

New Mexico

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

FY 2025 PROTECTION AND ADVOCACY FOR INDIVIDUALS WITH MENTAL ILLNESS

Short Title: 2025 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	Gary Housepian
Title	CEO
Phone Number & Extension	505-256-3100
Email Address	ghousepian@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	10/1/2023 12:00:00 AM
Current Term Expires	9/30/2024 12:00:00 AM

7. PAIMI Advisory Council President/Chair Name

Name	Terry 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	6/30/2026 12:00:00 AM

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

Name	Kristin Coriz
Title	Director of Administration and Finance
Phone Number/Extension	505-256-3100
Email Address	kcoriz@drnm.org

9. Governor's Liaison

Name	Nick Boukas, M.D.
Official Title	Director, Behavioral Health Services Division, HCA
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	4	2
	Non-Hispanic/Latino	7	20
	Ethnicity Unknown	0	0
Race			
	American Indian/Alaska Native	2	3
	Asian	0	0
	Black/African American	0	0
	Native Hawaiian/Pacific Islander	0	0
	White	9	19
	Two or more races	0	0
	Some other race	0	0
	Race Unknown	0	0
Sex			
	Female	9	18
	Male	2	4

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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	7	15
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	15
Total members serving as of 9/30/2025	11
Total vacancies on 9/30/2025	4
Term of appointment (number of years)	3
Term maximum	3
Meeting Frequency	4
Number of meetings held this fiscal year (2025)	4
Percentage of members present at meetings during the 2025	63.63 %

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 09/26/2025 (mm/dd/yyyy)
Date of previous performance evaluation 08/20/2024 (mm/dd/yyyy)
Agency has written policy and procedures to guide the ED's evaluation process? Yes ☒ No ☐

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

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Footnotes:

A. PAIMI Program Information

Number of Mental Health Professionals On the Advisory Council

Professional Category	Number On Advisory Council
Social Worker	1
Psychologist	0
Psychiatric Nurse	1
Psychiatrist	0
Psychiatric Nurse Practitioner	0
Peer Support Specialist	2
Other (Identify the Professional in the Footnotes)	0
Total	4

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Footnotes:

Other: Two attorneys are on Advisory Council

A. PAIMI Program Information

PAIMI Advisory Council (PAC)/Assigned Staff

PAIMI Advisory Council (PAC)	
Sits on the governing board?*	☒ Yes ☐ No
Appointment Date	10/01/2024
Other PAC member(s) sit on the governing board?	☒ Yes ☐ No
If yes, number serving	1

* 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	2	2	0	0	2
Non-Hispanic/Latino	9	9	0	4	5	9	9	0	1	8
Race										
American Indian/Alaska Native	0	0	0	0	0	1	1	0	0	1
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	9	9	0	4	5	10	10	0	1	9
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	0
6-10	3
11-22	23
23-64	103
65+	21
Prefer not to say	0
Total	150

Sex of PAIMI-eligible Individuals Served

Sex	Number
Female	84
Male	66
Total	150

Ethnicity and Race of Individuals Served

Ethnicity	Number	PAIMI %	State %
Hispanic/Latino (of any race)	64	42.67	49.00
Non-Hispanic/Latino	86	57.33	36.10
Ethnicity Unknown	0	0.00	0.00
Total	150		
Race	Number	PAIMI %	State %
American Indian/Alaska Native	4	2.67	11.40

Asian	2	1.33	2.10
Black/African American	11	7.33	2.90
Native Hawaiian/Other Pacific Islander	0	0.00	0.20
White	116	77.33	36.10
Two or more races	13	8.67	2.90
Some other race	0	0.00	0.00
Race unknown	4	2.67	0.00
Total	150		

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Footnotes:

B. Demographics - Interventions on Behalf of PAIMI Individuals

PAIMI-Eligible Individuals served with PAIMI Program Funds

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

		Enter Number
1. Number of PAIMI-eligible individuals continued to be served with PAIMI program funds, including any program income resulting from legal actions supported by PAIMI program funds as of October 1, from the previous FY into the reporting year.		48
2. Number of new PAIMI-eligible individuals served during the reporting year.		102
3. Total number of PAIMI-eligible individuals served during this FY (Add lines 1 and 2).		150
4. Individuals with more than one (1) intervention opened/closed during the reporting year.		14
5. Individuals with a co-occurring mental illness and Intellectual and Developmental Disability (IDD).		24
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).		112

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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	23
Non-Medical Community-Based Residential Facility for Children/Youth	0
Foster Care	3
Nursing homes, including skilled nursing facilities	5
Intermediate care facilities	0
Public and Private general hospitals including Emergency Rooms	0
Public Institutional living arrangement	16
Private Institutional living arrangement	22
Psychiatric Hospitals (Public or Private)	
a. Public/State	1
b. Private	2
Jails	1
State Prison	1
Federal Detention Center	4
Federal Prison	0
Veterans' administration hospital/Clinic	0
Other Federal Facility	0
Homeless	6
Independent (in the community & PAIMI-eligible)	46
Parental or Other Family Home & PAIMI-eligible	20
Unknown	0
Total	150

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	1	0	0	0	0	0	0	1
b. Inappropriate or excessive restraint and seclusion	0	0	0	0	1	0	0	1	1	0	0	3
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	0	0	0	0	0	0	0	0	0	0	0	0
h. Sexual assault	0	0	0	0	0	0	0	0	0	0	0	0
i. Threats of retaliation or verbal abuse by facility staff	0	0	0	0	0	0	0	1	0	0	0	1
j. Coercion	0	0	0	0	0	0	0	0	0	0	0	0
k. Financial exploitation	0	0	0	0	0	0	0	0	0	0	0	0
l. Suspicious death	0	0	0	0	0	0	0	0	0	0	0	0
m. Other <i>Specify types of complaints. Please describe below. [This number should be less than 1% of the total number of total complaints.]</i>	0	0	0	0	0	0	0	0	0	0	0	0

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

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	2
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	2
I. Lost Contact	1
J. Outcome Unknown	0
K. Lack of Resources	0
Total number of Abuse complaints/problem addressed from closed cases	5

At least 1 case required.

Case of Alleged Abuse

Client DV is a 43-year-old female with schizophrenia and was receiving treatment at a private mental health hospital. She alleged abuse by staff who allegedly shoved client to the ground before being restrained and forcefully administered what was deemed emergency medication. DRNM assisted client in pursuing grievances with her insurance company and the Joint Commission. P&A successes included growing documentation of individual complaints and concerns with the private mental health hospital and the client became more aware of her treatment rights and self-advocacy skills for the future.

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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	2	0	0	0	1	0	0	3
b. Failure to provide necessary or appropriate mental health treatment, including access to prescribed medication	0	0	0	0	3	1	0	0	1	0	0	5
c. Failure to provide necessary or appropriate personal care and safety	0	0	0	0	1	0	0	0	0	0	0	1
d. Failure to provide appropriate discharge planning or release from a residential care or treatment facility	0	0	0	0	2	0	0	0	0	0	0	2
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	1	0	0	0	0	0	0	1
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											9
F. Other Representation found											1
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

Client KC is a 40-year-old female residing and receiving treatment for serious mental illness at New Mexico's sole state-run mental health institution, New Mexico Behavioral Health Institute. She has been a patient there several times. When DRNM assisted her, she had been at NMBHI for about 3 years. She was in long need of vision testing and updating her glasses, which DRNM was able to assist in her advocating for. An appointment was scheduled and she received the care she needed.

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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
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
c. Failure to allow ongoing participation, in a manner appropriate to such person's capabilities, in the planning of mental health services to be provided such person (including the right to participate in the development and periodic revision of the plan)	0	0	0	0	0	0	0	0	0	0	0	0
d. The right to refuse treatment	0	0	0	0	3	0	0	3	0	0	0	6
e. The right to refuse to take prescribed medications	0	0	0	0	1	0	0	1	0	0	0	2
f. The denial of financial benefits/entitlements (e.g., SSI, SSDI, Insurance)	0	0	0	0	0	0	0	0	0	0	0	0
g. Guardianship/Conservator problems	0	0	0	0	4	0	0	0	0	0	0	4
h. The denial of rights protection information or legal assistance, including adequate and appropriate representation during commitment hearings	0	0	0	0	4	0	0	0	0	0	0	4
i. The denial of privacy rights (e.g., congregation, telephone calls, receiving mail)	0	0	0	0	0	0	0	0	0	0	0	0
j. The denial of recreational opportunities (e.g., grounds access, television, and smoking)	0	0	0	0	0	0	0	0	0	0	0	0
k. The denial of visitors	0	0	0	0	0	0	0	0	0	0	0	0
l. The denial of access to or correction of records	0	0	0	0	1	0	0	0	0	0	0	1
m. Breach of confidentiality of records (e.g., failure to obtain consent before disclosure)	0	0	0	0	0	0	0	0	0	0	0	0
n. Failure to obtain informed consent	0	0	0	0	0	0	0	0	0	0	0	0
o. Advance directives issues	0	0	0	0	0	0	0	0	1	0	0	1
p. The denial of parental/family rights	0	0	0	0	0	0	0	0	0	0	0	0
q. Housing Discrimination	0	0	0	0	0	1	0	0	0	0	0	1
r. The denial of access to administrative or judicial process	0	0	0	0	0	0	0	0	0	0	0	0
s. Failure to provide educational services in the least restricted environment for PAIMI-eligible individuals	0	0	0	0	2	0	0	0	0	0	0	2
t. The denial of access to community-based rehabilitation services and/or treatment	0	0	0	0	2	0	0	0	0	0	1	3

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	1	0	0	0	0	0	0	0	1	
x. Failure to comply with commitment regulations	0	0	0	0	1	0	0	0	0	0	0	0	1	
y. Failure to comply with commitment time frames	0	0	0	0	0	0	0	1	1	0	0	0	2	
z. Other [Please make every effort to report within the above categories].	0	0	0	0	1	0	0	0	0	0	0	0	1	
Rights Violations Disposition														
For closed cases listed in this Table, provide the number of rights complaints or problem areas for each disposition category.														
A. Number of complaints/problems determined after investigation not to have merit														0
B. Number of complaints/problems withdrawn or terminated by client														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														20
F. Other Representation found														1
G. Services not needed due to client death or relocation														0
H. P&A withdrew due to conflict of interest or other reasons														5
I. Lost Contact														2
J. Outcome Unknown														0
K. Lack of Resources														1
Total number of Rights Violation complaints/problems addressed from closed cases													29	

Cases of Alleged Rights Violations

Client AM is a 24-year-old male with suicidal ideation. He was admitted involuntarily to a local emergency room for threatening to kill himself. After stabilization, he was then transferred and admitted to a local, privately run psychiatric hospital, Central Desert. Upon his admission to Central Desert, he requested discharge every day, but he was not allowed to leave. Per New Mexico law, he was entitled to discharge against medical advice unless the hospital formally placed him on a 5 day hold and referred his case to the District Attorney to pursue involuntary commitment for 30 days. After a review of his records, it was clear that the facility failed to put him on a 5 day hold following any of his multiple requests for discharge. The facility never referred his case to the district attorney to pursue the 30 day commitment either. This is a systemic issue identified at this particular private psychiatric hospital.

Footnotes:

z. Other: Denial of religious accommodations

C. Complaints/Problems of PAIMI Individuals

Reasons for Closing Individual Advocacy Case Files

	Number
1. Client's objective was partially or fully met.	7
2. Case or investigation lacked merit.	13
3. Case withdrawn or terminated by the client.	1
4. Issue favorably resolved.	6
5. Issue not favorably resolved.	0
6. Other success or outcomes due to P&A involvement (i.e., provided self-advocacy assistance)	10
7. Other representation found.	2
8. Services not needed due to client's death or relocation.	0
9. P&A withdrew due to conflict of interest or other reasons (i.e., client would not cooperate).	.1
10. Appeal(s) unsuccessful.	0
11. Other appropriate entity investigating.	0
12. Lost Contact.	6
13. Lack of Resources.	0
Total	46

At least 1 case required.

Case of Closing an Individual Advocacy Case File

Client CF is a 58 year old female with bi-polar and schizophrenia. She alleged that staff at New Mexico's sole state run psychiatric hospital, New Mexico Behavioral Health Institute, had threatened to "bash in [her] head and cut out [her] tongue." DRNM used P&A access authority to investigate the allegation of verbal abuse and reviewed internal incident reports and interviewed staff and residents. The allegation was not substantiated and the case was closed due to lacking merit.

Case of Closing an Individual Advocacy Case File

Client JT is a 61 year old female with Bi-Polar disorder. She contacted DRNM following a rights training at a private behavioral health hospital where she was receiving treatment. She had repeatedly expressed to staff a need to file a police report for a home robbery that took place prior to her admission to the hospital. Reportedly, staff lied to patient and told her they called police but had not heard back. DRNM advocate was able to connect client with a patient advocate at the hospital to schedule a meeting. The patient advocate was able to provide an update to the client about her pending police report. Client's objective was partially or fully met, and she would not have been able to achieve this result without the advocacy assistance of DRNM and contacting the patient advocate on behalf of the client.

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.

Abuse	Outcomes											Total
	A	B	C	D	E	F	G	H	I	J	K	
1. Self Advocacy Assistance	0	0	0	0	0	0	0	2	0	0	0	2
2. Limited Advocacy	0	0	0	0	2	0	0	0	1	0	0	3
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	0	0	2	0	0	2	1	0	0	5
Neglect												Total
	A	B	C	D	E	F	G	H	I	J	K	
1. Self Advocacy Assistance	0	0	0	0	1	0	0	1	0	0	0	2
2. Limited Advocacy	0	0	0	0	6	0	0	0	2	0	0	8
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	2	0	0	0	0	0	0	2
7. Negotiation	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	9	0	0	1	2	0	0	12
Rights Violations												Total
	A	B	C	D	E	F	G	H	I	J	K	
1. Self Advocacy Assistance	0	0	0	0	9	1	0	1	1	0	1	13
2. Limited Advocacy	0	0	0	0	9	0	0	4	0	0	0	13
3. Administrative Remedies	0	0	0	0	0	0	0	0	1	0	0	1

4. Litigation	0	0	0	0	1	0	0	0	0	0	0	1
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	1	0	0	0	0	0	0	1
Total	0	0	0	0	20	1	0	5	2	0	1	29

At least 1 case required.

Case of Intervention

Client AE is a 39 year old female who was receiving treatment at a private psychiatric hospital for major depressive disorder and suicidal ideation. She contacted DRNM following a routine rights presentation and monitoring visit to the facility. Her concerns included negligent staff resulting in her not receiving seizure medication as well as her request to discharge AMA. The facility placed a 5 day hold on client, which they are allowed to do only upon referring the case to the local district attorney so that they may petition the court for a 30 day commitment. This facility has a history of putting patients on these 5 day holds, then discharges the patient on day 5 without ever providing a referral to the district attorney. DRNM has advised the facility this violates the client's right to refuse treatment. Unfortunately, AE was put on a 5 day hold, told it was a 7 day hold, and was discharged 5 days later. Upon a review of records, the required referral to the district attorney was never made.

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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.). News outlets and child welfare guardian ad litem	1
Total Number of deaths investigated	1

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.).	1
e. Death investigations with a finding of determination.	0
f. Provision in policy added or prevented as a result of a death investigation.	0
Total Number of deaths investigated [Sum of 9b 1-6]	1

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

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

A brief summary of the circumstances about the death.

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

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

Client JG was a 14 year old boy who took his own life by hanging himself in the bathroom at the all-boys "multi-service home" run by AMIKids as a contractor for New Mexico's child welfare agency, CYFD. CYFD, in attempts to move youth who would otherwise be sleeping in administrative offices pursued lucrative contracts with private contractor, AMIKids, to house boys ages 12-17. Reportedly, clients' caseworker was charged with securing appropriate mental health services for him but did not. It was reported to the P&A that client had himself been requesting mental health services for two weeks prior to his suicide. The morning of 4/12, it was reported there were no male staff at the all-boys home, so staff instructed another youth to check on client. That youth found JG hanging in the bathroom. DRNM struggled to obtain appropriate records from CYFD regarding this case. During the months in which DRNM corresponded with CYFD's revolving door or general counsel, many records were provided at various times. Also during that time, client's death underwent a formal Fatality Review by outside child welfare experts (the Co Neutrals in the Kevin S. settlement). That fatality review concluded that various factors of neglect contributed to JG's death by suicide, including a lack of appropriate mental health resources. The public availability of that fatality review is still being determined by an arbitrator in the Kevin S. settlement. DRNM has not formally concluded this investigation as the findings of the Co Neutrals will hopefully be incorporated into our final report next reporting period.

Footnotes:

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, 2023 to 2024. (Carried over from prior FY (s))	12
2. New group cases/projects opened during the year.	5
3. Total group cases/projects worked on during the year (Add lines 1 & 2)	17
4. Total group cases/projects as of September 30, 2024 to 2025. (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	7
d. Veterans	2
e. Urban	16
f. Rural/Frontier	13
g. Older Adults/geriatric	4
6. Total # of individuals potentially impacted by line 3	100,060

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)	0	0	0	0
Abuse and Neglect Investigations (non-death related)	0	0	0	0
Facility Monitoring Services	2,131	0	0	10
Community Based Monitoring Services	0	0	0	0
Court Ordered Monitoring	0	0	0	0
Systemic Litigation	4,300	0	0	2

Educating Policy Makers	0	0	0	0
Other Systemic Advocacy	93,629	0	0	5
Total	100,060	0	0	17

In the second form, the Potential # of Individuals-Impacted should match the number for Question 3. Total group cases/projects worked on during the year (Add lines 1 & 2). The total number of cases Concluded Successfully, Concluded Unsuccessfully, and On-going should match the number for Question 6. Total # of individuals potentially impacted by line 3.

Case of Intervention on Behalf of a Group

DRNM v. New Mexico Corrections Department (NMCD): DRNM, along with co-counsel Kate Loewe of the Ryan J. Villa Law Firm and the American Civil Liberties Union (ACLU), brought this lawsuit in 2022. Last year we won the court order approving our settlement requiring NMCD to provide medication for opioid use disorder (MOUD, also known as medication-assisted treatment or "MAT") in the state prison system. In January NMCD began the treatment program per the commitment in the settlement agreement. NMCD provided the first court-ordered quarterly report in April. We continue to work with Defendants to ensure effective implementation of the program respectful of patients' civil rights.

Case of Intervention on Behalf of a Group

Criminal Competency Reform: Over the year, DRNM actively engaged with the overhaul of New Mexico's criminal competency process following the passage of HB 8. Initially, DRNM participated in the Supreme Court's Mental Health and Competency Commission, co-chairing the Behavioral Systems Team, and worked on establishing a Forensic Mental Health office to expedite evaluations and ensure access to mental health services for in-custody individuals. With HB 8's implementation, DRNM shifted focus to litigation preparedness and advocacy, collaborating with forensic evaluators, ACLU attorneys, the NM Prison and Jail Project, and Public Defenders to address anticipated backlogs caused by evaluator attrition and the lack of community-based restoration options. DRNM is also monitoring the Assisted Outpatient Treatment (AOT) diversion process, collecting data in Bernalillo County, and participating in monthly meetings with the courts, Public Defenders, and District Attorneys to promote accountability while protecting the civil rights of individuals affected by the competency system.

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Footnotes:

C. Complaints/Problems of PAIMI Individuals

Performance Measures of P&A Activities

Outcomes	Number from Closed Cases Only
a) PAIMI-eligible individuals who access community-based mental health or health care services that resulted in community integration and independence or are better able to advocate to do so;	4
b) PAIMI-eligible individuals who access benefits or services or are better able to advocate to do so;	5
c) PAIMI-eligible individuals who live in a healthier, safer, improved, or more integrated settings or are better able to advocate to do so;	4
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;	0
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;	2
g) PAIMI-eligible individuals who go to school in safe and more humane conditions;	2
h) PAIMI-eligible children (individuals) who receive appropriate services in the most integrated settings;	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;	5
j) PAIMI-eligible individuals who were not subject to abuse, neglect, or rights violations or are better able to advocate for to do so;	12
k) PAIMI-eligible individuals who can make their own decisions to the maximum extent feasible or are better able to advocate to do so;	20
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	8
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.	157
2. State Mental Health planning activities	
Plaintiffs in the Kevin S. settlement agreement pursued arbitration on four key areas of the settlement that the State remains in breach of. Arbitration was conducted over eight full days in November 2024 on the State's failure to meet the performance standards to: (1) recruit and retain foster families, (2) recruit and retain CYFD staff to meet 200% of the caseload standards, (3) ensure 100% of children in state custody receive an EPSDT well-child check-up, and (4) provide real-time data. DRNM provided witness testimony as to the State's lack of performance of its obligations and, in particular, why well-child check-ups are important in identifying physical, behavioral, and developmental issues to make appropriate referrals to specialists or follow up assessment. DRNM also assisted the litigation team with legal research and identifying evidence in the thousands of pages in the record. The availability of Treatment Foster Care became an important component in arbitration. Two remedial orders (Remedial Order #1 and Remedial Order #2) have been ordered over the reporting period. Each requires the State to make progress on certain issues. Of particular note was the order directing the State to license an additional 244 new treatment foster care placements. The aim of Treatment Foster Care is to allow youth to avoid higher levels of care such as residential treatment or otherwise step down from higher levels of care. It is a behavioral health service for which New Mexico's child welfare system has a desperate need.	
3. Education, Public Awareness Activities, and Events	
1. Number of public awareness activities or events.	6
2. Number of education/training activities undertaken.	114
3. Number (approximate) of persons trained in 2.	1,325
4. Technical Assistance	
Provide the number of PAIMI Program TA services.	8

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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 b. The Executive Director		0 0
Total 4.a & 4.b		0
5. The number of reports sent to the Governing Board and the Advisory Board. Total		3
6. Please IDENTIFY ALL INDIVIDUALS, by name & title, responsible for grievance reviews (maximum 5): Name: Gary D. 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 derided 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
N/A because no grievances filed.		
9. Was client confidentiality protected? <i>If no, explain below</i>		☒ Yes ☐ No

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Footnotes:

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.

COMPLAINTS OF NON-COMPLIANCE BY DRNM

Persons directly affected by the operation of DRNM can file a complaint if they believe that the agency is failing to comply with the federal law or regulation that establishes one of the DRNM programs.

A complaint of non-compliance may be filed by a person with a disability, by family members of such persons, and by representatives of such persons or their families. The person with a disability does not have to be a client of DRNM.

This procedure applies to complaints that DRNM is not in compliance with the applicable requirements of federal law or regulation that establish a federally funded advocacy program. For instance, some DRNM programs are required by law to have an advisory committee, to establish annual priorities, to follow eligibility guidelines, to be independent of service providing agencies, and so on. The persons described above may file a complaint if they think that DRNM is not following such federal requirements. A separate Grievance Procedure is available for clients who want to appeal a DRNM decision about their individual case.

To file a complaint, the complainant first writes a letter to the CEO of DRNM. The letter should describe what federal requirements that the complainant believes DRNM is failing to follow, and the basis for the belief. Letters should address the issues as specifically as possible. Copies of the relevant federal law or regulation will be provided upon request, if necessary to file a complaint.

The CEO will review the written complaint, and the applicable law and/or regulation. If necessary, he/she will contact the person who filed the complaint to obtain more information, and he/she may talk to other DRNM staff or to others who might have knowledge of the issue or the law involved.

The CEO will provide a written decision within 30 calendar days of receipt of the complaint. The decision will refer to the relevant law or regulation, and as appropriate, include some documentation of the activity at issue. If the decision upholds the complaint, the decision will include a plan for promptly bringing the agency into compliance.

If the decision denies the complaint, the person who filed the complaint may, up to thirty days after receipt of the decision, appeal to the President of the DRNM Board of Directors, who will

establish a Grievance Committee composed of Board members (including at least one attorney) to review the CEO's decision. At its discretion, the Committee may request additional information from the complainant, the CEO, DRNM legal staff, or other outside counsel.

Within 45 days of the receipt of the appeal by the Board President, the Committee will issue a written decision. The Committee may deny the complaint, it may direct the CEO to develop and submit to the Board and the complainant a plan to either improve compliance or to bring the agency into compliance, or it may defer the decision to the full Board of Directors. The decision of the Committee (or the full Board, if a decision is deferred to them) is final.

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. ☒ If **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. Parents Reaching Out 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 10. NMCAN

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 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. Consider 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

Workplan for priority setting process:

1. DRNM shall make a concerted effort to solicit input from underserved and minority populations.
2. DRNM shall make a concerted effort to reach rural communities to determine needs in specific to those communities.
3. DRNM will solicit input annually through surveys provided to the public. The survey will be available on the DRNM website, and social media platforms. The survey will

be available in alternative languages and in an accessible format as requested.

4. DRNM will conduct an annual priority session with the PAC to review all DRNM priorities with an emphasis on PAIMI priorities.
5. Every three years the PAC, Board of Directors will conduct a joint session to provide input on the three-year cycle of priorities and objectives.
6. On an annual basis DRNM will conduct at least one public forum to solicit input to the priorities. The location will be moved to various parts of the state.
7. DRNM will attempt to conduct focus groups for specific disabilities to provide input on DRNM priorities and Objectives.
8. The proposed priorities will be posted on the DRNM website for 45 days prior to approval by the DRNM Board of Directors.
9. DRNM will disseminate the new priorities and objectives to all partner agencies and collaborators.
10. The final priorities will be posted to our website and social media.

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 staff continue 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

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, we had some issues with access to a mental health treatment facility, but our PAIMI staff were able to resolve these issues through discussions with the facility's management and attorney.

There were no other impediments this reporting period.

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Footnotes:

F. Other Services & Activities

Accomplishments/Recommendations/Training Needs

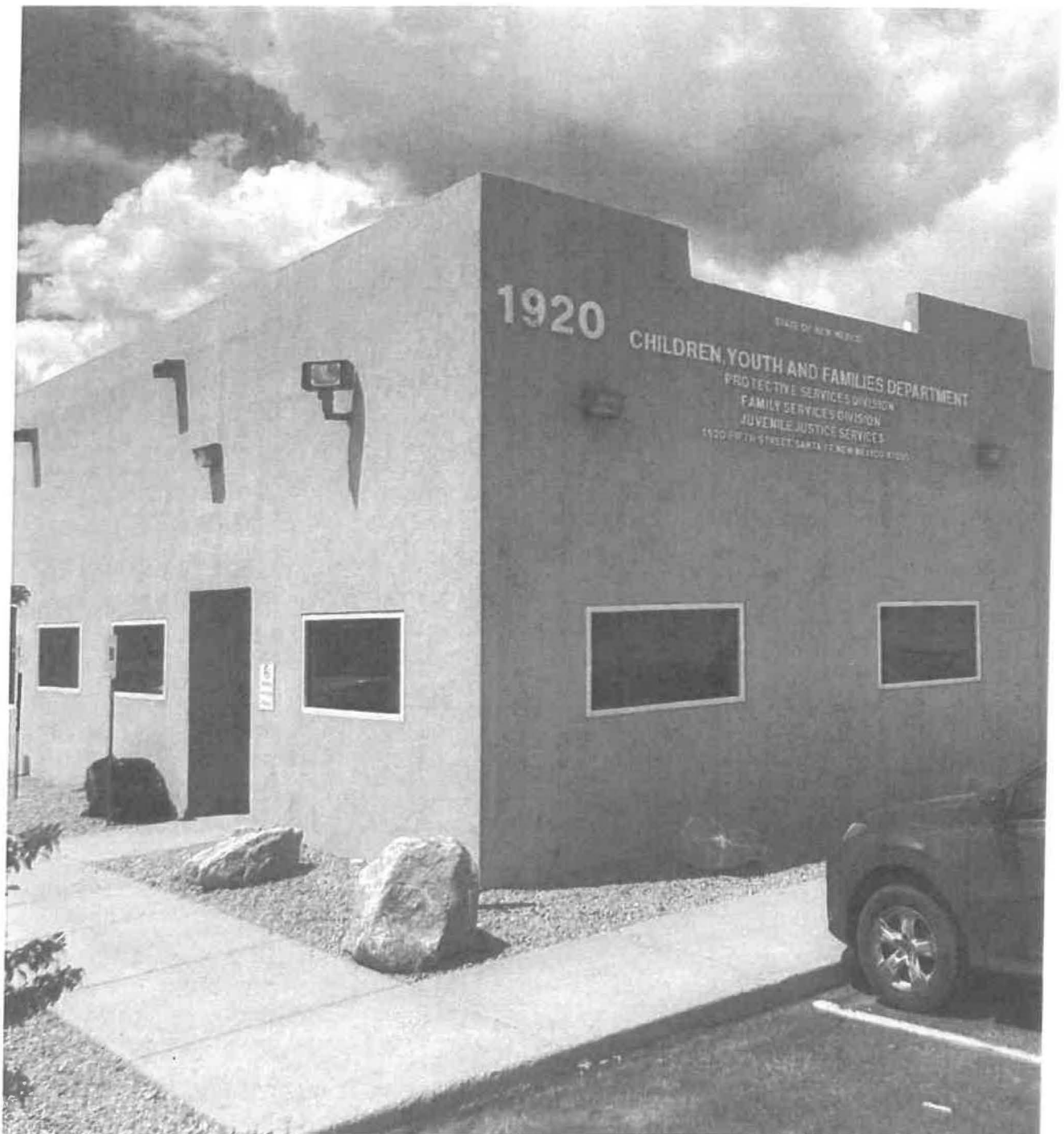
Accomplishments	
For this fiscal year, briefly describe the most important accomplishment(s) that resulted from PAIMI Program activities. Provide copies of supporting documents, e.g., case law, news, articles, legislation, etc.	
1. DRNM was successful in providing information and advocacy during the legislative session regarding legislative proposed on the topics of Assisted Outpatient Treatment, criminal competency evaluations of people with mental illness in the criminal justice system and proposed changes involving involuntary commitment standards. DRNM was successful in providing input on the importance of protecting the civil rights of persons with mental illness and the need for more community based behavioral support services that can be accessed voluntarily.	^
2. DRNM continued to provide strong advocacy regarding youth with mental illness that were in foster care and in state custody. This was in conjunction with the Kevin S. case settlement that DRNM was a party in that action. DRNM provided information to legislative committees and to individual legislators.	v
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 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.	^
	v
Training Needs	
Please identify any training and technical assistance requests. [42 U.S.C. 10825]	
None at this time.	
Upload supporting documents for Accomplishments here	
0930-0169 Approved: 07/27/2023 Expires: 07/31/2026	
Footnotes:	

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The Runoff

New Mexico child welfare systems haven't improved in last half year, arbiter finds

By: Austin Fleher - August 20, 2025 4:30 pm



The New Mexico Children, Youth and Families Department, and the state Health Care Authority, have “not made significant progress” in their efforts over the previous six months to comply with a settlement agreement over the safety of children in state custody, a court-appointed arbitrator found on Aug. 18, 2025. (Photo by Kaveh

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Mowahed / KUNM News)

New Mexico's foster care, juvenile justice and child welfare programs have not made significant progress in the last six months toward complying with a landmark settlement agreement, a court-appointed arbitrator found this week.

The 2020 "Kevin S" settlement stems from a lawsuit filed two years prior against the Children, Youth and Families Department, along with the agency now called the Health Care Authority, which alleged state officials had failed to uphold their legal obligations to keep children in their custody safe.

Charles Peifer, the Albuquerque attorney appointed as the arbiter in the case, found in January that New Mexico failed to meet the settlement's requirements. Then after hearing from both sides in July, Peifer on Monday issued a second order finding that the state still "has not made significant progress in its efforts to come into compliance" with the settlement's terms.

Those terms include: hiring and properly training caseworkers to determine a child's needs; finding foster families to care for them; and connecting children to services.

"The evidence and submissions provided to me establish that the State is preparing to make progress and has indeed obtained additional funding that will assist in future progress, but that, measured by outcomes for children, measurable and verifiable progress is lacking," Peifer wrote. "Children and youth remain at imminent risk of harm and time is of the essence."

The state Legislature in its most recent session created a new Office of the Child Advocate, attached administratively to the state Department of Justice, to provide more oversight of CYFD.

New Mexico panel helping choose new 'child advocate' position opts out of public meetings law



At its inaugural meeting Tuesday, a board tasked with finding candidates to head up New Mexico's newly created Office of the Child Advocate opted out of a state transparency law, citing privacy concerns for applicants.

In a meeting on Tuesday with state lawmakers on the interim Legislative Health and Human Services Committee, Native American Disability Law Center Executive Director Therese Yanan, who represents one of the children in the initial lawsuit, said Monday's order represents a measure of accountability for the state's failures.

"This system is not working for our kids," Yanan said. "We are also hoping that this committee and other committees can hold the state to account as well, because there needs to be some accountability."

Dr. George Davis, a child and adolescent psychiatrist and former CYFD psychiatry director, said it's impossible for the state to comply with the settlement so long as caseworkers are overworked, foster families turn over and children don't receive the services they need.

Davis said many foster families withdrew from the system during the COVID-19 pandemic "and they have never, ever recuperated." Even though the state brought on 134 new foster families in 2024, he said, approximately the same number left in the same period.

Without foster families to care for children, Davis said, authorities place them into either residential treatment centers or congregate facilities, which are "not a place to raise a child" and "not a substitute for foster care."

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Jesse Clifton, an attorney with Disability Rights New Mexico, which represented another plaintiff in the case, told the committee one of the main reasons his organization joined the lawsuit was New Mexico's placement of children into residential and congregate settings, which he called "needless institutionalization of youth." He said state officials continue to propose expanding congregate care in New Mexico, but doing so won't solve the problem.

"It does stand to reason to expand that network of providers — especially if we're not also making the same efforts and investments in community-based mental health services — that we're going to see a return to that practice," Clifton said.

Under Peifer's order, CYFD and the HCA must make "continual and continuous progress" to comply with the settlement between now and Dec. 31. He will hold hearings in October and November to check their progress and will again determine whether they have complied in January.

A spokesperson for CYFD told Source NM on Wednesday that the agency is reviewing Peifer's findings, compiling the requested data and will respond by the deadline imposed in the order.

"We are disappointed by these findings, some of which are troubling, but we intend to address them as best we can and continue improving the way in which we protect New Mexico children in vulnerable circumstances," CYFD Deputy Director of Communications Jessica Preston said in a statement.

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CYFD no longer using federal benefits to pay for care it was already required to provide, agency says

- By [Esteban Candelaria ecandelaria@sfnewmexican.com](mailto:Esteban.Candelaria@sfnewmexican.com)

- Sep 8, 2025 Updated Sep 26, 2025

For years, New Mexico was allowed to use federal benefits to help pay for the care of children in its custody, a practice used in most states around the nation and that analysts estimate collectively stripped local children of more than \$1.5 million per year.

But under a new law barring the New Mexico Children, Youth and Families Department from claiming federal benefits bound for children in state custody, the agency has fully ended the practice and is saving the money for the children instead.

CYFD spokesperson Jake Thompson said the agency stopped the practice of using federal benefits bound for foster children for their care in July, at the start of the fiscal year. He said the agency has since worked to set up accounts to transfer that money into, which by statute are for when the children turn 18 or for when they need that money for another authorized use. That money, advocates say, can be crucial to meet the needs of children with disabilities or those aging out of New Mexico's foster care system.

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"No, CYFD does not use federal benefits for children's care. CYFD ended this practice on July 1 to comply with SB 283," Thompson wrote in an emailed statement.

Senate Bill 283 passed with broad support during this year's legislative session, with no votes against it on either the House or Senate floors.

State Sen. Heather Berghmans, an Albuquerque Democrat who sponsored the bill, said the measure was a way to ensure CYFD would establish a system for preserving the benefits of the state's most vulnerable children.

"Our most vulnerable should be receiving every type of benefit they're entitled to, and the fact that the department had never set up that type of system was really frustrating and disheartening," she said in an interview.

Among several requirements, the bill prohibits CYFD from using federal benefits, such as Supplemental Security Income, to meet children's needs the agency is not already statutorily mandated to on its own. The bill also requires CYFD to update children and their representatives on any applications or money they receive, create an account and save benefits in it.

During fiscal year 2025, CYFD received \$447,360.61 in Supplemental Security Income benefits for children with disabilities in state care, most of which were deposited into a "child's maintenance account" and were available for the children's needs, Thompson wrote. So far this fiscal year, the agency has received \$50,951.54, all of which has been deposited in STABLE accounts, which are designed to allow people to save and invest the dollars without losing eligibility for their benefits.

"All the money is in STABLE accounts held for children's needs, and none is being used by CYFD for their care," Thompson wrote.

In a report on SB 283, analysts wrote that as of fiscal year 2025, CYFD had \$1.6 million built into its budget to cover costs previously paid for with federal benefits revenue.

Thompson did note CYFD currently has sufficient funds to meet its obligations to foster children now and that the agency will request more from the Legislature if that changes.

SB 283 was part of a nationwide effort to curb the practice of states essentially taking money from children, said Amy Harfeld, national policy director for the University of San Diego's Children's Advocacy Institute.

Oftentimes, children entering state custody who have federal benefits due to them — say, for example, orphans who are owed Social Security benefits from their deceased parents — have no one but their state child welfare agency to collect that money for them.

Harfeld said agencies were often applying for and collecting those dollars without the children's knowledge, and the money often got deposited into states' general funds, was otherwise used to reimburse the agency for care of the child that agency should already have been funded to provide or was used in other ways.

That money, which can be saved in accounts, is critical for children in foster care, Harfeld said. For example, she said children with disabilities and receiving benefits may be able to get special accommodations or assistance for school activities the state may otherwise not be able to provide for them, so long as they have access to their benefits.

Or, for those aging out of the foster system faced for the first time with being on their own, Harfeld said their accrued federal benefits can be an important cushion.

"For young people who are trying to transition into adulthood ... this money really is make or break," she said. "It's the difference between aging out into homelessness or couch surfing and having money available to put down a security deposit, or buy a car to get to work or school."

New Mexico, Harfeld noted, has been more advanced in some ways than other states. For example, she noted the state pledged well before this year's legislative session to stop the practice and issued a directive to workers to that effect.

Report Ad

According to a report published by Harfeld's institute last year, four jurisdictions, including New Mexico, had laws or policies in place clearly prohibiting their child welfare agencies from collecting children's federal benefits. Three others partially restricted the practice, while the rest of the states covered by the report had no such restrictions.

Still, Thompson, the CYFD spokesperson, said the practice was allowed for a long time.

"For many years, Social Security Administration rules allowed state welfare agencies like CYFD to use federal Supplemental Security Income (SSI) benefits for children's care and support," he wrote. "... Previously, CYFD applied for SSI benefits for qualified children in its care and, as their administrator, used some of the funds for their care and support while holding the remainder in a maintenance account for the child's use."

Gary Housepian, chief executive officer of Disability Rights New Mexico, underscored the importance of foster children having access to federal benefits owed to them, noting that in the past, New Mexico has been lackluster in making sure that money was properly set aside for them.

"There was just not a coordinated effort being done to make sure these funds were preserved for these kids ... so that when they did exit the system, something was set up," he said.

Though he did not detail how the process works, Thompson said the agency properly sets aside money from federal benefits for children.

"CYFD now sends SSI benefits to NM STABLE accounts, which act like a savings account for the children," he wrote.

Esteban Candelaria is a corps member with Report for America, a national service program that places journalists into local newsrooms. He covers child welfare and the state Children, Youth and Families Department. Learn more about Report for America at reportforamerica.org.



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THE RUNOFF

New Mexico child welfare systems haven't improved in last half year, arbiter finds

BY: **AUSTIN FISHER** - AUGUST 20, 2025 4:30 PM

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New Mexico AG announces 'wide-ranging' investigation into child welfare agency

Following death of teenager in state custody, state DOJ to probe other CYFD incidents

BY: **AUSTIN FISHER** - APRIL 22, 2025 1:44 PM



New Mexico Attorney General Raúl Torrez held a new conference on Tuesday morning announcing a formal investigation into incidents of children who have been harmed while in Children, Youth and Families Department custody. He was joined by New Mexico Child First Network Founder and Executive Director Maralyn Beck (left) and Disability Rights New Mexico Chief Executive Officer Gary Housepian. (Screenshot from news conference)

New Mexico's top state prosecutor says he will begin a formal investigation into what led up to the death of an Albuquerque teenager and the broader problems at the state's beleaguered child welfare agency.

Searchlight New Mexico reports that earlier this month, 16-year-old Jaydun Garcia took his own life in a former Albuquerque halfway house built for girls transitioning out of juvenile detention.

New Mexico Attorney General Raúl Torrez held a new conference on Tuesday morning announcing a formal investigation into Garcia's death, but also other incidents of children who have been harmed while in Children, Youth and Families Department custody.

"The State of New Mexico failed to protect this child," Torrez said. "The State of New Mexico has failed to honor its legal and moral obligations under a variety of legal agreements that they have entered into."

Torrez said the public has very little information about what happened to Garcia, who was responsible for him in the days and weeks before his death and the decisions made and resources dedicated to preventing it.

"How can we expect to improve that system if we don't know what happened, if we don't have answers, if we don't have transparency?" Torrez said. "I'm prepared to test the law in this space, and I'm prepared to advocate fundamentally for a change in the law, if that is what's required."

The investigation is not limited to Garcia's death but will extend to state agencies charged with protecting children, Torrez said.

The Department of Justice will conduct "a comprehensive and wide-ranging investigation into various reports of children who have been referred to CYFD" as victims of abuse and neglect, placed in congregate care and other facilities, improperly housed at CYFD offices, sexually assaulted in those offices, or abused by armed guards in those offices, Torrez said.

"Enough is enough," Torrez said. "I will not tolerate the excuses, the assurances, I think we have all grown tired of waking up and hearing about another child who's been injured, another child who's been hurt, another child in state custody who's been killed, and for that reason, the New Mexico Department of Justice will initiate a formal investigation into the facts and circumstances that led up to the death Jaydun Garcia."

New Mexico Child First Network Founder and Executive Director Maralyn Beck, a former foster parent, joined Torrez at the news conference, saying Garcia's death was preventable.

"The signs were there, and we should not be housing our children in warehouses of neglect like congregate care," Beck said. "One single call to Child Protective Services should have prevented this."

She said what foster children need to heal from their trauma is homes, and excellent parenting through committed, developmentally informed relationships with adults.

"It is through transparency, it is through peeling back the layer of confidentiality to figure out what happened," Beck said.

Disability Rights New Mexico Chief Executive Officer Gary Housepian also appeared alongside Torrez and Beck during the news conference. In a news release afterwards, Housepian said in a statement that Garcia's death is "a devastating reminder of what happens when vulnerable children – especially those with disabilities or behavioral health needs – fall through the cracks of a broken system."

"We've been raising alarms for years about placements in congregate settings, and it's long past time for a comprehensive, independent investigation. We stand ready to coordinate our investigation of this death, monitoring of facilities and to support the Attorney General in demanding the transparency and accountability these children and youth deserve," Housepian said.

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Probe will guide new oversight office

The broader investigation into other incidents will develop a detailed record of events leading up to the deaths or great bodily injury of children under CYFD's supervision but also the policies, procedures and people involved, the Department of Justice said in the news release.

The investigation will take several months, Torrez said. Its ultimate objective, he said, is to prepare a comprehensive report for the incoming Office of the Child Advocate, which New Mexico's lawmakers created in the most recent legislative session and is administratively attached to Torrez's agency.

That report will be "a blueprint of the issues that have plagued this agency and this state for decades," Torrez said.

The Department of Justice said in a news release that the new office was created “despite Governor Michelle Lujan Grisham’s attempt to veto its funding.” Even though Lujan Grisham signed the legislation to create the office, she vetoed \$1.65 million that would have covered the start-up costs to create it, and she and the AG’s office traded barbs over the bill.

Torrez said he does not yet know if CYFD will resist the investigation, and he hopes the governor’s rhetoric around the legislation and the line-item veto are “not indicative of the administration’s position moving forward.”

“I won’t be deterred in any way by the resistance of other stakeholders in this situation,” he said. “My hope is that can be avoided.”

Source NM sent emails to spokespeople for CYFD and the governor seeking comment and will update this story as necessary.

Torrez’s agency is also calling on current and former case workers, foster families, and youth impacted by the system to come forward with information by going to the “Get Help” page on its website or by calling (505) 490-4060. He also encouraged the public to sign up to become foster parents themselves.

He said he’s committed to getting the answers necessary “to move this state and this agency in a new direction.”

“It is my hope that by shining a light on the problems inside of the agency and on the problems that New Mexico has in protecting its most vulnerable children, that we will begin the necessary process of fulfilling not only our legal obligation to our most vulnerable citizens, but fulfilling our moral obligation to do right by these kids.”



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4 Investigates: Child welfare reform

Brittany Costello | KOB
January 22, 2025 - 6:23 PM



4 Investigates: Child welfare reform

ALBUQUERQUE, N.M. — Promises to reform our state's child welfare system are falling woefully short. That's the decision handed down by an arbitrator who says the state isn't holding up its end of an agreement meant to keep state agencies out of court.

The lawsuit is known by the name of one of 14 foster kids who filed it — Kevin S. Those foster kids and organizations said the state was not adequately serving kids in care.

The two sides settled in 2020 when the state agreed to measurable reform. But five years after the settlement in the Kevin S. class action lawsuit, the agreement has yet to move the needle.

An attorney representing children in care told KOB 4 Wednesday things at Children Youth and Families Department are worse than the day they filed this lawsuit.

"Time doesn't wait for these children. Most of the plaintiffs, probably all of them, have aged out and most of them are not doing well. Time goes on, their lives are ruined while we try to figure out," said Bette Fleishman with Pegasus Legal Services for Children.

Fleishman says children in state custody are suffering. Some don't have adequate caseworkers, and many aren't getting appropriate placements.

"When you take a child into custody, you are responsible for them. So many of our kids who are taken away from bad homes end up in worse situations," said Fleishman.

In November, plaintiffs in the Kevin S. lawsuit forced the state back to the table.

Attorney: "As secretary, is that your understanding? That we have fewer workers now than we did a year ago?"

CYFD Secretary Teresa Casados: *"Well, I don't know if it's fewer. I know we have retention issues."*

Retention issues lead to staffing shortages. The arbitrator found the state's failure to develop adequate resource homes as severe and dangerous.

Attorney Sara Crecca says many children are still sleeping in state offices.

"When my clients are told by CYFD 'We don't have a home for you,' they hear, 'You're not wanted, you're unloved.' My clients aren't worried about staffing shortages or failures to meet obligations from a lawsuit, they are thinking about their hearts," said Crecca.

All of it adds up to devastating outcomes for New Mexico's most vulnerable children.

"The only way children normally develop is in the context of a home with a primary caretaker, not to have that is a developmental catastrophe. I don't mean it hurts their little feelings, we're talking about essential brain development," said Dr. George Davis, a child psychiatrist.

The arbitrator is forcing the state to take immediate action on a dozen requirements.

"They need to stop studying it, stop reviewing it, stop analyzing it, stop summarizing it, we don't need outside entities coming to the state telling us what the issues are. we know what the issues are," said Therese Yanan with the Native American Disability Law Center.

A spokesperson for CYFD says it will use the order issued by the arbitrator to target and prioritize improvements, but of course that is a requirement, the agency doesn't have a choice.

The governor has reform proposals this session that the agency hopes will help get it into compliance.

CYFD sent the following response to KOB 4:

"The Kevin S. remedial order highlights CYFD's progress in addressing issues identified in the arbitration outcome while providing a clear roadmap for continued improvement. Yesterday, Governor Lujan Grisham detailed the necessary steps and budget required to sustain this progress. Our ongoing priority is to ensure we fully support the children, youth, and families of New Mexico through both proactive and responsive measures. This starts with an adequately funded and staffed CYFD. The state remains committed to meeting the standards and accountability benchmarks outlined in the Kevin S. remedial order."

Hiring:

- To meet the mandate to fill open roles within the Department, CYFD is holding a statewide rapid hire event on Thursday, January 23, at Expo New Mexico in Albuquerque. Those unable to join the in-person event in Albuquerque can participate at Workforce Connections/America's Job Center New Mexico at locations outside Albuquerque. Interviews will be conducted on the spot for CYFD's open positions which are at all experience levels and locations across the state.
- CYFD is advertising children's courtroom counselor and social worker positions within New Mexico and in neighboring states and conducting campus recruitment missions to expand the pool of qualified applicants.

Training:

- CYFD is partnering with Highlands University to create a comprehensive training program designed to improve staff performance and retention.
- Training of the first cohorts of CYFD's Advanced Foster Care program is underway.

Attracting and retaining Resource Foster Parents:

- CYFD is launching a robust awareness/recruitment ad campaign to expand the pipeline of families receiving training and certification to become resource foster parents.
- Radio, Outdoor, paid social media,
- CYFD is also focusing on adding 'respite' resource/foster parents who can accept short-term/urgent placements and/or provide needed support to foster families who need 'fill-in/substitute care' support.

CYFD will continue to hold itself to the highest standard and will use the Kevin S. remedial order to target and prioritize improvements that best help children and youth in its care. While the report contends CYFD is not meeting its deadline for deliverables, it also notes progress in addressing problems highlighted in the arbitration's outcome. We are optimistic that the governor's proposal to boost compensation for resource/foster families and eliminate their personal state income tax will enhance recruitment efforts and encourage would-be foster parents to begin the training and certification process."



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Has CYFD failed to comply with settlement?

BY COLLEEN HEILD

JOURNAL INVESTIGATIVE REPORTER

Carmen was on her way to her “forever” home in late 2021. Or so the 15-year-old hoped after she completed treatment foster care.

Instead, her life in New Mexico’s child welfare system became more uncertain and even perilous. She realized there was no such forever home waiting.

The teenager cycled through a stint with a newly licensed foster family who called 911 to remove her. She spent weeks sleeping on the floor of a state Children, Youth and Families Department office; tried to live with friends’ families; and was moved to Española, where her uncle was eventually arrested for drug dealing and her aunt reportedly beat her.

The story of Carmen, who ended up running away last year and is now living in Georgia, punctuated an unusual dayslong hearing last week in Albuquerque that focused on whether the state has failed to comply with a settlement agreement designed to improve the lives of abused and neglected children and youth in state custody.

Back in 2018, Carmen’s attorney, Sara Crecca, was one of the lawyers involved in a federal lawsuit filed against CYFD and the then-state Human Services Department on behalf of 14 foster children in New Mexico. They were joined by Disability Rights New Mexico and the Native American Disability Law Center in alleging the state’s “broken system of child welfare” was violating the rights of children in its care. The lawsuit demanded systemic changes.

By 2020, plaintiffs dismissed the lawsuit — referred to as the Kevin S. case — after reaching a final settlement agreement with the state.

But implementation of the reforms, such as decreasing caseloads of CYFD staff, has faltered, especially with the recent increase in the number of abused or neglected kids taken into custody and high staff turnover.



https://www.santafenewmexican.com/news/local_news/alarming-conditions-at-former-home-for-children-with-disabilities-suit-alleges/article_2b559b12-8bof-11ef-bead-97b50a89aaef.html

'Alarming conditions' at former home for children with disabilities, suit alleges

By Esteban Candelaria ecandelaria@sfnewmexican.com
Oct 21, 2024

A 5-year-old child was punched and beaten by staff and sexually abused by one of his peers during his stay at a troubled Albuquerque facility for children with disabilities and behavioral issues, a new lawsuit alleges.

The suit, filed last week in state District Court in Santa Fe by Kristina Martinez, the child's guardian ad litem, accuses the Bernalillo Academy in Albuquerque of allowing numerous abuses of children and putting profits from enrollment over the safety of the children. The home was operated by a subsidiary of Huntsville, Ala.-based Sequel Youth and Family Services LLC until December 2021.

The New Mexico Children, Youth and Families Department and its former Cabinet Secretary Brian Blalock knew about the ongoing abuses at the Bernalillo Academy and failed to protect the children there, the complaint alleges. Both are also named as defendants.

Efforts to reach Sequel and Blalock on Wednesday were unsuccessful. No attorneys were listed for any of the defendants in court records. CYFD spokesperson Jessica Preston wrote in an email the department had not yet been served with the suit and hadn't seen it, and thus could not comment.

"CYFD knew about a lot of this and allowed this place to continue to operate for longer than a decade," Martinez's attorney, Adam Flores, said in an interview. "... They have a lot of power to license and regulate these homes, and they completely dropped the ball. And so we want to bring that to light."

The child has suffered damages for costs of medical and psychological treatment, pain and suffering and other economic damages, according to the complaint. The suit seeks punitive and compensatory damages.

The alleged incidents in the suit happened years ago, according to the complaint. But Flores said it's taken time to gather records about the facility, collect statements from police and advocates who had been inside, and get disclosures from the child.

"When you're dealing with children, it takes much longer to get the sort of disclosures that you need in order to file a lawsuit," Flores said.

Sequel runs youth residential treatment facilities across the country on "barebones staff," and has a national reputation for severely abusing and neglecting children, the complaint alleges. The Bernalillo Academy was Sequel's 14th youth treatment facility to close within three years due to abuse allegations.

The suit alleges CYFD knew of Sequel's reputation before permitting the company to begin operations in New Mexico and that the department was aware of ongoing abuse and neglect at Bernalillo Academy for most of the time it was operating.

Citing an investigation by the nonprofit Disability Rights New Mexico, the suit alleges children were told to fight each other by staff at the Bernalillo Academy. The staff also used "excessive physical restraint" against children, often injuring them, administered "powerful psychotropic drugs to children without justification" and illegally refused to discharge children, the complaint alleges.

According to the complaint, Albuquerque police officers documented "alarming conditions" at the Bernalillo Academy, including suicide attempts by children at the facility, dried blood on the walls of one child's room, staff hitting children with sticks and children being overmedicated.

CYFD was made aware of these findings and reports, and even conducted its own investigation into the Bernalillo Academy, the complaint says.

That investigation, conducted in June 2021, found children were being beaten and sexual abuse was happening on the premises. Still, the facility was allowed to continue to operate for months after CYFD's investigation, the complaint alleges.

From February 2020 to November 2021, the child at the center of the suit suffered physical abuse from staff — which included punching, pinching and "[beating] him" — and at least one instance of sexual abuse from another minor, the complaint says. At least once, the child was hospitalized as a result of staff abuse.

He was also given drugs that made him “sedated and unresponsive” and that were not approved for use by his physician, the complaint alleges.

During his stay at the Bernalillo Academy, the child was also largely secluded from the outside world, the complaint says.

The complaint states Sequel took the child in to boost its profits and that the company “deliberately ignored” that the child was “vulnerable and in grave risk of harm from his peers and adults with power and control over him.”

As a result of his time at the academy, he cannot read and can barely write, the suit says.

“His mental and behavioral health deteriorated in Defendants’ custody,” it says.

Esteban Candelaria is a corps member with Report for America, a national service program that places journalists into local newsrooms. He covers child welfare and the state Children, Youth and Families Department. Learn more about Report for America at reportforamerica.org.

Takeaways

The child at the center of a lawsuit filed recently suffered physical abuse from staff and sexual abuse from a peer in a facility for children with behavioral issues and disabilities in Albuquerque, the complaint says.

CYFD knew of the company’s reputation and of abuses at the Bernalillo Academy, but failed to act, according to the complaint.

It is not clear if the defendants have been served yet.

Esteban Candelaria

G. PAIMI Budget - Actual

PAIMI Budget

Planning Period From 10/1/2024 to 9/30/2025

In this section, provide actual expenditures for the FY 2025. 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, including program income. 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	\$			Caitlin Palencia (formerly Sweeny), Attorney
Advocate/Case Manager	\$			Emily Gordon, Advocate
Advocate/Case Manager	\$			Jeannine Sanchez, Advocate
Attorney	\$			Holly Mell, Attorney
Advocate/Case Manager	\$			Leah Diedrick, Advocate
Legal Assistant	\$			Don Priola, Legal Assistant
Other (List title in the Comments box)	\$			Lucero Galaviz, Director of Grants and Compliance
Attorney	\$			Jessica Alsop, Attorney
Intake Specialist	\$			Tom Day, Advocate
Intake Specialist	\$			Lily Martinez, Advocate
Advocate/Case Manager	\$			Samantha Dickson, Advocate
Advocate/Case Manager	\$			Grace Garza, Advocate
Advocate/Case Manager	\$			Leslie Hernandez, Advocate
Advocate/Case Manager	\$			Chelsea Lopez, Advocate
Attorney	\$			Callie Tompkins, Attorney
Intake Specialist	\$			Georgette Saiz, Intake specialist/receptionist
Director of Finance	\$			Kristin Coriz, Director of Finance and Administration
	\$ 1,742,629.00	\$ 261,969.00		

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)	\$ 261,969.00	\$ 46,613.00	17.8 %	Health, dental, long term disability
FICA/Medicare	\$ 261,969.00	\$ 20,040.00	7.6 %	
Employer Match-Retirement	\$ 261,969.00	\$ 11,051.00	4.2 %	
Workers Compensation	\$ 261,969.00	\$ 2,620.00	1.0 %	
State Unemployment Insurance	\$ 261,969.00	\$ 5,240.00	2.0 %	
	\$ 1,309,845.00	\$ 85,564.00		

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
Mileage	\$ 42,185.00	\$ 12,011.00	28.5 %	Travel to see clients and conduct monitoring. 19,218 at 62.5 cents per mile. In-state.
Lodging for Meetings	\$ 23,686.00	\$ 6,135.00	25.9 %	Lodging required for monitoring and seeing clients. 49 nights at approximately \$125.00 per night. Primarily, three staff persons are involved. In-State.
Lodging for Meetings	\$ 3,996.00	\$ 691.00	17.3 %	Out of state lodging and per diem for conferences.
Other (Describe the line item in the Comments box)	\$ 5,562.00	\$ 962.00	17.3 %	Airfare
	\$ 75,429.00	\$ 19,799.00		

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	\$ 16,468.00	\$ 2,849.00	17.3 %	Office supplies.
Maintenance/Supplies	\$ 6,358.00	\$ 1,100.00	17.3 %	Building maintenance
	\$ 22,826.00	\$ 3,949.00		

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		\$ 18,021.00	\$ 2,732.00	15.2 %	Contract with former CEO to provide analysis of legislation, comments and attendance at legislative committees.
		\$ 18,021.00	\$ 2,732.00		

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)				
Staff travel cost	\$ 5,017.00	\$ 868.00	17.3 %	Staff training costs.
	\$ 5,017.00	\$ 868.00		

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	\$ 32,967.00	\$ 5,703.00	17.3 %	Subscription costs for legal materials.
Subscriptions	\$ 10,812.00	\$ 1,870.00	17.3 %	NDRN Dues
Other (Describe the line item in the Comments box)	\$ 32,045.00	\$ 5,544.00	17.3 %	VOIP telephone services and internet access via cable.
Other (Describe the line item in the Comments box)	\$ 10,812.00	\$ 1,870.00	17.3 %	NDRN DAD Subscription for data base
Professional Liability	\$ 8,646.00	\$ 1,496.00	17.3 %	Legal insurance.
Other (Describe the line item in the Comments box)	\$ 4,209.00	\$ 728.00	17.3 %	Business property insurance
Other (Describe the line item in the Comments box)	\$ 23,660.00	\$ 4,093.00	17.3 %	Audit and bookkeeping.
Other (Describe the line item in the Comments box)	\$ 3,475.00	\$ 601.00	17.3 %	Copier Lease/Maintenance
Other (Describe the line item in the Comments box)	\$ 10,468.00	\$ 1,811.00	17.3 %	Gas/Electric/Trash/Recycle/Sewer

Other (Describe the line item in the Comments box)	\$ 2,313.00	\$ 400.00	17.3 %	Postage and Postage meter.
Other (Describe the line item in the Comments box)	\$ 15,752.00	\$ 2,725.00	17.3 %	Janitorial/Plumbing/HVAC
Other (Describe the line item in the Comments box)	\$ 7,115.00	\$ 1,231.00	17.3 %	IT support
Other (Describe the line item in the Comments box)	\$ 4,850.00	\$ 1,885.28	38.9 %	Printing - Stationary/Envelopes/Business Cards
Other (Describe the line item in the Comments box)	\$ 19,634.00	\$ 3,397.00	17.3 %	Building mortgage interest
Other (Describe the line item in the Comments box)	\$ 5,870.00	\$ 1,016.00	17.3 %	Travel expenses for PAC members to BOD meetings.
Other (Describe the line item in the Comments box)	\$ 7,173.00	\$ 1,241.00	17.3 %	Conference registration and booths.
Other (Describe the line item in the Comments box)	\$ 35,959.00	\$ 6,221.00	17.3 %	Other operating expenses of office furniture, miscellaneous expenses, etc.
	\$ 235,760.00	\$ 41,832.28		

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	416,713.28	0.1050	43,754.89	Approved Indirect cost rate of 10.5%

X. Carryover of PAIMI Funds Only

Carryover for FY 2024	\$	0.00
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Please upload your budget plan for 2024 carryover funds

	Total Actual Cost	Total PAIMI Share
Total PAIMI Costs	\$ 3,826,240.28	\$ 460,468.17

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

Footnotes:

We limited expenditures at the end of FY 2025 because of the fear of the government shutdown and lack of access to FY 2026 funds. We wanted to have some carryover funds to be able to continue providing services. Those approximately \$13,000 in funds were spent in October 2025.

Our NICRA is 10.5%. While we do have some direct costs attributed to the CEO, we also bill a portion of the CEO salary to indirect costs when appropriate. We also have a number of staff that have a portion of their salary billed to indirect, which includes, our Director of Administration and Finance (almost entire amount), Grants and Compliance Manager (very high percentage) and Administrative Assistant (portion). We also charge to indirect for other expenses with these as examples: audit expense, office supplies, a percentage of Mortgage loan interest, percentage of building maintenance/repair, percentage of utilities, percentage of office maintenance, depreciation, etc. There are some other categories where there might be charged to indirect instead of direct, such as conference costs/mileage and airfare for indirect staff to attend trainings/seminars.

There are not any expenses charged as both direct and indirect

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.

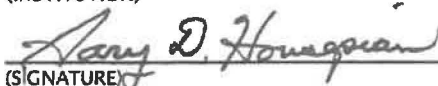
E. OTHER:

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	\$43,755
3. Total of all PAIMI program costs listed in I - VIII in the Budget	\$416,713
Total	\$460,468

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	\$0
Enter the last two digits of the Fiscal Year	FY	2023	\$0
Enter the last two digits of the Fiscal Year	FY	2023	\$0
Enter the last two digits of the Fiscal Year	FY	2023	\$0
Enter the last two digits of the Fiscal Year	FY	2023	\$0
2. Program income (PAIMI only)			\$29,840
3. State			\$0
4. Other funding sources [identify each source]			
Total of all PAIMI Program resources.			\$29,840

Please note in the second form that Question 2. Program Income (PAIMI only) is not the current FY PAIMI allotment. Program income is defined as gross income earned that is directly generated by a federally supported activity or earned as a result of the federal award.

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

Footnotes:

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 2025 PAIMI Application. The strategies used for each Objective must be completed. The reason why priority/goal was not achieved or was partially achieved must be completed.

Priority/Goal Description:	Abuse / Neglect / Exploitation Decrease the abuse, neglect and exploitation of people with significant mental illness and youth with significant emotional disturbance by improving the practices of programs and facilities in congregate settings for people with significant mental illness and youth with significant emotional disturbance and/or where there are significant allegations of abuse, neglect or exploitation.
Objective:	Provide outreach and conduct trainings in facilities serving persons with significant mental illness and youth with significant emotional disturbance with an emphasis on psychiatric hospitals, boarding homes and other congregate care settings, in order to inform individuals of their rights and of the availability of DRNM to investigate and resolve problems
Strategies Used:	Collaboration, Rights-Based Individual Advocacy Services, 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 congregate care facilities.
Expected Target:	40
Expected Outcome:	40
Actual Outcome:	400
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 provided regular monitoring, accompanied with rights trainings to 9 facilities this year. Some facilities are monitored bi-weekly, others monitored monthly, and some a monitored quarterly or upon complaint. Rights trainings include the right to treatment in the least restrictive environment, consent rights for mental health treatment, right to participate in treatment and discharge planning meetings, the right to be free from unnecessary medications, to nourishing and appetizing diet, opportunities to be outside, exercise, reasonable privacy, hygiene, abstain or practice religion, visitation rights, commitment timelines and patient rights to access DRNM as the P&A.

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

YSC:

The Youth Services Center (YSC) provides a wide array of services to youths ages 12 to 18 from across New Mexico who are housed there while awaiting court for an allegation of a delinquent act. Behavioral and mental health care are components of their model, which is a certified Juvenile Detention Alternatives Initiative (JDAI) site. Throughout the year, DRNM conducted regular monitoring of the Youth Services Center in collaboration with the Law Clinic at the University of New Mexico School of Law, with expanding law student participation across summer and fall teams. Monitoring identified ongoing concerns related to staff use of force during restraints, access to medical and dental care, and the use of strip searches, while also prompting measurable improvements. Youth reported increased access to education, progressing from attending school sporadically to attending daily, and YSC expanded educational programming by opening additional classrooms to reduce class sizes. Strip search practices fluctuated during the year; however, youth reported an overall decline, and YSC took steps toward installing body scanners to reduce reliance on strip searches, though full implementation remains pending. DRNM also received reports alleging the use of YSC as a placement for youth in CYFD custody. Ongoing monitoring and collaboration with YSC leadership resulted in more timely resolution of staff mistreatment issues and resident concerns. Capacity of approximately 400. Regular, monthly monitoring.

NMBHI:

The New Mexico Behavioral Health Institute (NMBHI) is New Mexico's sole state-run psychiatric hospital, located in rural Las Vegas, New Mexico. Throughout the year, DRNM conducted regular monitoring visits and quarterly meetings at NMBHI, identifying and addressing systemic concerns related to youth programming, staffing shortages, discharge delays, and guardianship practices. A significant focus of monitoring involved the overuse of "meditation" on youth units, where youth reported being confined to their rooms for extended periods without

instruction or meaningful programming; following DRNM advocacy, NMBHI discontinued this practice as a form of punishment or population control, implemented clinician-led meditation instruction, and increased access to outdoor time and activities. DRNM also raised concerns regarding excessive deference to guardians, including improper limitations on patient rights and discharge decisions, prompting staff training on guardianship and patient rights, though disagreements remain regarding guardian consent requirements. Ongoing monitoring and advocacy resulted in improvements to youth programming and conditions, while DRNM continues to engage with NMBHI leadership to address unresolved guardianship and discharge-related issues. Capacity of approximately 300 with varying lengths of stay. Monitoring and training take place monthly.

Sequoyah:

Sequoyah Adolescent Treatment Center (SATC) is a state run Accredited Residential Treatment Center (ARTC). Throughout the year, DRNM conducted ongoing monitoring at SATC, transitioning from monthly to quarterly visits as resident complaints declined and the facility demonstrated increased responsiveness to identified issues. DRNM provided multiple patient rights trainings to youth across units, reaching approximately 30 residents, and engaged youth on issues including safety, nutrition, outdoor access, communication, and the distinction between rights and privileges. Issues raised by residents during monitoring and trainings were resolved promptly, including advocacy to restore family visitation for a youth and the swift removal of staff alleged to have used inappropriate physical contact. SATC consistently communicated with DRNM regarding incidents and corrective actions, reflecting improved conditions and effective resolution of resident concerns. Capacity of 36 beds. DRNM monitors and conducts rights trainings quarterly.

Mesilla Valley Hospital:

Mesilla Valley Hospital (MVH) is a "free-standing hospital" which provides in-patient acute psychiatric care. During the year, DRNM conducted regular monitoring visits at MVH, initially at a higher frequency and later transitioning to monthly visits as issues were addressed. DRNM assisted multiple patients, including youth and adults, with voluntary discharge requests and identified concerns related to voluntary and involuntary holds, which were raised with hospital administration. Through advocacy and education, MVH was informed of patients' rights to immediate discharge or placement on a five-day psychiatric hold and subsequently revised its protocols for against-medical-advice discharge requests to ensure timely provider responses. Most concerns were individualized and resolved on site in coordination with the MVH Patient Advocate, with no systemic pattern of complaints identified. Additional improvements included the purchase of new linens in response to patient concerns, while DRNM also addressed and resolved issues related to delays in access to patient records, continuing to monitor for compliance. Capacity between adult and juvenile units is approximately 120. DRNM conducts monitoring and training and outreach about once per month.

Peak:

Peak Behavioral Health (Peak) is a private in-patient acute mental health facility. Throughout the year, DRNM conducted regular monitoring visits at Peak Behavioral Health and identified recurring concerns related to delayed discharges of youth in CYFD custody, with youth remaining at the facility after being clinically ready for discharge. Following ongoing advocacy and monitoring, reports of CYFD failing to pick up youth declined and were not reported in the latter part of the year. Earlier concerns regarding the lack of educational services in the Residential Treatment Center were resolved when Peak closed the RTC in November. Most patient complaints related to the facility were addressed on site with the assistance of the patient advocate; however, toward the end of the year DRNM received reports of delayed or disregarded voluntary discharge requests and challenges in timely access to patient records, which remain under monitoring and advocacy. Capacity is about 120 between adult, juvenile, and veterans units. DRNM conducts monitoring and training and outreach about once per month.

Central Desert Behavioral Health Hospital:

Central Desert Behavioral Health Hospital (CDBH) is a private in-patient mental health facility. Throughout the year, DRNM conducted regular monitoring visits at CDBH and CDBHH, identifying persistent systemic issues affecting patient rights, care, and safety. Key concerns included improper use of involuntary psychiatric holds without required court paperwork, excessive reliance on guardians or powers of attorney that override patient preferences, and frequent changes to medications without confirming patient histories with primary providers. Patients reported ongoing problems with basic needs, including inadequate clothing and laundry services, limited access to outdoor time, and difficulty obtaining assistance from staff, many of whom were described as rude or unresponsive. DRNM also observed poor communication with court-appointed guardians and treatment guardians. Some progress was made through advocacy, including the addition of grievance boxes on units and increased participation by the patient advocate during visits, which correlated with a reduction in direct patient complaints. However, most issues, including involuntary hold practices, staff interactions, and medication management, remain ongoing and are subject to continued monitoring and engagement with CDBHH leadership and legal counsel. Capacity is 64 beds, but clients rotate about every 5-10 days. DRNM conducts bi-weekly visits to CDBH.

Dona Ana County Juvenile Detention Center:

Dona Ana County Detention Center (DACDC) houses both juvenile and adult inmates. DRNM's monitoring has focused on the juvenile detention wing of the facility. Over the year, DRNM began regular monitoring at DACDC after initial access was briefly denied, identifying concerns primarily related to conditions of confinement and access to basic needs and medical care. Youth reported insufficient clothing, including being provided only one pair of underwear, though following DRNM advocacy, the facility began providing adequate clothing upon admission. Delays in medical care were a consistent issue, as DACDC outsources medical services to YesCare, with youth experiencing waits of weeks for appointments; DRNM continues to follow up with YesCare to address these delays. Overall, monitoring focused on improving residents' access to timely medical care and ensuring adequate provision of basic necessities. Capacity of the general facility is about 850. DRNM limits our monitoring and training and outreach activities to the juvenile wing, which is about 50 beds. DRNM conducts training and outreach about once per month at DACDC.

John Paul Taylor Center:

John Paul Taylor Center (JPTC) is one of two state-run juvenile correctional facilities, and it is located in the southern portion of the state covering Las Cruces and much of the rural southern half of the state. Over the year, DRNM initiated regular monitoring at JPTC and identified concerns related primarily to staff behavior and visitation policies. Youth reported aggressive and potentially harmful restraint practices, including being slammed to the floor or thrown into cells, with injuries resulting from these incidents; DRNM has requested incident reports but has not yet received them. Visitation policies were found to be vague and inconsistently applied, with video calls largely discontinued except for special requests at the discretion of case managers, and call or visitation lists restricted to immediate family, excluding grandparents or step-parents. DRNM continues to monitor staff conduct and visitation practices to ensure youth safety and access to family connections. Capacity is about 48 beds, rarely full. However, lengths of stay are longer here. DRNM conducts monitoring and training and outreach activities at JPTC about once per month.

CYFD Offices:

New Mexico's child welfare agency, Child, Youth & Families Department (CYFD), is responsible for the safety and welfare of children who come into its custody. Unfortunately, it has been well reported and a long used tactic for the Department to rely on placing children who enter its custody in the Department's administrative offices throughout the state. This has led to well documented cases of youth on youth abuse as well as abuse from CYFD caseworkers. Over the year, DRNM monitored CYFD offices and related facilities to assess the use of office spaces for youth placements. Early visits revealed a lack of record-keeping for youth stays, prompting CYFD to agree to implement a monthly log system. Visits to Albuquerque and Las Cruces offices indicated that the use of offices for temporary placement had decreased, with most youth placed instead in external facilities such as YDI and AMIkids. Youth were generally reluctant to discuss their placements with monitors. In light of limited access and utility of office visits, DRNM shifted focus to monitoring the facilities used for emergency placements, enabling broader oversight of youth in CYFD custody, and is concurrently investigating a youth suicide at AMIkids. The number of children in CYFD custody residing in offices is unknown and tightly held secret by the Department. DRNM has conducted only 2 monitoring visits at CYFD offices thus far, reaching approximately 15 youth in custody.

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, Other Systemic Advocacy, Monitoring, Training/Outreach

Target Measures

Target Population:	Adults with significant mental illness and children/youth with significant emotional 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:

There are multiple factors impacting why the priority/goal was not achieved. DRNM experienced staffing changes which impacted the consistency of administrative data into our data keeping system ("DAD"). DRNM also did not receive a high volume of calls or complaints alleging abuse or neglect. DRNM has improved our internal processes and expectations for client data input by staff. Monitoring staff is much more aware of how to categorize these cases in DAD as well, and we expect improved performance next year.

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



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, Educating Policy Makers, Investigations of Abuse and Neglect, Other Systemic Advocacy, Monitoring, Training/Outreach, Issuance of Public Report

Target Measures

Target Population:	Adults with significant mental illness and children/youth with significant emotional disturbance receiving mental health services in congregate care facilities.
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Expected Target:	4
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:

YSC:

The Youth Services Center (YSC) provides a wide array of services to youths ages 12 to 18 from across New Mexico who are housed there while awaiting court for an allegation of a delinquent act. Behavioral and mental health care are components of their model, which is a certified Juvenile Detention Alternatives Initiative (JDAI) site. Throughout the year, DRNM conducted regular monitoring of the Youth Services Center in collaboration with the Law Clinic at the University of New Mexico School of Law, with expanding law student participation across summer and fall teams. Monitoring identified ongoing concerns related to staff use of force during restraints, access to medical and dental care, and the use of strip searches, while also prompting measurable improvements. Youth reported increased access to education, progressing from attending school sporadically to attending daily, and YSC expanded educational programming by opening additional classrooms to reduce class sizes. Strip search practices fluctuated during the year; however, youth reported an overall decline, and YSC took steps toward installing body scanners to reduce reliance on strip searches, though full implementation remains pending. DRNM also received reports alleging the use of YSC as a placement for youth in CYFD custody. Ongoing monitoring and collaboration with YSC leadership resulted in more timely resolution of staff mistreatment issues and resident concerns.

NMBHI:

The New Mexico Behavioral Health Institute (NMBHI) is New Mexico's sole state-run psychiatric hospital, located in rural Las Vegas, New Mexico. Throughout the year, DRNM conducted regular monitoring visits and quarterly meetings at NMBHI, identifying and addressing systemic concerns related to youth programming, staffing shortages, discharge delays, and guardianship practices. A significant focus of monitoring involved the overuse of "meditation" on youth units, where youth reported being confined to their rooms for extended periods without instruction or meaningful programming; following DRNM advocacy, NMBHI discontinued this practice as a form of punishment or population control, implemented clinician-led meditation instruction, and increased access to outdoor time and activities. DRNM also raised concerns regarding excessive deference to guardians, including improper limitations on patient rights and discharge decisions, prompting staff training on guardianship and patient rights, though disagreements remain regarding guardian consent requirements. Ongoing monitoring and advocacy resulted in improvements to youth programming and conditions, while DRNM continues to engage with NMBHI leadership to address unresolved guardianship and discharge-related issues.

Sequoayah:

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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, Monitoring, Training/Outreach

Target Measures

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

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



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

Client is a 56 year old male with mental illness. He alleges neglect by law enforcement by way of law enforcement refusing to respond to his calls for service reporting dangerous activity in his neighborhood. DRNM provided self advocacy assistance by informing him of his rights and

providing tort claims notice forms and information on how to file a report with Office for Civil Rights.

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,Other Systemic Advocacy,Monitoring,Training/Outreach

Target Measures

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

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

DRNM did not receive sufficient calls for service regarding this priority area and thus did not meet the goal.

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



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

Objective: Assist and advocate for individuals 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: Collaboration,Rights-Based Individual Advocacy Services,Educating Policy Makers,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:	10
Expected Outcome:	10
Actual Outcome:	22
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 19 year old male diagnosed with PTSD and residing at Youth Service Center, which is a legal detention center for youth awaiting adjudication of juvenile offenses. He complained to DRNM that his medications were not effective. The facility reviewed his case and adjusted his medications, resolving his concerns.

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, Other Systemic Advocacy

Target Measures

Target Population:	Adults with significant mental illness who live in boarding homes.
Expected Target:	2
Expected Outcome:	2
Actual Outcome:	0
Achieved: 	Not Achieved: 

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

Because boarding homes are not being licensed in DRNM, it is difficult to bring in these cases. DRNM also did not receive sufficient calls for service regarding this priority to meet the goal.

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

DRNM had a very productive meeting with Health Care Authority (HCA) secretary Kari Armijo and her leadership team on July 10 regarding the legal requirement to license boarding homes, a requirement the HCA is currently failing to meet. As agreed, DRNM then shared our comments on how to improve the regulatory structure that is in place but is systematically ignored. HCA has a new head of the Division for Health Improvement, tasked with licensing boarding homes, and we have established communication with her towards the apparently shared goal of seeing HCA fulfill its obligations to the vulnerable New Mexicans who are residents in boarding homes around the state.

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, Educating Policy Makers, Other Systemic Advocacy, Training/Outreach

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:

This case was dismissed during the reporting period after achieving compliance with the settlement. APD Forward has since stopped meeting. This historic ruling comes after the City of Albuquerque and the U.S. Department of Justice (DOJ) jointly filed a motion to conclude the CASA last week, following APD's achievement of full and effective compliance with all terms of the agreement. The settlement was enacted in 2014 following a DOJ investigation that revealed patterns of excessive force. Over the past 11 years, APD underwent a rigorous transformation, embracing new policies, increasing transparency, and embedding accountability into its daily operations. As federal oversight concluded, the City of Albuquerque and APD reaffirm their pledge to continue building a modern, community-focused police department grounded in constitutional policing and public trust.

Additionally, in accordance with the proposed Settlement Agreement between the U.S. Department of Justice and the City of Albuquerque, the purpose of the Mental Health Response Advisory Committee was created with the purpose is to provide guidance to the City of Albuquerque Police Department.

MRAC members of the committee come from all walks of life and they are committed to improving the lives of those with mental illness and their interactions with law enforcement in Albuquerque. It includes providers, the Police, the court system, advocates, family members, and consumers.

The Mental Health Response Advisory Committee analyzes and recommends appropriate changes to policies, procedures, and training methods regarding police contact with persons who may be mentally ill or experiencing a mental health crisis.

While not directly to do with APD Forward, in March 2025, DRNM met with judges, attorneys, and forensic evaluators regarding the competency process and problems. We spoke with 10 medical, law, and graduate psychology students – discussing client representation in the process and the coming changes. We spoke with UNM professors and forensic evaluators about potential litigation for problems with House Bill 8.

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

Over the year, DRNM actively engaged with the overhaul of New Mexico's criminal competency process following the passage of House Bill 8. Initially, DRNM participated in the Supreme Court's Mental Health and Competency Commission, co-chairing the Behavioral Systems Team, and worked on establishing a Forensic Mental Health office to expedite evaluations and ensure access to mental health services for in-custody individuals. With HB 8's implementation, DRNM shifted focus to litigation preparedness and advocacy, collaborating with forensic evaluators, ACLU attorneys, the NM Prison and Jail Project, and Public Defenders to address anticipated backlogs caused by evaluator attrition and the lack of community-based restoration options. DRNM is also monitoring the Assisted Outpatient Treatment (AOT) diversion process, collecting data in Bernalillo County, and participating in monthly meetings with the courts, Public Defenders, and District Attorneys to promote accountability while protecting the civil rights of individuals affected by the competency system.

- 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, Issuance of Public Report

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:	0
Achieved: 	Not Achieved: 

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

While DRNM did work individual cases relevant to this priority, some may not have been captured in our data system under this priority and some cases did not close during the reporting period.

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

Plaintiffs in the Kevin S. settlement agreement pursued arbitration on four key areas of the settlement that the State remains in breach of. Arbitration was conducted over eight full days in November 2024 on the state's failure to meet the performance standards to: (1) recruit and retain foster families, (2) recruit and retain CYFD staff to meet 200% of the caseload standards, (3) ensure 100% of children in state custody receive an EPSDT well-child check-up, and (4) provide real-time data. DRNM provided witness testimony as to the State's lack of performance of its obligations and, in particular, why well-child check-ups are important in identifying physical, behavioral, and developmental issues to make appropriate referrals to specialists or follow up assessment. DRNM also assisted the litigation team with legal research and identifying evidence in the thousands of pages in the record. The availability of Treatment Foster Care became an important component in arbitration. Two remedial orders (Remedial Order #1 and Remedial Order #2) have been ordered over the reporting period. Each requires the State to make progress on certain issues. Of particular note was the order directing the State to license an additional 244 new treatment foster care placements. The aim of Treatment Foster Care is to allow youth to avoid higher levels of care such as residential treatment or otherwise step down from higher levels of care. It is a behavioral health service for which New Mexico's child welfare system has a desperate need.

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

Amicus on behalf of youth in state custody (ATJ, CLS, PADD, PAIMI; Objectives C.1-2, MH.1): DRNM was invited by a sister agency, the Native American Disability Law Center, to submit an amicus brief to the state Supreme Court on the issue of whether the children's court has jurisdiction to join a child in state custody's Medicaid Managed Care Organization (MCO) to the child's abuse and neglect case. DRNM took the lead on drafting the brief, also signed on by Pegasus Legal Services for Children. Our brief explained the barriers children in state custody encounter when trying to access Medicaid services, and the legal obligations to ensuring delivery of these medically necessary Medicaid services to children – particularly those in CYFD custody.

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

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

Target Measures

Target Population:	Provide information to adults with significant mental illness who are respondents in AOT proceedings, their attorneys, and others involved in AOT proceedings. Attend AOT quarterly implementation advisory team meetings.
Expected Target:	1
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:

The AOT program in Las Cruces continues functioning, and the long-dormant program in Albuquerque is back in operation. DRNM participates in the Implementation Team for the Albuquerque program. Vigilance over AOT and the civil rights of our constituents is increasingly important as the governor seeks to expand use of the AOT model statewide.

Criminal Competency Reform (HB 8) has begun throughout New Mexico. This includes diverting individuals found incompetent through AOT (Assisted Outpatient Treatment). DRNM is developing a plan to begin data collection in Bernalillo County to see how individuals are doing in AOT with the Public Defenders. We attend monthly meetings with the AOT team, AOC (Administration of the Courts), Public Defenders, and District Attorneys to work through AOT issues. DRNM strives to help the program be held accountable while honoring the civil rights of participants.

A DRNM attorney spoke on the NAMI Community Conversations Panel with three other community providers. The topic was examining how to raise awareness of mental health, build a safe space for discussion, and promote community development of mental health resources. We discussed Assisted Outpatient Treatment (AOT), difficulties people with mental illness find in areas of employment and special education, and how to start a grassroots movement of advocacy. Approximately 10 people were in attendance, in person and online.

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: Rights-Based Individual Advocacy Services, Educating Policy Makers, 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:	6

Expected Outcome: 6
Actual Outcome: 5
Achieved:  **Not Achieved:** 

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

DRNM did not receive sufficient calls for service relevant to this priority to meet the goal.

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

TS is 40yo African-American under guardianship. He would like to have no guardian, but judge has looked at this situation many times and repeatedly comes to same conclusion. DRNM met with client to review his legal rights and his current situation. Options were reviewed with the client, but it was ultimately decided that DRNM was unable to assist the client with direct representation.

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

Over the year, Working Interdisciplinary Network of Guardianship Stakeholders (WINGS), with active involvement from DRNM, focused on advancing guardianship reform and promoting Supported Decision-Making (SDM) in New Mexico. After previous setbacks, SDM legislation was successfully signed into law in early April and will take effect on July 1, providing a legal alternative to traditional guardianship that supports self-determination for people with disabilities. DRNM supported these efforts through testimony, advocacy, and ongoing participation in WINGS meetings, which occur at least quarterly and are open to the public. Following the passage of SDM, WINGS is now focusing on improving the annual court reporting form used by guardians and continuing broader reform initiatives to ensure guardianship is used appropriately and minimally.

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

Strategies Used: Collaboration, Rights-Based Individual Advocacy Services, 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: 8
Expected Outcome: 8
Actual Outcome: 14
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:

National Center on Law and Elder Rights (NCLER) Guardianship Defense Project DRNM attorneys were part of a cohort created by National Center on Law and Elder Rights (NCLER) on defending against guardianships. This cohort had monthly educational meetings with resources on litigation strategies and alternatives to guardianship. The cohort ended in November, but the DRNM attorneys involved are continuing with the plans to present on these trainings. DRNM has partnered with the NM Office of Guardianship (OOG) for this training project. In November DRNM and OOG along with a NM District Court judge familiar with guardianships submitted an application to present at an annual training for judges in New Mexico.

Alternatives to Guardianship: DRNM attorneys partnered with the NM Office of Guardianship again for their Alternatives to Guardianship efforts at the Parents Reaching Out Conference held on March 14. Two DRNM attorneys were present for a legal clinic to provide information and legal advice on alternatives to guardianship. Attorneys talked with 16 families between the two of them. One of the DRNM attorneys also presented at the conference on alternatives to guardianship for young adults. One parent and their 17yo had talked to attorneys about potential alternatives for when the minor reached the age of majority, and then came back to the clinic after attending the presentation, as they had decided on doing a Power of Attorney (POA) instead of guardianship. DRNM attorney thoroughly explained each section of the POA to make sure person with the disability understood what each section meant, and how the person could revoke the POA if they ever feel their agent is not acting in accordance with their wishes.

New Mexico Behavioral Health Institute (NMBHI) Training on Guardianship and Alternatives: DRNM attorneys provided training to the NMBHI staff, as our regular monitoring visits and quarterly meetings indicated there was not a clear understanding of the kinds of things guardians could and could not do, as well as the rights persons with guardians retained. On June 18 DRNM attorneys answered questions and engaged in conversation with NMBHI staff and administration during and after the training. The discussion with NMBHI staff was productive and lively, and a follow-up e-mail from NMBHI let us know that the training was appreciated and well received.

New Mexico Family Guardianship Conservatorship Coalition: DRNM trained about a dozen people with the NM Family Guardianship Conservatorship Coalition remotely on June 4. They had a series of questions about the guardianship process and new developments in the field. A DRNM attorney followed up with a few of them privately after the presentation to dive deeper in specific questions on a couple different areas.

Legislative Update: On April 9 DRNM provided a training via Zoom to the Guardianship Discussion Group, put together by the New Mexico Guardianship Association, on the outcomes of the recent legislative session. Approximately three dozen people participated.

Supported Decision Making (SDM) Workgroups: DRNM is involved with the Developmental Disabilities Council and Johnathan Martinis, the national leading force behind SDM, in the development of workgroups to promote awareness of and access to SDM agreements, particularly as a key tool to avoid unnecessary guardianships.

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

Over the year, Working Interdisciplinary Network of Guardianship Stakeholders (WINGS), with active involvement from DRNM, focused on advancing guardianship reform and promoting Supported Decision-Making (SDM) in New Mexico. After previous setbacks, SDM legislation was successfully signed into law in early April and will take effect on July 1, providing a legal alternative to traditional guardianship that supports self-determination for people with disabilities. DRNM supported these efforts through testimony, advocacy, and ongoing participation in WINGS meetings, which occur at least quarterly and are open to the public. Following the passage of SDM, WINGS is now focusing on improving the annual court reporting form used by guardians and continuing broader reform initiatives to ensure guardianship is used appropriately and minimally.

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: Rights-Based Individual Advocacy Services, Educating Policy Makers, Other Systemic Advocacy, 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:	6
Expected Outcome:	6
Actual Outcome:	0
Achieved: 	Not Achieved: 

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

DRNM did not receive sufficient calls requesting service regarding this priority to meet the goal.

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



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

IDEA Advisory Panel: Over the year, DRNM actively participated in quarterly IDEA Advisory Panel meetings and interim meetings of the panel's Policy and Procedures Committee, with a DRNM senior attorney chairing the committee. The committee focused on key policy and legislative issues impacting students with disabilities, including recommendations on restraint and seclusion in schools, graduation requirements, definitions and limits on expulsion and permanent removal, reentry pathways, and required training for school personnel involved in manifestation determination reviews. The committee also addressed providing special education services in residential treatment centers, establishing and supporting Special Education Parent Advisory Councils (SEPACs), and ensuring consistency with federal law in legislative proposals such as SB 38 and HB 260. Additionally, DRNM chaired the newly established Behavior and Discipline Committee, contributing

ongoing guidance and public comment to the New Mexico Public Education Department to strengthen protections and support for students with disabilities.

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

Target Measures

Target Population:	Students with significant emotional disturbances that are subject restraint, seclusion, or law enforcement intervention due to their behaviors.
Expected Target:	2
Expected Outcome:	2
Actual Outcome:	0
Achieved: 	Not Achieved: 

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

DRNM did not receive sufficient calls for service regarding this priority and thus did not meet the goal.

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



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

IDEA Advisory Panel: Over the year, DRNM actively participated in quarterly IDEA Advisory Panel meetings and interim meetings of the panel's Policy and Procedures Committee, with a DRNM senior attorney chairing the committee. The committee focused on key policy and legislative issues impacting students with disabilities, including recommendations on restraint and seclusion in schools, graduation requirements, definitions and limits on expulsion and permanent removal, reentry pathways, and required training for school personnel involved in manifestation determination reviews. The committee also addressed providing special education services in residential treatment centers, establishing and supporting Special Education Parent Advisory Councils (SEPACs), and ensuring consistency with federal law in legislative proposals such as SB 38 and HB 260. Additionally, DRNM chaired the newly established Behavior and Discipline Committee, contributing ongoing guidance and public comment to the New Mexico Public Education Department to strengthen protections and support for students with disabilities.

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: Rights-Based Individual Advocacy Services, Educating Policy Makers, Other Systemic Advocacy, 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:	3
Achieved: 	Not Achieved: 

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

DRNM did not receive sufficient calls for service regarding this priority and thus did not achieve the goal.

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

Client is a 15 year old female diagnosed with major depressive disorder and anxiety. She was receiving special education services from a charter school. Client's mother contacted DRNM seeking support obtaining accommodations in her 504 plan. DRNM provided technical assistance and self advocacy assistance to mom on the difference between 504 and an IEP, how to complaint for lack of implementation of accommodations

from a 504 plan, and how parent could request an initial evaluation for special education. Parent was able to utilized this assistance and advocated for an evaluation for her daughter. Client was ultimately identified as a student in need of special education and now has an IEP. Parent is now using the IDEA process to advocate for appropriate educational supports for client.

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

IDEA Advisory Panel: Over the year, DRNM actively participated in quarterly IDEA Advisory Panel meetings and interim meetings of the panel's Policy and Procedures Committee, with a DRNM senior attorney chairing the committee. The committee focused on key policy and legislative issues impacting students with disabilities, including recommendations on restraint and seclusion in schools, graduation requirements, definitions and limits on expulsion and permanent removal, reentry pathways, and required training for school personnel involved in manifestation determination reviews. The committee also addressed providing special education services in residential treatment centers, establishing and supporting Special Education Parent Advisory Councils (SEPACs), and ensuring consistency with federal law in legislative proposals such as SB 38 and HB 260. Additionally, DRNM chaired the newly established Behavior and Discipline Committee, contributing ongoing guidance and public comment to the New Mexico Public Education Department to strengthen protections and support for students with disabilities.

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

Target Measures

Target Population:	Students with significant emotional disturbance
Expected Target:	2
Expected Outcome:	2
Actual Outcome:	1
Achieved: 	Not Achieved: 

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

DRNM did not receive sufficient calls for service regarding this priority and thus did not meet the goal.

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

Client is a 13 year old male with OCD and anxiety who was residing and receiving care at NMBHI in the RTC CARES Unit. Parents and client believed he would benefit from special education, but the client had not been evaluated or identified. DRNM provided self advocacy assistance and information and referral on how client and his parents could request an evaluation

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, Other Systemic Advocacy, Monitoring, Training/Outreach

Target Measures

Target Population:	Students with significant emotional disturbance
Expected Target:	2
Expected Outcome:	2
Actual Outcome:	1
Achieved: 	Not Achieved: 

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

DRNM did not receive sufficient number of calls for service regarding this priority and thus did not meet the goal.

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

Client was a 17 year old male diagnosed with major depression and anxiety and was residing and receiving care at the New Mexico Behavioral Health Institute (NMBHI) in their CARES Unit, which is an RTC. DRNM learned that client had previously had an IEP and was not receiving

accommodations from that IEP while at NMBHI's RTC program. DRNM requested educational records and attempted to schedule a new IEP at BHI, but client was discharged prior to the IEP taking place. DRNM lost contact.

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, Systemic Litigation, Educating Policy Makers, Other Systemic Advocacy, Training/Outreach

Target Measures

Target Population:	Adults with significant mental illness who need rental housing.
Expected Target:	2
Expected Outcome:	2
Actual Outcome:	10
Achieved:	
Not Achieved:	

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



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

Throughout the year, DRNM continued extensive outreach and advocacy for unhoused individuals with disabilities in Albuquerque. Attorneys engaged regularly with community organizations, law partners, and City staff to address systemic accessibility concerns in shelters, discrimination in public transit, and quality of services for individuals experiencing mental health crises. Organizations which DRNM has met with include Albuquerque Community Safety (ACS), Albuquerque Healthcare for the Homeless, Heading Home, the Quaker Friends Meeting House, Hopeworks, the New Mexico Coalition to End Homelessness, City of Albuquerque staff, the American Civil Liberties Union (ACLU), New Mexico Center on Law and Poverty, and New Mexico Legal Aid. DRNM assisted individual clients in advocating for accommodations, including securing accessible housing and hotel vouchers, and helped a family with a disabled child obtain temporary shelter and public attention during an urgent eviction. DRNM also supported community efforts to respond to harmful City practices, such as clearing encampments and destroying personal property, while producing educational materials like "Know Your Rights" cards for unhoused people with service animals. Overall, DRNM's work combined individual advocacy, community engagement, and systemic oversight to improve conditions and protect the rights of people with disabilities experiencing homelessness.

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, Educating Policy Makers, Other Systemic Advocacy, Training/Outreach

Target Measures

Target Population:	Adults with significant mental illness who need but are not receiving accommodations in rental housing.
Expected Target:	2
Expected Outcome:	2
Actual Outcome:	1
Achieved:	
Not Achieved:	

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

DRNM did not receive sufficient calls for service to meet this priority and thus did not achieve the goal.

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

Client is a 48-year-old with schizophrenia in a Supportive Housing program. He had lived in this program for over two decades but was facing eviction for needing a higher level of care. The problem, however, seemed to stem from the untreated cataracts he had developed; once the cataracts were surgically removed, with no assistance from the program, he no longer needed that higher level of care. DRNM's legal intervention in his eviction case enabled him the time to find a better place to live, and he happily moved out before the court case fully resolved.

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, Systemic Litigation, Rights-Based Individual Advocacy Services, Educating Policy Makers, Other Systemic Advocacy, Training/Outreach

Target Measures

Target Population:	Persons with significant mental illness that are discriminated against due to their significant mental illness while attempting to gain or maintain employment.
Expected Target:	2
Expected Outcome:	2
Actual Outcome:	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 63 year old Hispanic male with PTSD and depression. Client, who has mental illness, contacted DRNM in April 2025 for assistance with his employment discrimination matter against his former employer, Credit Acceptance Corporation. DRNM attorneys met with client at length to understand his facts and allegations, and to begin preparing him for his upcoming interview with EEOC. We also discussed the need to require CAC to preserve evidence, and assisted client by drafting and sending a preservation letter on DRNM letterhead. Client later obtained private employment counsel in July 2025, who could fully represent him in the EEOC process.

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

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

Strategies Used: 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 sufficient calls for service regarding this priority and thus did not achieve the goal.

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

Client is a 41 year old female diagnosed with bi-polar and other mental illnesses. She originally sought assistance from DRNM to appeal a denial regarding in-patient treatment at a local behavioral health provider, Nexus. DRNM met with client's IDT team and UNM psych provider to discuss her care options and whether her case was appropriate to take to Fair Hearing. The team expressed that they did not feel that client was benefitting from continued admission to treatment programs as some of her ongoing behavioral concerns were caused by personality disorders that could not be effectively treated in a psych. setting.

We discussed how client might appeal the Medicaid denial for Nexus and also discussed alternative solutions (e.g. psych meds that client felt improved her condition). Client and her team opted to attempt family living as an alternative service to address her behavioral challenges, which was ultimately approved by insurance.

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: Collaboration, Educating Policy Makers

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:	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:

DRNM provided public comment on NMPED's rule amendment regarding graduation requirements in New Mexico, and impacting graduation pathways for students with disabilities (for example, elimination of the modified pathway and narrowing of the ability pathway). The rule was ultimately approved, despite the concerns expressed by DRNM and others.

On May 24 DRNM commented on the NM Health Care Authority in opposition to proposed rule changes to require annual Level of Care determinations for Medicaid participants with static, unchanging conditions.

On May 16 DRNM submitted two sets of comments (one letter procedural, one letter on substance) to the U.S. Department of Energy on proposed changes to the legal protections for people with disabilities who use federal buildings.

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 if 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: 10

Achieved:  **Not Achieved:** 

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



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

DRNM attended 10 meetings with the Disability Coalition this year. DRNM attends regular Disability Coalition meetings to ensure that mental health issues are in the forefront. The goal of the Disability Coalition is to support collaborative public policy across multiple disability organizations. This year there has been a focus on possible legislative changes impacting persons with mental illness in the following areas (1) possible broadening of mental health commitment laws that would impact the civil rights of persons with mental illness; (2) expansion of Assisted Outpatient Treatment (AOT) programs; (3) initiatives to address the lack of mental health competency evaluations and individuals languishing in criminal justice system awaiting resources; and (4) expansion of resources to provide mental health assistance resources and regional planning to implement. Additionally, the Disability Coalition continues to focus on special education services for students with mental illness. Finally, there was collaboration and planning on new work and volunteer requirements for SNAP and Medicaid benefits that will impact individuals with mental illness and unable to meet those requirements.

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:

WINGS: Over the year, Working Interdisciplinary Network of Guardianship Stakeholders (WINGS), with active involvement from DRNM, focused on advancing guardianship reform and promoting Supported Decision-Making (SDM) in New Mexico. After previous setbacks, SDM legislation was successfully signed into law in early April and will take effect on July 1, providing a legal alternative to traditional guardianship that supports self-determination for people with disabilities. DRNM supported these efforts through testimony, advocacy, and ongoing participation in WINGS meetings, which occur at least quarterly and are open to the public. Following the passage of SDM, WINGS is now focusing on improving the annual court reporting form used by guardians and continuing broader reform initiatives to ensure guardianship is used appropriately and minimally.

Legislative Update: On April 9 DRNM provided a training via Zoom to the Guardianship Discussion Group, put together by the New Mexico Guardianship Association, on the outcomes of the recent legislative session. Approximately three dozen people participated.

Supported Decision Making (SDM) Workgroups: DRNM is involved with the Developmental Disabilities Council and Johnathan Martinis, the national leading force behind SDM, in the development of workgroups to promote awareness of and access to SDM agreements, particularly as a key tool to avoid unnecessary guardianships.

Kevin S.: Legislators have closely followed the arbitration proceedings ongoing in Kevin S. Plaintiffs in the Kevin S. settlement agreement pursued arbitration on four key areas of the settlement that the State remains in breach of. Arbitration was conducted over eight full days in November 2024 on the state's failure to meet the performance standards to: (1) recruit and retain foster families, (2) recruit and retain CYFD staff to meet 200% of the caseload standards, (3) ensure 100% of children in state custody receive an EPSDT well-child check-up, and (4) provide real-time data. DRNM provided witness testimony as to the State's lack of performance of its obligations and, in particular, why well-child check-ups are important in identifying physical, behavioral, and developmental issues to make appropriate referrals to specialists or follow up assessment. DRNM also assisted the litigation team with legal research and identifying evidence in the thousands of pages in the record. The availability of Treatment Foster Care became an important component in arbitration. Two remedial orders (Remedial Order #1 and Remedial Order #2) have been ordered over the reporting period. Each requires the State to make progress on certain issues. Of particular note was the order directing

the State to license an additional 244 new treatment foster care placements. The aim of Treatment Foster Care is to allow youth to avoid higher levels of care such as residential treatment or otherwise step down from higher levels of care. It is a behavioral health service for which New Mexico's child welfare system has a desperate need.

IDEA Advisory Panel: Over the year, DRNM actively participated in quarterly IDEA Advisory Panel meetings and interim meetings of the panel's Policy and Procedures Committee, with a DRNM senior attorney chairing the committee. The committee focused on key policy and legislative issues impacting students with disabilities, including recommendations on restraint and seclusion in schools, graduation requirements, definitions and limits on expulsion and permanent removal, reentry pathways, and required training for school personnel involved in manifestation determination reviews. The committee also addressed providing special education services in residential treatment centers, establishing and supporting Special Education Parent Advisory Councils (SEPACs), and ensuring consistency with federal law in legislative proposals such as SB 38 and HB 260. Additionally, DRNM chaired the newly established Behavior and Discipline Committee, contributing ongoing guidance and public comment to the New Mexico Public Education Department to strengthen protections and support for students with disabilities.

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

Target Measures

Target Population:	The target population will be individuals with significant mental illness that experience discrimination based on their mental illness.
Expected Target:	3
Expected Outcome:	3
Actual Outcome:	0
Achieved: 	Not Achieved: 

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

DRNM did not receive sufficient calls for service regarding this priority and thus did not achieve the goal.

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



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:	1
Achieved: 	Not Achieved: 

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

DRNM did not receive sufficient calls for service regarding this priority and thus did not achieve the goal.

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

Client is a 47 year old male with significant mental illness who was denied public accommodation for his service animal at a salon in rural New Mexico. Police were called on him, and client provided service animal certification to law enforcement. No action was taken to enforce his right to public accommodation. DRNM assisted client by drafting an OCR and HRB complaint and assisted client throughout the subsequent investigation.

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

DRNM has recently produced laminated wallet sized cards with "Know Your Rights" information for people with service animals, and are distributing these "Know Your Rights" cards to homeless service providers to offer to unhoused people with service animals. Additionally, DRNM is talking with City of Albuquerque staff regarding systemic discrimination concerns on public transit, which disproportionately impacts unhoused individuals.

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

For ACR assistance, please contact the PAIMI Program Officer

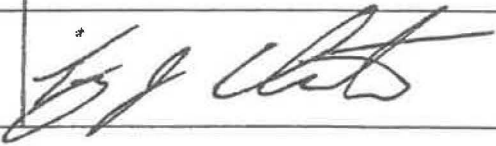
Please read and follow the instructions in each section and use the attached glossary in to complete the form.

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; 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 (0930-0169).

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:	2024-2025
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] Title of the Preparer: Phone Number:	T.J. Chester PAC Chair
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:	
E- Mail Address:	
Date Submitted:	12/19/2025
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.		2
B.1.c. Family members of individuals who are recipients/former recipients (R/FR) of mental health services.		1
At least one (1) PAC member shall be a B.1.d.		
B.1.d. Family members of a minor child or youth (under 18 years old) who has received or is receiving mental health services.		1
B.1.e. Mental health service providers.		0
B.1.f. Mental health professionals:		1

B.1.f.1. Social Workers	
B.1.f.2. Psychologists	
B.1.f.3. Psychiatric Nurses	1
B.1.f.4. Psychiatrists	
B.1.f.5. Psychiatric Nurse Practitioners	
B.1.f.5. Peer Support Specialists	1
B.1.g. Attorneys.	2
B.1.h. Individuals from the public knowledgeable about mental illness.	1
B.1.i. Others (please identify by position held).	
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?	Yes X	No
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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].	3
B.3. e. Number (%Average) of PAC members present at Meeting.	75%

SECTION C. PAC DATA ON ETHNICITY & RACE

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
(Add C.A.1 & C.A.2., the total should be the same as the one listed in B.1.k. (members serving as of 9/30).	Total
C. B. RACE	
C. B. 1. American Indian or Alaska Native	0
C. B. 2. Asian	0
C. B. 3. Black or African American	0

C. B. 4. Native Hawaiian/Other Pacific Islander	
C. B. 5. White	9
C. B. 6. Two or More Races	1
C. B. 7. = C.B.1 through C.B.6.	Total
Members may select as many racial identifications as they want.	10
C. C.1. Total Number of PAC member vacancies on September 30.	Total PAC Vacancies

SECTION D. Sex of PAC Members	
D.1 FEMALE	D.2 MALE
8	2
D.3. TOTAL 10	

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 10	
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> 1 </u>	If	Yes X	No
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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
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F.1.a. Did any of the invited program staff attend?	Yes X	No
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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, Monitoring Advocate, Director of Grants and Compliance

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.

Monitoring Advocate- Leads monitoring activities and reports on activities.

Director of Grants and Compliance- Provides reports on PAIMI activities and records minutes of PAC meetings, makes arrangements for PAC members to attend trainings and presentations, expense report forms provided.

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?		
F.3.c. Did any of the invited governing board members attend?	Yes	No X
F.4. Did the PAC work jointly with the governing board to develop the annual PAIMI priorities? [42 CFR 51.23(a) (2)].	Yes	No*
F.4.a. If Yes, briefly describe these joint activities. 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. This past year, four PAC members attended a joint public forum with DRNM BOD to discuss Priorities and Objectives for FY2026.		

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.			
No			
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 - <i>payments for PAC and Governing board/authority members by a State P&A system are optional</i>].			
F.5.a. In-State Trainings/Educational Activities.	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 10px;">Yes X</td> <td style="padding: 2px 10px;">No</td> </tr> </table>	Yes X	No
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 3 participants from the PAC that attended.				
F.5.b. Out-of-State Trainings/Educational Activities.			Yes	No
If yes, list each activity by number and provide a brief description of PAC involvement, e.g., Activity 1 – Attendance at NDRN annual conference.				X
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*	
F.7.b. *Brief explanation required for either F.7.a. 2. No or F.7.a. 3. Don't Know responses. DRNM reimbursed for travel expenses of mileage.				

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
Disability Rights Awareness Day	3			
Pre-legislative Forum	3			

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

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

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

1. Pre-Legislative Forum-3 attended
2. Disability Rights Awareness Day-3 attended
3. Joint meeting with DRNM BOD to discuss FY2026 Priorities and Objectives

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.

DRNM held multiple public forums in different communities throughout the state, provided opportunity through posting on website that included a survey document and held joint meeting of BOD and PAC.

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.

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 describe any special projects (e.g., institutional monitoring).

The PAC continues to have conversations dealing with homelessness for individuals with significant mental health diagnoses. On the PAC, we have some experts in legal rights of persons with significant mental illness in housing and the criminal justice system. This has provided great input on issues regarding criminal competency evaluations and the lack of professionals to conduct evaluations, resulting in individuals languishing in jails as they await evaluations. Discussions regarding benefits of outpatient evaluation resources We will continue to discuss and explore how DRNM and the PAC can work together on making sure that persons with mental illness (1) do not end up in the criminal justice system because they are homeless and (2) do not experience extended incarceration because of failure to provide competency evaluations.

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 2024-25 priorities and objectives at each 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. Of particular concern, there was great concern of youth in state custody that were languishing in administrative offices and not receiving necessary mental health services. There is great concern over the suicides of several youth in state custody. Our goal has been to increase the development of more appropriate residential family placements.

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 and the development of community based behavioral health services.

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 discussions on Assisted Outpatient Treatment (AOT).

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 the opportunity to attend trainings that would enhance their knowledge and their roles as PAC members.

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

No*

X

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
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 (<i>at least one annually</i>) 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? <u> X </u> . 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. 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 grants reporting 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.