FY 2021 PAIMI PRIORITIES

Adopted by DRVT Board of Director at 9/9/20 Annual Meeting

With Explanation of Numerical Targets and Specific Population Information

Case acceptance is based on these criteria:
1. Client meets the federal definition of an individual with a mental illness;
2. The case is within the PAIMI priorities;
3. The case has merit;
4. The client does not have other representation; and
5. There are sufficient staff resources to take on the case.

Priority 1: Investigate individual cases of abuse, neglect, and serious rights violations in inpatient facilities (hospitals, any state run facilities, emergency departments, facilities for minors), prisons/jails, and community settings, including peer services and designated agencies.

Measure of Success:
A. Work on a minimum of 75 cases of abuse, neglect, or serious rights violations of people with mental health issues. Among closed cases, at least 75% of those not withdrawn by client or found to be without merit by DRVT staff should be resolved favorably.
B. In at least 10 opened cases, DRVT will advocate for timely discharge of patients identified by their medical providers as being unnecessarily institutionalized, or release of prisoners who have served their “minimums” in the spirit of the community integration mandate of the Americans with Disabilities Act.
C. DRVT will assist at least five clients to assure they receive appropriate medication, with informed consent and without coercion, and/or alternative treatment if that is their preference.
D. DRVT will assist at least two clients to overcome employment discrimination.

Numerical Targets: A. Work on 75 cases, favorably resolving at least 75% of those not withdrawn or without merit. B. At least ten cases will involve adequate discharge from involuntary placement in the spirit of the community integration mandate of the Americans with Disabilities Act. C. DRVT will assist 5 clients with issues described in C. above. D. DRVT will assist 2 clients to overcome employment discrimination.

Target Population: PAIMI eligible persons.
Priority 2: Reduce the use of seclusion, restraint, coercion, involuntary procedures, and inpatient confinement when not warranted by patient treatment needs through systemic efforts. Continue systemic work to create culturally competent, trauma-informed, violence free and coercion free mental health treatment environments.

Measures of Success:

A. Work with at least two institutions to create respectful, trauma-informed, violence free and coercion free treatment environments.

B. Conduct systemic advocacy in the legislature, and with the administration, to preserve or enhance the right of Vermonters to be free from coercion in their mental health treatment, and to receive timely, individualized, efficacious, community-based services in the most integrated setting.

C. Conduct systemic advocacy in the legislature, and with the administration, to preserve or enhance community-based services for people with mental health needs.

D. Monitor the: quarterly statistics of the use of Tasers (Act 180 of 2014); periodic statistics on segregation in state prisons; and Certificates of Need (CONs) for Emergency Involuntary Procedures (EIPs) in inpatient settings.

E. Continue to participate in the Adult Protective Services (APS) Subcommittee of the Department of Disabilities, Aging and Independent Living (DAIL) Advisory Board and actively participate on the Vulnerable Adult Fatality Review Team (VAFRT) and the Mental Health Crisis Response Commission (MHCRC).

Numerical Target: Individual cases will be opened under Priority One, above. A. DRVT staff will serve on at least two designated facility advisory boards focusing on reducing seclusion & restraint and ensuring non-coercive, trauma-informed treatment. B. Respond to lawmakers’ requests for information and provide appropriate testimony in at least five instances. C Respond to lawmakers’ requests for information and provide appropriate testimony in at least three instances. D. Review 4 quarterly reports produced pursuant to the standards in Act 180. Review 12 monthly reports of the use of segregation in prison. Make 12 monthly reviews of CONs. E. Attend 3/4th of the APS Subcommittee meetings and all of the VAFRT and MHCRC meetings.

Target Population: Leadership and staff of inpatient facilities and community based services who serve PAIMI eligible persons (state run facilities, designated hospitals, designated agencies, emergency rooms, facilities for minors, emergency services, state agencies) and policy makers.
**Priority 3:** Reach out to community settings, designated facilities and hospitals, emergency rooms, prisons/jails, residential and therapeutic care homes. Monitor conditions and educate residents, patients and providers about rights, self-advocacy, and DRVT services, with emphasis on the integration mandate of the ADA.

**Measure of Success:**

A. Outreach is conducted at a minimum of 5 community care homes (CCH), including but not limited to residential care homes, therapeutic community residences or licensed residential childcare facilities. These visits include distribution of DRVT literature & self-advocacy materials.

B. Outreach is conducted, at a minimum, to the four state prisons housing the most PAIMI eligible prisoners.

C. Outreach is conducted at all designated hospitals, including any state run facility.

D. DRVT literature is distributed to all of the community mental health agencies, prisons, to intensive rehabilitation residences, and to specific homeless shelters, “club houses” and peer-run services.

E. Outreach is conducted at least once at each hospital Emergency Department or other inpatient unit where patients who have been admitted based on a psychiatric diagnosis are held.

F. Outreach will be conducted to individuals labeled with a disability who are victims of crime or domestic abuse.

G. DRVT PAIMI Staff will maintain and improve their cultural and linguistic competence and their trauma-informed skills and sensitivity.

**Numerical Target:** A. 5 residential and therapeutic care homes visited for outreach. B. 4 state prison facilities visited. C. 6 facilities visited, including 5 “designated hospitals” and the state-run facility. D. Literature distributed to 24 locations: 10 designated agencies (at least twice), 7 state prisons, and 7 other sites, including peer-run services, homeless shelters and culturally diverse communities (e.g. Abenaki, migrant workers, LGBTQIA.). E. 14 Emergency Departments visited. F. DRVT literature on services to victims of crime, is distributed to each of 10 “designated” community mental health agencies and to any intensive rehabilitation residence. G. One Full-Staff training will be conducted and 4 DRVT policies and procedures will be reviewed.

**Target Population:** PAIMI eligible persons, their service providers, and PAIMI staff (to receive training).
**Priority 4:** Advocate for self-determination, access to alternative treatment options and community integration. DRVT will advocate for designated agencies to establish relationships with individuals in inpatient settings during discharge planning in order to support people to seek their full potential in the community.

**Measure of Success:**

A. Conduct self-advocacy and/or advance directive trainings for 40 individuals.
B. Assist at least 5 individuals across the State of Vermont with their preparation of Advanced Directives.
C. Respond to opportunities to encourage the development and expansion of peer run and alternative services in Vermont’s mental health system reform and educate peers on access to these services.
D. DRVT will participate in systemic efforts to improve state services for inpatient or incarcerated individuals to speed successful reintegration.
E. Participate in coalition efforts to address transportation infrastructure needs of low-income people with mental health issues.
F. Support the Vermont Communications Support Project (VCSP) in order to ensure that people with communications disorders related to their mental health can participate in the judicial and administrative systems.
G. DRVT Staff will receive training in awareness of alternative treatment modalities available for individuals with psychiatric disabilities.
H. Participate in efforts to insure that state and local emergency planning efforts include the needs of people with mental health issues.

**Numerical Target:** A. Four trainings will reach a total of 40 or more individuals with mental health issues. B. Five individuals will be assisted with Advance Directives. C. DRVT will assist in the planning and operation of one peer run and/or alternative service if the opportunity arises. D. DRVT will actively participate in three forums for systems change, e.g. The One Vermont Coalition, the Department of Mental Health “Think Tank,” and Community Care Partners. E. DRVT will participate in Vermont Coalition for Disability Rights’ advocacy on transportation issues. F. DRVT will host the VCSP. G. One Training will be held to educate Staff on available alternatives.

**Target Population:** PAIMI eligible persons, their service providers, and PAIMI staff (to receive training).

**In addition to priorities DRVT does not ignore evolving situations and other cases, or treatment facilities which require attention.**

**Acronyms:**

- DRVT is Disability Rights Vermont
- PAIMI is Protection & Advocacy for Individuals with Mental Illness
- LGBTQIA is Lesbian, Gay, Bi-sexual, Transgender, Queer or Questioning, Intersex, & Allies