

STATE	West Virginia	FISCAL YEAR	2011
<p>The Annual PAIMI Program Performance Report (PPR), which is due by January 1st of each year [PAIMI Rules at 42 CFR 51.8 and the PAIMI Act at 42 U.S.C. 10805(a)(7)], contains information provided by the State P&A system on its management and operation of the PAIMI Program. The Advisory Council Report (ACR) section of the annual PPR is the PAIMI Advisory Council's (PAC) <i>independent assessment</i> of the operations of the P&A system, which is signed by the PAC Chair.</p>			
<p>The Annual PPR may be transmitted either by mail or electronically; however, if submitted electronically, the P&A shall mail to the SAMHSA, Division of Grants Management, at least one (1) copy of the Advisory Council Report (ACR) with the original signature of the <i>PAIMI ADVISORY COUNCIL (PAC) CHAIR on the cover page</i>. Send the reports to the following addresses:</p>			
<p><u>ELECTRONIC MAIL:</u> Virginia.Simmons@SAMHSA.hhs.gov</p>	<p><u>REGULAR MAIL</u> Virginia Simmons, Room 7-1091 SAMHSA - Division of Grants Management 1 Choke Cherry Road Rockville, Maryland 20857</p>		
<p><i>FOR CERTIFIED MAIL & OVERNIGHT DELIVERY - Send to the above mailing address BUT CHANGE THE ZIP CODE TO: 20850; Phone No. (240) 276-1400</i></p>			
<p>Electronic submissions of the annual PAIMI PPR, including the ACR, should also be sent to the PAIMI Program Coordinator, Karen.Armstrong@samhsa.hhs.gov. If submitted electronically, please ensure that the Division of Grants Management is sent a signed copy of the ACR. Please use the attached glossary and instructions to complete the form. Questions may be directed to Ms. Armstrong, the PAIMI Program Coordinator at (240) 276-1760.</p>			
<p>Public reporting burden for this section of the annual PAIMI PPR is estimated to average 28 hours per response. This includes the time needed to review the instructions, to search existing data sources, to gather the data needed, and to complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0169); OAS, Room 7-1044; 1 Choke Cherry Rd.; Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0169).</p>			

ANNUAL PAIMI PROGRAM PERFORMANCE REPORT (PPR)

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SECTION 1. GENERAL PAIMI PROGRAM INFORMATION

1.A. Fiscal Year:	2011
State:	West Virginia
Name of P&A system:	West Virginia Advocates, Inc.
Mailing Address & Phone Number of Main Office:	1207 Quarrier St., 4th Floor Charleston, WV 25301 304-346-0847 / 1-800-950-5250
Mailing Address & Phone Numbers of for each Satellite Office:	Colonial Gateway Office Park 403 Bridgeport Hill Road Suite 122 and 123 Clarksburg, WV 26301 304-346-0847 / 1-800-950-5250
Name of PAIMI Program, if different from the State P&A agency:	N/A
Name, phone number, and e-mail address of the PAIMI Coordinator:	Linnie Simiryan, Program Director 304-346-0847 ext. 62 Lsimiryan@wvadvocates.org
PPR Prepared by: Name: Title: Area Code & Phone Number: E-mail Address:	Jodi Calissie Data Report Specialist 304-346-0847 ext. 67 Jcalissie@wvadvocates.org
The name of the Director of the State mental health agency to whom copies of the PAIMI PPR & ACR were sent.*	Victoria Jones, Commissioner of Bureau for Behavioral Health and Health Facilities Also sent to: Kevin Stalnaker, Deputy Commission of Operations

Date the PAIMI PPR & ACR were sent to the State mental health agency.*

December 20, 2011

**PAIMI Act [42 USC at 10805 (a)(7) mandates that the Head of the State mental health agency receive a copy of this report on or before January 1.*

SECTION 1. GENERAL PAIMI PROGRAM INFORMATION

1. B. GOVERNING BOARD

<p>1.B.1. Does the P&A have a multi-member governing board? If Yes, complete governing board (GB), Table 1.B.3. [See Governing Authority - 42 CFR 51.22(b).].</p>	<p>Yes X</p>	<p>No</p>
<p>1. B.2. Is the Chair of the PAIMI Advisory Council (PAC) a member of the GB? An explanation is required if the answer to this question is <i>NO & THE P&A IS PRIVATE non-profit P&A system.</i></p>	<p>Yes X</p>	<p>No</p>

1. B. 3. GOVERNING BOARD (GB) INFORMATION

In the following table, please provide the requested information for the GB members *as of 9/30.*

<p>a. Total number of GB member seats available.</p>	<p>9-15</p>
<p>b. Total number of GB members serving as of 9/30.</p>	<p>12</p>
<p>c. Total number of GB vacancies on 9/30.</p>	<p>0-3</p>
<p>d. Term of appointment for GB members (number of years).</p>	<p>2</p>
<p>e. Maximum number of terms a GB member may serve.</p>	<p>3 consecutive</p>
<p>f. Frequency of GB meetings.</p>	<p>Bi-monthly</p>
<p>g. Number of GB meetings held this fiscal year (FY).</p>	<p>6</p>
<p>h. Average Percentage (Average) of GB members present at meetings this FY.</p>	<p>62.85 %</p>

SECTION 1. GENERAL PAIMI PROGRAM INFORMATION

1. B. 4 GOVERNING BOARD COMPOSITION

“The governing board shall be composed of members who broadly represent or are knowledgeable about the needs of clients served by the P&A system” [42 CFR 51.22(b)(2). *Count each GB member only once.*

a. Number of individuals with mental illness (IMI) who are recipients/former recipients (R/FR) of mental health services or are or have been eligible for services. 1

b. Number of family members of individuals with mental illness who are R/FR of mental health services. 2

c. Number of guardians. 1

d. Number of advocates or authorized representatives. 1

e. Number of other persons who broadly represent or are knowledgeable about the needs of the clients served by the P&A system. 7

TOTAL

12

Section 42 CFR 51.22(b)(2) - mandated GB positions for private, non- profit systems. *Count each GB member only once. The Total of 1.B.3.a. must equal the subtotals of 1.B.3.b and 1.B.3.c.*

1. C. PAIMI PROGRAM STAFF

1. Provide the total number of P&A staff who are paid either partially or totally with PAIMI Program funds, including PAIMI Program income. Total: 25

a. How many of the staff listed above are attorneys?
Total: 2

b. How many of the staff listed above are non-attorney case workers/mental health advocates?
Do not include support or administrative staff in this count. Total: 15

SECTION 1. GENERAL PAIMI PROGRAM INFORMATION

The minimum categories for data on race and ethnicity for federal program administrative reporting are defined in the Glossary:

1. D. 1. ETHNICITY

	GOVERNING BOARD	PAIMI STAFF
1.D.1. a. HISPANIC or LATINO	0	0
1.D.1. b. NOT HISPANIC or LATINO	12	25

1.D.2 RACE		
1.D.2. a. American Indian or Alaska Native	0	0
1.D.2. b. Asian	0	1
1.D.2. c. Black or African American	1	1
1.D.2. d. Native Hawaiian or Other Pacific Islander	0	0
1.D.2.e. White	11	23
1.D.2.f. One or more races	0	0
Vacancies on 9/30 (Identify by position).	0-3	0
TOTAL	12	25

SECTION 1. GENERAL PAIMI PROGRAM INFORMATION

1. E. GENDER		
	GOVERNING BOARD	PAIMI STAFF
Male	5	5
Female	7	20
TOTAL	12	25

SECTION 2. PAIMI PROGRAM PRORITIES (GOALS) and OBJECTIVES

In the format provided, please list the program priorities (goals) and activities, as reported in the PAIMI Application (under Priorities and Objectives) for the SAME Fiscal Year (FY) that were used to achieve the annual objectives for this PPR.

The priorities shall be limited and consistent with the current mission and Government Performance Results Act (GPRA) mandates, accountability, and performance-based management requirements of SAMHSA/CMHS.

Refer to the Guidance information included in the annual PAIMI Program Application.

For each priority (goal) identified for the FY, select **ONE (1) CASE EXAMPLE THAT BEST ILLUSTRATES THE ACTIVITIES RELATED TO EACH PRIORITY (GOAL)**. Please provide in narrative form, one (1) example of an individual or systemic case and, if applicable, a legislative or regulatory activity. Remember case examples must illustrate the impact(s) and/or outcome(s) of PAIMI Program efforts.

Write the case example as though you were telling a story. As appropriate, include the following information in your narrative: the presenting issue/complaint to be resolved; who - the parties involved; what - the facts of the situation; where - the event occurred, such as, the type of facility, etc.; why - the P&A program was involved; how - the P&A program made a difference; and, what - the outcome(s) that resulted from this P&A activity? For example, "as a result of P&A intervention, this client lives independently in the community, goes to work every day"

Each narrative shall reflect the activities used to achieve the annual objectives - be brief, concise, use people first language, maintain the confidentiality of individual clients, and be consistent with the priorities and objectives submitted in the PAIMI Program application for the same FY. Check narratives for redundancies, typographical, grammatical and syntax errors. **IN YOUR NARRATIVES, PLEASE SPELL OUT THE FULL NAME OF AN ENTITY, ETC. BEFORE USING ITS ACRONYM.**

TO FACILITATE REVIEW OF THIS REPORT, THE PRIORITIES & OBJECTIVES MUST BE PRESENTED IN THE SAME ORDER AS THOSE REPORTED IN THE PAIMI APPLICATION FOR THE SAME FY.

See the GLOSSARY for definitions of priorities (goals) and objectives.

SECTION 2. PAIMI PROGRAM PRIORITIES & OBJECTIVES

SECTIONS 2.A., 2.B., & 2.C. were previously reported in the priority (goal)/objective table of the PAIMI Application for the same FY.

2. A. PRIORITY (GOAL) - Is a broad, general description of what the PAIMI Program hopes to accomplish. Each priority (goal) may have either a single or multiple objectives.

2. B. OBJECTIVE - Is the activity or activities undertaken to achieve a particular annual program priority (goal). Objectives have quantifiable targets and measurable outcomes. All objectives listed are to be completed within the FY. Regulatory, legislative and/or litigation activities may span several FYs. Therefore, any objectives for these types of activities are to be divided into multiple steps that are achievable within the FY.

2. C. TARGET POPULATION - Identification of a specific PAIMI-eligible population to be served (targeted) under each objective, such as, the elderly, adolescents, etc.

Items 2.D. & 2.E. are to be reported in this section of the PPR.
[Refer to the PAIMI Application for the same FY in which the information in items 2.A. 2.B & 2.C. w provided.]

2. D. TARGET - A numerical statement of what is desired or expected as a result of the objective. [Note: *Even narrative targets may be expressed in measurable terms/numbers. For example, "Development of one [1] protocol for facility monitoring."*]

2. E. OUTCOME - What was actually achieved as a result of the activity expressed in numerical terms? (See note in 2.D.).

2. F. OBJECTIVE MET OR NOT MET: *A statement of whether the expected outcome (target) for this objective was met. If not met, an explanation is required as well as a description of future activities to address the unmet objective, if appropriate.*

Insert additional pages into this section as needed.

2. A. PRIORITY 1 - CHILDREN AND YOUTH WITH DISABILITIES RECEIVE A FREE AND APPROPRIATE PUBLIC EDUCATION IN THE LEAST RESTRICTIVE ENVIRONMENT.

2. B. OBJECTIVE 1 - WVA will represent at least one (1) student in due process proceedings in cases that meet WVA's case selection criteria.

2. C. TARGET POPULATION - School aged children who are PAIMI eligible

2. D. TARGET – 1 student

2. E. OUTCOME – 2 Service Requests were opened for PAIMI eligible students

2. F. OBJECTIVE MET OR NOT MET: Not met

Two (2) Service Requests were opened for PAIMI eligible students; neither was closed by the end of the fiscal year and were ongoing at the time of this report. One (1) of the Service Requests was changed to another P&O due to the fact that circumstances changed and a due process proceeding was not necessary.

2. B. OBJECTIVE 4 - WVA will provide direct advocacy services on behalf of students with disabilities relative to suspensions, expulsions, out-of-school environment and alternative education placements for up to five (5) individuals.

2. C. TARGET POPULATION - School aged children who are PAIMI eligible.

2. D. TARGET – 5 Students

2. E. OUTCOME – 3 Service Requests were opened and closed in the fiscal year; 2 Service Requests opened in previous fiscal years were handled and closed in this fiscal year.

2. F. OBJECTIVE MET OR NOT MET: Met

A parent of a student with a mental illness contacted WVA for assistance. During the school year, the school had called the police to handle a situation with the client, suspended the client from school, and placed the client in in-school suspension on several occasions. WVA provided representation at two (2) IEP meetings. Due to WVA's involvement and assistance, the school system agreed to conduct a Functional Behavior Assessment and develop a Positive Behavior Support Plan. The team agreed to work on organizational skills, to provide supervision in unstructured environments, and to communicate weekly with the client's mother. The team also agreed to provide the following services and supports to the student: peer mediation sessions to obtain resolution between the student and peers when there was conflict; social skills instructions with positive peers for role play scenarios and modeling; anti-bullying instruction and videos; allow the student an opportunity to speak privately with his teachers about his previous behaviors and his desire to overcome existing barriers to his performance in his classes; increase the frequency of acknowledgement for appropriate behavior to model; maintain a 4:1 ratio in all settings.

2. A. PRIORITY 2 - PEOPLE WITH DISABILITIES ARE ABLE TO LIVE IN THE COMMUNITY SETTING OF THEIR CHOICE WITH INDIVIDUALIZED SUPPORTS, SERVICES, AND PROTECTIONS AS ORDERED IN THE OLMSTEAD DECISION

2. B. OBJECTIVE 2 - WVA will, as co-counsel in E.H., et al., v. MATIN, et al. (also known as the Hartley case), continue to advocate and litigate for sufficient, appropriate state-wide community based services for individuals with mental illness in order to decrease institutionalization and increase the availability of accessible and affordable community based.

2. C. TARGET POPULATION – Adults eligible to receive mental health services in the community and in institutions

2. D. TARGET - Approximately 127,695 West Virginians have a “mental disability”. At least 25% (31,924) would benefit.

2. E. OUTCOME – see narrative below

2. F. OBJECTIVE MET OR NOT MET: Met

FY 2011 Update for the Hartley Class Action Litigation:

The proposed conversion of West Virginia’s Medicaid plan to managed care has been abandoned by West Virginia Department of Health and Human Resources (WVDHHR), at least for now. The report prepared by CSM, the management consultant which last year studied West Virginia’s interpretation and application of Medicaid regulations concerning the care for people with mental illness, and then compared it to other states’ in regard to utilization and management of financial resources available, was finally issued. A discussion of the steps needed to implement it, in conjunction with the Judge’s Orders in the case, are now in progress, at the Meetings of the Parties, and in committee meetings with the Court Monitor, WVDHHR, the providers, and the advocates from both Legal Aid and WVA.

In the meantime, the census remains consistently high at William R. Sharpe, Jr. Hospital (Sharpe) and WVDHHR has identified the influx of forensic patients, and the difficulty with getting them released into the community, as a large contributing factor to this problem. At the request of Judge Bloom, the parties filed briefs setting out their opinion as to whether Sharpe can place these patients in diversion hospitals. He has not yet formally ruled on this question.

In the meantime, in August of 2011, David Sudbeck, the Court Monitor, toured the state hospitals and, finding Sharpe Hospital still over census, issued a report to the Court asking Judge Bloom to fine Sharpe in the amount of \$1,000 per day that they remain over census. There was much discussion of this at the Meetings of the Parties and the hearings before Judge Bloom concerning the Court Monitor’s report and recommendations were to be held in December, 2011.

2. B. OBJECTIVE 4 - WVA will provide statewide outreach regarding services for veterans with Traumatic Brain Injuries (TBI) and Post Traumatic Stress Disorder (PTSD).

2. C. TARGET POPULATION – Veterans diagnosed with PTSD

2. D. TARGET – N/A

2. E. OUTCOME – see narrative below

2. F. OBJECTIVE MET OR NOT MET: Not met

We found that it is most difficult to obtain information ourselves about all of the services available to veterans. What we do manage to find out about, we add web links (if they have one) to our website in the resource area. We also keep files of paper resources to send upon request. The next obstacle is locating and reaching out to veterans with PTSD. When planning the FY 2012 Priorities and Objectives, we received input and guidance about coordinating with groups of veterans who serve other veterans to reach this population.

While not specific to veterans, homeless shelter outreach kits are being sent quarterly to thirty-two (32) shelters throughout the state starting in the 4th quarter of FY 2011. Shelters were contacted and in all requested 582 packets. Packets include: WVA combs, WVA hygiene kit (wet ones, tooth brush, toothpaste), WVA compact first aid kit, WVA brochure, WVA work folder, WVA People w/ Disabilities Work brochure. It is hoped that many homeless veterans will be reached through this effort and will contact WVA for resources and/or services.

2. A. PRIORITY 3 - PEOPLE WITH DISABILITIES WHO ARE INSTITUTIONALIZED IN STATE PSYCHIATRIC HOSPITALS ARE AWARE OF AND ABLE TO EXERCISE THEIR RIGHTS.

2. B. OBJECTIVE 1 - WVA will conduct a minimum of forty-eight (48) monitoring visits to the two (2) State Psychiatric Hospitals.

2. C. TARGET POPULATION - Individuals who are in State psychiatric hospitals.

2. D. TARGET - 48 Monitoring Visits.

2. E. OUTCOME – Twenty-nine (29) visits to William R. Sharpe, Jr. (Sharpe) Hospital and twenty-nine (29) visits to Mildred Mitchell Bateman (Bateman) Hospital for a total of fifty-eight (58) visits

2. F. OBJECTIVE MET OR NOT MET: Met

During FY 11 WVA monitored at WV state psychiatric hospitals a total of fifty-eight (58) times, twenty-nine (29) visits at Bateman Hospital and twenty-nine (29) visits at Sharpe Hospital. One problem continues to be persistent overcrowding, (census numbers above licensed capacity) at Sharpe Hospital. Sharpe is in the process of building a new fifty (50) bed forensic unit, which is not expected to open until 2013. WVA completed numerous face to face intakes with patients at state hospitals and provided information to patients regarding their rights while at the hospital for monitoring. WVA wrote letters of complaint to both hospitals about the treatment of patients who were either required to eat or chose to eat on the treatment units instead of going to the cafeteria. Insulated trays were purchased which alleviated some of this concern. Last winter, the heating system at Sharpe Hospital caught on fire, which led to the patients having no heat. WVA has been monitoring the situation with the boilers. Temporary boilers are being used at this time and the hospital is in the process of installing a new boiler system which will not be operational until the new forensic unit is completed.

2. B. OBJECTIVE 2 - WVA will open a service request for all individuals from state psychiatric hospitals who request advocacy services.

2. C. TARGET POPULATION - Individuals who are in State psychiatric hospitals.

2. D. TARGET – 100 people

2. E. OUTCOME – Thirty-five (35) Service Requests were assigned to advocates for advocacy. Sixteen (16) of them were closed in FY 11. Six (6) Service Requests opened in previous fiscal years were handled and closed in FY 11. Seventy-seven (77) Information and Referrals were provided.

2. F. OBJECTIVE MET OR NOT MET: Met

An individual with mental illness at the state psychiatric hospital contacted WVA for assistance with various complaints related to the hospital's policies. WVA provided this individual information about patients' rights at the state psychiatric hospital and educated the client about how to file a grievance about the violation of his rights. WVA met with the client on his treatment unit at the state hospital on four (4) occasions and educated and assisted him with filing a grievance. With the client's consent, WVA followed up with the staff and the on site patient advocate from Legal Aid of WV regarding the outcome of the grievance filed on his behalf. Due to WVA advocacy and guidance, the client acquired skills to help him address difficult situations with his treatment team and seek staff assistance when needed. The client's understanding of the rights of patients at the state psychiatric hospital to have individual treatment, and how this intersects with his rights as a patient was increased. These skills are likely to increase his communication with the staff on the treatment unit and his treatment team.

2. B. OBJECTIVE 3 - WVA will provide five (5) self-advocacy trainings to residents of the state psychiatric hospitals relative to their rights.

2. C. TARGET POPULATION - Individuals who are in State psychiatric hospitals.

2. D. TARGET – 5 trainings

2. E. OUTCOME – Four (4) trainings were held at Bateman and one (1) at Sharpe

2. F. OBJECTIVE MET OR NOT MET: Met

WVA presented "Understanding Your Rights" training for patients at WV state psychiatric hospitals. WVA conducted four (4) of these trainings at Bateman and one (1) at Sharpe reaching a total of one hundred two (102) patients and staff. WVA provided each participant a training packet of handouts for the presentation which contained important highlights of patient rights under WV Title 64 CSR 59, an informational brochure on WVA, a brochure entitled "A Guide to Your Treatment Plan" and a Voting Rights information brochure. As one of the trainings, WVA provided detailed information about the mental hygiene process and right to treatment to a small group of patients while in the process of conducting monitoring on a unit of one of the state hospitals.

2. A. PRIORITY 4 - PEOPLE WITH DISABILITIES ARE FREE FROM ABUSE AND NEGLECT.

2. B. OBJECTIVE 1 - WVA will investigate all allegations of abuse or neglect that are reported to or discovered by WVA in which there is a possibility of death or serious injury.

2. C. TARGET POPULATION - Individuals who are PAIMI eligible.

2. D. TARGET – 2 people

2. E. OUTCOME – 0 requests for service from PAIMI eligible individuals; 1 Service Request opened in a previous fiscal year was handled and closed in FY 11.

2. F. OBJECTIVE MET OR NOT MET: Not met

Although no requests for services were received under this objective this year, it is clearly an objective that is required by the PAIMI Act and will continue to be a PAIMI objective. A new objective in FY 11 called for advocacy to be provided for abuse/neglect allegations rather than investigations completed. A large number of Service Requests were handled in that manner (see Priority 4, Objective 4).

2. B. OBJECTIVE 2 - WVA will investigate and monitor alleged abuse/neglect during acts of seclusion, restraint, use of aversive techniques, excessive force and other punitive methods of controlling individuals with disabilities at state and private facilities, and WV schools) that are reported to or discovered by WVA.

2. C. TARGET POPULATION - Individuals who are PAIMI eligible.

2. D. TARGET – 3 people

2. E. OUTCOME – 3 Service Requests were opened and 2 were closed under this objective in FY 11; 1 Service Request opened in the previous fiscal year was handled and closed in FY 11

2. F. OBJECTIVE MET OR NOT MET: Met

An individual with mental illness at a state psychiatric hospital contacted WVA regarding an incident involving staff restraining him which caused bruising and resulted in him receiving a sedative injection. WVA immediately responded to this call and contacted nursing staff at the state hospital to confirm that the client received medical attention and that a grievance was filed regarding an incident that occurred during the restraint. WVA followed up with the hospital's administration regarding their response to the grievance. WVA determined that the incident was properly reported and investigated. WVA discussed with the client his satisfaction with the response. WVA educated the client how to file a grievance on his own behalf and how to request a response to the grievance.

2. B. OBJECTIVE 3 - WVA will advocate for disability related medical/psychiatric treatment, including properly prescribed and administered medication to be available to incarcerated individuals of all ages with disabilities that come to the attention of WVA.

2. C. TARGET POPULATION – PAIMI eligible individuals who are incarcerated.

2. D. TARGET – 2 people

2. E. OUTCOME – 4 Service Requests were opened and 1 closed in FY 11

2. F. OBJECTIVE MET OR NOT MET: Not met

In FY 2011, WVA opened four (4) requests from PAIMI eligible individuals that were incarcerated in regard to mental/psychiatric treatment. Three (3) of these are still open and have not been

resolved. One was closed when it was determined that the client was being provided with mental health treatment within standard protocol as outlined by the provider at the jail.

2. B. OBJECTIVE 4 - WVA will provide direct advocacy services to individuals who meet WVA's case selection criteria and are at risk of abuse, neglect, or financial exploitation when requested by the individual or their legal representative.

2. C. TARGET POPULATION – Individuals who are PAIMI eligible.

2. D. TARGET – 3 people

2. E. OUTCOME – 11 Service Requests were opened and 10 were closed in FY 11

2. F. OBJECTIVE MET OR NOT MET: Met

A PAIMI eligible individual who had been recently discharged from a state psychiatric hospital requested assistance in getting the community mental health service provider to install a phone in her apartment for safety reasons. The client also asked WVA to find out why her representative payee was paying her bills from 2007 during the time she was hospitalized. This resulted in the client being required to pay back money to the Social Security Administration (SSA). WVA discussed the client's needs for a phone with the community mental health center who confirmed she does need one. They paid the first installment for the phone. WVA obtained and reviewed records from the client's representative payee concerning payments of her bills from 2007. WVA discovered that the representative payee did not follow SSA's rules regarding cancellation of SSI while the client was in the hospital and continued to charge the client fees. WVA filed a complaint on the client's behalf and the representative payee reimbursed the client \$290 for the erroneously charged fees. WVA assisted the client and her treatment team in filing an application to SSA for an overpayment re-payment waiver. SSA did not grant the client a waiver but accepted small installments to repay the overpayment.

2. B. OBJECTIVE 5 - WVA will collaborate to provide public education about the prevalence and prevention of abuse of individuals with disabilities.

2. C. TARGET POPULATION – Stakeholders and individuals with mental illness

2. D. TARGET – N/A

2. E. OUTCOME – See narrative below

2. F. OBJECTIVE MET OR NOT MET: Not met

WVA researched the use of different media including: WV Power Park; taxi cabs; billboards; public transportation; and public service announcements to make the public more aware of the prevalence and prevention of abuse of people with disabilities. In the process of conducting this research, we had some staff changes and the next phase of the project did not move forward as planned. Additionally, WVA is involved with the WV Financial Exploitation Task Force and staff have been instrumental in producing a brochure about financial exploitation that is planned for final approval and distribution in FY 2012.

2. A. PRIORITY 5 - PEOPLE WITH DISABILITIES HAVE EQUAL ACCESS TO PROGRAMS, SERVICES AND THE PHYSICAL ENVIRONMENT AS REQUIRED BY THE AMERICANS WITH DISABILITIES ACT (ADA), SECTION 504 OF THE REHABILITATION ACT OF 1973, AS AMENDED, AND THE FAIR HOUSING ACT.

2. B. OBJECTIVE 1 - WVA will advocate for up to five (5) people with disabilities who meet WVA's case selection criteria.

2. C. TARGET POPULATION - Individuals who are PAIMI eligible.

2. D. TARGET - 5 people

2. E. OUTCOME - 8 Service Requests were opened and 3 closed for PAIMI eligible individuals in FY 11

2. F. OBJECTIVE MET OR NOT MET: Not met

A PAIMI eligible individual was being evicted from her apartment and asked for WVA's assistance with possibly extending the eviction deadline. The advocate requested and reviewed information from the client's rental office and determined that the client had signed a Notice of Intent to Vacate. WVA linked the client to her case management agency for relocation and financial assistance. The client was able to move to another apartment and obtained financial assistance before the eviction deadline.

2. B. OBJECTIVE 2 - WVA will coordinate with the West Virginia Fair Housing Initiatives Program (FHIP) to conduct education and outreach throughout the state on housing rights issues.

2. C. TARGET POPULATION - Stakeholders and individuals with mental illness

2. D. TARGET - N/A

2. E. OUTCOME - WVA was able to conduct outreach about our services and make connections in the community. WVA was invited to meetings to bring the disability rights perspective to discussion about fair housing.

2. F. OBJECTIVE MET OR NOT MET: Met

WVA participated in events/trainings with the WV Fair Housing Initiatives Program (FHIP). WVA attended events in Beckley and Charleston, WV. Workshops focused on Fair Housing Rights and Responsibilities and one event included a training called "Design and Construction and Reasonable Modifications". WVA set up our outreach display as well as answered questions about disability related housing rights issues. WVA received brochures and other housing information from the FHIP and agreed to distribute it to callers as applicable. WVA posted the training schedule on both our website and Facebook page.

WVA was invited to participate in the Morgantown Analysis of Impediments to Fair Housing Study Community and Housing Stakeholder Focus Group. Members of FHIP were involved in that group as well. Additionally, WVA was invited to participate in the City of Huntington Development Office meeting regarding housing concerns. The group discussed the housing problems and lack of collaboration in the city of Huntington. The goals were to improve housing concerns involving homeless shelters, landlord power, and long and short term assistance in housing. WVA also took the opportunity during other housing related events and trainings to network with other professionals regarding fair housing for people with disabilities.

2. A. PRIORITY 7 – PEOPLE WITH DISABILITIES HAVE EQUAL ACCESS TO EMPLOYMENT AND EMPLOYMENT RELATED SERVICES
2. B. OBJECTIVE 4 - WVA will offer a continuing education training for attorneys in the area of disability employment law.
2. C. TARGET POPULATION - Individuals who are PAIMI eligible
2. D. TARGET – 50 Attorneys
2. E. OUTCOME – 48 people including attorneys were in attendance
2. F. OBJECTIVE MET OR NOT MET: Not Met
Forty-eight (48) participants attended the seminar. Participants were mostly attorneys, but also included WVA staff, WVA PAIMI Advisory Council members, WVA Board members, and WV Division of Rehabilitation employees. Participants received information about the rights of people with disabilities in the workplace and remedies available when discrimination occurs. The presenters provided legal perspectives from individuals with disabilities, employers, and the Office of the Attorney General. Participants also received information about WVA.

2. A. PRIORITY 9 - WVA WILL COLLABORATE WITH EXISTING GRASSROOTS NETWORKS IN CONDUCTING EDUCATION AND OUTREACH ON DISABILITY RELATED SELF-ADVOCACY.
2. B. OBJECTIVE 1 - WVA will actively participate on various committees, coalitions, and other types of groups with grassroots advocacy missions.
2. C. TARGET POPULATION – Stakeholders and individuals with mental illness
2. D. TARGET – N/A
2. E. OUTCOME – WVA participated in six (6) groups, committees, and/or coalitions
2. F. OBJECTIVE MET OR NOT MET: Met
WVA continues to be an active member of the Americans with Disabilities Act (ADA) Coalition whose primary purpose is to increase awareness of the ADA for both people with disabilities and businesses. The ADA Coalition held a training called “The Revised ADA Regulations Implementing Title II and Title III”. WVA was a co-sponsor of this event. This was an all day seminar on the new Title II and Title III regulations presented by Sally Conway, Deputy Chief, Civil Rights Division, U.S. Department of Justice. It was attended by individuals with disabilities, Human Rights investigators, advocates and attorneys from the P&A, Center for Independent Living staff, architects and state agency personnel.

2. B. OBJECTIVE 2 - WVA will develop and conduct outreach to educate underserved populations, including people who are homeless, deaf/hard of hearing, and members of other protected classes, about their disability rights.
2. C. TARGET POPULATION – PAIMI eligible individuals in underserved populations
2. D. TARGET – 5 outreaches
2. E. OUTCOME – 9 outreaches, 600+ individuals with mental illness reached

2. F. OBJECTIVE MET OR NOT MET: Met

WVA was invited to attend peer support group meetings at a drop-in center for people who are homeless and have a mental illness diagnosis. The population of people who are homeless with a disability had been identified as an underserved population in West Virginia. A WVA advocate attended six (6) peer support group meetings at the drop-in center in FY 2011. The advocate provided outreach materials, promoted self-advocacy, and was available to complete intakes with interested individuals. Issues discussed during the meetings were concerns about local homeless shelter, housing problems, employment, medical issues, and how to make formal complaints. One service request regarding a local homeless shelter was opened as a result of attendance at the peer support group meetings. WVA plans to continue to attend the meetings in FY 2012.

SECTION 3. PAIMI-ELIGIBLE INDIVIDUALS

Provide the number of individual PAIMI-eligible individuals for the categories listed below. Count an individual only once during each FY reporting period even if the client returned for services many times or if many intervention strategies were provided. Include individuals carried over from the previous year but do not include individuals represented as part of a group or a legal class action, and individuals who receive only information or referral services.

Please complete each of the following sections. DO NOT leave any blank spaces. If no individuals were served in any particular category, list zero. Make sure that the total individuals served in each sub-category is consistent. The total in 3.A.3. should equal the totals listed in each of the following categories: 3.C. Age of Individuals; 3.D. Gender of Individuals; and, 3.F. Individual Living Arrangements.

3. A. NUMBER OF INDIVIDUALS SERVED WITH PAIMI FUNDS.

3. A.1. Total of PAIMI-eligible individuals who were receiving advocacy services at start of FY. 13 [This category reflects the number of individuals supported with either PAIMI Program funds or program income who had cases from the preceding FY still open on October 1. Do not report individuals served with non-Federal dollars in this section , report these individuals in Section 8].

3. A.2. Total of new/renewed PAIMI-eligible individuals served during the FY. 61

[This is the number of individuals who had a case opened during the reporting period (October 1 and September 30). Do not report individuals served with non-Federal dollars in this section, report these individuals in Section 8].

3. A.3. Total number of PAIMI-eligible individuals served in 3.A.1. plus 3. A. 2. 74.

This reflects the total number of *individuals* served with PAIMI Program dollars, including program income, during the fiscal reporting period and is an **UNDUPLICATED** count of all PAIMI-eligible individuals who received individual case representation.

3. A.4. The number of PAIMI-eligible individuals who requested individual advocacy services who *were not served* within 30 days of initial contact either due to insufficient PAIMI funding 3.A.4.i. 0 or non-priority issues 3.A.4.ii 0. TOTAL 3.A.4. [Equals the sum of 3.A.4.i. & 3.A.4.ii.] 0. [Refer to the GLOSSARY for definition of Information and Referral (I&R) **DO NOT include individuals that received I&R services in this section – report them in Section 6.A.]**

SECTION 3. PAIMI-ELIGIBLE INDIVIDUALS

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

N/A

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

**Total
99**

[3.B. Refers to the total number of complaints/problems presented at the time the individual contacted the P&A for assistance. The number may be higher than the total number of PAIMI-eligible individuals served by the P&A because each individual may have more than one complaint/ problem to be addressed.]

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

0 – 4 <u>0</u>	5 – 12 <u>3</u>	13 – 18 <u>8</u>	19- 25 <u>6</u>	25 – 64 <u>56</u>	64+ <u>1</u>	Total <u>74</u>
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***The total of 3.C. should equal the total number of individuals served in 3. A.3.**

3. D. GENDER OF INDIVIDUALS*

3.D.1. Male 47	3.D.2. Female 27	3.D.3. Total* 74
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***The total number of individuals served listed in 3.A.3 should equal 3.D.3.**

SECTION 3. PAIMI-ELIGIBLE INDIVIDUALS

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. Provisions 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.

3. E. ETHNICITY & OF PAIMI-ELIGIBLE INDIVIDUALS

ETHNICITY

3. E.1. a. Hispanic or Latino	3
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3.E.1. b. Not Hispanic or Latino	71
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RACE

3.E.2. a. American Indian or Alaska Native	3
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3.E.2.b. Asian	0
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3. E.2.c. Black or African American	8
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3.E.2.d. Native Hawaiian or Other Pacific Islander	0
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3.E.2.e. White	63
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TOTAL	74
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The data in 3.E. is self-reported. Please do not question self-reported data. Each client may select one or more categories. The totals in this section may exceed those listed in 3.A.3., 3.C.3, or 3.D.3. PAIMI STAFF MUST ASK AND REPORT THIS INFORMATION.

SECTION 3. PAIMI-ELIGIBLE INDIVIDUALS

3. F. LIVING ARRANGEMENTS of INDIVIDUALS at INTAKE.					TOTAL
1 - Independent [Per the PAIMI Act of 2000 – these individuals DO NOT have priority over PAIMI-eligible individuals in residential care or treatment facilities, see 42 U.S.C. 10804(d), exception those within 90 days of discharge from a residential care or treatment facility, military families (off base), veterans, the homeless, veteran.]					15
2 - Parental or other family home - per the PAIMI Act of 2000 – these individuals DO NOT have priority over PAIMI-eligible individuals in residential care or treatment.					13
3 - Community residential home for children/youth (0-18 years), e.g., supervised apartment, semi-independent, halfway house, board & care, small group home (3 or less).					0
4 - Adult community residential home, e.g., supervised apartment, semi-independent, halfway house, board & care, small group home (3 or less).					2
5 - *Non-medical community-based residential facility for children & youth.					0
6 - Foster Care					0
7 - *Nursing Facilities, including Skilled Nursing Facilities(SNF)					0
8 - *Intermediate Care Facilities (ICF)					0
9 - * Public and Private General Hospitals, including emergency rooms.					0
10 - * Other health facility.					0
11 - Psychiatric wards (public or private)					0
12 - Public (Municipal or State-operated) Institutional Living Arrangements, e.g., hospital treatment center/school or large group home 4+ beds.					34
13 - Private Institutional Living Arrangement, e.g., hospital or treatment center, school or large group home more than 3 beds.					1
14 - Legal Detention/Jail/Detention Center					2
15 - State Prison					4
17 – Homeless					3
18 – Federal facility	a. Detention	b. Prison	c. Veterans Hospital	d. Other	0
TOTAL 74					
<p><i>The TOTAL for 3.F. equals the total listed in 3. A.3. *Expanded authorities under the Children’s Health Act of 2000, Part H, section 592(a) and Part I Section 595, as codified respectively under Title V. Public Health Service Act, 42 U.S.C. at 290ii- 290ii and 290jj-1 - 290jj(2).</i></p>					

SECTION 4.COMPLAINTS/PROBLEMS of PAIMI-ELIGIBLE INDIVIDUALS

4. A.1. AREAS OF ALLEGED ABUSE: Number of complaints/problems – Make every effort to report within the following categories:	Number from Closed Cases only	OUTCOMES			
		TOTAL	A	B	C
a. Inappropriate or excessive medication	1	1	-	-	-
b. Inappropriate or excessive	-	-	-	-	-
1. Physical restraint	1	-	-	-	1
2. Chemical restraint*	-	-	-	-	-
3. Mechanical restraint*	-	-	-	-	-
4. Seclusion	1	-	-	-	1
c. Involuntary medication	2	1	-	1	-
d. Involuntary Electrical Convulsive Therapy (ECT)	-	-	-	-	-
e. Involuntary aversive behavioral therapy	-	-	-	-	-
f. Involuntary sterilization	-	-	-	-	-
g. Failure to provide appropriate mental health treatment	2	1	-	-	1
h. Failure to provide needed or appropriate treatment for other serious medical problems	-	-	-	-	-
i. Physical Assault	-	-	-	-	-
1. Serious injuries related to the use of seclusion and restraint*	3	2	-	-	1
2. Serious injuries NOT related to seclusion and restraint	1	-	-	1	-
j. Sexual assault	-	-	-	-	-
k. Threats of retaliation or verbal abuse by facility staff	1	-	-	-	1
l. Coercion	-	-	-	-	-
m. Financial exploitation	1	-	-	-	1
n. Suspicious death	1	1	-	-	-
o. Other - Specify the type of complaint. Please describe on a separate sheet. [This number should be less than 1% of the total # of abuse complaints.] see below	1	-	-	-	1
TOTAL	15	6	0	2	7

*Expanded authorities under the Children's Health Act of 2000, Part H, section 592(a) and Part I Section 595, as codified respectively under Title V. Public Health Service Act, 42 U.S.C. at 290ii- 290ii and 290jj-1 -290jj-2]. See also, the PAIMI Act 42 U.S.C. 10802(1)(A) - (D).

o. Other Abuse: Abuse and threats by corrections officer in jail

SECTION 4. COMPLAINTS/PROBLEMS of PAIMI-ELIGIBLE INDIVIDUALS

4. A.2. ABUSE OUTCOME STATEMENTS

For each area of alleged abuse in 4.A.1., choose one or more outcome statements that best describe or relate to the complaint/problem area. Enter the appropriate letter(s) and provide the number of outcomes per category selected in the “outcome” columns (A, B, C, and D).

A. Persons with disabilities whose environments were changed to increase safety or welfare.

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

C. Validated abuse complaints that were favorably resolved, as a result of P&A intervention.

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

b.1. WVA determined that since the client had filed a lawsuit that was already pending in court, we could not continue to investigate this service request. WVA closed the service request.

b.4. Client's records showed that he was in segregation due to behavior that was not related to a disability.

g. It was determined that the client was being provided with mental health treatment within standard protocol as outlined by the provider at the jail.

i.1. WVA received requested documents from the jail after being initially denied these records. Adult Protective Services stated that they do not investigate in jails. WVA was informed by the WV State Police that they were not involved in this incident. The client never responded to any requests to contact WVA. SR was closed due to client's lack of cooperation.

k. The client withdrew his complaint because they reached settlement in the lawsuit he had filed.

m. Suggested client request a copy of her financials in writing from 2007 to the present, sending it certified mail. Suggested she keep copies of all documents exchanged between her and the payee. Also provided the SSA contact information for the representative payee to answer questions. Lastly, the SSA number was provided to the client to report any funds she alleges were misused.

o. The client followed the procedures in filing grievance. Because there was not a serious injury or retaliation based on disability reported by the client, a full investigation was not required and proper procedures were followed internally by facility staff. The client's allegation was not substantiated.

4. A.3. ABUSE COMPLAINTS DISPOSITION

For closed cases listed in Table 4.A.1., provide the number of abuse complaints/problems for each disposition category.

a. Number of complaints/problems determined after investigation not to have merit.

0

b. Number of complaints/problems withdrawn or terminated by client.	3
c. Number of complaints/problem favorably resolved in the client's favor.	8
d. Number of complaints/problem not favorably resolved in the client's favor.	4
e. TOTAL number of complaints/problem addressed from closed cases. [The sum of Items 4.A.3. a - d equals the total for 4.A.3.e. which must equal the total in Table 4. A.1.]	15

SEC. 4. COMPLAINTS/PROBLEMS of PAIMI-ELIGIBLE INDIVIDUALS						
4. B.1. AREAS OF ALLEGED NEGLECT – [failure to provide for appropriate . . .] - Number of Complaints/Problems:	Number from <u>cc</u> only	OUTCOMES				
	TOTAL	A	B	C	D	E
a. Admission to residential care or treatment facility	0	-	-	-	-	-
b. Transportation to/from residential care or treatment facility	0	-	-	-	-	-
c. Discharge planning or release from a residential care or treatment facility	7	-	-	2	3	2
d. Mental health diagnostic or other evaluation (does not include treatment)	0	-	-	-	-	-
e. Medical (non-mental health related) diagnostic or physical examination	2	1	-	1	-	-
f. Personal care (e.g., personal hygiene, clothing, food, shelter)	1	1	-	-	-	-
g. Physical plant or environmental safety	0	-	-	-	-	-
h. Personal safety (client-to-client abuse)	1	-	-	1	-	-
i. Written treatment plan	1	-	-	-	-	1
j. Rehabilitation/vocational programming						
k. Other. [Please describe. However, make every effort to report within the above categories.]	1	-	-	-	-	1
TOTAL	13	2	0	4	3	4

k. Other Neglect: Client complained that state hospital staff upset her resulting in her hurting herself.

SECTION 4. COMPLAINTS/PROBLEMS of PAIMI-ELIGIBLE INDIVIDUALS
4. B.2. NEGLECT OUTCOME STATEMENTS

<p>For each area of alleged neglect listed in Table 4.B.1. , choose one or more outcome statements that either best described or related to the complaint/problem. Enter the appropriate letter(s) and provide the number of outcomes per category selected in the “outcome” columns (A, B, C, D, and E).</p>
<p>A. Validated neglect complaints that have a favorable resolution as a result of P&A intervention.</p>
<p>B. Positive changes in policy, law, or regulation regarding neglect in facilities (describe facilities).</p>
<p>C. Persons with disabilities discharged consistent with their treatment plan after P&A involvement.</p>
<p>D. Persons with disabilities whose treatment plans met selected criteria.</p>
<p>E. Other indicators of success or outcomes that resulted from P&A involvement (explain).</p> <p>c. Client was discharged from Sharpe prior to intervention by WVA. It was determined that the client was eligible for services from another advocacy agency. The client's guardian was referred to that agency.</p> <p>i. Due to the fact that the client refused to meet with a Community Mental Health Center case manager, as he originally requested, the advocate closed the case.</p> <p>k. It was determined that the client was receiving advocacy from another agency. WVA linked the client with her advocate and closed the service request.</p>

4. B.3. NEGLECT COMPLAINTS DISPOSITION	
<p>For closed cases listed in Table 4.B.1., provide the numbers of neglect complaints or problem areas for each disposition category. [See, 42 U.S.C. 10802(5)].</p>	
<p>a. Number of complaints/problems determined after investigation not to have merit.</p>	0
<p>b. Number of complaints/problems withdrawn or terminated by the client.</p>	2
<p>c. Number of complaints/problem favorably resolved in the client’s favor.</p>	10
<p>d. Number of complaints/problem not favorably resolved in the client’s favor.</p>	1
<p>e. TOTAL number of complaints/problem addressed from closed cases. [The sum of Items 4.B.3. a - d equals the total for 4.B.3.e. which must equal the total in Table 4. B.1.]</p>	13

SECTION. 4. COMPLAINTS/PROBLEMS of PAIMI-ELIGIBLE INDIVIDUALS

4.C.1. AREAS OF ALLEGED RIGHTS VIOLATIONS ; Number of Complaints Problems	Number from closed cases only	Outcomes			
	TOTAL	A	B	C	D
a. Housing Discrimination	3	2	1	-	-
b. Employment Discrimination	0	-	-	-	-
c. Denial of financial benefits/ entitlements (e.g., SSI, SSDI, Insurance)	1	-	1	-	-
d. Guardianship/ Conservator problems	0	-	-	-	-
e. Denial of rights protection information or legal assistance	2	-	1	-	1
f. Denial of privacy rights (e.g., congregation, telephone calls, receiving mail)	2	1	-	-	1
g. Denial of recreational opportunities (e.g., grounds access, television, smoking)	2	2	-	-	-
h. Denial of visitors	1	-	-	-	1
i. Denial of access to or correction of records	0	-	-	-	-
j. Breach of confidentiality of records (e.g., failure to obtain consent before disclosure)	1	-	-	-	1
k. Failure to obtain informed consent (see also, involuntary treatment)	0	-	-	-	-
l. Failure to provide special education consistent with State requirements	5	4	-	-	1
m. Advance directives issues	0	-	-	-	-
n. Denial of parental/family rights.	0	-	-	-	-
o. Other: Please describe separately – Limited to no more than 1% of total.	12	7	5	-	-
TOTAL (Sum of items a. - o.)	29	16	8	0	5

o. Other Rights Violations:

1. Client requested assistance with being required to pay a hospital bill when she feels she did not get the treatment she needed
2. Client complaint regarding access to WVA being denied by prison
3. Assistance with filing complaints against the service provider and West Virginia Department of Health and Human Resources
4. Religious activity denial
5. Numerous complaints about hospital policy
6. Assistance with relocating to another part of the state
7. Speeding ticket resolution related to not receiving an accommodation from the court order driving course
- 8-12. Consumer financial issues (sub-problem no longer being asked but used throughout FY 2011)

SECTION. 4. COMPLAINTS/PROBLEMS of PAIMI-ELIGIBLE INDIVIDUALS

4.C.2. RIGHTS VIOLATIONS OUTCOME STATEMENTS

For each category of alleged rights violation listed in Table 4.C.1., choose one or more outcome statements that either best described or related to the complaint/problem. Enter the appropriate letter(s) and provide the number of outcomes per category selected in the “outcome” columns (A, B, C, or D).

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

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

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

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

e. Client and family were educated as to the steps the mental hygiene process should take. Client and family were provided with self-advocacy skills.

f. Due to client's refusal to sign WVA Release of Information, the client was advised that his case will be closed. Advocate educated client to communicate with his treatment team.

h. Due to WVA advocacy, the client's knowledge of his rights as a forensic patient at the state hospital was strengthened. There is reason to believe hospital staff did not completely follow hospital policies regarding visitation of a forensic patient by a visitor who was a felon. WVA was unable to verify if the hospital had completed the necessary procedures to make this decision. Although the service request was closed due to client being returned to regional jail, WVA will continue to monitor the rights of patients in the state hospital, patients in the general population and forensic patients, to have visitors.

j. WVA was no longer able to communicate with the client. The client's phone was disconnected. A letter that WVA mailed to the client via United States Postal Services (USPS) was returned to WVA unopened with the notation 'moved left no address, unable to forward'. WVA service request without further action.

l. WVA was unable to attend the expulsion hearing due to the time frame. WVA provided technical assistance to the parent regarding issues to bring up. WVA explained that we could not assist with the battery charges and suggested the parent contact Legal Aid of West Virginia's FAST program as they may be able to assist her with the battery charges and education issue. The parent contacted the FAST program and is waiting to see if they are able to assist her with both issues.

4. C.3. RIGHTS VIOLATIONS DISPOSITION

For closed cases listed in Table 4.C.1., provide the numbers of rights complaints or problem areas for each disposition category.

a. Number of complaints/problems determined after investigation not to have merit.	0
---	----------

b. Number complaints/problems withdrawn or terminated by client.	1
---	----------

c. Number of complaints/problems favorably resolved in the client's favor.	24
d. Number of complaints/problems not favorably resolved in the client's favor.	4
e. The TOTAL number of complaints/problem addressed from closed cases. [The sum of items 4.C.3. a - d equals the total for 4.C.3.e., which must equal the total in Table 4. C.1.]	29

SEC. 4. COMPLAINTS/PROBLEMS of PAIMI-ELIGIBLE INDIVIDUALS

4.D. 1. INTERVENTION STRATEGIES

Report the number of intervention strategies and the outcomes used to address each individual complaint/problem area as described in Section 4. D.3.

Some clients may have more than one complaint/problem and each may require more than one intervention strategy, therefore, the total number of intervention strategies used may exceed the total number of individuals served.

DO NOT REPORT EACH PHONE CALL, LETTER, MEETING OR OTHER ACTION TAKEN ON BEHALF OF A CLIENT AS A SEPARATE INTERVENTION STRATEGY. [Referrals, counseling, and negotiation are considered cumulative processes]. See Glossary for the definitions of "Intervention Strategies".

4. D. 2. INTERVENTION STRATEGY OUTCOMES

Strategy	Outcomes							
	Total	A	B	C	D	E	F	G
1. Short Term Assistance	36	15	7	0	0	3	0	11
2. Abuse/Neglect Investigations	3	1	0	0	0	0	0	2
3. Technical Assistance	6	3	0	0	0	0	0	3
4. Administrative Remedies	0	0	0	0	0	0	0	0
5. Negotiation/ Mediation	12	5	6	0	0	1	0	0
6. Legal Remedies	0	0	0	0	0	0	0	0

TOTAL	57	24	13	0	0	4	0	16
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SEC. 4. COMPLAINTS/PROBLEMS of PAIMI-ELIGIBLE INDIVIDUALS

4.D.3. OUTCOME STATEMENTS FOR COMPLAINTS/PROBLEMS OF INDIVIDUALS

As applicable, for each area of client advocacy activity listed in 4.D.2., select one (1) or more of the following outcome statements that either best describe or relate to the complaint(s)/problem(s) of PAIMI-eligible individuals. Record your choices in 4.D.2.

Enter the appropriate letter(s) in the “outcome” column of Table 4.D.3.

A. Persons with disabilities (or their family members) served by the P&A whose complaint of abuse, neglect, or rights violation was remedied by the P&A.

B. Persons with disabilities (or their family members) who secured access to administrative remedies, received education or training about their rights, and as a result were empowered to become more effective self advocates.

C. Persons with disabilities who secured information about their rights and rights enforcement strategies as a result of P&A intervention.

D. Persons with disabilities who advocated on their own behalf as a result of P&A intervention.

E. Allegations of abuse or neglect that were substantiated by P&A.

F. Allegations of abuse or neglect that were not substantiated by P&A.

G. Other outcomes as a result of P&A involvement.

SEC. 4. COMPLAINTS/PROBLEMS of PAIMI-ELIGIBLE INDIVIDUALS

4.E. DEATH INVESTIGATION ACTIVITIES

See, the PAIMI Act 42 U.S.C. at 10801(b)(2)(B) and 10802(1), and PAIMI Program expanded authorities under the Children’s Health Act of 2000, Part H, section 592(a) and Part I Section 595, as codified respectively under Title V. Public Health Service Act, 42 U.S.C. at 290ii- 290ii and 290jj-1 - 290jj-2.

4. E.1. The number of deaths of PAIMI-eligible individuals reported to the P&A for investigation by the following entities:

4. E.1. a. The State. 0

b. The Center for Medicaid & Medicare Services (Regional Offices). 0

c. Other Sources: 0

Briefly list the source for each death reported in this category, e.g., newspaper, concerned citizen, relative, etc.

d. TOTAL 0

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

4. E.2. All P&A Death investigations conducted involving PAIMI-eligible individuals related to the following:	Total
a. Number of deaths investigated involving incidents of seclusion (S).	0
b. Number of death investigated involving incidents of restraint (R).	0
c. Number of deaths investigated <i>NOT</i> related to incidents of S & R, e.g., suicides.	1
d. Total Number of deaths investigated [Sum of 4.E.2. a-c].	1

SEC. 4. COMPLAINTS/PROBLEMS of PAIMI-ELIGIBLE INDIVIDUALS

4.E. DEATH INVESTIGATION ACTIVITIES

4.E.3. If you reported deaths in categories 4.E.2.a., 4.E.2.b., and/or 4.E.2.c., then please provide the following information on one (1) death from each category, as appropriate:

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

The following Service Request was opened in FY 2009 then finalized and closed in FY 2011:

The client was transferred to Bateman Hospital from Sharpe Hospital on 1/23/09. She experienced a medical crisis on 1/24/09. She was transported to a general hospital where she received further treatment until her death on 1/25/09. The cause of the client's death was identified as "spontaneous hypertensive intra-cerebral hemorrhage." Based on many factors, WVA established probable cause to suspect the client's death may have resulted from abuse/neglect.

WVA conducted an investigation to determine whether the client's death was the result of abuse/neglect. WVA's investigation included record reviews, a review of the relevant state and federal codes and regulations, and a review of policies and procedures of agencies and systems relevant to the services received by the client.

The investigation did not, ultimately, make a determination of substantiation. However, WVA issued the findings of the investigation to relevant agencies/providers, which stressed both incident-specific and systemic concerns regarding the medical care provided to the client.

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

This section captures information, which is *NOT* reflected in previous sections of this report, on how the P&A program used its PAIMI Program funds (including PAIMI Program income) to support *non-individual client activities* to complete Table 5.F. *TYPES of INTERVENTIONS, refer to the guidance in Sections 5.A. – 5.E.*

Under each intervention, as applicable, report each annual program priority activities for the FY & the other information requested. The items listed in the table's left column and the numbers reported for each category should relate to the narrative section that follows.

5. A. GUIDANCE FOR REPORTING NUMBERS OF INDIVIDUALS POTENTIALLY IMPACTED BY P&A INTERVENTIONS

TYPES OF INTERVENTION	GUIDANCE FOR DETERMINING NUMBER* OF INDIVIDUALS * [The number of persons potentially impacted within the fiscal year for
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	which the PPR is submitted].
GROUP ADVOCACY (non-litigation)	Estimated number of people with disabilities impacted by this change, i.e., Count of People with Disabilities (PWD) that are normally impacted by this practice, policy and or structure.
INVESTIGATIONS (non-death related)	Estimated number of PWD impacted by this change.
FACILITY MONITORING SERVICES	Estimated number of PWD impacted, i.e., count of PWD living in facility.
COURT ORDERED MONITORING (COM)	Estimated number of PWD impacted by this change, i.e., count of PWD impacted by COM.
CLASS LITIGATION	Estimated number of PWD impacted by this change, i.e., count of PWD impacted by this litigation.
LEGISLATIVE & REGULATORY ADVOCACY	Estimated number of PWD impacted by this change, i.e., count of PWD that are normally impacted by this practice, policy and or structure.
OTHER	Estimated number of PWD impacted by this change, i.e., count of PWD impacted specified intervention.

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

5. B. GUIDANCE FOR DETERMINATION OF *CONCLUDED SUCCESSFULLY FOR INTERVENTIONS ON BEHALF OF GROUPS OF PAIMI-ELIGIBLE INDIVIDUALS.**

Interventions reported in the Table 5. A., are considered to be concluded successfully if they meet any one of the following six (6) positive outcome statements:

- 1. The intervention resulted in a positive change in a policy, law, regulation, or other barrier for persons with disabilities.**
- 2. The intervention changed the environment to increase safety or welfare for persons with disabilities.**
- 3. The intervention resulted in a positive change through the restoration of client rights, the expansion or maintenance of personal decision-making, or the elimination of other barriers to personal decision-making for persons with disabilities.**
- 4. The intervention resulted in persons with disabilities securing access to administrative or judicial processes.**
- 5. The intervention resulted in persons with disabilities securing**

information about their rights and strategies to enforce their rights.

6. The intervention resulted in persons with disabilities taking action to advocate on their own behalf.

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

5. C. GUIDANCE FOR DETERMINATION OF *CONCLUDED UNSUCCESSFULLY** FOR INTERVENTIONS ON BEHALF OF GROUPS OF PAIMI-ELIGIBLE INDIVIDUALS.

Intervention activities reported in Table 5.F. ARE CONCLUDED UNSUCCESSFULLY IF THEY DO NOT MEET ANY OF THE OUTCOMES STATEMENTS IN SECTIONS 5.A. OR 5.B.

5.D. GUIDANCE FOR DETERMINATION OF *ONGOING* INTERVENTIONS ON BEHALF OF GROUPS OF PAIMI-ELIGIBLE INDIVIDUALS

SAMHSA/CMHS recognizes that *LEGISLATIVE, LEGAL AND/OR OTHER SYSTEMIC REFORM ACTIVITIES (E.G., FACILITY MONITORING, LITIGATION PREPARATION, ETC) MAY TAKE MORE THAN ONE FISCAL YEAR TO COMPLETE* and sometimes these types of interventions take years before they are completed successfully. *It is these types of situations where the use of ongoing is most appropriate. The interventions reported in Table 5. F. are considered ONGOING, if they were started in either a prior year or the current fiscal year and were not concluded by 9/30 of this FY.*

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

5. E. TYPES OF INTERVENTIONS	Number of Activities	Number of types of interventions used	Potential number of Individuals Impacted	Concluded Successfully	Concluded Unsuccessfully	On-going
1. Group Advocacy non-litigation	3	3	151,042	0	0	3
2. Investigations (<i>non-death related</i>)	0	0	0	0	0	0
3. Facility Monitoring Services	64	4	1,036	1	0	3
4. Court Ordered Monitoring	0	0	0	0	0	0

5. Class Litigation	1	1	31,924	0	0	1
6. Legislative & Regulatory Advocacy	4	4	151,042	2	0	2
7. Other	4	4	151,042	0	0	4
TOTAL	74	14	151,042	3	0	11

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

In the PAIMI Application [at Section IV.2.2.], you were instructed to provide information on the objectives for these types of interventions in sequential steps that are achievable within the annual reporting period, such as, conducting research, identifying legal issues, filing the class action, etc.

5. F. In the space below, provide at least ONE (1) EXAMPLE that reflected the outcome of EACH sub-category listed in Table 5.E. In the narrative for each example, briefly describe the PAIMI Program activity, include factual information (who, what, when, where, how) and the outcome(s) that resulted from the intervention.

Use work examples that illustrate the impact of PAIMI Program activities, especially how the activities made a difference to the clients served, such as, improved quality of life, etc. If PAIMI Program funds were used to support any of the above activities, then describe how their availability furthered the purposes of the PAIMI Act.

INSERT ADDITIONAL PAGES INTO THIS SECTION AS NEEDED.

1. Group Advocacy non-litigation

In fiscal year 2011, WVA's involvement in the WV Financial Exploitation Task Force has been used primarily on two items. These items are: the financial exploitation task force brochure, monitoring legislation and educating lawmakers, when requested, on related financial exploitation legislation. The brochure, which was designed by the group and created by WVA, provides an in-depth look at the assistance available as well as items to take note of in relation to financial exploitation. The brochure itself was complete in the spring, however due to getting approval from all the agencies involved and the time necessary to do that, it has yet to be

printed on any mass scale. As of the last meeting with the group, all approval that was required had been obtained and the brochure is ready to print. This printing of the brochure will be complete and ready for use in FY 2012. The group also spent time reviewing legislation that related to financial exploitation. Any bills that were working through the legislative session that related to anything up to and including power of attorney legislation was looked at, carefully considered and addressed within our own agencies. WVA worked in collaboration with some of the individuals to monitor and track proposed legislation while the legislative session took place. Over the year, when the legislature is not in session, we have reviewed possible legislation which may come up as well as legislation we know will come up, due to a policy that automatically reintroduces bills that failed the previous year.

2. Investigations (*non-death related*)

N/A

3. Facility Monitoring Services

See Priority 3, Objective 1 for details about WVA's monitoring in the state psychiatric hospitals.

During a visit to a day program at one of the largest comprehensive behavioral health centers in the state, WVA saw an opportunity to conduct monitoring due to some concerns about the temperature of the rooms being used for programming. The advocate noticed that approximately forty (40) consumers were sitting in the two rooms where the cooling system was not set appropriately. WVA submitted a written complaint regarding the conditions in this day program and cited that it was a violation of clients' rights which are protected under Title 64 CSR 74.7. WVA requested that the conditions be corrected immediately, and that WVA be informed when this situation is resolved. WVA received a response that the air filters has been changed and they will make every effort to ensure that the cooling system continues to work properly. WVA monitored again and found that the issue had been resolved.

Monitoring at Mid Valley's Crisis Stabilization Unit (CSU) began as a result of a death of a client that occurred at the CSU. Staff responsibilities for both monitoring of clients during midnight shift while cleaning the facility and the lack of a backboard to perform CPR on a bed were factors of concern related to the client death which was investigated by WVDHHR Office of Health Facility Licensure and Certification (OHFLAC). At one point in time, Mid-Valley's parent company, Northwood Health systems, had their license to operate suspended, then reinstated after completing a remediation plan.

Four (4) monitoring visits were completed during the project year. Mid-Valley has made numerous improvements at the CSU over the past two years, but concern still remains about many of the internal policies and the way that staff carry out those policies. The management at Mid-Valley, and at Mid-Valley's parent company, Northwood, is not being cooperative with WVA's requests for information and has, at times, slowed the monitoring process by not allowing immediate access to the facility. During monitoring visits, WVA was available to CSU clients. WVA completed face to face intakes, provided rights information and answered general questions for clients, and provided WVA brochures and rights posters.

4. Court Ordered Monitoring

N/A

5. Class Litigation

See narrative for Priority 2, Objective 2.

6. Legislative & Regulatory Advocacy

WVA collaborated with the Fair Shake Network and several other disability related agencies and

organizations to create, sponsor and promote a Gubernatorial Debate among candidates who were running for the office of Governor in the special gubernatorial election that was held in FY 11. This function was held prior to the primary election. A total of six (6) candidates spoke and answered questions about disability related issues. There were also five (5) representatives from candidates' campaigns present.

WVDHHR Oversight Committee for the Development of New Behavioral Health Legislative Rules: This is an intense initiative that began in FY 2011. The purpose of this workgroup, which is expected to last at least two fiscal years, is to draft new behavioral health licensing regulations that will be sent to the Secretary of WVDHHR and eventually to the WV Legislature with the recommendation that they replace the existing behavioral health regulations which have not been revised in almost a decade. There are three work groups in which WVA participates. One is an oversight committee that is charged with the responsibility to create the final draft of the complete proposed rule. The two additional work groups are focused on: (1) behavioral health services that are clinical in nature; and (2) behavioral health services that are supportive in nature. This is a completely new approach as providers of services in WV have previously all been looked at as providing clinical services and had to all meet the same licensing requirements. If this project is successful there will be a separation between requirements for licensing professional clinical services such as nursing, social work, and medical/psychiatric services and providing support services such as personal care, supported employment and day programs for individuals with developmental disabilities. There is a broad composition of all work groups that include high level staff from the Secretary of WVDHHR's office, WVA representing advocacy, providers from substance abuse, mental health and developmental disabilities services, staff from homeless center service providers, children's services providers and peer support organization service providers as well as WVDHHR management level staff from major service delivery areas. Cross disciplinary input and discussions have been creative, spirited and, at times, novel. There has been enormous information sharing that has helped all workgroup members gain a bigger understanding and appreciation for the complexity of service delivery across disciplines, as well as the unique needs of different groups of behavioral health consumers. The goal of the project is to have a proposed draft Behavioral Health Rule ready to submit for the 2013 legislative session.

7. Other

WVA continues to be a member of the Fair Shake Network (FSN). FSN is a grass roots organization of people with disabilities and other interested parties who are concerned with systems change to ensure people with disabilities get a "fair shake". The activities of the organization include education on disability issues and various legislative activities. In FY 2011, WVA worked extensively with the FSN during the West Virginia State Legislative Session. WVA met with members of the FSN three to four times weekly as they monitored and advocated for various bills by educating members of the legislature on issues that pertained to disability related legislation and resolutions. WVA participated in and helped fund the annual FSN Training Day in January which served to educate and advise individuals with disabilities to self-advocate regarding issues that pertained to legislation and other forms of policy making. WVA attended the FSN's board training and acted as a facilitator in several other brief trainings that the FSN held in FY 11.

In FY 2011, WVA was invited to become involved with the newly formed WV Anti-bullying Coalition. The members represent a wide range of demographics commonly subjected to various degrees of bullying. This Coalition was formed in the summer of 2011 and has spent the first few months of its existence drawing up its purpose, definitions and objectives. WVA's involvement to this point has revolved mainly around assisting in these areas as the Coalition begins a journey to end bullying against people that come from different backgrounds, including people with disabilities. This group meets monthly with several sub-committees meeting on a monthly basis as well.

SECTION 6. NON-CLIENT DIRECTED ADVOCACY ACTIVITIES

6. A. INDIVIDUAL INFORMATION AND REFERRAL (I&R) SERVICES. Refer to the Glossary for the definition of I& R. [See also, PAIMI Rules, 42 CFR 51.24].

Provide the number of PAIMI Program I&R services.	TOTAL 280
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6.B. STATE MENTAL HEALTH PLANNING ACTIVITIES

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

As reported in the FY 2010 PPR, at the end of FY 2010, WVA management made the decision to no longer send staff to all West Virginia Mental Health Planning Council (Council) meetings. WVA continued to send reports to the Council detailing PAIMI activities via the Chair of our PAIMI Advisory Council and member of WVA's Board of Directors who is also a member of the WVMHPC. WVA has the option of sending staff to any of their meetings depending on the agenda of the meeting as well as the needs of WVA such as outreach.

WVA's Executive Director was directly involved in reviewing the state's behavioral health regulations and providing input into the soon to be updated version. See Section 5.6 for description.

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

6.C.1. List the number of public awareness activities or events AND the number of individuals who received the information. [Refer to the Glossary]

6. C.1. a. Number of public awareness activities or events conducted.	Total 19
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6. C.1. b. Number of individuals who received the information.	Total 2,637
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6. C.2. Number of education/training activities undertaken.	Total 5
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Note: 6.C.2. refers to either the number of training programs sponsored by the P&A or the number of events sponsored by another organization *WHERE P&A STAFF ARE THE TRAINERS.* The training must have provided specific information to participants regarding their rights. If the P&A only provided general program information then report the number of individuals trained in section 6.C.1.b. [PAIMI Rules 42 CFR 51.31(c)]

6. C.3. Number (approximate) of persons trained. *Only include those individuals who attended a 6.C.2. type education/training program(s), [See PAIMI Rules 42 CFR 51.31].*

Total 148

SECTION 6. NON-CLIENT DIRECTED ADVOCACY ACTIVITIES

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

DISSEMINATION ACTIVITIES. Provide the number of articles, films, reports, etc. developed/produced. Provide an estimate for the number of people who received the information. For example, an article published about the P&A in a newspaper with a circulation of 200,000 readers; a television appearance on a station with 100,000 viewers in that time spot, etc.

6. C. 4. OUTCOME STATEMENTS for DISSEMINATION ACTIVITIES

For each non-client directed advocacy activity listed in the Table 6.C.5., choose one or more outcome statements that either best describe or relate to the TYPE of ACTIVITY. Enter the appropriate letter(s) and provide the number of outcomes per category selected in the “outcome” columns (A, B, and C).

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

B. Persons disabilities (or their family members) who received education or training about their rights, enabling them to be more effective self advocates.

C. Other outcomes that resulted from PAIMI Program involvement.

SECTION 6. NON-CLIENT DIRECTED ADVOCACY ACTIVITIES

6. C.5. TYPES OF DISSEMINATION ACTIVITIES	NUMBER OF ITEMS	NUMBER OF EVENTS	# of persons who received the information	OUTCOMES			
				Total A - C	A	B	C
a. Radio/TV appearances.	0	0	0	-	-	-	-
b. Newspaper articles (attach copies of articles).	0	0	0	-	-	-	-
c. Public Services Announcements (PSA), videos/films/, etc.	0	0	0	-	-	-	-
d. Reports	1	1	3,200	3,200	3,200	-	-
e. Publications, including articles in professional journals.	0	0	0	-	-	-	-
f. Other P&A disseminated information, includes general training, outreach activities or presentations, brochures and handouts that <i>were not</i> included/counted under training activities).	7,607	16	2,637	2,637	2,637	-	-
g. Number Website hits, include visits.	349,623	N/A	N/A	-	-	-	-
h. Describe other media activities.	3	3	129+	129+	129+	-	-
TOTALS	357,234	20	5,966	5,966	5,966	-	-

h. Other media activities: As described elsewhere in this report, WVA advertised our FY 2012 Priorities and Objectives public forum and solicited input for the P&O's via radio and newspaper advertisements.

WVA launched a Facebook page in early FY 2011. We often include information about upcoming events and training available to people with disabilities that are sponsored by WVA as well as other organizations who serve people with disabilities. There are currently one hundred twenty-nine (129) "Fans" of our Facebook page.

SECTION 7. GRIEVANCE PROCEDURES [42 CFR Section 51.25]

7. The PAIMI Rules mandate that the P&A system shall establish procedures to address grievances from: 1) Clients or prospective clients of the system to assure that individuals with mental illness have full access to the services of the program [42 CFR 51.25(a)(1)]; and, 2) Individuals who have received or are receiving mental health services in the State, family members of such representatives, or representatives of such individuals or family members to assure that the eligible P&A system is operating in compliance with the Act [42 CFR 51.25(a)(2) - a systemic/program assurance grievance policy.]

7. a. Do you have a systemic/program assurance grievance policy, as mandated by 42 CFR 51.25(a)(2)? Yes X If No, please develop one _____

7.1. The number of grievances filed by PAIMI-eligible clients, including representatives or family-members of such individuals receiving services during this fiscal year. **TOTAL 3**

7.2. 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**

7.3. Total [Add 7.1 & 7.2] 3 [42 CFR Section 51.25(a)(1),(2)]

7.4. The number of grievances appealed to:

7.4. a. The Governing Authority/Board	Total 0	7. 4. b. The Executive Director	Total 0
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c. TOTAL = 7.4a. & 7.4b. 0

7.5. a. The number of reports sent to the governing board *AND* the Advisory Board mandatory for private non-profit P&A systems, at least one annually) that describe the grievances received, processed, and resolved. *[A report required, even if no grievances were filed. [42 CFR 51.25(b)(2)]* Total 2

7.6. Please **IDENTIFY ALL INDIVIDUALS**, by name & title, responsible for grievance reviews.

Linnie Simiryan, Program Director

Clarice Hausch, Executive Director

WVA Board of Directors, Robert Hardesty, President

SECTION 7. GRIEVANCE PROCEDURES [42 CFR Section 51.25]

7.7. What is the timetable (in days) used to ensure prompt notification of the grievance procedure process to clients, prospective clients or persons denied representation, and ensure prompt resolution? No more than seven (7) days after Intake Review Committee* **[42 CFR 51.25(b)(4)]**

* All WVA clients, including those receiving Information and Referral are sent a copy of our grievance procedure. The copies are sent with Service Request assignment letters (within one (1) day after Intake Review Committee (IRC)), Information and Referral follow up letters (within seven (7) days after IRC) and Service Request closure letters. They are also sent to clients at any time upon request.

7.8. a. Were written responses sent to all grievants? YES , NO If "No", explain below.

Written responses were sent to two (2) of the three (3) grievants. The third was filed near the end of the fiscal year and was not responded to in writing by the end of the fiscal year. It was responded to in writing in early fiscal year 2012.

7.9. Was client confidentiality protected? YES , NO . If "No", briefly explain below [42 CFR 51.25(b)(6)].

SECTION 8. OTHER SERVICES AND ACTIVITIES

The PAIMI Rules [at 42 CFR at 51.24(b)] mandate that “Members of the public shall be given an opportunity, on an annual basis, to comment on the priorities established by, and the activities of, the P&A system. Procedures for public comment which must provide for notice in a format accessible to individuals with mental illness, including such individuals who are in residential facilities, to family members and to representatives of such individuals and to other individuals with disabilities. Procedures for public comment must provide for receipt of comments in writing or in person.”

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

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

WVA placed advertisements on radio stations and newspapers announcing our Priority and Objective (P&O) comment period and public forum. These advertisements appeared/aired in various locations throughout the state. WVA also posted the same advertisement on our website and Facebook page. WVA staff forwarded the advertisement to groups with whom we collaborate. One of these groups was the West Virginia Mental Health Consumers Association. This group forwarded the advertisement to their e-mail list. It is anticipated that other groups did the same. Additionally, WVA solicited input for our P&O's from patients at the state's two (2) psychiatric hospitals.

b. No __, If no, briefly explain.

8. A.2. Were the notices provided to the following persons?

a. Individuals with mental illness in residential facilities?	YES X	NO*
b. Family members and representatives of such individuals?	YES X	NO*
c. Other individuals with disabilities?	YES X	NO*

d. *Brief explanation is required for each NO answer in 8. A.2. a., b., or c.

8. A.3. Do the procedures provide for receipt of the comments in writing or in person? YES* X ; NO ____.

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

SECTION 8. OTHER SERVICES AND ACTIVITIES

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

YES X

NO

8. B. 2. What formats and languages (as applicable) were used in materials to solicit public comments? Briefly list/describe.

The announcement for the request for public input for WVA's P&O's was circulated in written form to our mailing list as well as in electronic format to numerous email distribution lists. In addition the document was placed on the WVA website, which is compliant with Web Content Accessibility Guidelines. The announcement was posted on our Facebook page as well. WVA did not have any requests for alternative formats or different languages. If requested, WVA would have honored any requests made for alternative formats or different languages. A statement to this effect was included in the information we sent out.

Additionally, WVA held a public forum in a central location in the state. The details of this forum were included in the announcement described above.

8. B. 3. If you answered "NO" to 8.B.1., *briefly explain* why the public was not provided an opportunity to comment [42 CFR 51.24(b)].

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

WVA dedicates significant energy and resources for collaboration efforts via agency support or participation on community based committees, councils, cross-team or agency efforts and issue specific task forces. WVA has participated in, provided information to, and coordinated efforts with the following disability groups, agencies, organizations, or systems:

American Association for Retired Persons
Americans with Disabilities Act Coalition
Fair Shake Network
Legal Aid of WV
Mountain State Justice
National Disabilities Rights Network's Resource Advocacy Committee and Related List Serves
Northern Panhandle Treatment Court Advisory Committee
Northern WV Center for Independent Living
Parent Partnership Work Group
People First
United Way
Valley Health Care System
WV Americans with Disabilities Act Coordinator
WV Anti-Bullying Coalition
WV Association of Positive Behavior Support Network
WV Bureau of Medicaid Services
WV Commission for the Deaf and Hard of Hearing

WV Department of Education, Office of Special Programs Extended and Early Learning
 WV Department of Health and Human Resources- State Hospital Liaison/Linkage Workers
 WV Developmental Disabilities Council
 WV Emergency Medical Services Technical Support Network, Inc.
 WV Faces on Medicaid Coalition
 WV Financial Exploitation Task Force
 WV Health Improvement Institute Behavioral Health Workgroup
 WV Legislators
 WV Mental Health Consumers' Association
 WV Mental Health Planning Council
 WV Office of Behavioral Health Services
 WV Olmstead Advisory Council
 WV University Center for Excellence in Disabilities

SECTION 8. OTHER SERVICES AND ACTIVITIES

8. D. Briefly describe the outreach efforts/activities used to increase the numbers of ethnic and racial minority clients served and/or educated about the PAIMI Program. [The Demographic/State Profile information submitted with your PAIMI Application for the same FY will be used in the evaluation of your PPR data].

The Multi-Cultural Festival of West Virginia, Inc. is a non-profit organization whose mission is to promote diversity in a positive environment enhancing tolerance and promoting goodwill. West Virginia Division of Rehabilitation Services (WVDRS) again sponsored a booth to offer information about organizations that help people with disabilities and invited WVA to participate. WVA staffed the booth and handed out the fans which included WVA's logo and contact information. The event served to increase visibility for WVA among an underserved population.

8. E. Did the activities described in 8.D. result in an increase of ethnic and/or minorities in the following categories?

1. Staff	YES	NO X
2. Advisory Council	YES	NO X
3. Governing Board	YES	NO X
4. Clients	YES	NO X

If the answer to any item in 8.E.1 - 4 is "NO", please provide a brief explanation.
 As reported previously, WVA continues to look for ways to reach out to minority populations. We have historically not seen a greater percentage of calls from other ethnic groups as a result of outreach. West Virginia's ethnicity data (2010 U.S. Census) indicates that the Black or African American percentage of the population of 3.4%, and the total Hispanic population is 1.2% while the American Indian and Alaska Native, Asian, or Native Hawaiian and Other Pacific Islander percentages in West Virginia are 0.2%, 0.7%, and >0.1% respectively.

8. F. PAIMI PROGRAM IMPLEMENTATION PROBLEMS

8. F.1. External Impediments

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

WVA have had a very difficult time during FY 2011 with receiving medical records from Sharpe Hospital. Letters have been written to the medical records department and almost all requests for information have had to include a second and third request. Virtually no medical records have been received from the first request for information from Sharpe Hospital. This is a detriment in serving clients who are patients at Sharpe Hospital and inhibits us from serving them in a timely manner.

The PAIMI Act states that Centers for Medicaid and Medicare Services (CMS) is required to report all deaths that they are notified have occurred in any given state to the P&A in that state. In at least the past nine (9) years we have never been notified by CMS of a single death in WV. As stated in last year's report, this continues to be a serious concern to us operating in a state with overcrowded state hospitals and a high commitment rate, even to diversion hospitals and sparse and poorly supervised community based mental health services.

SECTION 8. OTHER SERVICES AND ACTIVITIES

8. F.2. *Internal Impediments*

Describe any problems with implementation of mandated PAIMI activities, including any identified annual priorities and objectives (e.g., lack of sufficient resources, necessary expertise, etc).

N/A

8. G. ACCOMPLISHMENTS

For this fiscal year, briefly describe the MOST important accomplishment(s) that resulted from PAIMI Program activities. PROVIDE a reference, e.g., a website address, case or legislation citation, and the name of the newspaper, the date and title of article, etc. mentioned in your narrative. *Please do not submit any supplemental materials.*

For the first time in many years, WVA had a regular presence at the West Virginia Legislature during the legislative session. WVA provided education and information to legislators not just about WVA, but about the issues important to people with disabilities in WV.

Although not funded by PAIMI, the following activity ties very closely with the work WVA does in the state psychiatric hospitals. When a Service Request is opened, the intake is generally completed during monitoring at the hospitals. WVA continued to work toward building a relationship between West Virginia's two state psychiatric hospitals and West Virginia Division of Rehabilitation Services (WVDRS) in order to assist patients in applying for services, determining eligibility and developing an Individual Plan for Employment (IPE) as part of a discharge plan prior to leaving the hospital. WVA's goal is to ensure that people have the opportunity to become involved with work activities if they so choose when returning to their home community upon discharge from the hospital. Having the opportunity to become and remain employed will improve the likelihood of individuals being able to remain in their home community once they leave the hospital. WVA staff met with social workers at one of West Virginia's two state psychiatric hospitals to encourage the development of discharge plans that included an IPE should an individual be interested in employment or training upon discharge. WVA provided information on how individuals could be referred to WVA if a request for services through WVDRS did not result in a timely response to a client's request for services. Additionally, WVA provided a letter for patients to use to request an application for services from WVDRS. Social workers at the state psychiatric hospital were informed about WVA's services and a patient's right to access WVDRS. WVA provided patients in the state psychiatric hospital with resources available to them in the community to overcome the barriers they face in obtaining or re-gaining employment.

SECTION 8. OTHER SERVICES AND ACTIVITIES

8. H. RECOMMENDATIONS

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

We would like to be permitted to use PAIMI funds for special education advocacy and legal work that is permitted by other program funders.

8. I. PLEASE IDENTITY ANY TRAINING & TECHNICAL ASSISTANCE REQUESTS. [42 U.S.C. 10825]

N/A

SECTION 9. ACTUAL PAIMI BUDGET/EXPENDITURES FOR FY 2011

In this section, provide actual expenditures for the FY. Refer to the PAIMI Application [Appendix C] submitted to SAMHSA/CMHS for the same FY.

9. A. PAIMI PROGRAM PERSONNEL – INSERT ADDITIONAL ROWS AS NEEDED. ++
List vacancies by position, annual salary, percentage of time & costs that will be charged to the PAIMI Program grant when the position is filled.

Position Title	Annual Salary	Percent/Portion of Time Charged to PAIMI	Costs Billed to PAIMI
Program Director	\$38,967	21%	\$8,183
Data Report Specialist	\$34,095	23%	\$7,842
Attorney	\$57,897	16%	\$9,264
Attorney	\$57,897	32%	\$18,527
Advocate	\$24,270	24%	\$5,903
Advocate	\$31,068	28%	\$8,750
Advocate	\$33,456	7%	\$2,342
Advocate	\$26,789	15%	\$4,003
Advocate	\$26,789	23%	\$6,281
Advocate	\$26,789	12%	\$3,314
Advocate	\$27,459	13%	\$3,590
Advocate	\$27,459	19%	\$5,193
Advocate	\$24,270	14%	\$3,447
Advocate	\$28,146	7%	\$1,970
Advocate	\$24,877	4%	\$1,037
Advocate	\$24,877	7%	\$1,751
Advocate	\$28,849	62%	\$18,025
Advocate	\$31,068	5%	\$1,572
Advocate	\$26,136	4%	\$991
Admin Staff (direct portion)	\$203,560	17%	\$35,046
SUBTOTAL			
++Vacant Positions	N/A	N/A	N/A
Volunteer Positions	N/A	N/A	N/A
TOTAL POSITIONS	\$804,718	18%	\$147,031

9. B. CATEGORIES	COST
Fringe Benefits (PAIMI Only)	\$54,264
Travel Expenses (PAIMI Only)	\$14,250
SUBTOTAL	\$68,514

9. C. EQUIPMENT - TYPE (PAIMI ONLY)	COST
Lease	\$1,270
Depreciation	\$1,173
SUBTOTAL	\$2,443

SECTION 9. ACTUAL PAIMI BUDGET/EXPENDITURES FOR FY 2011

9. D. SUPPLIES - TYPE (PAIMI ONLY)	COST
Office Supplies/Small Equipment	\$5,255
Sponsorship – Conferences	\$3,282
Outreach	\$11,631
Printing	\$5,786
Publications/Newsletter	\$3,089
Dues and Membership	\$5,024
SUBTOTAL	\$34,067

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

Position Or Entity	Service Provided	Salary/Fee	Fringe Benefit Cost	Travel Expenses	Other Costs
Legal	Legal Services	\$1,269	-	-	-
Facilitator	P&O Forum Facilitator	\$52	-	-	-
Auditors	Audit	\$3,107	-	-	-
SUBTOTAL		\$4,428			

9. F. TRAINING COSTS FOR PAIMI PROGRAM ONLY

Categories	Number of persons/travel costs	Number of persons/ training costs	Number of persons/ Other expenses
Staff	3/\$859	13/\$2,577	-
Governing Board	-	-	-
PAC Members	1/\$1,791	1/\$450	-
Volunteers	-	-	-
SUBTOTAL	4/\$2,650	14/\$3,027	0

9. G. OTHER EXPENSES (PAIMI PROGRAM ONLY)	COST
Telephone	\$9,860
Facilities Lease	\$14,563
Postage	\$1,236
SUBTOTAL	\$25,659

SECTION 9. ACTUAL PAIMI BUDGET/EXPENDITURES FOR FY 2011

9. H. Indirect Costs (PAIMI only):		COST
1. Does your P&A have an approved Federal indirect cost rate?	YES X	NO
a. If YES, what is the approved rate?	9.7%	\$27,919
2. Total of all PAIMI Program costs listed in 9.A. - 9.G.		\$315,738
3. Income Sources and Other Resources (PAIMI Program Only)		\$429,900
4. PAIMI Program carryover of grant funds identified by FY.		\$164,138
		(FY 10)
5. Interest on Lawyers Trust Accounts (IOLTA).		\$0
6. Program income (PAIMI only).		\$6,601
7. State		\$0
8. County		\$0
9. Private		\$0
10. Other funding sources. [IDENTIFY each source].		\$0
11. Total of all PAIMI Program resources.		\$600,639

OMB Approval: 0930-0169

Expiration Date: 08-31-2014

**PAIMI ADVISORY COUNCIL (PAC) Section of the
ANNUAL PROGRAM PERFORMANCE REPORT (PPR)**

STATE West Virginia	FISCAL YEAR 2011
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The Advisory Council Report (ACR), an important component of the PAIMI PPR, is due on January 1. The ACR is submitted either by mail or electronically; however, if submitted electronically, the P&A shall mail to the SAMHSA, Division of Grants Management at least **ONE (1) COPY OF THE PAIMI ADVISORY COUNCIL (PAC) REPORT WITH THE ORIGINAL SIGNATURE OF THE PAIMI ADVISORY COUNCIL CHAIR ON THE COVER PAGE.** Send the reports to the following addresses:

ELECTRONIC MAIL:

Virginia.Simmons@SAMHSA.hhs.gov
@SAMHSA.hhs.gov

REGULAR MAIL

Virginia.Simmons@SAMHSA.hhs.gov
SAMHSA - Division of
Grants Management
Room 7-1091
1 Choke Cherry Road
Rockville, Maryland 20857

FOR CERTIFIED MAIL & OVERNIGHT DELIVERY

Send to the above mailing address

BUT CHANGE THE ZIP CODE TO: 20850

Phone: (240) 276-1400

Electronic submissions of the annual PAIMI PPR, including the ACR, should also be sent to the PAIMI Program Coordinator, Karen.Armstrong@samhsa.hhs.gov. If submitted electronically, please ensure that the Division of Grants Management is sent a signed copy of the ACR. Please use the attached glossary and instructions to complete the form. Questions may be directed to Ms. Armstrong, the PAIMI Program Coordinator at (240) 276 1760.

Public reporting burden for the ACR section of the annual PAIMI PPR is estimated to average 10 hours per response. This includes the time needed to review the instructions, to search existing data sources, to gather the data needed, and to complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0169); OAS, Room 7-1044; 1 Choke Cherry Rd.; Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0169).

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

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SECTION A. GENERAL INFORMATION

Fiscal Year:	2011
State:	West Virginia
Name of P&A system:	West Virginia Advocates, Inc.
PAC Report Prepared By: Provide the name [Print First, Middle and Last Name] Title of the preparer Phone Number:	Cathy Reed, Chair PAIMI Advisory Council 304-363-5205
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.	Cathy Reed
Telephone Number	304-363-5205
E- Mail Address:	<u>kitcatwv@yahoo.com</u>
Date Submitted:	12/20/11
By signing this document, the Chair certifies that this report reflects the consensus of the PAC members.	<i>Cathy Reed</i>

SECTION B. 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.	6	
B.1.c. Family members of individuals who are recipients/former recipients (R/FR) of mental health services.	2	
At least one (1) PAC member shall be a B.1.d.		
B.1.d. Family members of a minor child or youth (under 18 years old) who has received or is receiving mental health services.	1	
B.1.e. Mental health service providers.	1	
B.1.f. Mental health professionals.	1	
B.1.g. Attorneys.	1	
B.1.h. Individuals from the public knowledgeable about mental illness.	1	
B.1.i. Others (please identify by position held).	0	
B.1.j. Vacancies as of 9/30. [Identify each vacant position & the date it was vacated].	0	
B.1.k. TOTAL number of PAC members serving on 9/30.	Total	13
B.1.l. Number of PAC members who are either CR/FR of MH services or family members of these individuals (count each PAC member only once).	9	
B.1.m. Percentage of PAC members who are either CR/FR of MH services or family members of these individuals [B.1. k. divided by B.1.l.]	69%	
B. 2. REPRESENTATION OF THE CHAIR		
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 X	No
B. 3. TERMS		
B.3.a. Term of Appointment (Number of years)	4	
B.3.b. Maximum Number of Terms a Member May Serve	2	
B.3.c. Frequency of Meetings	Every other month	
B.3.d. Number of Meetings Held in the FY [3 is the mandated minimum].	7	
B.3. e. Number (%Average) of PAC members present at Meeting.	56%	

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	2
C. B. 2. Asian	0
C. B. 3. Black or African American	1
C. B. 4. Native Hawaiian/Other Pacific Islander	0
C. B. 5. White	10
C. B. 6. Two or More Races	0
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 0

SECTION D. GENDER of PAC Members

D.1 MALE	7	D.2 FEMALE	6
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?	Yes	No <input checked="" type="checkbox"/>
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.	Yes	No
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?	Yes	No
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.).		

N/A

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

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 X	No
F.1.a. Did any of the invited program staff attend?	Yes X	No
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.) who are usually invited to attend. Executive Director, Program Director, Paralegal/Administrative Assistant-Programs, Advocate		
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 – Staff Liaison Program Director – Staff Liaison Paralegal/Administrative Assistant-Programs – Administrative Support Advocate – Training/Presentations		
F.2.c. If the answer to F.1. is No, you <i>MAY</i> provide a brief explanation.		
F. 3. a. Were governing board members, excluding the PAC Chair, invited to PAC meetings?	Yes X	No
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? Board members are invited to each meeting for informational and observational purposes. Board President Robert Hardesty attended a meeting.		
F.3.c. Did any of the invited governing board members attend?	Yes X	No
F.4. Did the PAC work jointly with the governing board to develop the annual PAIMI priorities? [42 CFR 51.23(a)(2)]	Yes X	No*

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

The PAIMI Advisory Council submitted comments to WVA during the public comment period in determining the Priorities and Objectives. Also, the PAC Chair attended and participated in the public forum and the Priorities and Objectives planning/development committee.

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.5Did 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	No
-----	----

If Yes, list each activity by number and provide a brief description of PAC involvement, e.g., Activity 1 – Attendance at local NAMI training.

X	
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- Activity 1 – Attendance at “Women on Wellness” training
- Activity 2 – Attendance at Family Leadership First Conference
- Activity 3 – Attendance at WV Advocates’ “Employment Discrimination on the Basis of Disability” training
- Activity 4 – Attendance at Train the Trainer for “Affordable Healthcare”
- Activity 5 – Attendance at Life Long Learning training
- Activity 6 – Attendance at 2 day training on Homeless Housing
- Activity 7 – Presentation from Mental Health Consumers’ Association at PAIMI meeting
- Activity 8 – Presentation from Mountain State Parents Child and Adolescent Network at PAIMI meeting
- Activity 9 – Presentation from WV Advocates PAVA program at PAIMI meeting

F.5.b. Out of State Trainings/Educational Activities.

Yes	No
-----	----

If yes, list each activity by number and provide a brief description of PAC involvement, e.g., Activity 1 – Attendance at NDRN annual conference.

X	
---	--

- Activity 1 – Attendance at NDRN annual conference

F.6. Does the P&A system have established written policies and procedures for reimbursing PAC members for expenses that takes into account the needs of the individual council members, available resources and applicable restrictions on use of grant funds, including the restrictions cited in and the restrictions in 51.31(e) and 51.6(e)? [See, 42 CFR 51.23 (d)(1)].

F.6.a.1. Yes X	F.6.a.2. No*	F.6.a.3. Don't Know.*
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F.6.b. Brief explanation needed for F.6.a.2. or F.6.a.3. responses.

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.

WVA provides reimbursement or payment to PAC members for lodging expenses, travel expenses, and meals for attendance at PAIMI Program related activities.

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
PAIMI meetings November 2010 December 2010 February 2011 March 2011 May 2011 August 2011 September 2011	Nov – 7 Dec – 4 Feb – 5 Mar – 6 May – 6 Aug – 6 Sep - 7	WVA provides meeting space and refreshments for all members. WVA also provides overnight accommodations and travel reimbursement for those who request and need it.		
NDRN annual meeting	1	1*		WVA also received a partial scholarship from NDRN for the PAIMI Chair to attend
WVA's Employment Discrimination on the Basis of Disability training	4	4		

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	No*
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?	X	

***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 *INCLUDE THE PROJECTED EXPENSES FOR THE NEXT FISCAL YEAR (FY) IDENTIFIED BY BUDGET CATEGORY*, e.g. salary & wages, contracts for services, administrative expenses, including, the amount allotted for training of the PAC, the governing board and staff?

Yes

No*

X

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. * A brief explanation is 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.		
<p>WVA used the agency website, social networking sites, radio, newspaper, and mailing lists to inform the public about the public comment period. WVA accepted comments electronically, by mail, and by phone. WVA coordinated a public forum meeting and invited the public to attend to submit comments.</p>		
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.		
<p>The PAIMI Chair is a member of the Executive Committee and the Membership Committee of the Board of Directors.</p> <p>The PAC also has a Membership Committee.</p>		
F.10.b. Briefly describe any training or educational presentations to either constituency groups or the general public.		
N/A		

SECTION F. PAC ACTIVITIES [See, PAIMI Act – 42 U.S.C.10805(7)]
F.10.d. Briefly describe any special projects (e.g., institutional monitoring).
N/A
F.10.e. Briefly describe any other (e.g., fund raising, public relations, etc.).
N/A

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.

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

G.1.c. The outcomes.

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

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

The PAIMI Council feels that the met priorities and objectives were appropriate in meeting the needs of West Virginians with mental illness. The Council is aware that the unmet objectives were not met because the work is ongoing and that the outcomes will be reported in the next year. The Council feels that the distribution of the homeless shelter outreach kits met an important need for homeless people in the community with mental illness. The Council recommends an increase in monitoring of private psychiatric facilities. Also, members feels the need to continue advocacy work to address the lack of community based mental health services and the lack of affordable housing.

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.

The Council plans to train members on psychiatric advance directives and also intends to develop a plan or outreach project for distributing information on psychiatric advance directives to other in the community.

The Council requested and plans to provide a training on both the mental hygiene commitment process and self-advocacy.

SECTION H. GRIEVANCE PROCEDURES [42 CFR Section 51.25]

Pursuant to the PAIMI Rules at 42 CFR 51.25, the P&A system 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 X	No*
--	-----------------	------------

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 3
---	-------------------

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 3
--	----------------

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 0
--------------------------------------	-------------------

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 (<i>at least one annually</i>) that describe the grievances received, processed, and resolved.	Total 2
--	-------------------

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.

Tovli "Linnie" Simiryan, Program Director

Clarice Hausch, Executive Director

Executive Committee of the Board of Directors: Robert Hardesty, Terry Dilcher, Clifton Clark, Cathy Reed, Pam Akers

H.8. What is the timetable (in days) used to ensure prompt notification of the grievance procedure process to clients, prospective clients or persons denied representation, and ensure prompt resolution. [42 CFR 51.25(B)(4)]

Days

See below.

Individuals requesting or receiving services are immediately provided a copy of the client grievance procedure. Individuals receiving services are periodically provided the grievance procedure throughout the course of the service request and at the closure of the service request. Clients are provided the client grievance procedure at any time upon request, and it is available on the agency's website. As follows:

West Virginia Advocates Client Grievance Procedure

The purpose of WVA's grievance procedure is to provide a system for resolving complaints concerning denial of services or the quality of services.

General

- All steps may be done orally or in writing.
- You are encouraged to begin your complaint at Step 1; however, if you do not wish to do so, you may begin at Step 2.
- It is the responsibility of WVA to keep a written record of all grievances received and action taken on grievances.
- You have the right to have someone help you with this grievance process.

The grievance procedure is as follows:

Step 1: Discuss your complaint or grievance with the WVA employee assigned to assist you. The employee will respond in writing to you within 5 business days of your discussion.

Step 2: If you are not satisfied with the employee's response, contact the employee's supervisor within 15 business days of the employee's response. The supervisor will respond to your complaint in writing within 10 business days of when your complaint is received.

Step 3: If you are not satisfied with the supervisor's response you may take your grievance to the Executive Director within 15 business days of receiving the written response. The Executive Director will respond to your complaint in writing within 10 business days of when your complaint is received.

Step 4: If you are not satisfied with the Executive Director's response, you must notify the Executive Director within 15 business days that you wish to file a grievance with the WVA Board of Directors (BOD). The Executive Director must notify the President of WVA's BOD in writing within 5 business days of receiving your complaint that a grievance is being filed with the BOD and send a copy to you.

The Executive Committee of WVA's BOD is responsible to appoint an ad hoc Grievance Committee to investigate your grievance and responses to it. After review, the Grievance Committee will provide its decision to WVA's BOD for consideration and action. The BOD President will respond to you in writing within 30 business days of receiving your grievance from the Executive Director. The decision of the BOD is final.

H.9. Were written responses sent to all grievants?	Yes X	No*
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 X	No*
H.10.a. *If you answered No, to H.10, briefly explain.	Yes	No*

GLOSSARY

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

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

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

Intervention Strategies:

- **Abuse/Neglect Investigations** - a systemic and thorough examination of information, records, evidence and circumstances surrounding an allegation of abuse and neglect. Investigations are undertaken to determine if there is a basis for administrative or legal action on behalf of the client. Investigations require a significant allocation of time to interview witnesses, gather factual information, and to issue a written report of findings.
- **Administrative Remedies** - includes the use of any systems for appeal within an agency or facility, or between agencies, which does not involve adjudication by a court of law.
- **Legal Remedies** - the legal representation of clients in litigation in court processes concerned with rights, grievances, or appeals of such rights or grievances.
- **Legislative/Regulatory Advocacy** activities involve monitoring, evaluating, and commenting upon the development and implementation of Federal, State, and local laws, regulations, plans, budgets, taxes and other actions, which may affect individuals with mental illness. [The PAIMI Rules at 42 FCR at 51.24 mandates that legislative activities shall also be addressed in the development of program priorities].
- **Negotiation/Mediation** - is an informal, non-legal intervention by a PAIMI representative, attorney or case manager used to resolve problems with facility staff or other agency representatives; (does not involve a formal appeal).
- **Short Term Assistance** - Time limited advice and counseling assistance, which may include reviewing information, counseling a client on actions one may take, and

assisting the client in preparing letters, documents or making telephone calls to resolve the issue.

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

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

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

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

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

Priorities (Goals) – are broad general descriptions of short term activities for the P&A system to accomplish within one (1) fiscal year (FY). [The exceptions are generally regulatory, legislative, and litigation activities]. The priorities must be directly related to the purpose of the enabling Federal legislation and the requirements of the Federal-funding agency and consistent with the priorities included in the PAIMI Application for the same FY. [See PAIMI Act at 42 U.S.C. 10801, PAIMI Rules at 42 CFR 51.24 (a) – Program Priorities, and the Children’s Health Act of 2000 at 42 U.S.C. at 290ii-ii-1 and 290jj-jj-2].

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

Public Education and Constituency Training - is the dissemination of information to one or more persons through an interactive event, which often promotes a greater understanding of the constitutional or statutory rights of persons with disabilities. Contrasted to Public Awareness

Activities, education and training must be specifically targeted to meet the unique need of the group(s) trained.

Racial/Ethnic Background –

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

CATEGORIES AND DEFINITIONS:

Ethnicity:

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

Not of Hispanic Origin.

Race:

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