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

STATE	Indiana	FISCAL YEAR	2008

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)** ***independent assessment*** **of the operations of the P&A system which is signed by the PAC Chair.**

The Annual PPR may be transmitted 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 ***PAIMI ADVISORY COUNCIL (PAC) CHAIR on the cover page.*** **Send the reports to the following addresses:**

ELECTRONIC MAIL:	***REGULAR MAIL***
Barbara.Orlando@SAMHSA.hhs.gov	Barbara Orlando, Room 7-1091 SAMHSA - Division of Grants Management 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 No. (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 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).

ANNUAL PAIMI PROGRAM PERFORMANCE REPORT (PPR)		
TABLE of CONTENTS		
SECTION		PAGE
1	GENERAL PAIMI PROGRAM INFORMATION	3
2	PAIMI PROGRAM PRIORITIES (GOALS) & OBJECTIVES	7
3	INDIVIDUAL PAIMI-ELIGIBLE CLIENTS	23
4	CASE COMPLAINTS/PROBLEMS of PAIMI-ELIGIBLE INDIVIDUALS	26
5	INTERVENTIONS ON BEHALF OF GROUPS of PAIMI-ELIGIBLE INDIVIDUALS	37
6	NON-CLIENT DIRECTED ADVOCACY ACTIVITIES	41
7	GRIEVANCE PROCEDURES	44
8	OTHER SERVICES & ACTIVITIES	46
9	ACTUAL PAIMI BUDGET/EXPENDITURES	52
GLOSSARY		56

SECTION 1. GENERAL PAIMI PROGRAM INFORMATION	
1.A. Fiscal Year:	**2008**
State:	**Indiana**
Name of P&A system:	**Indiana Protection and Advocacy Services**
Mailing Address & Phone Number of Main Office:	**4701 N. Keystone, Suite 222 Indianapolis, Indiana 46205 317-722-5555 Voice 317-722-5564 Fax**
Mailing Address & Phone Numbers of for each Satellite Office:	**None**
Name of PAIMI Program, if different from the State P&A agency:	
Name, phone number, and e-mail address of the PAIMI Coordinator:	**David Boes (317) 722-5555 ext 229 dboes@ipas.in.gov**
PPR Prepared by: Name: Title: Area Code & Phone Number: E-mail Address:	** David Boes Program Manager/PAIMI Coordinator (317) 722-5555 ext 229 dboes@ipas.in.gov**
The name of the Director of the State mental health agency to whom copies of the PAIMI PPR & ACR were sent.*	**Cathy Boggs, DMHA Director**
Date the PAIMI PPR &ACR were sent to the State mental health agency.*	**December 30, 2008**
PAIMI Act [42 USC at 10805 (a)(7) mandates that the Head of the State mental health agency receive a copy of this report on or before January 1.	

SECTION 1. GENERAL PAIMI PROGRAM INFORMATION

1. B. GOVERNING BOARD

1.B.1. Does the P&A have a multi-member governing board? **If Yes, complete governing board (GB), Table 1.B.3. [See Governing Authority - 42 CFR 51.22(b).].**	**Yes** **X**	**No**
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 *NO&THE P&A IS PRIVATE non-profit P&A system*.	**Yes** **X**	**No**

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

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

a. Total number of GB member seats available.	**13**
b. Total number of GB members serving as of 9/30.	**12**
c. Total number of GB vacancies on 9/30.	**1**
d. Term of appointment for GB members (number of years).	**3**
e. Maximum number of terms a GB member may serve.	**5**
f. Frequency of GB meetings.	**Quarterly**
g. Number of GB meetings held this fiscal year .(FY)	**4**
h. % (Average) of GB members present at meetings this FY.	**67%**

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.	**3**
b. Number of family members of individuals with mental illness who are R/FR of mental health services.	**5**
c. Number of guardians.	**1**
d. Number of advocates or authorized representatives.	**3**
e. Number of other persons who broadly represent or are knowledgeable about the needs of the clients served by the P&A system.	
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.*	**3**

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: _30_

a. How many of the staff listed above are attorneys? Total:__4___	**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:__13__**

SECTION 1. GENERAL PAIMI PROGRAM INFORMATION

1. D. ETHNICITY/RACE

	GOVERNING BOARD	PAIMI STAFF
American Indian/ Alaska Native		
Asian		
Black/African American		3
Hispanic or Latino		
Native Hawaiian/Other Pacific Islander		
White	12	27
Vacancies on 9/30 (Identify by position).	1 (Commission Appointment)	
TOTAL	12	30

1. E. GENDER

	GOVERNING BOARD	PAIMI STAFF
Male	3	9
Female	9	21
TOTAL	12	30

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 ILLUSTRATED 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 about 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 the outcome(s) (what 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 confidentiality of the individual client; and, be consistent with the priorities and objectives submitted in the PAIMI Program application for 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. was 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.

Please note that the Case Examples have been placed with the applicable Objective within the Goal for the reader's ease to understand the context of the case example related to the objective rather than at the Goal level.

Two central issues have dominated and impeded IPAS-PAIMI's ability to fully meet its stated objectives for the fiscal year. During the last quarter of the previous fiscal year due to funding issues IPAS-PAIMI was forced to greatly restrict its activities including its acceptance of new cases. This disruption of acceptance of new cases has proven to have caused a reduction in the case flow from the ending year into the new year, hence disrupting the typical timelines of cases from opening to closure, while in the course of the fiscal year IPAS-PAIMI had identified the stated objective target number of cases closing all by the end of the fiscal year was not achieved due to an increasing challenge to IPAS-PAIMI's access authority.

Thus the predominate issue facing IPAS-PAIMI was challenges regarding IPAS-PAIMI's access to clients, client areas, client's records and facility peer review records. Each challenge has resulted in a delay in timeliness of services that IPAS-PAIMI has been able to deliver for its clients. With each new challenge to IPAS-PAIMI's authority, IPAS-PAIMI has had to reexamine and adjust available resources, both personnel and fiscal. Thus some cases have remained open awaiting the litigation to resolve IPAS-PAIMI's right of access.

GOAL 1 Reduce or eliminate the abuse and neglect of individuals with mental illness in community-based or long term care facilities. (Contains 100# Objective series)

2. B. OBJECTIVE PAIMI 2008 101

2. D. TARGET 36 Investigations

2. E. OUTCOME.

For the year 26 service requests have been closed which represented 72% completion of this objective.

- Eleven were determined not to have merit.
- One was not resolved in client's favor.
- Twelve were resolved in client's favor.
- Two were terminated by client.

At the year's end ten service requests remained opened.

Typically IPAS-PAIMI finds the original complaint has little validity as abuse or neglect but IPAS-PAIMI is successful in bringing about a positive change for the client and others. In the case of one woman at Larue Carter State Hospital, her recent restriction to the ward was the event which prompted her call to IPAS-PAIMI. At intake, she expressed that the restriction to the unit was unjustified and punitive in nature by the staff. During the conversation with IPAS-PAIMI staff, what came to light was that the restriction to the unit interfered with her participation in the groups and activities associated to her treatment plan. While the client was correct in regards to their restriction it was ensured that she was given the opportunity to progress through the Levels System. IPAS-PAIMI raised concerns regarding the presence and delivery of Treatment Plan services and activities for individuals restricted due to treatment needs to for which the Indiana Department of Mental Health and Addiction (DMHA) assigned personnel to monitor the delivery of therapeutic treatment when a person is restricted to the unit.

Another example comes from a client who called with allegations that his current placement was overly restrictive. Which upon the initial review, IPAS felt that the current situation warranted the present level of restrictness however IPAS's review of his treatment plan found that it had not been altered despite a documented lack of progress. Through advocacy efforts of IPAS the environment at Madison State Hospital was modified to allow for access to programs for the individual in less restrictive environments. This resulted in improvement of the individual's mental status and is allowing him to acquire and demonstrate functional skills in socialization and work skills at Madison State Hospital. Due to the client's forensic status of guilty but mentally ill on murder charges, Madison State Hospital and the Department of Mental Health continue to refuse to consider discharge planning. The individual agrees the issues of programming and treatment at Madison State Hospital have been addressed that allow him as much or more freedoms at Madison State Hospital than had been provided at Logansport State Hospital. The individual has since secured legal representation from private counsel to assisting him in his further efforts to resolve the criminal charges and achieve placement in a less restrictive environment.

In one situation, Staff accused of the abuse was fired by the facility based upon their own internal review. While the case had been reported to APS, APS chose not to investigate as it was their practice not to do so on the grounds of the state hospital, there was no consideration by the local Prosecutor to review for possible charges.

In another case, the client contacted IPAS-PAIMI with concerns regarding their own personal safety from another resident. IPAS agreed to look into the matter under the PAIMI Act, neglect includes, an act or omission by staff which caused or may have caused injury to an individual with mental illness, thus failure of staff to provide reasonable efforts to ensure safety of residents from other residents could be considered neglect. In this situation the IPAS-PAIMI staff was unable to establish that the caller ever had been the victim of the other resident. The facility, however, choose to move the alleged predator to another facility which was deemed better suited to meet their needs.

In several cases, IPAS-PAIMI staff were faced with allegations that were clearly unfounded which, in part appeared to be due to the caller's negative symptomology of their illness. In each of these cases after the IPAS staff established and concurred with that facility's own internal investigation, with the client's permission the issue would be brought to the treatment team's attention. Here the issue, the client's allegation which had caused them great distress would be reviewed. The responses from the Treatment Team varied but generally an increase in services would follow for the client. One client, whose medication was changed, displayed enough progress to be discharged back into the community. For another client the change in medication was followed by advancement in their goals although placement back into the community had not been achieved when IPAS closed the case.

2. F. OBJECTIVE was NOT MET

For the upcoming fiscal year it is the intent of IPAS-PAIMI to continue this objective. Once the lawsuit concerning IPAS-PAIMI's Access to Records is resolved then cases will be resolved in a more timely matter thus it is believed that this objective will more readily achieved.

2. B. OBJECTIVE PAIMI 2008 102
2. D. TARGET 25 Investigations
2. E. OUTCOME

For the year 14 service requests have been closed which represented 56% completion of this objective.

- Six were determined not to have merit
- Eight were resolved in client's favor

At the year's end nine service requests remained opened.

IPAS-PAIMI was successful in advocating for a Client and having the facility to discontinue her ECT treatments. She subsequently was permitted to sign out of the hospital AMA.

As with the state operated facilities, IPAS-PAIMI staff was faced with allegations that were clearly unfounded this in part appeared to be due to the caller's negative symptomology of their illness. Here too IPAS-PAIMI found treatment teams willing to address the illnesses' symptomology that appeared to be the cause of the client's distress. The response from the Treatment Team varied but generally an increase in services would follow for the Client. Here the revisions allowed the client to remain in community.

IPAS-PAIMI continues to find in the Gallahue Mental Health Center (CHMC) setting that the original complaint has little validity as abuse or neglect. But IPAS-PAIMI would be successful in bringing about a positive change for the client and others. In the case of one group home resident that was in danger in losing her placement due to her out bursts, while the staff was correct in their description of the behavior that was being displayed, staff had failed to identify the precipitating factors prior to the client's outbursts. Advocating to the treatment team concerning the staff's response was counterproductive for the client and was believed to be a contributing factor to the client's escalation. It was agreed and the residential staff was re-trained in different approaches language to use when advising client was successful in refusing the situation and defusing the matter thus allowing her placement to continue.

A Client living in a Semi-Independent Living Setting of the Bowen Center Mental Health Center (CMHC) contacted IPAS-PAIMI to request assistance with his programming, as related to his personal care. Specifically, he stated that his plan called for agency staff to transport him to and from grocery shopping, but no one had taken him in recent days and now he was without food. The CMHC staff did refute the allegation that the client was without food, claiming rather that he reportedly had food, though not his favorite. What was found by IPAS-PAIMI, was indeed a systemic cause, the current

support as outlined in his treatment plan was nonspecific as to the frequency and regularity when the staff would visit the client. The plan as written required the client to be more organized and complete preplanning for his trips to his appointments several days ahead, a skill that the CMHC staff reported that the client had yet to acquire; so the client's treatment plan was redrafted with more aggressive services from the CMHC which has allowed the client to remain in the community.

2. F. OBJECTIVE was NOT MET

For the upcoming fiscal year it is the intent of IPAS-PAIMI to continue this objective. Once the lawsuit concerning IPAS-PAIMI's Access to Records is resolved, then resources to continue our presence in the Community Mental Health Centers will be released thus in turn foster more client referrals.

2. B. OBJECTIVE PAIMI 2008 103

2. D. TARGET 5 Investigations

2. E. OUTCOME

For the year two service requests have been closed which represented 40% completion of this objective.

- In both cases reviewed by IPAS-PAIMI, neither was determined to have sufficient information to allow for a determination that gave rise to the belief that abuse or neglect may have contributed to the client's death.

At the year's end seven service requests remained opened.

2. F. OBJECTIVE was NOT MET

Prior to the implementation of the Health Insurance Portability and Accountability Act (HIPAA), IPAS-PAIMI enjoyed a strong working relationship with many providers, would automatically provide notification of deaths having occurred at their facility. Since HIPAA's implementation many providers cite that the restrictions imposed by HIPAA would not allow them to volunteer the information, hence they were unwilling to enter into an agreement with IPAS-PAIMI to provide notification. This has placed the source of IPAS-PAIMI's case selection and notification on the clients, concerned family members, media reports and those few staff members willing to risk their perceived violation of HIPAA to provide to IPAS-PAIMI with enough information to warrant IPAS-PAIMI with probable cause.

2. B. OBJECTIVE PAIMI 2008 104

2. D. TARGET 15 Investigations

2. E. OUTCOME

For the year four service requests have been closed which represented 26% completion of this objective.

- Four were determined not to have merit

At the year's end three service requests remained opened.

In the four cases closed by IPAS-PAIMI none c have sufficient information to allow for a determination that gave rise to the belief that abuse or neglect may have occurred. However the lawsuit concerning access resulted in the denial of access to records that IPAS-PAIMI believed were critical for a thorough review hence leaving the cases as unsubstantiated.

2. F. OBJECTIVE was NOT MET

Prior to the implementation of the Health Insurance Portability and Accountability Act (HIPAA), IPAS-PAIMI enjoyed a strong working relationship with many providers who would automatically provide notification of serious incidents that had occurred at their facility. Since HIPAA's implementation many providers cite that the restrictions imposed by HIPAA does not allow them to volunteer the information, hence they were unwilling to enter into an agreement with IPAS-PAIMI to provide notification. This has placed the source of IPAS-PAIMI's case selection and notification on the clients, concerned

family members, media reports and those few staff members willing to risk violation of HIPAA to provide to IPAS-PAIMI with enough information to warrant IPAS-PAIMI with probable cause.

For the upcoming fiscal year it is the intent of IPAS-PAIMI to continue this objective. Once the lawsuit concerning IPAS-PAIMI's Access to Records is resolved then cases will be resolved in a more timely manner thus it is believed that this objective will more readily achieved.

2. B. OBJECTIVE PAIMI 2008 105

2. D. TARGET 12 Investigations

2. E. OUTCOME

For the year six service requests have been closed which represented 50% completion of this objective.

- One was not resolved in client's favor
- Five were resolved in client's favor

At the year's end one service request remained opened.

Case Example

The case was initiated by a call from the client's father (legal Guardian), who made allegations that his son's current placement was inappropriate and was failing to meet his son's treatment needs. The present placement was at Lee Alan Bryant a Residential Care facility in Parke County. The client a 48 year old with a long history of treatment for depression whose needs were further complicated by a traumatic brain injury as a result of a self-inflicted gunshot injury to his head.

IPAS-PAIMI during its review of the facts concerning the situation, found that the treating psychiatrist's recommendations for the client included a transfer to the Center for Comprehensive Services in Carbondale, Illinois, a facility specializing in treating individuals with head injuries. Additionally, the psychiatrist agreed that the current placement could neither meet nor provide the specialized and appropriate treatment needs of the client. While the client was viewed as an individual who was functioning at a relatively high level, he still has significant processing issues as a result of his head injury. Indiana Medicaid refused to approve funding for him to transfer on grounds that Medicaid monies could only pay for services within Indiana. While there did not appear to be a dispute concerning the level and type of services needed by the client, Indiana Medicaid's refusal was based upon an apparent Buy Indiana initiative in an effort to support Indiana providers. With no identified treatment facilities within Indiana capable of providing the needed services for an individual with traumatic head injury, IPAS-PAIMI agreed to provide representation in the Medicaid appeals process to challenge the denial of Indiana Medicaid to consider out of state placements.

IPAS-PAIMI filed a lawsuit alleging inadequate medical care and arbitrary denial of appropriate services. As the briefing progressed, defendant made settlement offer to approve Medicaid funding to transfer client to the requested facility in Illinois. Client was transferred and, per the new treating psychiatrist and the client's father, the client is now receiving appropriate treatment and is making progress.

Case with a Systemic Impact

IPAS-PAIMI initiated case following a call from a staff of the Parke County Residential Care Center (PCR) alleging that the Hamilton Center, Inc. (HCI), an outside service provider for PCR, was not fulfilling its obligation to provide a mental health counselor for the residents of PCR. Allegedly failure of services was due to staff shortage at the HCI. It was reported that for one particular resident he had a Care Plan that called for two hours of individual therapy a month which he had not been receiving. During initial fact finding, IPAS was told by the client that he has not seen a therapist "in a long time". A subsequent review of the clinical records and interviews with the Administrator and Director of Nursing (DON) of PCR confirmed that that the client had only received individual therapy a few times since arriving at PCR. During an interview with the treating psychiatrist, the psychiatrist expressed it was his professional opinion that the client needed to be seen on a regular basis. Additionally the PCR staff expressed concerns that there was a need of individual therapy because of client's continued expression of frustration and anger issues. Yet despite PCR' reported repeated calls to the administration of the HCI the situation had not changed. A review of the records produced by the HCI staff found a single progress note in each year of 2001, 2002 and 2005. The last treatment plan was developed in May of 2004 called for Individual Therapy- 2hrs per month.

IPAS contacted the Joint Commission Office of Quality Monitoring (JACHO) and filed a complaint on this individual's behalf. Following a less than positive response from JACHO, IPAS contacted the Assistant Deputy Director of License Certification of the Indiana Division of Mental Health and Addiction (DMHA) of concerns on behalf of this individual and others experiencing the same situation concerning the lack of services from HCI.

Following concerns expressed from DMHA to HCI in regards to their contractual agreement HCI implemented previously agreed changes. The subsequent systemic change resulted in increased documentation that includes HCI's visiting therapist now completing a Sign in Sheet for each individual documenting the date, and amount of time spent with individual, in addition to individual notes for the each client's individual clinical file. For IPAS' client, his treatment plan was updated and a subsequent review found that services being received as per the treatment plan. This change in policy affected a facility that houses 58 individuals.

2. F. OBJECTIVE was NOT MET

2. B. OBJECTIVE PAIMI 2008 106
2. D. TARGET 10 Investigations
2. E. OUTCOME

For the year eight service requests have been closed which represented 80% completion of this objective.

- Four were determined not to have merit
- One was not resolved in client's favor
- Two were resolved in client's favor
- One was terminated by client

At the year's end 16 service requests remained opened.

In another example of the client's initial complaint not being resolved but leading to other issues IPAS-PAIMI was contacted by an offender housed in the Westville Control Unit, a maximum security Indiana Department of Correction (DOC) facility. His original allegation of abuse after a thorough investigation could not be substantiated by the IPAS-PAIMI. In the course of fact finding, IPAS-PAIMI became aware that he is inappropriately housed and is even being held in possible violation of a DOC and American Civil Liberties Union of Indiana (ACLUI) agreement which made provisions for seriously mentally ill individuals to not be held in maximum security lockdown segregated conditions. Based upon this concern, IPAS-PAIMI undertook efforts to determine if other offenders were similar housed which appeared to be the case. The general issue of inappropriate segregation of mentally ill prisoners in the prison system is an ongoing concern. IPAS-PAIMI and the ACLUI are in the preliminary stages of pursuing this as a systemic issue. The estimated potential impact is based upon the Statewide Correctional Facility Avg. Daily population of adult males for the calendar year 2007 (latest available data) of 22,381 from using the conservative national studies of 20% of incarcerated population would be individuals with a mental illness then the extrapolated population benefited would be 4476 individuals.

2. F. OBJECTIVE was NOT MET

As part of the pending litigation at the close of the fiscal year, the objective will be carried into the new fiscal year.

2. B. OBJECTIVE PAIMI 2008 107
2. D. TARGET 10 Investigations
2. E. OUTCOME

For the year eight service requests have been closed which represented 80% completion of this objective.

- Four were resolved in client's favor

- Four were terminated by client

At the year's end five service requests remained opened.

Initially IPAS-PAIMI had to overcome several County Jail's initial response of refusal of access to records. While it was hoped to develop a written agreement, a verbal agreement was reached with the lead counsel representing the Sheriff's Association. This cleared the way for several open cases for IPAS-PAIMI staff to access of records, in several cases. While not timely, a subsequent review found that many issues had been corrected shortly after IPAS-PAIMI's initial request. Evaluations were completed and treatment was begun for two clients after concerns of the lack of psychiatric evaluation and treatment were simply raised by IPAS-PAIMI.

2. F. OBJECTIVE was NOT MET

2. B. OBJECTIVE PAIMI 2008 108

2. D. TARGET 20 Monitoring

2. E. OUTCOME

Since January 2006 for all PAIMI facility abuse/neglect cases that were opened, advocacy staff was directed to gather information concerning the facilities' internal response to the allegation that caused IPAS-PAIMI case opening. The intent was to create an objective and systemic review of the facility's internal response to an abuse/neglect allegation, as it had been hypothesized that most facilities had either a requirement via their accreditation, certification or statutory responsibilities to conduct an internal investigation.

Over the run of the 24 months of data collection, 88 incidents reviewed by IPAS-PAIMI. Only 29 (33%) caused the facility to initiate an internal review. Only eight (9%) were perceived as severe enough (met the definition) for mandatory reporting to Adult Protective Services (APS). On average it took a facility three days following the incident to make the report to APS. While IPAS-PAIMI was able to document the report to APS, in none of the cases did APS investigate.

In most cases for IPAS-PAIMI clients this could be an indication that the client is not accessing the internal process prior to contacting IPAS-PAIMI or perhaps the facility has no formal method to deal with the issue being raised by the client hence their contact to IPAS-PAIMI for assistance and potential relief. This lack of a formal method to deal with the issue could be as basic as a difference in definitions of abuse, neglect, complaint and grievance among IPAS-PAIMI, the facility and APS. On a positive note, when a facility did do an investigation IPAS-PAIMI staff concurred with their findings nearly 100% of the time.

Additionally over the course of the year, IPAS-PAIMI has conducted outreach to APS both in mailings describing IPAS-PAIMI' role in abuse and neglect allegations and personal contacts by the locally assigned IPAS-PAIMI Advocate. In both the mailing and visits by IPAS-PAIMI Advocates, APS has been asked to refer to IPAS-PAIMI abuse and neglect allegations which meet IPAS-PAIMI objectives when APS is not able to review.

For next year the information gathered will be used to direct IPAS- PAIMI case selection to minimize overlap of services with other agencies.

2. F. OBJECTIVE was MET

2. B. OBJECTIVE PAIMI 2008 109

2. D. TARGET 12 Investigations

2. E. OUTCOME 3

For the year three service requests have been closed which represented 25% completion of this objective.

- Two were determined not to have merit

- One was resolved in client's favor

At the year's end three service requests remained opened.

The one case that IPAS-PAIMI resolved successfully, involved a child whose parent contacted IPAS-PAIMI expressing concerns regarding the deteriorating behavioral functioning of her son housed at a PTRF. When IPAS-PAIMI began reviewing the client's records it found numerous and frequent medication and treatment changes. The facility had recently changed management team who had instituted new philosophies and there had been numerous staff changes. The lack of continuity was addressed resulting in the client's behaviors improving from daily episodes to only twice a month. Following a successful visit with family out of state, his discharge back home was arranged.

2. F. OBJECTIVE was NOT MET

During the last quarter all 14 PRTFs were directly contacted by the locally assigned IPAS/PAIMI advocate for outreach purposes as well as to clarify who are the initial contact points within the facility for when IPAS/PAIMI has a case. Additionally IPAS/PAIMI staff emphasis was to remind the facility director concerning the mandatory timely reporting of serious incidents to IPAS/PAIMI as well as notification to guardians concerning IPAS/PAIMI and its role in an attempt to generate referrals for the upcoming year.

2. B. OBJECTIVE PAIMI 2008 110
2. D. TARGET 5 Investigations
2. E. OUTCOME 0

For the year no service requests have been closed which represented 0% completion of this objective.
At the year's end 1 service request remained opened.

2. F. OBJECTIVE was NOT MET

During the last quarter of the year all 22 juvenile detention facilities were directly contacted by the locally assigned IPAS-PAIMI advocate for outreach purposes as well as to clarify who are the initial contact points within the facility. Additionally IPAS-PAIMI encouraged and provided materials to the facility to for notification of IPAS-PAIMI to the guardians in an attempt to generate referrals for the upcoming year.

GOAL 2 To reduce or eliminate the denial of rights and discrimination due to a mental illness diagnosis. (Contains 200# Objective series)

2. B. OBJECTIVE PAIMI 2008 201
2. D. TARGET 20 Representations
2. E. OUTCOME 8

For the year eight service requests have been closed which represented 40% completion of this objective.

- One was not resolved in client's favor
- Five were resolved in client's favor
- Two were terminated by client

At the year's end 4 service requests remained opened.

In five cases IPAS-PAIMI was either successful in stopping a planned reduction of services or expanding those services. While in another case IPAS-PAIMI was successful at the initial due process hearing, the parents chose not to challenge the school's appeal thus be default the school prevailed.

Lastly in the two remaining cases the parents chose to pursue their own advocacy without IPAS-PAIMI direct assistance.

Case Example

IPAS-PAIMI was contacted by a foster parent concerning a teenager living with her that was facing expulsion from his current school setting. Prior to the alleged disciplinary action the child had already been suspended 11 days in the first 8 weeks of school. Additionally, despite a history of psychiatric hospitalizations and attending a day treatment program, the school had yet to conduct an educational evaluation to determine if he was eligible under the provisions of either Special Education or Section 504. School personnel felt that sending homework to the teenager via his 4th grade foster sister and a teacher calling the house daily fulfilled their responsibility to provide an education. The IPAS-PAIMI advocate assigned to the case provided technical assistance to the foster parent as well as representation at the child's Case Conference to discuss eligibility. The school agreed to identify the child as Emotionally Disabled and develop an Individual Educational Plan to address the child's educational and behavioral needs. The expulsion process was halted. The child's initial placement of homebound was continued at the request of the foster parent, with increased services from homebound services with no direct teacher instruction to 10.5 hours of direct teacher lead services with behavioral supports. The IEP also set out the transitional process for the child back into the school building. Thus with IPAS-PAIMI assistance the student was identified as a student with a disability, educational services were restored, and an Individualized Education Plan was developed.

2. F. OBJECTIVE was: NOT MET

Educational issues continue to be a frequent requested area for IPAS-PAIMI involvement. For the upcoming fiscal year the case selection criteria was broadened. The new criterion was developed to capture those situations where the child with mental illness has had their educational services reduced by the school.

2. B. OBJECTIVE PAIMI 2008 202
2. D. TARGET 12 Representations
2. E. OUTCOME 4

For the year four service requests have been closed which represented 33% completion of this objective.

- Three were resolved in client's favor
- One was terminated by client

At the year's end one service request remained opened.

In three of the cases IPAS-PAIMI was either successful in stopping a planned reduction of services or expanding those services. In one case the child's educational services increased from two hours to the full school day.

2. F. OBJECTIVE was NOT MET

This objective was discontinued in the upcoming year as it was seen as too limiting to apply to only a few school systems and not producing the hoped systemic impact. Instead the identified more systemic problem of arbitrary reduction of services by schools and staff circumventing the procedural safeguards will be addressed next year in the expanded objective 201.

2. B. OBJECTIVE PAIMI 2008 203
2. D. TARGET 10 Representations
2. E. OUTCOME 7

For the year eight service requests have been closed which represented 80% completion of this objective.

- One was determined not to have merit PAIMI
- Four were resolved in client's favor PAIMI
- Three were terminated by client

At the year's end seven service requests remained opened.

Case Examples

The client's mother contacted IPAS-PAIMI alleging that the client was denied placement in a Madison Center (CMHC) group home simply because the home was not wheelchair accessible. IPAS-PAIMI agreed to investigate this discriminative issue.

Beginning investigation showed that the female client was currently residing in a semi-independent living program apartment but was experiencing some problems with the placement so CMHC staff was attempting to have her evaluated for service needs. She had repeatedly refused the evaluation and the problems at the apartment complex were escalating, with the apartment manager threatening eviction.

IPAS-PAIMI spoke with CMHC staff to learn that the client had not been denied group home placement at all. The issue was that she appeared to not been a good candidate for placement at the facility (which was actually a Room and Board Assistance home) because there was some discrepancy as to what level of assistance she required with her daily living skills. The IPAS-PAIMI staff worked with the client and her mother to assist with arranging for the necessary evaluation which was eventually completed.

The results of the evaluation were shared with all parties. While this whole issue was being dealt with, client's mother also worked with client's physicians titrated her medications. Resulting in the need for less staff interventions for behavioral issues at her apartment With the pressing concern of behavioral outbursts having been remedied, her treatment team was able to focus supporting her skill development for independence. With the apartment manager no longer pressing for eviction, the client is continuing to live in her own apartment in the community.

Case with a Systemic Impact

In another case involving a client who in addition to his mental illness also was hearing impaired, had among his other complaints concerning his care and treatment was also accessibility of the TV. The assigned staff from IPAS was quickly able to negotiate a resolution to the TV issue. The facility agreed to provide captioning permanently on the facility's TVs. No copy of the policy/memo change was obtained, rather the change was conveyed via a verbal message from the ADA coordinator. Using the research data from Marushack and Beck, 2001, which concluded that nationally approximately 5.7 percent of a state's inmate population, had a hearing impairment, thus when applying that percentage to the Putnamville Correctional Facility Avg. Daily Population for the Calendar Year 2008 of 2,417. It is estimated that this change benefited approximately 138 individuals.

2. F. OBJECTIVE was NOT MET

Objective will continue into the new fiscal year.

2. B. OBJECTIVE PAIMI 2008 204

2. D. TARGET 3 Investigations

2. E. OUTCOME 4

For the year four service requests have been closed which represented 133% completion of this objective.

- Three was determined not to have merit
- One was resolved in client's favor

At the year's end one service request remained opened.

This objective was dominated by cases following the application of the policy for resident's access to the internal grievance process at Logansport State Hospital. In the cases monitored by IPAS-PAIMI none were found to have deviated from the facility's policy and practice.

2. F. OBJECTIVE was MET

2. B. OBJECTIVE PAIMI 2008 205
2. D. TARGET 10 Investigations
2. E. OUTCOME

For the year 14 service requests have been closed which represented 140% completion of this objective.

- Five were determined not to have merit
- Six were resolved in client's favor
- Three were terminated by client

At the year's end five service requests remained opened.

In six of the cases, IPAS-PAIMI staff were faced with allegations that were clearly unfounded which in part appeared to be due to the caller's negative symptomology of their illness. In each of these cases after the IPAS staff established and concurred with that facility's own internal investigation, with the client's permission the issue would be brought to the treatment team's attention. Here the issue, the client's allegation which had caused them great distress would be reviewed. The response from the Treatment Team varied but generally an increase in services would follow for the client. Three clients whose medications were changed displayed enough progress to be discharged back into the community. In one case the client's medications were decreased once IPAS-PAIMI presented to treating physician the client's previously ignored reports of side effects.

2. F. OBJECTIVE was MET

GOAL 3 Increase awareness and effective self-advocacy by working with and supporting advocacy groups and organizations. (Contains the 300# Objective series)

2. B. OBJECTIVE PAIMI 2008 301
2. D. TARGET 75% Meeting Attendance
2. E. OUTCOME 44%

Thus for the year IPAS staff attended and participated in 44% of the Resident/Human Rights Committee meetings held within mental health facilities operated by the Indiana Department of Mental Health and Addiction.

2. F. OBJECTIVE was NOT MET

With the filling of the IPAS-PAIMI's access lawsuit, our involvement at several facilities was terminated by the facility, while at others there appeared to have been no response and are participation was allowed to continue. This is seen as an ongoing project it will continue into next year.

2. B. OBJECTIVE PAIMI 2008 302
2. D. TARGET 75% Meeting Attendance
2. E. OUTCOME 100%

For the year IPAS staff attended and participated in all of the recognized committees, groups and task which represented

100% completion of this objective.

In analysis of the information submitted to this Team Leader during this Priority Year, it appears that IPAS has attended and participated in nearly 100% of the recognized committees, groups and task forces, for which a 75% attendance rate was the goal.

Reviewers from the SAMHSA Project Implementation Team met with staff, residents, and parents at Evansville Psychiatric Children's Center this quarter. IPAS also met with the reviewers at a meeting at which parents discussed their concerns. The parents in attendance felt the program for the seclusion/restraint grant was proceeding well, however, they did express the desire for a better parent support network.

The reviewers also met with the Performance Improvement Team to give feedback as to how the grant was going and some suggestions for areas of improvement. It was suggested that a resident representative be added to the Dietary and Patient Rights' Committees. This has since been implemented. It was also recommended that instead of calling staff Psychiatric Attendants, "friendlier" terminology be used, such as Mentors.

2. F. OBJECTIVE was MET

2. B. OBJECTIVE PAIMI 2008 303
2. D. TARGET 1 Rule/Policy Adoption
2. E. OUTCOME No Rules Adopted (2 publications produced)

During the spring of 2007, Indiana Protection and Advocacy Services (IPAS) contracted with the Indiana Institute on Disability and Community (IIDC) to conduct an analysis of policies and procedures related to time-out, seclusion, and restraint in Indiana public school corporations. Additionally a literature review was undertaken as part of a study to assess the existence of formal policy and procedures regarding the use of seclusion and restraint (and the related use of "time-outs") in Indiana school systems. The purpose of this review is to provide a context for the use of the study's findings and to identify current issues and contemporary practices. Two publications were then created by IIDC as part of this commissioned data study, "Time-Out, Seclusion, and Restraint in Indiana Schools Analysis of Current Policies" and "Time-Out, Seclusion, and Restraint in Indiana Schools Literature Review".

During the last quarter IPAS has begun the process of distributing both of these publications with a cover letter under the IPAS' Executive Director's signature in a series of mass mailings. To date the publications were first distributed back to all of the individual school Superintendents (302 copies), that was then followed by distribution to the School Board Presidents (302 copies) and lastly to those identified individual school's Director of Special Education (108 copies).

2. F. OBJECTIVE was NOT MET

IPAS-PAIMI's plan is to continue the distribution of the publications in hope to generate a dialogue to facilitate a change. Its progress will be monitored into the next year.

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2. B. OBJECTIVE PAIMI 2008 304
2. D. TARGET 1 Rule/Policy Adoption
2. E. OUTCOME No Rules Adopted .

While IPAS began the quarter as part of an interagency task force along with the State Department of Health, Office of Medicaid Policy and Procedure, Division of Mental Health and Addiction and Department of Child Services to review the regulatory issues concerning those rules affecting Children's Homes and Child Caring Institutions and Psychiatric Residential Treatment Facilities (PRTFs) Providing Psychiatric Services to Individuals Under Age 21. Subsequent to the decision and appeal of the IPAS-PAIMI's access lawsuit, our involvement in the task force was summarily dismissed in September.

2. F. OBJECTIVE was NOT MET

With the closure of the first avenue to address the problem , next year the objective will continued with plans to parallel the efforts as used in the school issue PAIMI 303

GOAL 4 Increase awareness and effective self-advocacy by providing education and training about disability rights and the exercise of these rights. (Contains the 400# Objective series)

2. B. OBJECTIVE PAIMI 2008 401
2. D. TARGET 4 Public Education and Constituency Training event
2. E. OUTCOME 14

For the year 14 Public Education and Constituency Training events were held which represented 350% completion of this objective

2. F. OBJECTIVE was MET

2. B. OBJECTIVE PAIMI 2008 402
2. D. TARGET 10 Public Education and Constituency Training event
2. E. OUTCOME 7

For the year 7 Public Education and Constituency Training events were held which represented 70% completion of this objective.

2. F. OBJECTIVE was NOT MET

Due to the litigation needs to address the predominate issue facing IPAS-PAIMI was challenges regarding IPAS-PAIMI's access to clients, client areas, client's records and facility peer review records. As well as the litigation needs of the law suit against the Indiana Department of Correction concerning the treatment needs of offenders in segregation caused a suspension of activity in this area to conserve available resources personal and fiscal.

2. B. OBJECTIVE PAIMI 2008 403
2. D. TARGET 4 Public Education and Constituency Training event
2. E. OUTCOME 0

For the year no Public Education and Constituency Training events were held which represented 0% completion of this objective.

2. F. OBJECTIVE was NOT MET

Due to the ongoing needs to conserve available resources for the litigation needs of IPAS-PAIMI, activities in this objective were suspended.

2. B. OBJECTIVE PAIMI 2008 404
2. D. TARGET 2 Public Awareness events
2. E. OUTCOME 0

For the year no Public Awareness events have been held which represents 0% completion of this objective.

2. F. OBJECTIVE was: NOT MET

Work was begun regarding collaboration with the Governor's Council for People with Disabilities, Indiana Civil Rights Commission (ICRC), IPAS and the Back Home in Indiana Alliance to promote choice and control within the area of affordable housing for adults with disabilities and families with children with disabilities. The intent of the collaboration is to further access to affordable and accessible housing for people and to promote fair housing. The project will provide public housing education, training and technical assistance for people with disabilities. Steve Gold, a noted civil rights and disability rights attorney, has been invited to conduct several trainings and provide technical assistance over the course of a year.

2. B. OBJECTIVE PAIMI 2008 405
2. D. TARGET 4 Public Awareness
2. E. OUTCOME 4

For the year four Public Awareness events have been held which represents 100% completion of this objective.

2. F. OBJECTIVE was MET

2. B. OBJECTIVE PAIMI 2008 406
2. D. TARGET 1 New CIT Team Creation
2. E. OUTCOME 1

In addition to continuing its support with existing teams, IPAS-PAIMI supported the creation of a new Crisis Intervention Team within the Evansville Police Department. Evansville is Indiana's 3rd largest city. The Evansville Police department consists of 321 employees, of whom 285 are sworn officers and 36 are non-sworn employees. They provide law enforcement services for a population of approximately 127,000.Their Patrol services handle approximately 108,853 calls annually.

2. F. OBJECTIVE was MET

GOAL 5 Provide timely and accurate information about disability rights and technical assistance concerning the exercise of these rights.(Contains the 500# Objective series)

2. B. OBJECTIVE PAIMI 2008 501
2. D. TARGET 875 Information and Referral (I&R)
2. E. OUTCOME 788

For the year IPAS-PAIMI documented 788 Information and Referrals (I&R) which represents 95% completion of this objective.

As in the past, IPAS-PAIMI continued to receive high consumer satisfaction concerning the agency's informational/referral services. This year the return rate of questionnaires was 18%. Concerning our informational/referral services, 67% of respondents reported that they found our informational/referral services to be helpful. 100% reported that we responded to

their initial request within our agency self imposed goal of two days.

2. F. OBJECTIVE was NOT MET

This service will continue for next year, efforts will continue to focus on outreach which in turn should produce a greater awareness of IPAS-PAIMI.

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 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 at start of FY. 29*

[This category reflects the number of individuals supported with 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*. 121

[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 of PAIMI-eligible individuals served in 3.A.1. & 3. A. 2. 150*

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. ___1___ or non-priority issues 3.A.4.ii _4 [include individuals who received other services such as information and referral in-lieu]. TOTAL 3.A.4. [Equals the sum of 3.A.4.i. &3.A.4.ii] ___5_____.

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.

- IPAS-PAIMI will be continuing its litigation in order to exert its access authority to the clients and records.
- Access to treatment for individuals with mental illness within the state's correctional system will continue via litigation in a class action lawsuit.
- Additionally IPAS-PAIMI will continue its systemic efforts concerning the lack of policy, regulations regarding the unfettered use of restraint and seclusion of children within the public school system. This effort will be expanded to include the minimal regulated child caring institutions.
- For children with mental illness within the public schools the objective and case selection criteria in FFY 09 fiscal year will be changed to include children that are having their access to LRE educational services summarily restricted by personnel within the school system.

3. B. NUMBER OF COMPLAINTS/PROBLEMS OF PAIMI-ELIGIBLE INDIVIDUALS.	Total 182

[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 0	*5 – 12 9*	*13 – 18 18*	*19- 25 17*	*25 – 64 98*	*64+ 8*	*Total 150*

The total of 3.C. should equal the total number of individuals served listed in 3. A.3

3. D. GENDER OF INDIVIDUALS*

3.D.1. Male *100*	3.D.2. Female *50*	3.D.3. Total* *150*

3.D.3. should equal the total number of individuals served listed in 3. A.3

3. E. ETHNICITY/RACIAL BACKGROUND OF PAIMI-ELIGIBLE INDIVIDUALS			
1. American Indian/ Alaska Native	*2*	4. Hispanic/Latino	*7*
2. Asian	*0*	5. Native Hawaiian/ Other Pacific Islander	*0*
3. Black/African American	*24*	6. White	*117*
TOTAL			*150*
[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	*24*
2 - Parental or other family home	*18*
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).	*5*
5 - *Non-medical community-based residential facility for children &	*0*
6 - Foster Care	*1*
7 - *Nursing Facilities, including Skilled Nursing Facilities(SNF)	*0*
8 - *Intermediate Care Facilities (ICF)	*0*
9 - * Public and Private General Hospitals, including emergency rooms.	*1*
10 - * Other health facility	*0*
11 - Psychiatric wards (public or private)	*5*

12 - Public (Municipal or State-operated) Institutional Living Arrangements (e.g., hospital treatment center/school or large group home 4+ beds).						***53***
13 - Private Institutional Living Arrangement (e.g., hospital or treatment center, school or large group home more than 3 beds).						***9***
14 - Legal Detention/Jail/Detention Center						***8***
15 - State Prison						***22***
17 – Homeless						***1***
18 - Federal Facility (List)	**a. Detention**	**b. Prison - Fed. Pen. at Terre Haute**	**c. Veterans Hospital**	**d. Military**	**e. Other (describe)**	***3***
TOTAL						***150***

The TOTAL for 3.F. equals the total listed in 3. **A.3** *Expanded authorities under the Children's Health Act of 2000, Part H, section 592(a) and Part I Section 595, as codified respectively under Title V. Public Health Service Act, 42 U.S.C. at 290ii- 290ii and 290jj-1 - 290jj(2).

SECTION 4. COMPLAINTS/PROBLEMS of PAIMI-ELIGIBLE INDIVIDUALS

4. A.1. AREAS OF ALLEGED ABUSE: Number of complaints/problems – Make every effort to report within the following categories:	**Closed Cases only**	**OUTCOMES**			
	TOTAL	**A**	**B**	**C**	**D**
a. Inappropriate or excessive medication	***4***	***2***	***1***	***0***	***1***
b. Inappropriate or excessive					
1. Physical restraint	***5***	***0***	***0***	***0***	***5***
2. Chemical restraint*	***0***	***0***	***0***	***0***	***0***
3. Mechanical restraint*	***0***	***0***	***0***	***0***	***0***
4. Seclusion	***0***	***0***	***0***	***0***	***0***
c. Involuntary medication	***0***	***0***	***0***	***0***	***0***
d. Involuntary Electrical Convulsive Therapy (ECT)	***1***	***1***	***0***	***0***	***0***
e. Involuntary aversive behavioral therapy	***0***	***0***	***0***	***0***	***0***
f. Involuntary sterilization	***0***	***0***	***0***	***0***	***0***
g. Failure to provide appropriate mental health treatment	***31***	***7***	***3***	***10***	***11***
h. Failure to provide needed or appropriate treatment for other serious medical problems	***9***	***3***	***0***	***1***	***5***
i. Physical Assault					

1. Serious injuries related to the use of seclusion and restraint.*	*2*	*1*	*0*	*0*	*1*
2. Serious injuries NOT related to seclusion and restraint.	*3*	*1*	*0*	*1*	*1*
j. Sexual assault	*5*	*2*	*1*	*0*	*2*
k. Threats of retaliation or verbal abuse by facility staff	*3*	*0*	*0*	*2*	*1*
l. Coercion	*0*	*0*	*0*	*0*	*0*
m. Financial exploitation	*0*	*0*	*0*	*0*	*0*
n. Suspicious death	*2*	*0*	*0*	*0*	*2*
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].	*0*	*0*	*0*	*0*	*0*
TOTAL	***65***	***4***	***1***	***3***	***29***

*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).

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 environment was changed to increase safety or welfare.

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

5 – Hamilton Center (3 cases); Park County Residential Care Center (1 case); Logansport State Hospital (1 case)

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).

29

Allegation not substantiated – 12 cases

Allegation not substantiated, and client informed of rights – 4 cases

Client's whereabouts unknown and therefore unable to complete investigation - 1 case

Client would not sign releases and could not obtain records without them – 2 cases

Complaint withdrawn as it was resolved without IPAS intervention – 1 case

Allegation unmerited – 5 cases

Client terminated IPAS representation – 2 cases

Working with client brought to light that Dept of Corrections is currently in default of an agreement they made with the ACLU regarding the housing of seriously mentally ill offenders – 1 case

IPAS verified that allegations were taken seriously and promptly investigated by facility - 1 case

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.	***26***
b. Number complaints/problems withdrawn or terminated by client.	***9***
c. Number of complaints/problem favorably resolved in the client's favor.	***28***
d. Number of complaints/problem not favorably resolved in the client's favor.	***2***
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.].***	***65***

SECTION 4. COMPLAINTS/PROBLEMS of PAIMI-ELIGIBLE INDIVIDUALS						
4. B.1. AREAS OF ALLEGED NEGLECT – [failure to provide for appropriate . . .] - Number of Complaints/Problems:	**Number from *Closed Cases* only. TOTAL**	**OUTCOMES**				
		A	**B**	**C**	**D**	**E**
a. Admission to residential care or treatment facility	*4*	*0*	*1*	*2*	*1*	*0*
b. Transportation to/from residential care or treatment facility	*0*	*0*	*0*	*0*	*0*	*0*
c. Discharge planning or release from a residential care or treatment facility	*6*	*0*	*0*	*4*	*0*	*2*
d. Mental health diagnostic or other evaluation (does not include treatment)	*2*	*1*	*0*	*0*	*1*	*0*
e. Medical (non-mental health related) diagnostic or physical examination	*1*	*0*	*0*	*1*	*0*	*0*
f. Personal care (e.g., personal hygiene, clothing, food, shelter)	*1*	*0*	*0*	*0*	*1*	*0*
g. Physical plant or environmental safety	*1*	*0*	*0*	*0*	*1*	*0*
h. Personal safety (client-to-client abuse)	*1*	*0*	*0*	*0*	*0*	*1*
i. Written treatment plan	*4*	*0*	*0*	*1*	*2*	*1*
j. Rehabilitation/vocational programming	*0*	*0*	*0*	*0*	*0*	*0*
k. Other. [Please describe. However, make every effort to report within the above categories.	*0*	*0*	*0*	*0*	*0*	*0*
TOTAL	*20*	*1*	*1*	*8*	*6*	*4*

SECTION 4. COMPLAINTS/PROBLEMS of PAIMI-ELIGIBLE INDIVIDUALS

4. B.2. NEGLECT OUTCOME STATEMENTS

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).

A. Validated neglect complaints that have a favorable resolution as a result of P&A intervention.

B. Positive changes in policy, law, or regulation regarding neglect in facilities (describe facilities).

1 case – Lee Allen Bryant (an RBA)

C. Persons with disabilities discharged consistent with their treatment plan after P&A involvement.

D. Persons with disabilities whose treatment plans met selected criteria.

6 cases

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

4 cases

Complaint was found to have no merit. – 1 case
Client left facility, so no discharge planning was provided. – 1 case
Client withdrew complaint, stating that all issues had been successfully resolved without IPAS assistance. – 1 case
Although IPAS could not substantiate neglect, it appeared that the alleged incident of client-to-client abuse was done on purpose and the alleged perpetrator was transferred out of the facility. – 1 case

4. B.3. NEGLECT COMPLAINTS DISPOSITION

For closed cases listed in Table 4.B.1., provide the numbers of neglect complaints or problem areas for each disposition category. [See, 42 U.S.C. 10802(5)].

a. Number of complaints/problems determined after investigation not to have merit.	***8***
b. Number complaints/problems withdrawn or terminated by the client.	***1***
c. Number of complaints/problem favorably resolved in the client's favor.	***10***
d. Number of complaints/problem not favorably resolved in the client's favor.	***1***
e. TOTAL number of complaints/problem addressed from closed cases. ***[The sum of Items 4.B.3. a - d equals the total for 4.B.3.e. which must equal the total in Table 4. B.1.].***	***20***

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 TOTAL	Outcomes			
		A	B	C	D
a. Housing Discrimination	2	0	1	0	1
b. Employment Discrimination	0	0	0	0	0
c. Denial of financial benefits/ entitlements (e.g., SSI, SSDI, Insurance)	0	0	0	0	0
d. Guardianship/ Conservator problems	0	0	0	0	0
e. Denial of rights protection information or legal assistance	1	0	0	0	1
f. Denial of privacy rights (e.g., congregation, telephone calls, receiving mail)	0	0	0	0	0
g. Denial of recreational opportunities (e.g., grounds access, television, smoking)	0	0	0	0	0
h. Denial of visitors	0	0	0	0	0
i. Denial of access to or correction of records	1	0	1	0	0
j. Breach of confidentiality of records (e.g., failure to obtain consent before disclosure)	0	0	0	0	0
k. Failure to obtain informed consent (see also, involuntary treatment)	0	0	0	0	0
l. Failure to provide education (consistent with IDEA and state requirements)	12	6	4	0	2
m. Advance directives issues	0	0	0	0	0
n. Denial of parental/family rights	0	0	0	0	0
o. Consumer financial issues	0	0	0	0	0
p. Immigration issues	0	0	0	0	0
q. Criminal justice issues	1	0	0	0	1
r. Denial of community habilitation services	1	1	0	0	0
s. Health insurance/managed care issues	1	1	0	0	0
t. Other. [Please describe separately. Make every effort to report within the above categories.] Architectural Barriers – 1 case Civil Commitment – 1 case Program Accommodations (ADA) – 1 case	3	2	1	0	0
TOTAL (Sum of items a. - t.)	22	10	7	0	5

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:
5 cases
Case closed due to lack of cooperation/lack of response – 4 cases
Investigation showed that Logansport State Hospital had responded appropriately to the internal grievance, resulting in no rights violation – 1 case

4. C.3. RIGHTS VIOLATIONS DISPOSITION

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

a. Number of complaints/problems determined after investigation not to have merit.	***3***
b. Number complaints/problems withdrawn or terminated by client.	***6***
c. Number of complaints/problems favorably resolved in the client's favor.	***12***
d. Number of complaints/problems not favorably resolved in the client's favor	***1***
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.].*	***22***

SECTION. 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 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 (Closed Cases)	Outcomes (Closed Cases)							
	Total	A	B	C	D	E	F	G
1. Short Term Assistance	17	7	6	12	7	0	6	3
2. Abuse/Neglect Investigations-	78	41	20	48	13	22	55	24
3. Technical Assistance	5	2	4	5	3	0	1	2
4. Administrative Remedies	1	1	1	1	0	0	0	0
5. Negotiation/ Mediation	6	5	5	6	1	0	2	3
6. Legal Remedies	1	1	0	1	2	0	2	0
Total	108	57	36	73	26	22	66	32

SECTION. 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 were 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.

SECTION. 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. Briefly list the source for each death reported in this category, e.g., newspaper, concerned citizen, relative, etc. (9)

concerned citizen (9)

d. TOTAL (9)

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 *NOT* related to incidents of S & R.	2
d. Total Number of deaths investigated [Sum of 4.E.2. a-c].	2

SECTION. 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.**

This case was opened by IPAS Case review selection committee as a suspicious death. Record review and staff interview evidenced that the individual was 87 years old with a medical history of Chronic obstructive Pulmonary Disease, Ataxia NOS, Recurrent aspiration pneumonia, and Hypertension, all directly related to the cause of death, stated as Cardiac arrest on the death certificate. No Autopsy was done. The individual had been transferred to the local general hospital for evaluation of respiratory and cardiac function due to elevated temperature and low oxygen saturation. He was treated for pneumonia and returned to state operated facility five days later. The client's guardian was notified of the medical status of the individual and A DNR order was in place.

During the day following readmission to the state operated facility the client was found slumped over . Oxygen was started but ineffective.

The facility allowed IPAS-PAIMI access to the internal investigation report but the facility would not allow copies of this document to be made. The results of the internal investigation were consistent with other findings and reports. IPAS-PAIMI made contact with the guardian, and the guardian did not suspect any abuse or neglect and complimented the provider agency on the care of the individual.. All charting notes were consistent with fact-finding and related documentation. The internal investigation did not make any recommendations. In Summary, this was not a suspicious death based on initial reports to the agency and initial review and fact-finding. There is no evidence of abuse or neglect in the death of the individual, and no allegations were made concerning the death.

SECTION 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 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	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	**Potential number of Individuals Impacted**	**Concluded Successfully**	**Concluded Unsuccessfully**	**On-going**
1. Group Advocacy non-litigation				
2. Investigations *(non-death related)*				
3. Facility Monitoring Services	**2,095(SOFs)**			**XXX**
4. Court Ordered Monitoring				
5. Class Litigation	**4476 (IDOC)**			**XXX**
6. Legislative & Regulatory Advocacy	**14,400 (Sp Ed)**			**XXX**
7. Other				
TOTAL	**20,971**			

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 informat on the objectives for these types of interventions in sequential steps that are achievable within the annual reporting period, such as, conducting research, identif 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 exampl 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.

Facility Monitoring Services

IPAS-PAIMI participated, as funding allowed, in the Resident/Human Rights Committee meetings at state operated mental health facilities. The basic, most general goal and purpose of all Resident/Human Rights Committees is to assist with protecting and enhancing the rights and dignity of persons receiving services at the state operated facilities while promoting the facility's code of organization ethics and the State of Indiana Code of Ethics. However, the more specific goal and purpose of each Resident/Human Rights Committee depends largely upon which facility the committee serves as well as said facility's population. One committee may review and resolve patient complaints and review proposed policies which may impact patient rights', while another may review the specific treatment plan of the most difficult-to-treat patients, oftentimes requiring discussion of treatment modalities which may also include rights' implications. IPAS-PAIMI's participation is on-going project under the Facility Monitoring Services section. However with the filing of the IPAS-PAIMI's access lawsuit, our involvement at several facilities was terminated by the facility the participation by IPAS-PAIMI staff was disruptive thus preventing a continuity of participation. In the past IPAS-PAIMI's regular involvement allowed for the addressing of systemic issues at this administrative process which was not possible in the adversarial environment.

Class Litigation

During the review of an unrelated individual complaint, IPAS-PIAMI determined that inmates with a mental illness continue to be housed in segregated units despite the American Civil Liberties Union of Indiana (ACLUI)'s settlement agreement in a federal lawsuit called Mast v. Donahue, in which the Indiana Department of Correction (DOC) agreed to desist from housing such inmates in the secured unit at Wabash Valley. IPAS will partner with ACLUI to challenge the DOC's continuing practice of housing inmates who have an Axis I diagnosis to segregated units, a practice that IPAS believes is a deprivation of a person's right to be free of cruel and unusual punishment. IPAS is plaintiff and will share co-counsel duties under an agreement with ACLUI.

Legislative & Regulatory Advocacy

During the spring of 2007, Indiana Protection and Advocacy Services (IPAS) contracted with the Indiana Institute on Disability and Community (IIDC) to conduct an analysis of policies and procedures related to time-out, seclusion, and restraint in Indiana public school corporations. Additionally a literature review was undertaken as part of a study to assess the existence of formal policy and procedures regarding the use of seclusion and restraint (and the related use of "time-outs") in Indiana school systems. The purpose of this review is to provide a context for the use of the study's findings and to identify current issues and contemporary practices. Two publications were then created by IIDC as part of this commissioned data study, "Time-Out, Seclusion, and Restraint in Indiana Schools Analysis of Current Policies" and "Time-Out, Seclusion, and Restraint in Indiana Schools Literature Review".

During the last quarter of the fiscal year, IPAS-PAIMI has begun the process of distributing both of these publications in a series of mass mailings.

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 788**

6.B. STATE MENTAL HEALTH PLANNING ACTIVITIES

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

Three members of the PAC are appointed to the Indiana's Division of Mental Health and Addiction (DMHA)'s Transformation Work Group (TWG), Subgroup on Consumer/Family Involvement.

Two members of the PAC serve on the Indiana's Division of Mental Health and Addiction (DMHA)'s Mental Health Planning Council.

And one member also serves of the state of Indiana Commission on Mental Health, Legislative Services.

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.	**Total 33**
6. C.1. b. Number of individuals receiving the information.	**Total 3282**
6. C.2. Number of education/training activities undertaken.	**Total 7**

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)].	**Total 7**
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 105**

SECTION 6. NON-CLIENT DIRECTED ADVOCACY ACTIVITIES

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

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	NUM BER OF EVENTS	# of persons who received the information	OUTCOMES			
				Total A - C	A	B	C
a. Radio/TV appearances.							
b. Newspaper articles (attach copies of articles).							
c. Public Services Announcements (PSA), videos/films/, etc.							
d. Reports	1480	2	770	770			770
e. Publications, including articles in Professional journals.	1	1	1500				
f. Other P& A disseminated information, includes general training, outreach activities or presentations, brochures and handouts that *were not* included/counted under training activities).	15931		7500	7500	7500		
g. Number Website hits, include visits.	60,177		60,177	60,177	60,177		
h. Describe other media activities. Press Release	1						
TOTALS	77590		69947	68447	67677		770

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 _0__

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] __0___ [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

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. *[Report required, even if no grievances were filed.* [42 CFR 51.25(b)(2)] Total __4____

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

Thomas Gallagher, Executive Director IPAS-PAIMI

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?__3____ [42 CFR 51.25(b)(4)]

7.8. a. Were written responses sent to all grievants? YES ____, NO __X_ If no, explain below.

Since there were no complaints there were no written responses, however if there had been a complaint, IPAS-PAIMI policy does dictate that a response would be sent to all grievants.

7.9. Was client confidentiality protected? YES X , NO____. If no, 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 __ *PROVIDE A COPY OF A NOTICE* and briefly describe how the notice is used to reach persons with mental illness and their families.

b. No X, If no, briefly explain.

IPAS-PAIMI as a state agency abides by the state statute concerning the process in which its Commission and Mental Illness Advisory Board conducts their business and holds its meetings.

Comments are continually solicited and accepted. IPAS publishes and disseminates a newsletter which contains the priorities and objectives; we provide contact information and invite comments. Additionally, we post the proposed priorities and objectives on the web site, provide contact information and invite comment.

Finally, on an annual basis we invite the public to attend the August meeting and provide comment to the Commission regarding proposed priorities and objectives.

COPY OF A NOTICE as published in the *'Indiana Register'*
http://www.in.gov/legislative/iac/20080709-IR-IPA080411ONA.xml.html

-IR- Database: Indiana Register IAC Titles Current IR

INDIANA PROTECTION AND ADVOCACY SERVICES COMMISSION

The Indiana Protection and Advocacy Services (IPAS) Commission, whose mission is to protect and promote the rights of individuals with disabilities through empowerment and advocacy, will receive comments from interested persons concerning proposed priorities and objectives for 2008-2009, during a public meeting August 9, 2008, from 10:00 a.m. - 11:00 a.m., at the IPAS offices, 4701 N. Keystone Ave. Suite 222, Indianapolis, IN 46205. The proposed priorities may be viewed on the IPAS website www.in.gov/ipas or may be obtained by contacting IPAS. Persons wishing to attend who require disability accommodations are requested to notify Gary Richter, Support Services Director, of such needs by July 28, 1-800-622-4845.

Posted: 07/09/2008 by Legislative Services Agency

DIN: 20080709-IR-IPA080411ONA
Composed: Dec 29,2008 1:13:01PM EST
A PDF version of this document.

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* _____; NO ___X __.

8. A.3.a. If YES*, ATTACH *A COPY OF THE AGENCY'S POLICIES/PROCEDURES PERTAINING TO PUBLIC COMMENT.*

8. A.3.b. If NO, *EXPLAIN WHY THE AGENCY DOES NOT HAVE SUCH PROCEDURES IN PLACE*.

IPAS-PAIMI as a state agency abides by the state statute concerning the process in which its Commission and Mental Illness Advisory Board conducts their business and holds its meetings. Thus all received written comments received either by mail or via the agency website are compiled for discussion at the next scheduled meeting of both the Commission and Mental Illness Advisory Board.

SECTION 8. OTHER SERVICES AND ACTIVITIES

8. B.1. Was the public provided an opportunity for public comment?	YES X	NO

8. B. 2. If you answered YES to 8.B.1., then briefly describe the activities used to obtain public comment.

Comments are continually solicited and accepted. IPAS publishes and disseminates a newsletter which contains the priorities and objectives; we provide contact information and invite comments. Additionally, we post the proposed priorities and objectives on the web site, provide contact information and invite comment.

8. B. 3. What formats and languages (as applicable) were used in materials to solicit public comments?

IPAS posts the information electronically on its agency website as well publishes the information in several agency publications all in English. Alternative formats are addressed as requested specific to the request.

8. B. 4. If you answered NO to 8.B.1., *BRIEFLY EXPLAIN WHY THE PUBLIC WAS NOT PROVIDED AN OPPORTUNITY TO COMMENT*.

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

- Indiana's American Civil Liberty Union
- The Institute on Disability and Community
- Family and Social Services Administration (FSSA), Grants Office
- KEY (Knowledge Empowers You) Consumer Organization
- Indiana Council for People with Disabilities
- NAMI of Indiana
- NAMI West Central Indiana
- NAMI East Central Indiana
- Indiana Juvenile Justice Task Force

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. [This information will be evaluated by using the Demographic/State Profile information contained in the PAIMI Application for the same FY].

IPAS-PAIMI as part of outreach as an agency goal employs the services of a Public Relations firm for the five agency wide projects which are intended to outreach to minority and underserved individuals with disabilities, concerning disability rights issues, as well as IPAS services and successes. The Public Relations firm identifies those media outlets that target ethnic and racial minority populations.

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 8.E.1 - 4 is NO, please provide a brief explanation, such as 8.E.1., 2., or 3. – no vacancies.

8.E.1. IPAS as state agency adheres to the state personnel policy and procedures for the recruitment and identification of qualified staff, thus IPAS can only hire from a list of individuals who have been certified by the State Personnel Department.

8.E.2. Since the members of the Advisory Council are appointed and serve at the pleasure of the Governor, IPAS has no authorized direct role the membership selection and appointment.

8.E.3. IPAS continually seeks qualified members of the public to service interested in servicing on the Governing Board, no members of an ethnic and/or minorities had applied during the period in which the appointments were made.

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.).

Beginning in the prior year IPAS-PAIMI' s access to PAIMI eligible Clients, Client's records and Peer Review records has only intensified. IPAS-PAIMI's response has been to further its pursuit of litigatiion which has caused an unexpected need to conserve funds for expeditures related to litigation. This has resulted in two lawsuits filed by IPAS-PAIMI in the last quarter of the fiscal year.

Prior to the implementation of the Health Insurance Portability and Accountability Act (HIPAA), IPAS-PAIMI enjoyed a strong working relationship with many providers who would automatically provide notification of incidents occuring at their facility. Since HIPAA's implementation many providers cite that the restrictions imposed by HIPAA does not allow them to volunteer the information, hence they unwilling to enter into an agreement the IPAS-PAIMI to provide notification. This has placed the source of IPAS-PAIMI's case selection and notification on the clients, concerned family members, media reports and those few staff members willing to risk violation of HIPAA to provide to IPAS-PAIMI with enough informtion to warrant IPAS-PAIMI with probable cause.

Since the Centers for Medicare & Medicaid Services' (CMS) final rules concerning a resident's death associated with either restraint or seclusion did not require a facility to provide receive direct notification to the state's P&A, IPAS-PAIMI was not notified of any incidents involving seclusion and restraint and related deaths and serious injuries. Thus the preception is that no provider is obligated to make direct notifiaction to IPAS-PAIMI as outlined in the Parts H and I of the Children's Health Act of 2000.

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).

Need to divert resources (finacial and personnel) for the purpose to engage in litigation with the state concerning our statutory right of access to clients, clients' records, clients' areas and peer review inhibits the ability of IPAS-PAIMI to engage in a timely response to initiate an investigation of an allegation of abuse or neglect.

IPAS-PAIMI continues to struggle with obtaining access to timely, meaningful and usable medical/psychopharmacological expertise, which is needed to assist neglect or abuse investigations. For an investigation of an alleged instance of neglect, it is often difficult to challenge a physician's treatment decision as many cases are a subjective issue in which much similar credentialed profession is unwilling to take a definitive position unless there is a clear indication of violation of an acceptable standard practice.

IPAS-PAIMI in several of this year's objectives has attempted to increase its efforts to gather data and information to determine and demonstrate the reality of the situation versus the commonly held perception based upon flawed beliefs from anecdotal information. IPAS-PAIMI has found that its lack of internal expertise to analyze data for meaningful application to sway policy makers has caused the need to divert resources to hire that expertise.

8. G. ACCOMPLISHMENTS

For this fiscal year, briefly describe the most important accomplishment(s) that resulted from PAIMI Program activities. PROVIDE copies of supporting documents, e.g., case law, news article, legislation, etc.

IPAS-PAIMI's success in the summary judgement before the US District Court, Southern District of Indiana concerning IPAS-PAIMI's authority to Access of client's records. The state has since appealed this decision to the 7th Circuit of Appeals. Order is attached.

IPAS-PAIMI's Access to the facility and clients Lawsuit was settled via a Memorandum of Understanding (MOU) which was submitted to the court. While initially facility staff at one state hospital violated the agreement, a status hearing before the court resulted in highly unusual order. The Magistrate ordered counsel for Defendant to personally contact the Superintendent of state operated facility with the directive that she meet personally with the IPAS-PAIMI Advocate to apologize for the arbitrary restrictions placed on the Advocate's activities on the grounds, and to grant full unaccompanied access to the grounds.Subsequent visits to all state operated facilities went without further incident. This case was dismissed on July 30th 2008. The Memorandum of Understanding is attached.

During the spring of 2007, Indiana Protection and Advocacy Services (IPAS) contracted with the Indiana Institute on Disability and Community (IIDC) in the spring of 2007 to conduct an analysis of policies and procedures related to time-out, seclusion, and restraint in Indiana public school corporations. Additionally a literature review was undertaken as part of a study to assess the existence of formal policy and procedures regarding the use of seclusion and restraint (and the related use of "time-outs") in Indiana school systems. The purpose of this review is to provide a context for the use of the study's findings and to identify current issues and contemporary practices. Two publications were then created by IIDC as part of this commissioned data study, "Time-Out, Seclusion, and Restraint in Indiana Schools Analysis of Current Policies" and "Time-Out, Seclusion, and Restraint in Indiana Schools Literature Review". Both publications are attached

During the course of the year, IPAS-PAIMI moved from office based personnel to home based. While this resulted in the closure of four offices, personnel are now more evenly distributed through the state. The long term benefits will be reduction in IPAS-PAIMI expenditures associated with 1714 square feet of office spaces as IPAS-PAIMI moves towards greater efficiency.

SECTION 8. OTHER SERVICES AND ACTIVITIES

8. H. RECOMMENDATIONS

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

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

SECTION 9. ACTUAL PAIMI BUDGET/EXPENDITURES FOR FY 2008

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
Executive Director	65,000	24%	15,600
Director of Client Services	60,000	29%	17,400
Director of Support Services	53,000	26%	13,780
Director Education & Training	37,167	24%	8,920
IT Program Specialist	44,909	26%	11,676
Data Entry Clerk	28,014	26%	7,284
Accountant 2	35,802	26%	9,309
Accountant 6	29,167	26%	7,583
Exec. Secretary	26,932	26%	7,002
Receptionist/Secretary	18,564	26%	4,827
Asst. Director Client Services	42,608	71%	30,252
Advocate	43,115	34%	14,659
Advocate	33,969	49%	16,645
Advocate	31,317	33%	10,335
Advocate	30,342	29%	8,799
Advocate	30,342	23%	6,979
Asst. Director Client	40,326	22%	

Services			8,872
Advocate	43,914	36%	15,809
Advocate	42,257	41%	17,325
Advocate	32,546	22%	7,160
Advocate	30,342	42%	12,744
Advocate	29,172	40%	11,669
Asst. Director Client Services	45,864	4%	1,835
Advocate	36,036	5%	1,802
Advocate	31,785	1%	318
Advocate	29,172	19%	5,543
Staff Attorney	52,999	23%	12,190
Staff Attorney	52,000	38%	19,760
Staff Attorney	50,759	23%	11,675
Advocate	33,160	0%	0
SUBTOTAL	1,160,580	27.4%	317,749
++Vacant positions	none		none
Volunteer positions	0		0
TOTAL POSITIONS	30		29

9. B. CATEGORIES	COST
Fringe Benefits (PAIMI only)	152,675
Travel Expenses (PAIMI only)	13,436
SUBTOTAL	166,111

9. C. EQUIPMENT - TYPE (PAIMI ONLY)	COST
Computers/printers	748
SUBTOTAL	**748**

SECTION 9. ACTUAL PAIMI BUDGET/EXPENDITURES FOR FY 2008

9. D. SUPPLIES - TYPE (PAIMI ONLY)	COST
Consumable office supplies	**17,647**
SUBTOTAL	**17,647**

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

Position Or Entity	Service Provided	Salary/Fee	Fringe Benefit Cost	Travel Expenses	Other Costs
Leases					
Hirons & Co.	Public Info				
Telecommunicates.					
	State chart	of accounts	can provide	only lump sum for	category
SUBTOTAL					**29,821**

9. F. TRAINING COSTS FOR PAIMI PROGRAM ONLY			
Categories	**#Of Persons/**	**Training/travel and other for training**	**Total staff training**
Staff	30 staff	**475**	**475**
	# Persons	Training/travel and other for training	Total Governing Board and PAC training
Governing Board & PAC Members	13 Gov. Board 10 PAC	**0**	**0**
Volunteers			
Subtotal			**475**

9. G. OTHER EXPENSES (PAIMI PROGRAM ONLY)	COST
LITIGATION (State chart of accounts not organized to yield this figure)	
Worker's Compensation Claims paid PAIMI funds	**36,940**
SUBTOTAL	**36,940**

SECTION 9. ACTUAL PAIMI BUDGET/EXPENDITURES FOR FY 2008		
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? For FY 2008	**.06%**	
2. Total of all PAIMI Program costs listed in 9.A. - 9.G.		**$569,491**
3. Income Sources and Other Resources (PAIMI Program Only)		**$0**
4. PAIMI Program carryover of grant funds identified by FY. FY 2008		**$145,169**
5. Interest on Lawyers Trust Accounts (IOLTA).		**$0**
6. Program income (PAIMI only).		**$0**
7. State		**$0**
8. County		**$0**
9. Private		**$0**
10. Other funding sources. [IDENTIFY each source].		**$0**
11. Total of all PAIMI Program resources.		**$145,169**
SUBTOTAL		**$**

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 a 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 - for the purposes of this report, the ethnicity categories are Hispanic or Latino and Not Hispanic or Latino. The race categories are American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White.

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].