



PAIMI

ADVISORY COUNCIL



STATE OF CONNECTICUT OFFICE OF PROTECTION AND ADVOCACY FOR PERSONS WITH DISABILITIES

PROTECTION AND ADVOCACY FOR INDIVIDUALS WITH MENTAL ILLNESS

Authorized by Federal Law (42 U.S.C.A. 10801-10826) to protect and advocate for the rights of individuals with mental illness

PAIMI Advisory Council Meeting Minutes August 2, 2011

The PAIMI Advisory Council met at 9:30 a.m. on August 2, 2011 at the Office of Protection and Advocacy for Persons with Disabilities.

Present: Muriel Tomer, Elizabeth Larsen, Alicia Woodsby, Kirk Lowry, Marisa Walls, Barbara Sloan, Jerilyn Newson and Tom Behrendt

Absent: Wallace T. Peterson III, Sandy Chapman, Lorna Grivois, Roy Lee, Jennifer Henry, Marcia McIntosh and Kimberly Guy

Staff: James McGaughey, Executive Director, Gretchen Knauff, Assistant Director, Bruce Garrison, PAIMI Assistant Director, Nancy Alisberg, Managing Attorney, Wiley Rutledge, PAIMI Advocate, Maria Cruz, PAIMI Advocate,

CALL TO ORDER

The PAIMI Advisory Council Meeting was called to order at 9:35 a.m.

OLD BUSINESS

Executive Director's Report

- Federal Monitoring Report – This report took 2 years to be sent. There is a summary with recommendation. OPA supplied a response to the summary report.
- There are 10 OPA staff affected by the layoff. Some take effect in 2 weeks and the others' last day will be 8/25/2011.

- OPA has an image problem. OPA was hit hard in the layoff (41.9%). Met with secretary Barnes and he said they see advocacy as a secondary service. Original lay off was 13 staff but they only gave notices to 11 staff.

Peer Review – Gretchen said that she was taken aback by the report because it stated that PAIMI has weaknesses. Gretchen felt it was important for the Council to have the report.

Conflict of Interest Policy

Muriel T. asked the Council to review the Conflict of Interest Policy and informed them that it would be discussed at the October 4, 2011 meeting.

James McG. reported that this policy was taken from the OPA Board’s policy. He suggested that it should be part of the PAIMI bylaws. The feds say that PAIMI has to adopt something and put it in the bylaws.

NEW BUSINESS

Review of FY 2011 PAIMI Priorities

The FY 2011 PAIMI Priorities were reviewed and the results are listed in the table below:

PAIMI Priorities for FY 2011
10/1/2011 – 9/30/2012

Goal 1 – Enforce the patient’s bill of rights and other safeguards afforded by law.

Objective	Target Population	Expected Outcome
1. Provide advocacy and representation to 115 individuals in public and private psychiatric hospitals, nursing homes, residential care homes, prisons and other supervised residential programs.	PAIMI eligible persons in facilities in Connecticut.	Expand the knowledge of and access to rights. Provide advocacy to individuals living in the most restrictive environments. Improve access to mental health care. Prevent re-institutionalization.
2. Conduct reviews of 100% of DMHAS death reports and conduct more intensive investigations as necessary.	PAIMI eligible individuals residing in DMHAS inpatient facilities.	Corrective action taken by DMHAS to reduce deaths due to poor quality or access to health care.

3. Research the use of Medicaid Waivers in discharge planning for inmates leaving correctional facilities.	PAIMI eligible individuals in Connecticut Correctional Institutions.	Better understanding of mechanisms to advocate for appropriate services at discharge.
4. Conduct an analysis of mental health treatment provided to prisoners at one Connecticut correctional institution, Northern Correctional Institution.	PAIMI eligible individuals in Northern Correctional Institution.	Determine level of mental health treatment being given to prisoners. Analysis of data for patterns of fact and identification of the systemic issues that create barriers in the delivery of services were identified.

Goal 2 – Monitor the delivery of mental health services as provided for under the patient’s bill of rights and other safeguards afforded by law.

Objective	Target Population	Expected Outcome
1. Conduct 4 site visits of inpatient psychiatric facilities utilizing PAIMI Advisory Council members to identify or follow up on patients’ rights issues, with added focus on the number of restraints and forced medication while in restraints.	PAIMI eligible individuals in treatment facilities Connecticut.	Identification of barriers in accessing patients’ rights. Increased access to advocacy and rights. Follow up interviews with discharged patients.
2. Develop a monitoring tool and conduct 2 site visits of residential care homes to identify or follow up rights of individual residents.	PAIMI eligible individuals in residential care facilities.	Identify patterns of care in RCH. Provide advocacy for residents at risk of discharge from residential care.
3. Advocate for two individuals at targeted Skilled Nursing Facilities to be placed in the community utilizing Money Follows the Person.	PAIMI eligible individuals in Skilled Nursing Facilities in Connecticut.	Increased access to the community by individuals living in SNF.

Goal 3 – Improve the quality of physical health care for individuals with psychiatric disabilities.

Objective	Target Population	Expected Outcome
1. Collaborate with PAC to conduct at least two public forums at a consumer based social club on physical health care issues and barriers for persons with psychiatric disabilities.	PAIMI eligible individuals who are on state medical insurance with limited access to health care.	Identify systemic issues to be addressed by PAIMI.
2. Organize one Value Options/McKesson to review and discuss their goal of educating people with mental illness and provide PAIMI’s perspective and input for their curriculum.	PAIMI eligible individuals who are on state medical insurance with limited access to health care.	Completed curriculum and materials for PAIMI distribution
3. Use the information gathered about health challenges to develop one self help pamphlet focusing on enabling individuals to advocate for their physical health care needs with their primary physician.	PAIMI eligible individuals attending DMHAS funded social clubs.	Develop initiative to improve access to medical and dental health for PAIMI eligible individuals.

Goal 4 – Expand the PAIMI program in the children’s mental health services system.

Objective	Target Population	Expected Outcome
1. Conduct in-depth interviews of 100% of the children in DCF residential psychiatric treatment facilities who have been involved in incidents reported to P&A pursuant to 42 CFR 453.374(b)	PAIMI eligible children in the DCF system.	<p>Increase access of children to advocacy services.</p> <p>Identification of systemic issues in service delivery.</p> <p>Targeted incidents investigated.</p>
2. Expand self advocacy training to children in 2 units at Connecticut Children’s Place	PAIMI eligible children at Connecticut Children’s Place	Increased empowerment and knowledge of self advocacy for children with disabilities.

3. Host a symposium to promote awareness of restraint/seclusion of children in the mental health system.	Families and professionals statewide working with PAIMI eligible children.	Promote positive behavioral supports and other alternatives to the use of aversive interventions.
4. Conduct one education and training event for family members of children in a psychiatric residential treatment facility.	PAIMI eligible children and families receiving mental health services in residential care.	Increased access to advocacy. Improved knowledge of rights, services. Increased support for self-advocacy.
5. Represent 2 children with mental health needs at educational meetings in the public school who are at risk of institutional placement.	PAIMI eligible children and families receiving mental health and educational services in the community.	Prevent institutional placement for two children with mental health needs.

Goal 5 – Promote system awareness of the needs of individuals with mental illness and employment.

Objective	Target Population	Expected Outcome
<i>1. PAIMI advocates will work with PABBS and CAP to conduct two employment rights training events for people with mental illness.</i>	<i>PAIMI eligible individuals receiving services through PABBS and CAP and their providers.</i>	Increased awareness by agencies providing employment services to individuals with mental illness. Increased empowerment and knowledge of self advocacy by consumers of PABBS and CAP services.

ADJOURNMENT

The PAIMI Advisory Council Meeting adjourned at 12:30 p.m. The next meeting is scheduled for Tuesday, October 4, 2011 from 9:30 – 13:30 a.m.

Respectfully submitted,
Sherri Martin