

New Mexico

Department of Health and Human Services SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

FY 2023 PROTECTION AND ADVOCACY FOR INDIVIDUALS WITH MENTAL ILLNESS

Short Title: 2023 PAIMI Progress Report

Funding Opportunity Announcement (FOA)
No. SM-17-F2

Catalog of Federal Domestic Assistance (CFDA)
No.: 93-138

A. PAIMI Program Information

General Information

1. P &A Identification

Name of state or jurisdiction	New Mexico
Name of P&A systems	Disability Rights New Mexico
Unique Entity ID	SJM9CS9AJXR5

2. Main Office

Agency Name of Main Office	Disability Rights New Mexico
Mailing Address of Main Office	3916 Juan Tabo Blvd. NE
City	Albuquerque
Zip Code	87111
Phone Number of Main Office	505-256-3100
Toll Free Number	800-432-4682
Email address	info@drnm.org
Website address	http://www.drnm.org
TTY phone number	
County of Main Office	Bernalillo

3. Other Offices (if any)

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

4. Executive Director/Chief Executive Officer Contact Information

Name	Gary Housepian
Mailing Address	3916 Juan Tabo, NE
City	Albuquerque
Zip Code	87111
Phone Number & Extension	505-256-3100
E-mail Address	ghousepian@drnm.org

5. PPR Preparer Contact Information

Name	Bernadine Chavez
Title	Director of Program Services
Phone Number & Extension	505-256-3100
Email Address	bchavez@drnm.org

6. Governing Board President/Chair Name

Name	Marijo Rymer
Mailing Address	
City	
Zip Code	
County of Residence	
Email Address	
Current Term Started	10/17/2017 12:00:00 AM
Current Term Expires	9/30/2023 12:00:00 AM

7. PAIMI Advisory Council President/Chair Name

Name	Tanika Sosa-Gonzalez
Mailing Address	
City	
Zip Code	
County of Residence	
Email Address	
Current Term Started	7/1/2022 12:00:00 AM
Current Term Expires	6/30/2024 12:00:00 AM

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

Name	Maria Joy
Title	Chief Financial Officer
Phone Number/Extension	505-256-3100
Email Address	mjoy@drnm.org

9. Governor's Liaison

Name	Nick Boukas, M.D.
Official Title	Interim CEO New Mexico Behavioral Collaborative
Mailing Address	P.O. Box 2348
City	Santa Fe
Zip Code	87504
County of Residence	Santa Fe
Phone Number/Extension	505-827-7750
Email Address	Nick.Boukas@hsd.nm.gov

10. Commissioner/Director of the State Mental Health Agency

Name	Nick Boukas, M.D.
Mailing Address	P.O. Box 2348
City	Santa Fe
Zip Code	87505
Phone Number/Extension	505-827-7750
Email Address	Nick.Boukas@hsd.nm.gov

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Footnotes:

A. PAIMI Program Information

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

		Governing Board	Advisory Council	Program Staff
Ethnicity				
	Hispanic/Latino	2	3	6
	Non-Hispanic/Latino	9	8	15
	Ethnicity Unknown	0	0	0
Race				
	American Indian/Alaska Native	2	1	0
	Asian	0	0	0
	Black/African American	0	0	0
	Native Hawaiian/Pacific Islander	0	0	0
	White	8	8	20
	Two or more races	1	2	0
	Some other race	0	0	1
	Race Unknown	0	0	0
Gender				
	Female	7	9	11
	Male	4	2	10
	Transgender (Trans Woman)	0	0	0
	Transgender (Trans Man)	0	0	0
	Two-Spirit (if Client is AIAN)	0	0	0
	Gender Non-Conforming	0	0	0
	Other (if use a different term)	0	0	0
	Prefer not to say	0	0	0
Sexual Orientation				

Lesbian or gay	0	0	0
Straight (not lesbian or gay)	0	0	0
Bisexual	0	0	0
Other (if use a different term)	0	0	0
Prefer not to say	11	11	21

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Footnotes:

A. PAIMI Program Information

Governing Board Information

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

Governing Board	Minimum # of Members	Maximum # of Members
Private, non-profit with multi-member	11	18
State-operated with governing board	0	0
State-operated with no governing board	0	0

Governing Board Information

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

	Number
Total seats available	18
Total members serving as of 9/30/2023	11
Total vacancies on 9/30/2023	7
Term of appointment (number of years)	3
Term maximum	3
Meeting Frequency	4
Number of meetings held this fiscal year (2023)	4
Percentage of members present at meetings during the 2023	81.03 %

Governing Board Composition

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

	Number
Number of individuals with mental illness who are recipients/former recipients (R/FR) of mental health services or have been eligible for services.	3
Number of family members of individuals with mental illness who are (R/FR) of mental health services, guardians, advocates or authorized representatives or other persons who broadly represent or are knowledgeable about the needs of clients served by the P&A system	2
Total	5

Footnotes:

A. PAIMI Program Information

Executive Director

Initial Appointment Date 04/01/2018 (mm/dd/yyyy)
Recent performance evaluation completed 07/14/2023 (mm/dd/yyyy)
Date of previous performance evaluation 07/22/2022 (mm/dd/yyyy)
Agency has written policy and procedures to guide the ED's evaluation process? Yes ☒ No ☐

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

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Footnotes:

A. PAIMI Program Information

Number of Mental Health Professionals On the Advisory Council

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

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Footnotes:

The PAC Chair is a psychiatric nurse but identifies as a person that receives mental health services. We also have a middle school teacher that also identifies as a person that receives mental health services.

A. PAIMI Program Information

PAIMI Advisory Council (PAC)/Assigned Staff

PAIMI Advisory Council (PAC)	
Sits on the governing board?*	☒ Yes ☐ No
Appointment Date	06/24/2022
Other PAC member(s) sit on the governing board?	☒ Yes ☐ No
If yes, number serving	3

* If no please explain in Footnotes

Assigned PAIMI Staff

Attorneys						Advocates				
	#	Full-time	Part-time	Male	Female	#	Full-time	Part-time	Male	Female
Ethnicity										
Hispanic/Latino (of any race)	2	2	0	2	0	3	3	0	0	3
Non-Hispanic/Latino	6	6	0	4	2	8	8	0	3	5
Race										
American Indian/Alaska Native	0	0	0	0	0	0	0	0	0	0
Asian	0	0	0	0	0	0	0	0	0	0
Black/African American	0	0	0	0	0	0	0	0	0	0
Native Hawaiian/Pacific Islander	0	0	0	0	0	0	0	0	0	0
White	8	8	0	0	0	11	11	0	3	8
Two or more races	0	0	0	0	0	0	0	0	0	0
Some other race	0	0	0	0	0	0	0	0	0	0
Race Unknown	0	0	0	0	0	0	0	0	0	0

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Footnotes:

B. Demographics - Interventions on Behalf of PAIMI Individuals

Population Information

Age of PAIMI-eligible Individuals Served

Age	Number
0-2	0
3-5	2
6-10	6
11-22	33
23-64	40
65+	7
Prefer not to say	0
Total	88

Gender and Sexual Orientation of PAIMI-eligible Individuals Served

Gender	Number
Female	42
Male	45
Transgender (Trans Woman)	1
Transgender (Trans Man)	0
Two-Spirit (if Client is AIAN)	0
Gender Non-Conforming	0
Other (if use a different term)	0
Prefer not to say	0
Total	88

Sexual Orientation	Number
Lesbian or Gay	0

Straight (not lesbian or gay)	0
Bisexual	0
Other (if use a different term)	0
Prefer not to say	88
Total	88

Ethnicity and Race of Individuals Served

Ethnicity	Number	PAIMI %	State %
Hispanic/Latino (of any race)	37	42.53	50.20
Non-Hispanic/Latino	51	57.47	35.70
Ethnicity Unknown	0	0.00	0.00
Total	88		

Race	Number	PAIMI %	State %
American Indian/Alaska Native	4	4.59	11.20
Asian	0	0.00	2.00
Black/African American	5	5.75	2.70
Native Hawaiian/Other Pacific Islander	0	0.00	0.20
White	77	87.36	81.10
Two or more races	2	2.30	2.80
Some other race	0	0.00	0.00
Race unknown	0	0.00	0.00
Total	88		

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Footnotes:

B. Demographics - Interventions on Behalf of PAIMI Individuals

PAIMI-Eligible Individuals served with PAIMI Program Funds

Count individual once per fiscal year (FY). Multiple counts not permitted for lines 1-2.

		Enter Number
1. Number of PAIMI-eligible individuals continued to be served with PAIMI program funds, including any program income resulting from legal actions supported by PAIMI program funds as of October 1, from the previous FY into the reporting year.		41
2. Number of new PAIMI-eligible individuals served during the reporting year.		47
3. Total number of PAIMI-eligible individuals served during this FY (Add lines 1 and 2).		88
4. Individuals with more than one (1) intervention opened/closed during the reporting year.		10
5. Individuals with a co-occurring mental illness and Intellectual and Developmental Disability (IDD).		15
6. Total number of PAIMI-eligible individuals who requested program related advocacy services during the reporting year, but were not served within 30-days of initial contact due to:		
	a. insufficient PAIMI Program resources.	0
	b. non-priority areas.	0
7. Individuals served as of September 30 and will be carried over to next reporting year (This should equal ≤ item 3 above).		33

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Footnotes:

B. Demographics - Interventions on Behalf of PAIMI Individuals

Living Arrangements of PAIMI-eligible Individuals at Intake

Living Arrangements	Number
Community Residential Home for Children/Youth up to age 18 Yrs.	2
Community Residential Home for Adults	5
Non-Medical Community-Based Residential Facility for Children/Youth	0
Foster Care	1
Nursing homes, including skilled nursing facilities	1
Intermediate care facilities	0
Public and Private general hospitals including Emergency Rooms	0
Public Institutional living arrangement	11
Private Institutional living arrangement	5
Psychiatric Hospitals (Public or Private)	
a. Public/State	25
b. Private	0
Jails	3
State Prison	0
Federal Detention Center	0
Federal Prison	0
Veterans' administration hospital/Clinic	0
Other Federal Facility	0
Homeless	9
Independent (in the community & PAIMI-eligible)	16
Parental or Other Family Home & PAIMI-eligible	10
Unknown	0
Total	88

Footnotes:

C. Complaints/Problems of PAIMI Individuals

Areas of Alleged Abuse

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

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

Client was a patient (diagnosed with bi-polar disorder) of the state psychiatric hospital and was threatened with physical harm by a staff person. There was an investigation conducted by the mental health hospital and the staff. As a result of the internal investigation the person was terminated. DRNM/PAIMI staff reviewed the internal investigation conducted by the hospital and all actions kept the client safe. No further investigation needed.

Abuse Complaints Disposition

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

A. Number of complaints/problems determined after investigation not to have merit	2
B. Number of complaints/problems withdrawn or terminated by client	0
C. Number of complaints/problems resolved in the client's favor	4
D. Number of complaints/problems not resolved in the client's favor	2
E. Other Indicators of success or outcomes that resulted from P&A involvement	0
F. Other Representation found	0
G. Services not needed due to client death or relocation	0
H. P&A withdrew due to conflict of interest or other reasons	0
I. Lost Contact	0
J. Outcome Unknown	0
K. Lack of Resources	0
Total number of Abuse complaints/problem addressed from closed cases	8

At least 1 case required.

Case of Alleged Abuse

Client is a 45 yo male with diagnosed schizophrenia. He was being held at the Los Lunas Transfer Station, awaiting placement in prison for a 5 month sentence for violating his probation. Client was not being provided with several psychotropic medications that help manage his mental illness since he surrendered himself into custody. This caused disability related behaviors which resulted in restricting client's rights (i.e. receiving visitors, making phone calls, etc.). DRNM provided technical assistance and consultation on disability rights advocacy to the client's criminal defense attorney including requesting a social worker to be assigned to client's case in the prison and assisting in preparing a parole release plan for client, including viable treatment options.

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Footnotes:

C. Complaints/Problems of PAIMI Individuals

Areas of Alleged Neglect

Number of complaints/problems	Outcomes											Number from closed cases only
	A	B	C	D	E	F	G	H	I	J	K	TOTAL
a. Failure to provide necessary or appropriate medical (other than psychiatric) treatment.	0	1	10	1	0	0	0	0	0	0	0	12
b. Failure to provide necessary or appropriate mental health treatment, including access to prescribed medication	0	0	6	0	0	0	0	0	0	0	0	6
c. Failure to provide necessary or appropriate personal care and safety	0	0	0	0	0	0	0	0	0	0	0	0
d. Failure to provide appropriate discharge planning or release from a residential care or treatment facility	0	0	4	0	0	0	0	0	0	0	0	4
e. Mental health diagnostic or other evaluation (does not include treatment)	0	0	0	0	0	0	0	0	0	0	0	0
f. Medical (non-mental health related) diagnostic physical examination	0	0	0	0	0	0	0	0	0	0	0	0
g. Other <i>[Describe and make every effort to report within the above categories].</i>	0	0	0	0	0	0	0	0	0	0	0	0

Neglect Complaints Disposition

For total closed cases listed in Table C.3., provide the numbers of neglect complaints or problem areas for each disposition category.											
A. Number of complaints/problems determined after investigation not to have merit											0
B. Number of complaints/problems withdrawn or terminated by client											1
C. Number of complaints/problems resolved in the client's favor											20
D. Number of complaints/problems not resolved in the client's favor											1
E. Other Indicators of success or outcomes that resulted from P&A involvement											0
F. Other Representation found											0
G. Services not needed due to client death or relocation											0
H. P&A withdrew due to conflict of interest or other reasons											0
I. Lost Contact											0
J. Outcome Unknown											0

K. Lack of Resources	0
Total	22

Case of Alleged Neglect

Client is a 40 yo male with diagnosed schizoaffective disorder. He was originally housed at the Southern New Mexico Correctional Facility, Las Cruces, NM. Client was being denied mental health treatment for over one year despite his parole board's recommendation that he be given extensive mental health treatment. His attorney from the Public Defender's office was arranging a writ of habeas corpus. While the habeas hearing was underway, the client was inexplicably transferred to a different facility. DRNM provided technical assistance through a written letter to the client that outlines the most effective way for him to submit grievances based on ADA violations. Because of the habeas case that the client's attorney had put together, it was in the client's best interest that he didn't receive additional representation.

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Footnotes:

C. Complaints/Problems of PAIMI Individuals

Areas of Alleged Rights Violations

Number of Complaints/Problems	Outcomes											Number from Closed Cases only
	A	B	C	D	E	F	G	H	I	J	K	TOTAL
a. Failure to provide individualized written treatment or service plan	0	0	3	0	0	0	0	0	0	0	0	3
b. Failure to provide written discharge plan including a description of mental health services needed upon discharged from such program or facility	0	0	3	0	0	0	0	0	0	0	0	3
c. Failure to allow ongoing participation, in a manner appropriate to such person's capabilities, in the planning of mental health services to be provided such person (including the right to participate in the development and periodic revision of the plan)	0	0	0	0	0	0	0	0	0	0	0	0
d. The right to refuse treatment	0	0	3	0	0	0	0	0	0	0	0	3
e. The right to refuse to take prescribed medications	0	0	2	0	0	0	0	0	0	0	0	2
f. The denial of financial benefits/entitlements (e.g., SSI, SSDI, Insurance)	0	0	0	0	0	0	0	0	0	0	0	0
g. Guardianship/Conservator problems	0	0	3	0	0	0	0	0	0	0	0	3
h. The denial of rights protection information or legal assistance, including adequate and appropriate representation during commitment hearings	0	0	0	0	0	0	0	0	0	0	0	0
i. The denial of privacy rights (e.g., congregation, telephone calls, receiving mail)	0	0	0	0	0	0	0	0	0	0	0	0
j. The denial of recreational opportunities (e.g., grounds access, television, and smoking)	0	0	0	0	0	0	0	0	0	0	0	0
k. The denial of visitors	0	1	0	0	0	0	0	0	0	0	0	1
l. The denial of access to or correction of records	0	0	0	0	0	0	0	0	0	0	0	0
m. Breach of confidentiality of records (e.g., failure to obtain consent before disclosure)	0	0	0	0	0	0	0	0	0	0	0	0
n. Failure to obtain informed consent	0	0	0	0	0	0	0	0	0	0	0	0
o. Advance directives issues	0	0	0	0	0	0	0	0	0	0	0	0
p. The denial of parental/family rights	0	0	0	0	0	0	0	0	0	0	0	0
q. Housing Discrimination	0	0	3	0	0	0	0	0	0	0	0	3
r. The denial of access to administrative or judicial process	0	0	0	0	0	0	0	0	0	0	0	0
s. Failure to provide educational services in the least restricted environment for PAIMI-eligible individuals	0	0	3	0	0	0	0	0	0	0	0	3
t. The denial of access to community-based rehabilitation services and/or treatment	0	0	0	0	0	0	0	0	0	0	0	0

u. The denial of access to transportation	0	0	0	0	0	0	0	0	0	0	0	0	0
v. Employment Discrimination	0	0	2	0	0	0	0	0	0	0	0	0	2
w. The denial of access to personal possessions	0	0	0	0	0	0	0	0	0	0	0	0	0
x. Failure to comply with commitment regulations	0	0	2	0	0	0	0	0	0	0	0	0	2
y. Failure to comply with commitment time frames	0	0	0	0	0	0	0	0	0	0	0	0	0
z. Other <i>[Please make every effort to report within the above categories].</i>	0	0	0	0	0	0	0	0	0	0	0	0	0
Rights Violations Disposition													
For closed cases listed in this Table, provide the number of rights complaints or problem areas for each disposition category.													
A. Number of complaints/problems determined after investigation not to have merit	0												
B. Number of complaints/problems withdrawn or terminated by client	1												
C. Number of complaints/problems resolved in the client's favor	24												
D. Number of complaints/problems not resolved in the client's favor	0												
E. Other Indicators of success or outcomes that resulted from P&A involvement	0												
F. Other Representation found	0												
G. Services not needed due to client death or relocation	0												
H. P&A withdrew due to conflict of interest or other reasons	0												
I. Lost Contact	0												
J. Outcome Unknown	0												
K. Lack of Resources	0												
Total number of Rights Violation complaints/problems addressed from closed cases	25												

Cases of Alleged Rights Violations

A 5-year-old diagnosed with severe emotional disturbance and PTSD whose mother died was living at a foster care placement. The school was placing the child in a seclusion room and suspending him regularly, telling the foster grandmother to pick him up almost daily. The DRNM advocate attended the IEP meeting, and proposed a behavior plan – ultimately accepted by the IEP team – that requires the school keep him in program regardless of the severity of his behaviors.

Cases of Alleged Rights Violations

Client is a 33yo Hispanic male with severe mental illness and a diagnoses of personality disorder. Client lives in Albuquerque and works for the New Mexico Department of Health (DOH). Client contacted DRNM due to difficulties with the request for a reasonable accommodation after the "return-to-the-office" mandate from the Governor. Client's request had been denied with no

option to participate in the interactive process as mandated by the ADA. DRNM contacted the DOH to ensure that client's rights to the interactive process were upheld. Through this process we were able to successfully advocate for a hybrid work schedule, along with some modifications to the work place for when Client was in office. As a result of our advocacy efforts the DOH is better equipped to address similar employee requests for employees with mental illness.

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Footnotes:

C. Complaints/Problems of PAIMI Individuals

Reasons for Closing Individual Advocacy Case Files

	Number
1. Client's objective was partially or fully met.	0
2. Case or investigation lacked merit.	3
3. Case withdrawn or terminated by the client.	0
4. Issue favorably resolved.	48
5. Issue not favorably resolved.	2
6. Other success or outcomes due to P&A involvement (i.e., provided self-advocacy assistance)	0
7. Other representation found.	0
8. Services not needed due to client's death or relocation.	0
9. P&A withdrew due to conflict of interest or other reasons (i.e., client would not cooperate).	0
10. Appeal(s) unsuccessful.	0
11. Other appropriate entity investigating.	0
12. Lost Contact.	2
13. Lack of Resources.	0
Total	55

At least 1 case required.

Case of Closing an Individual Advocacy Case File

Client is a 60yo female with hearing loss and mental illness, living in a homeless shelter in Albuquerque. Client was experiencing issues with negotiating services from DVR as well as delays in being able to sign her Individualized Plan for Employment (IPE). A DRNM advocate worked with client and her DVR counselor to finalize the IPE and ensure client received the services she needed, including computer literacy training, hearing aids, transportation costs, and job coaching and development assistance. DRNM advocate also helped the DVR counselor and Client establish a plan for communication going forward.

Case of Closing an Individual Advocacy Case File

Client had been living in a nursing care facility in Albuquerque, NM for three years. After a mental health crisis, Client was transferred to the hospital and discharged to Central Desert Behavioral Health Hospital (CDBHH). According to CDBHH, Client's mental health was stabilized and she was ready to return to the nursing facility after three days, but the nursing facility refused to allow her to return. Client had been stuck at CDBHH for over a month while staff were trying to talk to the nursing facility about Client's readiness to return. DRNM attorney Holly Mell worked with CDBHH staff to inform the nursing facility that client would pursue a Medicaid "Fair" Hearing to review the discharge decision. The facility agreed to review her treatment notes, and

then agreed to allow her to return. Client has successfully moved back in to her home which more appropriately meets her care needs.

Case of Closing an Individual Advocacy Case File

The client in another case was an 11-year-old child with an educational diagnosis of Emotional Disturbance. The student was attending a charter school that had lagged in providing timely evaluations for the student and ignoring the parent's request for an IEP meeting. Over the course of the case, the client tried to take her own life and was hospitalized for several weeks at Kaseman. A DRNM Advocate attended multiple IEP meetings to advocate for the student and spoke extensively with school staff to make sure that the charter school understood its obligations under IDEA. The advocate's casework resulted in the student receiving multiple new evaluations from the school, receiving increased instructional services, getting social work services and counseling in place, and receiving a bevy of new accommodations and modifications to improve her IEP.

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Footnotes:

C. Complaints/Problems of PAIMI Individuals

Intervention Strategies

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

Outcomes												
Abuse	A	B	C	D	E	F	G	H	I	J	K	Total
1. Self Advocacy Assistance	0	0	0	0	0	0	0	0	0	0	0	0
2. Limited Advocacy	0	0	0	0	0	0	0	0	0	0	0	0
3. Administrative Remedies	0	0	0	0	0	0	0	0	0	0	0	0
4. Litigation	0	0	1	0	0	0	0	0	0	0	0	1
5. Abuse/Neglect Investigations	2	0	0	0	0	0	0	0	0	0	0	2
6. Mediation	0	0	0	0	0	0	0	0	0	0	0	0
7. Negotiation	0	0	0	5	0	0	0	0	0	0	0	5
Total	2	0	1	5	0	0	0	0	0	0	0	8
Neglect	A	B	C	D	E	F	G	H	I	J	K	
1. Self Advocacy Assistance	1	0	0	0	0	0	0	0	0	0	0	1
2. Limited Advocacy	0	0	5	0	0	0	0	0	0	0	0	5
3. Administrative Remedies	0	0	0	0	0	0	0	0	0	0	0	0
4. Litigation	0	0	0	0	0	0	0	0	0	0	0	0
5. Abuse/Neglect Investigations	0	0	0	1	0	0	0	0	0	0	0	1
6. Mediation	0	0	0	0	0	0	0	0	0	0	0	0
7. Negotiation	0	0	0	15	0	0	0	0	0	0	0	15
Total	1	0	5	16	0	0	0	0	0	0	0	22
Rights Violations	A	B	C	D	E	F	G	H	I	J	K	
1. Self Advocacy Assistance	0	1	0	0	0	0	0	0	0	0	0	1
2. Limited Advocacy	0	0	2	0	0	0	0	0	0	0	0	2
3. Administrative Remedies	0	0	0	0	0	0	0	0	0	0	0	0

4. Litigation	0	0	0	0	0	0	0	0	0	0	0	0
5. Abuse/Neglect Investigations	0	0	0	0	0	0	0	0	0	0	0	0
6. Mediation	0	0	0	0	0	0	0	0	0	0	0	0
7. Negotiation	0	0	22	0	0	0	0	0	0	0	0	22
Total	0	1	24	0	0	0	0	0	0	0	0	25

At least 1 case required.

Case of Intervention

DRNM advocated for an employment issue for a client diagnosed clinical depression and PTSD who had been denied her requested reasonable accommodation of working from home. DRNM represented the client in a mediation with her former employer in the Human Rights Bureau process, and was able to help resolve her case successfully. As a result of our advocacy efforts our client continues to work from home with the reasonable accommodations she required for her mental health diagnosis.

Case of Intervention

Client with clinical depression/PTSD and developmental disabilities has a toddler son, and a court-appointed guardian. A former friend of Client's had used kinship-guardianship to take custody of her baby, and our client's court-appointed guardian was unable to secure the child's return. DRNM intervened with a series of legal actions, and the baby went home with his mom and our client, where they live with a supportive Family Living placement through a Medicaid program. DRNM then won a clear dismissal of the kinship-guardianship case.

Case of Intervention

Client was a 15-year-old student in a rural area with a recent educational diagnosis of Severe Emotional Disturbance. After repeated fighting with peers and law enforcement involvement, the student was moved into a new educational placement with only partial services being provided. This change in educational placement was done improperly without a Manifestation Determination Review and the client's parent was given a very small range of options for this change in placement which should not have happened anyway. The student's services in the new placement were greatly reduced and the student reported only receiving less than a week of instruction instead of two months worth he was owed. A DRNM attorney initially took the case because the school district's counsel was involved by the time DRNM received the case. The case was then transferred to a Senior Advocate, who communicated extensively with counsel and attended two Individualized Education Program (IEP) meetings to advocate for the client. The student was fully restored to his former school placement, became eligible for athletics again, got an updated Behavioral Intervention Plan (BIP), an Independent Educational Evaluation, updated goals, and behavioral supports in place. The new BIP specifically discourages the use of law enforcement unless there is an absolute crisis situation. The student and parent are extraordinarily pleased with the new IEP and expansion of supports available to him.

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Footnotes:

C. Complaints/Problems of PAIMI Individuals

Death Investigation Activities

A. The number of deaths reported to the P&A for investigation by the following entities:	
1. State	0
2. The Center for Medicaid & Medicare Services (Regional Offices). If zero means the P&A did not receive any death reports from CMS for investigation, please note this in the Footnotes.	0
3. Other Sources. Briefly list the source for each death reported in this category (e.g., newspaper, concerned citizen, relative, etc.). Our monitoring team were alerted to a death by a patient in the facility who's bed was close to the deceased.	1
Total Number of deaths investigated	1

If the information requested in this section was not available please explain

N/A

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

C. Provide a brief summary example of an individual's death, P&A involvement, and outcome.

If you reported deaths in categories B.9.b., please provide the following information on one death from each category, as appropriate:

A brief summary of the circumstances about the death.

A brief description of P&A involvement in the death investigation.

A summary of the outcome(s) resulting from the P&A death investigation.

DRNM has received, and continues to receive, multiple complaints from patients receiving treatment at Central Desert Behavioral Health. DRNM conducted monitoring and patient rights trainings and investigated the alleged pattern and practice issues at the facility. While conducting patient rights trainings at Central Desert (CD), DRNM advocates were notified of the death of a patient the previous night, under suspicious circumstances. Last reporting period staff conducted a formal investigation into the death, it was found that several CD staff had noticed a change in the client's behavior the previous night but did not provide medical follow-up per CD policy. Also, it was found that the psychiatric technician responsible for ensuring 15-minute checks had been asleep when the patient died, which also contributed DRNM's finding of neglect. DRNM staff have concluded the formal investigation and continue to follow up with the facility on their policy changes. We are also continuing to follow up on memorandum of understanding to continue to have access to the facility as well as conducting the patient rights trainings.

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Footnotes:

DRNM/PAIMI did not receive any death reports from CMS. The one death investigation we concluded this year was reported through our mental health monitoring activities.

C. Complaints/Problems of PAIMI Individuals

Number of Interventions on behalf of Groups of PAIMI Eligible Individuals - Individuals Impacted

Multiple counts not permitted for lines 1 –3 and 6.

What to Count	
1. Group cases/projects still open on October 1, 2022. (Carried over from prior FY (s))	4
2. New group cases/projects opened during the year.	2
3. Total group cases/projects worked on during the year (Add lines 1 & 2)	6
4. Total group cases/projects as of September 30, 2023. (Carry over to next FY)	6
5. Group cases/projects targeted at serving the following special populations:	
a. Ethnicity	0
b. Racial Minorities	0
c. Homeless	2
d. Veterans	0
e. Urban	3
f. Rural/Frontier	2
g. Older Adults/geriatric	0
6. Total # of individuals potentially impacted by line 3	154,150

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

Intervention Types (See the Instructions for Guidance)	Potential # of Individuals Impacted	Concluded Successfully	Concluded Unsuccessfully	On-going
Group Advocacy (non-Litigation)	154,950	6	0	0
Abuse and Neglect Investigations (non-death related)	20	1	1	0
Facility Monitoring Services	1,350	0	0	6
Community Based Monitoring Services	0	0	0	0
Court Ordered Monitoring	0	0	0	0
Systemic Litigation	2	0	0	0

Educating Policy Makers	0	0	0	0
Other Systemic Advocacy	0	0	0	0
Total	156,322	7	1	6

Case of Intervention on Behalf of a Group

Mental Health Response Advisory Committee (MHRAC): Pursuant to the Court Approved Settlement Agreement (CASA) in U.S. v. The City of Albuquerque, the MHRAC was created to "assist in identifying and developing solutions and interventions that are designed to lead to improved outcomes for individuals perceived to be or actually suffering from mental illness or experiencing a mental health crisis." (Second Amended and Restated Court-Approved Settlement Agreement (Doc. 465-1), ¶111.) DRNM had an attorney serving on the MHRAC as a co-chair. That work has helped foster a better relationship with the U.S. Attorney's office for improved collaboration, meeting with U.S. Attorney Alex Uballez to discuss MHRAC's interests and concerns with the development of the CASA as it pertains to those experiencing behavioral health crises. DRNM has engaged with stakeholders and the media on a recently fatal Albuquerque Police Department (APD) shooting of an individual with serious mental illness, issuing a statement and working with APD to come up with re-trainings and additional MHRAC review of data related to APD use of force on those with mental illness. DRNM helped review and address the adequacy of Albuquerque Police Department's reality-based scenario training for behavioral health crisis events. DRNM also meet with high-level city administrators to consider more aggressive responses to reducing police violence against those with mental disability. Additionally, DRNM has collaborated with amici stakeholders to come up with alternative means of advocacy in addressing shortfalls in expectations in the CASA. DRNM advocated to address a recent fatal officer-shooting of a man with mental illness. DRNM worked out a plan with MHRAC for independent reviews of officer-shootings, and to provide its own feedback on prevention. Additionally, DRNM secured support to establish MHRAC in city ordinance to ensure continuity of this review beyond the life of the U.S. Department of Justice v. City of Albuquerque lawsuit that created MHRAC. New Mexico Supreme Court Commission on Mental Health and Competency: A DRNM attorney was appointed by the New Mexico Supreme Court to serve on its Commission on Mental Health and Competency as an ex officio member. The attorney was assigned to the Training and Education Subcommittee, and worked to create an informational flowchart pamphlet of the competency to stand trial process in New Mexico. The flowchart was an identified need of the Subcommittee. It can be easily understood, and was developed for a 6th grade level with the purpose of being a quick-source guide for those pending competency proceedings and their family members or support team. DRNM also participated in discussions on the administration of Medications for Opioid Use Disorder within the criminal justice system.

Case of Intervention on Behalf of a Group

Unhoused Individuals with Disabilities: DRNM has been conducting outreach with individuals who are street homeless with disabilities. DRNM attorneys have met with community groups and organizations working with this population, including Albuquerque Healthcare for the Homeless, Heading Home, the Quaker Friends Meeting House, Hopeworks, NM Coalition to End Homelessness, and the Rock at Noonday. DRNM attorneys have been meeting regularly with community law partners (Ives and Flores firm, American Civil Liberties Union, NM Center on Law and Poverty) to advise them of disability related concerns and issues impacting people living on the streets, and supporting their efforts to gather facts and plaintiffs for a class action lawsuit against the City of Albuquerque regarding civil rights violations in the treatment of unhoused individuals. DRNM has also been working directly with clients regarding ongoing concerns with accessibility and conditions at the Westside Emergency Housing Center (WEHC), which houses around 500 people; staff at the shelter estimate that around 90% of these individuals have either a physical or mental health disability or both. DRNM has also been meeting directly with unhoused individuals with disabilities who were former residents at Coronado Park and have ongoing issues with City personnel destroying their property and forcing them out of public spaces despite the lack of accessible shelter beds. On Feb. 15th, 2023, DRNM worked with ACLU to give a training to AHCH. The training occurred over Zoom and had 83 participants (AHCH staff) and focused on the rights of the unhoused. DRNM presented on the rights of unhoused individuals with disabilities and covered the Americans with Disabilities Act, Sec. 504 of the Rehab. Act, and the NM Human Rights Act. In May 2023, DRNM conducted legal research into architectural accommodations in City shelters and provided a memo and technical assistance with

community law partners. DRNM also sent a letter to the City of Albuquerque informing them of the need for reasonable accommodations for unhoused individuals with mental illness upon relocation by City employees. In September 2023, DRNM met the new ADA coordinator for the City of Albuquerque to discuss the need for accommodations in City shelters. During the reporting period, DRNM advocated for accessibility improvements at the WEHC including accessibility issues that pertain specifically to individuals with mental illness. For instance, DRNM advocated for medication storage, informed by our clients whose medications have been stolen, addressing safety issues such as the lack of cameras and a reporting system, the complete lack of mental health services and supports on site, and the lack of privacy in the bathroom and shower areas. An IPRA from this year revealed that the number one call for first responders at WEHC was for suicide, and response times for such calls were, on average, twice as long as for nearly any other part of the city. Because of DRNM's advocacy, the WEHC requested \$5 million from the county, and the City's ADA Coordinator says this is an issue of focus right now.

Case of Intervention on Behalf of a Group

New Mexico Behavioral Health Institute (NMBHI): DRNM worked with the facility to construct semi-enclosed phone booths afford patients their right to reasonably private phone calls. The facility ordered phones, installed the booths, and updated its entire phone system. DRNM conducted regular monitoring activities at the facility throughout the year, making contact with patients at the facility at least every month, and many times more often. DRNM also conducted secondary reviews of investigations at the facility, and we continue to work collaboratively with the facility's administration to resolve patient concerns and complaints. DRNM v. Tafoya Lucero et al. (New Mexico Corrections Department): DRNM has joined with the ACLU of New Mexico and Ryan Villa Law Firm to initiate litigation against the New Mexico Corrections Department (NMCD) and its Secretary for the illegal prohibition of Medications for Opioid Use Disorder (MOUD), also referred to as Medication Assisted Treatment (MAT). Opioid Use Disorder (OUD) is a recognized disability under the Americans with Disabilities Act (ADA), and the U.S. Department of Justice has opined that a correctional facility denial of access to lawfully prescribed MOUD is an ADA violation. MOUD is also part of the standard of care treatment for OUD. Accordingly, jails and prisons of other jurisdictions across the nation have reformed their policies and practices to allow for MOUD, and there are a number of legislation actions and court rulings that support the allowance of MOUD. In this case, DRNM asserts its Protection & Advocacy standing authority on behalf of those with OUD and co-occurring mental health disorders who are denied access to their physician-prescribed MOUD. This case has garnered significant media coverage, locally and nationally, given the heightened public interest in addressing the country's opioid epidemic, which is particularly pronounced in the state of New Mexico. While the case was filed with DRNM as the only Plaintiff, we take this action on behalf of clients in NMCD custody whose mental illness is exacerbated by the denial of MOUD treatment for their co-occurring OUD. The litigation was stalled over a dispute over DRNM's standing to be the organizational plaintiff. Separate from the litigation but almost certainly related, in the 2023 legislative session the state passed a law requiring NMCD to provide the medication assisted treatment (MAT), at least to those who come to prison with a prescription from their county jail. This new law provides nearly everything the lawsuit intended to achieve. The parties have agreed to pause the litigation while we negotiate a settlement. In this quarter we had several meetings with the assigned mediator, federal Magistrate Judge Robbenhaar. The defendants have not settled on a clear position from their side, but we hope to be able to resolve this case without further litigation.

Case of Intervention on Behalf of a Group

Kevin S.: In the summer of 2022, the Implementation Team and the State entered into a Memorandum of Understanding on unmet targets, focused under the settlement's Appendices B and C. In November 2022, the settlement's Co-Neutrals published their annual report for the State's performance in 2021. They found that the State did not meet a single Target Outcome of the 34 measured. Following the report, the Implementation Team again initiated dispute resolution on every unmet Implementation Target and Target Outcome. In-person mediation between the Implementation Team and defendants NM Human Services Department (HSD) and the NM Children, Youth and Families Department took place at the end of March. This was followed up with several sessions of remote mediation, which resulted in a finalized Corrective Action Plan (CAP), in late June. Among the State's commitments from that CAP are: strengthening and stabilizing CYFD workforce to meet caseload standards; recruiting new family placements to help meet the needs of foster children; active steps to bring children currently placed in out-of-state facilities back to New Mexico; monitoring all critical incidents; engaging local community partners to implement the settlement through pilot teams in San Juan and Doña Ana counties; ensuring every child receives a well-child check within 30 days of coming into CYFD custody; and strengthening collaboration and communication with New Mexico's Nations, Pueblos, and Tribes. DRNM invested significant time in identifying stakeholders, organizing community-based behavioral health providers, foster families, and an appropriate facilitator for the Pilot site that

we will be participating in Doña Ana County. DRNM collaborated with the State, mostly CYFD, to establish the Doña Ana Pilot, which had its first meeting on September 7th. Despite what would appear as good progress, it came to the Implementation Team's attention that the State was not negotiating the CAP in good faith (for example, promising to lower caseloads while in the midst of a secret hiring freeze). By the end of September, the Implementation Team sought assurances from the State that they would comply with the CAP and its timelines. Having not received such assurances, the Implementation Team is moving forward with initiating binding arbitration, which is the second step to the settlement's dispute resolution process.

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Footnotes:

C. Complaints/Problems of PAIMI Individuals

Performance Measures of P&A Activities

Outcomes	Number from Closed Cases Only
a) PAIMI-eligible individuals who access community-based mental health or health care services that resulted in community integration and independence or are better able to advocate to do so;	4
b) PAIMI-eligible individuals who access benefits or services or are better able to advocate to do so;	2
c) PAIMI-eligible individuals who live in a healthier, safer, improved, or more integrated settings or are better able to advocate to do so;	5
d) PAIMI-eligible individuals are able to stay in their own home or better able to advocate to do so;	3
e) PAIMI-eligible individuals who can secure or maintain employment and/or are not subject to workplace discrimination or are better able to advocate for to do so;	4
f) PAIMI-eligible individuals who receive appropriate educational services and supports and/or are not subject to discrimination in educational settings or are better able to advocate for those outcomes;	3
g) PAIMI-eligible individuals who go to school in safe and more humane conditions;	2
h) PAIMI-eligible children (individuals) who receive appropriate services in the most integrated settings;	3
i) PAIMI-eligible individuals who were not subject to discrimination in government benefits/services, housing, public accommodations, etc. or are better able to advocate for such outcomes;	13
j) PAIMI-eligible individuals who were not subject to abuse, neglect, or rights violations or are better able to advocate for to do so;	5
k) PAIMI-eligible individuals who can make their own decisions to the maximum extent feasible or are better able to advocate to do so;	5
l) PAIMI-eligible individuals who had their rights enforced, retained, restored and/or expanded or are better able to advocate for to do so; and	6
m) PAIMI-eligible individuals who were more able to participate in the voting process or are better able to advocate for to do so.	0

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Footnotes:

D. Non-Client Directed Advocacy Activities

Non-client Directed Advocacy Activities

1. Individual Information and Referral (I&R).	Total
Provide the number of PAIMI Program I&R services.	228
2. State Mental Health planning activities	
Kevin S. Settlement Corrective Action Plan and Pilot in Dona Ana County In 2020, the State of New Mexico and advocates entered into a settlement agreement in 2020 that lays out a blue print for transformation of New Mexico's child-welfare system. It sets a number of specific and ambitious targets that CYFD and HSD agree to achieve in the years after the settlement was reached. Unfortunately, the state agencies have struggled in achieving targets and complying with the timelines for completion. A Corrective Action Plan (CAP) was reached in 2023 with the parties to address urgent issues needing immediate attention and implementation. A component of the CAP was launching Pilots in two regions of the state, one in Doña Ana County and one in San Juan County. Disability Rights New Mexico was designated to work as part of the Coordinated Action Pilot team in Doña Ana and this was launched on September 8, 2023. It will continue to meet and work until May 2024. The purpose of the pilot is to produce a meaningful, solution-focused collaboration between the State, local behavioral health providers, and the local child-welfare community to look at current practice, identify strengths and challenges to implementing an integrated system of care that meets the individualized needs of children and their families involved with protective services. The emphasis is on operationalizing all reasonable recommendations and creative solutions brought forward and on building out the availability of appropriate and needed services in the Doña Ana Community. The Coordinated Action Pilot Team will provide concrete, community-specific recommendations on how to address identified challenges and barriers realistically and effectively to ensure successful implementation of a culturally supportive,	
3. Education, Public Awareness Activities, and Events	
1. Number of public awareness activities or events.	6
2. Number of education/training activities undertaken.	43
3. Number (approximate) of persons trained in 2.	630
4. Technical Assistance	
Provide the number of PAIMI Program TA services.	4

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Footnotes:

One of the trainings to highlight, was a training that DRNM provided to a group that the Governor has created, Building a Statewide Model for Housing Stability Services summit. About a 100 people there.

E. Grievance Procedures

Grievance Procedures

1. Do you have a systemic/program assurance grievance policy as mandated 42 CFR 51.25 (a)(2)?		☒ Yes ☐ No
If Yes please upload your organizations Grievance Policy using the attachment tab		
2. The number of grievances filed by PAIMI-eligible clients, including representatives or family member of such individuals receiving services during this fiscal year.	Total	0
3. The number of grievances filed by prospective PAIMI-eligible clients (those who were not served due to limited PAIMI Program resources or because of non-priority issues).	42 CFR § 51.25 (a)(1)(2)	0
4. The number of grievances appealed to : a. The Governing Authority/Board b. The Executive Director		0 0
	Total 4.a & 4.b	0
5. The number of reports sent to the Governing Board and the Advisory Board.	Total	3
6. Please IDENTIFY ALL INDIVIDUALS, by name & title, responsible for grievance reviews (maximum 5): Name: Gary Housepian Title: CEO		
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?	Total # of days	3
8. Were written responses sent to each grievant? <i>If no, explain below</i>		☒ Yes ☐ No
9. Was client confidentiality protected? <i>If no, explain below</i>		☒ Yes ☐ No

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Footnotes:

Attached is a sample PAC agenda with the grievance report provided to the PAC members.

GRIEVANCE POLICIES AND PROCEDURES

CLIENT/APPLICANT GRIEVANCES

In order to assure fair and equitable access to agency services, a grievance procedure shall be available to clients or applicants to appeal agency decisions affecting their individual case.

Issues subject to appeal The client grievance procedure is available to contest case-specific decisions such as denial of services or case closure, or discrimination based on race, disability, or other factors prohibited by law. The grievance procedure is not appropriate for questions or complaints about the quality of services provided by DRNM staff or satisfaction with the outcome of a case, although clients are encouraged to bring any such concern to the attention of the appropriate supervisor.

Notice Any written communication to clients or client applicants advising them that they are being denied services, or that their case is closed, shall include notice that this grievance procedure is available.

Questions to be decided In both steps 1 and step 2 below, the question to be decided in reviewing a client grievance is whether the agency's decision that is the subject of the grievance was consistent with applicable law and regulation; agency policy, procedures, and priorities; and sound professional judgment. Agency services are not provided on an entitlement basis.

Grievance Procedure:

Step 1. The grievance shall be provided in writing to the Chief Executive Officer within 30 calendar days of the agency decision, action, or inaction which is the subject of the grievance. The grievance shall describe the decision, action, or inaction and the basis for the complaint.

- A. *The CEO or his/her designee shall: notify the complainant of the receipt of the complaint; review the client file, if any; meet in person or by phone with the complainant and with the relevant staff (jointly and/or separately, at the CEO's discretion); and seek additional information as necessary.*
- B. *Within 15 calendar days of the receipt of the grievance, the CEO or his/her designee shall make a written decision and findings based on the factors cited in paragraph 3 above, and shall mail or deliver the decision to the client or applicant and the relevant staff. This time limit may be extended up to an additional 15 calendar days in the event of extenuating circumstances. If the Director's decision includes a finding that the agency's challenged decision was in error, the CEO's decision will include a direction to the relevant staff to take such action as necessary to rectify the error. If the decision upholds the agency it shall include notice of the client's or applicant's right to appeal under Step 2.*

Step 2. A client or applicant may appeal the decision of the CEO rendered under Step 1 by appealing in writing to the President of the Board of Directors within 15 calendar days from the

date of the decision.

- A. *Within 10 calendar days of receipt of the appeal, the Board President (or a DRNM Board Member he/she designates) shall appoint a Grievance Committee, a majority of which must be DRNM Board Members; and shall set a date for a meeting of the committee, the time and place of which shall reasonably accommodate the needs of the client or applicant. Within 15 days of receipt of the appeal, written notice of the date, time and place of the meeting shall be provided to the client/applicant, the CEO, and the committee members, along with preliminary documents applicable to the issue on appeal.*
- B. *The committee meeting shall take place within 30 calendar days of the President's receipt of the complaint. The meeting shall serve as a hearing on the appeal, and it shall be closed to the public. The client or applicant may be accompanied by a representative of his/her choice, and may introduce evidence and present and cross-examine witnesses. The agency shall be represented by the CEO or his/her designee, who may also introduce evidence and present and cross examine witnesses. Formal rules of evidence shall not apply, but clearly unsubstantiated, unreliable, or irrelevant information may be excluded.*
- C. *Within 15 calendar days of the completion of the hearing, the Grievance Committee shall mail or deliver a written decision on the appeal to the client or applicant, the CEO, and to all Board members. The decision will be based on the factors cited in paragraph #3 above. If the decision is that the agency's contested decision was in error, the decision will include a direction to the CEO to take such action as the Committee believes appropriate to rectify the error. The decision of the Committee shall be final, provided that the CEO may appeal to the full Board of Directors any direction from the Committee which he/she believes to be prohibited by law, regulation, public policy, or board-approved policy.*

The form entitled "Notice of Client Grievance Procedure" is an important part of this process. At a minimum, this form must be mailed or personally provided to clients at the following times:

1. *At the time a case is opened.*
2. *Whenever a current client requests representation in a formal administrative hearing (e.g. special education due process hearing, DVR Fair Hearing, Social Security ALJ hearing, etc.) or in the case when litigation and this request is denied.*
3. *At the time a case is closed.*

The form can be included along with any written correspondence or materials sent to the client at or around the above times. A separate mailing is not necessary. The advocate or attorney handling the client's case is responsible for making sure the form is sent.

In addition, applicants for DRNM services who are denied advocacy services should be provided with the notice. This includes callers who are clearly requesting such assistance but are provided only I & R services on the basis of a DRNM employee's judgment that their concern or problem

falls outside eligibility guidelines or annual priorities. It also includes applicants whose service request is taken through the intake process and the request is denied.

When providing notice of the agency's client grievance policy and procedure, the following form shall be used:

NOTICE OF CLIENT GRIEVANCE PROCEDURE

Clients of Disability Rights New Mexico (DRNM) may appeal decisions that affect their case. Person applying for assistance from DRNM may appeal if they are turned down. This notice describes which decisions can be appealed, how to file an appeal, and how an appeal is decided.

What Decisions You Can Appeal

1. If you ask DRNM to help solve your problem, and the worker at DRNM decides that DRNM cannot take your case.
2. If your DRNM worker decides not to represent you in a formal hearing or a lawsuit on your behalf, if you have requested this.
3. If you DRNM worker decided to close your case.
4. If your DRNM worker discriminates against you on the basis of your age, sex, race, or similar characteristics.

If you have other disagreements, you should discuss them with your DRNM worker. You may want to talk with a DRNM supervisor. But only the kinds of decisions listed above may be appealed.

How to File an Appeal

To appeal a DRNM decision, you must write a letter to the Chief Executive Officer (CEO) of DRNM. Your letter should describe the decision you are appealing and why you think it is wrong. Explain who made the decision, and when. You have to mail or deliver your letter in person within 30 days from when the decision was made. The address for DRNM is at the top of this form. You may request a "reasonable accommodation" to assist you with the grievance process by notifying the DRNM ADA coordinator.

How the Chief Executive Officer Decides an Appeal

The CEO will contact you to learn more about your disagreement. The CEO will review your file (if any) and discuss your case with your DRNM worker or contact person. The CEO may talk to other persons who might know about the decision you are appealing. The CEO may ask you to meet with him and other DRNM staff. The CEO will then decide whether the decision was consistent with the law, with agency policies and procedures, and sound professional

judgment. You will usually get a written decision from the CEO within two weeks, unless special circumstances cause a delay.

If you disagree with the CEO's decision, you may appeal to Grievance Committee of the DRNM Board of Director's. Information about this final appeal step will be included in the Director's decision.

This notice is a summary of the grievance process. A copy of the official DRNM Client Grievance Policy is available upon request.

**Disability Rights New Mexico
PAIMI Advisory Council (PAC)
April 18, 2023 - 11:00am -2:30 pm
Via Zoom video or conference call**

AGENDA

**Disability Rights New Mexico
PAIMI Advisory Council (PAC)**

Via Zoom video or conference call

AGENDA

- I. Introductions and Roll Call – Tenika Sosa-Gonzalez, Chair
- II. Introduction of new Member- Tenika Sosa-Gonzalez, Chair
- III. Review and Approval of Minutes – Tenika Sosa-Gonzalez, Chair
- IV. Review and Approval of Agenda- Tenika Sosa-Gonzalez, Chair
- V. Executive Director’s Report - Gary Housepian, CEO
- VI. Grievance Report- Gary Housepian, CEO
- VII. PAIMI Financials-Gary Housepian, CEO
- VIII. Monitoring Report – Jesse Clifton
- IX. Member Reports - Tenika Sosa-Gonzalez, Chair
- X. Next meeting date(s) – Tenika Sosa-Gonzalez, Chair
- XI. Adjourn – Tenika Sosa-Gonzalez, Chair

F. Other Services & Activities

Public Comment

1. Does the P&A have procedures established for public comment? a. ☒ Yes, briefly describe how the notice is used to reach persons with mental health illness and their families. DRNM/PAIMI utilizes our website, Facebook, as well as written notification notifying consumers and families about the opportunity for public comment. We post input surveys on our website as well as a draft of proposed priorities. DRNM also maintains a vertical response email list that sends emails to families, consumers, and service providers. DRNM/PAIMI conducted 3 public forums around the state to solicit input. We also participated at many conferences and health fairs. Additionally, we notify our PAIMI Advisory Council of our public forums so that they can help get the word out about the opportunity for public input. Our monitoring team also distributed surveys during their monitoring activities and rights trainings provided at the facilities. This year we also used survey monkey to make it easier for the public to access our surveys. b. ☐ No, (if no, briefly explain, limit to 500 characters).	
2. Were the notices provided to the following persons: a. Individuals with mental illness in residential facilities? ☒ Yes ☐ No b. Family members and representatives of such individuals? ☒ Yes ☐ No c. Other individuals with disabilities? ☒ Yes ☐ No d. Brief explanation is required for each no answer in 2.a., b., or c.	
3. Do the procedures provide for receipt of the comments in writing or in person? 3a. ☒ Yes, attach a copy of the agency's Policies & Procedures pertaining to public comment. 3b. ☐ If no to 2 a, b, c., explain why the agency does not have such procedures in place	
4. Was the public provided an opportunity for public comment. ☒ Yes ☐ No	
5. If you answered Yes to 4 briefly describe the activities used to obtain public comment. We posted our public input surveys on our website, Facebook page. We also utilized vertical response which was sent out in an email to all our subscribers. Survey Monkey was also used and advertised as one platform to submit comments. DRNM attended various group meetings where we were given time on the agenda to solicit input for our priority setting process.	
6. What formats and languages (as applicable) were used in materials to solicit public comment? 1. Electronic surveys on DRNM website 2. Survey Monkey 3. Spanish 4. Paper version both in Spanish/English or in person as needed.	
7. If you answered No to 4, briefly explain why the public was not provided an opportunity to comment.	
8. List groups (e.g., states, consumer advocacy, service providers, professional organizations and others, including groups of current and former mental health consumers or family members of such individuals) with whom the PAIMI Program coordinated systems, activities and mechanisms. [42 CFR 51.21 (a) (D)] 1. NAIMI 2. Pegasus 3. Disability Coalition 4. State Rehabilitation Councils State Independent Living Council (SILC) 5. Independent Living Centers	
9. Briefly describe the outreach efforts/activities used to increase the number of ethnic and racial minority clients served or educated about the PAIMI program [this information will be evaluated by using the demographic/state profile information contained in the PAIMI application for the same FY] DRNM continues to do outreach to underserved areas and minority populations. Two of our three public forums were conducted in rural areas. One was conducted in a Native American Community which is a rural area.	
10. Did the activities described in question 9 result in an increase of ethnic and/or minorities in the following categories? a. Staff ☒ Yes ☐ No b. Advisory Council ☒ Yes ☐ No c. Governing Board ☒ Yes ☐ No d. Clients ☒ Yes ☐ No If you answer no to any item (10.a-d), please provide a brief explanation, such as 10.a, b., or c. – no vacancies.	

Footnotes:

This year we received 147 surveys on-line, 64 responses to Survey Monkey, and 48 in person surveys.

This was the end of the third year, so we also conducted a in-person priority setting events that included our PAC, Board, and staff.

ANNUAL PRIORITY SETTING

Prior to October 1 of each calendar year, DRNM conducts a priority setting and planning process which is designed to determine the issues and problem areas that the agency will address in the coming fiscal year. This process is public, and includes a variety of methods for people with disabilities and other interested persons to make their needs known.

Prior to adoption of annual priorities and objectives, DRNM will post proposed priorities and objectives on its web site for public comment for at least 45 days, conduct at least one public hearing to receive public comment, and distribute the proposal to key partner agencies. DRNM will take public comment into consideration before adopting its annual priorities and objectives for the year. The DRNM Board may amend the priorities at any time during the year.

It is through the priority setting and planning process that DRNM translates its mission and goals into priorities and objectives which become plans for implementation. The priority goals and objectives affect case selection criteria, systems advocacy efforts, training and outreach to implement the program's priorities.

Program Priorities shall:

1. Be consistent with the DRNM mission statement and goals.
2. Be consistent with federal mandates and governing regulations as well as with the advocacy principles of DRNM.
3. Take into account the most efficient and effective use of available resources, the efforts of other advocacy groups, and the statutory authority and legal capacity of DRNM.
4. Reflect consideration of the needs of persons in segregated settings and those at risk of abuse, neglect and exploitation.
5. Address the needs of racial and ethnic minorities and other historically unserved and underserved groups.
6. Reflect input from a range of groups such as staff, Board members, PAIMI Advisory Council members, individuals, families and community representatives.

F. Other Services & Activities

Impediments

External Impediments

Describe any problems with implementation of mandated PAIMI activities, including those activities required by Parts H and I of the Children's 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.).

This reporting period PAIMI did not experience any problems with PAIMI mandated activities. However, we continue to encounter MH facilities and State entities that question our access authority. Our PAIMI attorney continues to resolve these access issues by providing information on P&A authority. DRNM/PAIMI continues to review the service requests that we receive from individuals who are in inpatient mental health facilities. DRNM/PAIMI has tracked these issues and noted that some practices emerge again in these facilities even though we have negotiated resolutions to the policies and practices that violate the rights of their patients. We continue to see a lack of safe community based placements resulting in children in foster care languishing in acute care units, sometimes for months at a time. Children in acute care units are often times not provided with special education and related services. New Mexico closed several RTCs, and there is now a push to expand RTC capacity rather than community based Treatment Foster Care Placements. Children in State custody are often inappropriately residing in CYFD offices due to lack of placements. DRNM/PAIMI has met resistance to P&A monitoring of CYFD offices that are routinely used to house children in State custody, many of whom meet the definition of Serious Emotional Disturbance (SED), and who carry mental health diagnoses. Records, including diagnostic records, are difficult to obtain from New Mexico's child welfare agency. Neither the State nor CMS reports deaths of individuals to the P&A. Almost none of the State's Accredited RTCs provides copies of serious incident reports to the P&A as required by federal regulation.

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.).

DRNM/PAIMI continues to have difficulty with clients that have no records documenting their mental illness. We have seen more homeless individuals with significant mental illness that have lost even their government issued identifications. Often times they are able to tell DRNM/PAIMI staff that they have been in a psychiatric hospital but they cannot remember when. Other times, clients have received or are receiving services only authorized by Medicaid by meeting certain criteria (i.e. Treatment Foster Care or Residential Treatment). In such instances, the service alone illustrates the client carries a PAIMI qualified diagnosis, even if the P&A hasn't been given access to diagnostic records. The amount of resources it takes to find those records is often burdensome. DRNM is transitioning to digital file keeping, rather than paper files, for client records, which is a process for our agency. Death investigations are resource intensive, particularly due to pushback against P&A access authority.

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

Footnotes:

F. Other Services & Activities

Accomplishments/Recommendations/Training Needs

Accomplishments
For this fiscal year, briefly describe the most important accomplishment(s) that resulted from PAIMI Program activities. Provide copies of supporting documents, e.g., case law, news, articles, legislation, etc.
Central Desert Behavioral Health Hospital (CHBHH): DRNM concluded the death investigation that was launched in March 2022 at CDBHH. CDBHH had delayed access to the facility to DRNM monitors. We have continued to monitor CHBHH and continue to follow up on the recommendations provided in our formal investigation report. We continue to be met with resistance by the staff, but we remain steadfast in our efforts and have more cooperation. DRNM has entered in a cooperative agreement with the Disability Rights Texas. They will assist in monitoring the Peak which is in Santa Theresa New Mexico, which is on the border of Texas and New Mexico. This facility has both Texas and New Mexico residents. This facility is also located 12 minutes from the Texas office, whereas it takes DRNM staff four hours to travel to this facility. The plan has been for Texas to be at the Peake one
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)].
DRNM/PAIMI has no recommendations to improve activities, however, DRNM/PAIMI continues need additional funding would that would be helpful in carrying out our goals and providing statewide services. New Mexico is a very poor and rural state with inadequate behavioral health services.
Training Needs
Please identify any training and technical assistance requests. [42 U.S.C. 10825]
None this time. Our staff attend all trainings provided by NDRN, including the annual conference.
Upload supporting documents for Accomplishments here 0930-0169 Approved: 07/27/2023 Expires: 07/31/2026
Footnotes:

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AGAINST NEW MEXICO CORRECTIONS DEPARTMENT TO PROVIDE LIFE-SAVING MEDICATION FOR INCARCERATED INDIVIDUALS

MEDIA CONTACT

Davida Gallegos, dgallegos@aclu-nm.org (<mailto:dgallegos@aclu-nm.org>)

DECEMBER 15, 2022



ALBUQUERQUE, NM— People with opioid use disorders in New Mexico prisons experience painful and life-threatening consequences when the New Mexico Corrections Department (NMCD) denies them access to medically necessary, physician-prescribed medications while incarcerated. The American Civil Liberties Union of New Mexico

(ACLU-NM) on behalf of Disability Rights New Mexico (DRNM) today filed a lawsuit against Corrections Secretary Alisha Tafoya Lucero, NMCD Health Services Administrator Wenscelaus Asonganyi, and NMCD to ensure that incarcerated people with opioid use disorder (OUD) are continued on their medication for opioid use disorder when they enter NMCD custody.

“Being forced to withdraw from methadone made my depression and anxiety really bad,” said Shuana Brown, a former ACLU-NM client who suffers from OUD and was forced to withdraw from medically prescribed methadone while in NMCD custody. “I have a lot of family members who were my age who killed themselves either on purpose or accidentally overdosed. This scared me. I didn’t want to do that. I didn’t want to die in prison.”

Opioid use disorder is a chronic medical condition, that like other chronic diseases such as high blood pressure or diabetes, can be successfully treated with medication. Medication for opioid use disorder (MOUD) is the medical standard of care for OUD, accepted by experts as the proper treatment. Without access to their doctor-prescribed medication in prison, people with opioid use disorder suffer painful withdrawal and face high risk of relapse, overdose, and death—both while they are in prison and upon their return home.

“Opioid use disorder is a disability, and most New Mexicans have family or loved ones who have this disability and struggle with substance abuse or opioid addiction,” said Max Kauffman, an attorney with Disability Rights New Mexico. “When people take steps to address their substance abuse disorder, our prisons and jails should be supporting them, not denying them treatment.”

Despite overwhelming support for MOUD by the medical community, NMCD forces people on MOUD to withdraw from it when they enter prison, with the exception of pregnant people. The lawsuit filed today challenges NMCD’s policy of prohibiting MOUD as a violation of the

Eighth Amendment's prohibition on cruel and unusual punishment and as unlawful discrimination on the basis of disability in violation of the Americans with Disabilities Act.

As of 2019, one-half of the reincarceration rate was attributed to parole revocations for technical violations related to drug use. Ensuring that people with OUD are allowed to continue their medication during their incarceration will help people break cycles of addiction and incarceration, giving them a better chance for success when they return to their communities.

"No one should be denied essential, lifesaving healthcare, including medications prescribed by your doctor. This includes incarcerated people," said Lalita Moskowitz, litigation manager at ACLU-NM. "NMCD's failure to provide medication for opioid use disorder is a missed opportunity to support the people and communities who are most in need of it. Our families and our communities deserve better."

A copy of the lawsuit can be found below.



Rise in police shootings worry APD reformers

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Although the Albuquerque Police Department continues to make significant gains in the court-ordered reform effort, there have been more shootings by officers this year than during any other – including the years when a Department of Justice investigation found that APD had a pattern and practice of excessive force.

The increase in shootings dominated Tuesday's hours-long hearing in federal court held via Zoom.

The hearing was held to review the most recent report by the independent monitor overseeing APD's progress with the Court Approved Settlement Agreement which is meant to curb excessive force. The monitor had found APD had leaped upward in compliance over the past year, reversing a downward trend.

The city and the DOJ also recently inked an agreement for the city to self-monitor and self-assess about a quarter of the 276 requirements in the agreement.

Under the guidance of an outside team, the Internal Affairs Force Division is meeting deadlines in investigations, and overall uses of force have decreased by more than 30% over the past couple of years, according to the monitor's 16th report, which covered Feb. 1 to July 31.

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Furthermore, fewer uses of force are being found to be out of policy.

But there have also been 18 shootings by officers this year, 10 of which were fatal. Last year there were 10, four of which were fatal.

In his statements opening the hearing, Alexander Uballez, the U.S. Attorney for the District of New Mexico, said his job “will not be complete until there’s a substantial reduction in police shootings and fatalities.”

+ Echoing the concerns of other members of community coalitions, Daniel Williams of APD Forward said members of his group had been hoping to hear “concrete actionable steps that the city has taken” to address the increase in shootings by officers but were disappointed.

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+ In his closing remarks, Paul Killebrew, the deputy chief of the DOJ’s Civil Rights Division, acknowledged the frustrations and said that the DOJ wants to see how the city, APD and the various mechanisms set up by the CASA – including the Civilian Police Oversight Agency, the Mental Health Response Advisory Committee, and the Force Review Board – respond.

+ “You see a spike in officer involved shootings and it feels like we’ve set back the clock by 10 years,” Killebrew said. “The increase in officer involved shootings is unacceptable.

+ “It’s clear from what we’ve heard today that it is inconsistent with the community’s values. ... So we need to see action from the Albuquerque Police Department and from the groups that I listed out before. From where we sit this is an ongoing crisis. This is an ongoing problem.”

For her part, Taylor Rahn, an attorney on contract with the city, urged the court and the public to wait before passing judgment.

“We recognize that concerns about the number of individuals who are suffering from some type of mental health issue during the use of force

encounter is a pattern that the community is concerned about...,” Rahn said. “The city will not jump to any conclusions and will allow all of the processes that are in place for independent review of individual incidents, officers and patterns to run their course.”

Police Chief Harold Medina pointed out that the settlement agreement is meant to assess whether policies are in place to reduce an officer’s likelihood of using deadly force, whether officers are trained in those policies and whether they are being held accountable when they violate them.

Over the past 18 months two shootings have resulted in an officer being fired for violating policies.

Medina said he’s already asked the executive staff and academy directors to see if there are missed opportunities for trainings or other tactics that could be used instead of deadly force.

“We will never 100% take out human errors, and we will always have officer misconduct,” Medina said. “This process was started for us to identify the officer misconduct and address the misconduct. ... I don’t know if there’s ever been a period of time before in the Albuquerque Police Department when individuals were held as accountable. We will continue to hold individuals accountable. We will continue to monitor our policies. We will continue to monitor our training.”

Police oversight

One of the systems that is in place to watch out for misconduct, including excessive force, is apparently in turmoil.

The Civilian Police Oversight Agency is about to lose its newly-appointed executive director, who has served less than six months.

Dierdre Ewing’s last day will be Friday. She was confirmed to the position by the City Council in June, replacing interim executive director Diane McDermott.

McDermott took over when longtime director Ed Harness took a job in another state last year.

Dan Giaquinto, a member of the monitoring team, said the office had to act quickly to “reverse the downward trajectory” of civilian oversight in Albuquerque by fully staffing the agency and board.

+ “As APD marches towards compliance, CPOA must march in the same direction,” Giaquinto said. “They really need to do it now.”

+ CPOA board chair Patricia French said the board is moving forward in a positive manner and its members are committed to its mission. She said seven of nine board positions have been filled.

+ “During the short time that she’s been with us, I will say that she’s been responsive to the board,” French said, referring to Ewing. “She has helped us move forward in an effective and efficient manner in our serious use of force and officer involved cases.”

+ **Attorney departs**

+ And Assistant U.S. Attorney Elizabeth Martinez – described by her successor as “a major force in bringing about the CASA” and “a relentless advocate for constitutional policing and this community” – has withdrawn from the case as of Friday.

+ Several stakeholders – including the attorney for the Albuquerque Police Officers’ Association who said he “did not always agree with her opinions” – expressed disappointment in Martinez’s departure.

+ “We were dismayed to hear how the change in staffing was so abrupt. ... We just hope very sincerely that’s not an indication of the department’s investment in community input in this process...” said Rachel Biggs, of the Mental Health Response Advisory Committee. “We’d like to note that we see that as a big loss to the process with Ms. Martinez leaving the case.”

In response to questions from the Journal, Scott Howell, a spokesman for the U.S. Attorney’s office, said Martinez is still with the office and

remains in the civil rights division.

Martinez did not respond to calls from the Journal.

Howell said he could not comment on internal staffing decisions but pointed to a letter Executive Assistant U.S. Attorney Aja Brooks sent to the amici groups in which she says she works “directly with Mr. Uballez, which allows Mr. Uballez to have a more direct hand in ensuring its success.”

Brooks will take over the community outreach and engagement role, and Chief of the Civil Division Ruth Keegan will assume primary responsibility for the litigation.

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G. PAIMI Budget - Actual

PAIMI Budget

Planning Period From 10/1/2022 to 9/30/2023

In this section, provide actual expenditures for the FY. Refer to the PAIMI Application [Appendix C] submitted to SAMHSA/CMHS for the same FY. For additional information regarding this Section, please review the PPR Instructions.

PAIMI BUDGET-ACTUAL

* Indicates a required field

I. Personnel/Name/Title (Active for PAIMI Supervisor only)

In the section below for each funded staff position provide the name, title, annual salary, level of effort - full time equivalent charged to the PAIMI grant, and the costs billed to the PAIMI grant for each position. Please only include the current FFY's budget figures and use the footnotes to describe methodology and any additional funding carried over from previous years.

Personnel/Name/Title *	Annual Salary * "A"	Total PAIMI Share * "B"	Percent/Level of Effort to PAIMI "B" / "A" = "C"	Comments
Executive Director	\$			Gary Housepian, Executive Director
Other (List title in the Comments box)	\$			Tim Gardner, Director of Legal Services
Other (List title in the Comments box)	\$			Jason Gordon, Litigation Manager
Other (List title in the Comments box)	\$			Bernadine Chavez, Director of Program Services
Attorney	\$			Laurel Nesbitt, Attorney
Attorney	\$			Jesse Clifton, Attorney
Attorney	\$			Maxwell Kauffman, Attorney
Advocate/Case Manager	\$			Joan Curtiss, Advocate
Advocate/Case Manager	\$			Nina Tedone, Advocate
Advocate/Case Manager	\$ 4			Kaity Ellis, Advocate
Advocate/Case Manager	\$			Emily Gordon, Advocate
Advocate/Case Manager	\$			Grace Garza, Advocate
Attorney	\$			Holly Mell, Attorney
Advocate/Case Manager	\$			Tyler Smith, Advocate
Legal Assistant	\$			Don Priola, Legal Assistant
Other (List title in the Comments box)	\$			Lucy Galaviz, Support staff
Attorney	\$			Simon Suzuki, Attorney
Advocate/Case Manager	\$			Tom Day, Advocate
Advocate/Case Manager	\$			Lily Martinez, Advocate
Advocate/Case Manager	\$			Robin Garrison, Advocate
	\$ 1,396,017.00	\$ 210,672.77		

II. Fringe Benefits

Please only include the current FFY's budget figures and document all other figures in the footnote. Please also describe methodology in the footnotes.

Fringe Breakdown *	Annual Salary * "A"	Total PAIMI Share * "B"	Percent/Level of Effort to PAIMI "B" / "A" = "C"	Comments
Other (Describe the line item in the Comments box)	\$ 210,672.77	\$ 30,678.05	14.6 %	Health, dental, long term disability
FICA/Medicare	\$ 210,672.77	\$ 16,111.79	7.6 %	
Employer Match-Retirement	\$ 210,672.77	\$ 9,847.34	4.7 %	
Workers Compensation	\$ 210,672.77	\$ 27.75	0.0 %	
State Unemployment Insurance	\$ 210,672.77	\$ 2,500.00	1.2 %	
	\$ 1,053,363.85	\$ 59,164.93		

III. Travel Expenses

Please only include the current FFY's budget figures and document all other figures (carryover) in the footnote. Using the comment field or footnote, provide the purpose of travel number of staff, PAIMI Advisory Council or board members traveling for each event, and per diem: describe the number of nights and purpose. There is a 10% limit on training, technical assistance and travel expenses [42 CFR 51.6 (3) (e)].

Travel Expenses *	Actual Cost * "A"	Total PAIMI Share * "B"	Percent/Level of Effort to PAIMI "B" / "A" = "C"	Comments

Mileage	\$	31,094.64	\$	8,280.40	26.6 %	In-state travel to see clients and conduct monitoring. 13,249 miles at 62.5 cents per mile equals 8280.40
Lodging for Meetings	\$	18,493.01	\$	3,631.60	19.6 %	Lodging and meals required for monitoring and seeing clients. Approximately 15 nights of lodging involved. Eleven PAIMI staff persons were involved.
Lodging for Meetings	\$	4,722.25	\$	567.66	12.0 %	Out of state lodging and per diem for conferences. Cost of lodging and per diem for PAIMI Attorney attending NDRN annual conference in June, 2023 for PAIMI related sessions.
Mileage	\$	1,934.58	\$	377.00	19.5 %	Shared expense with other grants for proportionate amount for in-state mileage.
Lodging for Meetings	\$	1,472.20	\$	287.00	19.5 %	Shared expense with other grants for proportionate amount for in-state meals and lodging.
Mileage	\$	706.73	\$	138.00	19.5 %	Shared expense with other grants for proportionate amount for out of state mileage or airfare..
Lodging for Meetings	\$	357.81	\$	69.77	19.5 %	Shared expense with other grants for proportionate amount for out of state lodging and meals.
Mileage	\$	3,908.34	\$	609.00	15.6 %	Out of state travel airfare and mileage, \$609.00. Cost of airfare for PAIMI Attorney attending NDRN annual conference in June, 2023 for PAIMI related sessions.
	\$	62,689.56	\$	13,960.43		

IV. Equipment

Include communications and rental equipment directly related to PAIMI project activities. Please only include the current FFY's budget figures and use the footnote to describe any additional funding carried over from previous years.**

No Data Available

** Per 45 CFR Part 75: Equipment means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or \$5,000. See also Capital assets, Computing devices, General purpose equipment, Information technology systems, Special purpose equipment, and Supplies.

V. Supplies

Please list the supplies (both the category of items and the value) expended through using PAIMI funds. Use the comments field to describe the supplies.

Supplies *	Actual Cost * "A"	Total PAIMI Share * "B"	Percent/Level of Effort to PAIMI "B" / "A" = "C"	Comments
Postage	\$ 60.45	\$ 60.45	100.0 %	
Copy Paper	\$ 12,623.21	\$ 2,462.00	19.5 %	Shared expense with other grants for proportionate amount for copy paper.
Postage	\$ 2,353.01	\$ 459.00	19.5 %	Shared expense with other grants for proportionate amount for postage.
	\$ 15,036.67	\$ 2,981.45		

VI. Contractual/Consultant Costs

In the section below provide budget expenditure information for each contractual arrangement for PAIMI program services. Any sub-contract that exceeds \$25,000 must be pre-approved by SAMHSA Grants Management Officer. Only include the current FFY's budget figures and use the footnote to describe any additional funding carried over from previous years.

Position or Entity*	Service Provided*	Actual Cost* "A"	Total PAIMI Share* "B"	Percent to PAIMI "B" / "A" = "C"	Comments
Policy Analyst		\$ 5,901.52	\$ 5,901.52	100.0 %	Contract with former CEO to provide analysis of legislation, comments and attendance at legislative committees related to PAIMI.
Copier Maintenance		\$ 3,027.27	\$ 590.00	19.5 %	Shared expense with other grants for proportionate amount for copier maintenance contract..
Readers & Drivers		\$ 75.00	\$ 75.00	100.0 %	
Conference registration booth and room rental		\$ 684.00	\$ 684.00	100.0 %	This was for outreach to public about our PAIMI work.
Conference registration book and room rental		\$ 5,179.00	\$ 1,010.00	19.5 %	Shared expense with other grants for proportionate amount for general outreach.
Policy Analyst		\$ 11,271.69	\$ 2,198.00	19.5 %	Shared expense with other grants for proportionate amount for general policy work with policy analyst.
Computer Support Maintenance		\$ 4,969.32	\$ 969.00	19.5 %	Shared expense with other grants for proportionate amount for IT..
		\$ 31,107.80	\$ 11,427.52		

VII. Technical Assistance/Training Costs

In the section below provide technical assistance and training costs for staff, governing board and advisory council members. Explain the training costs in the comment field (i.e. number of meetings, number of participants, explanation of staff travel cost). Only include the current FFY's budget figures; document all other figures in the footnotes. There is a 10% limit on training, technical assistance and travel expenses [42 CFR 51.6 (3) (e)].

Technical Assistance/Training Costs *	Actual Cost * "A"	Total PAIMI Share * "B"	Percent/Level of Effort to PAIMI	Comments
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"B" / "A" = "C"

(explain costs in the comment field i.e number of meetings and number of participants)

Advisory Council meetings

\$ 3,579.00 \$ 3,579.00

100.0 %

In January, 2023, 5 PAIMI Advisory Council members attended pre-legislative forum and learned about the following topics related to our PAIMI work:

- a new initiative aimed at ensuring coverage for behavioral health (mental health and substance use) services,
- Advocacy and support for sexual assault victims with disabilities
- Special education ombud program
- Addressing co-occurring mental health and developmental disability
- Supported decision-making

The expenses were for travel expenses.

In July, 2023, 8 PAIMI advisory Council members attended a meeting on topics of advocacy work by DRNM, which included PAIMI related topics of monitoring, increasing behavioral support services, barriers to housing and requirements of Kevin S. foster care settlement for children in foster care system that have mental illness. The expenses were for travel expenses.

\$ 3,579.00 \$ 3,579.00

VIII. Other Expenses

Please include any other expenses that used Federal PAIMI funds but do not fit into the prior categories. "Litigation" is an example. Please be as specific as possible the nature of other indicated expenses.

Other Expenses *	Actual Cost * "A"	Total PAIMI Share * "B"	Percent/Level of Effort to PAIMI "B" / "A" = "C"	Comments
Subscriptions	\$ 7,098.37	\$ 1,876.42	26.4 %	NDRN Fees that are shared proportionately with other grants utilizing these subscriptions. These subscriptions, particularly for special education, is heavily used by PAIMI staff. Original submission misstated the Actual cost". These subscriptions are utilized by PAIMI staff and not by PAC staff.
Subscriptions	\$ 25,723.56	\$ 5,016.00	19.5 %	Shared expense with other grants for proportionate amount for NDRN Subscription-Westlaw and special education.
Other (Describe the line item in the Comments box)	\$ 29,719.94	\$ 5,795.00	19.5 %	Shared expense with other grants for proportionate amount for VOIP telephone services and internet access via cable.
Insurance	\$ 7,261.79	\$ 1,416.00	19.5 %	Shared expense with other grants for proportionate amount for legal insurance.
Other (Describe the line item in the Comments box)	\$ 2,747.77	\$ 536.00	19.5 %	Shared expense with other grants for proportionate amount for Business property insurance
Other (Describe the line item in the Comments box)	\$ 230.75	\$ 45.00	19.5 %	Advertising for position vacancies.
Other (Describe the line item in the Comments box)	\$ 10,676.53	\$ 2,082.00	19.5 %	Shared expense with other grants for proportionate amount for Gas/Electric/Trash/Recycle/Sewer
Other (Describe the line item in the Comments box)	\$ 13,500.04	\$ 2,632.00	19.5 %	Shared expense with other grants for proportionate amount for Janitorial/Plumbing/HVAC
Other (Describe the line item in the Comments box)	\$ 4,889.93	\$ 954.00	19.5 %	Shared expense with other grants for proportionate amount for Building maintenance repair.
Other (Describe the line item in the Comments box)	\$ 1,895.00	\$ 370.00	19.5 %	Printing - Stationary/Envelopes/Business Cards
Other (Describe the line item in the Comments box)	\$ 20,487.59	\$ 3,995.00	19.5 %	Shared expense with other grants for proportionate amount for building mortgage interest for office at 3916 Juan Tabo.
Other (Describe the line item in the Comments box)	\$ 420,520.00	\$ 82,079.76	19.5 %	15-20 Meetings/Trainings and some very minor miscellaneous expenses. Shared expense with other grants for proportionate amount.
Dues and Memberships	\$ 3,676.05	\$ 717.00	19.5 %	Shared expense with other grants for proportionate amount for Attorney bar dues.
Other (Describe the line item in the Comments box)	\$ 20,778.36	\$ 4,052.00	19.5 %	Shared expense with other grants for proportionate amount for depreciation of building.
	\$ 569,205.68	\$ 111,566.18		

IX. Indirect Costs

Attach a copy of the approved rate agreement. Federally approved IDC rate.

Description *	The Base * "A"	Rate * "B" % Format = (.125 = 12.5%)	PAIMI Share "A" * "B" = "C"	Comments
Indirect cost rate	413,353.06	0.1000	41,335.31	We had an approved Indirect cost rate of 9.59% entering FY2023. However, we received approval of new indirect

cost rate of 10.5% during the FY2023. This resulted in an approximate cost rate of 10.0% for FY2023. The actual indirect costs rate for entire grant period is really 10.0002% but report doesn't allow for computation to result in Indirect costs total of \$41,342.85 I could only place 10.000% in report. Indirect costs are \$41,342.85 instead of \$41,335.31.

X. Carryover of PAIMI Funds Only

Carryover for FY 2022 \$ 0.00

Please upload your budget plan for 2022 carryover funds

	Total Actual Cost	Total PAIMI Share
Total PAIMI Costs	\$ 3,544,352.62	\$ 454,687.59

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

Footnotes:

We had an approved Indirect cost rate of 9.59% entering FY2023. However, we received approval of new indirect cost rate of 10.5% during the FY2023. This resulted in an approximate cost rate of 10.0% for FY2023. The actual indirect costs rate for entire grant period is really 10.0002% but report doesn't allow for computation to result in Indirect costs total of \$41,342.85 I could only place 10.000% in report. Indirect costs are \$41,342.85 instead of \$41,335.31.

Carryover funds from FY23:

We had carryover funds of \$19,012.41 from FY23.

NONPROFIT RATE AGREEMENT

EIN: 1850276496-A1

DATE:05/05/2021

ORGANIZATION:

FILING REF.: The preceding
agreement was dated
09/18/2017

Disability Rights New Mexico
1720 Louisiana Blvd, N.E. Suite 204
Albuquerque, NM 87110

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

SECTION I: INDIRECT COST RATES

RATE TYPES:	FIXED	FINAL	PROV. (PROVISIONAL)	PRED. (PREDETERMINED)
-------------	-------	-------	---------------------	-----------------------

EFFECTIVE PERIOD

<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>RATE(%) LOCATION</u>	<u>APPLICABLE TO</u>
PRED.	10/01/2020	09/30/2022	9.59 On Site	All Programs
PROV.	10/01/2022	09/30/2025	9.59 On Site	All Programs

*BASE

Total direct costs excluding capital expenditures (buildings, individual items of equipment; alterations and renovations), that portion of each subaward in excess of \$25,000 and flow-through funds.

ORGANIZATION: Disability Rights New Mexico

AGREEMENT DATE: 5/5/2021

SECTION II: SPECIAL REMARKS

TREATMENT OF FRINGE BENEFITS:

The fringe benefits are specifically identified to each employee and are charged individually as direct costs. The directly claimed fringe benefits are listed below.

TREATMENT OF PAID ABSENCES

Vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost for salaries and wages. Separate claims are not made for the cost of these paid absences.

Equipment means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or \$5,000.

FRINGE BENEFITS:

FICA
Retirement
Worker's Compensation
Unemployment Insurance
Health Insurance
Professional License Fees
Long Term Disability Insurance
Dental Insurance

NEXT PROPOSAL DUE DATE

Your next proposal based on actual costs for the fiscal year ending 09/30/2021 is due in our office by 03/31/2022.

ORGANIZATION: Disability Rights New Mexico

AGREEMENT DATE: 5/5/2021

SECTION III: GENERAL

A. LIMITATIONS:

The rates in this Agreement are subject to any statutory or administrative limitations and apply to a given grant, contract or other agreement only to the extent that funds are available. Acceptance of the rates is subject to the following conditions: (1) Only costs incurred by the organization were included in its indirect cost pool as finally accepted; such costs are legal obligations of the organization and are allowable under the governing cost principles; (2) The same costs that have been treated as indirect costs are not claimed as direct costs; (3) Similar types of costs have been accorded consistent accounting treatment; and (4) The information provided by the organization which was used to establish the rates is not later found to be materially incomplete or inaccurate by the Federal Government. In such situations the rate(s) would be subject to renegotiation at the discretion of the Federal Government.

B. ACCOUNTING CHANGES:

This Agreement is based on the accounting system purported by the organization to be in effect during the Agreement period. Changes to the method of accounting for costs which affect the amount of reimbursement resulting from the use of this Agreement require prior approval of the authorized representative of the cognizant agency. Such changes include, but are not limited to, changes in the charging of a particular type of cost from indirect to direct. Failure to obtain approval may result in cost disallowances.

C. FIXED RATES:

If a fixed rate is in this Agreement, it is based on an estimate of the costs for the period covered by the rate. When the actual costs for this period are determined, an adjustment will be made to a rate of a future year(s) to compensate for the difference between the costs used to establish the fixed rate and actual costs.

D. USE BY OTHER FEDERAL AGENCIES:

The rates in this Agreement were approved in accordance with the authority in Title 2 of the Code of Federal Regulations, Part 200 (2 CFR 200), and should be applied to grants, contracts and other agreements covered by 2 CFR 200, subject to any limitations in A above. The organization may provide copies of the Agreement to other Federal Agencies to give them early notification of the Agreement.

E. OTHER:

If any Federal contract, grant or other agreement is reimbursing indirect costs by a means other than the approved rate(s) in this Agreement, the organization should (1) credit such costs to the affected programs, and (2) apply the approved rate(s) to the appropriate base to identify the proper amount of indirect costs allocable to these programs.

BY THE INSTITUTION:

Disability Rights New Mexico

(INSTITUTION)

(SIGNATURE)

(NAME)

(TITLE)

(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

Darryl W. Mayes - S

Digitally signed by Darryl W. Mayes - S
DN: c=US, o=U.S. Government, ou=HHS, ou=PSC,
ou=People, ou=2342, 1.2.840.113549.1.1=2000131669,
cn=Darryl W. Mayes - S
Date: 2021.05.30 07:56:50 -0400

(SIGNATURE)

Darryl W. Mayes

(NAME)

Deputy Director, Cost Allocation Services

(TITLE)

5/5/2021

(DATE) 2736

HHS REPRESENTATIVE: Edwin Miranda

Telephone: (212) 264-2069

NONPROFIT RATE AGREEMENT

EIN: 1850276496-A1
ORGANIZATION:
Disability Rights New Mexico
3916 Juan Tabo Blvd., NE
Albuquerque, NM 87111

Date: 03/09/2023
FILING REF.: The preceding
agreement was dated
05/05/2021

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

SECTION I: INDIRECT COST RATES

RATE TYPES: FIXED FINAL PROV. (PROVISIONAL) PRED. (PREDETERMINED)

	<u>EFFECTIVE PERIOD</u>				
<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>RATE(%)</u>	<u>LOCATION</u>	<u>APPLICABLE TO</u>
PRED.	10/01/2022	09/30/2026	10.50	On Site	All Programs
PROV.	10/01/2026	09/30/2029	10.50	On Site	All Programs

*BASE

Total direct costs excluding capital expenditures (buildings, individual items of equipment; alterations and renovations), that portion of each subaward in excess of \$25,000 and flow-through funds.

SECTION II: SPECIAL REMARKS

TREATMENT OF FRINGE BENEFITS:

The fringe benefits are specifically identified to each employee and are charged individually as direct costs. The directly claimed fringe benefits are listed below.

TREATMENT OF PAID ABSENCES:

Vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost for salaries and wages. Separate claims are not made for the cost of these paid absences.

SPECIAL REMARKS:

Upon receipt of any Federal awards that may significantly impact the existing rates, you must contact CAS immediately, as rate adjustments may be required. In addition, predetermined rates cannot be used for Federal cost reimbursement contracts. Therefore, if you receive a Federal cost reimbursement contract, you must also notify CAS immediately.

FRINGE BENEFITS:

FICA
Retirement
Worker's Compensation
Unemployment Insurance
Health Insurance
Professional License Fees
Long Term Disability Insurance
Dental Insurance

The next indirect cost rate proposal, based on actual costs for the fiscal year ending September 30, 2025, is due in our office by March 31, 2026.

Equipment means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds \$5,000.

ORGANIZATION: Disability Rights New Mexico
AGREEMENT DATE: 03/09/2023

SECTION III: GENERAL

A. LIMITATIONS:

The rates in this Agreement are subject to any statutory or administrative limitations and apply to a given grant, contract or other agreement only to the extent that funds are available. Acceptance of the rates is subject to the following conditions: (1) Only costs incurred by the organization were included in its indirect cost pool as finally accepted: such costs are legal obligations of the organization and are allowable under the governing cost principles; (2) The same costs that have been treated as indirect costs are not claimed as direct costs; (3) Similar types of costs have been accorded consistent accounting treatment; and (4) The information provided by the organization which was used to establish the rates is not later found to be materially incomplete or inaccurate by the Federal Government. In such situations the rate(s) would be subject to renegotiation at the discretion of the Federal Government.

B. ACCOUNTING CHANGES:

This Agreement is based on the accounting system purported by the organization to be in effect during the Agreement period. Changes to the method of accounting for costs which affect the amount of reimbursement resulting from the use of this Agreement require prior approval of the authorized representative of the cognizant agency. Such changes include, but are not limited to, changes in the charging of a particular type of cost from indirect to direct. Failure to obtain approval may result in cost disallowances.

C. FIXED RATES:

If a fixed rate is in this Agreement, it is based on an estimate of the costs for the period covered by the rate. When the actual costs for this period are determined, an adjustment will be made to a rate of a future year(s) to compensate for the difference between the costs used to establish the fixed rate and actual costs.

D. USE BY OTHER FEDERAL AGENCIES:

The rates in this Agreement were approved in accordance with the authority in Title 2 of the Code of Federal Regulations, Part 200 (2 CFR 200), and should be applied to grants, contracts and other agreements covered by 2 CFR 200, subject to any limitations in A above. The organization may provide copies of the Agreement to other Federal Agencies to give them early notification of the Agreement.

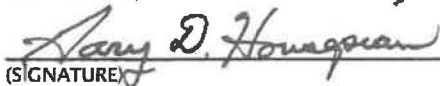
E. OTHER:

If any Federal contract, grant or other agreement is reimbursing indirect costs by a means other than the approved rate(s) in this Agreement, the organization should (1) credit such costs to the affected programs, and (2) apply the approved rate(s) to the appropriate base to identify the proper amount of indirect costs allocable to these programs.

BY THE INSTITUTION:

Disability Rights New Mexico

(INSTITUTION)



(SIGNATURE)

GARY D. HOUSEPIAN

(NAME)

CEO

(TITLE)

05/13/2023

(DATE)

ON BEHALF OF THE GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

Arif M. Karim -S

Digitally signed by Arif M. Karim -S
Date: 2023.05.08 13:12:29 -05'00'

(SIGNATURE)

Arif Karim

(NAME)

Director, Cost Allocation Services

(TITLE)

03/09/2023

(DATE)

HHS REPRESENTATIVE: Theodore Foster

TELEPHONE: (214) 767-3261

G. PAIMI Budget - Actual

PAIMI Expenditures and Revenues

PAIMI Expenditures	
1. Does your P&A have an approved Federal indirect cost rate? If yes, what is the approved rate?	☒ Yes ☐ No 0.05% 10.50%
2. Total indirect costs	\$41,343
3. Total of all PAIMI program costs listed in I - VIII in the Budget	\$413,345
Total	\$454,688

Income sources and other resources (PAIMI program only)	
1. PAIMI program carryover of grant funds identified by FY.	
2. Program income (PAIMI only)	\$6,500
3. State	\$0
4. Other funding sources [identify each source]	
Total of all PAIMI Program resources.	\$6,500

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

Footnotes:

PAIMI Program Income was earned during FY2023 but not expended.

H. Statement of Priorities & Objectives

PAIMI Program Statement of Priorities and Objectives - Report

The PAIMI Program Statement of Priorities and Objectives (SPOs) **must be specific** to individuals with significant mental illness (adults) and/or significant emotional impairment (children/youth), as determined by a mental health professional qualified under the laws and regulations of the state in accordance with 42 U.S.C.A. § 10802(4) (A). The SPOs in the PPR **must match** the same format and order approved in the FY 2023 PAIMI Application.

Priority/Goal Description:	Abuse / Neglect / Exploitation Decrease the abuse, neglect and exploitation of people with significant mental illness and youth with significant emotional disturbance by improving the practices of programs and facilities in congregate settings for people with significant mental illness and youth with significant emotional disturbance and/or where there are significant allegations of abuse, neglect or exploitation.
Objective:	Provide outreach and conduct trainings in facilities serving persons with significant mental illness and youth with significant emotional disturbance with an emphasis on psychiatric hospitals, boarding homes and other congregate care settings, in order to inform individuals of their rights and of the availability of DRNM to investigate and resolve problems
Strategies Used:	Collaboration, Rights-Based Individual Advocacy Services, Monitoring, Training/Outreach

Target Measures

Target Population:	Adults with significant mental illness and children/youth with significant emotional impairments in congregate care facilities.
Expected Target:	40
Expected Outcome:	40
Actual Outcome:	115
Achieved: 	Not Achieved: 

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



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

The DRNM Monitoring and Outreach Team has been conducting "patient rights" training at psychiatric facilities with an average of 6- 8 participants every training. We try to do these trainings monthly. We have also recently completed training sessions for staff at the University of New Mexico (UNM) Psych. Hospital and Sequoyia Adolescent Treatment Center.

Monitoring Outreach and Meeting with UNM Psychiatric Center: On October 27, DRNM met with the Chief Nursing Officer for Behavioral Health Services at UNM Psychiatric Center. DRNM representatives also conducted a walk-through of the children, adult and geriatric units. This was part of a larger outreach effort to begin implementing monitoring projects in the facility. Topics of discussion included protocols for obtaining Release of Information signatures for patients who contact DRNM and the current overflow of adolescents with psychiatric conditions in the emergency room. Patient rights trainings and staff trainings were also discussed and began at the end of January 2023. Rights trainings and monitoring visits typically took place every first Friday of the month. In May 2023, we were able to advocate for patients whose showers weren't working. We received first hand reports that their showers were only emitting cold water. We brought it to the attention of the hospital, which fixed the problem.

Staff Patient-Rights Training at Sequoyah Adolescent Residential Treatment Center: On November 4, DRNM conducted a training and presentation for incoming staff members at the facility. The presentation included topics such as voluntary vs. involuntary commitment, the adult and children's mental health code, and personal rights of individuals receiving residential treatment.

The Peak Behavioral Health, Santa Teresa: We conducted a patient rights training on the adolescent female unit as well as the veterans and active military unit, as well as a tour of the entire campus. We were able to advocate for the veterans and active military patients to receive more outside time that included the use of exercise equipment and playing basketball. DRNM conducted other patient rights trainings at this facility during FY23.

Central Desert Behavioral Health Hospital (CDBHH): DRNM advocate and senior advocate conducted Patient Rights trainings at the Central Desert residential treatment facility in Albuquerque on July 14, July 27, and September 1. At each event they educated and informed about 25 patients regarding their rights. At each training Katie and Leah also provided short-term technical assistance for 3-4 patients in the following areas by speaking with facility staff:

- Discharge planning;

- Treatment planning;
- Locating personnel items belonging to patients;
- Medication inquiries (helping patients ask what medications they receive and why); and
- Answering patient questions about how to change one's Rep Payee.

Objective: Conduct investigations for people with significant mental illness investigations and children/youth with significant emotional disturbance of alleged or suspected abuse or neglect where there appears to be a pattern or recurrence of significant abuse or neglect, where there has been a death or life-threatening injury, or where the alleged abuse or neglect is particularly egregious, and produce reports/recommendations as appropriate.

Strategies Used: Collaboration, Rights-Based Individual Advocacy Services, Investigations of Abuse and Neglect, Monitoring

Target Measures

Target Population:	Adults with significant mental illness and children/youth with significant emotional disturbance in congregate care facilities who may be victims of abuse/neglect
Expected Target:	3
Expected Outcome:	3
Actual Outcome:	3
Achieved: 	Not Achieved: 

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



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

DRNM continued following up with Mental Desert on the "death" investigation that was conducted from last year. During this reporting period the abuse/neglect cases reported to DRNM did not require a full blown investigation. Client was a patient (diagnosed with bi-polar disorder) of the state psychiatric hospital and was threatened with physical harm by a staff person. There was an investigation conducted by the mental health hospital and the staff. As a result of the internal investigation the person was terminated. DRNM/PAIMI staff reviewed the internal investigation conducted by the hospital and all actions kept the client safe. No further investigation needed.

Objective: Conduct routine monitoring of facilities serving persons with significant mental illness and children/youth with significant emotional disturbance for the purpose of identifying possible abuse or neglect, and compliance with respect to service recipient rights and safety.

Strategies Used: Collaboration, Rights-Based Individual Advocacy Services, Investigations of Abuse and Neglect, Monitoring

Target Measures

Target Population:	Adults with significant mental illness and children/youth with significant emotional disturbance receiving mental health services in congregate care facilities.
Expected Target:	6
Expected Outcome:	6
Actual Outcome:	6
Achieved: 	Not Achieved: 

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



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

UNM Psych. Hospital: DRNM focused on rebuilding our relationship with the University of New Mexico Psychiatric Center during FY23 by prioritizing ongoing monitoring, outreach, and training. The facility has children, adult, and geriatric units. Generally, DRNM was able to provide monthly patient rights trainings as well as conduct monthly monitoring visits at this facility. Trainings typically averaged 6-8 participants. Separate trainings are offered to the various units (children, adult, geriatric, etc.) each month. DRNM has also been invited to conduct trainings for the facility's staff. Additionally, DRNM conducts monitoring in the three units on a monthly basis. During DRNM's

monitoring, advocates speak directly with patients. Monitoring efforts have been able to address protocols for obtaining records for patients who have signed a Release of Information for the P&A, overflow of adolescent patients with psychiatric conditions in the emergency room, and resolving reports that several patients did not have access to hot water.

New Mexico Behavioral Health Institute (NMBHI): DRNM worked with the facility to construct semi-enclosed phone booths afford patients their right to reasonably private phone calls. The facility ordered phones, installed the booths, and updated its entire phone system. DRNM conducted regular monitoring activities at the facility throughout the year, making contact with patients at the facility at least every month, and many times more often. DRNM also conducted secondary reviews of investigations at the facility, and we continue to work collaboratively with the facility's administration to resolve patient concerns and complaints.

Peak Behavioral Health: DRNM has had a longstanding relationship with Peak Behavioral Health in Santa Teresa, New Mexico. The facility is comprised of units for military veterans, adolescent youth, and adults. It has both acute units and residential treatment units. In an effort to make efficient use of the workforce available, DRNM engaged with the P&A from Texas to conduct some joint monitoring visits. This facility often has youth from Texas receiving services there. DRNM conducted various patient rights trainings across each of the units, and we engage in monitoring activities about ever 4-6 weeks. DRNM's advocacy has helped advocate for increased outdoor time including opportunities for exercise and recreational physical activity.

Families & Youth Innovations Plus (FYI+): This year, DRNM began building productive relationships with a large community provider in Las Cruces, New Mexico. The provider (FYI+) offers mental health services to youth and families in a variety of settings including: youth shelter (My Friend's Place), multi-service home (Valley Home), independent transitional living for children exiting or aging out of foster care, and outpatient therapy and treatment. DRNM conducted initial monitoring activities at FYI+ at the end of Q3, and, at the request of the provider agency, provided training on Psychiatric Advanced Directives (PADs). DRNM will conduct two subsequent trainings on PADs for the staff at FYI+, one of which will be used for their staff orientation materials. FYI+ recently became New Mexico's first Certified Community Behavioral Health Clinic (CCBHC), which will enhance access to interdisciplinary health care for both primary and behavioral health services.

Central Desert Behavioral Health Hospital (CDBHH): DRNM continued monitoring CDBHH in FY 2023. Based on our monitoring activities the facility seems to have improved some of its practices, including the adoption of internal protocol/policy on treating individuals who are in detox from drug or alcohol. Due to staffing changes at DRNM developed new strategies to continue our monitoring activities at the facility. We continue regular monitoring visits, triaging calls we receive from patients at the facility, and working as collaboratively as possible with administration to address issues with patient access to the P&A as well as concerns and complaints raised by patients receiving treatment at the facility. DRNM has also engaged in several patient rights trainings at the facility. Throughout July-August, DRNM conducted multiple patient rights trainings, each averaging about 25 patients regarding their mental health treatment rights at the facility including discharge and treatment planning, personal property, and patient questions regarding things like their medication/treatment regiments and changing their Representative Payee.

Sequoyah: DRNM conducted patient rights trainings, including discussions on voluntary and involuntary commitment per New Mexico's adult and children's mental health codes. Trainings also included information about the P&A and the personal rights of individuals receiving residential treatment. These patient rights trainings take place approximately every month and average 6-8 participants. DRNM also conducted training sessions for staff at the facility. DRNM conducts monitoring activities at this facility whenever we deliver a patient rights training.

Objective: Identify, develop, and pursue as appropriate advocacy strategies to address abuse, neglect, or other discriminatory practices by the criminal justice system, including law enforcement.

Strategies Used: Collaboration, Systemic Litigation, Rights-Based Individual Advocacy Services, Investigations of Abuse and Neglect, Monitoring, Training/Outreach

Target Measures

Target Population:	Individuals with significant mental illness that come in contact with law enforcement or the criminal justice system. Our goal is to make systemic improvements in policies that enable the police to provide resources for individuals with significant mental illness instead of criminalizing these individuals.
Expected Target:	2
Expected Outcome:	2
Actual Outcome:	2
Achieved: 	Not Achieved: 

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



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

Client is a 45 yo male with diagnosed schizophrenia. He was being held at the Los Lunas Transfer Station, awaiting placement in prison for a 5 month sentence for violating his probation. Client was not being provided with several medications that help manage his mental illness since he surrendered himself into custody. This caused disability related behaviors which resulted in restricting client's rights (i.e. receiving visitors, making phone calls, etc.). DRNM provided technical assistance and consultation on disability rights advocacy to the client's criminal defense attorney including requesting a social worker to be assigned to client's case in the prison and assisting in preparing a parole release plan for client, including viable treatment options.

Objective: Pursue personal injury, wrongful death or serious civil rights violation litigation where there is a clear opportunity to improve the practices of a provider or public service agency, private co-counsel is available, and fees may be available.

Strategies Used: Collaboration, Systemic Litigation, Rights-Based Individual Advocacy Services

Target Measures

Target Population:	Pursue personal injury, wrongful death or serious civil rights violation litigation for PAIMI eligible individuals, where this has occurred as a result of their significant mental illness.
Expected Target:	1
Expected Outcome:	1
Actual Outcome:	0
Achieved: 	Not Achieved: 

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

DRNM did not receive enough PAIMI calls regarding this priority/objective during the reporting period. There were no cases that met the intent of this priority.

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



Priority/Goal Description: Expand the rights of individuals with significant mental illness and children/youth with significant emotional disturbance to receive appropriate mental health services, both in residential and outpatient mental health facilities and programs.

Objective: Assist and advocate for individuals with significant mental illness and children/youth with significant emotional disturbance in need of mental health services in cases where services are delayed, denied, or significantly reduced, or where the amount, duration, or scope of services offered is clearly inadequate, and where there is serious risk to the individual's health or safety, or a serious risk of hospitalization or placement in a residential treatment facility, or when there appears to be a violation of an individual's rights in a residential treatment facility; and pursue systemic remedies as appropriate.

Strategies Used: Collaboration, Rights-Based Individual Advocacy Services, Investigations of Abuse and Neglect, Monitoring, Training/Outreach

Target Measures

Target Population:	Adults with significant mental illness and children/youth with significant emotional disturbance in need of long-term or other community based services.
Expected Target:	4
Expected Outcome:	4
Actual Outcome:	23
Achieved: 	Not Achieved: 

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



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

Client had been living in a nursing care facility in Albuquerque, NM for three years. After a mental health crisis due to her bi-polar disorder,

client was transferred to the hospital and discharged to Central Desert Behavioral Health Hospital (CDBHH). According to CDBHH, Client's mental health was stabilized and she was ready to return to the nursing facility after three days, but the nursing facility refused to allow her to return. Client had been stuck at CDBHH for over a month while staff were trying to talk to the nursing facility about Client's readiness to return. DRNM attorney Holly Mell worked with CDBHH staff to inform the nursing facility that client would pursue a Medicaid "Fair" Hearing to review the discharge decision. The facility agreed to review her treatment notes, and then agreed to allow her to return. Client has successfully moved back in to her home which more appropriately meets her care needs.

Objective: Monitor state oversight of boarding homes, and advocate for residents with significant mental illness whose health or safety is at risk.

Strategies Used: Rights-Based Individual Advocacy Services, Investigations of Abuse and Neglect, Monitoring, Training/Outreach, Issuance of Public Report

Target Measures

Target Population:	Adults with significant mental illness who live in boarding homes.
Expected Target:	3
Expected Outcome:	3
Actual Outcome:	3
Achieved:	☒
Not Achieved:	☐

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

☐

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

DRNM sued the State of New Mexico to compel legally required state oversight of boarding homes in 2018. These boarding homes almost exclusively serve people with significant mental illness. However, the State has been slow to comply with its oversight obligations. In FY23, DRNM met with the State's Division of Health Improvement (DHI), which is an arm of New Mexico's Department of Health and is tasked with regulating and licensing boarding homes. DRNM's advocacy has, at least in part, contributed to DHI securing additional funding for staff specifically targeted to boarding home oversight. Additionally, DHI finally began a process to issue boarding home licenses to qualifying boarding homes. While DRNM is not satisfied with these results, this is movement in the right direction. However, the State remains far from compliance, and DRNM continues to advocate and apply pressure on the State to take additional steps necessary to fulfill its legal obligations and protect vulnerable New Mexicans with significant mental illness.

Objective: Within the Kevin S. case, advocate for the rights of children with significant emotional disturbance in state custody to appropriate, individualized, accessible, adequate, and coordinated medical, mental health, and behavioral health services in safe and stable placements that are the least restrictive and appropriate to their needs from the Children, Youth and Families Department and the Human Services Department.

Strategies Used: Collaboration, Systemic Litigation, Rights-Based Individual Advocacy Services, Educating Policy Makers, Other Systemic Advocacy, Monitoring

Target Measures

Target Population:	Children in foster care settings that have significant emotional disturbances and need behavioral health care.
Expected Target:	3
Expected Outcome:	3
Actual Outcome:	40
Achieved:	☒
Not Achieved:	☐

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

☐

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

Kevin S.: In the summer of 2022, the Implementation Team and the State entered into a Memorandum of Understanding on unmet targets,

focused under the settlement's Appendices B and C. In November 2022, the settlement's Co-Neutrals published their annual report for the State's performance in 2021. They found that the State did not meet a single Target Outcome of the 34 measured. Following the report, the Implementation Team again initiated dispute resolution on every unmet Implementation Target and Target Outcome. In-person mediation between the Implementation Team and defendants NM Human Services Department (HSD) and the NM Children, Youth and Families Department took place at the end of March. This was followed up with several sessions of remote mediation, which resulted in a finalized Corrective Action Plan (CAP), in late June. Among the State's commitments from that CAP are: strengthening and stabilizing CYFD workforce to meet caseload standards; recruiting new family placements to help meet the needs of foster children; active steps to bring children currently placed in out-of-state facilities back to New Mexico; monitoring all critical incidents; engaging local community partners to implement the settlement through pilot teams in San Juan and Doña Ana counties; ensuring every child receives a well-child check within 30 days of coming into CYFD custody; and strengthening collaboration and communication with New Mexico's Nations, Pueblos, and Tribes. DRNM invested significant time in identifying stakeholders, organizing community-based behavioral health providers, foster families, and an appropriate facilitator for the Pilot site that we will be participating in Doña Ana County. DRNM collaborated with the State, mostly CYFD, to establish the Doña Ana Pilot, which had its first meeting on September 7th. Despite what would appear as good progress, it came to the Implementation Team's attention that the State was not negotiating the CAP in good faith (for example, promising to lower caseloads while in the midst of a secret hiring freeze). By the end of September, the Implementation Team sought assurances from the State that they would comply with the CAP and its timelines. Having not received such assurances, the Implementation Team is moving forward with initiating binding arbitration, which is the second step to the settlement's dispute resolution process.

Pilot for Coordination of Action in Doña Ana County: DRNM invested significant time and resources to assisting the state's Children, Youth and Families Department (CYFD) in establishing this Pilot site for Kevin S. implementation. The Pilot was a requirement agreed to by the State as part of the June 30th Corrective Action Plan resulting from dispute resolution per the Kevin S. settlement agreement. DRNM identified several stakeholders from the community and also selected a local facilitator. The Pilot will meet at least once a month through April 2024. The first meeting took place in Las Cruces on September 7th. There were approximately 30 identified stakeholders and 15 members of the public who attended. Because the first meeting was to have taken place by the end of August, the Pilot's second meeting will take place before the end of September, at which time the Co-Chairs, responsible for drafting monthly updates and assisting the facilitator in a final report, will be identified. Stakeholders for the Pilot include several behavioral health providers who serve children in state custody, current/former youth, parents, foster parents, staff from CYFD and the Human Services Department, and representatives for each of the managed care organizations (MCOs). The Pilot is charged with providing concrete, community specific recommendations to the State to assist in addressing (1) the recruitment and retention of foster families; (2) the recruitment and retention of CYFD staff; and (3) building out and strengthening the behavioral health service array.

Child and Adolescent Subcommittee: DRNM provided a presentation to the Child and Adolescent Subcommittee for the Behavioral Health Collaborative on August 8th. The presentation was on the Kevin S. Implementation Status. Materials included slides that summarize and discuss the settlement agreement, handouts of the State's progress on each of the deliverables in the settlement, and materials that discuss the dispute resolution process of the settlement as well as the mediation attempts and resulting Corrective Action Plans initiated by plaintiffs the past two years.

Las Cruces Behavioral Health Collaborative LC3: DRNM provided a training on special education and student discipline rights and processes to behavioral health providers and other participants of the Behavioral Health Collaborative in Doña Ana County on July 18th. There were a total of 31 participants. The training emphasized how providers could assist parents and foster parents of children with disabilities in requesting evaluations, reviewing and providing input on evaluations, and providing input on Functional Behavioral Assessments (FBAs) and Behavioral Intervention Plans (BIPs). Providers were taught how and when to leverage their relationship and understanding of their patients/clients (as well as clinical expertise of the youth's disability) with school districts to help improve their overall wellbeing and stability in educational settings and in their communities. The training further discussed how providers could offer invaluable support to their patients/clients who are at risk for disciplinary removal from their public schools by providing input or attending the child's Manifestation Determination Reviews (MDRs) or Individualized Education Program (IEP) meetings.

Other qualitative narrative related to above priority (significant activity for which there were no quantifiable results go here):



Objective: In conjunction with the Consent Decree in the United States of America v. The City of Albuquerque, advocate for the rights of people with mental illness and other disabilities to be free from excessive use of force by the Albuquerque Police Department through participation in the advisory group established under this consent decree and through participation in the advocacy coalition "APD Forward".

Strategies Used: Collaboration, Rights-Based Individual Advocacy Services, Monitoring, Issuance of Public Report

Target Measures

Target Population:

Individuals with significant mental illness that come in contact with the Albuquerque police. Our goal is to make systemic improvements in policies that enable the police to provide resources for individuals with significant mental illness instead of criminalizing these individuals. Our efforts are targeted towards implementing 2 new policies that make the police accountable and provide appropriate training for police, to improve the treatment of individuals with

	significant mental illness. DRNM will advocate for follow up on policies that need to be implemented to improve treatment of individuals with significant mental illness.	
Expected Target:	2	
Expected Outcome:	2	
Actual Outcome:	3	
Achieved:		Not Achieved: 

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



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

APD Forward

DRNM, through the involvement of DRNM's CEO, continued work with APD Forward, a community coalition dedicated to promoting police reforms in the City of Albuquerque and monitoring implementation of a 2014 settlement agreement resulting from Department of Justice findings that the city police force had engaged in a pattern or practice of use of excessive force against civilians, including individuals with disabilities and particularly, mental illness.

DRNM, as a member of the APD Forward Steering Committee, reviewed and analyzed the Independent Monitors Reports Number 16 and 17, submitted letters to the Federal Court outlining improvements and continued concerns with compliance and sustainability of any reforms, attended settlement agreement hearings on December 6, 2022 and June 6, 2023 and participated in APD Forward's coalition steering committee meetings in order to strategize regarding developments. There continues to be instances of excessive police force upon people with behavioral health needs.

Mental Health Response Advisory Committee (MHRAC): Pursuant to the Court Approved Settlement Agreement (CASA) in U.S. v. The City of Albuquerque, the MHRAC was created to "assist in identifying and developing solutions and interventions that are designed to lead to improved outcomes for individuals perceived to be or actually suffering from mental illness or experiencing a mental health crisis." (Second Amended and Restated Court-Approved Settlement Agreement (Doc. 465-1), ¶111.) DRNM had an attorney serving on the MHRAC as a co-chair. That work has helped foster a better relationship with the U.S. Attorney's office for improved collaboration, meeting with U.S. Attorney Alex Ubaldez to discuss MHRAC's interests and concerns with the development of the CASA as it pertains to those experiencing behavioral health crises. DRNM has engaged with stakeholders and the media on a recently fatal Albuquerque Police Department (APD) shooting of an individual with serious mental illness, issuing a statement and working with APD to come up with re-trainings and additional MHRAC review of data related to APD use of force on those with mental illness. DRNM helped review and address the adequacy of Albuquerque Police Department's reality-based scenario training for behavioral health crisis events. DRNM also meet with high-level city administrators to consider more aggressive responses to reducing police violence against those with mental disability. Additionally, DRNM has collaborated with amici stakeholders to come up with alternative means of advocacy in addressing shortfalls in expectations in the CASA. DRNM advocated to address a recent fatal officer-shooting of a man with mental illness. DRNM worked out a plan with MHRAC for independent reviews of officer-shootings, and to provide its own feedback on prevention. Additionally, DRNM secured support to establish MHRAC in city ordinance to ensure continuity of this review beyond the life of the U.S. Department of Justice v. City of Albuquerque lawsuit that created MHRAC.

Objective: Monitor implementation of the Assisted Outpatient Treatment Act in New Mexico, and provide information and training related to the rights of respondents in such proceedings.

Strategies Used: Collaboration, Rights-Based Individual Advocacy Services, Investigations of Abuse and Neglect, Other Systemic Advocacy, Monitoring, Training/Outreach

Target Measures

Target Population:	Provide information to adults with significant mental illness who are respondents in AOT proceedings, their attorneys, and others involved in AOT proceedings. Attend AOT quarterly implementation advisory team meetings.	
Expected Target:	2	
Expected Outcome:	2	
Actual Outcome:	2	
Achieved:		Not Achieved: 

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

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

DRNM continues to monitor the fledgling AOT program in Albuquerque, and we attend quarterly team meetings. The program is funded, now by the City, but has still not been functioning due to a lack of qualified providers. An AOT program remains in effect in Las Cruces.

Priority/Goal Description: Advance the rights of people with significant mental illness to have control over the decisions that affect their lives.

Objective: Advocate for the prevention, termination, or limiting to the least restrictive alternative of substitute decision-making arrangements such as guardianship, treatment guardianship, or representative payee appointments; promote supported decision-making approaches whenever possible, and when substitute decision-making is necessary promote the most responsive arrangements available.

Strategies Used: Collaboration, Rights-Based Individual Advocacy Services, Other Systemic Advocacy, Training/Outreach

Target Measures

Target Population:	PAIMI eligible adults under guardianship or conservatorship or who are at risk for being subject to guardianship or conservatorship.
Expected Target:	15
Expected Outcome:	15
Actual Outcome:	7
Achieved:	Not Achieved:

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

DRNM conducted significant systemic work around this objective and priority, but DRNM did not receive enough individual PAIMI calls to meet the target outcome.

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

Client with significant mental illness has a toddler son, and a court-appointed guardian. A former friend of Client's had used kinship-guardianship to take custody of her baby, and our client's court-appointed guardian was unable to secure the child's return. DRNM intervened with a series of legal actions, and in April the baby went home with his mom and our client, where they live with a supportive Family Living placement through a Medicaid program. DRNM then won a clear dismissal of the kinship-guardianship case.

Client is a 22 year old Native American woman with schizophrenia and developmental disabilities. Client was charged with a felony child abuse case related to a domestic dispute with her mother and legal guardian. Client's mother was pressing charges based on allegations that the client's little sister was present, but unharmed, when client punched a window. DRNM learned that the client's guardianship was ordered in another state (Alaska), and was unable to get approval to enter pro hac vice. However, DRNM was able to advocate for client and assist with an informal initiation of successor guardian proceeding. As a result, client's guardian was ultimately changed to Alaska Office of Public Advocacy. DRNM also provided technical assistance to Client's defense attorney to assist in representation of her in pre-trial release proceeding and competency proceedings. After nearly a year in jail, Client was finally released. Case was ultimately dismissed due to lack of competency after second motion for evaluation was granted and correct determination was made. It then came to light that step father was accused of sexually assaulting the client and her younger sister. Their mother was charged with witness intimidation. DRNM also provided technical assistance to Client's case manager with her Medicaid insurance company, BCBS. DRNM worked with BCBS justice program to secure a Developmental Disabilities Waiver allocation and ensure services were set up following her release from custody. Client is now living in group home w/ability first and is finally receiving services she needs.

Objective: Provide outreach, training, and technical assistance to individuals with significant mental illness seeking to develop mental health advance directives, and engage in systemic advocacy to promote mental health advance directives and other supported decision-making models as less restrictive alternatives to substitute decision-making arrangements.

Strategies Used: Collaboration, Rights-Based Individual Advocacy Services, Training/Outreach

Target Measures

Target Population:	PAIMI eligible adults under guardianship or conservatorship or who are at risk for being subject to guardianship or conservatorship.
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Expected Target:	30
Expected Outcome:	30
Actual Outcome:	60
Achieved: 	Not Achieved: 

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



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

Supported Decision Making (SDM): The final draft of the Supported Decision Making bill, which grew out of the Supported Decision Making Task Force funded by the Development Disabilities Council (DDC), has been published. While we tout the fact that a SDM statute is not necessary to implement an SDM Agreement, DRNM continues working with partners – most prominently the DDC, which operates the Office of Guardianship – to support an appropriate SDM statute. We hope that with formal statute in place, the SDM approach will come into a more widespread awareness and utilization, to serve as a crucial alternative to guardianship and help support many people with disabilities according to their wishes.

Families & Youth Innovations Plus (FYI+): This year, DRNM began building productive relationships with a large community provider in Las Cruces, New Mexico. The provider (FYI+) offers mental health services to youth and families in a variety of settings including: youth shelter (My Friend's Place), multi-service home (Valley Home), independent transitional living for children exiting or aging out of foster care, and outpatient therapy and treatment. DRNM conducted initial monitoring activities at FYI+ at the end of Q3, and, at the request of the provider agency, provided training on Psychiatric Advanced Directives (PADs). DRNM will conduct two subsequent trainings on PADs for the staff at FYI+, one of which will be used for their staff orientation materials. FYI+ recently became New Mexico's first Certified Community Behavioral Health Clinic (CCBHC), which will enhance access to interdisciplinary health care for both primary and behavioral health services.

"Difficult Issues in Fostering Connections" at the Children's Law Institute (CLI): DRNM legal director Tim Gardner presented on alternatives to guardianships, and the pitfalls of defaulting to guardianship for young adults who have aged out of the foster care system. Tim also participated in a CLI discussion panel with a Fostering Connections judge; Children, Youth and Families Department leadership; and Fostering Connections attorneys.

Public comment: DRNM participated in the public hearing held by the Developmental Disabilities Council for the proposed amendments to the New Mexico Administrative Code regarding the functioning of the Office of Guardianship (OOG). DRNM also submitted written public comments. Lastly, we were later able to speak directly with OOG leadership to explain our position on a few issues within the proposed changes.

Alternatives to Guardianship: The Office of Guardianship (OOG) contracted with DRNM for the OOG's "Alternative to Guardianship" events. On September 15 in Las Cruces, DRNM legal director presented four different educational sessions twice each, once in the morning and once in the afternoon. DRNM CEO and another DRNM attorney also met individually with people considering powers of attorney, advance directives, or supported decision-making agreements. And DRNM voting-rights advocate provided general information and demonstrated an accessible voting machine she had secured for the event. The OOG is planning to do five more of these events around the state over the course of the next year, and DRNM looks forward to continuing our partnership.

Children's Code Taskforce: The Children's Code Taskforce has been charged with rewriting the New Mexico Children's Code, which includes provisions on access to DRNM, mental health treatment, age of consent for treatment, and rights surrounding residential treatment. Most of the meetings and discussions have been about delinquency cases so far. Stakeholders include Judge Ward and Judge Begay from the Children's Court, assistant district attorneys, public defenders, respondents' attorneys, Guardians ad Litem, state personnel, advocacy organizations, legislators, and others. Participating stakeholders were selected in late 2022. DRNM attorney Jesse Clifton is participating on behalf of our constituency to protect the current provisions of the Children's Code which explicitly provide for the youth to have access to the DRNM, for their mental health rights vesting at age 14, and for rights with respect to out-of-home residential treatment.

Working Interdisciplinary Network of Guardianship Stakeholders (WINGS): Created by the NM Supreme Court, WINGS is charged with improving the guardianship system. The "process changes" subcommittee chaired by DRNM Legal Director is primarily focusing on possible statutory improvements for the death of the protected person, and on promoting the use of and a legal structure for supported decision-making. Unfortunately, the most recent legislative session did not include any significant progress for guardianship or related issues, with several bills dying in the Senate Judiciary Committee.

Priority/Goal Description: Advocate for the delivery of a Free Appropriate Public Education (FAPE) for every student in New Mexico who qualifies for Special Education services or is entitled to a 504 Plan.

Objective: Advocate for students with significant emotional disturbances at Manifestation Determination Reviews (MDRs) and/or at

disciplinary hearings such as Long-Term Suspension/Expulsion hearings.

Strategies Used: Collaboration,Rights-Based Individual Advocacy Services,Training/Outreach

Target Measures

Target Population:	Students with significant emotional disturbances that are suspended or expelled from their educational setting due to their behaviors.
Expected Target:	3
Expected Outcome:	3
Actual Outcome:	6
Achieved: 	Not Achieved: 

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



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

Client is a 10 yo Hispanic boy in rural New Mexico. He has severe emotional disturbance with oppositional defiance disorder. He was attending his elementary school, but the school wanted to change his placement to another location, due to behavioral issues. Client's parents were called roughly 3x per week to pick him up because of alleged "misbehaving." Client broke his school issued chrome book last school year, and since then was not provided another. Instead, he was the only student in class forced to use pencil and paper. Client was suspended for a month, in violation of IDEA, because he through a book in the school library. An MDR was not convened, and client was given no educational services fur the duration of his month long suspension. Through the IEP process, DRNM advocated and secured FAPE for the Client, including placement in his LRE and a new chrome book. The family was also provided with self-advocacy assistance to empower them to advocate for Client as needed in the future.

Client is a 17 yo male residing in rural New Mexico. He has been diagnosed with clinical depression and PTSD, had reportedly been hospitalized for mental illness on several preceding occasions. Client was on an IEP and had an outdated BIP. He was suspended twice in the same semester for fighting with 10 day suspensions. An MDR was not provided. Client's grandmother contacted DRNM for assistance to help with securing appropriate special education services, including a reading assessment and an updated BIP. Client's IEP team evaluated his frustration level and emotional regulation abilities before setting academic expectations for him. DRNM assisted Client is key revisions to his IEP and BIP including tangible rewards, data collection around his behaviors, and working with school social worker and psychologist to address threats, non-compliant behaviors, and physical aggression. Client was also provided with a one on one educational aide. Unfortunately, soon after securing these services, Client was placed in custody of CYFD. DRNM lost contact with the client after this.

Objective: Advocate for students with significant emotional disturbances against the use of restraint, seclusion or law enforcement involvement, and for use of positive behavior interventions and supports.

Strategies Used: Collaboration,Rights-Based Individual Advocacy Services,Educating Policy Makers,Other Systemic Advocacy,Training/Outreach

Target Measures

Target Population:	Students with significant emotional disturbances that are subject restraint, seclusion, or law enforcement intervention due to their behaviors.
Expected Target:	2
Expected Outcome:	2
Actual Outcome:	4
Achieved: 	Not Achieved: 

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



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

Client was a 15-year-old student in a rural area with a recent educational diagnosis of Emotional Disturbance. After repeated fighting with peers and law enforcement involvement, the student was moved into a new educational placement with only partial services being provided. This change in educational placement was done improperly without a Manifestation Determination Review and the client's parent was given a very small range of options for this change in placement which should not have happened anyway. The student's services in the new placement were greatly reduced and the student reported only receiving less than a week of instruction instead of two months worth he was

owed. A DRNM attorney initially took the case because the school district's counsel was involved by the time DRNM received the case. The case was then transferred to a Senior Advocate, who communicated extensively with counsel and attended two Individualized Education Program (IEP) meetings to advocate for the client. The student was fully restored to his former school placement, became eligible for athletics again, got an updated Behavioral Intervention Plan (BIP), an Independent Educational Evaluation, updated goals, and behavioral supports in place. The new BIP specifically discourages the use of law enforcement unless there is an absolute crisis situation. The student and parent are extraordinarily pleased with the new IEP and expansion of supports available to him.

A sixth-grade student with Emotional Disturbance came to DRNM because his school repeatedly called the police in his hometown over behavioral issues. A DRNM senior advocate evaluated the case and discovered that the school had failed to properly staff a district-wide "Behavioral Support" classroom with a licensed special education teacher. This failure lasted an entire semester and impacted at least five students, all of whom were denied their Free and Appropriate Public Education. After meeting multiple times with school and district staff, the district finally hired a licensed special education teacher and behavior therapist to staff the classroom. The client and other students were offered compensatory instruction for time lost. New FBAs were conducted and new BIPs developed. We saw a positive systemic impact within the school district.

A 5-year-old with PTSD whose mother died was living at a foster care placement. The school was placing the child in a seclusion room and suspending him regularly, telling the foster grandmother to pick him up almost daily. The DRNM advocate attended the IEP meeting, and proposed a behavior plan – ultimately accepted by the IEP team – that requires the school keep him in program regardless of the severity of his behaviors.

Client is a 15 year old Latino boy who lives in a rural part of New Mexico. He is diagnosed with mental illness as well as other health impairment (ADHD). Client was initially only on a 504 Plan, and his mother contacted DRNM due to a disciplinary issue. The issue arose from alleged school fights. Client was removed from school, not giving an Manifestation Determination Review (MDR), and subjected to long term suspension improperly. He was also referred to Juvenile Probation and assigned a probation officer. While client was removed from school, he was afforded only 2 hours each weekday to work on homework in a supervised setting. No other special education services were provided to client. DRNM agreed to represent client in school disciplinary issue and ultimately assisted the family in securing IEP services. DRNM filed an OCR complaint for client and represented the family in facilitated mediation. After a subsequent suspension, DRNM filed for due process and represented the client in those proceedings. The case was ultimately settled to the satisfaction of the client and his family.

Other qualitative narrative related to above priority (significant activity for which there were no quantifiable results go here):

Las Cruces Behavioral Health Collaborative LC3: DRNM provided a training on special education and student discipline rights and processes to behavioral health providers and other participants of the Behavioral Health Collaborative in Doña Ana County on July 18th. There were a total of 31 participants. The training emphasized how providers could assist parents and foster parents of children with disabilities in requesting evaluations, reviewing and providing input on evaluations, and providing input on Functional Behavioral Assessments (FBAs) and Behavioral Intervention Plans (BIPs). Providers were taught how and when to leverage their relationship and understanding of their patients/clients (as well as clinical expertise of the youth's disability) with school districts to help improve their overall wellbeing and stability in educational settings and in their communities. The training further discussed how providers could offer invaluable support to their patients/clients who are at risk for disciplinary removal from their public schools by providing input or attending the child's Manifestation Determination Reviews (MDRs) or Individualized Education Program (IEP) meetings.

Española: DRNM staff also provided training to parents, students and professionals in Española. We focused on educational laws, students with behavioral issues, how to develop goals, Functional Behavioral Assessments, Behavior Intervention Plans, how to prepare for Individualized Education Programs, Manifest Determination Reviews, and suspension hearings. We had 12 participants at this training.

Individuals with Disabilities Education Act (IDEA) State Advisory Panel: The IDEA State Advisory Panel met quarterly throughout the FY. The IDEA Advisory Panel advises the state to increase support in schools for all students with mental health and trauma concerns. The Panel advises the state to consider creating a state transition community of practice to increase compliance/quality. The IDEA Advisory Panel has also been particularly advising the state that lack of services creates barriers for our students with Autism and students with significant mental illness and associated behaviors. DRNM had an active presence in the Panel this year, and one of our advocates was selected to be Chair of the Advisory Panel.

"Educational and Disciplinary Considerations for Crossover Youth with Disabilities" at the Children's Law Institute (CLI): DRNM attorneys Jesse Clifton and Laurel Nesbitt, at the request of Children's Court Judge Alma Roberson, presented to attorneys (such as guardians ad litem and children's court attorneys); social workers; Children, Youth and Families Department (CYFD) personnel; school personnel; juvenile probation officers (JPOs); resource parents; and others during the 2023 Children's Law Institute. The presentation, entitled "Educational and Disciplinary Considerations for Crossover Youth with Disabilities," provided a detailed overview of educational and disciplinary matters impacting crossover youth with disabilities in school and specific practice tips or tools that participants could engage to influence better outcomes. "Crossover youth" are those who have been both involved in the juvenile justice system and are in the custody of CYFD through abuse/neglect proceedings. The presentation addressed barriers that face many crossover youth with disabilities, particularly with respect to school discipline; special considerations such as educational decision maker issues; legal frameworks and processes available to promote and protect educational stability for crossover youth, including the mechanics of school disciplinary procedures and protections; and tangible tips on effective advocacy to secure appropriate school-based services, including evaluation and identification of students with disabilities. The product, an extensive slide set with linked resources and a number of supporting materials, is a valuable resource directly on point with the objectives of our ATJ grant, and which DRNM will draw on for ongoing training opportunities with attorneys, JPOs, child welfare personnel,

and others who work directly with students.

Yazzie/Martinez Decision – educational reform: DRNM, though not counsel of record in the consolidated lawsuit, has continued to provide expertise on the unique educational needs of students with disabilities, and to collaborate with other Yazzie/Martinez stakeholders through Transform Education New Mexico (TENM) to maximize the beneficial impact of the favorable decision in the case toward improving New Mexico's system of special education and related services. DRNM participated with a working group (the HB287 workgroup) comprised of TENM partners, strategizing about expanding access to behavioral health services for students, including students with disabilities, through policy work. DRNM has continued to provide expertise to TENM in the design of its platform, and particularly on efforts to better meet the behavioral needs of students with disabilities. In July and August, DRNM contributed to numerous Special Education Stakeholder Listening Sessions, organized by the Legislative Education Study Committee (LESC) and a working group assembled to the LESC to make recommendations for improvement of the delivery of special education. In separate but related work, DRNM has been collaborating in a working group (created pursuant to 2023's Senate Memorial 68) with educators, education administrators, advocates, and other stakeholders to further clarify the law governing restraint and seclusion and to make findings and recommendations regarding its use in New Mexico schools.

Legislative Education Study Committee (LESC): The Legislative Education Study Committee (LESC) held nine listening session across the state to receive feedback from stakeholders regarding special education services. Four DRNM advocates and three attorneys attended these sessions either via Zoom or live in-person to provide feedback and present DRNM's position on matters such as Special Education provider adequacy, inappropriate use of discipline for students with behavior-related disabilities, the state's workplan for addressing the Yazzie/Martinez lawsuit, transition services, the use of online tools such as Edgenuity to provide instructional services, and the inappropriate removal of students from their Least Restrictive Environments. Each listening session was attended by 10-55 stakeholders.

Priority/Goal Description: Provide technical assistance, self-advocacy assistance, or limited individual advocacy assistance to individuals with significant mental illness who need accommodations with respect to policies, rules or services in rental housing situations when such accommodations are denied.

Objective: Provide systemic advocacy to challenge housing discrimination, and to expand the amount of accessible, affordable, and integrated housing for individuals with significant mental illness. DRNM will participate on two groups that look at housing issues for individuals with significant mental illness.

Strategies Used: Rights-Based Individual Advocacy Services, Educating Policy Makers, Other Systemic Advocacy, Training/Outreach

Target Measures

Target Population:	Adults with significant mental illness who need rental housing.
Expected Target:	2
Expected Outcome:	2
Actual Outcome:	3
Achieved: 	Not Achieved: 

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



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

DRNM participates on two housing groups to improve availability of housing for persons with significant mental illness. DRNM attorneys have also been meeting regularly with community law partners (Ives and Flores firm, American Civil Liberties Union, NM Center on Law and Poverty) to advise them of disability related (specifically mental illness) concerns and issues impacting people living on the streets, and supporting their efforts to gather facts and plaintiffs for a class action lawsuit against the City of Albuquerque regarding civil rights violations in the treatment of unhoused individuals. DRNM has also been working directly with clients regarding ongoing concerns with accessibility and conditions at the Westside Emergency Housing Center, which houses around 500 people; staff at the shelter estimate that around 90% of these individuals have either a physical or mental health disability or both. DRNM has also been meeting directly with unhoused individuals with disabilities who were former residents at Coronado Park and have ongoing issues with City personnel destroying their property and forcing them out of public spaces despite the lack of accessible shelter beds. Appointed by Governor Grisham to Housing Investment Council. New Mexico does not have enough affordable housing to meet the need, which is driving up rates of homelessness; reports show a need for 15,500 affordable units to house the number of people living at 30% or below the local median income and a shortage of 3,000 vouchers for permanent supportive housing and rapid rehousing. The Council consists of eleven members appointed by the Governor, including at least one member representing each of the following groups: housing industry, local government housing, tribal housing, homelessness services, and fair housing advocates (DRNM). The Council has met bi-weekly since June, 2023. The Council shall, in coordination with the Office of the Governor, create a Statewide Investment Plan no later than January 15, 2024. The Plan shall provide recommendations to address: gaps in available housing resources, priority focus areas for meeting the State's housing shortage, inefficiencies in regulatory and zoning that impact housing development, workforce and business shortages in the housing

development industries, investments in housing development, guidelines and standards for homelessness services, investments and programs to improve disparities in homeownership, creation and facilitation of public-private partnerships to address housing, lack of infrastructure related to housing, lack of creative housing options that move from assistance to homeownership, and service programs to address housing stability.

DRNM was selected to attend Governor Lujan Grisham's "Building a Statewide Model for Housing Stability Services" summit. It brought together over 100 providers of housing stability services to discuss the benefits and needs of a statewide model to respond to homelessness. A statewide model can support many of the things that organizations serving individuals precariously housed or experiencing homelessness have been asking for over the years. People with mental illness would be impacted and benefit from building a model of services to support them along with housing. Both the DRNM CEO and Legal Director attended meetings.

Objective: Provide technical assistance, self-advocacy assistance, or limited individual advocacy assistance to individuals with significant mental illness who need accommodations with respect to policies, rules or services in rental housing situations when such accommodations are denied.

Strategies Used: Rights-Based Individual Advocacy Services, Educating Policy Makers, Other Systemic Advocacy, Training/Outreach

Target Measures

Target Population:	Adults with significant mental illness who need but are not receiving accommodations in rental housing.
Expected Target:	2
Expected Outcome:	2
Actual Outcome:	7
Achieved: 	Not Achieved: 

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



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

Client is a 62 YO female with ADD/ADHD/PTSD/and other mental illness living independently, including panic disorder, in rural New Mexico. She contacted DRNM because she had been denied a reasonable accommodation to move to a different unit at her apartment complex. Client's neighbors regularly engaged in fighting including yelling screaming and physical altercations. This triggered her PTSD and increased her anxiety to a severe level. Client was denied on the basis of no availability even though there was an empty unit in a better location. With client's permission, DRNM advocate contacted management at the apartment complex and inquired about the status of the reasonable accommodation and best practices for reasonable accommodation requests. At the end of the discussion management told DRNM advocate that client would be allowed to relocate as requested. DRNM advocate spoke with client about best practices for requesting a reasonable accommodation and monitored the case until client was successfully moved. Client was ultimately approved and successfully moved into her new unit. The apartment complex now has a better understanding of reasonable accommodations and the process, which has a system impact going forward.

Client is a 34 yo white male with substance abuse and mood disorder, living in Albuquerque, New Mexico. He was denied a public accommodation for his service animal in training by his apartment complex. The service animal was provided by the Service Dog of New Mexico group, and was in training at the Albuquerque Canine School. Client's apartment asked client to sign a pet policy. Client signed the pet policy believing his service animal was not included. At the end of August, Client received a notice of eviction due to unpaid pet fees. DRNM assisted client in by providing self advocacy assistance. Client provided to his apartment copies of the ADA, relevant New Mexico laws, literature on the rights of service animals and their owners, a letter from his therapist, a letter from the Academy of Canine Excellence, and the Fair Housing Act regulations. The apartment responded by honoring client's service animal with service animal status and provided a lease addendum clarifying his rights as a tenant. The eviction notice was terminated and client was satisfied with the result.

Priority/Goal Description: Provide self-advocacy assistance or limited individual advocacy assistance, including representation in administrative discrimination proceedings, to individuals (who are not PABSS-eligible) who are denied reasonable accommodations, or otherwise experience discrimination on the basis of disability, in employment or in the educational pursuit of employment opportunities.

Objective: Provide technical assistance or individual advocacy to individuals with significant mental illness that experience employment discrimination based on their significant mental illness.

Strategies Used: Rights-Based Individual Advocacy Services, Other Systemic Advocacy, Training/Outreach

Target Measures

Target Population:	Persons with significant mental illness that are discriminated against due to their significant mental illness while attempting to gain or maintain employment.
Expected Target:	2
Expected Outcome:	2
Actual Outcome:	12
Achieved: 	Not Achieved: 

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



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

DRNM advocated for an employment client, a 41 yo woman, with severe anxiety disorder and panic attacks, who had been denied her requested reasonable accommodation of working from home from a State agency. DRNM represented the client in a mediation with her former employer in the Human Rights Bureau process, and was able to help resolve her case successfully. DRNM worked with the client, the mediator, and opposing counsel to reach acceptable terms of settlement and to negotiate the language of the agreement itself, both during and after the mediation.

Client is a 33yo, on the Autism spectrum and with various mental illness diagnoses. Client lives in Albuquerque and works for the DOH. Client contacted DRNM due to difficulties with the request for a reasonable accommodation after the "return-to-the-office" mandate from the Governor. Client's request had been denied with no option to participate in the interactive process as mandated by the ADA. DRNM reached out to the DOH to ensure that client's rights to the interactive process were upheld. Through this process we were able to successfully advocate for a hybrid work schedule, along with some modifications to the work place for when Client was in office. And the DOH is better equipped to address similar employee requests.

Client is a 49 yo woman with severe depression, under psychiatric care and other chronic medical conditions. She initially contacted DRNM because she wanted assistance advocating for disability accommodations from her employer. Soon after contacting DRNM, client's employment was terminated. DRNM was unable to directly represent this client, but offered extensive technical assistance. DRNM assisted the client in exhausting her administrative remedies with the Human Rights Bureau (HRB) on her own. Client was subsequently denied unemployment compensation because of a blatant misunderstanding of the law by the Department of Workforce Solutions. DRNM assisted the client in her appeal of that denial. DRNM assisted client through all levels of the unemployment appeal, including a writ of cert with the District Court (which was granted). Finally, DRNM assisted client with filing a charge of discrimination with the HRB in order to preserve her discrimination claims. Finally, DRNM also assisted with the client's rebuttal, which was timely filed by the client. The HRB investigation was underway at the time the case was closed.

Other qualitative narrative related to above priority (significant activity for which there were no quantifiable results go here):

New Mexico Department of Health (DOH) Return to In-Person Work: In many cases in government and private business, a person is assigned to be an ADA coordinator in addition to their other duties, and they do not always have the background to be effective ADA coordinators. The ADA coordinator for the DOH was not fully versed in the ADA accommodations request process. Through our work together he has a better understanding of this process and is better able to assist future employees who request accommodations as DOH returns to in-person work.

Priority/Goal Description:	Advocate for the delivery of appropriate special education and related services to youth residing in institutional settings, including but not limited to Residential Treatment Centers (RTCs), detention centers, prisons and hospitals.
Objective:	Children and youth with with significant emotional disturbance that are residing in institutional settings including residential treatment centers (RTC), detention facilities, prisons and hospitals receive appropriate special education services.
Strategies Used:	Collaboration, Rights-Based Individual Advocacy Services, Other Systemic Advocacy, Monitoring, Training/Outreach

Target Measures

Target Population:	Children/youth with severe emotional disturbance in facilities or institutions that are eligible for special education services.
Expected Target:	7
Expected Outcome:	7
Actual Outcome:	0

Achieved:



Not Achieved:



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

DRNM did not receive enough PAIMI calls for this objective and priority to meet the expected outcome. Additionally, DRNM has been wrestling with this issue and are stalled because it is unclear what remedy, if any, is achievable for these youth. There is a loophole in federal IDEA regulations and New Mexico regulations that allows districts to not provide FAPE for youth "unilaterally placed" (i.e. not placed by the IEP team beforehand) in residential treatment. Attempts at State Complaints have been unsuccessful because of this loophole. DRNM continues to work on how to address this clear service gap.

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



Other qualitative narrative related to above priority (significant activity for which there were no quantifiable results go here):

Española: DRNM staff also provided training to parents, students and professionals in Española. We focused on educational laws, students with behavioral issues, how to develop goals, Functional Behavioral Assessments, Behavior Intervention Plans, how to prepare for Individualized Education Programs, Manifest Determination Reviews, and suspension hearings. We had 12 participants at this training.

Individuals with Disabilities Education Act (IDEA) State Advisory Panel: The IDEA State Advisory Panel met quarterly throughout the FY. The IDEA Advisory Panel advises the state to increase support in schools for all students with mental health and trauma concerns. The Panel advises the state to consider creating a state transition community of practice to increase compliance/quality. The IDEA Advisory Panel has also been particularly advising the state that lack of services creates barriers for our students with Autism and students with significant mental illness and associated behaviors. DRNM had an active presence in the Panel this year, and one of our advocates was selected to be Chair of the Advisory Panel.

"Educational and Disciplinary Considerations for Crossover Youth with Disabilities" at the Children's Law Institute (CLI): DRNM attorneys Jesse Clifton and Laurel Nesbitt, at the request of Children's Court Judge Alma Roberson, presented to attorneys (such as guardians ad litem and children's court attorneys); social workers; Children, Youth and Families Department (CYFD) personnel; school personnel; juvenile probation officers (JPOs); resource parents; and others during the 2023 Children's Law Institute. The presentation, entitled "Educational and Disciplinary Considerations for Crossover Youth with Disabilities," provided a detailed overview of educational and disciplinary matters impacting crossover youth with disabilities in school and specific practice tips or tools that participants could engage to influence better outcomes. "Crossover youth" are those who have been both involved in the juvenile justice system and are in the custody of CYFD through abuse/neglect proceedings. The presentation addressed barriers that face many crossover youth with disabilities, particularly with respect to school discipline; special considerations such as educational decision maker issues; legal frameworks and processes available to promote and protect educational stability for crossover youth, including the mechanics of school disciplinary procedures and protections; and tangible tips on effective advocacy to secure appropriate school-based services, including evaluation and identification of students with disabilities. The product, an extensive slide set with linked resources and a number of supporting materials, is a valuable resource directly on point with the objectives of our ATJ grant, and which DRNM will draw on for ongoing training opportunities with attorneys, JPOs, child welfare personnel, and others who work directly with students.

Legislative Education Study Committee (LESC): The Legislative Education Study Committee (LESC) held nine listening session across the state to receive feedback from stakeholders regarding special education services. Four DRNM advocates and three attorneys attended these sessions either via Zoom or live in-person to provide feedback and present DRNM's position on matters such as Special Education provider adequacy, inappropriate use of discipline for students with behavior-related disabilities, the state's workplan for addressing the Yazzie/Martinez lawsuit, transition services, the use of online tools such as Edgenuity to provide instructional services, and the inappropriate removal of students from their Least Restrictive Environments. Each listening session was attended by 10-55 stakeholders.

Priority/Goal Description: Increase the number of individuals with significant mental illness who receive appropriate, high quality community-based services that enable them to live productively and independently in community settings. Assist and advocate for Medicaid participants with significant mental illness who are effectively denied meaningful care coordination from Managed Care Organizations (MCOs); identify, develop and pursue appropriate systemic and/or litigation strategies to improve the delivery of care coordination services.

Objective: Improve the delivery of care coordination services (case management) to individuals with significant mental illness.

Strategies Used: Rights-Based Individual Advocacy Services, Other Systemic Advocacy, Training/Outreach

Target Measures

Target Population:	Individuals with significant mental illness receiving medicaid services from state contracted MCOs.
Expected Target:	5
Expected Outcome:	5

Actual Outcome:

3

Achieved:



Not Achieved:



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

DRNM did not receive enough PAIMI calls during the reporting period to meet the expected outcome. Additionally, the nature of this population makes it particularly difficult to see a case to completion without losing contact with the client. DRNM has taken a handful of cases of unhoused individual cases, but we are rarely able to ensure the delivery of care coordination/case management before losing contact of the client. DRNM has been working with Healthcare for the Homeless, and we are engaged in system efforts to help meet the needs of unhoused individuals with mental illness, including the delivery of care coordination

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



Other qualitative narrative related to above priority (significant activity for which there were no quantifiable results go here):

Unhoused Individuals with Disabilities: DRNM has been conducting outreach with individuals who are street homeless with disabilities. DRNM attorneys have met with community groups and organizations working with this population, including Albuquerque Healthcare for the Homeless, Heading Home, the Quaker Friends Meeting House, Hopeworks, NM Coalition to End Homelessness, and the Rock at Noonday. DRNM attorneys have been meeting regularly with community law partners (Ives and Flores firm, American Civil Liberties Union, NM Center on Law and Poverty) to advise them of disability related concerns and issues impacting people living on the streets, and supporting their efforts to gather facts and plaintiffs for a class action lawsuit against the City of Albuquerque regarding civil rights violations in the treatment of unhoused individuals. DRNM has also been working directly with clients regarding ongoing concerns with accessibility and conditions at the Westside Emergency Housing Center (WEHC), which houses around 500 people; staff at the shelter estimate that around 90% of these individuals have either a physical or mental health disability or both. DRNM has also been meeting directly with unhoused individuals with disabilities who were former residents at Coronado Park and have ongoing issues with City personnel destroying their property and forcing them out of public spaces despite the lack of accessible shelter beds. On Feb. 15th, 2023, DRNM worked with ACLU to give a training to AHCH. The training occurred over Zoom and had 83 participants (AHCH staff) and focused on the rights of the unhoused. DRNM presented on the rights of unhoused individuals with disabilities and covered the Americans with Disabilities Act, Sec. 504 of the Rehab. Act, and the NM Human Rights Act. In May 2023, DRNM conducted legal research into architectural accommodations in City shelters and provided a memo and technical assistance with community law partners. DRNM also sent a letter to the City of Albuquerque informing them of the need for reasonable accommodations for unhoused individuals with mental illness upon relocation by City employees. In September 2023, DRNM met the new ADA coordinator for the City of Albuquerque to discuss the need for accommodations in City shelters. During the reporting period, DRNM advocated for accessibility improvements at the WEHC including accessibility issues that pertain specifically to individuals with mental illness. For instance, DRNM advocated for medication storage, informed by our clients whose medications have been stolen, addressing safety issues such as the lack of cameras and a reporting system, the complete lack of mental health services and supports on site, and the lack of privacy in the bathroom and shower areas. An IPRA from this year revealed that the number one call for first responders at WEHC was for suicide, and response times for such calls were, on average, twice as long as for nearly any other part of the city. Because of DRNM's advocacy, the WEHC requested \$5 million from the county, and the City's ADA Coordinator says this is an issue of focus right now.

Priority/Goal	Expand, support and utilize the capacity of DRNM as well as individuals and organizations in the disability community to influence public policies and systemic changes in policies, statutes and regulations affecting individuals with disabilities.
Description:	
Objective:	Review and comment on proposed regulatory changes in Medicaid and other public programs that have a significant effect on eligibility, benefits, or procedural protections for persons with significant mental illness.
Strategies Used:	Collaboration, Rights-Based Individual Advocacy Services, Other Systemic Advocacy

Target Measures

Target Population:	DRNM/PAIMI staff will review and comment on proposed regulations that have an impact on individuals with significant mental illness or children with significant emotional impairment. We will review at least 3 proposed regulations.
Expected Target:	3
Expected Outcome:	3
Actual Outcome:	1
Achieved:	
Not Achieved:	

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

HSD did not promulgate enough behavioral health regulation changes for DRNM to provide public comments on to meet this expected outcome. DRNM is typically active engaging in public comments on Medicaid regulations.

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

Public Comments on Rule Change to Come into Compliance with DRNM Mandamus: HSD had an illegal rule prohibiting out-of-state placements in Treatment Foster Care (TFC), and DRNM's attorney Max Kauffman brought a writ of mandamus. HSD agreed to correct this error, and while it took way too long, in this quarter HSD published the rule amendment. DRNM called in to the public hearing and submitted comments. We reiterated our emphasis that out-of-state TFC should only be used rarely, and most importantly HSD needs to develop the currently woefully inadequate network of TFC providers in New Mexico.

Other qualitative narrative related to above priority (significant activity for which there were no quantifiable results go here):

Through our work in the Kevin S. litigation, DRNM was a significant source of pressure on HSD to increase behavioral health provider reimbursement rates, which was pursued via an 11115 Demonstration Waiver application to CMS.

Objective: Participate in the Disability Coalition to support collaborative public policy advocacy across multiple disability organizations. DRNM will focus on mental health issues as a member of this coalition.

Strategies Used: Collaboration, Educating Policy Makers, Other Systemic Advocacy, Training/Outreach

Target Measures

Target Population:	DRNM/PAIMI staff will represent the rights of people with several mental illness often overlooked by disability groups. We will attend at least five meetings.
Expected Target:	5
Expected Outcome:	5
Actual Outcome:	5
Achieved: 	Not Achieved: 

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



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

The DRNM CEO serves as a member of the Disability Coalition and has attended monthly meetings. The Disability Coalition is an open and informal cross-disability coalition of individuals with disabilities, family members and advocates, along with organizations and agencies that represent and advocate for the needs and interests of persons with disabilities. The purpose of the Coalition is to promote a collaborative and coordinated approach to public policy issues affecting persons with disabilities, with a primary emphasis on Medicaid programs such as the community-based waiver programs and the Personal Care Option. Efforts of the Coalition are coordinated through a Steering Committee made up of representatives of five disability advocacy organizations/agencies. The agencies are Disability Rights New Mexico, Arc of New Mexico, Developmental Disabilities Council (DDC), Independent Living Resource Center and New Vistas. There also is an Advisory Member from the Governor's Commission on Disability. The Coalition is administered by the Arc of New Mexico and supported with funding from the Developmental Disabilities Council. DRNM's CEO participates in monthly meetings.

This past year, the Disability Coalition was particularly focused on increasing compensation for direct support services personnel to improve the workforce supporting people with disabilities. Additionally, the Disability Coalition was focused on abuse and neglect issues of persons with disabilities in the waiver programs when there was a tragic death because of paid support providers. This prompted an investigation and increased monitoring of persons providing care. There was continued enrollment in the Medicaid Waiver and to eliminate the waiting list. This aggressive plan that is utilizing special federal funding is on track to have the elimination of the waiting list by the end of 2023. The Disability Coalition was also focused on the availability of services and workforce/provider capacity to provide necessary services. DRNM attended legislative hearings that were addressing wage issues for direct support care professionals and increasing wages. Additionally, the Coalition participated in meetings with state agencies regarding services provided to individuals with disabilities.

Objective: Educate legislators and other policy makers about issues that impact the rights of people with significant mental illness. The issues DRNM/PAIMI will educate legislators on the following issues; 1. Expansion of community-based mental health services 2. Monitor changes in the New Mexico Children's code that impact children in psychiatric hospitals and residential treatment facilities (RTCs).

Strategies Used: Collaboration, Rights-Based Individual Advocacy Services, Educating Policy Makers, Training/Outreach

Target Measures

Target Population:	This systemic work will be done on behalf of both adults with significant mental illness and children with significant emotional impairments.		
Expected Target:	2		
Expected Outcome:	2		
Actual Outcome:	10		
Achieved:		Not Achieved:	

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



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

New Mexico Allies: Allies advocacy group has continued creatively with groups online through Zoom and working on increasing pay rates for caregivers. An offshoot of the Allies group called "ALL" (Allies Living Legacy) worked through a goals process that led us to write a memorial for the legislature, in coordination with Rep. Liz Thompson (House Memorial 5—"HM5"). The memorial studies developmental disabilities and mental illness, and provides support and specialized training to people at the University of New Mexico and other professionals (pharmacists, police, doctors, nurses, direct care staff, etc.) to provide care to individuals with both mental illness and developmental disabilities. ALL also provided training at the Parents Reaching Out Leadership Conference discussing friendship and romance among individuals with mental illness and developmental disabilities. ALL looks forward to working with the UNM training team to expand their work to serve professionals, including residents, nurses, pharmacists and doctors in psychiatry, along with direct care and support staff in the developmental disability professions to have a better understanding of the needs of these individuals for whom they work. Currently ALL has the task of studying the feasibility of developing a curriculum and CEUs for professionals working with people who have both developmental disabilities and mental illness. The Department of Health is leading the group but invited DRNM and the original creators of HM5 to set the agenda for the next meeting. Over 30 agencies, including a DRNM senior advocate, participate in the task force on the memorial. The task force has created subgroups to more efficiently allow each agency input in developing curricula and methods to obtain credit and increase knowledge and experience in various professions, such as nursing, psychiatry, and group home providers. We hope to bridge the gap between the mental health system and the developmental disabilities systems so that people whose diagnoses overlap into both systems are treated in ways that are less harmful and more person-centered.

Kevin S.: In the summer of 2022, the Implementation Team and the State entered into a Memorandum of Understanding on unmet targets, focused under the settlement's Appendices B and C. In November 2022, the settlement's Co-Neutrals published their annual report for the State's performance in 2021. They found that the State did not meet a single Target Outcome of the 34 measured. Following the report, the Implementation Team again initiated dispute resolution on every unmet Implementation Target and Target Outcome. In-person mediation between the Implementation Team and defendants NM Human Services Department (HSD) and the NM Children, Youth and Families Department took place at the end of March. This was followed up with several sessions of remote mediation, which resulted in a finalized Corrective Action Plan (CAP), in late June. Among the State's commitments from that CAP are: strengthening and stabilizing CYFD workforce to meet caseload standards; recruiting new family placements to help meet the needs of foster children; active steps to bring children currently placed in out-of-state facilities back to New Mexico; monitoring all critical incidents; engaging local community partners to implement the settlement through pilot teams in San Juan and Doña Ana counties; ensuring every child receives a well-child check within 30 days of coming into CYFD custody; and strengthening collaboration and communication with New Mexico's Nations, Pueblos, and Tribes. DRNM invested significant time in identifying stakeholders, organizing community-based behavioral health providers, foster families, and an appropriate facilitator for the Pilot site that we will be participating in Doña Ana County. DRNM collaborated with the State, mostly CYFD, to establish the Doña Ana Pilot, which had its first meeting on September 7th. Despite what would appear as good progress, it came to the Implementation Team's attention that the State was not negotiating the CAP in good faith (for example, promising to lower caseloads while in the midst of a secret hiring freeze). By the end of September, the Implementation Team sought assurances from the State that they would comply with the CAP and its timelines. Having not received such assurances, the Implementation Team is moving forward with initiating binding arbitration, which is the second step to the settlement's dispute resolution process.

DRNM v. Tafoya Lucero et al. (New Mexico Corrections Department): DRNM has joined with the ACLU of New Mexico and Ryan Villa Law Firm to initiate litigation against the New Mexico Corrections Department (NMCD) and its Secretary for the illegal prohibition of Medications for Opioid Use Disorder (MOUD), also referred to as Medication Assisted Treatment (MAT). Opioid Use Disorder (OUD) is a recognized disability under the Americans with Disabilities Act (ADA), and the U.S. Department of Justice has opined that a correctional facility denial of access to lawfully prescribed MOUD is an ADA violation. MOUD is also part of the standard of care treatment for OUD. Accordingly, jails and prisons of other jurisdictions across the nation have reformed their policies and practices to allow for MOUD, and there are a number of legislation actions and court rulings that support the allowance of MOUD. In this case, DRNM asserts its Protection & Advocacy standing authority on behalf of those with OUD and co-occurring mental health disorders who are denied access to their physician-prescribed MOUD. This case has garnered significant media coverage, locally and nationally, given the heightened public interest in addressing the country's opioid epidemic, which is particularly pronounced in the state of New Mexico. While the case was filed with DRNM as the only Plaintiff, we take this action on behalf of clients in NMCD custody whose mental illness is exacerbated by the denial of MOUD treatment for their co-occurring OUD. The litigation was

stalled over a dispute over DRNM's standing to be the organizational plaintiff. Separate from the litigation but almost certainly related, in the 2023 legislative session the state passed a law requiring NMCD to provide the medication assisted treatment (MAT), at least to those who come to prison with a prescription from their county jail. This new law provides nearly everything the lawsuit intended to achieve. The parties have agreed to pause the litigation while we negotiate a settlement. In this quarter we had several meetings with the assigned mediator, federal Magistrate Judge Robbenhaar. The defendants have not settled on a clear position from their side, but we hope to be able to resolve this case without further litigation.

Treatment Foster Care (TFC) Mandamus: After months of largely unproductive meetings with HSD and CYFD, DRNM filed a writ of mandamus action to compel HSD to undo an illegal prohibition against serving kids in out-of-state TFC. DRNM took this action not to send New Mexico kids out of state, but to ensure that kids already receiving services elsewhere are treated in the least restrictive environment if no New Mexico TFC provider is available. The Court granted the petition and issued a writ to HSD Sec. David Scrase to cure the defective rule that precludes Medicaid reimbursement for out-of-state TFC. HSD has now issued a Letter of Direction to its Managed Care Organizations requiring coverage for eligible out-of-state TFC services, including language and terms agreeable to DRNM, pending formal rule promulgation.

Public Comments on Rule Change to Come into Compliance with DRNM Mandamus: HSD had an illegal rule prohibiting out-of-state placements in Treatment Foster Care (TFC), and DRNM's attorney Max Kauffman brought a writ of mandamus. HSD agreed to correct this error, and while it took way too long, in this quarter HSD published the rule amendment. DRNM called in to the public hearing and submitted comments. We reiterated our emphasis that out-of-state TFC should only be used rarely, and most importantly HSD needs to develop the currently woefully inadequate network of TFC providers in New Mexico.

New Mexico Supreme Court Commission on Mental Health and Competency: A DRNM attorney was appointed by the New Mexico Supreme Court to serve on its Commission on Mental Health and Competency as an ex officio member. The attorney was assigned to the Training and Education Subcommittee, and worked to create an informational flowchart pamphlet of the competency to stand trial process in New Mexico. The flowchart was an identified need of the Subcommittee. It can be easily understood, and was developed for a 6th grade level with the purpose of being a quick-source guide for those pending competency proceedings and their family members or support team. DRNM also participated in discussions on the administration of Medications for Opioid Use Disorder within the criminal justice system.

Mental Health Response Advisory Committee (MHRAC): Pursuant to the Court Approved Settlement Agreement (CASA) in U.S. v. The City of Albuquerque, the MHRAC was created to "assist in identifying and developing solutions and interventions that are designed to lead to improved outcomes for individuals perceived to be or actually suffering from mental illness or experiencing a mental health crisis." (Second Amended and Restated Court-Approved Settlement Agreement (Doc. 465-1), ¶111.) DRNM had an attorney serving on the MHRAC as a co-chair. That work has helped foster a better relationship with the U.S. Attorney's office for improved collaboration, meeting with U.S. Attorney Alex Ubaldez to discuss MHRAC's interests and concerns with the development of the CASA as it pertains to those experiencing behavioral health crises. DRNM has engaged with stakeholders and the media on a recently fatal Albuquerque Police Department (APD) shooting of an individual with serious mental illness, issuing a statement and working with APD to come up with re-trainings and additional MHRAC review of data related to APD use of force on those with mental illness. DRNM helped review and address the adequacy of Albuquerque Police Department's reality-based scenario training for behavioral health crisis events. DRNM also met with high-level city administrators to consider more aggressive responses to reducing police violence against those with mental disability. Additionally, DRNM has collaborated with amici stakeholders to come up with alternative means of advocacy in addressing shortfalls in expectations in the CASA. DRNM advocated to address a recent fatal officer-shooting of a man with mental illness. DRNM worked out a plan with MHRAC for independent reviews of officer-shootings, and to provide its own feedback on prevention. Additionally, DRNM secured support to establish MHRAC in city ordinance to ensure continuity of this review beyond the life of the U.S. Department of Justice v. City of Albuquerque lawsuit that created MHRAC.

Legislative Education Study Committee (LESC): The Legislative Education Study Committee (LESC) held nine listening sessions across the state to receive feedback from stakeholders regarding special education services. Four DRNM advocates and three attorneys attended these sessions either via Zoom or live in-person to provide feedback and present DRNM's position on matters such as Special Education provider adequacy, inappropriate use of discipline for students with behavior-related disabilities, the state's workplan for addressing the Yazzie/Martinez lawsuit, transition services, the use of online tools such as Edgenuity to provide instructional services, and the inappropriate removal of students from their Least Restrictive Environments. Each listening session was attended by 10-55 stakeholders.

Children's Code Taskforce: The Children's Code Taskforce has been charged with rewriting the New Mexico Children's Code, which includes provisions on access to DRNM, mental health treatment, age of consent for treatment, and rights surrounding residential treatment. Most of the meetings and discussions have been about delinquency cases so far. Stakeholders include Judge Ward and Judge Begay from the Children's Court, assistant district attorneys, public defenders, respondents' attorneys, Guardians ad Litem, state personnel, advocacy organizations, legislators, and others. Participating stakeholders were selected in late 2022. DRNM attorney Jesse Clifton is participating on behalf of our constituency to protect the current provisions of the Children's Code which explicitly provide for the youth to have access to the DRNM, for their mental health rights vesting at age 14, and for rights with respect to out-of-home residential treatment.

Yazzie/Martinez Decision – educational reform: DRNM, though not counsel of record in the consolidated lawsuit, has continued to provide expertise on the unique educational needs of students with disabilities, and to collaborate with other Yazzie/Martinez stakeholders through Transform Education New Mexico (TENM) to maximize the beneficial impact of the favorable decision in the case toward improving New Mexico's system of special education and related services. DRNM participated with a working group (the HB287 workgroup) comprised of TENM partners, strategizing about expanding access to behavioral health services for students, including students with disabilities, through policy work. DRNM has continued to provide expertise to TENM in the design of its platform, and particularly on efforts to better meet the behavioral needs of students with disabilities. In July and August, DRNM contributed to numerous Special Education Stakeholder Listening Sessions, organized by the Legislative Education Study Committee (LESC) and a working group assembled to the LESC to make recommendations for

improvement of the delivery of special education. In separate but related work, DRNM has been collaborating in a working group (created pursuant to 2023's Senate Memorial 68) with educators, education administrators, advocates, and other stakeholders to further clarify the law governing restraint and seclusion and to make findings and recommendations regarding its use in New Mexico schools.

Priority/Goal Reduce or eliminate barriers or discriminatory practices faced by people with significant mental illness.
Description:

Objective: Advocate on behalf of individuals or groups where there is a violation of Title III of the ADA and an opportunity for systemic benefit to a significant number of persons with significant mental illness.

Strategies Used: Rights-Based Individual Advocacy Services,Other Systemic Advocacy,Training/Outreach

Target Measures

Target Population:	The target population will be individuals with significant mental illness that experience discrimination based on their mental illness.
Expected Target:	3
Expected Outcome:	3
Actual Outcome:	3
Achieved: 	Not Achieved: 

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



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

Judicial District Attorney's Office: DRNM gave two presentations to the 1st Judicial District Attorney (DA) office – one for the Santa Fe office and one for the Española office. This presentation focused on disability awareness, DRNM services, and the application of the Americans with Disabilities Act and other laws in the criminal justice context, and the DA's obligations to make its services accessible to witnesses/victims and defendants. Twenty-five people attended each presentation.

Unhoused Individuals with Disabilities: DRNM has been conducting outreach with individuals who are street homeless with disabilities. DRNM attorneys have met with community groups and organizations working with this population, including Albuquerque Healthcare for the Homeless, Heading Home, the Quaker Friends Meeting House, Hopeworks, NM Coalition to End Homelessness, and the Rock at Noonday. DRNM attorneys have been meeting regularly with community law partners (Ives and Flores firm, American Civil Liberties Union, NM Center on Law and Poverty) to advise them of disability related concerns and issues impacting people living on the streets, and supporting their efforts to gather facts and plaintiffs for a class action lawsuit against the City of Albuquerque regarding civil rights violations in the treatment of unhoused individuals. DRNM has also been working directly with clients regarding ongoing concerns with accessibility and conditions at the Westside Emergency Housing Center (WEHC), which houses around 500 people; staff at the shelter estimate that around 90% of these individuals have either a physical or mental health disability or both. DRNM has also been meeting directly with unhoused individuals with disabilities who were former residents at Coronado Park and have ongoing issues with City personnel destroying their property and forcing them out of public spaces despite the lack of accessible shelter beds. On Feb. 15th, 2023, DRNM worked with ACLU to give a training to AHCH. The training occurred over Zoom and had 83 participants (AHCH staff) and focused on the rights of the unhoused. DRNM presented on the rights of unhoused individuals with disabilities and covered the Americans with Disabilities Act, Sec. 504 of the Rehab. Act, and the NM Human Rights Act. In May 2023, DRNM conducted legal research into architectural accommodations in City shelters and provided a memo and technical assistance with community law partners. DRNM also sent a letter to the City of Albuquerque informing them of the need for reasonable accommodations for unhoused individuals with mental illness upon relocation by City employees. In September 2023, DRNM met the new ADA coordinator for the City of Albuquerque to discuss the need for accommodations in City shelters. During the reporting period, DRNM advocated for accessibility improvements at the WEHC including accessibility issues that pertain specifically to individuals with mental illness. For instance, DRNM advocated for medication storage, informed by our clients whose medications have been stolen, addressing safety issues such as the lack of cameras and a reporting system, the complete lack of mental health services and supports on site, and the lack of privacy in the bathroom and shower areas. An IPRA from this year revealed that the number one call for first responders at WEHC was for suicide, and response times for such calls were, on average, twice as long as for nearly any other part of the city. Because of DRNM's advocacy, the WEHC requested \$5 million from the county, and the City's ADA Coordinator says this is an issue of focus right now.

Objective: Provide technical assistance, self-advocacy assistance, or limited individual advocacy assistance to individuals with significant mental illness who are denied access to public places, including public accommodations, based on their use of a service animal for their mental illness(as defined under state law and the ADA).

Strategies Used: Rights-Based Individual Advocacy Services,Other Systemic Advocacy,Training/Outreach

Target Measures

Target Population:	Individuals with significant mental illness that utilize service animals to assist with independence in the community.		
Expected Target:	2		
Expected Outcome:	2		
Actual Outcome:	2		
Achieved:		Not Achieved:	

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



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

Client is a 36 yo female bi-polar disorder and PTSD as well as arthritis. She requires the use of a service animal, which she has trained. Her service animal was denied access to her group therapy sessions at a local behavioral health provider. DRNM spoke with the client to help her understand her rights and responsibilities as an owner of a service animal. DRNM also spoke with the director of the therapy provider and provided the agency with information from the ADA and the State of New Mexico on the use of service animals. As a result, the director shared the information with her staff, and placed DRNM informational pamphlets on service animals in their front reception area.

Client is a 45 yo male with chronic mental illness. In July, he was denied access to a hair salon in a rural community because of his service animal. Client contacted DRNM for assistance with filing an ADA complaint any other appropriate action. Subsequently, Client has other issues with a local hotel, which was charging client a daily rate for use of his service animal. DRNM provided technical assistance and self-advocacy assistance to the Client as well as drafted and filed ADA and HRB complaints. DRNM and the Client were informed there is a backlog on addressing these complaints and are currently awaiting next steps.

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

Footnotes:

Advisory Council Report

Advisory Council Report

Advisory Council Report (ACR)

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

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

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

Footnotes:

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

STATE	Disability Rights New Mexico	FISCAL YEAR 2023
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The Advisory Council Report (ACR) section of the annual PAIMI Program Performance Report, to the Secretary of the U.S. Department of Health and Human Services, is **due by January 1**. The ACR is mandated under the PAIMI Act at 42 U.S.C. 10805 (a) (7). The ACR is the PAIMI Advisory's Council's (PAC) **independent assessment** of their protection and advocacy systems for the previous fiscal year. **The ACR must be prepared by the PAC and signed and dated by the PAC Chairperson.**

For ACR assistance, please contact the PAIMI Program Coordinator.

Please read and follow the instructions in each section and use the attached glossary in to complete the form.

Public reporting burden for the ACR section of the annual PAIMI PPR is estimated to average 10 hours per response. This includes the time needed to review the instructions, to search existing data sources, to gather the data needed, and to complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to SAMHSA Reports Clearance Officer, Paperwork Reduction Project (XXXX-XXXX); CBHSQ, Room 15E21B; 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is (XXXX-XXXX).

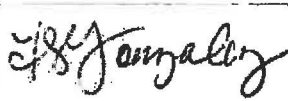
The ACR Section of the ANNUAL PAIMI PPR

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The ACR Section of the Annual PAIMI PPR

SECTION A. GENERAL INFORMATION

Fiscal Year:	2023
State:	New Mexico
Name of P&A system:	Disability Rights New Mexico
PAC Report Prepared By: Provide the name [Print First, Middle and Last Name]	Tenika Sosa-Gonzalez PAC Chair
Title of the Preparer:	
Phone Number:	
Name of PAC Chair: [Print First, Middle and Last Name]	Tenika Sosa-Gonzalez
Provide updated contact information if the PAC Chair is different than the person listed on the most recent PAIMI Application.	
Telephone Number:	
E- Mail Address:	
Date Submitted:	11/29/23
By signing this document, the Chair certifies that this report reflects the consensus of the PAC members.	
	

SECTION B. The PAIMI ADVISORY COUNCIL (PAC)

*Under Primary ID, select **ONLY ONE** (1) primary identity for each PAC member position [B.1.b. - B.1.h.] that is mandated per the PAIMI Act & Rules).

	Primary Identification
B.1.a. The TOTAL number of seats on the PAC.	Total
B.1.b. Individuals who are recipients/former recipients (R/FR) of mental health services.	4
B.1.c. Family members of individuals who are recipients/former recipients (R/FR) of mental health services.	2
At least one (1) PAC member shall be a B.1.d.	
B.1.d. Family members of a minor child or youth (under 18 years old) who has received or is receiving mental health services.	1
B.1.e. Mental health service providers.	0
B.1.f. Mental health professionals:	1

B.1.f.1. Social Workers	0
B.1.f.2. Psychologists	0
B.1.f.3. Psychiatric Nurses	0
B.1.f.4. Psychiatrists	0
B.1.f.5. Psychiatric Nurse Practitioners	0
B.1.f.5. Peer Support Specialists	0
B.1.g. Attorneys.	2
B.1.h. Individuals from the public knowledgeable about mental illness.	1
B.1.i. Others (please identify by position held).	0
B.1.j. Vacancies as of 9/30. [identify each vacant position & the date it was vacated].	0
B.1.k. TOTAL number of PAC members serving on 9/30.	Total 11
B.1.l. Number of PAC members who are either R/FR of MH services or family members of these individuals (count each PAC member only once).	8
B.1.m. Percentage of PAC members who are either R/FR of MH services or family members of these individuals [B.1. k. divided by B.1.l.]	1.375%

B.2. REPRESENTATION OF THE PAC CHAIRPERSON

B.2. Is the PAC Chair an individual who has received or is receiving mental health services, or a family member of an individual who has received or is receiving mental health services?	Yes ☒	No
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B. 3. PAC TERMS of Appointment

B.3.a. Term of Appointment (number of years)	4
B.3.b. Maximum Number of Terms a Member May Serve	2
B.3.c. Frequency of Meetings	4
B.3.d. Number of Meetings Held in the FY [3 is the mandated minimum].	4
B.3. e. Number (%Average) of PAC members present at Meeting.	85%

SECTION C. PAC ETHNICITY & RACIAL DIVERSITY

Please refer to the **GLOSSARY** for definitions. The following information is self-reported or self-identified and uses two separate questions. The data on race and ethnicity are collected **SEPARATELY**; provision shall be made to report the number of respondents in each category who are Hispanic or Latino. Collection of greater detail is encouraged; however, any collection that uses more detail shall be organized in such a way, that the additional information can be aggregated into these minimum categories for data on race and ethnicity.

C. A. ETHNICITY	Number of PAC Members
C. A. 1. Hispanic or Latino	3
C. A. 2. Not of Hispanic Origin	8
C. A. 3. Ethnicity Unknown	0
(Add C.A.1 through C.A.3., the total should be the same as the one listed in B.1.k. (members serving as of 9/30).	Total 11
C. B. RACE	
C. B. 1. American Indian or Alaska Native	2
C. B. 2. Asian	0

C. B. 3. Black or African American	0
C. B. 4. Native Hawaiian/Other Pacific Islander	0
C. B. 5. White	9
C. B. 6. Two or more races	0
C. B. 7. Some other race	0
C. B. 8. Race unknown	0
C.B. 9. = C.B.1 through C.B.8.	Total 11
Members may select as many racial identifications as they want.	
C. C.1. Total Number of PAC member vacancies on September 30.	Total PAC Vacancies 1

SECTION D. Gender of PAC Members	
D.1 FEMALE: 9	D.2 MALE: 2
D.3 TRANSGENDER(Trans Woman)	D.4 TRANSGENDER (Trans Man)
D.5 TWO-SPIRIT (if AI or AN)	D.6 GENDER NON-CONFORMING
D.7 OTHER (if use a different term)	D.8 PREFER NOT TO SAY
D.3. TOTAL	

SECTION E. GOVERNING BOARD INFORMATION		
E. 1. FOR STATE-OPERATED P&A SYSTEMS ONLY:		
E.1.a. Is this a State-operated P&A system?	Yes ☐	No ☒
E.1.b. Does this State-operated system have a Governing Board/Authority authorized by State statute? If the answer is NO, proceed to Section F.	Yes ☐	No ☐
E.1.c. If the answer to item E.1.b. is YES, does the PAC Chair sit on the Governing Board/Authority as a full voting member?	Yes ☐	No ☐
E.1.d. If the answer to item E.1.c. is no, briefly explain (e.g., State statute determines Governing Board/Authority composition, etc.).		
E.2. For PRIVATE, Not-for Profit P&A SYSTEMS only		
E. 2.a. Does the P&A system have a multi-member Governing Board?	Yes ☒	No ☐
If you answered YES to E.2.a., please answer the questions E.2.b. 1. - 3.		

E.2.b.1. Number of Governing Board members.	Total: 14	
E.2.b.2. Is the PAC Chair a full voting member of the Governing Board?	Yes ☒	No
E.2.b.3. If you answered No to E.2.b.2., then explain why the PAC Chair is not a full voting member of the Governing Board as mandated by the PAIMI Rules at 42 CFR 51.22(b)(3).		
E.2.b.4. Do any other PAC members hold seats on the Governing Board? If Yes, how many seats? <u>3</u>	Yes ☒	No

SECTION F. PAC ACTIVITIES[See, PAIMI Act - 42 U.S.C. 10805(7)]

F.1. Are P&A program staff invited to attend PAC meetings?	Yes ☒	No
F.1.a. Did any of the invited program staff attend?	Yes ☒	No
F.2.a. If the answer to F.1. is Yes, please identify the positions of staff (e.g., PAIMI Coordinator, Mental health advocate, etc.) usually invited to attend. DRNM CEO, PAIMI Advocates/monitoring team, Litigation Manager, Executive Assistant, Director of Program Services/PAIMI Coordinator and Mental Health Attorney		
F.2.b. If the answer to F.1.a. is Yes, please identify the positions of the program staff in attendance (e.g., one advocate, one attorney) and their role at the meetings, e.g., information sharing, etc. CEO-Presents the PAIMI budget/financial reports, legislative updates and grievance reports. PAIMI Coordinator/Director of Program Services-Coordinates PAC meetings, memberships, recruitment, voting and works with PAC members on program/systemic issues Legal Director: Provides litigation/legal reports, legislative work and self-determination initiatives. Executive Assistant: Coordinates meetings, takes minutes, etc. PAIMI Advocates: Staff reports on mental health team projects, facility visits, training initiatives and monitoring results. DRNM Mental Health Attorney: Reports on monitoring activities, provided training on Mental Health Advanced Directives and P&A authority.		
F.2.c. If the answer to F.1. is No, you <i>MAY</i> provide a brief explanation.		
F.3.a. Were governing board members, excluding the PAC Chair, invited to PAC meetings?	Yes ☒	No

F.3.b. If you answered Yes to F.3.a., which governing board members were invited, for what purpose (e.g., informational, etc.) and did they attend?

Three governing board members are also PAC representatives. They provide reports on some topics discussed in Board meetings. These members also discuss PAC activities at the DRNM Board of Director meetings. The Board President is always invited to the PAC meetings.

F.3.c. Did any of the invited governing board members attend?	Yes ☒	No
F.4. Did the PAC work jointly with the governing board to develop the annual PAIMI priorities? [42 CFR 51.23(a) (2)].	Yes ☒	No*

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

DRNM solicits input from both the BOD and the PAC annually in determining annual priorities and providing insight on emergent issues. Every three years the BOD, PAC and DRNM staff have a one-day meeting to provide input for the development of new priorities. The BOD and PAC attend public forums to listen to community input on priorities. This year the PAC along with the DRNM Board of Directors had priority setting meeting jointly with the DRNM staff. It was very productive as staff provided information on PAIMI services and other DRNM programs. The PAC and the Board had opportunity to provide information input on the priorities.

SECTION F. PAC ACTIVITIES [See, PAIMI Act - 42 U.S.C. 10805(7)]

F.4. b. If No, PAC's affiliated with private, non-profit P&A systems must provide a brief explanation.

F.5. Did PAC members attend any in-state or out-of-state trainings or educational presentations related to PAIMI Program activities? [42 CFR 51.27 - payments for PAC and Governing board/authority members by a State P&A system are optional].

F.5.a. In-State Trainings/Educational Activities.	Yes	No
If Yes, list each activity by number and provide a brief description of PAC involvement, e.g., Activity 1 – Attendance at local training on Psychiatric Advanced Directives	XX	
F.5.b. Out-of-State Trainings/Educational Activities.	Yes	No
If yes, list each activity by number and provide a brief description of PAC involvement, e.g., Activity 1 – None this year		XX
F.6. Does the P&A system have established written policies and procedures for reimbursing PAC members for expenses that takes into account the needs of the individual council members, available resources and applicable restrictions on use of grant funds, including the restrictions cited in and the restrictions in 51.31(e) and 51.6(e)? [See, 42 CFR 51.23 (d) (1)].		
F.6.a.1. Yes XX	F.6.a.2. No*	F.6.a.3. Don't Know.*

F.6.b. Brief explanation needed for F.6.a.2. or F.6.a.3. responses].

PAC members provide and expense form summarizing expenses for mileage, meals, and hotels. We are reimbursed according to the policy. If meetings are by Zoom there are no expenses. If trainings are attended as PAC member, expenses are provided by the agency.

SECTION F. PAC ACTIVITIES [See, PAIMI Act - 42 U.S.C. 10805(7)]

F.7. If the answer to F.6. was Yes, were PAC members reimbursed for expenses incurred for PAIMI Program related activities, consistent with the P&A system's policies and procedures.

F.7.a.	1. YesXX	2. No*	3. Don't Know*
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F.7.b. *Brief explanation required for either F.7.a. 2. No or F.7.a. 3. Don't Know responses.

Most PAC meetings have been conducted via Zoom and there was no reimbursement for travel required. This year we had in person meetings and Zoom meetings. We also attended a one-day priority setting retreat PAC members were reimbursed for travel expenses.

F.8. REIMBURSEMENT OF EXPENSES – If PAC member expenses were reimbursed, please complete the following chart. [42 CFR 51.23(d) (1)]. Under the Activity column, list the activity by the number used in above F.5.a. – In-State or F.5.b. – Out-of-State. Example: F.5.b. Out-of-State activity # 1, – 5 PAC members attended the NDRN annual meeting, 2 members reimbursed by the P&A; 2 self-paid, 1 NDRN scholarship.

a. ACTIVITY	b. # ATTENDING	c. P&A	d. SELF	e. OTHER
Psychiatric Advanced Directives	20	1	1	
Disability pre-legislative forum	50	2	1	

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SECTION F. PAC ACTIVITIES[See PAIMI Act at 10805(7)]

F.9.Did the P&A system providethe PAC with reports, materials, & fiscal data to enable review of the following:[42 CFR 51.23(c)].

F.9.a. Existing program policies, priorities, and performance outcomes.	Yes ☒	No*
F.9.b. If Yes, were the submissions (of P&A system documents referenced in F.9.a.) made at least annually and (shall) report expenditures for the past two (2) FISCAL YEARS?	Yes ☒	No*

*F.9.c. If the answer to F.9. a. or F.9.b. is 'No', a brief explanation is required.

F.9.d. If you answered Yes in F.9.a., did the P&A system documents referenced also <i>INCLUDE THE PROJECTED EXPENSES FOR THE NEXT FISCAL YEAR (FY) IDENTIFIED BY BUDGET CATEGORY</i> , e.g. salary & wages, contracts for services,administrative expenses, including, the amount allotted for training of the PAC, the governing board and staff?	Yes ☒	No*
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F.9.d.1. If No*, a brief explanation is required].

SECTION F. PAC ACTIVITIES[See, PAIMI Act at 10805(7)]

F.9.e. The PAIMI Rules mandate that members of the public shall be given an opportunity, on an annual basis, to comment on the priorities established by and the activities of the P&A system. Procedures for public comment must provide for notice in a format accessible to individuals with mental illness, including such individuals who are in residential facilities, to family members and representatives of such individuals with disabilities. [42 CFR at 51.24(b)].

F.9.e. Does the P&A have procedures established for public comment?

F.9.e. 1. Yes ☒	F.9.e. 2. No*	F.9.e.3. Don't Know*
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F.9.e.4. *Brief explanation required for F.9.e.2. No or F.9.e.3.Don't know responses.

SECTION F. PAC ACTIVITIES [See, PAIMI Act – 42 U.S.C.10805(7)]

F.10.d. Briefly describe any special projects (e.g., institutional monitoring).

During this year the PAC continued discussion of a couple of projects. The PAC continues to be concerned about un-housed individuals with significant mental health diagnoses. On the PAC we have some experts in legal rights of persons with significant mental illness in housing and the criminal justice system. We as a group will continue to look at how DRNM and the PAC can work together on making sure that persons with mental illness do not end up in the criminal justice system because they are homeless.

The second area we are interested is residential treatment programs for children and the fact that New Mexico sends these children out of state.

F.10.e. Briefly describe any other activities, e.g., fund raising, public relations, etc.

N/A

SECTION G. PAC ASSESSMENT OF PAIMI PROGRAM OPERATIONS

G.1. Please provide a NARRATIVE SUMMARY of the PAC'S ASSESSMENT of the PAIMI priorities (goals) and objectives included in the PPR for this Fiscal Year.

Include in the narrative an assessment of the following items:

G.1.a. The PAIMI Priorities (Goals) and Objectives selected.

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

G.1.c. The outcomes.

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

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

The PAC was regularly updated with respect to the FY 2023-24 priorities and objectives at each quarterly meeting on the activities of the PAIMI staff in pursuit of some of these objectives. At our July meeting, the PAC reviewed all the current priorities, including Abuse-Neglect-Exploitation; Community-Based Services; Mental Health Services; Self-Determination and Special Education. The PAC was satisfied with the proposed priorities.

The PAC was provided with several highlights of these activities, for example, DRNM's monitoring of mental health facilities for both children and adults. DRNM has also kept the PAC updated on oversight of board and care facilities. Our goal has been to improve the living conditions of these unmonitored sites which primarily provide board and care to persons with mental illness.

DRNM staff has kept the PAC well informed about other legislative initiatives that have an impact on the mental health community. The PAC was regularly updated about progress toward the objectives, and it was clear that the PAIMI staff were working hard to address the concerns of the behavioral health community.

SECTION G. PAC ASSESSMENT OF PAIMI PROGRAM OPERATIONS

G.2. OTHER COMMENTS CONCERNING PAIMI SYSTEM OPERATIONS:

Briefly describe any special initiatives, problem solving techniques, or innovative practices that may help other State P&A systems.

N/A

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

The PAC would like opportunity to attend trainings that would enhance our roles as PAC members, such as the NDRN conferences.

SECTION H. GRIEVANCE PROCEDURES [42 CFR Section 51.25]

Pursuant to the PAIMI Rules at 42 CFR 51.25, the P&A systems shall establish procedures to address grievances from: individuals at 42 CFR 51.25(a)(1) – clients or prospective clients . . . ; and systemic complaints at 42 CFR 51.25(a)(2) – individuals who have received or are receiving mental health services in the state, family members or representatives of such individuals

H.1. Is the PAC aware of and knowledgeable of the above referenced policies and procedures?	Yes XX	No*
H.1.a. If you answered No to H.1. provide a brief explanation.		
H.2. The number of grievances filed by PAIMI-eligible clients, including representatives or family-members of such individuals receiving services during this fiscal year.	Total 0	
H.3. The number of grievances filed by prospective PAIMI-eligible clients (those who were not served due to limited PAIMI Program resources or because of non-priority issues).	Total 0	
H.4. Add H.2 & H.3 [42 CFR Section 51.25(a)(1),(2)]	Total 0	
H.5. The Number of Grievances Appealed to:		
H.5. a. The Governing Board (the PAC Chair of a private, non-profit P&A system should have this information).	Total 0	
H.5.b. The Executive Director	Total 0	
H.5 c. The number of Grievances appealed [H.5.a. + H.5.B = H.5.c.].	Total 0	
H.6. The number of reports sent to the Governing Board AND the PAC (<u>at least one annually</u>) that describe the grievances received, processed, and resolved.	Total 3	

SECTION H. GRIEVANCE PROCEDURES [42 CFR Section 51.25]		
H.7. Please identify all individuals, by name & title, responsible for P&A system grievance reviews. DRNM CEO		
H.8. What is the timetable (in days) used to ensure prompt notification of the grievance procedure process to clients, prospective clients or persons denied representation, and ensure prompt resolution. [42 CFR 51.25(B)(4)]	Days 3	
H.9. Were written responses sent to all grievants?	Yes XX	No*

H.9.a. *If you answered No, to H.9, briefly explain.

H.10. Was client confidentiality protected? _____. If not, explain below.
[42 CFR 51.25(B)(6)]

Yes

No*

XX

H.10.a. *If you answered No, to H.10, briefly explain.

Yes

No*

GLOSSARY

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

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

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

Intervention Strategies:

Abuse/Neglect Investigations- a systemic and thorough examination of information, records, evidence, and circumstances surrounding an allegation of abuse and neglect. Investigations are undertaken to determine if there is a basis for administrative or legal action on behalf of the client. Investigations require a significant allocation of time to interview witnesses, gather factual information, and to issue a written report of findings.

Administrative Remedies - includes the use of any systems for appeal within an agency or facility, or between agencies, which does not involve adjudication by a court of law.

Legal Remedies - the legal representation of clients in litigation in court processes concerned with rights, grievances, or appeals of such rights or grievances.

Legislative/Regulatory Advocacy -activities involve monitoring, evaluating, and commenting upon the development and implementation of Federal, State, and local laws, regulations, plans, budgets, taxes and other actions which may affect individuals with mental illness. [The PAIMI Rules at 42 FCR at 51.24 mandates that legislative activities shall also be addressed in the development of program priorities].

Negotiation/Mediation - is an informal, non-legal intervention by a PAIMI representative, attorney or case manager used to resolve problems with facility staff or other agency representatives; (does not involve a formal appeal).

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

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

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

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

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

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

Public Education and Constituency Training - is the dissemination of information to one or more persons through an interactive event, which often promotes a greater understanding of the constitutional or statutory rights of persons with disabilities. Contrasted to Public Awareness Activities, education and training must be specifically targeted to meet the unique need of the group(s) trained.

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

CATEGORIES AND DEFINITIONS:

Ethnicity:

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

Not of Hispanic Origin.

Race:

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

Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

Black or African American - A person having origins in any of the Black racial groups of Africa.

Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific islands.

White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Respondents have the option of selecting one or more racial designations.

Resolution of Complaint/Problem Area – is in a client's favor when(1) the client is satisfied with the result of the intervention or (2) the expressed wish or stated goal of the client is either fully attained or negotiated to an agreeable outcome, or (3) the violation in the stated case complaint/problem area was remedied.

Systemic Advocacy Activities – are the efforts taken to implement changes in policies and practices of systems that impact persons with mental illness. These "systems" include, but are not limited to, State agencies, various public and private residential care and treatment facilities, and other service providers, etc. [The PAIMI Rules at 42 CFR 51.24 (a) PAIMI Priorities state that systemic activities shall be addressed in the development and implementation of program priorities].

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