

New Mexico

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

FY 2024 PROTECTION AND ADVOCACY FOR INDIVIDUALS WITH MENTAL ILLNESS

Short Title: 2024 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	Tenika Sosa-Gonzalez
Mailing Address	
City	
Zip Code	
County of Residence	
Email Address	
Current Term Started	1/15/2024 12:00:00 AM
Current Term Expires	9/30/2028 12:00:00 AM

7. PAIMI Advisory Council President/Chair Name

Name	T.J. Chester
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	505-827-7750
Number/Extension	
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	7
	Non-Hispanic/Latino	9	8	16
	Ethnicity Unknown	0	0	0
Race				
	American Indian/Alaska Native	2	1	2
	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	17
	Male	4	2	6
	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	17
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	23

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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 (CR/FR) of mental health services or have been eligible for services.	4
Number of family members of individuals with mental illness who are (CR/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	6

Footnotes:

A. PAIMI Program Information

Executive Director

Initial Appointment Date 04/01/2018 (mm/dd/yyyy)
Recent performance evaluation completed 07/18/2024 (mm/dd/yyyy)
Date of previous performance evaluation 07/14/2023 (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	0
Psychologist	0
Psychiatric Nurse	1
Psychiatrist	0
Psychiatric Nurse Practitioner	0
Peer Support Specialist	4
Other (Identify the Professional in the Footnotes)	1
Total	6

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Footnotes:

The PAC has one member that provides counseling and advocacy for individuals that have mental illness and have have been assaulted. She also proves case management 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)	0	0	0	0	0	4	4	0	0	4
Non-Hispanic/Latino	8	8	0	4	4	5	5	0	1	4
Race										
American Indian/Alaska Native	0	0	0	0	0	1	1	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	4	4	9	9	0	1	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	1
6-10	5
11-22	21
23-64	64
65+	15
Prefer not to say	0
Total	106

Gender and Sexual Orientation of PAIMI-eligible Individuals Served

Gender	Number
Female	60
Male	46
Transgender (Trans Woman)	0
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	106
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	106
Total	106

Ethnicity and Race of Individuals Served

Ethnicity	Number	PAIMI %	State %
Hispanic/Latino (of any race)	42	38.68	48.60
Non-Hispanic/Latino	56	52.83	36.80
Ethnicity Unknown	8	8.49	0.00
Total	106		
Race	Number	PAIMI %	State %
American Indian/Alaska Native	4	3.77	11.40
Asian	1	0.94	2.00
Black/African American	6	5.66	2.80
Native Hawaiian/Other Pacific Islander	0	0.00	0.20
White	86	41.50	80.70
Two or more races	2	1.89	2.80
Some other race	0	0.00	0.00
Race unknown	7	6.60	0.00
Total	106		

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Footnotes:

We corrected the numbers by adding Hispanic to white which we had not done before.

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.		40
2. Number of new PAIMI-eligible individuals served during the reporting year.		66
3. Total number of PAIMI-eligible individuals served during this FY (Add lines 1 and 2).		106
4. Individuals with more than one (1) intervention opened/closed during the reporting year.		7
5. Individuals with a co-occurring mental illness and Intellectual and Developmental Disability (IDD).		38
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).		52

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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.	0
Community Residential Home for Adults	15
Non-Medical Community-Based Residential Facility for Children/Youth	0
Foster Care	3
Nursing homes, including skilled nursing facilities	2
Intermediate care facilities	0
Public and Private general hospitals including Emergency Rooms	0
Public Institutional living arrangement	16
Private Institutional living arrangement	11
Psychiatric Hospitals (Public or Private)	
a. Public/State	2
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	3
Independent (in the community & PAIMI-eligible)	34
Parental or Other Family Home & PAIMI-eligible	17
Unknown	0
Total	106

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	0	0	0	0	0	0	1	0	0	0	0	1
b. Inappropriate or excessive restraint and seclusion	0	0	0	0	0	0	0	0	0	0	0	0
c. Involuntary medication	0	0	0	0	0	0	0	0	0	0	0	0
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	1	0	0	0	0	0	0	0	1	0	0	2
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	0	0	0	0	0	0	0	0	0	0
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
N/A												

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	1
B. Number of complaints/problems withdrawn or terminated by client	0
C. Number of complaints/problems resolved in the client's favor	0
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	1
H. P&A withdrew due to conflict of interest or other reasons	0
I. Lost Contact	1
J. Outcome Unknown	0
K. Lack of Resources	0
Total number of Abuse complaints/problem addressed from closed cases	3

At least 1 case required.

Case of Alleged Abuse

Client is a 51 female with chronic mental illness that has been diagnosed schizoid-affective disorder and PTSD who resides at a residential treatment center. She met with a DRNM advocate who was monitoring the facility and described being harassed by another patient who would pull her hair and scream at her. The client expressed a desire to transfer to a different unit at the treatment center. The advocate requested the client's files dating back two years and found no instances or reports of this issue. The advocate did find documentation that the client tends to describe being abused by other patients. This was documented as symptoms of her mental illness. All other case notes depicted ongoing positivity with no other complaints. The advocate met with the client to review her right to be safe from harm and to give her information on how to handle a situation where someone might harm her. The advocate met with the client again the following month. The client confirmed that she is not being harassed and would prefer to stay in the unit where she currently resides. She stated she now knows how to file a complaint and get help if she needs to. The advocate provided the client with his business card as well as information for contacting the patient advocate at the facility.

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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	0	0	0	0	0	0	0	0	0	0	0
b. Failure to provide necessary or appropriate mental health treatment, including access to prescribed medication	0	0	0	0	0	0	0	0	1	0	0	1
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	0	0	0	0	0	0	1	0	0	1
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											0
C. Number of complaints/problems resolved in the client's favor											0
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											2
J. Outcome Unknown											0
K. Lack of Resources											0

Case of Alleged Neglect

Upon admission to Life Healing Center, our client a person with Borderline Personality, PTSD and major depression was asked to sign a "Hold Harmless agreement" which waived all rights of the patient, said they could not sue the facility on grounds of abuse or neglect. The client declined to sign this, signed a grievance letter and asked to speak with an attorney at DRNM. Facility did not let her call DRNM, and discharged her after one week of services for not signing the Hold Harmless Agreement upon admission. Client says they discharged her without notice by calling the cops to take her. They would not allow her to make a phone call to arrange transportation since she came from out of state. She was discharged onto the streets in Albuquerque. She believes this was an unsafe discharge and would like DRNM's assistance in litigation for malpractice. She witnessed sexual abuse between staff members and patients. Says facility is not secure and lacks consistency with standard operating procedures. PAIMI staff visited the facility and provided information on the Mental Health Code and patient rights in treatment programs. We were going to assist client in filing a complaint with various entities but we lost contact with her after beginning the process.

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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	0	0	0	0	0	0	0	0	0	0	0
b. Failure to provide written discharge plan including a description of mental health services needed upon discharged from such program or facility	0	0	0	0	0	0	0	0	0	0	0	0	0
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	0
d. The right to refuse treatment	0	0	0	0	0	0	0	0	0	0	0	0	0
e. The right to refuse to take prescribed medications	0	0	0	0	0	0	0	0	0	0	0	0	0
f. The denial of financial benefits/entitlements (e.g., SSI, SSDI, Insurance)	0	0	0	0	0	0	0	0	0	0	0	0	0
g. Guardianship/Conservator problems	1	0	0	0	0	0	0	0	0	0	0	0	1
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	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	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	0
k. The denial of visitors	0	0	2	0	0	0	0	0	0	0	0	0	2
l. The denial of access to or correction of records	0	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	0
n. Failure to obtain informed consent	0	0	1	0	0	0	0	0	0	0	0	0	1
o. Advance directives issues	0	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	0
q. Housing Discrimination	0	0	0	0	0	0	0	0	0	0	0	0	0
r. The denial of access to administrative or judicial process	0	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	0	0	0	0	0	0	0	0	0	0	0
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	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	0	0	0	0	0	0	0	0	0	0	0
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	0	0	0	0	0	0	0	0	0	0	0
y. Failure to comply with commitment time frames	0	0	0	0	0	0	0	0	0	0	0	0	0
z. Other [Please make every effort to report within the above categories].	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													1
B. Number of complaints/problems withdrawn or terminated by client													0
C. Number of complaints/problems resolved in the client's favor													3
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													4

Cases of Alleged Rights Violations

The client in this case was a 19 yo male with PTSD receiving out-of-home treatment at a residential treatment center. The client contacted DRNM because the RTC took away his family visits for about a month. The client assumed this was because a peer had been found with an illegal substance. A DRNM Advocate met with the client. The client's family visits were reinstated within a month.

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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.	3
2. Case or investigation lacked merit.	2
3. Case withdrawn or terminated by the client.	0
4. Issue favorably resolved.	2
5. Issue not favorably resolved.	0
6. Other success or outcomes due to P&A involvement (i.e., provided self-advocacy assistance)	1
7. Other representation found.	0
8. Services not needed due to client's death or relocation.	1
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.	0
13. Lack of Resources.	0
Total	9

At least 1 case required.

Case of Closing an Individual Advocacy Case File

Client is a 34 yo female with diagnoses of PTSD, generalized Anxiety Disorder, Major Depressive Disorder, and Borderline Personality Disorder. She was seen in an ER and denied access to her medical records upon request. DRNM was able to secure copies of her records and shared them with the client. She was also provided with referral to access benefits and services.

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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	1	0	0	0	1	0	0	0	0	0	0	2
2. Limited Advocacy	0	0	0	0	0	0	1	0	0	0	0	1
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	0	0	0	0	0	0	0	0	0	0
Total	1	0	0	0	1	0	1	0	0	0	0	3
Neglect	A	B	C	D	E	F	G	H	I	J	K	
1. Self Advocacy Assistance	0	0	1	0	0	0	0	0	0	0	0	1
2. Limited Advocacy	0	0	1	0	0	0	0	0	0	0	0	1
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	0	0	0	0	0	0	0	0	0	0
Total	0	0	2	0	0	0	0	0	0	0	0	2
Rights Violations	A	B	C	D	E	F	G	H	I	J	K	
1. Self Advocacy Assistance	1	0	1	0	0	0	0	0	0	0	0	2
2. Limited Advocacy	0	0	1	0	0	0	0	0	0	0	0	1
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	1	0	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	0	0	0	0	0	0	0	0	0
Total	1	0	3	0	0	0	0	0	0	0	0	4

At least 1 case required.

Case of Intervention

Client is a 45 yo female with mental health disabilities, including anxiety disorder, depression and PTSD living in Las Cruces. She was prescribed two emotional support animals by her doctor but management at the mobile home community where she lived would not allow her to have the animals on the premises because they have a no pet policy. DRNM advocate spoke with client and her son to evaluate assess the request for assistance, including discussing the rights and responsibilities of service animal owners. Then the advocate worked with management to help them better understand the rights and responsibilities of individuals with service animals and shared information on the subject, from Housing and Urban Development and the Fair Housing Act with both client and management. DRNM advocate facilitated the interactive process to help management and client communicate better with each other in order for the necessary steps for approval of the reasonable accommodation to take place.

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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.). N/A	0
Total Number of deaths investigated	0

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

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).	0
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]	0

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 did not receive any reports of deaths from any facilities this fiscal year. There were no cases to report.

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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 to 2023. (Carried over from prior FY (s))	14
2. New group cases/projects opened during the year.	3
3. Total group cases/projects worked on during the year (Add lines 1 & 2)	17
4. Total group cases/projects as of September 30, 2023 to 2024. (Carry over to next FY)	17
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	3
g. Older Adults/geriatric	0
6. Total # of individuals potentially impacted by line 3	103,005

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)	101,449	5	0	2
Abuse and Neglect Investigations (non-death related)	20	1	2	0
Facility Monitoring Services	1,400	0	0	12
Community Based Monitoring Services	0	0	0	0
Court Ordered Monitoring	0	0	0	0
Systemic Litigation	2	0	0	2

Educating Policy Makers	118	0	0	1
Other Systemic Advocacy	16	0	0	0
Total	103,005	6	2	17

Case of Intervention on Behalf of a Group

Mental Health Commitment Law, Mental Competency and Assisted Outpatient Treatment (AOT) legislative changes: Throughout FY2024, the New Mexico Legislature considered significant changes in these laws during the Legislative session, Interim Committee meetings of Health and Human Services Committee and Court, Corrections and Justice Committee and during Governor called special session. The legislature was considering harmful options for persons that experienced mental illness but not competent to stand trial, expanded criteria for involuntary commitment and treatment and modifications of AOT laws. The legislature was considering legislation in other states, primarily California and North Carolina. DRNM consulted on several occasions with Protection and Advocacy organizations in North Carolina and California. DRNM educated legislators about harmful impact on people with mental illness and that the proposals were not successful approaches. DRNM emphasized the need for accessibility of more community based serviced and supportive housing options, included Medicaid waiver options. The legislature decided to not pursue the proposed harmful modifications and no changes were made. The special session was concluded in less than 2 days with the entire legislature rejecting proposals that would have been harmful to persons with mental illness. DRNM continued to work with other groups to explore possible alternatives at the next legislative session in 2025 when these issues will be a focus of the Governor and legislature.

Case of Intervention on Behalf of a Group

Treatment Guardianships: DRNM legal director delivered a virtual training on New Mexico law around treatment guardianships on December 14, 2023. The training was delivered to 53 people, most of whom are state employees under the Aging and Long Term Services Department including caseworkers, Adult Protective Services investigators, and others. The presentation discussed DRNM's role as the Protection and Advocacy agency for individuals with disabilities in New Mexico, our representation of clients through a self-determination lens, the legal context surrounding treatment guardianships, the function and limitations of treatment guardians, the consent rights of the protected person, appealing treatment decisions, and emergency use of medications.

Case of Intervention on Behalf of a Group

During this reporting year our monitoring team found a pattern of several systemic issues at three New Mexico psychiatric facilities. The three facilities were; 1.) New Mexico Behavioral Health Institute (the state psychiatric hospital), 2.) Central Desert (a private for-profit psychiatric hospital, 3.) University of New Mexico Psychiatric Hospital. The issues found were: 1. Discharge planning 2. Access to phones 3. Access to PAIMI staff 4. Interpreters for deaf patients At the Behavioral Health Institute the monitoring team found several patients that were being held beyond their discharge date. Some patients were held up 8 month longer with the justification being the lack of resources in rural areas. These patients were no longer a threat to themselves or others. The patients had met all of their therapeutic goals and wanted to be discharged. The monitoring team and our PAIMI Attorney met with Legal Council for the state hospital and negotiated the discharge for three patients. When reviewing the discharge planning process we found that the social workers were not following up on resources. There were several other patients that were discharged with in a couple of weeks, due to PAIMI intervention. During monitoring visits to Central Desert we found that patients were denied access to phones and denied the right to contact a PAIMI Advocate. There was also a deaf patient that had requested an interpreter, but was denied and they made her use an app. on a tablet, which was poor quality and did not provide effective communication for the patient. Our Monitoring Team and PAIMI Attorney met with the administration and resolved all issues. We continue following up on these issues by conducting intensive monitoring visits. During several visits to UNM Hospital our PAIMI staff found unclean and inhumane conditios. Dirty sheets, dry blood in the bathrooms, lack of hot water for showers. We met with the administration and all issues were resolved because of PAIMI intervention. We continue to follow up to make sure conditions are up to current standards.

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Footnotes:

We have completed the revision and questions 1 and 2 add up to 17. We are unsure of what other revision might need to be corrected. Please give details if we need further revisions. Thank you!

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;	31
b) PAIMI-eligible individuals who access benefits or services or are better able to advocate to do so;	34
c) PAIMI-eligible individuals who live in a healthier, safer, improved, or more integrated settings or are better able to advocate to do so;	37
d) PAIMI-eligible individuals are able to stay in their own home or better able to advocate to do so;	0
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;	19
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;	28
g) PAIMI-eligible individuals who go to school in safe and more humane conditions;	22
h) PAIMI-eligible children (individuals) who receive appropriate services in the most integrated settings;	0
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;	29
j) PAIMI-eligible individuals who were not subject to abuse, neglect, or rights violations or are better able to advocate for to do so;	25
k) PAIMI-eligible individuals who can make their own decisions to the maximum extent feasible or are better able to advocate to do so;	31
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	47
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.	235
2. State Mental Health planning activities	
Kevin S.: At the end of June 2023, the Kevin S. Plaintiffs' Implementation Team entered into a Corrective Action Plan (CAP) with the Children, Youth and Families Department (CYFD) and the Human Services Department (now Health Care Authority, HCA) regarding the State's continued stalled progress towards meeting the Kevin S. settlement agreement implementation goals. The CAP established two Kevin S. pilot sites. During this quarter DRNM participated in the Doña Ana County pilot site which concluded in May. DRNM assisted establishing recommendations for CYFD and provided technical assistance regarding the obligations of the settlement agreement and progress the State has already made. DRNM consulted with small groups and the group at large, worked with the facilitator, and has helped force conversations with CYFD and HCA at the pilot meetings. The pilot concluded by proposing 5 recommendations to CYFD, which were unfortunately not well received. Still, the local community is aiming to establish a continuation of this work through the local Behavioral Health Collaborative (LC.3). An attorney from DRNM was selected to represent the Kevin S. Plaintiffs' Implementation Team at a newly established taskforce created by Senate Memorial 5 from this year's legislative session. SM5 was proposed by Senator Linda Lopez, who also serves on the taskforce. DRNM has participated in the two taskforce meetings that have taken place thus far. The aim of the taskforce is to make recommendations by November of this year on restructuring CYFD. DRNM will continue participating on this taskforce until its conclusion. The Plaintiffs' Implementation Team formally initiated arbitration against the State this past FY. DRNM is in the role as a plaintiff, and the team is represented by counsel for purposes of arbitration. This arbitration is focusing on some of the agreements made in the June 2023 Corrective Action Plan that went unrealized by the Health Care Authority (HCA) and the Children, Youth and Families Department (CYFD), including reducing the caseloads of caseworkers to 200% of the required caseload standard, ensuring delivery of well-child checkups to 100% of children in state custody within 30 days of entering custody, and staff dedicated to resource family recruitment and retention. While it had been scheduled for August, arbitration has been rescheduled for early November. DRNM has also continued to serve on the Senate Memorial 5 taskforce. SM5 was proposed by Senator Linda Lopez, who also serves on the taskforce. The aim of the taskforce is to make recommendations by November of this year on restructuring CYFD.	
3. Education, Public Awareness Activities, and Events	
1. Number of public awareness activities or events.	6
2. Number of education/training activities undertaken.	28
3. Number (approximate) of persons trained in 2.	360
4. Technical Assistance	
Provide the number of PAIMI Program TA services.	3

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Footnotes:

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		0
b. The Executive Director		0
	Total 4.a & 4.b	0
5. The number of reports sent to the Governing Board and the Advisory Board.	Total	0
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 as an example of reporting grievances to the PAC.

The grievance report is on each agenda for the BOD/PAC. There were four reports provided by our CEO even though there were no PAIMI grievances filed for this reporting period. See attached agenda.

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)
May 17, 2024 Zoom
Meeting time – 10:00 am
Meeting location: Zoom (link is at the bottom of the agenda)**

AGENDA

- I. Introductions and Roll Call – Chair/Vice-Chair
- II. New PAC Member Nominations and Election-Chair/Vice-Chair
- III. Review and Approval of Minutes – Chair/Vice-Chair
- IV. Review and Approval of Agenda- Chair/Vice-Chair
- V. PAC Terms and PAIMI requirements – Gary Housepian
- VI. Discussion of PAC Priorities and Goals - Chair
- VII. CEO's Report - Gary Housepian
 - A. Grievance Report
 - B. PAIMI/DRNM Financials/PAIMI
 - C. Update on State of DRNM
- VIII. Monitoring Report – Jesse Clifton, Staff Attorney
- IX. Member Reports
- X. Set meetings

ZOOM Link

Bernadine Chavez is inviting you to a scheduled Zoom meeting.

Join Zoom Meeting

<https://us02web.zoom.us/j/88903468692?pwd=eXIDSFRrUFVxSkFDWUNMU0t6M3lNZz09>

Meeting ID: 889 0346 8692

Passcode: 569613

One tap mobile

+12532050468,,88903468692#,,,,*569613# US

+12532158782,,88903468692#,,,,*569613# US (Tacoma)

Dial by your location

- +1 253 205 0468 US
- +1 253 215 8782 US (Tacoma)
- +1 346 248 7799 US (Houston)
- +1 669 444 9171 US
- +1 669 900 6833 US (San Jose)
- +1 719 359 4580 US
- +1 507 473 4847 US
- +1 564 217 2000 US
- +1 646 931 3860 US
- +1 689 278 1000 US
- +1 929 205 6099 US (New York)
- +1 301 715 8592 US (Washington DC)
- +1 305 224 1968 US
- +1 309 205 3325 US
- +1 312 626 6799 US (Chicago)
- +1 360 209 5623 US
- +1 386 347 5053 US

Meeting ID: 889 0346 8692

Passcode: 569613

Find your local number: <https://us02web.zoom.us/j/kq2aEnVMz>

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 surveys distributed at PAIMI trainings, and outreach activities. We also notified parent groups that provide services to children with severe emotional disturbances. We also provided information to NAIM and other support groups,	
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. 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.	
6. What formats and languages (as applicable) were used in materials to solicit public comment? Electronic surveys on DRNM website, paper surveys provided were provided at each outreach/training event. Informational booth provided draft priorities and surveys to participants.	
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. PRO 3. Disability Coalition 4. State Rehabilitation Councils State Independent Living Council (SILC) 5. Independent Living Centers 6. Day Habilitation Programs 7. EPICS 8. New Mexico Behavioral Health Providers Association 9. New Mexico Child First Network	
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. All of our focus groups were conducted in rural underserved areas.	
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:

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.).

PAIMI did not experience any problems with PAIMI mandated activities. 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 continue to emerge again and 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 not provided with special education and related services. Children in State custody are often inappropriately residing in CYFD offices (even though the state continues to deny this practice) 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.).

This year many of our staff completed training on how to conduct investigations. The training is pricey, but worthwhile. It would be helpful to such detailed training available through NDRN.

There were no other impediments this reporting period.

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.
DRNM has worked on making our monitoring unit more efficient, by doing monitoring in a systemic way and documenting more of our efforts with follow up strategies. Most all of monitoring unit are fairly new to the PAIMI mentoring, but have received training on how to conduct investigations. This year we also expanded our monitoring efforts to juvenile detention facilities and have found children with severe emotional disturbances and no services. This process continues to be fluid and we continue to provide training and support to our PAIMI staff. We have great results in getting discharge planning for some patients at the New Mexico Behavioral Health Institute. These patients were stuck in the facility well passed the discharge date, due to a lack of discharge planning. After negotiations with the facility the discharge planning was completed and our clients left the facility.
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
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NEW MEXICO NEWS

CYFD launches new center to keep foster kids from sleeping in officesby: [Natalie Wadas](#)
Posted: Jun 13, 2024 / 05:30 PM MDT

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NEW MEXICO (KRQE) – Foster teens sleeping overnight in office buildings: it's a problem the New Mexico Children, Youth and Families Department (CYFD) has promised to fix, as it struggles to find foster families. Now, the department is opening up what it calls a solution. KRQE News 13 spoke with CYFD about those plans and others who feel its not enough.

Story continues below

- **New Mexico:** State auditor says \$15K flight was a 'waste of taxpayer funds'
- **News:** Report shows New Mexico schools have chronic absentee problem
- **Events:** What's happening around New Mexico June 14-20
- **Weather:** Are summers in New Mexico getting hotter?

"It's been a long year for me since I came onboard a year ago, in really trying to restructure the agency," said Teresa Casados, cabinet secretary for CYFD. One of the problems CYFD has dealt with as the state faces a lack of foster families surrounds kids and teens staying overnight in their offices—where conflicts between workers and foster children have escalated to the point of 9-1-1 calls.

The situation—highlighted in a KRQE Investigates report—has been hard to fix according to Casados, who says the agency has had little luck signing up new foster parents.

"From the 124 events that I think we've had, we had 19 people that actually engaged with us after those events," Casados said. Despite low interest, the department's been working to get kids out of CYFD's offices in a different way: a new multipurpose home for boys aged 12 and up in Albuquerque.

"It's a CYFD facility that we have. It used to be the Girl's Reintegration Center, and we've made some upgrades to that location. AMI Kids is operating that for us," Casados said.

The facility has four bedrooms with three beds to a room, a classroom, and an outdoor recreation area. Staff includes a chef, a nurse, and therapists onsite. Casados says they have partnerships with a charter school and a local community college to do online school and have a tutor onsite. They also have a partnership with Workforce Solutions.

"It's really about normalcy for those kids and providing them the environment that will prepare them for you know, life. Some of these are older youth. They're 15, 16, 17 years old," Casados said.

"We're still continuing to look for placement, but if they end up going into Fostering Connections or transitional living for youth, we want to make sure they're prepared and have the skills to be successful," Casados said.

6/14/24, 9:00 AM

New Mexico Children, Youth, and Families Department launches new center to keep foster kids from sleeping in offices

So far, five kids are living there. The facility has the capacity for 12, and Casados hopes to have the rest of the boys living in the offices transition to the center by month's end.

However, some advocates aren't thrilled with the venture, saying the state has other obligations it still needs to meet. Jesse Clifton, an attorney with Disability Rights New Mexico, says CYFD has already settled a lawsuit in 2020 that highlighted the overuse of congregate care.

"The allegations of that lawsuit in general terms alleged that children who have been subject to abuse and neglect and had been brought into the custody of the state of New Mexico were further subjected to more abuse and neglect as opposed to updating the resources and supports they needed to thrive," Clifton said.

"The lawsuit aimed at total system reform, and the lawsuit was brought in 2018 and it settled in 2020 with the state agreeing that the child welfare system in New Mexico was in need of pretty total reform," Clifton said, "Those have overwhelmingly been disappointing progress reports as there's much of the settlement that has yet to be satisfied and many of the deadlines have passed."

He says prior to the lawsuit, children were inappropriately housed in group care: "Everyone has always agreed, I mean from the time of the settlement agreement to the corrective action plan which was as recent as last year—children belong in family homes. That's the goal."

Clifton says the new center doesn't align with that goal. "That term multi-service home, multipurpose home, is a little bit of a misnomer because for all of its amenities is not a family home. It's still congregate care and so we just have to keep those realities in mind," Clifton said, "While this is movement of some kind, it's not the movement that was agreed to and it's not again the solution. This is more of a band-aid than a solution."

Casados says the goal here is ending the office stays: "I think this is the better of those two situations, but our goal really is to make sure we can get those kids into permanent placement in a family-like setting...You know locations like this, you know multiservice homes are not ideal and there will be some people that don't think this is the best course of action for us to take. We just want to make sure we're meeting the needs of the kids."

CYFD is also working to create a similar home for girls in Albuquerque who are currently staying in their offices.

CYFD emphasizes: they are looking for people to become foster parents to help with this issue. "Any help that we can get in encouraging individuals across the state to become foster families or even to give it a try if they want to be a respite family and try that slowly, we'd love to have a conversation with them about that," Casados said.

For more information on becoming a foster parent, head to CYFD's website here.

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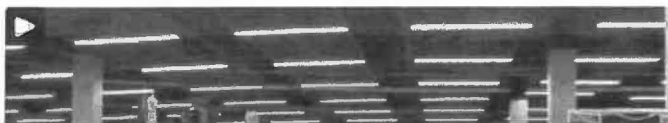
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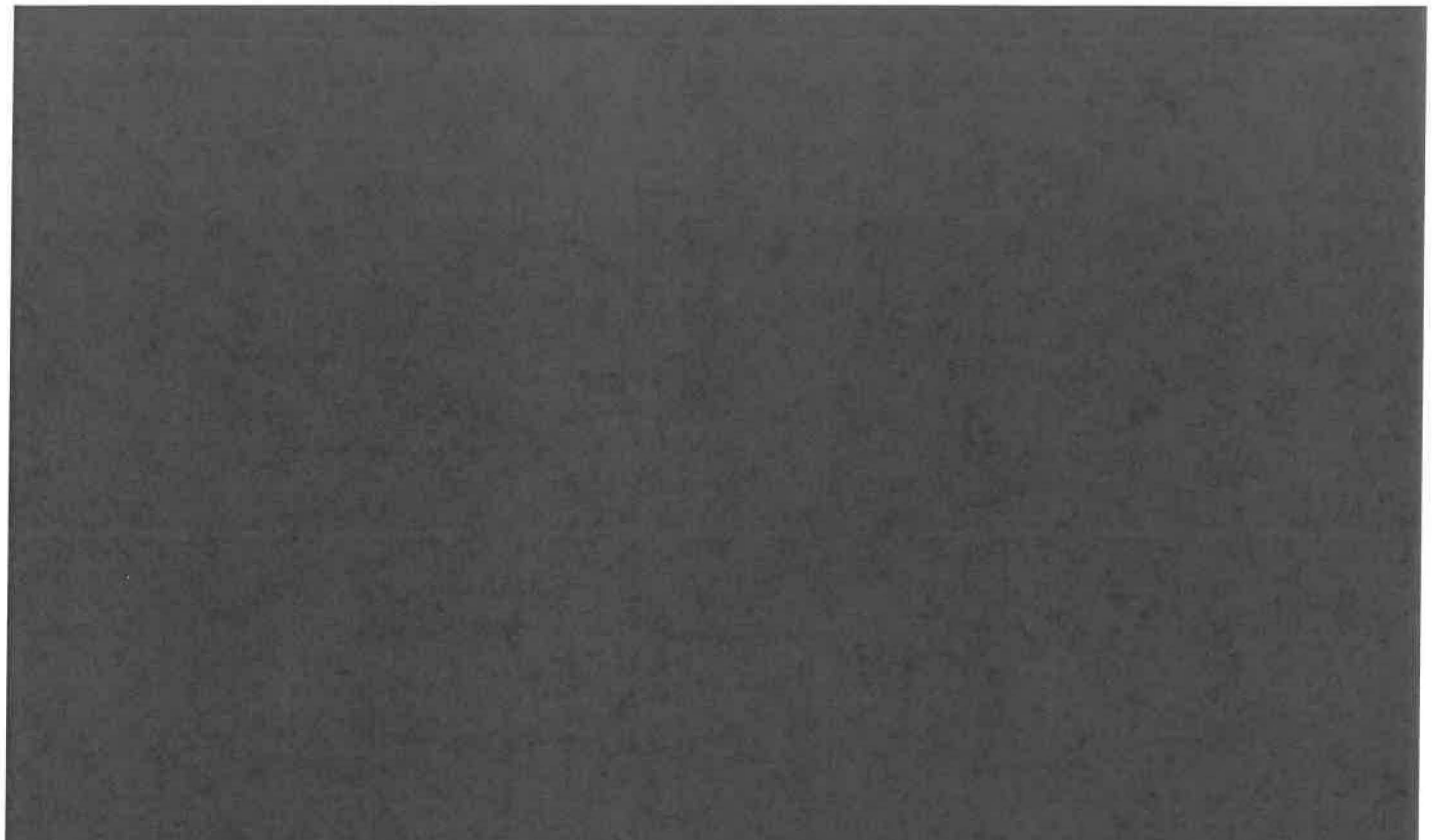
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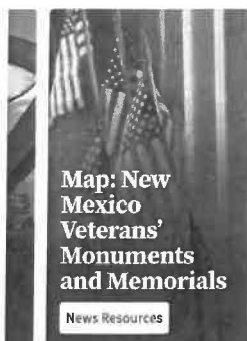
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LEGISLATURE AND STATE GOVERNMENT

Despite calls from groups, governor won't call off special session



by NM POLITICAL REPORT
23 HOURS AGO



Gov. Michelle Lujan Grisham delivers her State of the State address on the opening day of the 2024 Legislative Session / Roberto Rosales, City Desk ABQ



This story is republished from [NM Political Report](#), a nonprofit news outlet, as a part of our commitment to bringing you the best in independent news coverage that matters to Albuquerque.

By Susan Dunlap

A group of 41 organizations and individuals want Governor Michelle Lujan Grisham to halt plans to hold a special legislative session which is scheduled to start next week.

Lujan Grisham announced a special session scheduled for July 18 to address public safety after the legislature did not pass a slew of bills designed to address gun violence and mental health in this year's regular legislative session. The special session is expected to last just a few days and will cost around \$50,000 a day.

Organizations as diverse as the American Civil Liberties Union of New Mexico, the reproductive and gender affirming care advocacy organization Bold Futures, several LGBTQ rights advocacy organizations and other nonprofits who work with the unhoused, the disabled and substance abuse disorders, among others, signed the [letter](#).

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The letter says the group of 41 are concerned about the proposed legislation for the special session, that the draft bills will not achieve the intended results and that it will further harm the most marginalized, including LGBTQ individuals, immigrants, Indigenous and people of color.

Some of the discussion drafts of proposed legislation include a bill that would expand the definitions of "harm to self" and "harm to others;" another draft bill would restrict individuals from using medians to panhandle; and a third proposed draft bill would determine competency and allow, in civil cases, for an individual to be involuntarily committed to an institution.

Denali Wilson, staff attorney for the ACLU-NM, told *NM Political Report* that the proposed legislation that is, potentially, the most dangerous is the one that is the most innocuous-seeming. It is the proposed draft bill entitled "Definitions."

It says, in part, that a person could be involuntarily committed to an institution for "a showing of behavior that is grossly irrational, actions that the person is unable to control, behavior that is grossly inappropriate to a

situation...”

Under a different administration, such language could be used to target certain groups, specifically the LGBTQ community, Wilson said.

In addition, the draft legislation would expand who could be committed to an institution and how they can be committed. It has the potential to violate constitutional rights, as does the draft bill addressing public safety on the median, Wilson said.

Michael Coleman, communications director for Lujan Grisham, said the governor appreciates input from mental health and social justice advocates, but that “calling off the special session and doing nothing is not an option.”

“The status quo is not working in New Mexico, and every day that the root causes of crime and other public safety challenges go unaddressed is another day that New Mexicans are placed at risk,” Coleman said in an email.

Coleman further said “the bills the governor has proposed will provide accountability and treatment for those who become entangled in the criminal justice system because of underlying mental health challenges, while improving the safety of New Mexico’s Communities.”

“She’s asking law enforcement to beef up its collection and reporting of data about crime to help the state improve its strategies for fighting it. The bill to address median safety is not an attack on the homeless, it’s a common-sense strategy to reduce New Mexico’s first-in-the-nation status for pedestrian fatalities. The governor has also requested that lawmakers agree to stiffen penalties for convicted felons in possession of guns — a clear violation of state and federal law and a primary driver of violent crime in our state. The governor and her staff have been engaged in meetings with legislators and other stakeholders on these issues for months. Enough is enough and this can’t wait,” Coleman said through the email.

Monet Silva, executive director of the New Mexico Coalition to End Homelessness, told *NM Political Report* that the special session is trying to repair within 48 hours problems that have developed over years. Lawmakers on both sides of the aisle made similar remarks during a legislative hearing in June.

Silva said the draft bill that addresses competency would be taking away decision making from judges and practitioners and opening up the possibility of people being harmed. It could lead to abuse as it allows for more people to determine who can be committed into mental health institutions, making it possible to be used as a form of retaliation.

Wilson said the current standard to force someone into a hospital is a determination that the individual is a danger to themselves or others. The proposed draft bills expanding the ability of forcing an individual into a mental hospital or treatment center removes bodily autonomy, she said. When an individual is civilly committed, they cannot leave a hospital or treatment institution.

"It's the same way we understand jail to be a liberty deprivation," Wilson said.

Wilson called the proposed draft bills "disingenuous," in a state where there is a crisis of voluntary services.

"How do we go from that, honestly with a straight face, and say people don't want services so we have to force them into these services. Those services aren't there. To jump from a deficit statewide straight into the creation of infrastructure to mandate those services skips a critical point which is the client's decision about their own lives and well being. We have to make those services available voluntarily," Wilson said.

Silva said there needs to be larger discussions about what competency looks like and it should involve many stakeholders, including agencies, nonprofit organizations, individuals involved in the justice system and judges.

"Everybody needs to be involved," she said.

Silva said the state has to rebuild its behavioral health system.

"We don't have one. This doesn't exist. It's not big enough. We can't put something into policy impacting the lives of someone when we don't have the infrastructure," she said.

Silva also said that there needs to be larger discussions about what a bill to enhance public safety on medians looks like so it does not criminalize homelessness.

Wilson said the draft proposal to limit access to medians on streets is potentially a violation of constitutional rights because the right to ask for help is protected speech.

Wilson called the pedestrian safety draft bill an "easy political win" because, on the face of it, it addresses pedestrian safety. She said New Mexico does have a crisis of pedestrian deaths but that it is due to lack of road infrastructure, biking infrastructure and a need for better crosswalks.

Silva said that criminalizing the unhoused through the proposed draft legislation with unpayable fines and possibly jail time only exacerbates the individuals' problems by making it harder for them to lift themselves out of extreme poverty.

A citation by police for standing in a median while asking for help would potentially require the individual to show up for court. If the individual is already unhoused, they may not have an address to receive such a summons or have other means of communication. If they fail to show up in court, a warrant is issued for the person's arrest. Having interactions with law enforcement and the legal system can make it harder for an individual to get a job or housing, Silva said.

Silva said that as of 2023, there were more than 25,000 homeless in New Mexico and over 50 percent of those individuals are Indigenous, Black and people of color. She said the majority of youth who are unhoused are LGBTQ individuals.

She said there needs to be larger discussions about what a bill to enhance public safety on medians looks like so it does not criminalize homelessness. She said the way to address panhandling is, in part, to bring people to the discussion who have lived experience. She said that no matter how well-meaning Lujan Grisham and legislators may be, they shouldn't be the only ones making the decisions.

"With the right people at the table, you can build a system that is equitable," she said.

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G. PAIMI Budget - Actual

PAIMI Budget

Planning Period From 10/1/2023 to 9/30/2024

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
Senior Staff Attorney	\$			Laurel Nesbitt, Attorney
Attorney	\$			Jesse Clifton, Attorney
Attorney	\$			Holly Mell, Attorney
Advocate/Case Manager	\$			Joan Curtiss, Advocate
Advocate/Case Manager	\$			Nina Tedone, Advocate
Advocate/Case Manager	\$			Kaity Ellis, Advocate
Advocate/Case Manager	\$			Mathew Freeman, Advocate
Advocate/Case Manager	\$			Emily Gordon, Advocate
Advocate/Case Manager	\$			Grace Garza, Advocate
Advocate/Case Manager	\$			Samantha Dickson, Advocate
Legal Assistant	\$			Don Priola, Legal Assistant
Other (List title in the Comments box)	\$			Lucero Galaviz, Support staff
Advocate/Case Manager	\$			Leah Diedrick, Advocate/Case Manager
Advocate/Case Manager	\$			Tom Day, Advocate
Advocate/Case Manager	\$			Lily Martinez, Advocate
Advocate/Case Manager	\$			Robin Garrison, Advocate
Advocate/Case Manager	\$			Jeanne Sanchez, Advocate/Case Manager
Attorney	\$			Caitlin Palencia, Attorney
Attorney	\$			Jessica Alsop, Attorney
	\$ 1,700,479.00	\$ 277,057.00		

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)	\$ 277,057.00	\$ 38,788.00	14.0 %	Health, dental, long term disability
FICA/Medicare	\$ 277,057.00	\$ 19,394.00	7.0 %	
Employer Match-Retirement	\$ 277,057.00	\$ 11,775.00	4.3 %	
Workers Compensation	\$ 277,057.00	\$ 616.73	0.2 %	
State Unemployment Insurance	\$ 277,057.00	\$ 1,252.27	0.5 %	
	\$ 1,385,285.00	\$ 71,826.00		

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
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"B" / "A" = "C"

Mileage	\$ 34,888.00	\$ 9,529.00	27.3 %	Travel to see clients and conduct monitoring. 15,246 miles at 55 cents per mile. in-state.
Lodging for Meetings	\$ 20,871.00	\$ 4,570.00	21.9 %	Lodging required for monitoring and seeing clients. 40 nights at approximately \$100.00 per night, per diem for meals can be \$60 per day. Primarily, five staff persons are involved. In-State
Lodging for Meetings	\$ 14,783.00	\$ 4,807.00	32.5 %	Out of state lodging and per diem for conferences.
Other (Describe the line item in the Comments box)	\$ 6,210.00	\$ 464.00	7.5 %	Airfare share for conference.
	\$ 76,752.00	\$ 19,370.00		

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
Copy Paper	\$ 14,638.00	\$ 2,995.00	20.5 %	Office supplies. Proportionate share.
Other (Describe the line item in the Comments box)	\$ 5,480.00	\$ 1,772.00	32.3 %	Brochures and posters about rights for persons in psychiatric facilities. Printing costs.
	\$ 20,118.00	\$ 4,767.00		

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		\$ 24,460.00	\$ 4,691.00	19.2 %	Contract with former CEO to provide analysis of legislation, comments and attendance at legislative committees.
Website Contractor Maintenance		\$ 7,355.00	\$ 1,526.00	20.7 %	
		\$ 31,815.00	\$ 6,217.00		

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 "B" / "A" = "C"	Comments
(explain costs in the comment field i.e number of meetings and number of participants)				
Advisory Council meetings	\$ 1,412.00	\$ 1,412.00	100.0 %	This is for T/TA, not travel to meetings. 4 meetings per year
Governing Board meetings	\$ 5,223.00	\$ 1,084.00	20.8 %	This is for T/TA, not travel to meetings. 4 meetings per year.
Other (Describe the line item in the Comments box)	\$ 5,358.00	\$ 1,112.00	20.8 %	Staff training. Proportionate share.
Other (Describe the line item in the Comments box)	\$ 10,168.00	\$ 2,110.00	20.8 %	Conference registration/Booths; proportionate share.
	\$ 22,161.00	\$ 5,718.00		

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	\$ 26,892.00	\$ 5,580.00	20.7 %	NDRN Subscription-Special education; other subscriptions
Other (Describe the line item in the Comments box)	\$ 29,843.00	\$ 6,192.00	20.7 %	VOIP telephone services and internet access via cable.
Subscriptions	\$ 7,216.00	\$ 1,497.00	20.7 %	NDRN DAD Subscription for data base
Professional Liability	\$ 7,166.00	\$ 1,486.00	20.7 %	Legal insurance.

Other (Describe the line item in the Comments box)	\$ 3,525.00	\$ 731.00	20.7 %	Business property insurance
Other (Describe the line item in the Comments box)	\$ 19,318.00	\$ 4,008.00	20.7 %	Audit
Other (Describe the line item in the Comments box)	\$ 3,139.00	\$ 651.00	20.7 %	Copier Lease/Maintenance
Other (Describe the line item in the Comments box)	\$ 10,411.00	\$ 2,160.00	20.7 %	Gas/Electric/Trash/Recycle/Sewer
Other (Describe the line item in the Comments box)	\$ 9,143.00	\$ 1,897.00	20.7 %	Janitorial/Plumbing/HVAC
Other (Describe the line item in the Comments box)	\$ 21,164.00	\$ 4,392.00	20.8 %	Building mortgage interest
Other (Describe the line item in the Comments box)	\$ 57,219.00	\$ 11,873.78	20.8 %	All other operating expenses consists of: Computer support/maintenance- \$1,529.75; Conference Registration and booths-\$2,115.10; Depreciation- \$4,752.61; Bar Dues-\$604.45; Staff trainings-\$3,476.32.
Other (Describe the line item in the Comments box)	\$ 15,737.00	\$ 3,265.00	20.7 %	Office maintenance.
	\$ 210,773.00	\$ 43,732.78		

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	428,687.78	0.1050	45,012.22	Approved Indirect cost rate of 10.5%

X. Carryover of PAIMI Funds Only

Carryover for FY 2023	\$ 0.00
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Please upload your budget plan for 2023 carryover funds

	Total Actual Cost	Total PAIMI Share
Total PAIMI Costs	\$ 3,876,070.78	\$ 473,700.00

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

Footnotes:

We utilized \$12,279.44 of Program Income to pay for expenses incurred in FY24. This leaves a balance of \$12,621.05 of Program Income going into FY25. We utilized all of the Carryover Funds from FY2023, \$19,102.41 to pay for expenses incurred in FY24.

Under 45 CFR Part 75, building mortgage interest for non profit organization is allowable in accordance with section (f) by stating that financing costs, including interest, for acquiring, constructing, or replacing capital assets (including buildings), can be allowable under certain conditions outlined in 45 CFR 75.449.

This will confirm that indirect costs based on the indirect costs rate (10.5) does not include the administrative and costs for supplies, contractors/consultants,, and other expenses that are allocated directly to the PAIMI grant award.

Disability Rights New Mexico FY2024 Listing of Expenditures of
Carryover Funds of \$19,012.41

Salaries	\$13,737.17
Fringe Benefits:	
Health, Dental and Long Term Disability	1,923.20
Retirement	583.83
FICA/Medicare	961.60
<u>Indirect Costs</u>	<u>1,806.61</u>
Total	\$19,012.41

Disability Rights New Mexico FY2024 Listing of Expenditures of
Program Income Funds of \$12,279.44

Salaries	\$ 8,872.36
Fringe Benefits:	
Health, Dental and Long Term Disability	1,242.13
Retirement	377.07
FICA/Medicare	621.06
<u>Indirect Costs</u>	<u>1,166.82</u>
Total	\$12,279.44

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.

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.

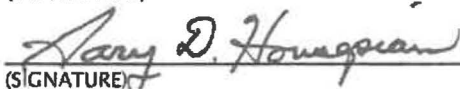
E. OTHER:

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	\$45,012
3. Total of all PAIMI program costs listed in I - VIII in the Budget	\$428,688
Total	\$473,700

Income sources and other resources (PAIMI program only)	
1. PAIMI program carryover of grant funds identified by FY.	
Enter the last two digits of the Fiscal Year FY 2023	\$19,012
2. Program income (PAIMI only)	\$12,270
3. State	\$0
4. Other funding sources [identify each source]	
Total of all PAIMI Program resources.	\$31,282

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

Footnotes:

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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 2024 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: 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 settings.
Expected Target:	40
Expected Outcome:	40
Actual Outcome:	200
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:

Peak Behavioral Health: DRNM regularly monitors and conducts patient rights trainings at Peak Behavioral Health, a major behavioral health provider in rural southern New Mexico. Trainings included the right to treatment in the least restrictive environment, consent rights for mental health treatment, the right to participate in treatment and discharge planning, the right to be free from unnecessary medications, to a nourishing and appetizing diet, daily opportunities to be outside, daily opportunities for exercise, privacy for sleeping and hygiene, to follow or abstain from religion, visitation rights (including televisits), etc. DRNM also explained who we are as the P&A and the patients' right to access us. We provided trainings to approximately 30-40 patients at Peak during FY24.

New Mexico Behavioral Health Institute (BHI): DRNM regularly monitors and conducts patient rights trainings at the sole state-run psychiatric hospital, the New Mexico Behavioral Health Institute (NMBHI). The facility has several different units, so rights trainings are provided on a rotation for the units, different units receiving trainings when conducting facility-wide monitoring. Trainings were provided to approximately 50-60 residents at NMBHI during FY24. Monitors often meet with several patients following trainings to discuss, among other issues, Discharge Planning, Treatment Planning, Commitment Hearings, Medication (the right to know the medications prescribed, right to refuse medications), Representative Payee Appointments, Guardianships and Treatment Guardianships, and Housing/Placement.

Central Desert: DRNM regularly monitors and conducts patient rights trainings at a private psychiatric hospital known as Central Desert Behavioral Health Hospital (CDBH). During FY24, DRNM conducted a couple dozen rights training presentations to approximately 100 patients.

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: 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
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	disturbance in congregate care settings who may be victims of abuse/neglect	
Expected Target:	3	
Expected Outcome:	3	
Actual Outcome:	2	
Achieved:		Not Achieved: 

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

DRNM received very few allegations of abuse and neglect this past FY.

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

Sequoyah Residential Treatment Center: DRNM received a report of alleged abuse of a youth resident at the facility. DRNM conducted a secondary investigation by reviewing the complaint, the internal investigation conducted by the facility, and other relevant information. The youth eventually recanted his initial report and admitted the report was untrue.

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, Training/Outreach

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:	9	
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 Behavioral Health Institute (BHI) DRNM regularly monitored the sole State Psychiatric Hospital, known as the New Mexico Behavioral Health Institute ("NMBHI"). DRNM provides regular rights training presentations to residents as part of our ongoing monitoring. DRNM meets with residents to provide short-term assistance regarding issues including: discharge planning, treatment planning and participation, commitment hearings, medication administration and the right to refuse, and guardianships and treatment guardianships. DRNM addresses complaints from patients and collects information of repeated problems or concerning patterns of practice so that the issues can be raised at regularly scheduled "negotiation" meetings with administration. One concern that NMBHI addressed this year was finally filling their Patient Advocate position at the facility. The Patient Advocate is DRNM's first point of contact and works with us to identify concerns at the facility. DRNM is looking to address unnecessary placements and inappropriate commitments at the State Psychiatric Hospital for FY25.

Sequoyah Residential Treatment Center: DRNM regularly monitors a state-run adolescent residential treatment center (ARTC) known as Sequoyah. Monitoring includes rights trainings and meeting individually with residents. We do not usually encounter serious incidents or allegations at this facility; however, we did receive a report of alleged abuse during FY24. DRNM conducted a secondary investigation by reviewing the complaint, the internal investigation conducted by the facility, and other relevant information. The youth eventually recanted his initial report and admitted the report was untrue. DRNM continues to work with administration to increase the time residents have access to time outdoors.

Peak Behavioral Health: DRNM regularly monitors Peak Behavioral Health, which has a veterans' unit, male and female adult residential units, male and female youth residential treatment units, and acute units for both adolescents and adults. They are a major behavioral health provider in rural southern New Mexico. Regular monitoring includes training for one or more units each time we visit. Rights trainings include discussion of least restrictive environment, consent rights, treatment and discharge planning, among other topics.

Central Desert: DRNM regularly monitors a private psychiatric hospital known as Central Desert Behavioral Health Hospital (CDBH). The facility is among our most monitored facilities due to the multiple ongoing systemic concerns identified by DRNM from our monitoring and in

discussions with patients there. DRNM raised issues to administration including concerns we have with the facility holding voluntary patients upon their requests for discharge and access to the P&A by phone.

Youth Services Center: DRNM initiated monitoring access to the Youth Services Center (YSC) (Albuquerque's juvenile detention center) during FY24. Our monitoring advocate was able to conduct a tour of the facility, and we worked with administration to schedule ongoing monitoring activities. DRNM has partnered with the UNM School of Law as an appointed agent to assist with our monitoring activities at YSC. A child-welfare and public interest law professor there leads the law clinic whose students assisted DRNM in our monitoring activities. We envision this to be an ongoing collaboration spanning across multiple semesters.

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, Rights-Based Individual Advocacy Services, Investigations of Abuse and Neglect

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:	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 is a fifty-year-old African American women with an autoimmune disorder and physical mobility impairments. She has co-occurring mental health diagnoses of Bi-Polar II and schizophrenia. Her issue involved an attempt to get a mental health evaluation and mental health crisis services. Client reported that she had a mental health related emergency where Abq. 311 responded. She agreed voluntarily to go to UNMH for a mental health assessment. While at UNMH, police officers wanted her to remove her arm brace and when she refused they physically restrained her and forcibly medicated her. She sustained injuries to her face, nose and shoulder as well as a chipped tooth. Client feels that police used excessive force and discriminated against her because she is black and disabled. DRNM worked with the client to provide self-advocacy assistance and advised her of her legal claims and how to pursue those claims. DRNM assisted to write a torts claim notice and request records to preserve her personal injury case and has assisted the client with contacting outside civil rights attorneys.

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, Rights-Based Individual Advocacy Services, Investigations of Abuse and Neglect

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:	1
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 33 year-old man who was previously homeless. He is diagnosed with schizophrenia and, when not properly medicated, suffers from severe hallucinations. He checked himself into a facility in Espanola (rural New Mexico), and was eventually transferred to Presbyterian's Kaseman (Urban New Mexico). While there, he received Haldol against his will, and after he woke up, he was removed by Albuquerque Police Department (APD) and was dropped off at a gas station. DRNM helped him file a grievance against Kaseman with the New Mexico Department of Health and he wants us to open a dialogue with APD about their transportation policies. DRNM intends to use this case next year to see if we can change APD's procedures for individuals like him.

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 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, including a detention facility

Strategies Used: Rights-Based Individual Advocacy Services, Investigations of Abuse and Neglect, Other Systemic Advocacy, 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:	24
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 27 yo Hispanic male who resides in a residential treatment facility. He was diagnosed with multiple mental illnesses including bi-polar, PTSD, and schizophrenia. DRNM was informed by the RTC's patient advocate that the patient had improved since his admission and was eager to be discharged. When DRNM met with the patient, he confirmed that he was being held unnecessarily. He believed the doctor's decision to extend his commitment was based on his desire to be discharged and brought to a homeless shelter. His primary concern was that he would be assigned a plenary guardian. When DRNM looked through the patient's medical records, it was apparent that the patient had met all of his treatment requirements, that there was no risk of harm to himself or others, and that he was capable of handling his activities of daily living with little to no prompting. DRNM attended the patient's treatment team meeting to advocate for his release. The doctors described their plans to discharge him once his application to a homeless assistance agency was approved.

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

Strategies Used: Collaboration, Systemic Litigation, Educating Policy Makers, Other Systemic Advocacy, Monitoring

Target Measures

Target Population:	Adults with significant mental illness who live in boarding homes.
Expected Target:	3
Expected Outcome:	3
Actual Outcome:	0
Achieved: 	Not Achieved: 

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

DRNM is unable to monitor boarding homes that are unlicensed because we do not know who they are. We are working on strategies to

identify where these unlicensed boarding homes are.

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

In FY24 DRNM met with Department of Health and the Division of Health Improvement about the State's efforts implementing licensure of boarding homes. DRNM advocated publicly and supported legislation on the issue, but unfortunately, the legislation failed. The Division of Health Improvement has now moved under New Mexico's Medicaid agency, the Health Care Authority Department. DRNM will work on them in FY25. While the State does not know the number of unlicensed boarding homes, it has only three licensed boarding homes.

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, Other Systemic Advocacy

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 and advocate for increased utilization of mental health professionals and crisis teams instead of law enforcement. 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:	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, 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 Report Numbers 18 and 19, submitted letters by the ACLU Executive Director and DRNM CEO to the Federal Court outlining improvements and continued concerns with compliance and sustainability of any reforms in preparation for settlement agreement hearings on December 3, 2023 and June 14, 2024 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. The letters highlighted the following: In response to IMR 18, the letter highlighted the case where Albuquerque police killed a man wielding nail clippers and having a mental health crisis. The Internal Affairs Force Division (IAFD) investigator who conducted the investigation found the shooting to be out of policy. His supervisor and the External Force Investigation Team (EFIT) agreed. But his finding was overruled in the chain of command and the Force Review Board (FRB) ultimately let the decision to overrule that finding stand. The Monitoring Team refers to this case as "among the more obvious mishandlings of organizational oversight by IAFD and the FRB that we have seen since the inception of the CASA" and as representative of "grave and substantial malfeasance." The horrifying and—in the view of the IAFD investigator, his supervisor, EFIT, and the Monitoring Team—unnecessary death of the person with mental illness is a tragedy that, on its own, raises questions about the true extent of reform at APD. The failure to provide meaningful and appropriate oversight and accountability in this case is deeply troubling, all the more so because the failures occurred, not on the part of the IAFD investigator, but at the command level and at the FRB. If these failures indicate an indifference to the spirit of the reform process among some of the leadership of APD, the sustainability and even significance of much of the progress toward compliance made in recent IMRs is brought into question. In DRNM's letter after the release of IMR 19, concerns were highlighted that there were numerous instances in which force was misclassified or inadequately investigated, or in which out-of-policy force led to inadequate discipline. These concerns hearken back directly to the concerns which originally led to the CASA. 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), T111.) DRNM's CEO attended monthly MHRAC meetings that discussed issues and progress regarding treatment by Albuquerque law enforcement of persons with mental illness.

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

Client is a 33 year-old man who was previously homeless. He is diagnosed with schizophrenia and, when not properly medicated, suffers from severe hallucinations. He checked himself into a facility in Espanola (rural New Mexico), and was eventually transferred to Presbyterian's Kaseman (Urban New Mexico). While there, he received Haldol against his will, and after he woke up, he was removed by Albuquerque Police Department (APD) and was dropped off at a gas station. DRNM helped him file a grievance against Kaseman with the New Mexico Department of Health and he wants us to open a dialogue with APD about their transportation policies. DRNM intends to use this case next year to see if we can change APD's procedures for individuals like him.

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, Investigations of Abuse and Neglect, Other Systemic Advocacy, Monitoring, Training/Outreach

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:	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 is a 17 yo male in the custody of New Mexico's Children, Youth, and Families Department (CYFD). DRNM received a call from a behavioral health hospital in rural New Mexico about client who was in their acute care unit for months because CYFD refused to pick him up. The provider informed DRNM that CYFD had pressured the facility into referring the youth to RTCs. The provider did not agree that RTC level of care was appropriate. DRNM made an entry of appearance in the youth's abuse and neglect case in the Children's Court, assisted the provider in making a letter of recommendation for Treatment Foster Care as the more appropriate placement, and continues to work with CYFD and the provider to secure appropriate, non-institutional placement.

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

DRNM presented to approximately 25 people on the services DRNM is able to offer to, and the basic rights of, children in foster care. The presentation was to members of the public, the vast majority of which were Court Appointed Special Advocates (CASAs). At least one case worker from CYFD was present, and it appeared that at least one member of Las Cruces Public Schools was there. The presentation discussed EPSDT Medicaid for children in state custody, the entitlement to Medically Necessary Medicaid services, how to contest Medicaid denials, and how different stakeholders have to work together to ensure children receive the care and services they need. The presentation also discussed general special education issues for children in foster care, including issues around Educational Decision Makers (EDMs), the ability of the child welfare agency (CYFD) to receive educational records from school districts even without parental consent when the agency has been charged with care and wellbeing of the child (i.e. child has been brought into state custody), disciplinary protections including the 10 day rule and Manifestation Determination Reviews (MDRs) for children with either a 504 plan or an IEP. DRNM also discussed the history of the P&A, access authority, and facility monitoring. DRNM invited this group of professionals to contact DRNM if they ever wanted to consult or discuss issues they are experiencing and invited participants to bring cases through intake if they would like DRNM's assistance addressing disability related issues on behalf of their clients.

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:

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 participates in the "AOT Implementation Team" in Albuquerque. The program itself, however, was essentially dormant in FY24. The City of Albuquerque had a SAMHSA grant, but the program itself fizzled out during FY23, when the City had no contracted provider to implement the program. Despite this, the City itself committed significant money to run the program again, and the plan is still to operate a functioning AOT program in FY25. DRNM continues to meet with the attorneys and administrators involved, as well as the heavy presence of law enforcement on the AOT Implementation Team, and we will of course look for opportunities to provide relevant information to AOT respondents when the program begins again. DRNM/PAIMI will attend at least two meetings per reporting period.

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

New Mexico ostensibly has two communities attempting to utilize some version of Assisted Outpatient Treatment. The program in Las Cruces uses the "AOT" moniker, but the implementation is much less intrusive of the respondents' civil rights than our state AOT statute would suggest; DRNM's monitoring of that program was mostly informal throughout FY24. Our AOT monitoring has focused primarily on the much larger community of Albuquerque and the intended AOT program there.

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, Educating Policy Makers, Other Systemic Advocacy, Monitoring, 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:	10
Achieved: 	Not Achieved: 

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

DRNM did not receive enough calls on this issue to reach this goal.

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

Client is an 80-year-old woman with dementia and major depressive disorder living in an assisted living facility in Sandoval County. Originally she reached out to DRNM stating that her legal Guardian, a son who lived out of state, was neglecting her care needs and not paying for

needed services. After reviewing records that suggested the son was financially exploiting the Client and failing to pay for the Client's medical care and residential bills, DRNM attorney Holly Mell worked with the client to get an emergency hearing in court to transfer the Guardianship. DRNM was successful at getting the Guardianship transferred and has continued to assist the Client in advocating with the new Guardianship agency to support Client's expressed desire to move out of state. DRNM referred the financial exploitation case to Adult Protective Services.

Client is a 64-year-old woman diagnosed with bipolar, PTSD, generalized anxiety, and major depressive disorder living independently in Bernalillo County. DRNM represented her in the District Court hearings, wherein the judge denied the guardianship petition, but appointed a limited conservatorship. DRNM is now representing her in appealing the Order to the New Mexico Court of Appeals. We believe that, if this appeal is successful, it could contribute to significant systemic reform of a very flawed guardianship and conservatorship system.

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



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, Educating Policy Makers, 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:	30
Expected Outcome:	30
Actual Outcome:	150
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:

Treatment Guardianships: DRNM delivered a virtual training on New Mexico law around treatment guardianships on December 14, 2023. The training was delivered to 53 people, most of whom are state employees under the Aging and Long Term Services Department including caseworkers, Adult Protective Services investigators, and others. The presentation discussed DRNM's role as the Protection and Advocacy agency for individuals with disabilities in New Mexico, our representation of clients through a self-determination lens, the legal context surrounding treatment guardianships, the function and limitations of treatment guardians, the consent rights of the protected person, appealing treatment decisions, and emergency use of medications.

Office of Guardianship Conference: At the Office of Guardianship's annual conference for its contract guardians, it asked DRNM to present on the PRACTICAL Tool – a method for considering alternatives to guardianship and limitations on any necessary guardianship. We presented to approximately 65 guardians. The discussion was quite spirited.

National Center on Law and Elder Rights (NCLER) Guardianship Defense Project: Three DRNM attorneys are working on a new project in collaboration with the NCLER, which approved and is supporting DRNM's project proposal for technical assistance and support on guardianship defense work. DRNM's proposal is to develop a Continuing Legal Education course for attorneys and a Continuing Judicial Education course for NM Judges on the changes to guardianship law and encourages better implementation of these changes in practice. The trainings will emphasize the shift in law and standards for guardianship in our state and nationwide which address the importance of autonomy and self-determination, as well as provide tools and information regarding the range of less restrictive alternatives and how they can be implemented. We have also met with the Office of Guardianship, who has agreed to partner with us for the project.

Disability Rights Awareness Day (DRAD): A DRNM attorney participated in an all-day training event at DRAD, generally promoting alternatives to guardianship. DRNM's presentation focused on the PRACTICAL Tool from the American Bar Association. The event was very well received, and had a standing-room only crowd with over 60 attendees and many more who were unable to get in the packed room.

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:	1
Achieved: 	Not Achieved: 

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

DRNM often did not receive calls for clients in time to participate in MDRs and Long Term suspension hearings. The student did not meet PAIMI definition of severe emotional disturbance.

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

Client is 16 yo male student with bi-polar disorder. Client was accused of sexual assault at school, which he denied. Client approached DRNM after MDR had already taken place. Due to scheduling conflicts, DRNM was unable to represent the client at his long term suspension/expulsion hearing. DRNM assisted mom in requesting a continuance for the suspension hearing. DRNM provided mom with DRNM's Special Education Discipline Guide and other materials to assist her in advocating for her son's special education needs. An attorney from DRNM spoke multiple times over the phone with mom to answer questions and provide advocacy assistance in preparing for the disciplinary hearing.

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, 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:	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 was a 17 yo male with PTSD in rural New Mexico. His parents were in a custody battle and he ran away from home. Client was provoked by students at school, resulting in a call to police where client was detained and taken to juvenile detention for 2 weeks. DRNM believed we were going to assist client at an MDR meeting, but the school instead scheduled an initial eligibility for special education meeting. The school psychologist, based on testing, recommended the category of eligibility of Emotional Disturbance. The meeting was tabled after discussion of further testing. An MDR did not take place. DRNM attempted to continue assisting the client, but client stopped responding to DRNM and we had to close the case.

Client was an elementary-aged child with PTSD in a rural school district located in a very remote pocket of the state. The client was on a "reduced schedule" (i.e., forced change of placement) of 1.5 hours of school per day for over a year because "he couldn't handle being at school." Student lives 40 miles round trip from school and the district would not provide transportation nor compensate mileage for parents. The school district failed to: to fully evaluate the student, develop an IEP with academic or functional goals, and essentially kept the student locked in a classroom with an EA. When the student "acted out," he was sent to the School Resource Office (who is also the town's sheriff). The

SRO restrained the student, threatened with handcuffs and detainment at the police station, and referred the student to a JPO. Additional law enforcement was called repeatedly. A DRNM Senior Advocate filed a state complaint. In response, the NMPED issued a comprehensive Corrective Action Plan that required: a battery of tests, including at least 10 different evaluations, transportation, schedule to incrementally increase client's school day until he's there a full day, positive behavior supports and interventions including a 1:1 EA trained in PTSD, integration into general ed and special ed settings, -an actual IEP with academic and functional goals, as well as speech, OT, and Social Work, school psychologist services, training for every staff member in the district on their Child Find obligations, and trauma-informed practices and IEP delivery. After five NMPED-facilitated IEP meetings, the CAP was completed. The district is meeting its current obligations as DRNM and the school district's attorney mutually withdraw from the case.

Objective: Advocate for students with Individualized Education Plans (IEPs) or Section 504 Plans that are inadequate or whose substantial lack of implementation by their local school districts prevents the student from benefiting from education.

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

Target Measures

Target Population:	Students with significant emotional disturbance that are being prevented from benefiting from education because of school system failures.
Expected Target:	5
Expected Outcome:	5
Actual Outcome:	9
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, a sixth grader in middle school with ADHD, schizophrenia, depression, anxiety, and borderline personality disorder was facing suspensions and being informally sent home from the school principal. Client's mother was not given legit causes for suspension and she felt his IEP was not being followed. Advocate attended an IEP meeting in which mother of client was able to amend the prior written notice based off the student's needs in class. A social worker also agreed to conduct an evaluation and that was done at the school promptly after the IEP meeting. The social work evaluation results showed that the student needed social work services and those were added to the following IEP which took place a few weeks after the mother had called. Client received necessary services in the school setting. Mother was given self-advocacy assistance regarding a suspensions and a potential Manifestation Determination Meeting.

Client is an 8 year old with PTSD from Nambe Pueblo. She recently had a successful IEP, but on the bus, she kicked a friend of hers in the mouth. Her mother was afraid she would get suspended too long or her day would be shortened. The advocate attended over Google Meet and the school agreed to work more on getting her FBA and BIP contracted by a BCBA. They now realize the suspensions from the bus add up to 6 days and they only have 4 more days to suspend. They are continuing to give her a full day of school.

Objective: Advocate for students who may be eligible for special education services or 504 Plans but have been denied evaluations or when a requested evaluation has been unreasonably delayed.

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

Target Measures

Target Population:	Students with significant emotional disturbance
Expected Target:	3
Expected Outcome:	3
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:

Client is a 7 yo male diagnosed with PTSD. He is a member of one of New Mexico's pueblos. He began disruptive behaviors at school following the death of his mother. Client came to DRNM to assist with behavioral supports in his IEP. DRNM advocate ensured school hired a Board Certified Behavior Analyst (BCBA) to develop an appropriate Behavior Intervention Plan (BIP) and to train school staff on the BIP.

Objective: 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.

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

Target Measures

Target Population:	Students with significant emotional disturbance
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 received intakes for two clients both at the same RTC. It had come to our attention that the RTC had not been providing educational services to the residents for most of the 2024 calendar year. Before DRNM could address these two cases, both of which were children in state custody, one was discharged (and DRNM lost contact) and the the facility decided to close its RTC program. Thus, DRNM was unable to secure educational services for the two minor clients.

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: Collaboration, Educating Policy Makers, Other Systemic Advocacy

Target Measures

Target Population:	Adults with significant mental illness who need rental housing.
Expected Target:	2
Expected Outcome:	2
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 26-year-old female living in Bernalillo County. She was unhoused until recently, when Albuquerque Healthcare for the Homeless (AHCH) assisted her and her partner in getting an apartment. The client lives with a traumatic brain injury (TBI) that affects her ability to navigate the city, and her ability to comprehend forms and documents. She also lives with borderline personality disorder (BPD) which she had not been treated for in over a year. The DRNM advocate also provided educational resources to the manager at AHCH to assist in working with individuals such as the client.

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

DRNM continues our outreach activities with individuals who are street homeless with disabilities. We meet with community groups and organizations working with this population including Albuquerque Healthcare for the Homeless, Heading Home, the Quaker Friends Meeting House, NM Coalition to End Homelessness, and the Rock at Noonday. DRNM attorneys have also been meeting regularly with community law partners (Ives and Flores firm, the 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. Recently, DRNM attended a meeting with community members and the Mayor's public affairs office regarding concerns for the unhoused. DRNM asked questions and expressed concerns regarding conditions at the Westside Emergency Housing Center (WEHC) and ongoing issues with the lack of accommodation in the City of Albuquerque's current policies around sweeps and displacement of unhoused people with disabilities. These meetings are expected to continue monthly. DRNM has also reached out to Albuquerque Healthcare for the Homeless to discuss initiating regular legal clinics at the resource center for unhoused individuals.

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: Collaboration, Rights-Based Individual Advocacy Services, 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:	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:

Client is a 42 YO male with Schizoaffective disorder, PTSD and anxiety/depressive disorder. He rents an apartment in Albuquerque. He contacted DRNM because his request to be moved to a different unit based on his disability was denied. DRNM advocate assisted client with understanding the denial and with getting on the wait list to be transferred if and when a unit became available. Management voiced concerns about client's persistent and ongoing issues with disruptive behavior resulting in management calling the police on multiple occasions. She also explained how management has accommodated client despite three repeated outbursts and aggressive behaviors. DRNM advocate offered client multiple resources to assist him with having a more positive and effective relationship with management. DRNM also spoke with client's community support worker, at client's request, to ensure that she understood the nature of his accommodation request and management's position. When client requested to terminate his lease so that he could relocate, DRNM advocate worked with management to ensure that he was not charged a penalty for early lease termination as an accommodation. Management agreed to assist client with navigating this process.

Priority/Goal Description: Provide self-advocacy assistance or 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: Collaboration, Rights-Based Individual Advocacy Services, 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: 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:

Client is a 44 yo male with diagnosed severe anxiety disorder. DRNM provided client with short-term assistance and self-advocacy assistance in pursuing client's employment discrimination complaint, which was filed in State court by a private attorney (Gilpin) who has since left the practice. Client was faced with a motion to dismiss (which claimed he had not filed with HRB, only EEOC), and we drafted a response which client argued successfully in court. The judge required him to file an amended complaint, which he wrote the first draft of and DRNM provided advice and input on before he filed it pro se. In Case Lookup, it reflects that he now has attorney representation, and seemingly that the court denied a second m to dismiss. Now it seems the City has finally answered Client's complaint. This was a very successful short-term/self-advocacy assistance employment case.

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 persue 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: Collaboration,Rights-Based Individual Advocacy Services,Educating Policy Makers,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-qualifying calls on this issue to achieve this goal in FY24.

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

Client is a 71yo woman with multiple disabilities including major depressive disorder. She was denied the right to transfer from her unresponsive or under-responsive MCO, with a care coordinator antagonistic to her. DRNM provider assistance in self-advocacy, and she was transferred to her desired MCO outside of the normal transfer window.

Priority/Goal Description: 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.

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: Educating Policy Makers,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: 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:

Public Comments on Amendments to the Managed Care Policy Manual: The HCA published proposed amendments to the Managed Care Policy Manual, the first comprehensive edits in four years. DRNM submitted our comments on June 17. HCA responded to each comment on July 1, the date of publication of the new final Manual, and this final version incorporates many – though certainly not all – of our suggestions for improvements.

Public Comments on Regulations for MOUD: HCA published a proposed 8.325.12 NMAC (New Mexico Administrative Code), which would guide the implementation of the MOUD delivery throughout prisons. DRNM provided public written comment, and also delivered some comments in person at the public hearing. HCA has promised to finalize the regulation soon.

DRNM provided comment on the Division of Vocational Rehabilitation's (DVR) Manual of Operating Procedures (MOP), which guides the implementation of VR services, for individuals with disabilities, including those with mental illness who require the support of DVR for gainful employment.

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: 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:

Participate in the Disability Coalition to support collaborative public policy across all multiple disabilities organizations. DRNM will focus on mental health issues as a coalition member. DRNM attends monthly Coalition meetings.

Objective: Educate legislators and other policy makers about issues that impact the rights of people with disabilities.

Strategies Used: Collaboration, Educating Policy Makers, Other Systemic Advocacy, 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: 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:

DRNM attends regular Disability Coalitions meetings to ensure that mental health issues are in the forefront. The goal of the the Disability Coalition to support collaborative public policy advocacy across multiple disability organizations. This year there has been a focus on public policy and mental health issues.

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

Senate Memorial 68 Working Group: DRNM participated in and contributed to regular workgroup meetings in response to Senate Memorial 68 (2023 legislative session) to prepare a report for the legislature with suggestions for minimizing the use of restraint and seclusion in schools. The working group comprised of representatives of the Public Education Department, school districts, families, and partner agencies. The workgroup presented recommendations to the Legislative Education Study Committee (LESC) this FY. The LESC was generally receptive to the group's work to date, and requested more detailed recommendations on several points.

Legislative Education Study Committee (LESC): DRNM participated in a collaboration with the Developmental Disabilities Council, the Native American Disability Law Center, and the New Mexico Center on Law and Poverty to plan and prioritize systemic special education efforts building on the information collected during the LESC's special education listening sessions conducted during the summer and fall of 2023.

New Mexico Allies: The offshoot of Allies called ALL completed the House Memorial 5 report. The recommendations to provide mandatory coursework for professionals who work with both people with mental illness and developmental disabilities have been sent to the governor. The ALL group is working on developing next steps. ALL will be determining how to create a local curriculum for DD/MI through Transdisciplinary Evaluation & Support Clinic (TEASC), the UNM mental health professionals working with Dr. Martin Gonzales. Additionally, we will ask professionals at the Developmental Disabilities Council to determine which national and international curricula will be most effective for training New Mexicans with a future program. To fund local development of a curriculum and/or use already developed curricula, we will be working with possible sponsors on a future bill for the 2025 Legislature.

Disability Rights Awareness Day (DRAD): A DRNM attorney participated in an all-day training event at DRAD, generally promoting alternatives to guardianship. DRNM's presentation focused on the PRACTICAL Tool from the American Bar Association. The event was very well received, and had a standing-room only crowd with over 60 attendees and many more who were unable to get in the packed room.

Senate Memorial 5 Taskforce

An attorney from DRNM was selected to represent the Kevin S. Plaintiffs' Implementation Team at a newly established taskforce created by Senate Memorial 5 from this year's legislative session. SM5 was proposed by Senator Linda Lopez, who also serves on the taskforce, and is supposed to generate recommendations for restructuring and priorities of New Mexico's child welfare department (CYFD). DRNM participated in the monthly taskforce meetings for much of the calendar year. Final recommendations were to be made by November 2024, but have been delayed until December.

**Priority/Goal
Description:**

Reduce or eliminate barriers or discriminatory practices faced by people with significant mental illness.

Objective:

Advocate on behalf of individuals or groups where there is discrimination in a public accommodation under the NM Human Rights Act and an opportunity for systemic benefit to a significant number of persons with disabilities.

Strategies Used:

Rights-Based Individual Advocacy Services, Investigations of Abuse and Neglect, Other Systemic Advocacy

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:	1
Achieved: 	Not Achieved: 

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

While DRNM tries to conduct advocacy on behalf of groups where there is discrimination in a public accommodation under the NM Human Rights Act, we did not receive enough PAIMI-eligible calls for individuals to meet this goal in FY24.

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

Client is a fifty-year-old African American women with an autoimmune disorder and physical mobility impairments. She has co-occurring mental health diagnoses of Bi-Polar II and schizophrenia. Her issue involved an attempt to get a mental health evaluation and mental health crisis services. Client reported that she had a mental health related emergency where Abq. 311 responded. She agreed voluntarily to go to UNMH for a mental health assessment. While at UNMH, police officers wanted her to remove her arm brace and when she refused they physically restrained her and forcibly medicated her. She sustained injuries to her face, nose and shoulder as well as a chipped tooth. Client feels that police used excessive force and discriminated against her because she is black and disabled. DRNM worked with the client to provide self-advocacy assistance and advised her of her legal claims and how to pursue those claims. DRNM assisted to write a torts claim notice and request records to preserve her personal injury case and has assisted the client with contacting outside civil rights attorneys.

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

DRNM attended a Human Rights Board public meeting regarding anti-homeless sentiment and spoke with the HRB about potentially bringing complaints regarding the lack of reasonable accommodations in shelter settings. DRNM has also joined a workgroup created by the NM Housing Alliance regarding the Governor's special session which introduces bills to criminalize and expand forced treatment for individuals with mental illness. In addition, DRNM is continuing to meet monthly with the Coalition for a Safer Abq. and the City's public relations group regarding concerns of unhoused people with disabilities.

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: Collaboration, Rights-Based Individual Advocacy Services, Educating Policy Makers, 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:	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:

Client is a 45-year-old female with PTSD and anxiety disorder living in a mobile home park in urban New Mexico. She contacted DRNM because she was being denied the right to two emotional support animals. DRNM advocate spoke with the property manager to discuss client's rights and sent the manager a copy of the HUD and FHA Joint Decision which outlines the rights of individuals with disabilities to have emotional support and service animals in their home. Client was allowed to keep her emotional support animals, and other residents at this mobile home park will also have that opportunity.

Service and Support Animals: DRNM staff presented an overview of DRNM and a presentation of "Service Animals and ADA," which also covers the "Fair Housing Act and Emotional Support Animals" to 34 participants.

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

Footnotes:

Advisory Council Report

Advisory Council Report (Required)

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

FISCAL YEAR

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).

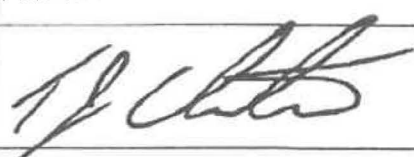
The ACR Section of the ANNUAL PAIMI PPR

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The ACR Section of the Annual PAIMI PPR

SECTION A. GENERAL INFORMATION

Fiscal Year:	2023-24
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]	T.J. Chester PAC Chair
Title of the Preparer: Phone Number:	
Name of PAC Chair: [Print First, Middle and Last Name] Provide updated contact information if the PAC Chair is different than the person listed on the most recent PAIMI Application.	T.J. Chester
Telephone Number:	505-256-3100
E- Mail Address:	infor@drnm.org
Date Submitted:	11/22/24
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 <i>ONLY ONE</i> (1) primary identity for each PAC member position [B.1.b. - B.1.h.] that is mandated per the PAIMI Act & Rules).		Primary Identification
B.1.a. The TOTAL number of seats on the PAC.		Total
B.1.b. Individuals who are recipients/former recipients (R/FR) of mental health services.		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.		0
B.1.e. Mental health service providers.		0
B.1.f. Mental health professionals:		2

B.1.f.1. Social Workers					
B.1.f.2. Psychologists					
B.1.f.3. Psychiatric Nurses					
B.1.f.4. Psychiatrists					
B.1.f.5. Psychiatric Nurse Practitioners					
B.1.f.5. Peer Support Specialists					
B.1.g. Attorneys.	2				
B.1.h. Individuals from the public knowledgeable about mental illness.					
B.1.i. Others (please identify by position held).					
B.1.j. Vacancies as of 9/30. [identify each vacant position & the date it was vacated].					
B.1.k. TOTAL number of PAC members serving on 9/30.	Total 10				
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).	6				
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.]	60%				
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?	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td>X</td> <td></td> </tr> </table>	Yes	No	X	
Yes	No				
X					
B. 3. PAC TERMS of Appointment					
B.3.a. Term of Appointment (number of years)	3				
B.3.b. Maximum Number of Terms a Member May Serve	1				
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	2				
C. A. 2. Not of Hispanic Origin	8				
C. A. 3. Ethnicity Unknown					
(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 10				
C. B. RACE					
C. B. 1. American Indian or Alaska Native	1				
C. B. 2. Asian					

C. B. 3. Black or African American	
C. B. 4. Native Hawaiian/Other Pacific Islander	
C. B. 5. White	6
C. B. 6. Two or more races	1
C. B. 7. Some other race	
C. B. 8. Race unknown	2
C.B. 9. = C.B.1 through C.B.8.	Total 10
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

SECTION D. Gender of PAC Members	
D.1 FEMALE 6	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 X
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 X	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 X	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? Yes, how many seats? <u>3</u>	If Yes X	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 X	No
F.1.a. Did any of the invited program staff attend?	Yes X	No
F.2.a. If the answer to F.1. is Yes, please identify the positions of staff (e.g., PAIMI Coordinator, Mental health advocate, etc.) usually invited to attend. DRNM CEO, PAIMI Coordinator, Monitoring/Mental Health Attorney, Litigation Director, Administrative Assistant		
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-Budget/Financial reports, Legislative updates and Grievance reports. PAIMI Coordinator/Director of Program Services- Coordinates PAC meetings coordinates membership recruitment and voting and works with PAC members on program/systemic issues and mental health initiatives. Works with PAC members on goals, priorities and objectives on the mental health Plans for annual and the three year comprehensive plans. Legal Director- Provides litigation/legal issues reports, legislative work and self-determination initiatives. Legal Assistant – Coordinates meetings, take minutes etc. Mental Health Monitoring Attorney/Coordinator-Staff reports on mental health team projects reports, facility visits, training initiatives and monitoring results.		
F.2.c. If the answer to F.1. is No, you <i>MAY</i> provide a brief explanation.		
F. 3. a. Were governing board members, excluding the PAC Chair, invited to PAC meetings?	Yes X	No

F.3.b. If you answered Yes to F.3.a., which governing board members were invited, for what purpose (e.g., informational, etc.) and did they attend? The PAC has a representative serving on the DRNM Board of Directors. That designated representative participates as a full Board member. The PAC representative to the DRNM Board of Directors provides a report on PAC activities to the DRNM Board of Directors. The Board President has been invited and has attended.		
F.3.c. Did any of the invited governing board members attend?	Yes X	No
F.4. Did the PAC work jointly with the governing board to develop the annual PAIMI priorities? [42 CFR 51.23(a) (2)].	Yes X	No*
F.4.a. If Yes, briefly describe these joint activities. The PAC representative and PAC members who are on the BOD provide a report on PAC activities at each BOD meeting. The PAC representative also reports DRNM Board activities to the PAC. 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, the PAC and the staff have a one-day meeting to provide input for the development of new priorities. Both the BOD and the PAC have attended public forums to listen to community input on 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 X	No
If Yes, list each activity by number and provide a brief description of PAC involvement, e.g., Activity 1 – Attendance at local NAMI training. PAC members attended Disability Rights Awareness Day which included the pre-legislative forum. There were 4 participants from the PAC that attended.		
F.5.b. Out-of-State Trainings/Educational Activities.	Yes	No X
If yes, list each activity by number and provide a brief description of PAC involvement, e.g., Activity 1 – Attendance at NDRN annual conference.		
F.6. Does the P&A system have established written policies and procedures for reimbursing PAC members for expenses that takes into account the needs of the individual council members, available resources and applicable restrictions on use of grant funds, including the restrictions cited in and the restrictions in 51.31(e) and 51.6(e)? [See, 42 CFR 51.23 (d) (1)].		
F.6.a.1. Yes X	F.6.a.2. No*	F.6.a.3. Don't Know.*

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

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

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

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

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
DRAD	4			
Pre-legislative Forum	4			

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

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

F.9.a. Existing program policies, priorities, and performance outcomes.

Yes

No*

X

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*

X

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

Yes

No*

X

F.9.d.1. If No*, a brief explanation is required].

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

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

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

F.9.e. 1. Yes X

F.9.e. 2. No*

F.9.e.3. Don't Know*

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

F.9.f. Was the PAC provided a copy of these procedures?

F.9.f.1. Yes X

F.9.f.2. No*

F.9.f.3. Don't Know*

F.9.f.4. *Brief explanation required for F.9.f.2. No or F.9.f.3. Don't know responses.

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

F.9.g. The PAIMI Rules, at 42 CFR 51. 24(b), mandate that the public shall be given an opportunity, on an annual basis, to comment on the priorities established by and the activities of the P&A system. *WAS THE PUBLIC PROVIDED AN OPPORTUNITY FOR PUBLIC COMMENT?*

F.9.g. 1. Yes# X

F.9.g. 2. No*

F.9.g.3. Don't Know*

F.9.g 4. #If the answer to F.9.g.1. is Yes, briefly describe activities the P&A system used to obtain public comment.

F.9.g. 5. *If the answer to F.9.g.2. is NO, explain why public comment was not obtained.

F.9.g. 6. *If the answer to F.9.g.3. is DON'T KNOW, please explain (e.g., PAC needs training, etc.)

F.10. COMPLETION OF THIS SECTION (F.10 a. –e.) IS OPTIONAL. However, if you choose to respond, please describe in the spaces below any other PAC activities, *other than* mandated PAC membership meetings.

F.10.a. Briefly describe, governing board or PAC committee work.

1. NDRN BOD
2. NAIMI
3. Mental Health Collaborative
4. Disability Coalition

F.10.b. Briefly describe any training or educational presentations to either constituency groups or the general public.

None to report at this time.

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

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

The PAC continues to have rust conversations dealing with homelessness and 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 too at how DRNM and the PAC ca work together on making sure that persons with mental illness do not end up in the criminal justice syste because they are homeless.

The second area we are interested in is seclusion and restraint in schools. Children with severe behavioral health issues are being secluded and not provided with a behavioral intervention plan. This often leads to suspension or expulsion.

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 would like to continue the following activities:

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. The PAC reviewed all of 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 briefed or reminded of 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 continues to keep 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.

The PAC continues to recommend that PAIMI staff should include more training for consumers on advocacy; how consumers can recognize abuse/neglect/exploitation and what they can do to report it (training is for professionals not consumers). The PAC also had many discussions on Assisted Outpatient Treatment (AOT).

The PAC had several new members join the membership this year. The DRNM/PAIMI staff put together an PAC orientation with input from the Chair and Vice chair. We recommend that this be visited on an annual basis.

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 X	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.
Gary Housepian 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 X	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 X	No*
H.10.a. *If you answered No, to H.10, briefly explain.	Yes	No*

GLOSSARY

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

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

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

Intervention Strategies:

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

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

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

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

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

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.