

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
Unique Entity ID	ZNWYW4ALNWJ3

2. Main Office

Agency Name of Main Office	disAbility Law Center of Virginia
Mailing Address of Main Office	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.dlc.v.org
TTY phone number	800-552-3962
County of Main Office	Henrico, VA

3. Other Offices (if any)

Agency Name of Other Office	
Mailing Address (Each Statellite Office)	
City	
Zip Code	
County of Each Satellite Office (Location)	

4. Executive Director/Chief Executive Officer Contact Information

Name	Colleen Miller
Mailing Address	1512 Willow Lawn Drive, Suite 100
City	Richmond
Zip Code	23230
Phone Number & Extension	804-225-2042
E-mail 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

6. Governing Board President/Chair Name

Name	Sean Campbell- President
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	7/1/2024 12:00:00 AM
Current Term Expires	6/30/2026 12:00:00 AM

7. PAIMI Advisory Council President/Chair Name

Name	Dr. Zipporah Levi-Shackleford
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	1/2/2023 12:00:00 AM
Current Term Expires	1/1/2025 12:00:00 AM

8. Name Of P&A Chief Financial Officer/Accountant

Name	Kathy Emanuel
Title	Fractional CFO
Phone Number/Extension	804-225-2042
Email Address	Kathy.Emanuel@dlcv.org

9. Governor's Liaison

Name	Janet Vestal Kelly
Official 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
Phone Number/Extension	804-786-7765
Email Address	HealthAndHumanResources@governor.virginia.gov

10. Commissioner/Director of the State Mental Health Agency

Name	Nelson Smith
Mailing Address	DBHDS P.O. Box 1797
City	Richmond, VA
Zip Code	23218-1797
Phone Number/Extension	804-786-3921
Email Address	nelson.smith@dbhds.virginia.gov

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Footnotes:

A. PAIMI Program Information

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

	Governing Board	Advisory Council	Program Staff
Ethnicity			
	Hispanic/Latino	0	0
	Non-Hispanic/Latino	15	13
	Ethnicity Unknown	1	0
Race			
	American Indian/Alaska Native	0	1
	Asian	0	1
	Black/African American	2	2
	Native Hawaiian/Pacific Islander	1	0
	White	12	8
	Two or more races	0	1
	Some other race	0	0
	Race Unknown	1	0
Sex			
	Female	10	10
	Male	6	3

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Footnotes:

A. PAIMI Program Information

Governing Board Information

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

Governing Board	Minimum # of Members	Maximum # of Members
Private, non-profit with multi-member	12	21
State-operated with governing board	0	0
State-operated with no governing board	0	0

Governing Board Information

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

	Number
Total seats available	21
Total members serving as of 9/30/2025	16
Total vacancies on 9/30/2025	0
Term of appointment (number of years)	4
Term maximum	2
Meeting Frequency	4
Number of meetings held this fiscal year (2025)	4
Percentage of members present at meetings during the 2025	84 %

Governing Board Composition

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

	Number
Number of individuals with mental illness who are recipients/former recipients (CR/FR) of mental health services or have been eligible for services.	4
Number of family members of individuals with mental illness who are (CR/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	7
Total	11

Footnotes:

A. PAIMI Program Information

Executive Director

Initial Appointment Date 12/01/2013 (mm/dd/yyyy)
Recent performance evaluation completed 10/01/2025 (mm/dd/yyyy)
Date of previous performance evaluation 10/01/2024 (mm/dd/yyyy)
Agency has written policy and procedures to guide the ED's evaluation process? Yes ☒ No ☐

Input on ED's performance evaluation obtained from the following (check all that apply)	
All agency employees/staff	Yes <input type="radio"/> No <input checked="" type="radio"/>
Senior managers	Yes <input checked="" type="radio"/> No <input type="radio"/>
All board directors	Yes <input checked="" type="radio"/> No <input type="radio"/>
All PAIMI Advisory Council members	Yes <input type="radio"/> No <input checked="" type="radio"/>
Stakeholders	Yes <input type="radio"/> No <input checked="" type="radio"/>
Consumers	Yes <input type="radio"/> No <input checked="" type="radio"/>
Family members of consumers	Yes <input type="radio"/> No <input checked="" type="radio"/>
State mental health providers	Yes <input type="radio"/> No <input checked="" type="radio"/>
Private mental health providers	Yes <input type="radio"/> No <input checked="" type="radio"/>
Other	Yes <input checked="" type="radio"/> No <input type="radio"/>

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Footnotes:

A. PAIMI Program Information

Number of Mental Health Professionals On the Advisory Council

Professional Category	Number On Advisory Council
Social Worker	1
Psychologist	0
Psychiatric Nurse	0
Psychiatrist	0
Psychiatric Nurse Practitioner	0
Peer Support Specialist	1
Other (Identify the Professional in the Footnotes)	0
Total	2

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Footnotes:

A. PAIMI Program Information

PAIMI Advisory Council (PAC)/Assigned Staff

PAIMI Advisory Council (PAC)	
Sits on the governing board?*	<input checked="" type="radio"/> Yes <input type="radio"/> No
Appointment Date	01/02/2023
Other PAC member(s) sit on the governing board?	<input type="radio"/> Yes <input checked="" type="radio"/> No
If yes, number serving	

* If no please explain in Footnotes

Assigned PAIMI Staff

	Attorneys					Advocates				
	#	Full-time	Part-time	Male	Female	#	Full-time	Part-time	Male	Female
Ethnicity										
Hispanic/Latino (of any race)	0	0	0	0	0	1	1	0	0	1
Non-Hispanic/Latino	4	4	0	1	3	13	11	2	0	13
Race										
American Indian/Alaska Native	0	0	0	0	0	0	0	0	0	0
Asian	0	0	0	0	0	0	0	0	0	0
Black/African American	0	0	0	0	0	1	1	0	0	1
Native Hawaiian/Pacific Islander	0	0	0	0	0	0	0	0	0	0
White	4	4	0	1	3	11	9	2	0	11
Two or more races	0	0	0	0	0	1	1	0	0	1
Some other race	0	0	0	0	0	1	1	0	0	1
Race Unknown	0	0	0	0	0	0	0	0	0	0

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Footnotes:

B. Demographics - Interventions on Behalf of PAIMI Individuals

Population Information

Age of PAIMI-eligible Individuals Served

Age	Number
0-2	0
3-5	0
6-10	0
11-22	23
23-64	26
65+	1
Prefer not to say	0
Total	50

Sex of PAIMI-eligible Individuals Served

Sex	Number
Female	20
Male	30
Total	50

Ethnicity and Race of Individuals Served

Ethnicity	Number	PAIMI %	State %
Hispanic/Latino (of any race)	2	4.00	9.80
Non-Hispanic/Latino	44	88.00	92.10
Ethnicity Unknown	4	8.00	0.00
Total	50		
Race	Number	PAIMI %	State %
American Indian/Alaska Native	0	0.00	0.50

Asian	1	4.00	6.90
Black/African American	25	50.00	19.90
Native Hawaiian/Other Pacific Islander	0	0.00	0.10
White	17	34.00	69.40
Two or more races	3	6.00	3.20
Some other race	0	0.00	0.00
Race unknown	4	8.00	0.00
Total	50		

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Footnotes:

B. Demographics - Interventions on Behalf of PAIMI Individuals

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 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.		27
2. Number of new PAIMI-eligible individuals served during the reporting year.		23
3. Total number of PAIMI-eligible individuals served during this FY (Add lines 1 and 2).		50
4. Individuals with more than one (1) intervention opened/closed during the reporting year.		7
5. Individuals with a co-occurring mental illness and Intellectual and Developmental Disability (IDD).		3
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:		
a. insufficient PAIMI Program resources.		403
b. non-priority areas.		0
7. Individuals served as of September 30 and will be carried over to next reporting year (This should equal ≤ item 3 above).		11

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Footnotes:

B. Demographics - Interventions on Behalf of PAIMI Individuals

Living Arrangements of PAIMI-Eligible Individuals at Intake

Living Arrangements	Number
Community Residential Home for Children/Youth up to age 18 Yrs.	1
Community Residential Home for Adults	0
Non-Medical Community-Based Residential Facility for Children/Youth	0
Foster Care	0
Nursing homes, including skilled nursing facilities	0
Intermediate care facilities	0
Public and Private general hospitals including Emergency Rooms	0
Public Institutional living arrangement	0
Private Institutional living arrangement	2
Psychiatric Hospitals (Public or Private)	
a. Public/State	26
b. Private	0
Jails	20
State Prison	0
Federal Detention Center	0
Federal Prison	0
Veterans' administration hospital/Clinic	0
Other Federal Facility	0
Homeless	0
Independent (in the community & PAIMI-eligible)	1
Parental or Other Family Home & PAIMI-eligible	0
Unknown	0
Total	50

Footnotes:

C. Complaints/Problems of PAIMI Individuals

Areas of Alleged Abuse

Number of complaints/problems – Make every effort to report within the following categories:

Areas of Alleged Abuse	Outcomes											Number from Closed Cases Only
	A	B	C	D	E	F	G	H	I	J	K	Total
a. Inappropriate or excessive medication	0	0	0	0	0	0	0	0	0	0	0	0
b. Inappropriate or excessive restraint and seclusion	0	0	3	0	0	0	0	0	0	0	0	3
c. Involuntary medication	2	0	0	0	0	0	0	1	0	0	0	3
d. Involuntary Electric Convulsive Therapy (ECT)	0	0	0	0	0	0	0	0	0	0	0	0
e. Involuntary aversive behavioral therapy	0	0	0	0	0	0	0	0	0	0	0	0
f. Involuntary sterilization	0	0	0	0	0	0	0	0	0	0	0	0
g. Physical assault	0	1	1	0	0	0	0	0	0	0	0	2
h. Sexual assault	0	0	0	0	0	0	0	0	0	0	0	0
i. Threats of retaliation or verbal abuse by facility staff	0	0	0	0	0	0	0	0	0	0	0	0
j. Coercion	0	0	1	0	0	0	0	0	0	0	0	1
k. Financial exploitation	0	0	0	0	0	0	0	0	0	0	0	0
l. Suspicious death	0	0	0	0	0	0	0	0	0	0	0	0
m. Other Specify types of complaints. Please describe below. [This number should be less than 1% of the total number of total complaints.]	0	0	0	0	0	0	0	0	0	0	0	0

Abuse Complaints Disposition	
For total closed cases listed in Table C.1., provide the number of abuse complaints/problems for each disposition category.	
A. Number of complaints/problems determined after investigation not to have merit	2

B. Number of complaints/problems withdrawn or terminated by client	1
C. Number of complaints/problems resolved in the client's favor	5
D. Number of complaints/problems not resolved in the client's favor	0
E. Other Indicators of success or outcomes that resulted from P&A involvement	0
F. Other Representation found	0
G. Services not needed due to client death or relocation	0
H. P&A withdrew due to conflict of interest or other reasons	1
I. Lost Contact	0
J. Outcome Unknown	0
K. Lack of Resources	0
Total number of Abuse complaints/problem addressed from closed cases	9

At least 1 case required.

Case of Alleged Abuse

After agreeing to investigate a PAIMI eligible client's living conditions in a mental health facility, dLCV reviewed records and challenged the justification for continued restrictive housing. When the facility director could not show that the client remained dangerous, dLCV successfully advocated for the client's release from near-solitary conditions to integrating with the other residents. As a result, the client now lives in a far less restrictive setting where he can receive active mental health treatment and meaningful care.

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Footnotes:

C. Complaints/Problems of PAIMI Individuals

Areas of Alleged Neglect

Number of complaints/problems	Outcomes											Number from closed cases only
	A	B	C	D	E	F	G	H	I	J	K	TOTAL
a. Failure to provide necessary or appropriate medical (other than psychiatric) treatment.	0	0	0	0	0	0	0	0	0	0	0	0
b. Failure to provide necessary or appropriate mental health treatment, including access to prescribed medication	0	0	5	0	0	1	1	0	0	0	0	7
c. Failure to provide necessary or appropriate personal care and safety	0	0	2	0	0	0	0	0	0	0	0	2
d. Failure to provide appropriate discharge planning or release from a residential care or treatment facility	0	0	5	0	0	0	1	3	0	0	0	9
e. Mental health diagnostic or other evaluation (does not include treatment)	0	0	0	0	0	0	0	0	0	0	0	0
f. Medical (non-mental health related) diagnostic physical examination	0	1	2	0	1	0	0	0	0	0	0	4
g. Other <i>[Describe and make every effort to report within the above categories].</i>	0	0	0	0	0	0	0	0	0	0	0	0
n/a												
Neglect Complaints Disposition												
For total closed cases listed in Table C.3., provide the numbers of neglect complaints or problem areas for each disposition category.												
A. Number of complaints/problems determined after investigation not to have merit												0
B. Number of complaints/problems withdrawn or terminated by client												1
C. Number of complaints/problems resolved in the client's favor												14
D. Number of complaints/problems not resolved in the client's favor												0
E. Other Indicators of success or outcomes that resulted from P&A involvement												1
F. Other Representation found												1
G. Services not needed due to client death or relocation												2
H. P&A withdrew due to conflict of interest or other reasons												3
I. Lost Contact												0
J. Outcome Unknown												0
K. Lack of Resources												0

Case of Alleged Neglect

After a client alleged that a mental health facility unlawfully forced medication without following required legal steps, we conducted an investigation. Records showed proper capacity evaluations, due diligence in attempting to identify an authorized representative, and a valid court order approving treatment. Based on the evidence, the allegations were not substantiated. The investigation was closed, and the client was informed of their rights regarding questions or appeal.

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Footnotes:

C. Complaints/Problems of PAIMI Individuals

Areas of Alleged Rights Violations

Number of Complaints/Problems	Outcomes												Number from Closed Cases only
	A	B	C	D	E	F	G	H	I	J	K	TOTAL	
a. Failure to provide individualized written treatment or service plan	0	0	0	0	0	0	0	0	0	0	0	0	0
b. Failure to provide written discharge plan including a description of mental health services needed upon discharged from such program or facility	0	0	2	0	0	0	0	0	0	0	0	0	2
c. Failure to allow 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)	0	0	1	0	0	0	0	0	0	0	0	0	1
d. The right to refuse treatment	0	0	0	0	0	0	0	0	0	0	0	0	0
e. The right to refuse to take prescribed medications	0	0	1	0	0	0	0	0	0	0	0	0	1
f. The denial of financial benefits/entitlements (e.g., SSI, SSDI, Insurance)	0	0	0	0	0	0	0	0	0	0	0	0	0
g. Guardianship/Conservator problems	0	0	0	0	0	0	0	0	0	0	0	0	0
h. The denial of rights protection information or legal assistance, including adequate and appropriate representation during commitment hearings	0	1	2	0	0	0	0	0	0	0	0	0	3
i. The denial of privacy rights (e.g., congregation, telephone calls, receiving mail)	0	0	1	0	0	0	0	0	0	0	0	0	1
j. The denial of recreational opportunities (e.g., grounds access, television, and smoking)	0	0	0	0	0	1	0	0	0	0	0	0	1
k. The denial of visitors	0	0	0	0	0	0	0	0	0	0	0	0	0
l. The denial of access to or correction of records	0	0	0	0	0	0	0	0	0	0	0	0	0
m. Breach of confidentiality of records (e.g., failure to obtain consent before disclosure)	0	0	0	0	0	0	0	0	0	0	0	0	0
n. Failure to obtain informed consent	0	0	0	0	0	0	0	0	0	0	0	0	0
o. Advance directives issues	0	0	0	0	0	0	0	1	0	0	0	0	1
p. The denial of parental/family rights	0	0	0	0	0	0	0	0	0	0	0	0	0
q. Housing Discrimination	0	0	0	0	0	0	0	0	0	0	0	0	0
r. The denial of access to administrative or judicial process	1	0	0	0	0	0	0	0	0	0	0	0	1
s. Failure to provide educational services in the least restricted environment for PAIMI-eligible individuals	0	1	2	0	2	0	0	0	0	0	0	0	5
t. The denial of access to community-based rehabilitation services and/or treatment	0	0	1	0	1	0	0	0	0	0	0	0	2

u. The denial of access to transportation	0	0	0	0	0	0	0	0	0	0	0	0
v. Employment Discrimination	0	0	0	0	0	0	0	0	0	0	0	0
w. The denial of access to personal possessions	0	0	0	0	0	0	0	0	0	0	0	0
x. Failure to comply with commitment regulations	0	0	0	0	0	0	0	0	0	0	0	0
y. Failure to comply with commitment time frames	0	0	0	0	0	0	0	0	0	0	0	0
z. Other <i>[Please make every effort to report within the above categories].</i>	0	0	0	0	0	0	0	0	0	0	0	0
Rights Violations Disposition												
For closed cases listed in this Table, provide the number of rights complaints or problem areas for each disposition category.												
A. Number of complaints/problems determined after investigation not to have merit												1
B. Number of complaints/problems withdrawn or terminated by client												2
C. Number of complaints/problems resolved in the client's favor												10
D. Number of complaints/problems not resolved in the client's favor												0
E. Other Indicators of success or outcomes that resulted from P&A involvement												3
F. Other Representation found												1
G. Services not needed due to client death or relocation												0
H. P&A withdrew due to conflict of interest or other reasons												1
I. Lost Contact												0
J. Outcome Unknown												0
K. Lack of Resources												0
Total number of Rights Violation complaints/problems addressed from closed cases												18

Cases of Alleged Rights Violations

As a young adult prepared to age out of a children's mental health group home at 22, our client faced serious risk of homelessness due to complex mental health needs. dLCV protected the client's rights by working closely with the family and service team to secure residential supports. Through sustained advocacy, a smooth transition was achieved, allowing discharge at age 22 and placement into an adult mental health group home of choice, supporting stability and greater independence.

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Footnotes:

C. Complaints/Problems of PAIMI Individuals

Reasons for Closing Individual Advocacy Case Files

	Number
1. Client's objective was partially or fully met.	39
2. Case or investigation lacked merit.	1
3. Case withdrawn or terminated by the client.	2
4. Issue favorably resolved.	1
5. Issue not favorably resolved.	0
6. Other success or outcomes due to P&A involvement (i.e., provided self-advocacy assistance)	0
7. Other representation found.	1
8. Services not needed due to client's death or relocation.	1
9. P&A withdrew due to conflict of interest or other reasons (i.e., client would not cooperate).	0
10. Appeal(s) unsuccessful.	0
11. Other appropriate entity investigating.	0
12. Lost Contact.	4
13. Lack of Resources.	0
Total	49

At least 1 case required.

Case of Closing an Individual Advocacy Case File

After a client with serious mental illness in a treatment facility raised concerns about being unlawfully detained on an expired commitment order, dLCV reviewed the order and confirmed it remained valid. We informed the client that release would be required if the order was not extended and advised of the right to appeal if recommitted. dLCV concluded the assistance provided and shared contact information for future questions or to report rights violations.

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Footnotes:

C. Complaints/Problems of PAIMI Individuals

Intervention Strategies

The totals reported for the Abuse, Neglect, and Rights Violations Outcomes in this table **should be** the same as the totals reported in the Areas of Alleged Abuse, Areas of Alleged Neglect, and Areas of Alleged Rights Violations tables.

Outcomes												
Abuse	A	B	C	D	E	F	G	H	I	J	K	Total
1. Self Advocacy Assistance	2	1	1	0	1	0	0	0	0	0	0	5
2. Limited Advocacy	0	0	0	0	0	0	0	0	0	0	0	0
3. Administrative Remedies	0	0	0	0	0	0	0	0	0	0	0	0
4. Litigation	0	0	0	0	0	0	0	0	0	0	0	0
5. Abuse/Neglect Investigations	0	0	0	0	0	0	0	0	0	0	0	0
6. Mediation	0	0	0	0	0	0	0	0	0	0	0	0
7. Negotiation	0	0	4	0	0	0	0	0	0	0	0	4
Total	2	1	5	0	1	0	0	0	0	0	0	9
Neglect	A	B	C	D	E	F	G	H	I	J	K	
1. Self Advocacy Assistance	0	1	3	1	3	0	0	0	0	1	0	9
2. Limited Advocacy	0	0	0	0	0	0	0	0	0	0	0	0
3. Administrative Remedies	0	0	0	0	1	0	1	0	0	0	0	2
4. Litigation	0	0	0	0	0	0	0	0	0	0	0	0
5. Abuse/Neglect Investigations	0	0	0	0	0	0	0	0	0	0	0	0
6. Mediation	0	0	1	0	0	0	0	0	0	0	0	1
7. Negotiation	1	0	8	0	0	0	0	0	0	0	0	9
Total	1	1	12	1	4	0	1	0	0	1	0	21
Rights Violations	A	B	C	D	E	F	G	H	I	J	K	
1. Self Advocacy Assistance	1	2	1	2	2	0	0	1	0	0	0	9
2. Limited Advocacy	0	0	0	0	0	0	0	0	0	0	0	0
3. Administrative Remedies	0	0	1	0	0	0	0	0	0	0	0	1

4. Litigation	0	0	0	0	0	0	0	0	0	0	0	0
5. Abuse/Neglect Investigations	0	0	0	0	0	0	0	0	0	0	0	0
6. Mediation	0	0	1	0	0	0	0	0	0	0	0	1
7. Negotiation	0	0	5	0	1	1	0	0	0	0	0	7
Total	1	2	8	2	3	1	0	1	0	0	0	18

At least 1 case required.

Case of Intervention

dLCV's advocacy led to policy reviews on resident safety, privacy, and use of force at Bon Air JCC. After raising concerns about invasive strip searches and privacy violations, dLCV's efforts prompted DJJ leadership to reexamine procedures, engage the PREA Coordinator, and strengthen safeguards to protect dignity and prevent retraumatization for all residents.

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Footnotes:

C. Complaints/Problems of PAIMI Individuals

Death Investigation Activities

A. The number of deaths reported to the P&A for investigation by the following entities:	
1. State	27
2. The Center for Medicaid & Medicare Services (Regional Offices). If zero means the P&A did not receive any death reports from CMS for investigation, please note this in the Footnotes.	0
3. Other Sources. Briefly list the source for each death reported in this category (e.g., newspaper, concerned citizen, relative, etc.), public	2
Total Number of deaths investigated	29

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:	
a. Number of deaths investigated involving incidents of seclusion (S).	0
b. Number of deaths investigated involving incidents of abuse (A).	0
c. Number of deaths investigated involving incidents of restraint (R).	1
d. Number of deaths investigated NOT related to incidents of S&R, (e.g., suicides.).	0
e. Death investigations with a finding of determination.	1
f. Provision in policy added or prevented as a result of a death investigation.	0
Total Number of deaths investigated [Sum of 9b 1-6]	2

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:

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 opened an investigation into the death of a young male with serious mental illness transported from jail to Central State Hospital (CSH) in a wheelchair with additional mechanical restraints. Upon arrival at CSH, the individual was "unconscious and unresponsive to touch," and pronounced dead. This investigation is ongoing.

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C. Complaints/Problems of PAIMI Individuals

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	
1. Group cases/projects still open on October 1, 2023 to 2024. (Carried over from prior FY (s))	3
2. New group cases/projects opened during the year.	21
3. Total group cases/projects worked on during the year (Add lines 1 & 2)	24
4. Total group cases/projects as of September 30, 2024 to 2025. (Carry over to next FY)	3
5. Group cases/projects targeted at serving the following special populations:	
a. Ethnicity	0
b. Racial Minorities	0
c. Homeless	0
d. Veterans	0
e. Urban	0
f. Rural/Frontier	0
g. Older Adults/geriatric	0
6. Total # of individuals potentially impacted by line 3	243,600

Only the number of cases are needed for the last three columns, not the number of individuals

Intervention Types (See the Instructions for Guidance)	Potential # of Individuals Impacted	Concluded Successfully	Concluded Unsuccessfully	On-going
Group Advocacy (non-Litigation)	0	0	0	3
Abuse and Neglect Investigations (non-death related)	0	0	0	0
Facility Monitoring Services	0	0	0	0
Community Based Monitoring Services	0	0	0	0
Court Ordered Monitoring	6,865	0	0	0
Systemic Litigation	0	0	0	0

Educating Policy Makers	50,882	4	6	0
Other Systemic Advocacy	185,253	5	5	0
Total	243,000	9	11	3

In the second form, the Potential # of Individuals Impacted should match the number for Question 3. Total group cases/projects worked on during the year (Add lines 1 & 2). The total number of cases Concluded Successfully, Concluded Unsuccessfully, and On-going should match the number for Question 6. Total # of individuals potentially impacted by line 3.

Case of Intervention on Behalf of a Group

After concerns arose about delays in the NGRI privileging process at Eastern State Hospital (ESH), dLCV contacted hospital leadership, citing mental health patients who waited months for responses to their requests to increased privilege levels. dLCV warned that the delays violated patients' rights to the least restrictive environment. Following the outreach and a leadership change, ESH reported adopting a new policy with clear timelines and accountability. Since then, dLCV has received no further complaints from NGRI patients at ESH.

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C. Complaints/Problems of PAIMI Individuals

Performance Measures of P&A Activities

Outcomes	Number from Closed Cases Only
a) PAIMI-eligible individuals who access community-based mental health or health care services that resulted in community integration and independence or are better able to advocate to do so;	20
b) PAIMI-eligible individuals who access benefits or services or are better able to advocate to do so;	0
c) PAIMI-eligible individuals who live in a healthier, safer, improved, or more integrated settings or are better able to advocate to do so;	10
d) PAIMI-eligible individuals are able to stay in their own home or better able to advocate to do so;	0
e) PAIMI-eligible individuals who can secure or maintain employment and/or are not subject to workplace discrimination or are better able to advocate for to do so;	0
f) PAIMI-eligible individuals who receive appropriate educational services and supports and/or are not subject to discrimination in educational settings or are better able to advocate for those outcomes;	0
g) PAIMI-eligible individuals who go to school in safe and more humane conditions;	20
h) PAIMI-eligible children (individuals) who receive appropriate services in the most integrated settings;	0
i) PAIMI-eligible individuals who were not subject to discrimination in government benefits/services, housing, public accommodations, etc. or are better able to advocate for such outcomes;	0
j) PAIMI-eligible individuals who were not subject to abuse, neglect, or rights violations or are better able to advocate for to do so;	0
k) PAIMI-eligible individuals who can make their own decisions to the maximum extent feasible or are better able to advocate to do so;	0
l) PAIMI-eligible individuals who had their rights enforced, retained, restored and/or expanded or are better able to advocate for to do so; and	0
m) PAIMI-eligible individuals who were more able to participate in the voting process or are better able to advocate for to do so.	0

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D. Non-Client Directed Advocacy Activities

Non-client Directed Advocacy Activities

1. Individual Information and Referral (I&R).		Total
Provide the number of PAIMI Program I&R services.		403
2. State Mental Health planning activities		
The Behavioral Health Advisory Council (BHAC) monitors, evaluates, and provides feedback to the Commonwealth's various agencies on the implementation of Virginia's mental health and substance abuse systems. The BHAC additionally makes recommendations to the legislature. The BHAC is comprised of consumers, families, advocates, providers, and representatives from multiple departments and is an ongoing forum to improve services across the Commonwealth.		
3. Education, Public Awareness Activities, and Events		
1. Number of public awareness activities or events.		11
2. Number of education/training activities undertaken.		0
3. Number (approximate) of persons trained in 2.		11,105
4. Technical Assistance		
Provide the number of PAIMI Program TA services.		3

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E. Grievance Procedures

Grievance Procedures

1. Do you have a systemic/program assurance grievance policy as mandated 42 CFR 51.25 (a)(2)?		<input checked="" type="radio"/> Yes <input type="radio"/> No
If Yes please upload your organizations Grievance Policy using the attachment tab		
2. The number of grievances filed by PAIMI-eligible clients, including representatives or family member of such individuals receiving services during this fiscal year.	Total	1
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).	42 CFR § 51.25 (a)(1)(2)	1
4. The number of grievances appealed to:		
a. The Governing Authority/Board		1
b. The Executive Director		1
	Total 4.a & 4.b	2
5. The number of reports sent to the Governing Board and the Advisory Board.	Total	4
6. Please IDENTIFY ALL INDIVIDUALS, by name & title, responsible for grievance reviews (maximum 5):		
Name:Sean Campbell Title:dLCV Board President		
Name:All dLCV Board Members Title:Current active Board Members		
Name:Colleen Miller Title:Executive Director		
7. What is the timetable (in days) used to ensure prompt notification of the grievance procedure process to clients, prospective clients or persons derided representation, and ensure prompt resolution?	Total # of days	30
8. Were written responses sent to each grievant? <i>If no, explain below</i>		<input checked="" type="radio"/> Yes <input type="radio"/> No
9. Was client confidentiality protected? <i>If no, explain below</i>		<input checked="" type="radio"/> Yes <input type="radio"/> No

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disAbility Law Center of Virginia (dLCV)

Grievances

What is a Grievance?

The disAbility Law Center of Virginia advocates for the rights of persons with disabilities. Due to limited resources, it is not possible to provide legal services or direct representation to everyone who calls us for assistance. The level of advocacy services provided is based on many factors, including our current goals and focus areas, resources, and case selection criteria. While we would like to help everyone with their particular issue or concern, in some cases we may be unable to do so.

If you disagree with our decision that you are not eligible for services under one of our programs, or our decision that your case does not meet our case selection criteria, or our decision that we are unable to provide you with a specific service such as legal representation, you do have the right to file a grievance. You may also file a grievance if you believe we have not fulfilled one or more of our legal obligations.

How do I make a Grievance?

You are encouraged to discuss any disagreement regarding our services with the person with whom you have been in contact, within thirty (30) days of the action with which you disagree. If that is not possible, you can ask to speak with that person's supervisor.

If you are still dissatisfied with our response or proposed action, you may file a grievance with the Executive Director within thirty (30) days. The grievance may be made in writing or in a format accessible to you and sent to the following address:

Executive Director
disAbility Law Center of Virginia
1512 Willow Lawn Drive, Suite 100
Richmond, VA 23230

If you have questions about how to file a grievance or need a reasonable accommodation in filing a grievance, please call us at 1-800-552-3962, e-mail us at info@dlcv.org, or write to us at:

disAbility Law Center of Virginia
1512 Willow Lawn Drive, Suite 100
Richmond, Virginia 23230

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.

We received 168 responses to this year's public input survey which ran from 3/10/25- 7/3/25. We posted the survey on the dLCV website and sent it out through social media, staff, Board, Council and Committee Members. 51.2% of the respondents were individuals with disabilities. The top two issues most important to our respondents were Access to Government Benefits including Social Security's Disability Programs and Medicaid Waivers and abuse and neglect in facilities. Distribution of the survey included dLCV clients, the Department for Aging and Rehabilitative Services (DARS), Virginia Board for People with Disabilities, state-funded brain injury programs, Virginia's Long Term Care Ombudsman Program, the Department for Behavioral Health and Developmental Services, Community Services Boards, Department of Veteran Services, The Choice Group, Better Housing Coalition, VOCAL, and dLCV volunteers. dLCV used this information to develop our FY 26 goals, focus areas, and objectives.

b. ☐ No, (if no, briefly explain, limit to 500 characters).

2. Were the notices provided to the following persons:

a. Individuals with mental illness in residential facilities? ☒ Yes ☐ No

b. Family members and representatives of such individuals? ☒ Yes ☐ No

c. Other individuals with disabilities? ☒ Yes ☐ 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?

3a. ☒ If **yes**, attach a copy of the agency's Policies & Procedures pertaining to public comment.

3b. ☐ If **no** to 2 a, b, c., explain why the agency does not have such procedures in place

4. Was the public provided an opportunity for public comment. ☒ Yes ☐ No

5. If you answered **yes** to 4 briefly describe the activities used to obtain public comment.

The dLCV Board's Public Awareness and Goals 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. Alternate formats are provided as requested.

6. What formats and languages (as applicable) were used in materials to solicit public comment?

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.

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. [42 CFR 51.21 (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 U.S. Department of Justice Department of Juvenile Justice Child Protective Services 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 Virginia Board for People with Disabilities Mental Health America of Virginia Local Department of Social Services APS Divisions Department of Social Services Licensing Division 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]

dLCV maintains a cultural competency work group, in which our staff discuss ideas for increased cultural competency and awareness throughout the agency. The Committee completes an annual evaluation of our internal knowledge and the effectiveness of our outreach to unserved and underserved communities. dLCV completes targeted outreach to underserved communities through monitoring, outreach, and training. The targeted underserved populations selected in FY 25 were the Hispanic and Foster and Kinship Care

Communities.

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

- a. Staff ☒ Yes ☐ No
- b. Advisory Council ☒ Yes ☐ No
- c. Governing Board ☒ Yes ☐ No
- d. Clients ☒ Yes ☐ 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.

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The dLCV Board's Public Awareness and Goals 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.

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 faced barriers investigating alleged abuse at Bon Air JCC after critical video evidence of a restraint incident involving a youth with mental health needs was reported lost despite a preservation request. The loss hindered the investigation and raised concerns about record retention and transparency. dLCV met with DJJ leadership to address these issues and reinforce evidence preservation requirements.
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.).
Limited staffing and funding prevented dLCV from expanding monitoring beyond Bon Air JCC. dLCV prioritized high-risk cases involving alleged abuse, neglect, and restraint concerns. Despite these challenges, dLCV met PAIMI mandates through focused investigations, collaboration, and policy advocacy to strengthen oversight and protect youth with mental health needs.

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F. Other Services & Activities

Accomplishments/Recommendations/Training Needs

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.
dLCCV's most important FY25 PAIMI accomplishments include reviewing thousands of reports of possible abuse and neglect, many involving PAIMI-eligible individuals, and seeking systemic responses, as well as finalizing a new MOU with the Commonwealth of Virginia expanding access to PAIMI-eligible youth and their records, continued monitoring of residents with severe mental illness at Bon Air JCC, and developing a Youth Rights Guide. Building on prior investigations and legislative advocacy exposing system failures, dLCCV continues to strengthen oversight and improve mental health services statewide.
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)].
This past year multiple PAIMI activities and projects had to be paused, delayed or left incomplete due to inconsistent funding and receipt of PAIMI funding. The delays and uncertainty of funding had a large impact on our ability to serve individuals with mental illness. We strongly recommend that measures are taken by all involved in the funding of the PAIMI programs across all states to ensure funding does not face similar barriers as FY 24.
Training Needs
Please identify any training and technical assistance requests. [42 U.S.C. 10825]
None at this time.

Upload supporting documents for Accomplishments here

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H. Statement of Priorities & Objectives

PAIMI Program Statement of Priorities and Objectives - Report

The PAIMI Program Statement of Priorities and Objectives (SPOs) must be specific to individuals with significant mental illness (adults) and/or significant emotional impairment (children/youth), as determined by a mental health professional qualified under the laws and regulations of the state in accordance with 42 U.S.C.A. § 10802(4) (A). The SPOs in the PPR must match the same format and order approved in the FY 2025 PAIMI Application. The strategies used for each Objective must be completed. The reason why priority/goal was not achieved or was partially achieved must be completed.

Priority/Goal Description: People with significant mental illness are free from harm

Objective: Monitor conditions at Institutions providing mental health treatment to PAIMI eligible individuals through data and onsite efforts, with three on-site visits per quarter. Send findings letters to institutional leadership following each monitoring visit. Identify patterns of abuse relating to systemic PAIMI issues of Seclusion and Restraint and Failure to Comply with the Human Rights Regulations and obtain systemic reform.

Strategies Used:

Target Measures

Target Population:	PAIMI Eligible Adults
Expected Target:	1
Expected Outcome:	1
Actual Outcome:	24
Achieved:	<input checked="" type="radio"/>
Not Achieved:	<input type="radio"/>

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 24 monitoring visits at institutions this fiscal year serving individuals with serious mental illness, establishing new relationships at 5 different private psychiatric facilities. Monitoring visits were focused on issues identified in incident reports and individuals awaiting discharge. dLCV developed standardized monitoring tools, to include a draft findings letter to administrators. dLCV additionally established a system to address incident reports at all licensed facilities serving PAIMI eligible adults and children.

Objective: Provide I&R to all PAIMI eligible residents who request it during mental health facility monitoring.

Strategies Used:

Target Measures

Target Population:	PAIMI eligible adults
Expected Target:	50
Expected Outcome:	50
Actual Outcome:	403
Achieved:	<input checked="" type="radio"/>
Not Achieved:	<input type="radio"/>

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

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

dLCV provided information and referral to all PAIMI eligible residents who requested it during monitoring mental health facilities across Virginia. Information and referral centered around boosting self-advocacy, awareness of individual rights, and self-determination in resident lives both while in the facilities and preparing for their return to the community.

Objective: Provide STA or STA-level preliminary investigations to 6 PAIMI eligible residents in mental health facilities.

Strategies Used:

Target Measures

Target Population:	PAIMI eligible adults
Expected Target:	6
Expected Outcome:	6
Actual Outcome:	8
Achieved:	<input checked="" type="radio"/>
Not Achieved:	<input type="radio"/>

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



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

dLCV provided short-term assistance or preliminary investigations to 8 PAIMI eligible residents in mental health facilities across Virginia. These cases centered around increasing self-advocacy and screenings for investigations with potential for systemic impact and included issues concerning general rights violations, inappropriate and excessive restraint, involuntary medication, and medical neglect.

Objective: Represent two PAIMI eligible individuals in legal or administrative processes where resolution has the potential for systemic impact. Preference is given to issues stemming from the use of Seclusion and Restraint or discharge-related issues.

Strategies Used:

Target Measures

Target Population:	PAIMI eligible individuals
Expected Target:	2
Expected Outcome:	2
Actual Outcome:	0
Achieved:	<input type="radio"/>
Not Achieved:	<input type="radio"/>

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



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



Objective: Investigate an allegation of abuse or neglect of a PAIMI eligible individual that has the potential for systemic impact in mental health facilities, with a preference for death investigations, or the use of seclusion or restraint. Obtain corrective action, as appropriate.

Strategies Used:

Target Measures

Target Population:	PAIMI eligible individuals
Expected Target:	2
Expected Outcome:	2
Actual Outcome:	2
Achieved:	<input checked="" type="radio"/>
Not Achieved:	<input type="radio"/>

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

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

dLCV opened an investigation into the death of a young male with serious mental illness transported from jail to Central State Hospital (CSH) in a wheelchair with additional mechanical restraints. Upon arrival at CSH, the individual was "unconscious and unresponsive to touch," and pronounced dead. This investigation is ongoing.

Objective: Identify one systemic issue in DBHDS-operated facilities serving individuals with serious mental illness each quarter involving failure to protect residents from harm and develop a coordinated response to improve internal processes and protect established human rights.

Strategies Used:

Target Measures

Target Population:	PAIMI eligible adults
Expected Target:	1
Expected Outcome:	1
Actual Outcome:	1
Achieved: <input checked="" type="radio"/>	Not Achieved: <input type="radio"/>

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

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

dLCV opened an investigation into the death of a young male with serious mental illness transported from jail to Central State Hospital (CSH) in a wheelchair with additional mechanical restraints. Upon arrival at CSH, the individual was "unconscious and unresponsive to touch," and pronounced dead. This investigation is ongoing.

Objective: Monitor Behavioral Health Commission meetings to improve public participation for individuals with serious mental illness and collect important information to help individuals who are PAIMI eligible.

Strategies Used:

Target Measures

Target Population:	PAIMI eligible individuals
Expected Target:	1
Expected Outcome:	1
Actual Outcome:	6
Achieved: <input checked="" type="radio"/>	Not Achieved: <input type="radio"/>

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 6 Behavioral Health Commission meetings from January to June of this fiscal year. While there was no significant increase in public participation during this period, dLCV noted and is currently pursuing a new public comment form to be added to the Commission's website to aid in this effort to promote delivery of information for PAIMI eligible Virginians.

Objective: By September 1, 2025, identify best practices and legal theories to reduce the use of strip searches by mental health facilities serving PAIMI eligible individuals. Create and distribute a findings report by the end of FY 26.

Strategies Used:

Target Measures

Target Population:	PAIMI eligible individuals
Expected Target:	1
Expected Outcome:	1
Actual Outcome:	0
Achieved: 	Not Achieved: 

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

dLCV researched and identified best practices and legal theories by research and collaboration with the other states, foreign jurisdictions, National Institute of Health, and Substance Abuse and Mental Health Services Administration. Unfortunately, due to delays in receipt of PAIMI funding, dLCV did not have the resources or funding to continue with this project.

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



Objective: Represent two PAIMI eligible individuals with serious mental illness at children's facilities who have been denied necessary home and community-based services in support of discharge.

Strategies Used:

Target Measures

Target Population:	PAIMI eligible individuals
Expected Target:	2
Expected Outcome:	2
Actual Outcome:	6
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 represented 6 children at mental health facilities throughout Virginia regarding denial of home and community-based services that violated their right to discharge. These cases elucidated systemic barriers within Virginia's mental health system, such as lack of Department of Social Services involvement for foster youth, denial of Community Service Board responsibility, and a lack of community services. dLCV continues to utilize casework to inform our systems work to better the services and outcomes for children with serious mental illness in Virginia.

Objective: Review all available incident reports for PAIMI eligible individuals to identify and analyze trends of abuse, neglect, and unsafe conditions leading to preventable injuries. Refer incidents affecting individuals with serious mental illness for possible investigation, case-level services, or systemic reform to inform the work of teams under other objectives.

Strategies Used:

Target Measures

Target Population:	PAIMI eligible adults
Expected Target:	200
Expected Outcome:	200
Actual Outcome:	800
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 this fiscal year, dLCV reviewed 14,875 serious incident reports and 6,075 Adult Protective Services (APS) reports. Of this review, dLCV referred 800 reports for further investigation, including 100 death investigations. Incidents included physical abuse, restraint and seclusion, financial exploitation, medical neglect, and other rights violations. These incidents were considered for additional action under other objectives for PAIMI eligible issues.

Objective: Respond to all inappropriate delays or denials involving dLCV's PAIMI access authority, to include litigation wherever appropriate, with regards to (access,) data, monitoring, investigations, and records requests affecting individuals with serious mental illness.

Strategies Used:**Target Measures**

Target Population:	PAIMI eligible adults
Expected Target:	1
Expected Outcome:	1
Actual Outcome:	3
Achieved: <input checked="" type="radio"/>	Not Achieved: <input type="radio"/>

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

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

This fiscal year, dLCV's access authority under the PAIMI Act was challenged several times by providers across Virginia. Each of these instances was resolved through negotiation, although one challenge involved drafting and sharing of a complaint that was "ready to file" in Federal Court.

Objective: Monitor conditions at Bon Air Juvenile Correctional Center for residents with serious mental illness by conducting quarterly visits.

Strategies Used:**Target Measures**

Target Population:	PAIMI eligible adults
Expected Target:	1
Expected Outcome:	1
Actual Outcome:	4
Achieved: <input checked="" type="radio"/>	Not Achieved: <input type="radio"/>

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

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

In FY 25, dLCV exceeded goals at Bon Air JCC by sustaining quarterly monitoring and office hours that amplified voices of youth with serious mental illness to discuss safety, education, and privacy, dLCV investigated harmful strip search practices, raised systemic issues with DJJ leadership, and addressed use of force, education, and privacy violations. The project ensured consistent oversight, strengthened self-advocacy, and advanced key reforms protecting PAIMI residents' rights.

Objective: Provide STA to 7 PAIMI eligible residents at Bon Air Juvenile Correctional Center.

Strategies Used:**Target Measures**

Target Population:	PAIMI eligible adults
---------------------------	-----------------------

Expected Target:	7
Expected Outcome:	7
Actual Outcome:	6
Achieved:	<input type="radio"/> Not Achieved: <input checked="" type="radio"/>

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

We just missed our case goal due to interruptions in PAIMI funding during the fiscal year.

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

dLCV opened a short-term case for Alex, a young woman with serious mental illness, to address missing court-ordered services at Bon Air JCC, including substance abuse counseling, anger management, and carpentry training. We advocated for reinstating these programs. Through direct engagement, dLCV protected her rights and ensured access to essential services.

Objective: Investigate an allegation of abuse or neglect affecting a PAIMI eligible resident that has the potential for systemic impact at Bon Air Juvenile Correctional Center. Obtain corrective action as appropriate.

Strategies Used:

Target Measures

Target Population:	PAIMI Eligible Adults
Expected Target:	4
Expected Outcome:	4
Actual Outcome:	3
Achieved:	<input type="radio"/> Not Achieved: <input checked="" type="radio"/>

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

We missed our case goal due to interruptions in PAIMI funding during the year.

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

dLCV investigated Michael's report of excessive force at Bon Air JCC, reviewing footage, policies, and national standards. While no legal violation occurred, dLCV found major procedural flaws, including poor de-escalation and unsafe restraint use for individuals with serious mental illness. We issued policy recommendations to DJJ, prompting systemic review and advocating for safer, trauma-informed crisis responses.

Objective: By February 3, 2025, develop a guide to PAIMI eligible resident rights at Bon Air Juvenile Correctional Center to increase self-advocacy and distribute during monitoring.

Strategies Used:

Target Measures

Target Population:	PAIMI eligible Individuals
Expected Target:	1
Expected Outcome:	1
Actual Outcome:	1
Achieved:	<input checked="" type="radio"/> Not Achieved: <input type="radio"/>

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



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

dLCV completed the self-advocacy guide for PAIMI eligible youth at Bon Air JCC, creating an accessible, accurate resource on residents' rights.

Staff and interns refined content and design to engage diverse literacy levels. The finalized guide will be distributed during monitoring visits, empowering youth to advocate for themselves and marking the project's successful completion.

Objective: To better protect PAIMI eligible residents from abuse and neglect and enforce dLCV's access authority, renegotiate the original Memorandum of Understanding with Bon Air Juvenile Correctional Center by June 2, 2025.

Strategies Used:

Target Measures

Target Population:	PAIMI Eligible Individuals
Expected Target:	1
Expected Outcome:	1
Actual Outcome:	1
Achieved: <input checked="" type="radio"/>	Not Achieved: <input type="radio"/>

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

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

dLCV finalized the MOU with DJJ after collaborative meetings with leadership and legal counsel, resolving key issues and strengthening oversight. The agreement clarifies access, accountability, and monitoring procedures, reinforcing dLCV's authority to protect PAIMI eligible youth rights and respond swiftly to systemic concerns within DJJ facilities.

Objective: Educate policymakers about the need for PAIMI eligible Virginians with serious mental health diagnoses to receive appropriate services and protected legal rights in commitment proceedings through the workgroup on Expedited Diversion to Court-Ordered Treatment.

Strategies Used:

Target Measures

Target Population:	PAIMI Eligible Individuals
Expected Target:	1
Expected Outcome:	1
Actual Outcome:	1
Achieved: <input checked="" type="radio"/>	Not Achieved: <input type="radio"/>

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

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

dLCV's attorneys attended each meeting of the Supreme Court Workgroup on Expedited Diversion to Court-Ordered Treatment. dLCV contributed to the workgroup with the goal of ensuring that appropriate services and rights protections will be assured for persons with serious mental health diagnoses who may be affected by the program through review and feedback on proposed corrective action and recommendations.

Objective: By December 2, 2024, educate policy makers on the failure to effectively track meaningful data regarding PAIMI eligible residents with serious mental illness regarding paperless ECOs through a policy brief.

Strategies Used:

Target Measures

Target Population:	PAIMI Eligible Individuals
Expected Target:	1

Expected Outcome:	1
Actual Outcome:	1
Achieved:	<input checked="" type="radio"/> <input type="radio"/> 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 developed a policy brief on the Commonwealth's failure to track meaningful data on paperless ECOs for individuals with serious mental illness in efforts to educate policymakers. Recommendations include clarity and accountability of the process to include data tracking and analysis throughout Virginia.

Objective: Access and analyze available data on the use of restraint of PAIMI eligible residents with serious mental illness during the ECO/TDO process and develop a policy brief by December 2, 2024.

Strategies Used:

Target Measures	
Target Population:	PAIMI Eligible Individuals
Expected Target:	1
Expected Outcome:	1
Actual Outcome:	1
Achieved:	<input checked="" type="radio"/> <input type="radio"/> 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 developed a policy brief on the use of restraint of individuals with serious mental illness during the ECO/TDO process. Recommendations include monitoring of policy restraint in behavioral emergencies, improved crisis intervention training, and expansion of funding for crisis intervention programs.

Objective: By August 15th, 2025, launch and distribute a plain-language resource page on the dLCV website that explains the Involuntary Commitment Process, Individual Rights under that process, and the complaint mechanisms available to PAIMI eligible individuals and their families.

Strategies Used:

Target Measures	
Target Population:	PAIMI Eligible Individuals
Expected Target:	1
Expected Outcome:	1
Actual Outcome:	2
Achieved:	<input checked="" type="radio"/> <input type="radio"/> 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 created two plain language resource documents, to include graphs and timelines for ease and accessibility, explaining the involuntary commitment process in Virginia, PAIMI eligible individual rights within that process, and complaint mechanisms during and after an individual has been subjected to involuntary commitment. These documents were shared with our constituents and stakeholders through our newsletter,

the website and listservs, and during the legislative session.

Priority/Goal Description: People with significant mental illness live in the most appropriate integrated environment

Objective: Provide STA to 5 residents of DBHDS-operated facilities serving those with serious mental illness who have PAIMI questions about discharge rights to identify barriers to discharge.

Strategies Used:

Target Measures

Target Population:	PAIMI eligible individuals
Expected Target:	5
Expected Outcome:	5
Actual Outcome:	6
Achieved:	<input checked="" type="radio"/>
Not Achieved:	<input type="radio"/>

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



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

dLCV provided STA to 6 residents of DBHDS-operated facilities serving adults with serious mental illness. This STA regarded discharge rights and identification of barriers to discharge to include various rights violations and avenues for corrective action, forensic discharge status and processes, and the involuntary commitment process in Virginia with the aim of increasing self-advocacy and self-determination.

Objective: Select two state-operated mental health facilities with high numbers of PAIMI eligible patients on the Extraordinary Barriers List and survey patients with serious mental health issues regarding barriers to discharge. Use data and survey results to publish a policy brief or other report to inform stakeholders by August 15, 2025.

Strategies Used:

Target Measures

Target Population:	PAIMI eligible individuals
Expected Target:	10
Expected Outcome:	10
Actual Outcome:	10
Achieved:	<input checked="" type="radio"/>
Not Achieved:	<input type="radio"/>

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



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

dLCV examined the experiences of individuals on the Extraordinary Barriers List (EBL)—people in state hospitals deemed ready for discharge but not yet released. After the State restructured the EBL in January 2025 to focus on civil committees, most barriers were resolved. Few patients with serious mental illness wished to be interviewed, and concerns were individual. dLCV presented findings at the 2025 Governor's Conference on Aging, prompting collaboration requests.

Objective: Select two state-operated mental health facilities with high numbers of patients on the Extraordinary Barriers List and survey PAIMI eligible patients regarding barriers to discharge.

Strategies Used:

Target Measures

Target Population:	PAIMI eligible individuals
Expected Target:	2
Expected Outcome:	2
Actual Outcome:	2
Achieved: <input checked="" type="radio"/>	Not Achieved: <input type="radio"/>

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

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

This is a duplicate objective which has an outcome reported in the previous objective.

Objective: Represent 5 PAIMI eligible people on the EBL to secure an "integration mandate" interpretation of the Virginians with Disabilities Act.

Strategies Used:

Target Measures	
Target Population:	PAIMI eligible individuals
Expected Target:	5
Expected Outcome:	5
Actual Outcome:	0
Achieved: <input type="radio"/>	Not Achieved: <input checked="" type="radio"/>

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

Due to limited PAIMI resources and delays in funding, this objective was not met and we have no outcome to report.

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

0930-0169 Approved: 07/27/2023 Expires: 07/31/2026

Footnotes:

Advisory Council Report

Advisory Council Report (Required)

Advisory Council Report (ACR)

The Advisory Council Report (ACR) section of the annual PAIMI Program Performance Report, to the Secretary of the U.S. Department of Health and Human Services, **is due by January 1**. The ACR is mandated under the PAIMI Act at 42 U.S.C. 10805 (a) (7). The ACR is the PAIMI Advisory's Council's (PAC) **independent assessment** of their protection and advocacy system's for the previous fiscal year. **The ACR must be prepared by the PAC and signed and dated by the PAC Chairperson.**

Please use the box below to indicate areas of technical assistance needed related to this section.

0930-0169 Approved: 07/27/2023 Expires: 07/31/2026

Footnotes:

OMB Approval: XXXX-XXXX

Expiration Date: X/XX/XXXX

**THE ADVISORY COUNCIL REPORT (ACR) SECTION OF THE
ANNUAL PAIMI PROGRAM PERFORMANCE REPORT (PPR)**

STATE	Virginia	FISCAL YEAR	2025
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The Advisory Council Report (ACR) section of the annual PAIMI Program Performance Report, to the Secretary of the U.S. Department of Health and Human Services, **is due by January 1**. The ACR is mandated under the PAIMI Act at 42 U.S.C. 10805 (a) (7). The ACR is the PAIMI Advisory's Council's (PAC) **independent assessment** of their protection and advocacy systems for the previous fiscal year. **The ACR must be prepared by the PAC and signed and dated by the PAC Chairperson.**

For ACR assistance, please contact the 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 (XXXX-XXXX); CBHSQ, Room 15E21B; 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 (XXXX-XXXX).

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:	2025
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.	Zipporah Levi-Shackleford
Telephone Number:	804-225-2042
E- Mail Address:	info@dlcv.org
Date Submitted:	12/10/2025
By signing this document, the Chair certifies that this report reflects the consensus of the PAC members.	<i>Dr. Zipporah Levi-Shackleford, PBSF</i>

SECTION B. The PAIMI ADVISORY COUNCIL (PAC)

*Under Primary ID, select <i>ONLY ONE</i> (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.f.1. Social Workers	0
B.1.f.2. Psychologists	0
B.1.f.3. Psychiatric Nurses	0
B.1.f.4. Psychiatrists	0
B.1.f.5. Psychiatric Nurse Practitioners	0
B.1.f.5. Peer Support Specialists	0
B.1.g. Attorneys.	1
B.1.h. Individuals from the public knowledgeable about mental illness.	0
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.h. 04/01/2025
B.1.k. TOTAL number of PAC members serving on 9/30.	Total 13
B.1.l. Number of PAC members who are either R/FR of MH services or family members of these individuals (count each PAC member only once).	9
B.1.m. Percentage of PAC members who are either R/FR of MH services or family members of these individuals [B.1. k. divided by B.1.l.]	70%
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	1
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.	61%
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	0
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 13
C. B. RACE	
C. B. 1. American Indian or Alaska Native	1

C. B. 2. Asian	1
C. B. 3. Black or African American	2
C. B. 4. Native Hawaiian/Other Pacific Islander	0
C. B. 5. White	8
C. B. 6. Two or More Races	1
C. B. 7. = C.B.1 through C.B.6.	Total 13
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
	2

SECTION D. Sex of PAC Members	
D.1 MALE 3	D.2 FEMALE 10
D.3 TRANSGENDER 0	D.4 TWO-SPIRIT (for AI/AN) 0
D.5 UNKNOWN/WOULD NOT DISCLOSE 0	D.6 OTHER 0
D.3. TOTAL 13	

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 17	
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., then 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).

E.2.b.4. Do any other PAC members hold seats on the Governing Board?
If Yes, how many seats? 1 _____

Yes

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

Unit Manager

Council Liaison

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 and Unit Manager: Between the Executive Director and the Director of Litigation, they 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 provided updates on state and federal legislative activities that have actual or potential ramifications for PAIMI-related programs and stakeholders, presentation on overview of PAIMI grant

Council Liaison: For Fiscal Year 2025, the Council Liaison attended all PAC meetings. The Council Liaison developed meeting agendas as well as coordinated trainings in conjunction with council members, and disseminated relevant information to the council members.

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

N/A

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. A board member attended each PAC's Fiscal Year 2024 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.

PAIMI council members are invited to serve, and do serve, on each of the Governing Board's committees, including the committee to develop the annual goals, focus areas and objectives. Additionally, the council provides feedback on plans for the P & A at every meeting.

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.

Activity 1 – dLCV Staff provided 1 training to Council Staff at PAC Meetings

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

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 X

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 X	2. No*	3. Don't Know*
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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 dLCV unit manager Virginia Pharis on Advance Directives	6	3	3	n/a

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.

N/A

F.9.d. If you answered Yes in F.9.a., did the P&A system documents referenced also <i>INCLUDE THE PROJECTED EXPENSES FOR THE NEXT FISCAL YEAR (FY) IDENTIFIED BY BUDGET CATEGORY</i> , 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 X

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.

N/A

F.9.f. Was the PAC provided a copy of these procedures?

F.9.f.1. Yes X

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.

N/A

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# X

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.

We received 168 responses to this year's public input survey which ran from 3/10/25- 7/3/25. We posted the survey on the dLCV website and sent it out through social media, staff, Board, Council and Committee Members. 51.2% of the respondents were individuals with disabilities. The top two issues most important to our respondents were Access to Government Benefits including Social Security's Disability Programs and Medicaid Waivers and abuse and neglect in facilities. Distribution of the survey included dLCV clients, the Department for Aging and Rehabilitative Services (DARS), Virginia Board for People with Disabilities, state-funded brain injury programs, Virginia's Long Term Care Ombudsman Program, the Department for Behavioral Health and Developmental Services, Community Services Boards, Department of Veteran Services, The Choice Group, Better Housing Coalition, VOCAL, and dLCV volunteers. dLCV used this information to develop our FY 26 goals, focus areas, and objectives.

Survey was open 115 days.

F.9.g. 5. *If the answer to F.9.g.2. is NO, explain why public comment was not obtained. N/A

F.9.g. 6. *If the answer to F.9.g.3. is DON'T KNOW, please explain (e.g., PAC needs training, etc.)
N/A

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.

PAC members are invited to join Board committees such as finance, personnel, governance, resource development, strategic planning, and goals and public awareness. 1 PAC member is on governance, 2 are on finance, 1 is on public awareness, and 1 is on personnel.

F.10.b. Briefly describe any training or educational presentations to either constituency groups or the general public.

dLCV held a virtual summit.

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 Council members serve on various Committees through the Board of Directors.

SECTION G. PAC ASSESSMENT OF PAIMI PROGRAM OPERATIONS

G.1. Please provide a NARRATIVE SUMMARY of the PAC'S ASSESSMENT 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.

GOAL 1: People with Disabilities are Free from Harm

Focus Area 1: People with disabilities are free from harm in mental health facilities

dLCV conducted 24 monitoring visits across Virginia's mental health institutions, including the establishment of new relationships with five private psychiatric facilities. Monitoring efforts were prioritized at facilities flagged through incident reports as well as those with high numbers of individuals awaiting discharge. dLCV developed standardized monitoring tools, including a facility checklist and a findings letter template for administrators, to enhance consistency and impact.

Focus Area 4: Children and youth with disabilities receive appropriate services in juvenile justice facilities

dLCV continued to monitor conditions at Bon Air Juvenile Correction Center (JCC) and encountered minor access challenges due to established security restrictions prohibiting the use of cameras. dLCV asserted its federal access authority and worked in collaboration with the Department of Juvenile Justice (DJJ) to address these concerns. dLCV completed eight onsite visits utilizing an office hours model which

fostered meaningful engagement with residents and ensured their concerns were heard and recorded. dLCV also addressed a range of critical issues which included prolonged lockdowns, use of solitary confinement, barriers to education access, excessive use of force, and lack of privacy for female residents during showering and toileting.

GOAL 4: PEOPLE WITH DISABILITIES LIVE IN THE MOST APPROPRIATE INTEGRATED ENVIRONMENT

Focus Area 1: The commonwealth will appropriately transition all people when they are ready for discharge from state hospitals

In January, the Commonwealth implemented a significant restructuring of Virginia's Extraordinary Barriers List (EBL) narrowing its focus to civilly committed individuals and excluding those whose continued hospitalization is court mandated. As a result, the EBL population declined from 182 to 114 within a short timeframe. In May, dLCV presented a session titled "Stuck Inside: The EBL and How it Relates to Older Virginians" to 30 professional and policymaker attendees of the Virginia Governor's Conference on Aging.

FOCUS AREA 2: People with Disabilities have Maximum Individual Choice

Between July and August 2025, dLCV successfully engaged with 71 individuals with Traumatic Brain Injury (TBI) across the state which offered valuable insight into survivors' daily experiences, access to services, and systemic barriers affecting their independence and community participation. This project revealed both successes and gaps across key areas, including case management, vocational rehabilitation, healthcare, housing, transportation, and civil engagement. Findings such as day programs and clubhouses being high valued models for recovery and support and housing, transportation, and coordinated management were unmet needs, provide a data-driven foundation for policy reform, service development, and funding priorities aimed at improving quality for life for Virginians with TBI.

GOAL 7: People with Disabilities become better Self-Advocates through Education and Training

FOCUS AREA 1: All people with disabilities who contact dLCV receive Information and Referral services

In FY25, dLCV provided information and resources to 330 individuals. 35 of these individuals received I & R for issues and support needs directly related to those related to PAIMI matters.

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

See section G.1.a.

G.1.c. The outcomes.

See section G.1.a.

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

See section G.1.a.

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

Recommendations for Children and Youth Include:

1. Expand Advocacy in Juvenile Justice Settings

Recommendations:

- Continue quarterly monitoring at Bon Air Juvenile Correctional Center, expanding the “office hours” model to include a *peer support component* that lets youth confidentially share concerns with advocates trained in trauma-informed communication.
- Push for implementation of an individualized transition plan for each youth 90 days before release, including special education continuation, MH referrals, and community supports.

2. Address Barriers to Home- and Community-Based Services for Youth

Recommendations:

- Partner with local CSBs and Family Assessment and Planning Teams (FAPTs) to create a Rapid Response Review Process when service denials delay discharge.
- Advocate for waiver navigation support teams dedicated to foster youth and court-involved minors.
- Track data on denials of home- and community-based services (HCBS) to identify systemic patterns and recommend policy reform to DMAS.

3. Strengthen Oversight of Psychiatric Residential Treatment Facilities (PRTFs)

Recommendations:

- Conduct five monitoring visits per quarter at PRTFs and community-based residential programs, prioritizing those with prior restraint/seclusion incidents.
- Assess compliance with IDEA and Section 504 requirements for youth receiving education while in residential care.

4. Promote Behavioral Health Equity and Trauma-Informed Practice

Recommendations:

- Advocate for inclusion of trauma-informed, neurodiversity-affirming practices in all state-funded youth programs.
- Support statewide adoption of trauma screenings and sensory-friendly interventions in juvenile and residential facilities

Recommendations for adults include:

1. Expand Trauma-Informed and Culturally Competent Services

Recommendations:

- Promote cross-training on trauma, culture, and neurodiversity among CSB and hospital staff.
- Advocate for inclusion of trauma-informed care standards in all behavioral health licensing requirements.

2. Advance Supported Decision-Making and Autonomy

Recommendations:

- Develop Supported Decision-Making training for providers and families in partnership with The Arc of Virginia and VBPD.
- Create Supported Decision-Making agreements as alternatives to guardianship in hospital discharge planning.

- Host Advance Directive Clinics (led by social workers and peer specialists) to help individuals complete POAs and directives before crises occur.

3. Strengthen Oversight of Private Psychiatric Facilities

Recommendations:

- Conduct annual monitoring visits to a representative sample of private psychiatric hospitals.
- Review strip search and seclusion policies for compliance with dignity and ADA standards.
- Advocate for incident reporting transparency and patient-centered grievance procedures.

4. Enhance Crisis Response and Emergency Department Practices

Recommendations:

- Partner with hospital systems to implement ADA-compliant restraint and privacy protocols.
- Advocate for crisis stabilization units to adopt sensory-friendly spaces and “calm-down” alternatives to physical restraint.

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.

N/A

G.3. Please list any training & technical assistance needs identified by the PAC.

1. Recruitment for PAC membership
2. PAC membership engagement in between meetings

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 2
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 2
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 2
H.5 c. The number of Grievances appealed [H.5.a. + H.5.B = H.5.c.].	Total 0
H.6. The number of reports sent to the Governing Board AND the PAC (<u>at least one annually</u>) that describe the grievances received, processed, and resolved.	Total 4

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 Donna Gilles, Board President All other dLCV Board members		
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)]		30 Days
H.9. Were written responses sent to all grievants?	Yes	
H.9.a. *If you answered No, to H.9, briefly explain. N/A		

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.	Yes	No*
N/A		

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).

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].

Technical Assistance - assistance provided to family members, non-legal guardians, professionals, or other advocates in consultation regarding an area of the law in which the P&A has expertise. It is considered a non-client directed activity.

