and project work	
Achieved Outcome yes	
B. Strategies Used to Implement Goal and Address Priorities <i>(Check all that apply below)</i>	
<input checked="" type="checkbox"/> Collaboration	<input type="checkbox"/> Systemic Litigation
<input checked="" type="checkbox"/> Rights-Based Individual Advocacy Services	<input type="checkbox"/> Educating Policy Makers
<input checked="" type="checkbox"/> Investigations of Abuse and Neglect	<input checked="" type="checkbox"/> Other Systemic Advocacy
<input type="checkbox"/> Monitoring	<input checked="" type="checkbox"/> Training/Outreach
<input type="checkbox"/> Issuance of Public Report	

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

Priority:	People with Disabilities are Free from Abuse and Neglect
Objective:	Children and youth with disabilities are free from harm in community or institutional settings
Target Population:	PAIMI eligible children
<p>dLCV conducted 5 investigations of abuse and neglect at institutions serving children with serious behavioral disabilities across Virginia. These investigations included systemic issues of excessive and inappropriate physical and chemical restraint, staff verbal abuse and victimization of residents, and provision of appropriate medical needs. dLCV provided increased oversight and protection from harm for Virginia’s institutionalized youth despite challenges presented by the Covid-19 pandemic.</p> <p>dLCV provided technical assistance to 2 callers regarding the Virginia Department of Health Office of Licensure and Certification complaint process. This technical assistance provided aid to two caregivers regarding abuse and neglect, specifically medication issues, peer-to-peer, and staffing ratio concerns. These cases allowed for increased self-advocacy for our clients and their families.</p> <p>dLCV opened an investigation after reviewing an incident report which stated that Brooke ingested batteries in front of staff at a local Psychiatric Residential Treatment Facility (PRTF). This ingestion resulted in emergency surgery. After review of all incidents, we found that Brooke had a history of ingestion of batteries, most recently only 4 months prior. dLCV filed a complaint with regulatory agencies, requiring corrective action to ensure protection from harm for youth in Virginia.</p>	

A. For each Priority/Objective, please indicate the “Achieved Outcome:

Priority/Goal Description: People with Disabilities are Free from Abuse and Neglect
Objective: Children in PRTFs are free from unreasonable barriers to discharge and community integration
Target Population: PAIMI eligible children

Expected Target: case and project work	
Achieved Outcome yes	
B. Strategies Used to Implement Goal and Address Priorities <i>(Check all that apply below)</i>	
<input checked="" type="checkbox"/> Collaboration	<input type="checkbox"/> Systemic Litigation
<input checked="" type="checkbox"/> Rights-Based Individual Advocacy Services	<input checked="" type="checkbox"/> Educating Policy Makers
<input checked="" type="checkbox"/> Investigations of Abuse and Neglect	<input checked="" type="checkbox"/> Other Systemic Advocacy
<input checked="" type="checkbox"/> Monitoring	<input checked="" type="checkbox"/> Training/Outreach
<input type="checkbox"/> Issuance of Public Report	

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

Priority:	People with Disabilities are Free from Abuse and Neglect
Objective:	Children in PRTFs are free from unreasonable barriers to discharge and community integration
Target Population:	PAIMI eligible children

dLCV reviewed all Psychiatric Residential Treatment Facility (PRTF) and incident reports for analysis and follow-up of serious incidents at all 19 PRTFs in Virginia. dLCV also reviewed all OLC surveys, inspections, and investigations, and CMS reports to provide oversight to residents in PRTFs. dLCV identified 6 PRTFs for focused monitoring. dLCV provided 11 trainings at 7 PRTFs across Virginia to in efforts to introduce our services, discuss resident rights, and assist in program development.

dLCV investigated whether residents of the 6 PRTFs were receiving services from state agencies to support discharge and integration into the community by first surveying each of the 19 PRTFs on discharge barriers. dLCV found a variety of barriers ranging from lack of supports in the community to procedures of state entities. dLCV published a report detailing deficiencies, corrective action, and a work plan for the next fiscal year.

This fiscal year, dLCV provided short-term assistance to 20 children and youth with serious behavioral disabilities residing in or discharging from PRTFs in Virginia. This assistance included aid in filing complaints of allegations of abuse, neglect, exploitation and aid in accessing various systems in Virginia, such as transition services, crisis services, telehealth programs, respite, peer resources, Medicaid, and Supplemental Security Income upon discharge.

dLCV represented 17 residents with serious behavioral disabilities in PRTFs across Virginia in obtaining community based services and transition and vocational rehabilitation services. Systemic issues encountered included lack of community service and provider availability and misinformation across services fields regarding eligibility and assistance for institutionalized youth. dLCV's case work afforded the opportunity to help individually and to inform our systems efforts in reducing barriers to community integration.

In collaboration with other grant funding, dLCV identified numerous systems barriers to discharge and community integration through work with stakeholders, providers, and clients. dLCV additionally

asked our legislative partners for feedback and barriers. During the legislative and special session of 2021, dLVCV monitored legislation related to discharge, service provision, and vocational rehabilitation. dLVCV also worked to educate policymakers on various discharge barriers and lack of services in the community.

A PRTF located in Tidewater asked for help in obtaining services to discharge Jenny. Jenny’s Father resided in a rehabilitation facility and was in process of moving to a local hotel. dLVCV worked in collaboration with Jenny’s team to obtain services, funding, and educational aid. dLVCV also assisted Jenny’s Father by providing information on housing and homeless services. The day of discharge and acceptance into the new home, Jenny won a kickball game with her peers!

A. For each Priority/Objective, please indicate the “Achieved Outcome:

Priority/Goal Description: People with Disabilities Live in the Most Appropriate Integrated Environment	
Objective: People with mental illness are discharged timely from state facilities and have maximum individual choice	
Target Population: PAIMI eligible individuals	
Expected Target: case and project work	
Achieved Outcome yes	
B. Strategies Used to Implement Goal and Address Priorities <i>(Check all that apply below)</i>	
<input type="checkbox"/> Collaboration	<input type="checkbox"/> Systemic Litigation
<input checked="" type="checkbox"/> Rights-Based Individual Advocacy Services	<input type="checkbox"/> Educating Policy Makers
<input type="checkbox"/> Investigations of Abuse and Neglect	<input checked="" type="checkbox"/> Other Systemic Advocacy
<input type="checkbox"/> Monitoring	<input type="checkbox"/> Training/Outreach
<input type="checkbox"/> Issuance of Public Report	

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

Priority:	People with Disabilities Live in the Most Appropriate Integrated Environment
Objective:	People with mental illness are discharged timely from state facilities and have maximum individual choice
Target Population:	PAIMI eligible individuals
<p>Gigi requested assistance in understanding her discharge readiness to transition to a hotel. dLVCV found that the treatment team had determined that she was clinically ready for discharge but was holding up the discharge in an effort to persuade Gigi to accept a more permanent placement. dLVCV reminded the hospital that their capacity evaluation verified that Gigi could make her own decisions. Gigi was discharged the next morning and was placed at the hotel she chose.</p> <p>dLVCV analyzed Extraordinary Barriers List (EBL) data monthly and drafted quarterly reports, using these to educate policymakers and the State Human Rights Committee. This advocacy resulted in some stakeholders—particularly the DBHDS Commissioner—speaking publicly against hospital bed</p>	

expansion and for prioritizing discharges. Following this advocacy, DBHDS decided to lower the EBL threshold and the number of long-term individuals on the EBL dropped significantly.

Mr. M reported that he had been clinically ready for discharge for a long time because he was transferring to a nursing home in Connecticut. The hospital and nursing home had long since completed the arrangements, but DBHDS had not approved the transfer in a timely manner. dLCV agreed to investigate and to represent the client if necessary. dLCV notified the hospital of our concerns and the approval came through. The client was discharged by the end of the week.

Mr. V was being blocked by the hospital from completing community visits, which is required by the NGRI discharge process. dLCV demanded the hospital rescind the policy blocking the visits and challenged the community services board for their failure to arrange community accommodations for Mr. V. After dLCV's intervention, the hospital agreed. Mr. V now has access to community visits in a furnished apartment and is progressing rapidly toward conditional release.

dLCV requested data from 26 states, including Virginia, analyzed the results, and prepared for comparison with Virginia's NGRI procedures. However, this was suspended upon DBHDS' release of its reformed NGRI Guidelines, which hadn't been updated since 2003. In view of DBHDS' timing, combined with their failure to make discernable progress until dLCV openly commissioned this project, it appears that dLCV's efforts were likely the catalyst that motivated DBHDS to finally update these Guidelines.

A. For each Priority/Objective, please indicate the “Achieved Outcome:

Priority/Goal Description: People with Disabilities have Equal Access to Appropriate and Necessary Healthcare	
Objective: People with disabilities have access to healthcare	
Target Population: PAIMI eligible individuals	
Expected Target: case and project work	
Achieved Outcome yes	
B. Strategies Used to Implement Goal and Address Priorities <i>(Check all that apply below)</i>	
<input type="checkbox"/> Collaboration	<input type="checkbox"/> Systemic Litigation
<input checked="" type="checkbox"/> Rights-Based Individual Advocacy Services	<input type="checkbox"/> Educating Policy Makers
<input type="checkbox"/> Investigations of Abuse and Neglect	<input checked="" type="checkbox"/> Other Systemic Advocacy
<input type="checkbox"/> Monitoring	<input type="checkbox"/> Training/Outreach
<input type="checkbox"/> Issuance of Public Report	

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

Priority:	People with Disabilities have Equal Access to Appropriate and Necessary Healthcare
-----------	--

Objective:	People with disabilities have access to healthcare
Target Population:	PAIMI eligible individuals
<p>Riverside Regional Jail's (RRJ's) administration agreed to give dLCV any jail policies and to add dLCV's number to their no-charge and no-record list. dLCV interviewed jail residents and found several with issues around assistive technology. dLCV joined the Coalition Against Solitary Confinement. dLCV met with the State Board for Local and Regional Jails and learned of their 2-year probationary agreement with RRJ to address issues regarding access to medical and mental healthcare and other substandard jail conditions.</p> <p>dLCV compiled information on Greensville Correctional Center, including contact information, VADOC policies and procedures, and licensing information. dLCV met with the ACLU to discuss correctional monitoring and civil rights in jails and prisons and joined the Coalition Against Solitary Confinement.</p>	

D. Other qualitative narrative related to the above priority

(Significant activity for which there were no quantifiable results goes here).

<p>Describe any other significant activity related to this goal (500 words maximum)</p>
<p>This fiscal year, dLCV continued to monitor Covid-19 outbreaks in all children and youth's residential facilities across Virginia to prevent abuse and neglect and to offer resources to combat and prevent outbreaks. dLCV offered assistance to numerous facilities in terms of best practices, obtaining medical supplies, and vaccinations for those eligible for and desiring vaccinations.</p> <p>As a result of dLCV work in PRTFs, Department of Aging and Rehabilitative Services (DARS) acknowledged the lack of discharge planning services for youth in PRTFs and has agreed to the following corrective action: to update the DARS VR Policy Manual with specific language on serving students with disabilities in institutions and to communicate to and share information with vocational rehab counselors about how to best coordinate services with those students with disabilities in institutions.</p> <p>Mr. P requested dLCV's assistance in obtaining accommodations to allow him to access the community to complete the visits required by NGRI process. dLCV found that this was the result of a highly restrictive facility policy. dLCV took the matter up with both facility leadership and DBHDS Central Office, eventually making a legal demand and Human Rights complaint against the facility. The facility director promptly modified the offending policy and provided a detailed plan of correction.</p>