

# DISABILITIES LAW PROGRAM FY 2018 PAIMI PROGRAM PRIORITIES

## I. SPECIFIC PRIORITIES FOR INDIVIDUAL ADVOCACY

### A. ABUSE & NEGLECT

GOAL: Promote a safe environment within mental health settings by actively monitoring the Delaware Psychiatric Center [“DPC”] and DPC diversion sites, investigating abuse/neglect incidents in residential and non-residential settings statewide, and implementing remedial measures.

#### OBJECTIVES:

- 0100 1. Regularly tour DPC units and DPC diversion sites (e.g. Rockford; MeadowWood; Dover Behavioral Health System), screen and assess abuse/neglect incidents, and promote resident well-being through appropriate interventions.

Target Population: The PAIMI Program was historically designed to focus on abuse and neglect of persons with mental illness within residential treatment facilities. The current law and regulations retain guidance directing programs to treat inpatients or residents of facilities rendering care or treatment as priorities and encouraging maintenance of an “ongoing presence” in such facilities. See 42 U.S.C. §§10802(4) and 10804(d) and 42 C.F.R. §51.31. This objective contemplates regular on-site monitoring of Delaware’s only public mental health hospital and licensed private hospital sites and advocacy on behalf of residents of these facilities. It also contemplates review of all mental health hospital incident reports shared with the DLP pursuant to State law (16 Del.C. §5162) and memoranda of understanding. According to a September 19, 2016 Court Monitor Report (p. 74), DPC accounts for 53% (20,302) of psychiatric inpatient days of care and private psychiatric hospitals account for 47% (18,131) of inpatient days of care. In FY16, the average daily census at DPC was 76 patients. (Report, p. 94). Underscoring the importance of the DLP’s role in abuse/neglect investigations, a December 26, 2015 Court Monitor Report (p. 34) was critical of the State’s lack of a documented, effective internal abuse and neglect investigation system for DPC and diversion sites. If a planned SUN Behavioral Health 90-bed diversion site opens in FY18, the scope of the target population and DLP monitoring will increase. In July, 2017, SUN Behavioral Health projected opening of the Delaware facility in the summer of 2018. Direct advocacy under this objective is limited to PAIMI-eligible individuals. As a result of the above advocacy activities, based on a minimum of 112 on-site monitoring visits and receipt of mental health hospital incident reports, the DLP will screen and assess 25 allegations of abuse or neglect under this objective.

Expected Target: 25  
Expected Outcome: 25

- 0101 2. Respond appropriately to allegations of abuse or neglect of individuals with mental illness within residential and non-residential settings statewide.

Target Population: The historical focus of the PAIMI Program was deterrence of abuse and neglect. Current law, in recognition of the “downsizing” of mental health institutions, authorizes the PAIMI to extend services to persons living in a broader array of residential sites or independently in the community. See 42 U.S.C. §§10802(4) and 10804(d). This objective contemplates responding to complaints of abuse or neglect involving persons residing outside mental health hospital settings. This would include residents of long-term care facilities, juvenile corrections residential settings, group homes, apartment programs, foster homes, and shelters. It would also include persons living independently in the community. According to a September 19, 2016 Court Monitor Report (p. 6), implementation of a DOJ-DHSS Settlement Agreement has expanded the number of DSAMH clients in community-based settings to more than 8,000. Investigations will be facilitated by laws (Title 16 Del.C. §§1134, 5181-5186) authorizing DLP to address complaints in both long-term care and community settings. Investigations may also be facilitated by expected enactment of a pending “Health Care Quality Act” (H.B. No. 208) and legislation deterring financial exploitation of “vulnerable adults” (H.B. No. 162). Direct advocacy under this objective is limited to PAIMI-eligible individuals. The DLP contemplates screening and assessment of 12 non-hospital based allegations of abuse or neglect under this objective.

Expected Target: 12  
Expected Outcome: 12

- 0102 3. Screen deaths of individuals with mental illness in residential settings with emphasis for follow-up on those in which medication, sepsis, aspiration, seclusion, restraint, assault, suicide, abuse or neglect are potential contributing factors.

Target Population: The PAIMI Program was historically designed to focus on abuse and neglect of persons with mental illness within residential treatment facilities. The current law retains guidance directing programs to treat inpatients or residents of facilities rendering care or treatment as priorities. See 42 U.S.C. §§10802(4) and 10804(d). The law highlights certain forms of abuse (e.g. seclusion, restraint, assault) as “core” contexts of advocacy. See 42 U.S.C. §§10802(1) and 10841(1)(A)(F). Cf. CMS hospital seclusion/restraint regulations, 42 C.F.R. Part 482. The law also envisions PAIMI death investigations. See 42 U.S.C. §§10801(b)(2)(B) and 10802(1) as well as 42 U.S.C. §§290ii and 290jj-1 -290jj-2. This objective contemplates screening of deaths of residents of hospitals, nursing homes, group homes, foster homes, and other supported living sites. Mental health hospitals deaths are reported to the DLP pursuant to State law (Title 16 Del.C. §5162). Particular scrutiny will be applied to deaths linked to areas of emphasis in the PAIMI enabling law (e.g. restraint). Individual death reviews will also occur through membership in the DHSS Mortality Review Committee, DDDS Mortality Review Committee, and statutory appointment to a Behavioral and Mental Health Commission established in 2016 by S.B. No. 245. This objective is limited to screening of deaths of

PAIMI-eligible individuals. The DLP contemplates screening of 12 deaths of residential PAIMI-eligible individuals under this objective.

Expected Target: 12

Expected Outcome: 12

- 0103 4. Address individual abuse/neglect issues through participation in DPC Patient Rights Committee meetings.

Target Population: The PAIMI enabling legislation authorizes provision of a wide range of formal and informal advocacy services. See 42 U.S.C. §10805(a)(1). The law also promotes inpatient access to grievance systems. See 42 U.S.C. §10841(1)(L). Delaware law similarly fosters mental health patient access to formal and informal grievance systems and the availability of DLP assistance to patients in the grievance process. See 16 Del.C. §5161(b)(15)(16). This objective contemplates facilitation of both presentation of patient concerns within the context of a DPC committee and resolution of patient concerns through committee membership. It would generally benefit all DPC patients. Direct advocacy under this objective is limited to PAIMI-eligible individuals. The DLP contemplates facilitating the presentation of at least 6 abuse/neglect issues to the DPC Patient Rights Committee under this objective.

Expected Target: 6

Expected Outcome: 6

## B. OTHER CIVIL RIGHTS

GOAL: Promote compliance with civil rights of individuals with mental illness with emphasis on individuals in residential settings or at risk of institutionalization (e.g. homeless or outpatient committed) or serious harm and further promote self-advocacy through technical assistance and information and referral services.

### OBJECTIVES:

- 0200 1. On a case-by-case basis, represent or accompany individuals to treatment plan meetings to foster: a) consumer choice; b) the offer and implementation of appropriate treatment options designed to result in improved health and wellness and fulfillment of potential; c) adherence to facility policies; and d) if applicable, compliance with the Community Mental Health Treatment Act (16 Del.C. §§5181-5186) or bill of rights legislation covering State operated and licensed facilities.

Target Population: Federal and State law emphasize the importance of a treatment plan in defining the scope and types of services to be offered to patients. See 42 U.S.C. §10841(1)(B) and Title 16 Del.C. §§1121(4) and 5161(b)(2). This objective contemplates representation and assistance to patients to ensure consideration of their views and deterrence of unnecessary restrictions of autonomy. Such assistance will

benefit mental health hospital patients, particularly DPC patients, and extend to residents of other licensed residential facilities (e.g. group homes; long-term care facilities). Direct advocacy under this objective is limited to PAIMI-eligible individuals. The DLP contemplates prompting the inclusion or implementation of consumer-oriented components in a least 7 treatment plans under this objective.

Expected Target: 7

Expected Outcome: 7

- 0201 2. Provide advocacy services to individuals with meritorious claims of non-compliance with facility policies; or bill of rights legislation.

Target Population: Delaware law includes bill of rights standards applicable to mental hospitals, community-based mental health facilities, substance abuse centers, and long-term care facilities. See Title 16 Del.C. §§1121, 2220, 5161, and 5181-5186. These compilations of standards, supplemented by written facility policies, comprehensively cover both procedural and substantive rights. However, patients sometimes require assistance in recognizing and understanding specific rights and enforcement options under such standards as well as the DOJ-DHSS Settlement Agreement. This objective contemplates assistance to individuals with mental illness served in State operated, licensed, or financially supported facilities, including mental health hospitals, community-based mental health facilities, long-term care facilities, group homes, supervised apartments and day treatment programs. Direct advocacy under this objective is limited to PAIMI-eligible individuals. The DLP will address at least 10 instances of non-compliance with facility policies, or bill of rights legislation resulting in positive outcome through restoration of client rights, expansion or maintenance of personal decision-making, or elimination of barriers to personal decision-making.

Expected Target: 10

Expected Outcome: 10

- 0202 3. Provide advocacy services to ensure: a) deterrence of unnecessary institutionalization proscribed by Olmstead; b) development and implementation of appropriate discharge plans promoting recovery characterized by enhanced self-direction, improved health and wellness, and fulfillment of potential; and c) on a case-by-case basis, reduction of disability-related barriers to plan implementation (e.g. housing discrimination; state-imposed disruption of familial integrity; denial of key public benefits).

Target Population: The PAIMI statute and regulations have historically promoted provision of advocacy services to persons recently discharged from residential facilities. See 42 U.S.C. §10805(a)(1)(c) and 42 C.F.R. §51.7(a)(2). This transition

phase can be particularly problematic since housing, public benefits, and family supports often provide the underpinning for successful community living. According to a September 19, 2016 Court Monitor Report (p. 66), waiting lists for post-discharge supports are frequent barriers to mental health hospital discharge. Access to resources after discharge may likewise be uneven given the sheer number (8,000) of individuals qualifying for outpatient services. Report, p. 6. This objective contemplates assistance with both development of “solid” discharge plans and advocacy to overcome barriers to implementation. Assistance benefits persons ready for discharge or recently discharged from residential facilities. Direct advocacy under this objective is limited to PAIMI-eligible individuals. The DLP contemplates facilitating discharge planning and reduction of disability-related barriers to plan implementation in an aggregate of at least 20 cases under this objective.

Expected Target: 20  
Expected Outcome: 20

- 0203 4. Provide advocacy services to individuals at risk of institutionalization or serious harm aggrieved by housing discrimination, state-imposed disruption of familial integrity, or denial or encumbrance of key public benefits (e.g. children’s SSI; Medicaid).

Target Population: Housing, public benefits, and family supports often provide the underpinning for successful community living. This objective contemplates assistance to persons currently living in the community whose housing, key public benefits, or family integrity is significantly jeopardized. For example, the Family Court periodically issues excessive support orders against obligors who have been determined unable to work by the Social Security Administration and whose sole income is SSI or SSDI. This objective benefits non-residential constituents including the homeless, experiencing a significant legal problem in one of the three identified contexts. Direct advocacy under this objective is limited to PAIMI-eligible individuals. As a result of DLP intervention, 15 individuals at risk of institutionalization or serious harm will secure or maintain access to housing, familial integrity, or key public benefits under this objective.

Expected Target: 15  
Expected Outcome: 15

- 0204 5. Provide advocacy services to students with mental illness when there is either: a) actual or proposed total exclusion from needed direct or related services creating risk of clinical instability or decompensation; b) a significant threat to health or safety based on lack of services; or c) systemic issues presented by proposed or actual denial of services.

Target Population: Students with mental health profiles are sometimes not

appropriately identified and offered critical special education services and accommodations. Moreover, such students have historically been disproportionately subject to discipline, including long-term suspension and expulsion, and inappropriate diversion to the juvenile justice system. National data confirm that students with disabilities are suspended from school at approximately twice the rate of students without disabilities. See <http://disabilitycoop.com/2012/08/08/kids-suspended-twice/16201>. Delaware data confirm that students with an IDEA classification of emotional disturbance are statistically at higher risk of discipline. [State Dept. Of Education “Significant Disproportionality” Presentation to GACEC (November 15, 2016). See also synopsis to S.B. No. 239 (May 3, 2016), noting that students with disabilities comprise 13% of Delaware public school population but account for 24% of out-of-school suspensions. This objective contemplates assistance to students with a significant mental illness or emotional impairment whose presenting problem meets one of the above criteria. Direct advocacy under this objective is limited to PAIMI-eligible individuals. As a result of DLP intervention, 6 students will maintain or secure a more appropriate education under this objective.

Expected Target: 6

Expected Outcome: 6

- 0205 6. Offer individual technical assistance and information and referral services on disability law (e.g. housing discrimination; public benefits) affecting individuals with mental illness in the community.

Target Population: The PAIMI enabling legislation and regulations authorize provision of a wide range of formal and informal advocacy services. See 42 U.S.C. §10805(a)(1) and 42 C.F.R. §51.31(a). This authorization has historically been interpreted to include provision of technical assistance and information and referral services. Cf. 42 U.S.C. §10804(b)(2). This objective contemplates provision of technical assistance and information and referral services to groups and organizations, family members, and individuals in the community. Services under this objective are not limited to PAIMI-eligible individuals. The DLP will provide technical assistance and information and referral services to at least 100 individuals and organizations in the community.

Expected Target: 100

Expected Outcome: 100

- 0206 7. Ensure the availability of DLP-sponsored patient rights materials upon admission to the DPC and DPC diversion sites (e.g. Rockford; MeadowWood; Dover Behavioral Health System).

Target Population: Persons committed to mental health hospitals, or admitted on a voluntary basis, are often unaware of rights and expectations. The PAIMI program ensures distribution of patient handbooks to DPC patients and adapted materials to diversion site patients upon admission. This objective includes a commitment to

ensure the continued availability and distribution of such materials to all new patients within DPC and the three diversion sites. If a planned SUN Behavioral Health 90-bed diversion site opens in FY18, the DLP will expand distribution of adapted materials to the new diversion site. The objective benefits existing and prospective DPC and diversion site patients. Since patients admitted to public and private psychiatric hospitals have been clinically screened for mental health morbidity and diagnosis, such patients are uniformly PAIMI-eligible. The DLP contemplates prompting distribution of 300 sets of DLP-sponsored patient rights materials to DPC and diversion site patients under this objective.

Expected Target: 300

Expected Outcome: 300

- 0207 8. Offer self-advocacy and patient rights training on a regular basis at the DPC and, on request, at other residential settings statewide.

Target Population: The PAIMI law has historically promoted the education and empowerment of residential patients. See 42 U.S.C. §§10841(1)(C)(K)(M). This objective contemplates the regular provision of training in self-advocacy and substantive rights at DPC and provision of such training at diversion sites (Rockford; Meadowood; Dover Behavioral Health System) upon request. Patients in the latter sites generally have shorter stays. According to a September 19, 2016 Court Monitor Report (p. 65), diversion site admissions average less than 7 days in duration and only 5% exceed 14 days of inpatient treatment. This objective benefits existing and prospective DPC and diversion site patients. Since patients admitted to public and private psychiatric hospitals have been clinically screened for mental health morbidity and diagnosis, such patients are uniformly PAIMI-eligible. The DLP will conduct at least 10 consumer training sessions under this objective.

Expected Target: 10

Expected Outcome: 10

## **II. SPECIFIC PRIORITIES FOR SYSTEMIC ADVOCACY**

### **A. ABUSE & NEGLECT**

GOAL: Promote a safe environment in residential and non-residential mental health settings through a broad array of systemic interventions, including; policy analysis and administrative and judicial advocacy.

OBJECTIVES:

1. DSAMH, DPC, & DPBHS Policies

- 0300 a. Monitor and influence State mental health agency and DPC policies affecting resident safety through active participation in councils and committees, including the Governor’s DSAMH Advisory Council, DPBHS Advisory & Advocacy Council, DPC Patient Rights Committee, DHSS Mortality Review Committee, and the Behavioral and Mental Health Commission established in 2016 by S.B. No. 245.

Target Population: The PAIMI regulations envision PAIMI program collaboration with other organizations to avoid duplication of effort and foster more effective advocacy. See 42 C.F.R. §51.21(a). The regulations also authorize PAIMI Program monitoring, evaluation, and commentary on policies. See 42 C.F.R. §51.31(f). This objective contemplates participation in councils which influence DSAMH and DPBHS safety-related policies and practices and participation in committees which analyze deaths and influence DSAMH safety-related policies and practices. This objective benefits constituents in DHSS and DPBHS operated, licensed, or regulated residential settings. Monitoring and activities under this objective are limited in focus to PAIMI-eligible individuals. The DLP contemplates monitoring and influencing State mental health agency safety policies through participation in an aggregate of 27 meetings of DSAMH Advisory Council, DPC Patient Rights Committee, DPBHS Advisory & Advocacy Council, DHSS Mortality Review Committee, and Behavioral and Mental Health Commission under this objective.

Expected Target: 27

Expected Outcome: 27

- 0301 b. Ensure appropriate access to DPC and DSAMH records, including seclusion/restraint statistics and internal investigative records, to facilitate effective systemic monitoring and individual DLP abuse/neglect investigations.

Target Population: The PAIMI law confers broad access rights to constituent records. See 42 U.S.C. §§10805(a)(4) and 10806. This includes internal investigation records [42 U.S.C. §10806(b)(3)]. The law also highlights certain forms of abuse (e.g. seclusion; restraint) as “core” contexts of advocacy. See 42 U.S.C. §§10802(1) and 10841(1)(A)(F). This objective contemplates maintenance of practices and procedures to obtain seclusion/restraint statistics and internal investigative records. DLP access to such statistics, incident reports, and investigative records is addressed in a DLP-DSAMH memorandum of understanding revised in 2010. This objective primarily benefits DPC patients and constituents residing in DHSS operated, licensed, or regulated settings. Activities under this objective are limited in focus to PAIMI-eligible individuals. The DLP contemplates receipt and review of a minimum of 70 abuse/neglect-related records obtained pursuant to DSAMH MOU under this objective.

Expected Target: 70  
Expected Outcome: 70

- 0302 c. Ensure implementation of laws [Title 16 Del.C. §§5161(b)(6) and 5162] requiring: 1) mental health hospitals to report deaths and critical incidents to the DLP; and 2) mental health hospitals to implement procedural safeguards in context of restraint.

Target Population: The PAIMI law envisions DLP death investigations. See 42 U.S.C. §§10801(b)(2)(B) and 10802(1) as well as 42 U.S.C. §§290ii and 290jj-1 -290jj-2. The PAIMI law also encourages DLP focus on certain types of incidents (e.g., seclusion and restraint). See 42 U.S.C. §§10802(1) and 10841(1)(A)(F). Cf. CMS hospital seclusion/restraint regulations, 42 C.F.R. Part 482. This objective contemplates: 1) affirmative DLP efforts to ensure full implementation of legislation requiring mental health hospital reporting of deaths and critical incidents; and 2) mental health hospital adoption of procedural safeguards in context of restraint. This objective will benefit residents in mental health hospitals. Since this objective is limited to psychiatric hospitals, it would solely benefit PAIMI-eligible individuals. The DLP contemplates the acquisition of a minimum of 540 mental health hospital death and critical incident reports for assessment under this objective.

Expected Target: 540  
Expected Outcome: 540

## 2. Law Reform Litigation

- 0303 Address selected systemic abuse/neglect issues through resort to affirmative administrative and judicial remedies.

Target Population: The PAIMI regulations require inclusion of systemic activities in the PAIMI program priorities. See 42 C.F.R. §51.24(a). The PAIMI enabling law and regulations authorize provision of a wide range of formal and informal advocacy services. See 42 U.S.C. §10805(a)(1) and 42 C.F.R. §51.31(a). The PAIMI regulations require the PAIMI Program to engage in systemic advocacy. See 42 C.F.R. §51.31(f). Indeed, the law includes a cap on technical assistance and training activities. See 42 U.S.C. §10804(b)(2). The PAIMI program attempts to maintain a “mix” of individual and systemic advocacy to fulfill the multiple expectations in the PAIMI law and regulations. This objective contemplates fulfillment of the authorization to pursue administrative and legal remedies on behalf of constituents to obtain systemic reform in the abuse/neglect context. The objective benefits residential and non-residential constituents who are victims of abuse/neglect or at risk of victimization. Direct advocacy under this objective is limited to PAIMI-eligible individuals. The DLP will prompt systemic reform through implementation of a comprehensive 17-page, 5- year judicial consent decree adopted in Community Legal

Aid Society, Inc. v. Coupe, C.A. No. 15-688-GMS [(D.Del. September 1, 2016 )  
[remedial order deterring imposition of solitary confinement on inmates with mental  
illness].

Expected Target: 1

Expected Outcome: 1

## B. OTHER CIVIL RIGHTS

GOAL: Address systemic violations of civil rights of individuals with mental illness in residential and non-residential settings, as well as systemic disability-related barriers to implementation of discharge plans.

### OBJECTIVES:

#### 1. Mental Health Strategic Plans & Mental Health Agency Policies

- 0304 a. Monitor and influence State mental health agency strategic plans and policies affecting civil rights and implementation of discharge plans through analyses; periodic meetings with DSAMH Administration and DPBHS Administration; and active participation in councils and committees; including the Governor’s DSAMH Advisory Council, the DPBHS Advisory & Advocacy Council, the DPC Patient Rights Committee, and the Behavioral and Mental Health Commission.

Target Population: The PAIMI regulations envision PAIMI program collaboration with other organizations to avoid duplication of effort and foster more effective advocacy. See 42 C.F.R. §51.21(a). The regulations also authorize PAIMI Program monitoring, evaluation, and commentary on policies. See 42 C.F.R. §51.31(f). This objective envisions preparation of analyses of agency strategic plans (including the DSAMH/DPBHS mental health block grant application) in the identified contexts. This objective also contemplates participation in State government councils and committees which influence DSAMH and DPBHS policies and practices affecting residents’ civil rights and implementation of discharge plans. This objective includes continuation of periodic meetings between DSAMH Administration, DPBHS Administration, and PAIMI Program representatives to promote dialog and effect informal resolution of issues related to civil rights and implementation of discharge plans. This objective benefits both residential and non-residential clients of the State mental health system. All entities described in this objective are mental health agencies which focus on PAIMI-eligible individuals. The DLP contemplates monitoring and influencing State mental health strategic plans and policies affecting civil rights and discharge plans through participation in an aggregate of 25 meetings with DSAMH and DPBHS Administration, DSAMH Advisory Council, DPC Patient Rights Committee, DPBHS Advisory and Advocacy Council, and Behavioral and Mental Health Commission under this objective.

Expected Target: 25  
Expected Outcome: 25

- 0305 b. Promote improvement and monitor implementation of enhanced grievance system for DPC patients and patients served by DSAMH community providers.

Target Population: The PAIMI law promotes inpatient access to grievance systems. See 42 U.S.C. §10841(1)(L). Delaware law similarly fosters mental health patient access to formal and informal grievance systems. See 16 Del.C. §5161(b)(15) and 5182(7). Revisions to the Delaware law should enhance the viability of the DPC grievance system but require adoption of implementing regulations and policies. Proposed regulations were never finalized given a negative critique by multiple councils. The law contemplates nomination of impartial hearing officers by the State Council for Persons with Disabilities. In the context of DSAMH community providers, the DLP is providing technical assistance on development of a uniform patient grievance form and a viable grievance system. DSAMH has been exploring multiple options. See October 6, 2016 Joint Brief filed in United States of America v. State of Delaware, C.A. No. 11-591-LPS at 19-20. This objective would generally benefit all DPC patients and patients receiving services from DSAMH's community provider network. Since this objective is limited to patients in a public psychiatric hospital, or directly served by DSAMH mental health providers, it would solely benefit PAIMI-eligible individuals. As a result of advocacy under this objective, DSAMH will adopt and implement 2 sets of grievance standards for DSAMH clients.

Expected Target: 2  
Expected Outcome: 2

- 0306 c. Promote appropriate discharge planning, treatment and accommodations for DPC patients and DHSS clients with dual diagnoses or co-occurring special needs (e.g. intellectual disability; traumatic brain injury; drug/alcohol dependency; sex offender profile; geriatric profile).

Target Population: The PAIMI regulations require PAIMI Program priorities to address the needs of persons with co-occurring mental illness and other disabilities. See 42 C.F.R. §51.24(a). This objective contemplates targeted advocacy to address the needs of special populations. For example, the DLP anticipates supporting consumer-oriented implementation of the Diamond State Health Plan Plus, monitoring DHSS and Medicaid MCOs implementation of an improved TBI assessment system, monitoring operation of a recently established Assertive Community Integration and Support Team (ACIST) for DDDS clients with co-occurring mental health diagnoses, and facilitating implementation of interagency agreements. This objective benefits DPC patients and DHSS clients with dual diagnoses or co-occurring special needs. Since the emphasis of this objective is improvement of discharge planning, treatment,

and accommodations for patients in a public psychiatric hospital, and DHSS clients with mental health diagnoses, its focus is on PAIMI-eligible individuals. As a result of advocacy under this objective, DHSS will improve programming for dually diagnosed persons through adoption or implementation of at least 2 systemic initiatives.

Expected Target: 2

Expected Outcome: 2

### 3. Forensic Patient Programs & Policies

- 0307 a. Monitor adequacy of law library access and legal research resources available to DPC forensic patients.

Target Population: The PAIMI law authorizes advocacy for constituents in hospitals as well as correctional and forensic settings. See 42 U.S.C. §§10802(3). DPC maintains a forensic unit which may include patients determined incompetent to stand trial, not guilty by reason of insanity, and guilty but mentally ill. Such patients have a right to effective access to the courts which includes legal research resources for pro se litigants. This objective envisions monitoring the availability and scope of legal research resources provided to DPC forensic patients. Since this objective is limited to patients in a public psychiatric hospital, it would solely benefit PAIMI-eligible individuals. As a result of monitoring activities under this objective, DPC will maintain adequate and uninterrupted access to legal research options benefitting 60 DPC forensic patients.

Expected Target: 60

Expected Outcome: 60

- 0308 b. Prompt judicial review, discharge, and successful transition of long-term NGRI (not guilty by reason of insanity) DPC forensic patient(s) determined appropriate for community placement by treatment team(s).

Target Population: Some long-term NGRI DPC patients face special obstacles to securing discharge and off-campus privileges given restrictive judicial orders. Both the PAIMI law and State law disfavor unnecessary restrictions on liberty. See 42 U.S.C. §10841(1)(A) and Title 16 Del.C. §5161(b)(1). This objective contemplates targeted advocacy to obtain off-campus privileges or discharge for NGRI patients when such options are supported by their treatment team. This objective would benefit long-term NGRI DPC forensic patients. Since this objective is limited to patients in a public psychiatric hospital, it would solely benefit PAIMI-eligible individuals. As a result of advocacy under this objective, the DLP will prompt and maintain discharge or transitional off-campus privileges of 5 DPC NGRI patients.

Expected Target: 5  
Expected Outcome: 5

#### 4. Community Education

- 0309 Co-sponsor seminars on the mental health delivery system to promote informed decision-making and access by consumers and their representatives.

Target Population: The PAIMI enabling legislation authorizes provision of a wide range of formal and informal advocacy services, including training. See 42 U.S.C. §§ 10804(b)(2) and 10805(a)(1). This objective includes continued PAIMI program participation in the design team for Delaware’s largest multi-topic disability-related conference (“LIFE” conference), participation in the Fall, 2017 NAMI-DE and MHA conferences, as well as sponsorship of seminars on mental-health related topics. The DLP also envisions offering training in congregate community-based settings (e.g. drop-in centers). This objective benefits residential and non-residential constituents throughout the State. As a result of activities under this objective, the DLP will train an estimated 2,000 individuals through the LIFE, NAMI-DE, Mental Health Association conferences and periodic seminars.

Expected Target: 2,000  
Expected Outcome: 2,000

### **III. PAIMI STAFF AND ADVISORY COUNCIL TRAINING AND SUPPORT**

GOAL: Improve quality of services to clients and other agencies through training and education of PAIMI staff and PAIMI Advisory Council members.

#### OBJECTIVES:

- 0400 A. Provide PAIMI staff with regular opportunities for in-house and commercial training to enhance both knowledge of substantive mental health law and advocacy skills.

Target Population: The PAIMI law requires the PAIMI program to assure that its staff is trained in provision of advocacy services to persons with mental illness. See 42 U.S.C. §10821(a)(2) and (b). This objective contemplates offering training opportunities to PAIMI program staff to enhance technical skills and knowledge necessary for effective advocacy. This objective would ultimately benefit all existing and prospective PAIMI Program clients. PAIMI staff will participate in an estimated

26 training events under this objective.

Expected Target: 26

Expected Outcome: 26

- 0401 B. Conduct regular meetings with PAIMI staff to promote advocacy coordination and assess progress towards meeting goals and objectives.

Target Population: The PAIMI law requires the PAIMI program to assure that its staff is trained in provision of advocacy services to persons with mental illness. See 42 U.S.C. §10821(a)(2) and (b). The law also requires compilation of an annual report describing activities and accomplishments. See 42 U.S.C. §10805(a)(7). The PAIMI regulations require advocacy coordination within the PAIMI Program. See 42 C.F.R. §51.31(b). This objective implements these mandates by requiring periodic staff meetings which include training, statistical updates, progress reports, and advocacy planning. This objective would ultimately benefit all existing and prospective PAIMI Program clients. The DLP will conduct an aggregate of 4 staff meetings and advocacy meetings under this objective.

Expected Target: 4

Expected Outcome: 4

- 0402 C. Provide training opportunities to the PAIMI advisory council to enhance understanding of current mental health issues and effective collaboration in fulfillment of PAIMI program objectives.

Target Population: The PAIMI regulations authorize provision of training to PAIMI advisory council members. See 42 C.F.R. §51.31. This objective contemplates offering regular training at each council meeting supplemented by the opportunity to attend independent training events. This objective benefits council members. An educated and informed council ultimately benefits all existing and prospective PAIMI Program clients. The DLP contemplates training an estimated 10 Advisory Council members under this objective.

Expected Target: 10

Expected Outcome: 10

- 0403 D. Promote cultural diversity in membership of governing board and advisory council to assure input and guidance from a variety of perspectives.

Target Population: The PAIMI regulations require continuing efforts to include members of racial and ethnic minority groups on the board and advisory council. See 42 C.F.R. §51.22(c) and 5123(b). This objective contemplates inclusion of such representatives on the board and advisory council. This objective benefits board and

council members. A culturally diverse board and council ultimately benefits all existing and prospective PAIMI Program clients. Under this objective, Board and Advisory Council will increase aggregate composition of cultural minorities by at least 1 member.

Expected Target: 1

Expected Outcome: 1