



Biennial Report to Congress, the President, and the National Council on Disability

Fiscal Years 2013 and 2014

Prepared by

Administration on Intellectual and Developmental Disabilities
Administration on Disabilities
Administration for Community Living
U.S. Department of Health and Human Services



This Page Intentionally Left Blank

TABLE OF CONTENTS

EXECUTIVE SUMMARY	5
INTRODUCTION: AIDD and the DD Act	10
DD ACT: Ensuring Access, Inclusion, Independence, and Productivity.....	10
Meeting National Policy Goals	11
Vision for the Future	11
CHAPTER 1: The Administration on Intellectual and Developmental Disabilities.....	13
State Councils on Developmental Disabilities (Councils)	13
Protection and Advocacy Systems (P&As).....	13
University Centers for Excellence in Developmental Disabilities Education, Research and Service (UCEDDs).....	14
Projects of National Significance (PNS).....	14
CHAPTER 2: State Councils on Developmental Disabilities Summary of Accomplishments	15
Council FY 2013 and FY 2014 Accomplishments	15
CHAPTER 3: Protection and Advocacy Systems Summary of Accomplishments.....	21
P&A FY 2013 and FY 2014 Accomplishments.....	21
CHAPTER 4: University Centers for Excellence in Developmental Disabilities Education, Research and Services Summary of Accomplishments.....	28
UCEDD Accomplishments	28
CHAPTER 5: Projects of National Significance Summary of Accomplishments.....	33
Supporting Families	33
Employment	36
Diversity Leadership Institute	38
National Data Measurement Project: National Core Indicators (NCI)	39
Regional Self-Advocacy Projects.....	39
Supported Decision-Making Project	41
The Inclusive Coordinated Transportation Partnership Project	42
CHAPTER 6: Technical Assistance	44
Technical Assistance for DD Network Programs	44
Technical Assistance for Projects of National Significance: Partnerships in Employment Systems Change (PIE) – Institute for Community Inclusion (ICI).....	45
CHAPTER 7: Interagency Activities.....	47
Interagency Autism Coordinating Committee	47
Early Childhood	47

Federal Partners in Transition workgroup.....	47
Federal Partners workgroup meetings.....	48
AIDD/Department of Labor–Office of Disability Employment Policy (ODEP).....	48
APPENDIX: The Protection and Advocacy for Individuals with Mental Illness (PAIMI) Program Activities Report for Fiscal Years 2013 and 2014.....	49
DATA TABLES: Fiscal Years 2013 and 2014	77
ACRONYMS.....	Error! Bookmark not defined.

EXECUTIVE SUMMARY

Throughout its history, the Administration on Intellectual and Developmental Disabilities (AIDD) has sought to enable individuals with developmental disabilities across the United States and its territories to live their best, most fulfilling lives. AIDD oversees four grant programs authorized by the [Developmental Disabilities Assistance and Bill of Rights Act of 2000](#) (DD Act).¹ The purpose of the DD Act is to ensure that individuals with developmental disabilities and their families participate in the design of, and have access to, needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life, through culturally competent programs authorized under the Act.

The DD Act requires the Secretary of Health and Human Services to submit a biennial report on the goals and outcomes of these programs. This report identifies the goals and outcomes of AIDD's programs during fiscal years 2013 and 2014.

AIDD's four grant programs established by the DD Act are responsible for advancing the mandate to provide individuals with developmental disabilities with the information, skills, opportunities, and support to make informed choices and decisions about their lives; live in homes and communities where they can exercise their full rights and responsibilities as citizens; pursue meaningful and productive lives; and contribute to their families, communities, states, and the nation.

The four grant programs are as follows:

- State Councils on Developmental Disabilities (Councils) work at the state level to advance the interests of individuals with developmental disabilities and promote policies and practices that fully meet the needs of all Americans. Councils are composed of individuals with developmental disabilities, family members, advocates, and state agency representatives, and often focus on empowering individuals with developmental disabilities through activities that teach self-advocacy skills and support self-determination.
- Protection and Advocacy Systems (P&As) work to protect individuals with developmental disabilities from abuse and neglect by empowering them and advocating on their behalf. P&As are dedicated to the ongoing fight for the personal and civil rights of individuals with developmental disabilities. They provide legal support and other advocacy services (including mediation, counseling, conflict resolution, and litigation) to traditionally unserved or underserved populations to help them achieve resolution and foster systems change.
- University Centers for Excellence in Developmental Disabilities Education, Research and Service (UCEDDs) are affiliated with universities and represent an expansive national resource for addressing issues, building a professional workforce, finding solutions and advancing research related to the needs of individuals with

¹ https://www.acl.gov/sites/default/files/about-acl/2016-12/dd_act_2000.pdf

developmental disabilities and their families. The UCEDD program is framed by four core functions: interdisciplinary pre-service preparation and continuing education of students and fellows; research; information dissemination; and community services, which include model services, training, technical assistance, and demonstrations.

- Projects of National Significance (PNS) are endeavors, often short-term, focusing on issues important to the developmental disabilities community and ensuring that services meet the needs of people with developmental disabilities. PNS funds have supported families, elevated community living options, developed quality assurance standards, assisted with family leadership development, and increased opportunities for self-advocate involvement in systems change initiatives. PNS funds have also supported long-term data collection projects that help policymakers, service providers, and individuals with developmental disabilities and their families make the most informed policy and individual care decisions.

The first three of these grant programs exist in each state and territory and comprise what is referred to as the Developmental Disabilities Network (DD Network) in their respective state or territory. The fourth grantee program, Projects of National Significance, focuses on nationally recognized and emerging needs. This program supports the development of national and state policy that enhances independence, productivity, and inclusion and integration into the community for people with developmental disabilities.

Through grant programs, technical assistance, and interagency collaboration, AIDD supported work during FY 2013 and FY 2014, as it has in the past, that embody the core values of the DD Act—self-determination, independence, productivity, and inclusion and integration in all facets of community:

- **Self-determination** was advanced by successful self-advocacy trainings and conferences and the activities of the National Youth Leadership Network to encourage individuals with developmental disabilities and their families to advocate for equal rights and inclusion. It was advanced by work under the National Gateway to Self-Determination – a project of a consortium of UCEDDs, which included a [website](#)² that provides self-advocates, professionals, policymakers, and the general public access to current best practices in enhancing self-determination for people with developmental disabilities.
- **Independence** was supported by strides made in the areas of community living and housing through victories in the court system and the successful implementation of universal design concepts. It is advanced in the area of healthcare as a result of a settlement agreement that upholds the *Olmstead v. L.C.*³ decision in Georgia hospital settings, which allows individuals with developmental disabilities to receive public

² www.ngsd.org

³*Olmstead v. L.C.* is a Supreme Court ruling made in 1999 that requires states to eliminate unnecessary segregation of individuals with disabilities in the delivery of public services, and to ensure that individuals with disabilities receive public services in the most integrated setting appropriate to their needs. <http://www.ada.gov/olmstead/index.htm>

healthcare services in the most integrated settings appropriate to their needs. The P&As work to uphold the community integration mandate in the Americans with Disabilities Act (ADA) across the country. In addition, independence is represented in education by programs that increase opportunities for educational advancement in university settings. For example, the Learning Academy at the University of South Florida is a two-year, four-semester transitional experience designed to help students with Autism Spectrum Disorder (ASD) achieve a life of opportunity, independence, and success.

- **Productivity** is exemplified by programs that encourage gainful, meaningful employment and development of job skills. In fiscal years 2013 and 2014, Councils that focused on employment assisted more than 7,200 Americans with developmental disabilities either maintain or obtain jobs of their choice. Productivity was also supported through strides made in securing access to technology that enables individuals to participate equally in activities.
- **Integration and Inclusion** are represented by quality assurance and community activities that promote supports and services which make it possible for individuals with developmental disabilities to participate in society. These values are also represented in the National Residential Information System Project and State of the States in Developmental Disabilities, two projects that analyze current conditions for Americans living with developmental disabilities. In addition, Family Support 360 projects provide opportunities to create one-stop centers to assist unserved and underserved families of individuals with developmental disabilities, improve community capacity to support these families, and encourage systemic change. In FY 2013 and FY2014, Family Support 360 projects served 1,773 families.⁴

AIDD is also involved in technical assistance that supports the mission and mandate of the DD Act. These technical assistance activities help grantees tackle a problem that crosses state lines or respond to the needs of clients, and make efficient use of funding. Technical assistance activities include trainings, information dissemination, website maintenance, and other support. In FY 2013 and FY 2014, AIDD provided training and technical assistance to its grantee programs through grants and contracts with a number of organizations:

- The Information and Technical Assistance Center for Councils on Developmental Disabilities (iTACC), operated under a grant to the National Association of Councils on Developmental Disabilities (NACDD), provides technical assistance to Councils. Through iTACC, NACDD quickly assisted Council members, staff, and executive directors with access to information, technical assistance, and training resources. In FY 2013, 189 requests were received and completed by iTACC staff, and in FY 2014, 266 requests were received and completed.
- The Training and Advocacy Support Center (TASC), operated under contract by the National Disability Rights Network (NDRN), provides technical assistance to P&As.

⁴ Compiled from year-end reports from all FS360 grantees.

For example, TASC staff members provide consultation via email and phone on disabilities law, organizational management, and board management. Additionally, staff responded to more than 1,500 programmatic issues per year, especially with regard to abuse, neglect, seclusion, restraint, community integration, and ADA compliance. Staff also responded to nearly 400 P&A management-related issues per year.

- The UCEDD Resource Center, operated under contract by the Association of University Centers on Disabilities (AUCD), provides technical assistance to UCEDDs. Through this project, AUCD provided a number of national training events on topics such as youth transition, post-secondary education opportunities for individuals with intellectual and developmental disabilities, community integration, alternate assessments, and AIDD reporting requirements. AUCD also continued to offer the Leadership Institute to better support the development of leaders for the UCEDD network. In partnership with the National Leadership Consortium on Developmental Disabilities at the University of Delaware, AUCD offered a week-long intensive executive development program to new UCEDD directors, Assistant Directors, Program Directors, and other UCEDD personnel who, in the opinion of the UCEDD's leadership, demonstrate both potential and willingness to assume senior leadership roles in the UCEDD network.
- The Institute for Community Inclusion (ICI) provides technical assistance to eight Partnerships in Employment Systems Change projects (PIE) focused on assisting states with systems change efforts and identifying, developing, and promoting policies and practices to improve transition, post-secondary and competitive, integrated employment outcomes for individuals with developmental disabilities. Technical assistance activities included site visits to assist states with incorporating elements of the high performing states framework into their systems change efforts as well as to ensure project activities focused on systems change efforts. Additional technical assistance efforts included monthly coaching calls with PIE project managers, facilitation or peer-to-peer information exchange, bi-monthly E-news distributed to grantees and stakeholders, assistance with legislation and regulations on employment, transition and post-secondary options. ICI also facilitated web-based network meetings on topics that included: Leadership in Transition and Employment; Employment First; Systems Change and Sustainability; and Medicaid Funding for Employment Services.

This report also includes information from the Substance Abuse and Mental Health Services Administration (SAMHSA) on the Protection and Advocacy for Individuals with Mental Illness (PAIMI) grant program. Section 114(a)(1) of the Protection and Advocacy for Individuals with Mental Illness Act of 1986 requires that the AIDD Report include a statement describing the activities, accomplishments, and expenditures of State Protection and Advocacy Systems that serve individuals with mental illness. This statement is prepared by SAMHSA and has been forwarded for inclusion in this Report as an Appendix.

This Page Intentionally Left Blank

INTRODUCTION: AIDD AND THE DD ACT

The Administration on Intellectual and Developmental Disabilities (AIDD) is dedicated to ensuring that individuals with developmental disabilities and their families are able to fully participate in and contribute to all aspects of community life in the United States and its territories.

AIDD's work supports approaches that shape attitudes, raise expectations, change outdated or broken systems, and empower individuals with developmental disabilities to pursue the lives they imagine for themselves. To that end, AIDD provides financial and leadership support to organizations in every state and territory in the United States. These entities assist individuals with developmental disabilities of all ages and their families to obtain the support they need to achieve all aspects of a life envisioned and defined by the Developmental Disabilities Assistance and Bill of Rights Act.

DD ACT: ENSURING ACCESS, INCLUSION, INDEPENDENCE, AND PRODUCTIVITY

The Developmental Disabilities Assistance and Bill of Rights Act of 2000 (DD Act) ensures that individuals with developmental disabilities and their families have access to community-based services and supports that promote opportunities for independence, productivity, and inclusion through culturally competent programs established and authorized by the law.

The DD Act establishes four grant programs that are overseen by AIDD: State Councils on Developmental Disabilities (Councils); State Protection and Advocacy Systems (P&As); University Centers for Excellence in Developmental Disabilities Education, Research and Service (UCEDDs); and Projects of National Significance (PNS). The first three form what is called the DD Network.

These grantees ensure that individuals with developmental disabilities have access to opportunities and the necessary supports to be included in community life, have interdependent relationships, live in homes and neighborhoods of their choosing, and make contributions to their families, communities, states, and the nation. Individuals with developmental disabilities and their family members influence the grantees and their actions in a variety of ways, including through participation in public forums; membership on boards, committees, and Councils; and partnership on projects. This engagement with individuals with developmental disabilities and family members helps grantees determine what areas to invest in and how to use the funding provided by AIDD. Each grantee has its own process for choosing these areas. Some grantees use public forums to assess the needs of individuals with developmental disabilities, many of which are conducted as a collaborative effort across the DD network.

Through research, education, advocacy, and the implementation of diverse projects, AIDD and its grantees help individuals with developmental disabilities receive quality care and education, protect their health, excel in careers of their choice, travel freely, live independently, participate in activities that they find fulfilling, and make informed choices about the kinds of services and supports they receive.

MEETING NATIONAL POLICY GOALS

AIDD's work significantly relates to the current policy efforts in place to enhance the lives of the estimated five million Americans with developmental disabilities.⁵ AIDD has been working on strengthening healthcare and supports, increasing employment opportunities, expanding educational opportunities, protecting civil rights, promoting access to community living, and supporting the development and use of accessible technologies.

VISION FOR THE FUTURE

All Americans, including persons with developmental disabilities, should be able to live at home with the supports they need. To help support this vision and meet these needs, in 2012 the U.S. Department of Health and Human Services (HHS) brought together the Administration on Intellectual and Developmental Disabilities (AIDD), the HHS Office on Disability, and the Administration on Aging, to create the Administration for Community Living (ACL). The ACL's purpose is to serve as the federal agency responsible for increasing access to community supports, while focusing attention and resources on the unique needs of people with disabilities and older Americans.

ACL is charged with working with states, tribes, community providers, universities, nonprofit organizations, businesses, and families to fulfill its mission of maximizing the independence, well-being, and health of older adults, people with disabilities, and their families and caregivers. ACL's vision is that all people, regardless of age and disability, live with dignity, make their own choices, and participate fully in society.

AIDD's priorities within ACL's strategic framework include:

- Ensuring the continued protection of the rights of individuals with developmental disabilities and preventing their abuse, neglect, and exploitation;
- Empowering individuals with developmental disabilities and their families to access home- and community-based services and supports that ensure opportunity for full and meaningful community participation;
- Promoting "employment first" as a key strategy for individuals with developmental disabilities to be contributing and productive members of society, participating in the competitive, integrated workforce;
- Supporting the advocacy efforts of individuals with developmental disabilities in order to ensure participation in system and service delivery design; and
- Maintaining effective and responsive management of the DD Act Programs.

More information about ACL's strategic plan for 2013–2018 and AIDD's strategic framework for 2012–2017 can be found at the following website:

<https://www.acl.gov/about-acl>

⁵ National Aggregated Data from 2011 Council State Plans.

Biennial Report (FY 2013 and FY 2014)

The Biennial Report to Congress, the President, and the National Council on Disability is a requirement of the DD Act. This report presents an overview of achievements by AIDD's grantees during FY 2013 and FY 2014 as reported by the grantees in their annual reports to AIDD. These achievements were reached using funding from AIDD, state and local communities, and other sources, and reflect the core values of the DD Act: self-determination, independence, productivity, and integration and inclusion in all facets of community.

This report offers examples of successful implementation of each of the core values as they have been achieved by AIDD grantees, as well as through training and technical assistance programs and interagency collaboration.

CHAPTER 1: THE ADMINISTRATION ON INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

The Administration on Intellectual and Developmental Disabilities (AIDD) is dedicated to ensuring that individuals with developmental disabilities and their families are able to fully participate in and contribute to all aspects of community life in the United States and its territories.

AIDD funds the following programs in each state and territory authorized under the Developmental Disabilities Assistance and Bill of Rights Act (DD Act):

- State Councils on Developmental Disabilities (Councils)
- Protection and Advocacy Systems (P&As)
- University Centers for Excellence in Developmental Disabilities (UCEDDs)

These grantees form a Developmental Disabilities Network, or DD Network, that is uniquely positioned to meet the diverse needs of individuals with developmental disabilities in their state.

While each entity within the network serves specific purposes, they operate under a framework of goals in the DD Act that are achieved both in the individual contributions of each program and through the collaboration among the different units. Because of its structure, each entity within a state's DD Network is able to work cross-functionally to fulfill the mandates of the DD Act and its core values: self-determination, independence, productivity, and integration and inclusion in all facets of the community.

STATE COUNCILS ON DEVELOPMENTAL DISABILITIES (COUNCILS)

The 56 State Councils on Developmental Disabilities across the United States and its territories work to address identified needs by conducting advocacy, systems change, and capacity building efforts that promote self-determination, integration, and inclusion. Key activities include conducting outreach, providing training and technical assistance, removing barriers, developing coalitions, encouraging citizen participation, and keeping policymakers informed about disability issues.

PROTECTION AND ADVOCACY SYSTEMS (P&AS)

The 57 Protection and Advocacy Systems across the United States and its territories are dedicated to the ongoing fight for the personal and civil rights of individuals with developmental disabilities. P&As are independent of service-providing agencies within their states and work at the state level to protect individuals with developmental disabilities by empowering them and advocating on their behalf. P&As provide legal support to traditionally unserved or underserved populations to help them achieve resolution and encourage systems change.

UNIVERSITY CENTERS FOR EXCELLENCE IN DEVELOPMENTAL DISABILITIES EDUCATION, RESEARCH AND SERVICE (UCEDDs)

The 68 University Centers for Excellence in Developmental Disabilities across the United States and its territories are unique among AIDD program grantees in that they are affiliated with universities, allowing them to serve as liaisons between academia and the community. UCEDDs are a nationwide network of independent but interlinked centers, representing an expansive national resource for addressing issues, finding solutions, and advancing research related to the needs of individuals with developmental disabilities and their families.

PROJECTS OF NATIONAL SIGNIFICANCE (PNS)

Projects of National Significance efforts focus on the most pressing issues affecting people with developmental disabilities and their families, creating and enhancing opportunities for these individuals to contribute to and participate in all facets of community life. Through PNS, AIDD supports the development of national and state policy and awards grants and contracts that enhance the independence, productivity, inclusion, and integration of people with developmental disabilities.

CHAPTER 2: STATE COUNCILS ON DEVELOPMENTAL DISABILITIES SUMMARY OF ACCOMPLISHMENTS

This chapter of the 2013–2014 *Report to Congress, the President, and the National Council on Disability* provides a summary of the outcomes and successes of the State Councils on Developmental Disabilities.

State Councils on Developmental Disabilities (Councils) work at the state level to advance the interests of individuals with developmental disabilities and promote policies and practices that fully meet the needs of all Americans. Councils are composed of individuals with developmental disabilities, family members, advocates, and state agency representatives, and often focus on empowering individuals with developmental disabilities through activities that teach self-advocacy skills and support self-determination.

COUNCIL FY 2013 AND FY 2014 ACCOMPLISHMENTS

A key activity of the Councils is leadership development of self-advocates and family members. Using a variety of strategies, Councils are able to build the capacity of individuals with developmental disabilities and family members to be more active participants in making decisions that affect their lives. The table below provides information about Council activities in this and other areas.

Councils FY 2013 and FY 2014 Accomplishments		
	FY 2013	FY 2014
People trained	148,028	186,755
People trained in leadership, self-advocacy, and self-determination	49,666	60,806
People trained in system advocacy	39,260	42,694
People active in system advocacy	60,690	69,267
People attained membership on public/private bodies and leadership coalitions	3,597	9,660
Program/policies created or improved	2,018	2,540
Number of organizations involved in coalitions/networks/partnerships	9,420	11,406
Number of public policymakers educated	30,376	24,642
Increase the percentage of individuals with developmental disabilities reached by the Councils who are independent, self-sufficient, and integrated into the community.	14.42%	14.58%
Increase the number of individuals with developmental disabilities reached by the Councils who are independent, self-sufficient and integrated into the community per \$1,000 of federal funding to the Councils.	9.62%	9.73%

The sections that follow provide examples of Council activities in different areas.

Employment

Illinois – The Illinois Council on Developmental Disabilities worked for a number of years on Employment First systems change efforts. Such efforts gained traction when the Council educated the state legislature on the issue of Employment First. In its spring 2011 report to the legislature, the Task Force included a recommendation to move Illinois to Employment First. Through the Taskforce, the Council brought stakeholders and leaders to an Employment First Summit in January 2012. The recommendations that were developed during the 2012 summit led to the introduction of the [Illinois' Employment First Act](#)⁶, which was signed in July 2013. Through the efforts of the Employment and Economic Opportunity Taskforce, the Employment First Executive Order was signed in June 2014. The Council played the lead role in drafting the Order and educating the Governor's staff. The Executive Order specifies what state agencies do under the Employment First Act in order to realize the Act's goals of supporting persons with developmental disabilities obtain employment, and prioritizing competitive and integrated employment as the first option when serving persons with disabilities of working age.

New York – The New York State Developmental Disabilities Council has continued to work on increasing employment for people with developmental disabilities. In 2014, the New York DDC funded two Project SEARCH grants that provided on-the-job training and skill building for students with developmental disabilities, including career exploration and hands-on training. This work was completed, and also supplemented, through the development of a project with the New York Employment Services System (NYESS), which produced a customized web-based platform, called Disability Benefits 101, as an accessible tool for assisting people with disabilities to navigate the benefits system in New York.

Education

Texas – The Texas Council on Developmental Disabilities has supported projects that develop and demonstrate models through which students with developmental disabilities receive supports to participate in inclusive higher education programs that lead to employment. The Department of Assistive and Rehabilitative Services' (DARS) higher-education Project HIRE (Helping Individuals Reach Employment) supports individuals with developmental disabilities to complete post-secondary education at South Texas College (STC), with the state's Vocational Rehabilitation providing supplemental wrap-around services. Students major in STC certificate programs such as mechanics, business, office management, legal office specialist, computer maintenance, construction supervision, web design, culinary arts, and child care. Most students take two to three classes and have an educational coach or an intern from University of Texas Pan American in almost every class. A total of 21 participants finished the fall 2013 semester and began the spring 2014 semester at STC with support from coaches. Participants passed all classes from the fall 2013 semester. Out of 34 applications received for the third cohort, 20 were chosen for

⁶ <http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=3499&ChapterID=5>

interviews and 16 selected. Two students started working in their field of training. The success of the DARS Project HIRE has been widely recognized.

Missouri – The Missouri State Council on Developmental Disabilities awarded a contract to the University of Missouri–St. Louis and the Recreation Council of Greater St. Louis to implement a Peer Mentoring Project. The project, which involved implementation of new curriculum and adaptations to current curriculum, began in three public school districts—St. Charles West High School, Kirksville High School, and Carthage High School—and provided general education to youth with developmental disabilities. The project was initially intended to develop new courses at each school that incorporated the project curriculum. When meeting with school teams, however, it was determined that the most efficient route would be to adapt, alter, and supplement existing course curriculum and actively ensure that the class was available to students of all abilities. Each school built upon existing strengths, promoted teacher involvement, and supported maintenance over time. The teams developed at each school site varied depending on resources, administrative support, existing programs, and school philosophies. A method of obtaining feedback from teachers/teams was developed so that changes could be made regarding any concerns for future implementation.

Transportation

Alaska – In FY 2013, the Alaska Governor’s Council on Disabilities and Special Education was actively engaged with a substantial rewrite of the Anchorage Municipal Code around taxicab and limousine services in the area. Council staff and some Council members, especially self-advocates, were involved in every facet of the process. The Council focused its work on the number of accessible cabs on the street, reports of discrimination against people with disabilities, and disability awareness training of cab drivers. The Council led the formation of a coalition of advocacy groups around these issues, which included the Alaska Mobility Coalition, the Disability Law Center, Access Alaska, and the Statewide Independent Living Council. Council staff and the Council Chair were instrumental in providing both written and oral testimony at both Assembly work sessions and public hearings. As a result, a new ordinance passed the Anchorage Assembly in January 2014. In May 2014, the Council continued its efforts in assisting other Alaska communities with changing their taxicab laws and regulations to allow for more accessible transportation for Alaskans with developmental disabilities.

New Jersey – The New Jersey Developmental Disabilities Council recognized the importance of the state’s transportation network in supporting individuals with developmental disabilities to optimally engage in community life. Over the years, New Jersey’s transportation network has suffered from insufficient maintenance and inadequate investment. The New Jersey Council helped launch a People First advocacy movement, and several members expressed interest in increasing transportation options for people with disabilities. In FY 2013, the Council hired a new Partner in Policymaking Program Coordinator who worked with the state’s transportation agency, NJ Transit, and other private companies to educate and make them aware of service and accessibility issues for people with disabilities, coordinated the information coming into the Council through People First advocates and others, as well as the information gleaned from a transportation study.

Health

Florida – [Easing Your Stress](#)⁷ is a popular and valuable resource developed by the Florida State Council on Developmental Disabilities during FY 2013–14, and is intended to provide families and caregivers with relevant information and techniques they can use to ease their personal stress, contributing to their overall health and to the health of their family. Recipients of the guide indicated that the resource put into writing what they were feeling and led to further dialogue with family members. The “Easing Your Stress” guide reached 11,302 members of the general public and was disseminated by 21 statewide and local organizations and agencies. The Council distributed 5,890 copies of the publication and an additional 5,391 copies of the publication (3,493 in English and 1,448 in Spanish) were ordered from the Council’s website.

West Virginia – The West Virginia Council on Developmental Disabilities provided a grant to West Virginians for Affordable Health Care (WVAHC) - is a citizen-funded, public-interest organization working to develop a healthcare system that will provide quality, affordable healthcare to all West Virginians. In September 2013, WVAHC published and printed 1,000 copies of the informational guide “[The Affordable Care Act and People with Developmental Disabilities](#)”⁸. In addition to the printed guide, the WVAHC developed a DVD and discussion guide which specifically addressed issues of interest and concern to West Virginians with developmental disabilities and their families in regard to the ACA. The WVAHC provided direct training to people with developmental disabilities and their families at statewide conferences and smaller settings. As West Virginia established a health exchange under the ACA, the WVAHC promoted the inclusion of issues and concerns of people with developmental disabilities and their families, including the development or inclusion of medical homes as a health benefit.

Child Care

Louisiana – The Louisiana State Council on Developmental Disabilities funded an Inclusive Child Care Training project. The project provided technical assistance (TA) opportunities to trainers and TA providers. Seventy-two participants received the training, including Child Care Resource and Referral Trainers/TA Providers, Child and Family Network Referral Teams, Child Care Development Specialists, Department of Children and Family Services staff in New Orleans, Baton Rouge, Thibodaux, Alexandria, Shreveport, Monroe, and Covington. Trainings addressed challenging behaviors, dispelling myths about including children with developmental disabilities, and collaboration between child care programs when children with developmental disabilities transition from one center to another. Participants provided positive feedback on the TA strategies provided to appropriately accommodate children with developmental disabilities and assisting in transition between programs. The project, through the Inclusion Workgroup, continues to provide feedback to reform the method of distribution of Child Care Assistance Program funds to include an increased rate for centers serving children with disabilities. The project’s participation on

⁷ <http://www.fddc.org/sites/default/files/Easing%20Your%20Stress%20English%206-3-2013%20web.pdf>

⁸ <http://ddc.wv.gov/news/Pages/Affordable-Care-Act-and-People-with-Developmental-Disabilities.aspx>

the Pilot Advisory Workgroup and the Inclusion Workgroup was deemed the best strategy for incorporating measures of quality into the new Early Childhood Outcomes-Based Rating System.

Oregon – The Council’s Inclusive Child Care Program (ICCP) facilitated the provision of financial supports to 127 child care settings. The financial assistance supported the cost of accommodations and higher levels of care and supervision for individual children. Seventeen programs received consultation. Training was delivered to 224 programs focused on the inclusion of children and youth with developmental disabilities in typical settings, partnering with families, and working with disability systems. ICCP built awareness of child care needs for children with developmental disabilities through outreach efforts throughout Oregon, and through participation on a variety of planning and advisory groups. Statewide groups included the State Interagency Coordinating Council, Child Care and Education Coordinating Council, Inclusive Child Care Committee, Oregon after School for Kids Steering Committee, and Oregon Inclusion Collaborative.

Community Living

Washington – Council staff continued to participate on Washington State’s Developmental Disabilities Administration’s Roads to Community Living Assistive Technology committee. The committee’s purpose was to provide feedback around the effectiveness of assistive technology in helping individuals leaving state Residential Habilitation Centers to adapt to community placement. This small study measured the success of assistive technology in six individuals. A larger aim of this effort is to use what is learned for other individuals in the community with a goal of better targeting assistive technology to individuals regardless of their setting. The Council has worked to move forward a policy that would allow assistive technology to follow students as they move from one school and/or school district to another to create the ability for schools to share assistive technology.

Recreation

South Carolina – With the heightened awareness of concussions and possible long-term health issues, the South Carolina Development Disabilities Council implemented the “Heads Up! SC!” grant with the Brain Injury Association of South Carolina. The goal was to reduce the incidence of sports-related brain injury among youth by providing training and tools to school nurses, recreation program staff, parents, and athletes on concussion identification and management. Heads Up! SC! resulted in 2,267 professionals, nurses, athletic directors, parents, and students receiving information relating to brain injuries. The Centers for Disease Control and Prevention (CDC) provided information and concussion kits to the initiative. A total of 497 school nurses completed the survey. Using the results, a training curriculum was developed and approved. Training was held in May 2013 with 88 school nurses in attendance. In an effort to reach community recreation program professionals, training was provided to members of the South Carolina Recreation Program Association at the annual conference and facilitated by a local football coach who is a leading advocate for concussion prevention and who worked diligently on the [CDC’s “Return to Play”](#)

[guidelines](#).⁹ Concussion awareness materials were provided to parents of athletes when registering for recreation department athletic programs.

⁹ https://www.cdc.gov/headsup/providers/return_to_activities.html

CHAPTER 3: PROTECTION AND ADVOCACY SYSTEMS SUMMARY OF ACCOMPLISHMENTS

This chapter of the 2013–2014 *Report to Congress, the President, and the National Council on Disability* provides a summary of the outcomes and successes of the Protection and Advocacy Systems (P&As).

Protection and Advocacy Systems (P&As) work to protect individuals with developmental disabilities from abuse and neglect by empowering them and advocating on their behalf. P&As are dedicated to the ongoing fight for the personal and civil rights of individuals with developmental disabilities. They provide legal support and other advocacy services (including mediation, counseling, conflict resolution, and litigation) to traditionally unserved or underserved populations to help them achieve resolution and foster systems change.

P&A FY 2013 AND FY 2014 ACCOMPLISHMENTS

P&As carry out a variety of activities to protect the rights of individuals with developmental disabilities, including information and referral, short term assistance, self-advocacy assistance, negotiation and monitoring and investigations. The P&A activities address complaints of abuse, neglect, discrimination, or other human or civil rights violations. The tables below provide information on the P&A accomplishments.

Outputs for P&A Individual Case Advocacy

	P&A Client's Age					Total
	0-2 years	3-4 years	5-22 years	23-59 years	60 years and older	
Total, FY 2013	164	557	11,927	5,817	663	19,128
Percent, FY 2013	1%	3%	62%	30%	3%	100%
Total, FY 2014	112	693	10,569	5,371	520	17,327
Percent, FY 2014	1%	4%	61%	31%	3%	100%

Living Arrangements of P&A Individual Clients

	Independent	Parental or family home	Community residential homes	Foster care	Nursing home	Public—state-operated	Private institutes	Legal detention, jail or prison	Homeless	Federal facility	Other
Total, FY 2013	1,772	12,605	2,008	195	414	985	544	198	70	8	180
Percent, FY 2013	9%	66%	11%	1%	2%	5%	3%	1%	0%	0%	1%
Total, FY 2014	1,510	11,741	1,941	163	464	1,012	446	181	63	8	0
Percent, FY 2014	9%	66%	11%	1%	3%	3%	6%	3%	1%	0%	0%

P&A Intervention Strategies Used in Serving Individuals

	P&A Intervention Strategy							Total FY 2013
	Technical Assistance in Self-advocacy	Short-term Assistance	Investigation / Monitoring	Negotiation	Meditation / Alternate Dispute Resolution	Administrative Hearing	Litigation	
Total FY 2013	3,260	5,545	2,525	2,059	367	578	432	14,766
Percent, FY 2013	22%	38%	17%	14%	2%	4%	3%	100%
Total FY 2014	4,018	4,219	1,599	1,976	262	513	336	12,923
Percent, FY 2014	31%	33%	12%	15%	2%	4%	3%	100%

Reasons for Closing Individuals' Case Files

	Reason for Closing File									
	Issues resolved in individual's favor	P&A withdrew because individual would not cooperate	Appeals were unsuccessful	P&A services not needed because of individual death or relocation	P&A unable to take case because of lack of resources	Individual withdrew complaints	Individual's case lacks merit	Other representation found	Other	Total
Total, FY 2013	11,971	427	189	118	210	934	627	360	536	15,372
Percent, FY 2013	78%	3%	1%	1%	1%	6%	4%	2%	3%	100%

Areas Addressed

	Areas Addressed									
	Neglect and Abuse Complaints Remedied	Child Care	Education	Employment	Health	Housing	Quality Assurance	Recreation	Transportation	Total
Total, FY 2013	9,734	158	6,602	313	1,973	437	6,071	67	109	25,464
Total, FY 2014	7,368	64	6,347	336	1,960	407	3,678	52	107	20,458

P&A FY 2013 and FY 2014 Accomplishments

P&A FY 2013 and FY 2014 Outcome Data		
	FY 2013	FY 2014
Increase the percentage of individuals who have their complaint of abuse, neglect, discrimination, or other human or civil rights corrected compared to the total assisted.	87.10%	86.24%

Below are examples of P&A activities and outcomes as a result of their legal advocacy efforts:

Employment

Oregon – Disability Rights Oregon’s (DRO’s) led a national precedent-setting systemic effort to affirm that the integration mandate of Title II of the ADA and the subsequent *Olmstead* decision applied to day and employment services as well. As such, the *Lane v. Brown* (formerly *Lane v. Kitzhaber*) case, which argued that individuals who are segregated in “sheltered workshops” should have the opportunity to be prepared for, find, and maintain gainful employment in the community, continued to be a major project for the Protection and Advocacy for Developmental Disabilities (PADD) program in FY 2013 and 2014. The lawsuit was originally brought forth in 2012 on behalf of 2,700 individuals with developmental disabilities who had been receiving services in sheltered workshops but had not been offered a real opportunity to choose prevocational or supported employment services in integrated, typical community settings. Under the case, DRO asked the court to declare that the state was violating the ADA and Rehabilitation Act by the needless segregation of class members in sheltered workshops and failing to provide them supported employment services for which they were eligible. It also sought an order requiring the state to provide supported employment services to all qualified class members, consistent with their individual needs.

Ohio – Disability Rights Ohio (DRO), the Ohio P&A, assisted a high school student with a developmental disability to receive the necessary services to transition from school to work. The student and her family were strongly interested in competitive integrated employment, but had found little benefit from the standard group-based vocational programs offered through her school and the Vocational Rehabilitation (VR) agency. Staff from the DRO convened a meeting of the student, her parents, a representative from the Developmental Disabilities Board, and a VR counselor to form a plan for the student to pursue customized employment during her final year of school. The following fall, with the support of VR, the student engaged in the discovery process to identify her unique vocational strengths and interests, and she was able to tailor her studies during her final year of high school to prepare for competitive, integrated employment based on her interests and strengths.

Education

New York – Disability Rights New York (DRNY) manages the New York Special Education Task Force, which provides free quality training to individuals with disabilities, their parents, school personnel, advocates, service coordinators, and attorneys. The Task Force collaborated with community advocates, state agency personnel, and school districts to identify training needs, systemic concerns in special education, and areas for coalition building. Given the number of requests for representation in special education matters, DRNY established the statewide Special Education Task Force and developed regional affiliate Task Forces around the state. The purpose of both the State and Regional Task Forces is to improve educational access and outcomes for students with disabilities through collaboration among all stakeholders, including parents, advocates, attorneys, school personnel, service providers, educators, government representatives, and individuals with disabilities. The Task Force system increases special education knowledge and promotes effective communication strategies, thereby reducing the occurrence of special education conflicts requiring legal representation.

Michigan – The Michigan P&A System (MPAS) continued its multi-year collaboration with the Michigan Alliance for Families, Michigan’s federally funded parent training and information center, in providing education rights training to families of children with developmental or intellectual disabilities. An evaluation and follow-up survey of outcomes from trainings conducted by the Michigan Alliance for Families and MPAS found that the majority of parents (97.8%) strongly agreed that the information from the training was useful. Parent self-assessment of knowledge before and after training showed a statistically significant increase. Of those who responded to a follow-up survey, 73% received the information they expected and 74% were satisfied with the services received. Most agreed that the information helped them work with the school to address critical needs (67%), make better decisions (71%), and become more involved in their child’s education (57%).

Transportation

Virgin Islands – The Disability Rights Center of the Virgin Islands effectively uses visual media as a tool for systemic advocacy, promoting greater disability awareness in the Islands’ rural community where there is a large population of individuals who do not have the ability to independently transport themselves around the Islands. The Virgin Islands P&A released its documentary, “Better to be Human,” about the lack of accessible transportation, to a wide variety of audiences that included public school students, family members, government workers, transportation workers, private business owners, and policy makers. As a result of this documentary, a pilot transportation program called Mutual Aid and Self-Help (MASH) was started. Through this pilot, the MASH program provided transportation services once a week free of charge to the clients of the St. Croix Independent Living Center.

Nevada – The Nevada Disability Advocacy and Law Center (NDALC) undertook two efforts regarding discrimination and improved disability access related to air travel. NDALC staff provided training at a conference sponsored by the Transportation Security Administration (TSA) Office for Civil Rights regarding communication, disability etiquette, and access. NDALC also met with staff from the Federal Aviation Administration Office for Civil Rights during a site review of the McCarran International Airport in Las Vegas. NDALC coordinated comments from other disability rights advocates and organizations regarding concerns about airport access in general and McCarran Airport in particular.

Health

Indiana – Indiana Protection Advocacy Services (IPAS) conducted ongoing monitoring activities involving regular visitation to the state’s three largest Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IDs) and the one developmental disabilities dual diagnosis unit positioned within a state-operated psychiatric facility. Observation leaned toward the visual inspection of and reassured protection of individuals’ health, safety, and welfare so as to prevent and/or alleviate abuse and neglect and to preserve the patients’ and residents’ treatment rights. This same type of monitoring was conducted at an ICF/ID facility after it was decertified and was to close within a 30-day time frame, and also at the facility that emerged after the decertification. It was this facility that absorbed almost all the clients from the decertified facility. IPAS’ monitoring efforts also consisted of reviewing the death report of any individual who died while receiving in-patient care in Indiana’s state-operated facilities, assessment of special education services, and compliance with the Americans with Disabilities Act (ADA).

District of Columbia – In July 2014, University Legal Services (ULS) investigated Children’s National Medical Center’s unwritten “Room Time” disciplinary policy. Under the Room Time policy, hospital staff disciplined children and youth by confining patients to their rooms for eight-hour blocks. ULS staff proposed a new policy that would ensure that hospital staff would not place children and youth in seclusion as a form of discipline. By and large, the hospital adopted ULS’ proposal, and hospital staff no longer implement the Room Time policy. ULS also worked with the Psychiatric Institute of Washington (PIW) to ensure District children and youth in psychiatric hospitals are afforded their right to exercise during their hospitalization. PIW did not provide children and youth with meaningful or regularly scheduled opportunities to exercise. ULS worked with hospital management to provide children and youth with daily opportunities to exercise. As a result of this collaboration, PIW children and youth now exercise every day with a full-time exercise instructor.

Housing

Texas – Disability Rights Texas helped to ensure that people with developmental disabilities have access and opportunities to rent or own homes and apartments in their communities. This work included ensuring that landlords and property owners did not discriminate against persons with disabilities in renting or selling property, making sure that housing was accessible to people with disabilities to the extent required by law, and advocating for an increase in the amount of accessible, affordable, and integrated housing for individuals with physical and mental disabilities.

Colorado – The Legal Center (TLC) advocated and participated in helping a 23-year old woman with developmental disabilities transition from a nursing home where she had been living for nearly 18 months. During the process, TLC’s advocate saw the opportunity to also advocate for increasing the availability of accessible and affordable housing for people with developmental disabilities. As a result of working on the case with staff from the local public housing authority (PHA), the PHA requested TLC write a letter for the PHA, which helped secure approval by the PHA’s board for up to 10 vouchers per year specifically for people with disabilities living in institutions/nursing facilities who want to move out into the community. Each of these vouchers will include preferential points, assuring that the voucher-holders will go to the top of the list so that as soon as housing becomes available, they will be able to move from the institution/facility.

Child Care

Maryland – Maryland Disability Law Center (MDLC) worked very closely with the State Developmental Disabilities Council (Council) to improve access to child care, camp, and after-school care for children and youth with developmental disabilities. MDLC and the Council participated on a work group to ensure the representation of the perspectives of families and individuals with developmental disabilities. They also met with the state on other early childhood issues, working as a team to advance systemic change for access to inclusive child and youth care and high-quality inclusive early childhood education services. Currently, 18 Out-of-School-Time (OST) programs have been recruited and have signed onto the MDLC OST/Inclusion project. These programs range from national after-school organizations (such as Building Educated Leaders for Life, Elev8, and Higher Achievement) to local neighborhood organizations (such as 901 Arts and Sarah’s Hope of St. Vincent de Paul Baltimore, a local shelter that offers enrichment programs to the children after school). This diverse range of OST programs touches an estimated 2,000 children in Baltimore City.

CHAPTER 4: UNIVERSITY CENTERS FOR EXCELLENCE IN DEVELOPMENTAL DISABILITIES EDUCATION, RESEARCH AND SERVICES SUMMARY OF ACCOMPLISHMENTS

This chapter of the 2013-2014 *Report to Congress, the President, and the National Council on Disability* provides a summary of the outcomes and successes of the University Centers for Excellence in Developmental Disabilities Education, Research, and Services (UCEDDs).

University Centers for Excellence in Developmental Disabilities, Education, Research and Services (UCEDDs) are affiliated with universities and represent an expansive national resource for addressing issues, building a professional workforce, finding solutions, and advancing research related to the needs of individuals with developmental disabilities and their families. The UCEDD program is framed by four core functions: Interdisciplinary pre-service preparation and continuing education; research; information dissemination; and community services, which include model services, training, technical assistance, and demonstrations.

UCEDD ACCOMPLISHMENTS

UCEDDs use a variety of activities to ensure that people with developmental disabilities lead independent, productive lives, fully included and integrated into their communities. UCEDD activities enhance resources and services, strengthen networking of public and private entities across communities, increase awareness of evidence-based practices, and identify policy changes. UCEDDs leverage a variety of sources of funding to carry out their core function activities.

UCEDD Accomplishments	FY 2013	FY 2014
Participants in Interdisciplinary Pre-Services Trainings Program	53,164	61,436
Participants in Technical Assistance Programs	442,745	494,902
Demonstration Services provided	9,184	11,703
Specialized Direct Services Offered	90,021	121,354
Participants in Continuing Education Programs	158,736	196,497
Participants in Community Education Programs	179,562	166,885
Number of Research and Evaluation Activities	396,449	359,449
Information Dissemination Products Created	10,309	6,861
Number of Trainees	3,573	3,789
Total Amounts Leveraged	\$559,638,847	\$440,050,348

The section that follows provides examples of UCEDD accomplishments:

Employment

Tennessee – [Next Steps at Vanderbilt](#)¹⁰ was launched in December 2010, supported by the Vanderbilt Kennedy Center for Excellence in Developmental Disabilities (VKC UCEDD). The program grew out of several years of planning by a group that originally included the VKC UCEDD, the Tennessee Council on Developmental Disabilities (Council), the Down Syndrome Association of Middle Tennessee, and The Arc of Williamson County. With a gift from Linda Brooks and family and their LDB Foundation and a grant from the Council, Tennessee's first post-secondary program was launched. Thirty-three students earned a two-year certificate from Next Steps at Vanderbilt, and 87% have had employment at graduation. Next Steps at Vanderbilt is a two-year inclusive higher education program, but is in the process of expanding to a four-year certification program. Next Steps at Vanderbilt is committed to providing students with intellectual disabilities inclusive, transformational post-secondary education in academics, social and career development, and independent living, while honoring equality, compassion, and excellence in all endeavors.

Nevada – The Nevada Center for Excellence in Disabilities has a resource center that is a collaboration of programs, agencies, businesses, and people that are interested in making Nevada's workforce more integrated for Nevadans with developmental disabilities. It includes: Activities to make Nevada an Employment First state; efforts to reform current state policy and legislation to assure that competitive, integrated employment is an outcome supported for persons with developmental disabilities; and expanded training for community rehabilitation providers, parents, businesses, and persons with developmental disabilities. The resource center also generated external funding to carry out these aforementioned activities. The need is critical with only five to eight percent of Nevadans with developmental disabilities working in the community for competitive wages. One of the goals of this effort is for Nevada to become an Employment First state.

Transportation

Connecticut – The A.J. Pappanikou Center conducted [Mind the GAP](#),¹¹ which was a study to identify the barriers that people with physical disabilities experienced when riding trains and to use that information to develop a fact sheet for potential train riders in an effort to increase ridership and community access. The project emphasized three primary areas of concern: (1) The gap between the transit train and platform and how the gap affects both boarding and de-boarding; (2) the accessibility issues both on the train and in the immediate pedestrian environment of the train station; and (3) how customer-to-customer assistance occurs and its importance in the boarding and de-boarding process.

Missouri – In support of the New Freedom Initiative, the U.S. Department of Transportation, Federal Highway Administration, has set as one of its strategic goals the implementation of recruitment strategies to encourage more people with disabilities into the transportation field. The University of Missouri-Kansas City Institute for Human

¹⁰ <https://peabody.vanderbilt.edu/departments/nextsteps/>

¹¹ http://www.aucd.org/docs/trainees/bradshaw_final_mindthegap.pdf

Development created the [Greater Kansas City Summer Transportation Institute](#)¹² as a national model for the inclusion of high school students with disabilities within the National Summer Transportation Institute system. Students with disabilities participate in a four-week institute that expose them to college living and career opportunities in transportation. Students with disabilities and their families are provided information on educational services to support them in achieving their career goals, and students are assisted in the development of a career plan. The Institute has increased the number of people with disabilities in the transportation field and expanded the range of career opportunities for people with disabilities.

Health

California – The University of Southern California UCEDD at the Children’s Hospital is part of the Autism Treatment Network (ATN), the nation’s first network of hospitals and physicians dedicated to developing a model of comprehensive medical care for children and adolescents with autism spectrum disorders (ASD). The ATN is dedicated to developing better ways to identify, manage, and treat the physical health conditions of children with autism. ATN sites are committed to developing standards and guidelines for evaluating and treating physical conditions associated with autism, and to sharing these standards with a wide variety of other clinical programs. The ATN is committed to developing standard treatment protocols for physical health conditions based on proven clinical experience and evidence from the registry and related clinical research projects.

New York – The Westchester Institute for Human Development is addressing the tremendous need for individuals with cognitive disabilities to be informed consumers of health care and to learn what is needed to be advocates of healthy lifestyles. [My Health, My Choice, My Responsibility](#)¹³ is a curriculum-based program that trains individuals with cognitive disabilities to make healthy choices in daily life and to speak up for good health. The program is comprised of eight sessions. A unique aspect of the program is that it is run by two trainers: An agency staff person and a self-advocate with a cognitive disability. The participants are individuals with cognitive disabilities who would like to gain knowledge on various health topics in order to make informed choices. Three replicable health tools are included in the program: My Health Plan, My Medical Appointment, and a Health Information Form. WIHD staff trained 11 agencies, comprised of staff representatives and self-advocates, across New York State to run the program at their sites. The curriculum and a trainer's manual are available in hard copy and web-based format. WIHD continues to provide technical assistance for their use. The curriculum was developed into an Application available for use on the iPad. Trainings are given using selected portions of *My Health, My Choice, My Responsibility* that can include: Developing a health plan, self-advocating at the doctor's office, physical activity, nutrition, safety and cleanliness in the home, hygiene, and emotional health.

¹² <https://info.umkc.edu/news/tag/kansas-city-summer-transportation-institute/>

¹³ <http://www.ngsd.org/news/my-health-my-choice-my-responsibility>

Recreation

Delaware – The Center for Disabilities Studies (CDS) at the University of Delaware supports Inclusion Training for Young Men’s Christian Association (YMCA), Volunteer Coaches. Community sports and recreation provide many benefits to children with developmental disabilities. Playing sports not only promotes physical activity; it also helps children learn important life skills, how to make choices, take turns, and be part of a team. For some children with disabilities, however, that first team sport experience can be filled with obstacles. Inclusion in community sports programs requires an accessible facility, a welcoming inclusive culture, and staff with the skill to accommodate youth with disabilities. The CDS implemented a web-based training to promote inclusion, provide an overview of common types of disabilities, and provide strategies for assessing inclusion feasibility and approaches to creating effective accommodations. Additionally, CDS provided a technical assistance plan and a resource guide/toolkit for support and guidance to ensure that exercise staff has access to support while implementing volunteer coaches training components into their facilities and activities.

California – The Tarjan Center at the University of California, Los Angeles (UCLA) carries out the Gaming Technology for Individuals with Cerebral Palsy project. The broad vision of this project is to enable persons with motor disability due to cerebral palsy to participate fully in the recreational, social, and therapeutic benefits of virtual reality software products. Accomplishing this vision requires the collaboration of individuals with motor disability, software programmers, computer science engineers, and movement specialists. This is a collaborative project between of the UCLA Orthopedic Hospital Center for Cerebral Palsy and the Game-Based Rehabilitation Lab at the University of Southern California Institute for Creative Technologies USC.

Early Intervention

South Carolina – The South Carolina UCEDD provided essential support for the IDEA Part C program in South Carolina, BabyNet. BabyNet¹⁴ dramatically altered the method by which federally required information was provided by early intervention providers. States often rely on their UCEDDs for a comprehensive system of personnel development, professional development/training, and technical assistance for early intervention providers; measuring of IDEA Part C child outcomes, family outcomes, and family satisfaction; and data management for the early intervention system. Thus, the engagement of the South Carolina UCEDD was essential to the state’s revision of the IDEA Part C efforts. UCEDD staff adapted their efforts to focus on the planning, design, development, and implementation of the new BabyNet data system. After the development, UCEDD staff provided training to over 2,000 users of the BabyNet early intervention data and reporting system.

North Carolina – As part of the North Carolina Institute for Developmental Disabilities, the North Carolina Act Early state team identifies young children at risk for developmental delay/Autism Spectrum Disorder (ASD) from minority or underserved populations. In

¹⁴ <http://www.ddsn.sc.gov/consumers/early-intervention/Pages/BabyNet.aspx>

collaboration with faith and community-based organizations in Cumberland County, NC (and adjoining counties in the second year), educational and screening opportunities were offered to increase awareness of typical developmental milestones and to improve early identification of children with ASD or other developmental disabilities. In addition, local leaders were identified and trained to continue these educational efforts in future years as part of community activities (e.g., mega-churches, health fairs, cultural events). CDC's [Learn the Signs Act Early](#)¹⁵ materials and messages were used, and the program strengthened connections to existing local and state resources.

¹⁵ www.cdc.gov/ActEarly

CHAPTER 5: PROJECTS OF NATIONAL SIGNIFICANCE SUMMARY OF ACCOMPLISHMENTS

The Administration on Intellectual and Developmental Disabilities (AIDD) funds Projects of National Significance (PNS), which provide AIDD with the opportunity to work on targeted issues important to the developmental disabilities community.

These projects focus on the most pressing issues affecting people with developmental disabilities and their families. Project issues transcend the borders of states and territories, yet are designed to support local implementation of practical solutions. Over the years, PNS funds have supported families and caregivers, increased community living options, promoted inclusive education, developed quality assurance standards, explored avenues to promote self-determination, assisted with family leadership development, and increased opportunities for self-advocates to be involved in systems-change initiatives.

SUPPORTING FAMILIES

Families continue to play an important role in the lives of individuals with developmental disabilities to live and fully participate in their communities. With various complexities, strengths and unique abilities, supporting families is critical to ensuring they are able to best support, nurture, love and facilitate opportunities for the achievement of self-determination, interdependence, productivity, integration, and inclusion in all facets of community life for their family members with developmental disabilities. Through initiatives supporting families, AIDD promotes collaborative efforts and community-based solutions to reach unserved and underserved families, and to encourage systemic change and improved community capacity to support families of individuals with developmental disabilities.

The Community of Practice (CoP) for Supporting Families of Individuals with Intellectual and Developmental Disabilities

In FY 2013 and FY 2014, AIDD continued funding to the National Association of State Directors of Developmental Disabilities Services (NASDDDS) for a Community of Practice (CoP) focused on expanding the knowledge base around how to best support families with members with developmental disabilities.

The CoP for Supporting Families of Individuals with Intellectual and Developmental Disabilities is building capacity across and within states to create policies, practices, and systems to better assist and support families that include a member with developmental disabilities across the lifespan. Supporting an individual with developmental disabilities at home affects the entire household by creating various challenges. Yet the vast majority of families choose to support their family member at home, and many acknowledge that the rewards of facilitating a self-determined life for their family member outweigh the difficulties. The struggles for each family are individualized and specific, and should be respected as such. Factors that affect the experience for each family include cultural expectations, the severity of disability, the presence of challenging behavior, family

characteristics, financial resources, and the availability of both informal and formal community supports and services. The [Supporting Families LifeCourse Framework](#)¹⁶ is the theoretical model that the CoP uses to guide the work to improve supports to families with members who have developmental disabilities.

During FY 2013 and FY 2014 the CoP consisted of six states (Connecticut, District of Columbia, Missouri, Oklahoma, Tennessee, and Washington). The CoP activities include convening monthly calls with all the participating states, providing technical assistance, hosting additional webinar training opportunities to enhance learning across the states related to a particular topic, and convening an annual meeting. In addition to these regularly scheduled activities, members of the national project team engaged in a number of information dissemination and networking activities. Below are examples of activities from the six CoP Supporting Families states.

- **Connecticut** – The Connecticut team focused on exploring issues around access to services and experiences at the “front door” and those who are not eligible for services. Strategies include implementing intake procedures related to the additional areas in which people can access supports (not only paid supports). There has also been a focus on building alliances and collaborations beyond the developmental disabilities (DD) service system. As a way of implementing the LifeCourse concepts related to helping individuals and families create a vision for the future, the CoP team has been working to connect with existing training and technical assistance efforts around person-centered thinking for individuals, families and service agencies. The team also explored options around technology as a form of support, as well as building a web-based tool to connect individuals with disabilities with needed supports.
- **District of Columbia** – The team in the District of Columbia (DC) focused on leveraging opportunities to improve supports to families presented by the major systems reform efforts underway in this jurisdiction. For example, a renewed effort around the Developmental Disabilities Reform Act and the development of an Individual and Family Supports Waiver will greatly impact the future service system in DC, and CoP team members have contributed critical input regarding the need for coordinated lifespan supports for all people with developmental disabilities. The CoP team is also working on expanding the DC system to serve not only adults with intellectual disabilities but persons with developmental disabilities across the lifespan. In addition, the DC team is launching a Parent-to-Parent Chapter to enhance peer support opportunities. The team has also focused on building on existing person-centered thinking and levels of change strategies that have been implemented in DC over the past few years throughout not only the DD agency but the entire DD support and service delivery system. Activities include using person-centered thinking tools and skills with the state team to help families envision success, identifying changes that are needed at all levels, and creating a shared responsibility for making change. DC is also integrating personal care team (PCT)

¹⁶ <http://supportstofamilies.org/what-is-the-lifecourse-framework/>

tools and skills into the UCEDD parent training on end of life planning to help families understand that future planning begins with documenting and communicating about their child as a person, and not as a person with a disability.

- **Oklahoma** – The Oklahoma team is focused on building on the opportunities to improve supports system-wide in its second year through the Governor’s Blue Ribbon Panel. Preliminary recommendations generated by the Blue Ribbon Panel align with two of the strategies to support families identified in the LifeCourse Framework: (1) Strengthen information access and provide resource navigation; and (2) improve inter-agency service coordination. A primary focus of the Blue Ribbon Panel has been on developing strategies to reduce the number of people waiting for services in Oklahoma. Members of the national project team were able to provide assistance with restructuring the way the Blue Ribbon Panel was organizing the wait-list based on the data they were collecting on those individuals.

Additionally, the Oklahoma team was expanded to include representatives from Children with Special Health Care Needs and the Family-to-Family organization. The team focused on creating a knowledge base among stakeholders regarding the LifeCourse Framework. For example, the LifeCourse principles were incorporated into the “On the Road” conferences in order to expand the message to rural areas in Oklahoma. Through the work of the CoP team, LifeCourse planning concepts and tools have been utilized with the Partners in Policymaking and Youth Leadership Forum.

- **Tennessee** – The Tennessee team worked to establish connections with existing initiatives that complement efforts to support families, particularly around addressing the wait-list for services, employment for people with developmental disabilities, and provider qualifications. The team has made connections with other entities to focus on integrating services across the lifespan, including the Governor’s Children’s Cabinet and the Tennessee Parent-to-Parent program. The team also worked with the Tennessee State Department on Intellectual and Developmental Disabilities to train staff and revise procedures to ensure that the first point of contact between the state DD agency with individuals and families is a meaningful encounter, even if the individuals are not eligible for (or able to access) waiver services at the time. This resulted in streamlining the intake process to allow intake staff to spend more time with families and individuals. In addition, the team has worked to provide meaningful information and support to those on Tennessee’s lengthy wait-list for services.
- **Washington** – The Washington team focused on connecting with system-wide redesign efforts, including the development of an Individual and Family Services Waiver Program and the implementation of the Community First Choice Option. These efforts were already underway in Washington as a way to improve the system of care for individuals with developmental disabilities and to reduce the wait-list. They worked to reframe state services by taking the opportunity to evaluate the services provided by the state and whether they benefit or hinder families and individuals in the community. To gather input from individuals and families, they

spent time planning for and conducting a number of “Listening Tours” across the state. To communicate with individuals, families, and the broader community, the Washington team used opportunities to share information about the LifeCourse Framework and CoP activities through the “Informing Families, Building Trust” [website](#)¹⁷ and listserv.

Supporting Individuals and Families Information Systems Project (FISP)

The Supporting Individuals and Families Information Systems Project (FISP) established a comprehensive program of annual data collection from states on family support. Guided by a family expert panel, the Research and Training Center on Residential Services and Community Living, Institute on Community Integration - the UCEDD at the University of Minnesota - conducts data analysis, policy studies, and dissemination activities to better understand and promote effective supports for families and individuals with intellectual and/or developmental disabilities who direct their own support. Other partners in the project include the National Association of State Directors of Developmental Disabilities Services (NASDDDS) and the Human Services Research Institute (HSRI).

Federal and state agencies utilized the data to increase the understanding of the current status of and emerging trends in supporting families and individuals with developmental disabilities living in homes of their own or with family members (including consumer direction). The project also compared the services and expenditures targeting the person with developmental disabilities versus those targeting the family members with whom they reside, and compared services for children versus services for adults with developmental disabilities.

The project found that there were an estimated 4.7 million people with developmental disabilities in the United States in 2014. Of those, 1.14 million were receiving services under the auspices or on the caseloads of state DD agencies. Of the people known to state DD agencies, 56% lived in the home of a family member, 11% lived in homes they owned or leased, five percent lived in a host home or with a foster family, six percent lived in a group setting of three or fewer people, and the remaining 21% lived in a group setting of four or more people.

EMPLOYMENT

Employment is a critical part of community inclusion for people with developmental disabilities. For youth, a smooth transition from education to employment is equally essential. Securing and maintaining employment helps many people to achieve independence in their communities, but there are often barriers to accessing meaningful and integrated employment. During FY 2013 and FY 2014, AIDD invested in a number of projects to support employment first and competitive integrated employment opportunities for individuals with developmental disabilities.

¹⁷ <http://informingfamilies.org/>

Partnerships in Employment (PIE) Systems Change Projects

Partnerships in Employment (PIE) System Change is a five-year initiative to increase employment and post-secondary outcomes for youth and young adults with developmental disabilities. Each project is led by a consortium, including youth and young adults with developmental disabilities, family members, state agency leaders, university centers, advocates, teachers, service providers, and employers. Projects have defined an operating plan for improving employment and education through new or revised policy development. Below are documented outcomes from the eight funded projects:

- **Alaska** – Unanimous passage of Employment First Legislation (cross-disability) for the State of Alaska and over one million dollars a year of state investment for five years in bettering employment outcomes for people with disabilities
- **California** – Passage of Employment First Legislation and elimination of subminimum wage by California Department of Education’s Workability Program for Transition Age Youth
- **Iowa** – Rate restructuring that aligns with competitive, integrated employment services and a state data dashboard related to employment
- **Mississippi** – Mississippi’s Governor Executive Order 1335 based on the philosophy of Employment First and a Memorandum of Understanding (MOU) between the Mississippi Department of Employment Security and Department of Rehabilitation Services
- **Missouri** – Increase in business partnerships and number of businesses providing employment opportunities for youth and young adults with developmental disabilities and the development of a set of cross-systems guiding principles with related system and community evaluation components
- **New York** – Earlier engagement with Vocational Rehabilitation (VR) in schools; expansion of Project SEARCH from four programs to 14; and establishment of the Governor’s Employment First Commission tasked with developing a report with recommendations for an Employment First strategy for New York State
- **Tennessee** – Passage of the STEP Up Legislation in 2013 to allow access to financial assistance through lottery scholarship funds for youth with disabilities to post-secondary education programs and providing transitional financial assistance to students eligible for VR and participating in Postsecondary Alliance programs in Tennessee
- **Wisconsin** – During the Governor’s Year of the Better Bottom Line initiative, inclusion of grants to businesses to encourage them to hire and train workers with disabilities and expansion of Project Search to 20 new sites.

Community of Practice (CoP) for Supporting Competitive, Integrated Employment

AIDD continued funding to the Institute for Community Inclusion (ICI) at the University of Massachusetts Boston to support a CoP composed of between five and 10 states to build capacity, reform delivery systems, and improve strategies to support families that include a member with developmental disabilities across and within states. ICI is responsible for managing the activities of the CoP and provides training and technical assistance through teleconferences, web portals, and peer-to-peer training. The CoP states focus on developing and defining the scope of the issue; gathering information, including the identification of emerging and promising practices across states; establishing and maintaining mechanisms to share and disseminate data, information, and promising practices; and developing ideas to address challenges and opportunities to improve culturally competent strategies, policies, practices, and systems supporting competitive, integrated employment systems for people with developmental disabilities. The current CoP states are the District of Columbia, Idaho, Kentucky, Maryland, Minnesota, New Hampshire, and North Dakota. Below are examples of activities from the CoP states from FY 13 and FY 14.

- ***District of Columbia*** – Established an active and engaged Employment Leadership Team comprised of a wide range of stakeholders that developed the following priorities: Building provider capacity; integrating a new waiver service called “integrated day service” that supports employment; increasing coordination of DD and VR services; and adopting a Mayoral order for Employment First and a corresponding executive order.
- ***Idaho*** – Developed a strategic plan that focuses on the following key issues: New waiver development that includes career exploration and discovery; outcome data collection; capacity building for the provider community; and collaboration with VR.
- ***Kentucky*** – Developed a strategic plan that focuses on the following key areas: Asset management, rate structures and performance-based funding; training for state DD agency personnel, including case managers; provider capacity building; and use of data to support decision making.
- ***Maryland*** – Developed a strategic plan with a major focus on employer engagement and the role of state systems.
- ***Minnesota*** – Developed a strategic plan that focuses on addressing outstanding issues related to the state’s Olmstead Plan; braiding and blending resources; individualizing employment opportunities for youth while in school; designing alternatives beyond center-based services for individuals who don’t have full-time employment and supports needed to stay at home during the day; and addressing benefits concerns.

The Diversity Leadership Institute initiative is a five-year project awarded to the Georgetown University's National Center for Cultural Competence in 2014, with the overall goal of increasing diversity among current leaders and individuals interested in being leaders within the DD Network or other programs concerned with developmental disabilities. The primary goal of the Diversity Leadership Institute is to develop and/or enhance the cultural and linguistic competence and leadership skills of these leaders to be able to better serve a growing culturally diverse population of individuals with developmental disabilities reflective of various racial and ethnic minority backgrounds, disabilities, and socially, culturally, economically, or educationally disadvantaged circumstances. The Diversity Leadership Institute will promote the training and development of selected candidates who are currently in leadership positions or who demonstrate specific interest in leadership roles/positions within the DD Network or programs concerned with individuals with developmental disabilities.

This Leadership Institute will conduct a Leadership Academy each year over the course of five years with at least 30 participants per cohort. The participants of the Leadership Academy will be engaged in an intensive course of study composed of two and one half months of preparatory activities and a three and one half day learning experience. Participants will be guided through an array of learning opportunities using multiple learning styles that include but are not limited to peer group discussions and structured forums, lectures, writing assignments, coaching, experiential exercises, and leadership assessment/inventory. Following the Leadership Academy, participants will also engage in continuous learning in their home environment supplemented by coaching and will receive mentoring for up to one year by the Leadership Institute staff.

NATIONAL DATA MEASUREMENT PROJECT: NATIONAL CORE INDICATORS (NCI)

AIDD provided funding to 17 states to join the National Core Indicators Project (NCI). The five-year contract began in 2011. The National Association of State Directors of Developmental Disabilities Services (NASDDDS), working with the Human Services Research Institute and the University of Minnesota, gathered data on service outcomes in the management, operation, and funding of state DD service systems.

In enhancing this uniform dataset, AIDD's goal was two-fold: 1) to strengthen the ability of states to administer key long-term support programs for people with developmental disabilities, and 2) to facilitate collaboration between state DD agencies and the AIDD-funded DD Network on the identification of service delivery trends, policy planning, and development of mutual strategies to improve the well-being of those receiving services across the country. The NCI framework comprises more than 100 key outcome indicators that are designed to gather valid and reliable data across five broad domains: individual outcomes; family outcomes; health, welfare, and rights; staff stability; and system performance.

REGIONAL SELF-ADVOCACY PROJECTS

AIDD is committed to ensuring that individuals with developmental disabilities participate in the design of and have access to needed community services, individualized supports,

and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life. AIDD strengthened its commitment to self-advocacy throughout the nation by funding six Regional Self-Advocacy Technical Assistance project to self-advocacy organizations. Each project is composed of at least four states and provides technical assistance to 41 state and local self-advocacy organizations.

Each project has an advisory committee of which at least 75% of the members are individuals with developmental disabilities. These advisory committees collaborate with the grantee to identify the project's priorities. The projects use technology to exchange information with the states in their projects relating to state accomplishments, challenges, and best practices enabling other states to have access to lessons learned.

Highlights are described below:

- ***Our Communities Standing Strong*** – Each state in the [Our Communities Standing Strong](#)¹⁸ project created vlogs (video weblogs) posted on the SABE YouTube channel. The topics of these vlogs include institutions, fair wages, and employment. By the end of 2014, the project had produced 24 vlogs.
- ***Southwest Alliance for Technical Assistance Center*** – The [Southwest Alliance for Technical Assistance Center](#)¹⁹ is collaboration between Self-Advocates Becoming Empowered (SABE) and self-advocates in Arizona, Colorado, New Mexico, and Texas that aims to strengthen the capacity of participating states to increase and support self-advocacy at the community level.
- ***Pacific Alliance on Disability Self-Advocacy*** – In August of 2014, the [Pacific Alliance on Disability Self-Advocacy](#)²⁰ (PADSA) sponsored the first annual leadership academy covering topics such as leadership skills, organizing, and fundraising. The goal of the leadership academy is to train a cohort of 10–15 individuals every year to create a pool of alumni who can provide technical assistance when a state has a particular need.
- ***Heartland Self-Advocacy Resource Network*** – The Institute for Human Development at the University of Missouri–Kansas City collaborated with four states—Missouri, Kansas, Iowa, and Nebraska—to create the [Heartland Self-Advocacy Resource Network](#)²¹. The project created a hub for self-advocacy groups from each state to share knowledge and best practices. In addition, by developing an interactive web-based community, the state self-advocacy groups will be able to have virtual meetings and exchange ideas, without traveling long distances.

¹⁸ <http://www.sabeusa.org/projects/our-community-standing-strong/>

¹⁹ <http://swifamilies.org/gallery-2/southwest-alliance-technical-assistance-center/>

²⁰ <https://pacific-alliance.org/>

²¹ <http://heartlandselfadvocacy.org/>

- ***North East Advocates Together*** – [North East Advocates Together](#)²² (NEAT) – The NEAT staff, the majority of whom have disabilities, organized online lunches, called Power Lunches, where self-advocates and their allies join to discuss a variety of issues. The lunches are facilitated by a volunteer from one of the states. The topics include state conferences, technology, youth engagement, growing membership, public speaking, and working with local TV stations.
- ***Equal Partners Interstate Congress*** – The Washington State Developmental Disabilities Council formed the [Equal Partners Interstate Congress](#)²³ (EPIC). Disability civil rights organizations in Idaho, Alaska, Wyoming, Nevada, and Washington State established a regional system for technical assistance, communication, and information sharing. Using technology, EPIC addressed the individual challenges in grassroots advocacy experienced by each state while creating a strong unified regional voice. EPIC will also hold regional conferences to address issues important to the network and to plan for the sustainability of the project.

SUPPORTED DECISION-MAKING PROJECT

The [Supported Decision-Making \(SDM\) Project](#)²⁴ is a partnership between the Quality Trust for Individuals with Disabilities and their partners, the Burton Blatt Institute of Syracuse University, the Kansas University Life Span Institute, the American Bar Association Commission on Law and Aging, the Autistic Self-Advocacy Network, Family Voices, and Parent to Parent USA. The goal of the project is to gather, create, and examine tools that utilize SDM as an alternative to guardianship for people with disabilities and older adults. Specific activities include documenting and disseminating successful supported decision-making practices; conducting research to fill data and information gaps; developing training materials and providing technical assistance to ACL networks on SDM issues, including youth transition; and developing a strategy that measures and demonstrates the impact of SDM on the lives of people with developmental disabilities and older Americans. The SDM Project is also designing and implementing a small grants demonstration program that awards funding to four to seven community organizations. Finally, the SDM Project is developing a clearinghouse of existing materials and resources, academic work and practices, success stories, and newly developed research and training materials available to the general public.

²² <http://www.neat-peers.org/>

²³ <http://ddc.wa.gov/about-us/council-projects/>

²⁴ <http://www.supporteddecisionmaking.org/>

THE INCLUSIVE COORDINATED TRANSPORTATION PARTNERSHIP PROJECT

The [Inclusive Coordinated Transportation Partnership](#)²⁵ project is in collaboration with the Department of Transportation's Federal Transit Administration, demonstrating the value inclusive processes can bring to coordinated transportation efforts. Partners include Easter Seals and the National Association of Area Agencies on Aging.

The project develops tests and demonstrates ways to empower people with disabilities and older adults to be actively involved in designing and implementing coordinated transportation systems. The project's goal is to support communities nationwide in adopting proven, sustainable, scalable, and replicable models that include participation of people with disabilities and older adults in the design and implementation of coordinated transportation systems that are responsive to their needs.

The project awarded mini-grants to community organizations that focus on a variety of populations. These organizations include:

- Alaska Mobility Coalition, Fairbanks, AK
- Arc of Connecticut, Hartford, CT
- Area Agency on Aging 1-B, Southfield, MI
- Jewish Council for the Aging, Montgomery County, MD
- Lewis and Clarke County, Helena, MT
- Ride Connection, Portland, OR
- Knoxville–Knox County Community Action Committee, Knoxville, TN

Highlights include increased satisfaction with rides to dialysis and formulation of an advisory council of riders who use dialysis (Ride Connection in Portland, OR); the development of a transportation communications application (Knoxville, TN, and University of Tennessee); and increased, sustained participation by people with disabilities and older adults demonstrated by all projects.

- **Iowa** – The Des Moines Area Metropolitan Planning Authority carried out a study to inventory resources, identify opportunities for agency and resource coordination, analyze existing barriers, and outline recommendations for the coordination of transportation services. The study proposed steps for improving access to transportation for populations that included individuals with disabilities, seniors, low-income and homeless, refugees, youth in transition, and non-English speaking individuals.
- **Michigan** – The Area Agency on Aging 1-B, Southfield, MI, partnered with the Regional Elder Mobility Alliance (REMA) to launch an education, awareness, and engagement campaign to garner support for legislation to fund a coordinated regional transportation system. The project collaborated with the Harriet Tubman

²⁵ <http://web1.ctaa.org/webmodules/webarticles/anmviewer.asp?a=3265>

Center to support the participation of low-income individuals in transportation planning. The work culminated in the highly visible “Build Transit, Build Business” Summit at Ford Field (the home of the Detroit Lions) at which 300 people attended.

- **Oregon** – Ride Connection of Portland, Oregon, conducted a project to improve access to life-saving dialysis services. The overall goal of the Ride Connection project was to study the issues involved with transportation for dialysis treatment and to deploy inclusive transportation strategies in improving these life-sustaining trips. As the number of people in the Portland area requiring dialysis has increased, providing timely and effective transportation has become a larger issue. Through the use of an inclusionary planning process, the Ride Connection team was able to implement a pilot program that has demonstrated positive results. The patients involved in the project are much more satisfied with their transportation since the inception of the pilot.
- **Tennessee** – The Knoxville–Knox County Community Action Committee project developed a smartphone application to overcome communication barriers experienced by people with disabilities while they use public transportation. The project included the partnership of diverse state organizations, including the Governors Committee on People with Disabilities and the UCEDD at Vanderbilt University. The project also used an innovative method, called Meeting in a Box, to garner the support and trust of diverse state organizations that represent people with disabilities and older adults.

CHAPTER 6: TECHNICAL ASSISTANCE

AIDD awards a number of training and technical assistance projects to help meet and advance AIDD's mission as mandated by the DD Act. Training and technical assistance is used for multiple purposes:

- Building capacity using a variety of strategies, such as training, for greater productivity and service;
- Assisting in tackling problems that crosses state lines;
- Supporting individual grantees in accomplishing project goals in a manner that is both responsive to the needs of its clients and efficient in its use of taxpayer dollars;
- Facilitating cross-grantee collaboration to enhance DD Network efforts; and
- Assisting with streamlining administrative processes, collecting information, implementing technology advances and providing expert advice in a wide range of areas.

Technical assistance provides AIDD and its grantees a greater ability to meet ongoing needs and sustain progress toward more successful, fulfilling lives for individuals with developmental disabilities.

In the fiscal years 13 and 14, AIDD provided training and technical assistance to each of its grantee programs through awards to a number of organizations:

- UCEDD Resource Center, implemented under contract by the Association of University Centers on Disabilities (AUCD), which provides technical assistance to UCEDDs;
- Training and Advocacy Support Center (TASC), implemented under contract by the National Disability Rights Network (NDRN), which provides technical assistance to state P&As;
- Information and Technical Assistance Center for Councils (iTACC) awarded to the National Association of Councils on Developmental Disabilities (NACDD), which provides technical assistance to Councils; and
- Institute for Community Inclusion (ICI), which is under contract to provide technical assistance for the Project of National Significance Partnerships in Employment Systems Change (PIE) grantees.

TECHNICAL ASSISTANCE FOR DD NETWORK PROGRAMS

The UCEDD Resource Center, operated under contract by the Association of University Centers on Disabilities (AUCD), provides technical assistance to UCEDDs. Through this project, AUCD provided a number of national training events on topics such as youth transition, post-secondary education opportunities for individuals with developmental disabilities, community integration, alternate assessments, and AIDD reporting requirements. AUCD continued to offer the Leadership Institute to better support the

development of leaders for the UCEDD network. In partnership with the National Leadership Consortium on Developmental Disabilities at the University of Delaware, AUCD offered a weeklong intensive executive development program to new UCEDD directors, Assistant Directors, Program Directors, and other UCEDD personnel who, in the opinion of the UCEDD's leadership, demonstrate both potential and willingness to assume senior leadership roles in the UCEDD network.

The Training and Advocacy Support Center (TASC), operated under contract by the National Disability Rights Network (NDRN), provides technical assistance to P&As. For example, TASC staff members provide consultation via email and phone on disabilities law, organizational management, and board management. Additionally, staff responded to more than 1,500 programmatic issues per year, especially with regard to abuse, neglect, seclusion, restraint, community integration, and ADA compliance. Staff also responded to nearly 400 P&A management-related issues per year.

The Information and Technical Assistance Center for Councils on Developmental Disabilities (iTACC), operated under a grant to the National Association of Councils on Developmental Disabilities (NACDD), provides technical assistance to Councils. Through iTACC, NACDD quickly assisted Council members, staff, and executive directors with access to information, technical assistance, and training resources. In FY 2013, 189 requests were received and completed by iTACC staff and in FY 2014, 266 requests were received and completed.

TECHNICAL ASSISTANCE FOR PROJECTS OF NATIONAL SIGNIFICANCE: PARTNERSHIPS IN EMPLOYMENT SYSTEMS CHANGE (PIE) – INSTITUTE FOR COMMUNITY INCLUSION (ICI)

AIDD funds a cooperative agreement to ICI to provide technical assistance to AIDD's PIE grants. This grant promotes knowledge sharing and resources for systems change by facilitating the discussion of ideas to address employment challenges, promoting collaboration and understanding, and building skills. This project also provides assistance in developing performance benchmarking for the PIE grantees.

In FY 2013 and FY 2014, ICI held annual technical assistance meetings for the PIE projects and addressed the following topics:

- Collaborating for a Seamless Transition
- Systems Level Collaboration: All that it takes...
- A School-to-Work Partnership that Works
- Issues and Solutions Promoting Increased Employment/Career Development for Youth and Young Adults Transitioning to Adult Work Life
- Making Transition Work for Students and Their Families

Overall, these meetings received positive ratings from the attendees. Network meeting topics included the following: Employment First around the country, capacity-building initiatives through PIE, community conversations, business engagement, post-secondary education as a path to employment, and seamless systems change for transition.

Other Technical Assistance provided by the ICI project team during FY 2013 and 2014 included:

- Meeting with lead staff of each project site to provide technical assistance and review emerging issues and work plan priorities (these activities occurred on a 4- to 6-week cycle);
- Completing site visits and site visit reports for PIE states;
- Preparing MOU template for Tennessee, which will be used by the project and the P&A agency in drafting a new MOU to facilitate transition and employment;
- Preparing a document on definitions for pre-vocational, community-based non-work and competitive, integrated employment for the Wisconsin project, which will be used to encourage a common definition across programs and systems;
- Completing Performance Benchmarking toolkit;
- Preparing document for the New York project on Employment First policies across the country;
- Distributing Employment Trends of Young Adults with Cognitive Disabilities: 2004–2011; and
- Distributing report on Community of Practice on Evaluation.

CHAPTER 7: INTERAGENCY ACTIVITIES

Interagency collaboration is an essential part of the work conducted to ensure the successful implementation of the DD Act and positive, productive futures for individuals with developmental disabilities across the United States.

Given the complexity of federal, state and local programs and services that touch the lives of individuals with all types of disabilities, cross-agency dialogue is essential to address the challenges and issues facing this group.

AIDD has undertaken many partnerships and collaborative efforts over the past two fiscal years, as described below.

INTERAGENCY AUTISM COORDINATING COMMITTEE

The AIDD Commissioner is a federal member of the [Interagency Autism Coordinating Committee](#)²⁶ (IACC). The IACC is a federal advisory committee that coordinates Federal efforts and provides advice to the Secretary of Health and Human Services on issues related to autism spectrum disorder (ASD).

EARLY CHILDHOOD

AIDD staff collaborated with other federal agencies, such as the Administration for Children and Families, the Centers for Disease Control and Prevention, the Health Resources and Services Administration, the Substance Abuse and Mental Health Services Administration, and the US Department of Education's Office of Special Education Programs on a variety of early childhood initiatives, providing expertise and recommendations regarding infants and young children with disabilities when needed. For example, staff participated in *Birth to Five: Watch Me Thrive*, which is a cross-agency workgroup led by ACF to raise awareness about developmental milestones and the importance of early screening.

FEDERAL PARTNERS IN TRANSITION WORKGROUP

The workgroup allows federal agency staff to discuss and share information about what their respective agencies are currently doing or planning to do in the area of transition. In collaboration with representatives from the National Council on Disability, the Departments of Education, Justice, Labor and Transportation, the Equal Employment Opportunity Commission and the U.S. Social Security Administration, AIDD and other offices within HHS compiled a Transition Resource Directory that provides descriptions of federally-supported projects and centers that focus on youth transitions.

²⁶<https://iacc.hhs.gov/about-iacc>

FEDERAL PARTNERS WORKGROUP MEETINGS

Staff participated in monthly conference calls of various federal agencies in HHS concerned with early childhood issues. In addition, AIDD led a monthly meetings of an inter-agency workgroup that provides funding to the P&As, which includes the U.S. Department of Education's Rehabilitation Services Administration, the Social Security Administration, the Health Resources and Services Administration, and the Substance Abuse and Mental Health Services Administration. During these calls, the federal partners discuss new and ongoing issues with the P&As, federal monitoring processes, and evaluation and accountability efforts.

AIDD/DEPARTMENT OF LABOR–OFFICE OF DISABILITY EMPLOYMENT POLICY (ODEP)

AIDD has a Memorandum of Understanding (MOU) to work collaboratively with ODEP to expand and promote competitive, integrated employment as the preferred employment outcome for individuals with developmental disabilities and other significant disabilities, including intellectual disabilities, via both AIDD's and ODEP's employment systems change initiatives. These initiatives are complementary efforts that reflect the mutual commitment of ODEP and AIDD to the concept of Employment First for all individuals with disabilities. AIDD and ODEP's collaborative efforts include the use of ODEP's e-Policy platform as a web-based forum to share the latest on employment policies, challenges, and best practices. AIDD and ODEP also continue to share information and updates on their employment initiatives as well as on the use of each agency's CoP as a strategy to encourage peer-to-peer learning and information sharing.

**APPENDIX: THE PROTECTION AND ADVOCACY FOR INDIVIDUALS
WITH MENTAL ILLNESS (PAIMI) PROGRAM ACTIVITIES REPORT
FOR FISCAL YEARS 2013 AND 2014**

Introduction

This report summarizes the annual activities for Fiscal Years (FY) 2013 and 2014 of the Protection and Advocacy for Individuals with Mental Illness (PAIMI) grantees funded and administered by the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS). Each PAIMI grantee is required to transmit an annual report to the Secretary of the Department of Health and Human Services (HHS), that describes its program activities, accomplishments, and expenditures during the most recently completed FY.²⁷ SAMHSA summarizes the grantee activity information and prepares a report, which includes aggregate data for the Secretary.²⁸

Historical Overview

The Developmental Disabilities Assistance and Bill of Rights Act of 1975, commonly known as the DD Act, established systems in each state, the District of Columbia, and five territories to protect the legal and human rights of individuals with developmental disabilities.²⁹ These entities, the State Protection & Advocacy systems, were governor-designated and approved by the Administration on Developmental Disabilities (ADD), within the Administration for Children and Families (ACF). The DD Act authorized formula grants to each eligible state P&A system to support activities on behalf of individuals with developmental disabilities through the Protection and Advocacy for Developmental Disabilities (PADD) Program administered by ADD/ACF. ADD/ACF, the first P&A program, is the lead federal agency on matters pertaining to designation or re-designation of a P&A system. In April 2012, ADD was reorganized and is now known as the Administration on Intellectual and Developmental Disabilities (AIDD), within the Administration for Community Living, HHS.

The PAIMI Act of 1986³⁰ extended the DD Act protections to individuals with significant (serious) mental illness (adults) and significant (severe) emotional impairments (children/youth) at risk for, or in danger of abuse, neglect, and rights violations, while residing in public or private residential treatment facilities. The same ADD-approved, governor-designated state P&A systems that received PADD Program funding were authorized to administer the PAIMI Program.

The PAIMI Act³¹ mandated state P&A systems to:

- Protect and advocate for the rights of residents with significant (serious) mental illness (adults) and significant (severe) emotional impairments (children and

²⁷ 42 U.S.C. 10805(a)(7)

²⁸ PAIMI Act at 42 U.S.C. 10824

²⁹ 42 U.S.C. 6041

³⁰ 42 U.S.C. 10801 et seq.

³¹ 42 U.S.C. 10801(b)

youth),³² residing in public and private care and treatment facilities who are at risk for, or in danger of abuse, neglect, and rights violations by using administrative, legal, systemic or other appropriate remedies on their behalf;

- Investigate reports of abuse, particularly incidents involving serious injuries and deaths related to the inappropriate use of seclusion and restraint; and
- Ensure enforcement of the United States Constitution, federal laws and regulations, and state statutes.

In 1986, there were 56 P&A systems located in each state, the District of Columbia, and five territories (American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, the Commonwealth of Puerto Rico, and the U.S. Virgin Islands). At that time, 45 P&A systems operated as private, non-profit organizations (as designated by the respective state governors). The remaining 11 P&A systems were state- or territory-operated (Alabama, American Samoa, Connecticut, Indiana, Kentucky, New York, North Carolina, North Dakota, Ohio, the Commonwealths of Puerto Rico, and Virginia) and independent of any state agency that provided treatment or services, other than advocacy services, to individuals with mental illness.³³

In 2000, the PAIMI Act was amended by the Children’s Health Act (CHA) of 2000.³⁴ The CHA established a 57th P&A system for Native Americans, the American Indian Consortium (AIC). The AIC is composed of the Navajo Nation and Hopi tribal councils in the Four Corners region of the Southwest (Utah, Arizona, Colorado, and New Mexico).

The CHA³⁵ requires “public or private general hospital, nursing facility, intermediate care facility, or other health care facility that receives support in any form from any program supported in whole or in part with funds appropriated to any federal department or agency shall protect and promote the rights of each resident of the facility. This includes the right to be free from physical or mental abuse, corporal punishment, and any restraints or involuntary seclusions imposed for purposes of discipline or convenience.”³⁶ Each facility covered under the PAIMI Act shall notify the appropriate agency, as determined by the Secretary, of each death that occurs at each such facility, while a patient is restrained or in seclusion, of each death occurring within 24-hours after the patient has been removed from restraints and seclusion, or where it is reasonable to assume that a patient’s death is a result of such seclusion or restraint. A notification under this section shall include the name of the resident and shall be provided no later than seven days after the date of the death of

³² Adults with *significant* mental illness denotes adults with *serious* mental illness. Children with significant emotional impairments denotes children with *severe* emotional impairments.

³³ 42 U.S.C. 10801(b)

³⁴ P.L. 106-310.

³⁵ 42 U.S.C. 290ii

³⁶ 42 U.S.C. 290ii (a)

the individual involved.³⁷ This Act clarified that the state P&A systems had the authority to investigate incidents of restraint and seclusion in these types of facilities.

CHA also allowed state P&A systems to serve PAIMI-eligible individuals who lived in the community, including their own homes; however, individuals residing in care and treatment facilities must have priority for program services. In 2005, ADD approved a request from the Governor of North Carolina to re-designate the state-operated P&A system to a private, non-profit entity. In FY 2012, the Governor of Ohio re-designated the state-operated P&A system to a private, non-profit entity effective October 1, 2013 (FY 2013). In FY 2013, the Governor of New York re-designated its state-operated P&A system to a private, non-profit entity effective May 1, 2013. In FY 2014, the Governor for the Commonwealth of Virginia re-designated its state-operated P&A system to a private, non-profit entity effective October 1, 2013 (FY 2014). On September 30, 2014, there remained seven state-operated P&A systems in Alabama, American Samoa, Connecticut, Indiana, Kentucky, North Dakota, and the Commonwealth of Puerto Rico.

Funding

Each P&A system must submit an annual application or update its annual program priorities, proposed budget/expenditures, the PAIMI Program assurances, and any other information requested by SAMHSA.³⁸ The annual PAIMI Program awards, subject to availability of appropriations, are based on a formula prescribed by the statute.³⁹ The PAIMI formula is based equally on the population of each state in which there is an eligible system and on the population of each state weighted by its relative per capita income.⁴⁰ Relative per capita income is the quotient of the per capita income of the United States and the per capita income of the state. Relative per capita income is not used for American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, and the U.S. Virgin Islands. Their quotient shall be considered as one.⁴¹ The Secretary shall use no more than two percent of the amount appropriated, commonly known as the set-aside under the PAIMI Act, to provide technical assistance to eligible systems.⁴²

The following table reflects the total annual PAIMI Program grant appropriations, the technical assistance (TA) set-aside, and the minimum and maximum grant allotments awarded to the states and territories in FY 2013 and 2014. In FY 2013, the PAIMI Program grant was reduced by 5.648 percent, a \$2,009,616 reduction in the total awards to the state P&A systems and a \$41,013 decrease in TA from FY 2012. These decreases in FY 2013 were due to sequestration. In FY 2013, California, the largest state P&A system, received

³⁷ op. cit. at 42 U.S.C. 290ii - 1

³⁸ 42 U.S.C. 10821

³⁹ 42 U.S.C. 10822

⁴⁰ 42 U.S.C. 10822 (a) (1) (A) (i) and (ii)

⁴¹ 42 U.S.C. 10822 (a) (1) (B)

⁴² 42 U.S.C. 10825

\$2,986,452, which was a reduction of \$148,119 from its FY 2012 PAIMI grant (\$3,134,571). The minimum state allotment P&A system grants were reduced by \$22,400 (\$406,700 from \$429,100 in FY 2012). Each of the five territories, American Indian Consortium, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, and the U.S. Virgin Islands, each received \$217,900, which was a \$12,000 reduction from FY 2012 \$229,900.

	FY 2013	FY 2014
To State P&A Systems	\$33,571,479	\$35,325,287
Technical Assistance Set-Aside	\$685,132	\$720,924
Total Annual PAIMI Appropriation	\$34,256,611	\$36,146,000
	FY 2013	FY 2014
Minimum State Award	\$406,700	\$428,000
Maximum State Award	\$2,986,452	\$3,169,574
Minimum Territory Award	\$217,900	\$229,300

[See, Appendix - Table 1]

PAIMI Program Activities

A. Demographic Information

1. Age and Gender

The following tables summarize the number of PAIMI-eligible individuals or clients served in each fiscal year (FY) by age and gender.

Age (in years)	FY 2013	FY 2014
0-4	24	17
5-12	1,017	980
13-18	2,150	1,892
19-25	1,165	1,071
26-64	9,498	9,213
65+	838	763
Total Served	14,692	13,936

Gender	FY 2013	FY 2014
Male	8,481	7,849
Female	6,211	6,087
Total Served	14,692	13,936

[See, Appendix - Table 2]

2. **Ethnicity and Race**

PAIMI clients served by the P&A systems self-identified their ethnicity and race. The following tables provide the ethnicity and racial identities reported by individuals served by the P&A systems. The information was self-reported and the individuals/clients served were permitted to select one or more races. Totals may exceed the number of PAIMI-eligible individuals served.

Ethnicity	FY 2013	FY 2014
Hispanic/Latino	1,276	1,144

Race	FY 2013	FY 2014
Native American/Alaskan Native	374	368
Asian	201	204
Black/African American	3,167	2,793
Native Hawaiian/Pacific Islander	201	212
White/Caucasian	9,477	8,527
Multiple Race	544	521
Non-Hispanic/Latino	11,823	11,623

[See, Appendix - Table 3]

3. **Living Arrangements**

P&A systems served individuals who resided in various settings. Examples of these living arrangements included:

Living Arrangement Type	FY 2013	FY 2014
Independently in the community	4,274	4,255
Adult Community residential home	558	476
Psychiatric wards	1,395	1,349
Public and private institutional living	2,396	2,250
Legal Detention/Jail	776	802
Homeless/shelter	342	281

[See, Appendix - Table 4]

B. Services for Individuals

Under the PAIMI Act, state P&A systems are mandated to protect and advocate for the rights of individuals with mental illness and authorized to investigate complaints of abuse, neglect, and rights violations.⁴³ The following table shows the total number of individual PAIMI abuse, neglect, and rights violation cases opened, investigated, and closed.

⁴³ 42 U.S.C. 10805(a)(1)

1. **Abuse**

Number and types of closed individual abuse complaints include:

Abuse Complaints, Investigated and Closed by Complaint Type	FY 2013	FY 2014
Inappropriate/excessive use of restraints	346	316
Inappropriate/excessive medication	163	187
Involuntary electroconvulsive therapy	3	11
Failure to provide mental health treatment	689	573
Physical assaults resulting in serious injuries	117	88
Sexual assaults	173	196
Staff threats/retaliation/assaults	182	214
Total	2,625	2,450

[See, Appendix - Tables 5]

Case Examples from Fiscal Year (FY) 2013

NORTHERN MARIANA ISLANDS

The P&A learned a 59-year-old woman diagnosed with bipolar disorder, was involuntarily detained and restrained in handcuffs for more than a day and a half at the Rota Health Center. Due to P&A investigation and involvement, a settlement was reached in which the government agreed to provide training to employees and agents of the Rota Health Center and Rota Department of Public Safety regarding Commonwealth law and the Patient's Rights Act. The training included conflict management, proper and safe use of seclusion and non-violent restraint, alternative methods for handling behavior, symptoms, and emergencies. It was further agreed that the Rota Health Center shall not use handcuffs as a means of restraining individuals with mental illness.

OKLAHOMA

The P&A investigated an incident in which a PAIMI-eligible client was handcuffed for 13-hours and held in the county jail. The client was denied access to medication prescribed by a psychiatrist and denied appropriate medical care for physical injuries sustained prior to her detention. P&A intervention resulted in the client's receipt of her psychiatric medication and medical treatment for her physical injuries.

TEXAS

A state hospital forensic unit resident contacted the P&A for assistance with a financial exploitation issue. The client alleged the facility paid him in tokens (Incentive Program Coupons) rather than cash for work he performed. The P&A investigated, substantiated the allegations, and requested hospital leadership independently investigate the allegation. The hospital's internal investigation also substantiated the allegation. As a result of P&A intervention, the client was able to negotiate for full payment for his past work.

Case Examples from FY 2014

DISTRICT OF COLUMBIA

The P&A investigated the restraint and injury of a 15-year-old youth with mood disorder. The youth alleged that Psychiatric Institute of Washington (PIW) staff fractured his arm while attempting to restrain him in an area of the facility not monitored by video. The P&A requested a meeting with PIW to discuss this complaint and at least three other incidents in which youth were seriously injured. As a result of the P&A's involvement, PIW expanded its camera network, received internal approval to release relevant policies and procedures, coordinated with the P&A to provide Trauma-Informed training, and agreed to review its responses to certain investigations for completeness and report to the P&A.

IDAHO

A 48-year-old client with bipolar disorder, at a state psychiatric facility in rural Idaho, contacted the P&A to report that she was put in seclusion for long periods of time without oversight. After a thorough investigation, the P&A determined the amount of time the client spent in an observation safety room was extensive. Additionally, when the client attempted to leave this area, she was restrained. In addition, the P&A identified that the client was chemically restrained but the facility did not record it as such, in violation of its own policy. Due to P&A intervention, systemic remedies are being pursued, including collaborating to seek policy and licensing change for the facility.

KENTUCKY

The P&A was notified that a person with severe mental illness, residing in a personal care home in western Kentucky, was assaulted by staff that held him down and struck his face causing injury to his eye, cheek, and lip. The P&A reported the incident to Adult Protective Services and the Office of Inspector General (OIG) who licenses Long Term Care facilities. The incident was reported to law enforcement by OIG. As a result of the P&A investigation and subsequent report, the state guardianship moved all of its wards from the facility, and both employees involved in the incident were charged with assault.

2. Neglect

Number and types of individual neglect complaints closed per FY included:

Neglect	FY 2013	FY 2014
Complaints Investigated & Closed	2,521	2,202
Discharge planning	1,065	973
Personal care	291	245
Mental health diagnoses	185	201
Medical diagnoses	174	221
Environmental safety	130	113
Personal safety	169	127

No written treatment plans	107	89
----------------------------	-----	----

[See, Appendix - Tables 6a & 6b]

Case Examples from FY 2013

AMERICAN INDIAN CONSORTIUM

The P&A provided extensive assistance to a 13-year-old with severe emotional disturbance. The child was in the custody of the New Mexico Children, Youth & Families Department (CYFD) due to severe abuse by his mother. Over the past five years, the client was placed in over 10 settings, including several residential treatment settings and treatment foster homes. The P&A successfully questioned the CYFD presumptions and practices, advocated for more effective treatment options, and provided general oversight of a system that was not providing individualized treatment of children with mental health needs. Because of the P&A's advocacy and constructive use of the Court oversight process, the child received a new, specialized, and individualized form of trauma-informed therapy that will help him with his trauma.

INDIANA

A client contacted the P&A alleging that another resident of Larue D. Carter Hospital (LCH) struck her causing a bruise to her shoulder. The staff of LCH indicated an investigation was not necessary since the client was discharged. This decision was not consistent with LCH policy. The P&A notified LCH of this non-compliance. The resulting investigation by LCH concluded the client was responsible for her injuries by not taking actions to protect herself. The P&A contacted the Department of Mental Health and Addictions (DMHA) for clarification regarding a state-operated facility's responsibility in protecting the residents from one another. DMHA's attorney responded by stating no patient should be blamed for unprovoked assaults inflicted by a peer. Due to the P&A's involvement, DMHA acknowledged it is the state-operated facility's responsibility to protect the residents.

SOUTH CAROLINA

A patient at a state psychiatric hospital asked for assistance from the P&A during a routine visit to the acute care hospital. The client uses a wheelchair and needs assistance with dressing and other activities of daily living. While at the acute care hospital, the client was cold as she was not wearing socks and was wearing a thin shirt. She informed the P&A that she had received inadequate help in dressing from the staff at the psychiatric hospital. The P&A directed the client to staff who assisted her with getting socks and a sweater to keep her warm. In addition, the client's temperature was taken to ensure there were no underlying medical conditions.

Case Examples from FY 2014

ALABAMA

The P&A received a report of a suicide attempt by a 17-year-old male diagnosed with bipolar, oppositional defiant disorder, and attention deficit, hyperactivity disorder who resided in a psychiatric residential treatment facility. The client attempted suicide. The

P&A conducted an investigation and issued a report to the facility in which it identified a number of environmental and policy deficiencies. In response to the P&A's report, the facility revised its suicide prevention policy, installed a new window and replaced broken and missing tiles in the seclusion room, and installed breakaway fixtures in the resident bathrooms.

CALIFORNIA

The P&A investigated an attempted suicide of a resident of a skilled nursing facility previously cited by the Department of Licensing (DOL) for failure to monitor patients at-risk of suicide. The client was found in the hallway with multiple lacerations to his forearm, with a razor blade he found on the floor of the common shower room. The P&A's investigation found that despite a physician's order for enhanced monitoring, the facility failed to provide any additional monitoring or identify preventive measures to keep the client from accessing sharp objects. The P&A also examined DOL's oversight of the facility. As a result of the P&A's investigation, the P&A now meets quarterly with DOL to discuss prevention and intervention strategies regarding suicides and concrete outcomes to ensure patient safety. Since the P&A's intervention, no attempted suicides have been reported.

IOWA

A 55-year-old PAIMI-eligible woman, living in a nursing facility, called the P&A stating she was not receiving adequate mental health treatment and wanted to move to a more community integrated setting closer to home. The P&A visited the client at the facility, reviewed records, and spoke with staff about addressing errors in the client's mental health history report and getting psychiatric treatment. The P&A also addressed restrictions on the client's right to go outside and make her own decisions. The P&A assisted the client in obtaining services through a Home and Community Based Services waiver, and found community-integrated housing in her home town of Iowa City. Due to P&A intervention, the client successfully relocated and reported significant improvements on her quality of life after leaving the nursing facility.

NEVADA

An 18-year-old African American woman with mental illness was admitted to a private psychiatric hospital for treatment. The woman's guardian was concerned that the client was going to be discharged without a discharge plan in place, as the client's treatment team informed her she would be discharged that day, whether the mother picked her up or not. As a result of the P&A's advocacy, a discharge planning meeting with the client's mental health treatment team was scheduled the following morning and the client was appropriately discharged into a group home.

WYOMING

The P&A investigated on behalf of a Wyoming State Hospital (WSH) a patient with psychotic and disruptive behavior disorder that was found in urine-soaked clothing and bedding. The investigation established that, although the patient's plan of care required appropriate hygiene, the patient's adult diapers were not changed for several hours. Due to P&A intervention, the following recommendations were made:

- WSH employees providing direct care for geriatric patients should receive proper training and close supervision;
- Patients whose plan of care require hygiene assistance, should be checked by WSH oncoming staff at every shift change to ensure patients receive appropriate care;
- WSH should have a physician personally examine each patient who is not provided timely or appropriate hygiene care to ensure medical harm has not occurred or that any harm is addressed immediately; and
- WSH should coordinate with the Aging Division to develop appropriate and specialized care of geriatric patients.

3. **Rights Violations**

Number and types of individual rights complaints closed per FY included:

Rights Violations	FY 2013	FY 2014
Cases Investigated and Closed	7,065	6,802
Guardianship/conservator problems	374	433
Problem with advanced directives	97	72
Failure to provide confidentiality	50	80

[See, Appendix - Tables 7a and 7b]

Case Examples from FY 2013

DISTRICT OF COLUMBIA

The client received a prescription for steroid medication to treat a lung condition; however, the group home and her community support team refused to assist her with taking the steroid and suggested she enter a nursing facility. As a result, the client's access to the needed medicine was delayed, placing her health at-risk. In response to a grievance filed by the P&A arguing that she had a right to medical care in the least restrictive environment possible, the group home created a plan to provide her medication. As a result of P&A intervention, the Department of Mental Health issued a directive to group homes and community mental health providers, clarifying they are obligated to support consumers' medical needs and must monitor and document medication administration for psychiatric and somatic concerns.

HAWAII

The P&A represented a 17-year-old female with multiple mental illness diagnoses that made it difficult for her to attend school. The client's parents complained that Waipahu High School did not acknowledge their daughter's mental illness as a disability and refused to provide her with a tutor. The P&A represented the client during an Individualized Education Program meeting and was able to secure the necessary support and services. Due to the P&A's assistance, the client graduated and is living successfully in the community.

NEW MEXICO

The P&A assisted a 23-year-old male with mental illness who was a patient at the University of New Mexico Psychiatric Center (UNMPC). The individual requested to review his psychiatric records and was advised that he could do so upon his discharge. Despite that indication, the psychiatric hospital staff never provided the P&A's client with a brochure that explained a patient's right to access his/her personal information. The P&A contacted the hospital and obtained the facility's policy on patient rights to information. P&A staff informed the hospital administrators that it must ensure their staff follows UNMPC policies and procedures.

NORTH DAKOTA

The P&A assisted a 27-year-old man with mental illness with concerns about his Supported Living Arrangement. The client's mother and legal guardian reported her son's location was changed frequently, he was provided with soiled mattresses, and was placed with a roommate who experienced frequent violent episodes. Staff at the housing provider took the client's personal items during a move and did not return them. The P&A went to the group home and contacted the provider's Director. As a result of the P&A's advocacy, the client was able to work with another case manager to find a more suitable living arrangement and help recover his belongings.

Case Example from FY 2014

KANSAS

The P&A assisted an individual with bipolar disorder who was informed by the state that he was no longer eligible to participate in the Working Opportunities Reward Kansas (WORK) program and Working Healthy. WORK gave the client transportation services to his job and Working Healthy provided health insurance. A P&A attorney represented the client in an administrative appeal, challenging this decision and presented medical evidence establishing he met both program's eligibility criteria. As a result of P&A intervention, his services were fully restored.

4. Death Investigations

The PAIMI Act authorized state P&A systems to investigate incidents of abuse, neglect, and deaths that occur in public and private care and treatment facilities on behalf of eligible individuals.⁴⁴ Most states had no mandatory reporting statutes, central registries or other statewide systems to capture incidents of restraint, seclusion, serious injuries, or fatalities. Despite state, data collection limitations, the state P&A systems monitored and investigated the use of restraint and seclusion in residential care and treatment facilities, especially incidents involving serious injury or death. States with mandatory reporting requirements and central registries often send all state death reports to the P&A system, whose staff

⁴⁴ at 42 U.S.C. 10802 (1), (3), (4), and (5)

must then review the information to determine those incidents that require an investigation. Deaths reported by states and the Centers for Medicare & Medicaid Services (CMS) and investigated by state P&A systems and other sources as follows:

Deaths Reported	FY 2013	FY 2014
States	997	900
Centers for Medicare & Medicaid Services (CMS)	3	0
Other	93	93
Deaths Reported Total	1,093	993

Deaths Investigated, by incident type	FY 2013	FY 2014
Seclusion (S)	3	5
Restraints (R)	16	14
Non S or R related	549	328
Deaths Investigated Total	568	347

[See, Appendix - Table 7d]

Case Examples from FY 2013

ALABAMA

The P&A conducted a secondary investigation into the homicide of a 27-year-old man diagnosed with mental illness who lived in a group home. Another resident stabbed the deceased with a knife that the aggressor had brought into the home. The P&A conducted a secondary review of the investigative findings to determine any unsafe conditions or practices and what, if any, remedial measures were implemented to prevent future incidents. After the P&A's investigation, the group home instituted new rules, installed a security gate, hired additional behavioral staff, established new admission requirements, including assessment of homicide risk, and purchased a wand-type body scanner and used it to check residents for contraband.

MARYLAND

The P&A investigated the suicide of a 13-year-old male, placed in a state's psychiatric residential treatment center (RTC). The teen was prescribed Prozac and Seroquel, both of which have black box warnings indicating increased risk of suicidal thoughts and behavior in youth. On the day he died by suicide, the teen had repeatedly stated his intention to harm himself. No special precautions were taken and a few hours later, the teen died by suicide. The P&A pursued a tort claim with the state on behalf of his adoptive mother, alleging negligence.

NORTH DAKOTA

The P&A investigated the suicide of a 25-year-old Native American woman diagnosed with psychotic disorder, paranoid type schizophrenia, and amphetamine dependence. The deceased resided in an intensive care unit (ICU) of the North Dakota State Hospital (NDSH). NDSH staff monitored ICU residents by direct visual and camera observation. The observation order in effect for the patient did not include direction to accompany her to the

bathroom, which did not comply with NDSH policy. The investigation also identified that the staff's first check of the bathroom did not include a full visual check of the shower stalls. When the bathroom was checked the second time, the client was found to have died by suicide. As a result of the P&A's investigation, the death was attributed to neglect and recommendations were made for the hospital to explore the availability and possible use of break-away vents, review the NDSH policy on observation for possible update/revision and ensure staff are trained on the policy, and develop a clear protocol for the search of patients under constant observation order.

Case Examples from FY 2014

COLORADO

The P&A investigated two deaths by suicide in Colorado's Youthful Offender System administered by the Department of Corrections (DOC). The P&A requested the records for the two deceased individuals and a copy of the Colorado Inspector General's investigation reports. Due to the method utilized for completing suicide, the P&A contacted the DOC, and accompanied the physical plant engineer on the inspection to ensure remedial measures were taken. P&A intervention resulted in DOC making appropriate changes to the facility.

IDAHO

The P&A was informed of the death of a 70-year-old woman diagnosed with mental illness and diabetes, in a nursing facility. The P&A conducted a preliminary investigation, reviewed past and current surveys of the facility, and the client's medical records, and found the facility failed to provide appropriate care and treatment resulting in the client's death. The P&A filed a complaint with the Bureau of Facility Standards, which substantiated two of the four allegations. As a result of the P&A investigation, the facility was placed on probationary status and prohibited from any new admissions until the deficiencies were corrected according to the Plan of Correction.

MINNESOTA

The P&A investigated a death at the Minnesota Security Hospital (MSH), the state forensic facility for individuals with mental illness adjudicated as dangerous. A Crisis and Admissions Unit (CAU) resident entered the room of another patient who physically assaulted him (repeatedly kicking, and punching him in the head). Several hours later, MSH staff found the severely injured patient had died from his injuries. The assailant's psychiatric history of violence with a recent escalation in behavior was available to MSH staff that are to follow patient supervision and room check procedures. The P&A also monitored MSH's implementation of state licensing conditions (e.g., staff be present on unit floors instead of being in a locked staff room, and rooms are to be checked every 15 minutes, rather than hourly).

5. Complaints Favorably Resolved for Clients

The case examples in Section 2, 3, and 4 provide information on the types of favorable outcomes achieved on behalf of individual P&A system clients. The following table shows the total number of individual PAIMI complaints investigated, closed, and resolved.

Type of Complaint Investigated	FY 2013	FY 2014
Abuse	2,699	2,509
Neglect	2,565	2,198
Rights violations	7,007	6,887
Total	12,271	11,594

[See, Appendix - Table 8a, 8b, 8c]

6. **Intervention Strategies**

The P&A systems are authorized by the PAIMI Act⁴⁵ to pursue administrative, legal, and other remedies to ensure protection for individuals with mental illness. An individual's initial complaint may involve multiple issues and P&A systems often use several strategies to resolve them. The total strategies used often exceeded the number of complaints investigated and closed in a FY, as clients' initial complaints frequently include multiple issues and various strategies are used to resolve them.

Intervention Strategy	FY 2013	FY 2014
Short-term assistance	6,089	6,338
Abuse & neglect investigations	1,556	1,508
Technical assistance	2,892	1,368
Administrative remedies	412	373
Mediation	1,484	1,205
Legal remedies	246	413
Total Interventions	12,679	11,205

[See, Appendix - Table 9]

Case Examples from FY 2013

ARIZONA

The P&A assisted a client with mental illness and hearing impairment whose group home did not provide an accessible fire alarm, doorbell, or video telephone system. The resident did not receive timely counseling as per her individual service plan. The P&A assisted the client in filing a grievance and represented her at two informal, pre-administrative hearing conferences. The P&A's intervention resulted in the installation of deaf-accessible fire alarm and doorbell, provision of internet access, and the expedited arrangement of counseling services.

FLORIDA

⁴⁵ at 42 U.S.C. 10805 (a) (1) (C)

The P&A assisted the adoptive parents of an adolescent diagnosed with bipolar disorder, post-traumatic stress disorder, and reactive attachment disorder. The parents needed a residential placement capable of treating early childhood trauma attributed to abuse and neglect by biological parents. P&A staff worked with the adolescent’s parents (e.g., identified mental treatment providers, and located an out-of-state residential treatment center). As a result of P&A intervention, the client improved and was discharged to a community-based program.

Case Examples from FY 2014

SOUTH CAROLINA

The P&A assisted a young adult with severe depression following her mother’s death. The individual’s father subsequently assumed legal guardianship. The client was stable and happy in the new environment; however, she violated the terms of her father’s guardianship, her outpatient treatment plan, and court orders (structured environment). After two unsuccessful placements, arranged by the Department of Mental Health, the client moved in with a family friend. The P&A represented the client at her probate hearing and was successful in having guardianship removed. The client was to live with her friend until her application for services from the South Carolina Department of Disabilities and Special Needs, was approved. The client has an apartment and lives independently.

C. Class Action Litigation

To ensure compliance with federal or state laws and regulations and when immediate action is needed to protect a group of individuals, state P&A systems may use class litigation.⁴⁶ This type of litigation is the strategy of last resort. This complex strategy often takes years to resolve the presenting problem, and requires special staff expertise, resources, and time. These types of cases generally involve a range of issues that affect the lives of individuals or groups of individuals with mental illness and other disabilities and their families. Class action activities reported by the P&A systems on behalf of PAIMI-eligible individuals included:

Class Actions	FY 2013	FY 2014
Number filed	45	50
Individuals Impacted	3,485,656	2,150,132

[See, Appendix, Table 10]

⁴⁶ 42 U.S.C. 10805 (a)(1)(B)

Case Examples from FY 2013

ILLINOIS

The P&A advocated for Illinoisans with mental illness to be fully integrated into the community. The P&A filed a federal lawsuit, entitled *Williams v. Blagojevich*, against Illinois state officials on behalf of two institutions for mental disease (IMD) residents, for failure of the state to develop a comprehensive plan setting forth how Illinois will serve more people with mental illness in the community, including those residing in IMDs. Although a consent decree was reached in 2010, the state did not implement it until 2013, when it moved 640+ IMD residents into permanent supportive housing units in the community.

Case Examples from FY 2014

CONNECTICUT

As a result of a lawsuit brought by the P&A on behalf of residents with mental illness housed at two nursing homes, the U.S. District Court approved a settlement agreement that allowed approximately 130 people to move into community residences and receive appropriate support services. In addition, the settlement provided that individuals admitted to nursing homes during the four-year term of the agreement be evaluated for transition to community-based housing within one year of admission. The state is also providing supportive services, including case management and mobile crisis services, to former nursing home residents.

NEW HAMPSHIRE

The P&A reached a settlement agreement in the class action lawsuit *Lynne E. v. Lynch* for expanded community mental health services. Under the approved agreement, New Hampshire expanded its supported housing to include a minimum of 450 supported housing units, add Assertive Community Treatment to serve 1,500 people, and significantly expand supported employment programs, creating opportunities for individuals to join the workforce, engage in productive activities, and improve the quality of their lives. The agreement also introduced mobile crisis services as part of an effort to better serve people with mental illness and divert individuals from hospitals and institutions by building capacity through community-based alternatives proven effective at reducing the need for emergency room and in-patient beds.

NEW YORK

The P&A and its co-counsel negotiated a landmark settlement on behalf of a class of approximately 4,000 adult home residents in New York City. The case, *O'Toole v. Cuomo*, was brought on behalf of residents of 23 large adult homes, which are board and care homes primarily serving people with mental illness. Under the settlement agreement, approved by the court in March 2014, the State of New York now offers supported housing to people with mental illness residing in adult homes. The supported housing includes apartments scattered throughout the community, and the state will provides rental

assistance and other support services, as necessary, such as care coordination, psychiatric rehabilitation, employment services, assertive community treatment, and home health care. As a result of the P&A's intervention, thousands of people with mental illness are leading more integrated lives in the community, including living in their own homes and using services available to all people living in those communities.

D. Interventions on Behalf of Groups of PAIMI-eligible Individuals

The majority of P&A systems advocated on behalf of groups of PAIMI-eligible individuals. These types of activities were not directed toward individuals, but for the resolution of a range of systemic issues affecting specific groups or larger populations throughout a state. Some systemic advocacy activities included legal actions to protect the rights, health and safety of vulnerable facility residents (See, C. Class Action). Sometimes individual complaints resulted in group advocacy. Generally, P&A non-case-directed advocacy activities focused on implementing changes in administrative policy, procedures, or practices in state agencies, residential treatment facilities, and other service providers. Activities reported under the Legislative and Regulatory Advocacy section are limited to providing technical assistance, education, and awareness about current statutes and regulations regarding the rights and protection of individuals with SMI or SED and do not include, strictly prohibited activities such as the inappropriate use of federal dollars to influence legislation or any actions by federal or state governments described in Section 503 of Title V, in Division H of the Consolidated Appropriations Act and specific prohibitions against lobbying in the PAIMI regulations.⁴⁷

Non-Litigation Advocacy	FY 2013	FY 2014
Number of events	568	450
Total number of individuals impacted	16,659,893	14,930,424

Legislative & Regulatory Advocacy	FY 2013	FY 2014
Number of events	518	291
Total Number of Individuals Impacted	14,987,319	10,349,454

[See, Appendix Table 10]

Case Example from FY 2013

WASHINGTON

The P&A monitored and advocated for prisoners with mental illness whom had been placed in segregated units for prolonged periods of time. In collaboration with the Department of Corrections (DOC), the P&A identified and developed plans for inmates with disabilities. P&A intervention resulted in the provision of mental health screening for

⁴⁷ 42 CFR Part 51. Subpart A

inmates, changes by DOC that limited the use of restraints and segregation on inmates, increased involvement of clinicians when restraints and segregation were used, provided inmates with additional opportunities to interact with others in otherwise segregated units via group therapy sessions, and ended the DOC's practice of punishing inmates for self-harm behavior.

Case Example from FY 2014

IOWA

The P&A investigated the restraint and Taser use on an inmate with mental illness, while jail staff was trying to change the inmate's clothing. The P&A's ultimate goal was to have a systemic policy change on use of electronic control devices (ECD). As a result of P&A intervention, the jail agreed to a prohibition of ECD use on individuals with any known or apparent mental or physical disability, absent any threats to safety or attempts to flee or escape. Jail authorities agreed to have mental health consults prior to any use of ECD on a person with mental illness. Staff training includes scenario-based exercises on when to use ECD versus training on firing the weapon itself. The jail also agreed and created a new use of force report for any ECD deployment that outlines what alternate forms of force were considered first and preliminary steps taken prior to discharging the ECD.

E. Public Education, Training, and Awareness Activities

Each state P&A system received requests for information and referral services from its constituents via telephone, e-mail, letter, face-to-face, and walk-in visits. The systems also provided information by conducting public education, training, and activities. Many state PAIMI Programs met with and provided civil rights informational training to consumers, stakeholders, and advocacy groups. Other P&A systems conducted mental health law classes for attorneys, graduate students, current and former recipients of mental health services, and mental health service professionals. The P&A system provided information to the public by various means including the media, newspapers, radio/television public service announcements, agency newsletters, websites, publications, investigative reports, and list serves. Some P&A systems within sparsely populated states or with large rural populations used technology to provide information through webcams, videoconferences, teleconferences, webinars, Facebook, and Skype. PAIMI Program public education, training, and awareness activities included:

Educational or Training Activities	FY 2013	FY 2014
Information and Referral Requests	32,376	32,798
Public Awareness Events	1,975	2,300
Number of individuals receiving public awareness information	2,744,200	1,786,806

Number of education/training activities undertaken	1,741	1,903
Total number of individuals trained	80,383	82,246

[See, Appendix, Table 11]

Case Examples from FY 2013

ARIZONA

The P&A conducted nine trainings and 16 presentations for a total of 25 events focused on increasing self-advocacy among PAIMI-eligible individuals and their family members. Training was conducted during the Hopi Nation Special Needs Conference held on the Indian reservation in Keams Canyon, in Eastern Arizona. The P&A also sponsored an informational booth during the conference, attended by 65 individuals and family members. The majority of attendees were from the Hopi Tribe, an underserved community in Eastern Arizona.

MINNESOTA

The P&A provided 36 presentations on mental health issues to 1,600 participants. The P&A also delivered 10 presentations for parents of PAIMI-eligible special education students. Three presentations provided information on issues facing clients with diminished capacity. PAIMI staff also participated in 13 outreach events, attended by 3,890 individuals who received information on the rights of individuals with mental illness and P&A's services. An estimated 12,000 radio listeners also received PAIMI information through the P&A's participation in three radio broadcasts.

VIRGINIA

The P&A collaborated with representatives from the University of Virginia Institute of Law, Psychiatry, and Public Policy, Virginia Organization of Consumers Asserting Leadership (VOCAL), Mental Health America of Virginia, and Department of Behavioral Health and Developmental Services to complete a statewide training curriculum drafted in FY 2012 for Advanced Directive Peer Facilitators. The training is entitled "How to Decide Who Decides When I Can't Decide". This curriculum incorporates basic advance directive training and a comprehensive facilitator training, which includes video vignettes, a final exam, and an observation protocol.

Case Examples from FY 2014

NORTH CAROLINA

The P&A used social media to inform people with mental illness about their rights and P&A services. The P&A operates a Facebook page with 2,376 likes, posting seven to 10 status updates weekly. The P&A Executive Director and the P&A, also have twitter accounts.

Additionally, regular email alerts are sent to a list of 3,025 people and the P&A publishes a quarterly newsletter including an annual report to approximately 5,000 addresses.

TENNESSEE

The P&A conducted 27 outreaches directly to members of ethnic minorities, including refugee populations. The specific focus of these outreaches was increasing visibility in the upper East region of Tennessee. These activities were complemented by ongoing collaborations with partner organizations and included radio interviews and systemic advocacy to address specific language barriers. As a result, service providers that work with immigrant and refugee communities have a better understanding of P&A services including resources available to persons with disabilities. These relationships also help the Tennessee P&A to connect immigrant/refugee clients to community services and supports when they fall outside the agency's areas of work.

F. Accomplishments, Impediments, and Unmet Advocacy Needs

1. Accomplishments

P&A system intervention improved the quality of life for individuals with mental illness and resulted in systemic changes. Examples of these accomplishments included:

Case Examples from FY 2013

KENTUCKY

The P&A signed an interim settlement agreement with the Cabinet for Health and Family Services to provide community supports and services for eligible individuals with serious mental illness who have been residing in a personal care home or at risk of residing in a personal care home. The agreement came after five-years of work and the release of the 2012 report entitled "Home or Institution: Personal Care Homes in Kentucky." The report concluded the state was violating civil rights under Olmstead and the Americans with Disabilities Act by placing their wards in these facilities, financially supplementing these facilities, and not creating community supports to serve individuals with severe mental illness.

GUAM

The P&A focused on systemic change in how services were provided to minors diagnosed with significant emotional impairments. The P&A along with the Guam Superior Court and legislature, ensured that "I Famagu'on-ta", the island's system of care provider, develop and provide services for minors, especially those placed in residential treatment facilities. P&A efforts resulted in the availability of more island residential mental health treatment services and the subsequent return home of minors previously treated off island.

MICHIGAN

The P&A reached a settlement in the case of Michigan Protection and Advocacy Services v. Caruso regarding the treatment of inmates with mental illness. This case increased state identification of inmates with serious mental illness from eight to approximately 20

percent, provided training to more than 9,000 correctional facility staff regarding how to identify mental illness, and increased annual funding for mental health services. P&A intervention facilitated the processing of inmates' request for, and access to, mental health services.

Case Examples from FY 2014

MASSACHUSETTS

The P&A conducted an investigation into the inappropriate use of restraint and seclusion in public schools. During this fiscal year, after meeting with many parent groups, the P&A was able to identify serious misuses and gaps in the existing regulations that allowed for abuse and neglect in the form of restraint and seclusion. The P&A met with staff of the governor's office and the secretary of education's office to discuss changes needed to the current restraint and seclusion regulations. The P&A also initiated an investigation of the Springfield Public Schools practice of segregating children with behavioral issues and serious mental illness into separate school buildings that promoted inappropriate use of restraint and seclusion.

MICHIGAN

The P&A investigated and filed subsequent complaints against health care professionals working in nursing homes with residents suffering from mental illness.

Suspensions/probations, sanctions, fines, and mandated education are noteworthy accomplishments within the nursing homes. With extensive limitations on existing background check requirements, the P&A believes these investigative results are crucial to reducing the amount of abuse and neglect occurring in nursing care facilities throughout Michigan.

2. Impediments & Unmet Needs

Case Examples from FY 2013

ILLINOIS

PAIMI mandates P&A's investigate deaths of people with mental illness as a result of restraint and seclusion; however, those efforts were impeded because there was no centralized system for reporting restraint and seclusion deaths occurring in all settings.

WYOMING

Wyoming encompasses 97,914 square miles. The population of Wyoming causes it to be classified as a minimum allotment state. The reduced income resulting from this classification affects the number of staff and other resources available to provide advocacy and other assistance across the state.

Case Examples from FY 2014

LOUISIANA

The needs of people with mental illness in Louisiana continued to increase, as the state further restricted access to services and treatment, especially for people with the most

significant mental illnesses. These needs were diverse, from problems in special education, to the lack of home and community-based services, to the increasing numbers of people with mental illness in jails and prisons. While these needs have increased, the P&A's resources had not, which meant the management team and staff were regularly forced to make difficult decisions about our priorities.

RHODE ISLAND

The P&A continued to advocate for the Director of the State Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals to sign a Memorandum of Understanding (MOU) regarding its access authority. While the P&A has been able to access records, the lack of an MOU impedes its ability to access staff.

COLORADO

Some of the investigations conducted by the P&A require expert opinions on issues such as abuse, neglect, causation, medical and psychiatric diagnoses, and whether or not a placement for an institutionalized client in a least restrictive setting. The lack of PAIMI resources made it impossible to secure an expert's opinion all the time.

Governance

1. **The Governing Authority**

The DD Act of 1975,⁴⁸ which created the state P&A systems, and the PAIMI Act,⁴⁹ mandated that private, non-profit entities have a multimember governing authority (the Board) to oversee the system.⁵⁰ Each Board is responsible for the planning, designing, implementing, and functioning of its system.⁵¹ The Board must work jointly with its PAIMI Advisory Council (PAC)⁵² and establish policies and procedures for the selection of its members.⁵³ The DD Act included provisions for the Board terms of appointment, size, and composition. The DD Act required that:

- Board members be selected according to policies and procedures of the system;
- The Board include individuals who broadly represent or are knowledgeable of the needs of individuals served by the system;

⁴⁸ 42 U.S.C. 15043 (a), amended in 2000

⁴⁹ 42 U.S.C. 10805(c)

⁵⁰ 42 U.S.C. 15044

⁵¹ 42 U.S.C. 10805(c) (2) (A)

⁵² 42 U.S.C. 10805(c) (2) (B)

⁵³ 42 U.S.C. 10805(c) (1) (B)

- The Board must make continuing efforts to ensure that its members represent racial and ethnic minorities.⁵⁴
- The majority of Board members include individuals with disabilities who are current or former recipients of disability services, their family members, guardians, authorized representatives and advocates;
- The system set term limits to ensure rotating membership on the board; and
- Board vacancies be filled within 60 days.⁵⁵

As of September 30, 2014, there were 50 private, non-profit P&A systems. Unlike private, non-profit P&A systems, state-operated P&A systems may have a governing authority, but are not required to do so.

The PAIMI Act and regulation also require the Advisory Council Chair, who must be a current or former recipient of mental health services or a family member, sit on the governing Board of private, non-profit P&A systems.

2. **The PAIMI Advisory Council**

Each state P&A system is mandated to establish a PAIMI Advisory Council (PAC)⁵⁶ to advise the system on policies and priorities to be carried out in protecting and advocating for the rights of individuals with mental illness.⁵⁷ The composition of the PAC is also mandated.⁵⁸ The Advisory Council chair must be a current or former mental health recipient or a family member.⁵⁹

Each PAC is required to provide independent advice and recommendations to its state P&A system, to work jointly with the governing authority in the development of policies and priorities, and to submit a section of the system's annual report.⁶⁰ Council terms of appointment must be staggered and of reasonable duration. The size of the PAC varies by state, but at least 60 percent of Council members must be current or former recipients of mental health services or their family members. The Council must meet at least three times each calendar year, include ethnic and racial minorities, and receive information related to its corresponding P&A system's budget, staff, current program policies, priorities and performance outcomes.⁶¹

⁵⁴ respectively at, 42 U.S.C. 10805(a) (6) (C) and 42 CFR 51.22(b) and (c)

⁵⁵ respectively, at 42 U.S.C. 15044 (a) (1) (A), (B) (i), (ii) and (C) (3) and (4)

⁵⁶ PAIMI Act at 42 U.S.C. 10805(a) (6) (C)

⁵⁷ at 42 U.S.C. 10805 (a) (6) (A)

⁵⁸ PAIMI Act at 42 U.S.C. 10805(a) (6) (B)

⁵⁹ 42 U.S.C. 10805(a) (6) (C) and the PAIMI Rules at 42 CFR at 51.23(b) (2)

⁶⁰ PAIMI Rules at 42 CFR 51.23 (a) (1) - (3)

⁶¹ PAIMI Rules at 42 CFR 51.23(b) (2), (3) and (c)

The PAC is mandated to provide the governing board with advice and recommendations on the annual PAIMI programmatic activities and priorities to be funded in a FY. The PAIMI Act requires that the PAC Chair sit on the governing board of private, non-profit state P&A systems;⁶² however, any advisory council member may serve on the governing board.⁶³

By January 1 of each year, each P&A system is required to submit an annual PPR to the HHS Secretary.⁶⁴ The Advisory Council is also required to submit a section of that annual PPR as mandated by the PAIMI Act⁶⁵ and the PAIMI regulation.⁶⁶

The Council's report must:

- Describe its membership and its PAIMI program activities;
- Explain its relationship to the P&A governing board of the previous calendar year;
- Independently assess the P&A system's PAIMI Program; and
- Include whether the program accomplished its priorities, goals, and objectives for the previous FY.

In addition to attending meetings, PAC members participated in numerous activities sponsored or endorsed by the PAIMI Program (e.g., attending in- and out-of-state trainings, serving on P&A governing board committees, engaging in systemic advocacy; and participating in special projects).

Training and Technical Assistance

SAMHSA provided training and technical assistance (T/TA) to the state P&A systems through an interagency agreement (IAA) administered by the AIDD. SAMHSA supports the IAA with funds specifically set-aside for T/TA and limited to a maximum of two percent of the annual PAIMI Program appropriation. The Rehabilitation Services Administration (RSA), within the Office of Special Education and Rehabilitation Services, U.S. Department of Education, administers the Protection and Advocacy for Individual Rights Program, the Client Assistance Program, and the Protection and Advocacy for Assistive Technology Program. RSA has a separate IAA with AIDD. This consolidation of federal P&A program set-aside funds maximizes each agency's limited resource and contributes to a federal partnership among the three agencies that fosters cooperation, information sharing, strategic planning, coordination, and integration of P&A system activities.

The Training Advocacy and Support Center (TASC) of the National Disability Rights Network was the contractor selected by the AIDD to serve the P&A systems. Under the

⁶² 42 U.S.C. 10805 (a) (6) (A), 42 CFR at 51.22 (b) (3)

⁶³ 42 CFR at 51.22(d)

⁶⁴ 42 U.S.C. 10805 (a) (7)

⁶⁵ 42 U.S.C. 10824

⁶⁶ 42 CFR 51.8

contract, TASC is responsible for T/TA various tasks, including both general and agency specific tasks (e.g., the annual PAIMI Advisory Council training). TASC activities under FYs 2013 and 2014 contract included the following topics:

- Investigation protocols for incidents of abuse and neglect cases involving deaths;
- Seclusion and restraint;
- Community integration (Olmstead);
- Medicaid funding;
- Consumer self-advocacy;
- Role of PACs;
- Access to jails, prisons, and juvenile detention facilities;
- Housing; and
- Outreach strategies for unserved and underserved populations including members of ethnic and racial minorities, and individuals in urban or rural settings, prisons, jails, or detention centers.

TASC also assisted P&A systems prepare legal briefs when their PAIMI Act investigative and access authority were challenged.

Under the contract, TASC prepared three publications: the *TASC Update* (monthly), *LegalEase* (monthly), and the *P&A News* (quarterly). Each publication was reviewed and edited by the federal P&A TA partners (SAMHSA, AIDD, and RSA) before AIDD approved their distribution to the state P&A systems.

Under the contract, TASC staff:

- Maintained a website accessible to the public and a webpage accessible only to the federal partners and the state P&A systems;
- Developed model guidelines, training manuals, and legal advocacy materials, including *LegalEase (monthly)* and *Case Dockets*;
- Analyzed public policy;
- Established relationships with state P&A system staff;
- Served as liaison to the state P&A system staff;
- Facilitated information exchanges and requests for assistance from the P&A system staff;
- Subcontracted with national legal organizations, including the Bazelon Center for Mental Health Law, the Center for Public Representation, and other legal experts for P&A system consultation services;
- Promoted the use of the *Protection and Advocacy Standards*, which were developed in 2009;

- Identified and disseminated samples of model P&A system policies and procedures;
- Developed P&A system self-assessment procedures; and
- Planned and conducted training on current disability, legal, and advocacy issues including the Annual Conference, the P&A executive director, and fiscal management training.

Through the contract, SAMHSA assists P&A's to improve performance (e.g., legal advocacy services to include individual and systems advocacy), operations, and outcomes; maintaining statutory compliance, support P&A's as leaders and catalysts of systems change, capacity building and advocacy at the national, state/territory, and local levels.

Conclusion

This report offers examples of successful implementation of statutorily mandated activities related to the PAIMI program. PAIMI grantees worked tirelessly to protect and advocate for the rights of individuals with significant (serious) mental illness (adults) and significant (severe) emotional impairments (children and youth), residing in public and private care and treatment facilities who are at risk for, or in danger of abuse, neglect, and rights violations by using administrative, legal, systemic or other appropriate remedies on their behalf. PAIMI grantees successfully investigated reports of abuse, particularly incidents involving serious injuries and deaths related to the inappropriate use of seclusion and restraint; and ensure enforcement of the United States Constitution, federal laws and regulations, and state statutes.

Through the PAIMI program, systemic changes were implemented in a variety of settings, which ultimately improved treatment, support and services for those with SMI and SED. The PAIMI grantees assisted states/territories in making systemic changes, change or improve practices, and help implement best practices. Through these and other efforts, PAIMI program assisted individuals and families with better treatment, decrease in abuse or neglect, protected rights of individuals, expanded employment and educational opportunities, and promote access to community living.

This Page Intentionally Left Blank

DATA TABLES: FISCAL YEARS 2013 AND 2014

Table 1a – State PAIMI Appropriations FY 2013

Table 1b – State PAIMI Appropriations FY 2014

Table 2a – Age and Gender FY 2013

Table 2b – Age and Gender FY 2014

Table 3a – Ethnicity and Race FY 2013

Table 3b – Ethnicity and Race FY 2014

Table 4a – Living Arrangements FY 2013

Table 4b – Living Arrangements FY 2014

Table 5a – Complaints Involving Abuse FY 2013

Table 5b – Complaints Involving Abuse FY 2014

Table 6a – Complaints Involving Neglect FY 2013

Table 6b – Complaints Involving Neglect FY 2014

Table 7a – Complaints Involving Rights Violations FY 2013

Table 7b – Complaints Involving Rights Violations FY 2014

Table 8a – Death Investigations FY 2013

Table 8b – Death Investigations FY 2014

Table 9a – Analysis of Alleged Abuse FY 2013

Table 9b – Analysis of Alleged Abuse FY 2014

Table 10a – Analysis of Alleged Neglect FY 2013

Table 10b – Analysis of Alleged Neglect FY 2014

Table 11a – Analysis of Alleged Rights Violations FY 2013

Table 11b – Analysis of Alleged Rights Violations FY 2014

Table 12a – Intervention Strategies FY 2013

Table 12b – Intervention Strategies FY 2014

Table 13a – Non-Case Directed Services FY 2013

Table 13b – Non-Case Directed Services FY 2014

Table 14a – Information Referral/Public Education/Awareness & Training Activities
FY 2013

Table 14b – Information Referral/Public Education/Awareness & Training Activities
FY 2014

Table 1a – State PAIMI Appropriations FY 2013

State	FY 2013 Final
Alabama	\$431,790
Alaska	\$406,700
Arizona	\$569,438
Arkansas	\$406,700
California	\$2,986,452
Colorado	\$406,700
Connecticut	\$406,700
Delaware	\$406,700
District of Columbia	\$406,700
Florida	\$1,588,303
Georgia	\$859,095
Hawaii	\$406,700
Idaho	\$406,700
Illinois	\$1,032,984
Indiana	\$580,825
Iowa	\$406,700
Kansas	\$406,700
Kentucky	\$406,700
Louisiana	\$406,700
Maine	\$406,700
Maryland	\$433,563
Massachusetts	\$481,952
Michigan	\$875,131
Minnesota	\$423,367
Mississippi	\$406,700
Missouri	\$514,052
Montana	\$406,700
Nebraska	\$406,700
Nevada	\$406,700
New Hampshire	\$406,700
New Jersey	\$647,643
New Mexico	\$406,700
New York	\$1,461,310
North Carolina	\$843,487
North Dakota	\$406,700
Ohio	\$999,941
Oklahoma	\$406,700
Oregon	\$406,700
Pennsylvania	\$1,039,800

State	FY 2013 Final
Rhode Island	\$406,700
South Carolina	\$425,627
South Dakota	\$406,700
Tennessee	\$560,968
Texas	\$2,143,549
Utah	\$406,700
Vermont	\$406,700
Virginia	\$630,154
Washington	\$539,338
West Virginia	\$406,700
Wisconsin	\$479,982
Wyoming	\$406,700
Puerto Rico	\$545,628
American Samoa	\$217,900
Guam	\$217,900
American Indian	\$217,900
Northern Marianas	\$217,900
Virgin Islands	\$217,900
To State P&A Systems	\$33,571,479
Technical Assistance Set-	\$685,132
Total Annual PAIMI	\$34,342,895

Table 1b – State PAIMI Appropriations FY 2014

State	FY 2014 Final
Alabama	\$452,480
Alaska	\$428,000
Arizona	\$609,040
Arkansas	\$428,000
California	\$3,169,574
Colorado	\$428,381
Connecticut	\$428,000
Delaware	\$428,000
District of Columbia	\$428,000
Florida	\$1,680,238
Georgia	\$909,612
Hawaii	\$428,000
Idaho	\$428,000
Illinois	\$1,081,319
Indiana	\$606,534
Iowa	\$428,000
Kansas	\$428,000
Kentucky	\$428,000
Louisiana	\$428,000
Maine	\$428,000
Maryland	\$457,637
Massachusetts	\$505,220
Michigan	\$911,471
Minnesota	\$445,048
Mississippi	\$428,000
Missouri	\$541,644
Montana	\$428,000
Nebraska	\$428,000
Nevada	\$428,000
New Hampshire	\$428,000
New Jersey	\$682,281
New Mexico	\$428,000
New York	\$1,522,198
North Carolina	\$894,253
North Dakota	\$428,000
Ohio	\$1,042,233
Oklahoma	\$428,000
Oregon	\$428,000
Pennsylvania	\$1,088,023

State	FY 2014 Final
Rhode Island	\$428,000
South Carolina	\$451,380
South Dakota	\$428,000
Tennessee	\$588,392
Texas	\$2,249,157
Utah	\$428,000
Vermont	\$428,000
Virginia	\$663,461
Washington	\$572,901
West Virginia	\$428,000
Wisconsin	\$503,977
Wyoming	\$428,000
Puerto Rico	\$566,333
American Samoa	\$229,300
Guam	\$229,300
American Indian	\$229,300
Northern Marianas	\$229,300
Virgin Islands	\$229,300
To State P&A Systems	\$35,325,287
Technical Assistance Set-	\$720,924
Total Annual PAIMI	\$36,146,000

Table 2a – Age and Gender
FY 2013

State	Client Served	Age					Total Served	Gender		
		0-4	5-12	13-18	19-25	26-64		65+	Male	Female
AK	116	0	2	10	8	90	6	116	56	60
AL	452	0	16	130	31	259	16	452	288	164
AR	100	0	7	13	8	66	6	100	58	42
AS	38	0	0	2	3	33	0	38	35	3
AZ	280	0	8	23	14	227	8	280	145	135
CA	1,210	0	6	41	73	967	123	1,210	633	577
CO	129	0	5	9	25	85	5	129	87	42
CT	140	0	6	9	17	101	7	140	93	47
DC	109	0	0	8	12	80	9	109	56	53
DE	164	0	10	14	5	130	5	164	85	79
FL	245	0	9	45	20	147	24	245	148	97
GA	178	0	1	15	12	141	9	178	102	76
GU	24	0	1	5	3	15	0	24	12	12
HI	238	1	28	44	10	147	8	238	155	83
IA	84	0	6	18	10	46	4	84	42	42
ID	152	3	4	16	12	110	7	149	73	76
IL	731	0	77	193	47	385	29	734	442	292
IN	134	0	4	6	9	108	7	134	42	92
KS	558	1	26	41	37	423	30	558	305	253
KY	161	1	26	44	14	69	7	161	102	59
LA	104	0	8	22	6	65	3	104	65	39
MA	152	1	15	22	12	95	7	152	83	69
MD	159	0	3	28	19	102	7	159	80	79
ME	247	0	34	37	13	155	8	247	136	111
MI	107	0	5	8	7	63	24	107	66	41
MN	234	0	21	27	20	162	4	234	128	106

Table 2a – Age and Gender
FY 2013 cont'd.

State	Client Served	Age						Total Served	Gender	
		0-4	5-12	13-18	19-25	26-64	65+		Male	Female
MO	273	0	4	13	29	217	10	273	175	98
MP	23	0	2	1	5	13	2	23	11	12
MS	103	0	12	57	7	25	2	103	65	38
MT	187	0	11	73	16	85	2	187	123	64
NA	53	3	16	9	5	20	0	53	35	18
NC	312	0	26	112	27	137	10	313	218	95
ND	173	1	42	46	9	67	8	172	71	101
NE	80	0	0	1	5	64	10	80	34	46
NH	198	0	17	22	14	132	13	198	93	105
NJ	338	0	20	40	23	221	34	338	209	129
NM	125	0	2	9	11	93	10	125	82	43
NV	80	0	3	3	12	61	1	80	41	39
NY	181	0	10	15	14	134	8	181	104	77
OH	822	1	40	66	69	596	50	822	455	367
OK	989	2	93	106	56	706	26	989	507	482
OR	73	0	1	2	7	59	4	73	47	26
PA	858	6	120	98	86	499	49	858	521	337
PR	137	0	11	27	12	86	1	137	74	63
RI	317	0	14	34	30	200	39	317	175	142
SC	149	1	14	71	11	49	3	149	109	40
SD	151	0	23	24	15	80	9	151	85	66
TN	78	0	9	26	6	35	2	78	55	23
TX	1,269	2	163	353	125	587	39	1,269	836	433
UT	435	1	9	24	43	338	20	435	206	229
VA	134	0	2	20	10	94	8	134	76	58
VI	38	0	2	6	8	20	2	38	20	18
VT	134	0	0	8	9	111	6	134	79	55
WA	453	0	5	21	25	306	96	453	290	163
WI	164	0	12	23	22	103	4	164	100	64
WV	90	0	6	8	4	67	5	90	53	37
WY	29	0	0	2	3	22	2	29	15	14
Total	14,692	24	1,017	2,150	1,165	9,498	838	14,692	8,481	6,211
Percentages	100%	0.16%	6.92%	14.63%	7.93%	64.65%	5.70%	100%	57.73%	42.27%

Table 2b – Age and Gender
FY 2014

State	Client Served	Age						Total Served	Gender	
		0-4	5-12	13-18	19-25	26-64	65+		Male	Female
AK	109	0	2	8	10	83	6	109	58	51
AL	265	0	16	79	20	136	14	265	177	88
AR	75	0	8	23	6	36	2	75	22	53
AS	25	0	0	3	1	21	0	25	20	5
AZ	267	0	4	9	21	227	6	267	115	152
CA	1,061	1	21	50	84	799	106	1,061	549	512
CO	64	0	1	2	4	54	3	64	51	13
CT	142	0	11	19	15	90	7	142	89	53
DC	118	0	0	10	9	81	18	118	61	57
DE	145	0	6	12	13	111	3	145	77	68
FL	374	0	7	37	28	278	24	374	242	132
GA	148	0	2	9	14	112	11	148	96	52
GU	30	0	0	8	4	18	0	30	17	13
HI	272	0	46	75	12	129	10	272	182	90
IA	62	0	7	14	7	31	3	62	28	34
ID	110	0	4	6	8	83	9	110	52	58
IL	380	1	57	59	29	213	21	380	216	164
IN	155	0	10	15	7	115	8	155	103	52
KS	559	1	49	39	27	416	27	559	271	288
KY	204	0	18	59	21	97	9	204	143	61
LA	87	0	6	28	4	45	4	87	54	33
MA	216	0	8	28	17	150	13	216	127	89
MD	161	0	2	17	12	120	10	161	92	69
ME	231	0	29	40	11	138	13	231	117	114
MI	105	0	1	11	5	64	24	105	58	47
MN	181	0	23	20	12	122	4	181	98	83
MO	206	0	2	7	16	174	7	206	125	81
MP	21	0	1	4	3	12	1	21	9	12
MS	123	0	19	76	6	22	0	123	83	40

MT	225	0	13	42	24	143	3	225	161	64
NA	62	0	14	16	5	27	0	62	46	16
State	Client Served	Age						Total Served	Gender	
		0-4	5-12	13-18	19-25	26-64	65+		Male	Female
NC	280	0	15	49	34	167	15	280	184	96
ND	170	0	32	40	16	71	11	170	103	67
NE	74	0	0	1	7	60	6	74	31	43
NH	426	0	9	29	35	333	20	426	192	234
NJ	321	0	18	41	23	213	26	321	184	137
NM	117	0	6	28	5	74	4	117	73	44
NV	41	0	3	4	4	30	0	41	22	19
NY	411	1	23	44	30	298	15	411	222	189
OH	890	6	28	39	51	719	47	890	446	444
OK	907	2	92	93	53	644	23	907	436	471
OR	47	0	1	2	6	35	3	47	31	16
PA	863	1	96	105	60	562	39	863	526	337
PR	168	0	13	17	19	113	6	168	79	89
RI	203	0	14	14	32	120	23	203	97	106
SC	123	0	10	51	15	44	3	123	81	42
SD	180	0	21	31	14	104	10	180	103	77
TN	106	0	16	30	7	51	2	106	56	50
TX	1,251	4	164	361	103	588	31	1,251	807	444
UT	257	0	6	11	18	210	12	257	121	136
VA	138	0	2	16	17	92	11	138	72	66
VI	25	0	2	2	1	20	0	25	9	16
VT	109	0	0	11	8	76	14	109	66	43
WA	404	0	1	18	36	286	63	404	240	164
WI	134	0	13	21	13	84	3	134	85	49
WV	66	0	6	7	6	42	5	66	28	38
WY	42	0	2	2	3	30	5	42	16	26
Total	13,936	17	980	1,892	1,071	9,213	763	13,936	7,849	6,087
Percentages	100%	0.12%	7.03%	13.58%	7.69%	66.11%	5.48%	100.00%	56.32%	43.68%

Table 3a – Ethnicity and Race
FY 2013

State	Clients Served	Asian	Black/ African American	White/ Caucasian	Multiple Races	Native American/ Alaska Native	Native Hawaiian or Pacific Islander	Ethnicity Total	Hispanic/ Latino	Non-Hispanic/ Latino
AK	113	1	11	78	1	22	0	116	2	114
AL	452	3	216	230	0	2	1	452	5	447
AR	95	0	25	69	0	1	0	98	0	98
AS	38	0	0	0	2	0	36	0	0	0
AZ	246	0	31	210	0	4	1	280	34	246
CA	1,210	47	208	858	76	12	9	1,180	172	1,008
CO	82	2	7	69	2	1	1	129	25	104
CT	117	1	29	86	0	1	0	23	23	0
DC	109	3	82	10	12	2	0	109	6	103
DE	155	1	45	108	0	1	0	164	9	155
FL	245	3	50	178	13	1	0	245	20	225
GA	178	4	100	70	2	2	0	178	3	175
GU	24	3	2	0	0	0	19	24	0	24
HI	238	38	9	89	0	1	101	238	15	223
IA	84	0	4	74	6	0	0	84	3	81
ID	149	1	2	139	2	4	1	149	8	141
IL	712	17	243	398	38	16	0	734	81	653
IN	133	0	31	101	0	1	0	133	1	132
KS	558	1	60	455	28	13	1	558	22	536
KY	161	0	40	120	1	0	0	161	2	159
LA	104	1	56	46	0	1	0	104	3	101
MA	135	2	25	106	0	1	1	154	20	134
MD	159	2	86	59	12	0	0	159	6	153
ME	237	1	4	225	2	5	0	247	1	246
MI	102	1	29	70	1	1	0	107	1	106
MN	229	7	49	153	2	18	0	234	5	229
MO	271	0	78	189	0	4	0	273	2	271

Table 3a – Ethnicity and Race
FY 2013 cont'd.

State	Clients Served	Asian	Black/ African American	White/ Caucasian	Multiple Races	Native American/ Alaska Native	Native Hawaiian or Pacific Islander	Ethnicity Total	Hispanic/ Latino	Non-Hispanic/ Latino
MP	24	3	0	4	0	0	17	23	0	23
MS	102	0	55	46	0	1	0	1	1	0
MT	184	0	0	164	0	20	0	3	3	0
NA	53	0	0	0	0	53	0	0	0	0
NC	313	0	134	163	13	3	0	213	4	209
ND	180	2	9	133	4	32	0	172	6	166
NE	76	1	1	70	3	1	0	80	3	77
NH	194	6	5	182	0	1	0	198	4	194
NJ	338	3	82	243	9	1	0	338	35	303
NM	64	0	4	54	4	2	0	125	61	64
NV	71	1	6	62	0	2	0	80	9	71
NY	172	1	40	127	3	1	0	181	7	174
OH	805	12	230	555	6	2	0	8	8	0
OK	968	4	185	637	57	84	1	989	21	968
OR	53	0	8	40	1	4	0	5	5	0
PA	829	5	259	560	4	1	0	858	36	822
PR	137	0	0	0	137	0	0	137	136	1
RI	317	3	19	275	17	3	0	317	28	289
SC	145	2	63	75	5	0	0	149	2	147
SD	151	0	5	119	6	20	1	151	6	145
TN	78	0	19	57	2	0	0	78	4	74
TX	913	3	313	580	14	3	0	1,269	347	922
UT	434	3	8	413	5	4	1	435	36	399
VA	134	3	44	83	3	1	0	59	4	55
VI	38	0	32	3	2	1	0	38	11	27
VT	134	0	10	119	3	1	1	134	2	132
WA	442	9	53	318	40	13	9	442	21	421
WV	90	0	10	75	2	3	0	90	2	88

WY	29	1	0	26	0	2	0	29	1	28
Total	13,964	201	3,167	9,477	544	374	201	13,099	1,276	11,823
Percentages	100%	1%	23%	68%	4%	3%	1%	100%	10%	90%
State	Clients Served	Asian	Black/ African American	White/ Caucasian	Multiple Races	Native American/ Alaska Native	Native Hawaiian or Pacific Islander	Ethnicity Total	Hispanic/ Latino	Non-Hispanic/ Latino
AK	109	5	10	67	4	23	0	109	1	108
AL	265	1	122	141	1	0	0	265	1	264
AR	73	0	20	51	2	0	0	74	1	73
AS	25	0	0	0	2	0	23	0	0	0
AZ	223	1	24	183	8	7	0	267	44	223
CA	1,061	30	187	719	97	19	9	1,061	202	859
CO	64	3	28	31	0	1	1	64	9	55
CT	119	0	22	97	0	0	0	142	23	119
DC	118	1	96	16	5	0	0	118	5	113
DE	138	2	43	92	1	0	0	145	7	138
FL	351	4	90	250	7	0	0	374	23	351
GA	148	1	67	77	3	0	0	148	1	147
GU	30	8	0	1	0	0	21	30	0	30
HI	272	43	12	82	0	0	135	272	10	262
IA	57	1	2	48	4	2	0	62	3	59
ID	110	0	1	107	0	2	0	110	8	102
IL	362	8	135	205	11	3	0	380	40	340
IN	152	0	25	123	2	2	0	155	2	153
KS	530	3	48	433	31	15	0	559	29	530
KY	204	0	41	160	2	0	1	204	5	199
LA	87	0	47	39	1	0	0	87	1	86
MA	190	5	35	149	0	1	0	216	26	190
MD	161	4	95	56	5	1	0	161	11	150
ME	218	1	2	202	6	7	0	231	2	229
MI	103	0	34	67	0	2	0	105	2	103
MN	178	5	38	121	7	7	0	181	3	178

MO	206	0	49	155	0	2	0	206	1	205
MP	21	3	0	2	2	0	14	21	0	21
MS	123	1	75	47	0	0	0	123	0	123
MT	216	0	1	189	0	26	0	225	9	216
NA	62	0	0	0	0	62	0	62	0	62

Table 3b – Ethnicity and Race
FY 2014 cont'd.

State	Clients Served	Asian	Black/ African American	White/ Caucasian	Multiple Races	Native American/ Alaska Native	Native Hawaiian or Pacific Islander	Ethnicity Total	Hispanic/ Latino	Non-Hispanic/ Latino
NC	280	1	110	159	7	3	0	280	7	273
ND	174	0	9	124	2	38	1	171	6	165
NE	72	0	5	66	1	0	0	74	1	73
NH	417	8	7	391	7	4	0	426	9	417
NJ	321	4	81	235	0	1	0	321	40	281
NM	64	1	5	56	0	2	0	117	53	64
NV	35	0	6	28	0	0	1	41	6	35
NY	362	5	73	274	7	3	0	411	28	383
OH	880	5	228	560	85	2	0	11	11	0
OK	883	5	167	570	63	77	1	907	24	883
OR	0	0	0	0	0	0	0	20	4	16
PA	631	2	211	416	2	0	0	863	31	832
PR	0	0	0	0	0	0	0	168	0	168
RI	186	2	11	159	11	3	0	13	13	0
SC	121	0	59	58	3	1	0	123	2	121
SD	180	0	9	144	6	20	1	180	11	169
TN	106	0	28	74	4	0	0	106	2	104
TX	878	0	306	554	14	4	0	1,205	372	833
UT	237	1	5	224	1	4	2	257	14	243
VA	131	1	45	80	5	0	0	138	5	133
VI	22	0	18	2	1	1	0	25	3	22
VT	109	0	2	104	0	3	0	109	3	106

WA	329	10	47	238	18	15	1	402	19	383
WI	126	26	5	9	82	3	1	134	8	126
WV	63	1	6	56	0	0	0	66	3	63
WY	42	2	1	36	1	2	0	42	0	42
Total	12,625	204	2,793	8,527	521	368	212	12,767	1,144	11,623
Percentages	100%	2%	22%	68%	4%	3%	2%	100%	9%	91%

Table 4a – Living Arrangements
FY 2013

State	Clients Served	Independently living in the community	Parental or Family Home	Community Residential Home for Children/Youth 0-18 years	Adult Community Residential Home	Non-medical Community-based for Children 0-18 years	Foster Care	Nursing Facilities	Intermediate Care	Public and Private General Hospital	Other Health Facility	Psychiatric Wards	Public Institutional Living	Private Institutional Living	Legal/jail Detention	State Prison	Homeless/Shelter	Federal Facility	Unknown Other
AK	116	51	15	1	16	0	0	0	0	0	0	6	1	4	4	0	17	1	0
AL	452	27	68	7	95	0	4	5	49	0	0	0	86	79	30	0	1	1	0
AR	100	22	16	2	24	1	1	2	0	1	0	1	17	3	2	1	7	0	0
AS	38	0	26	0	0	0	0	0	0	0	0	0	0	0	12	0	0	0	0
AZ	280	170	39	14	2	0	1	1	0	1	0	6	10	2	2	22	10	0	0
CA	1,210	608	172	10	38	1	1	25	2	13	0	18	193	6	39	21	61	2	0
CO	129	9	15	6	15	0	0	13	0	5	2	26	5	10	5	11	1	6	0
CT	140	25	23	1	10	0	0	7	3	32	0	0	1	0	38	0	0	0	0
DC	109	22	9	0	0	0	2	4	0	0	0	7	31	24	4	0	5	1	0
DE	164	59	28	1	11	0	2	3	0	0	0	43	0	8	1	4	4	0	0
FL	245	78	34	4	2	1	3	8	11	0	0	4	46	18	29	0	7	0	0
GA	178	22	13	3	23	0	0	7	0	3	0	0	93	0	11	1	2	0	0
GU	24	9	12	0	0	0	0	0	0	0	0	0	3	0	0	0	0	0	0
HI	238	62	96	12	0	0	2	0	0	0	0	56	0	0	1	0	8	1	0
IA	84	19	18	0	3	0	0	3	2	0	1	0	12	19	5	2	0	0	0
ID	149	66	35	1	5	1	0	2	1	0	1	2	14	4	2	0	14	0	1
IL	734	184	298	5	18	0	0	75	1	8	3	23	93	3	8	4	8	1	2
IN	134	10	10	1	8	1	0	1	0	0	2	2	48	9	10	32	0	0	0
KS	558	302	86	0	15	0	1	59	1	0	1	31	41	5	1	2	13	0	0
KY	161	7	54	15	2	5	3	4	0	1	0	12	19	33	5	0	1	0	0
LA	104	9	28	2	6	0	1	11	2	1	0	1	36	0	6	0	0	1	0
MA	152	24	38	0	1	0	0	3	0	0	0	0	71	9	0	2	4	0	0
MD	159	21	13	3	8	0	0	1	0	0	0	3	82	21	2	0	5	0	0
ME	247	90	73	3	25	0	1	6	0	0	0	5	4	14	3	0	23	0	0
MI	107	13	15	0	14	0	2	24	0	2	1	6	21	1	4	2	2	0	0
MN	234	68	55	6	29	0	12	0	10	9	0	13	17	1	6	6	2	0	0
MO	273	50	27	1	23	1	0	38	3	1	1	7	79	2	11	19	10	0	0
MP	23	10	12	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
MS	103	8	59	3	5	0	0	0	0	0	0	0	23	3	2	0	0	0	0
MT	187	18	14	5	0	0	1	0	0	0	1	0	33	75	24	15	0	0	1
NA	53	12	16	7	2	0	11	0	0	0	0	0	2	0	1	0	2	0	0
NC	313	27	50	2	1	0	4	0	0	0	0	1	71	110	6	41	0	0	0
ND	172	40	81	0	5	1	2	5	0	0	0	3	17	6	5	2	5	0	0

Table 4a – Living Arrangements
FY 2013 cont'd.

State	Clients Served	Independently living in the community	Parental or Family Home	Community Residential Home for Children/Youth 0-18 years	Adult Community Residential Home	Non-medical Community-based for Children 0-18 years	Foster Care	Nursing Facilities	Intermediate Care	Public and Private General Hospital	Other Health Facility	Psychiatric Wards	Public Institutional Living	Private Institutional Living	Legal/Jail Detention	State Prison	Homeless/Shelter	Federal Facility	Unknown Other
NE	80	12	1	13	2	0	0	5	0	0	20	1	18	8	0	0	0	0	0
NH	198	77	45	0	4	2	0	2	0	2	0	46	0	0	7	7	6	0	0
NJ	338	28	69	2	6	0	1	5	0	0	0	3	213	2	8	0	1	0	0
NM	125	9	6	0	2	0	0	2	0	0	0	85	0	9	12	0	0	0	0
NV	80	40	8	4	0	0	0	0	0	0	0	0	19	4	0	2	3	0	0
NY	181	103	30	1	20	0	0	7	0	0	0	5	0	0	8	5	2	0	0
OH	822	236	102	14	28	9	2	52	0	18	0	0	27	3	17	4	14	0	0
OK	989	532	289	13	2	0	13	18	0	16	0	6	20	3	35	20	22	0	0
OR	73	13	2	0	2	0	0	2	0	0	0	30	1	15	1	2	0	1	4
PA	858	231	164	1	14	62	6	37	1	6	9	142	5	0	19	150	10	1	0
PR	137	62	50	3	4	0	1	3	0	0	2	4	0	3	2	0	3	0	0
RI	317	74	86	2	22	0	0	68	0	7	2	22	12	7	4	2	8	1	0
SC	149	9	31	0	2	0	0	1	0	0	0	26	12	10	51	7	0	0	0
SD	151	26	42	0	1	1	0	1	0	0	0	3	67	3	1	4	2	0	0
TN	78	7	31	1	6	0	1	2	0	0	0	2	13	3	5	6	1	0	0
TX	1,269	149	395	15	11	18	46	16	0	9	12	386	29	6	154	5	18	0	0
UT	435	232	62	2	3	0	0	11	1	2	0	13	48	6	39	6	9	1	0
VA	134	15	14	2	3	1	0	0	0	0	0	1	84	12	1	0	1	0	0
VI	38	8	16	2	0	0	0	1	0	0	2	0	0	1	5	0	3	0	0
VT	134	31	2	1	9	0	0	1	0	1	0	24	4	15	0	37	6	3	0
WA	453	166	27	4	0	0	0	2	0	10	89	5	9	0	125	0	14	2	0
WI	164	51	35	2	7	0	1	3	1	1	1	16	6	1	2	33	4	0	0
WV	90	11	15	0	4	0	0	4	0	0	0	2	36	10	1	6	1	0	0
WY	29	10	2	1	0	0	0	0	0	0	0	0	14	0	0	0	2	0	0
Total	14,692	4,274	3,072	198	558	105	125	550	88	149	150	1,395	1,806	590	776	483	342	23	8
Percentages	100%	29%	21%	1%	4%	1%	1%	4%	1%	1%	1%	9%	12%	4%	5%	3%	2%	0%	0%

Table 4b – Living Arrangements
FY 2014

State	Clients Served	Independently living in the community	Parental or Family Home	Community Residential Home for Children/Youth 0-18 years	Adult Community Residential Home	Non-medical Community-based for Children 0-18 years	Foster Care	Nursing Facilities	Intermediate Care	Public and Private General Hospital	Other Health Facility	Psychiatric Wards	Public Institutional Living	Private Institutional Living	Legal/Jail Detention	State Prison	Homeless/Shelter	Federal Facility	Unknown Other
AL	265	24	60	3	39	0	4	2	1	0	0	1	48	30	52	0	0	1	0
AK	109	49	8	1	16	0	0	0	0	0	0	8	1	2	0	7	16	1	0
AS	25	2	5	0	0	0	0	0	0	1	0	0	0	0	3	14	0	0	0
AZ	267	175	28	0	7	0	1	0	0	0	0	9	15	2	5	13	12	0	0
AR	75	9	20	0	3	0	1	0	0	0	0	2	12	12	14	2	0	0	0
CA	1,061	552	159	7	41	10	15	48	5	0	0	36	21	19	41	51	32	24	0
CO	64	6	7	0	3	0	0	8	0	6	1	1	0	0	20	5	1	6	0
CT	142	30	33	1	13	0	1	8	0	29	0	0	5	0	20	0	2	0	0
DE	145	52	30	0	13	0	0	4	0	0	0	37	0	6	0	1	2	0	0
DC	118	32	9	0	1	1	1	6	0	0	0	9	28	17	4	0	9	1	0
FL	374	81	25	3	0	0	3	7	15	0	1	1	81	71	80	0	5	1	0
GA	148	19	28	3	15	0	0	7	0	1	8	0	56	0	5	1	5	0	0
GU	30	7	19	0	0	0	0	0	0	0	0	0	3	0	0	0	1	0	0
HI	272	74	130	10	0	0	8	0	0	0	0	42	0	0	0	0	8	0	0
ID	110	54	13	2	1	0	0	2	1	0	0	3	20	6	2	0	6	0	0
IL	380	81	139	1	10	0	0	60	2	4	2	7	67	2	1	0	4	0	0
IN	155	17	24	2	7	2	0	1	0	0	2	0	55	13	6	24	2	0	0
IA	62	13	15	1	1	0	0	4	0	0	0	1	3	15	9	0	0	0	0
KS	559	311	104	1	9	0	0	48	3	0	4	37	21	3	2	2	14	0	0
KY	204	19	41	21	0	0	1	5	0	0	0	11	24	76	4	2	0	0	0
LA	87	11	31	3	3	0	0	14	0	1	0	0	20	1	3	0	0	0	0
ME	231	72	57	7	32	0	0	3	0	9	0	10	7	22	3	1	8	0	0
MD	161	24	5	2	4	0	0	2	0	0	0	8	93	14	4	0	5	0	0
MA	216	55	48	0	5	0	0	4	0	1	0	0	84	14	0	2	3	0	0
MI	105	13	12	3	19	0	2	20	0	2	0	5	16	3	9	1	0	0	0
MN	181	47	48	7	21	0	5	0	2	0	0	10	23	9	5	2	2	0	0
MS	123	3	55	1	2	0	1	0	0	0	0	1	52	4	4	0	0	0	0
MO	206	42	12	1	20	3	0	34	0	0	0	8	60	1	6	12	7	0	0
MT	225	15	15	1	7	0	3	1	0	0	4	1	31	44	45	58	0	0	0
NA	62	11	38	0	0	4	5	0	0	0	0	0	1	0	2	0	1	0	0

Table 4b – Living Arrangements
FY 2014 cont'd.

State	Clients Served	Independently living in the community	Parental or Family Home	Community Residential Home for Children/Youth 0-18 years	Adult Community Residential Home	Non-medical Community-based for Children 0-18 years	Foster Care	Nursing Facilities	Intermediate Care	Public and Private General Hospital	Other Health Facility	Psychiatric Wards	Public Institutional Living	Private Institutional Living	Legal/jail Detention	State Prison	Homeless/Shelter	Federal Facility	Unknown Other
NE	74	12	2	5	1	0	0	4	0	0	30	0	19	1	0	0	0	0	0
NV	41	17	3	2	0	0	0	0	0	0	0	0	9	6	0	2	2	0	0
NH	426	180	100	1	11	1	0	4	0	6	0	76	1	3	10	16	16	1	0
NJ	321	21	64	3	0	0	1	6	1	1	0	9	206	5	3	0	1	0	0
NM	117	18	10	4	4	0	0	0	1	0	0	76	0	0	4	0	0	0	0
NY	411	220	76	2	35	1	0	6	0	3	1	12	3	4	33	5	10	0	0
NC	280	23	38	3	2	33	1	2	0	0	0	4	61	35	6	71	0	1	0
ND	170	37	75	0	4	1	1	4	0	1	0	1	25	5	10	6	0	0	0
MP	21	6	10	0	0	0	0	0	0	0	0	0	1	0	4	0	0	0	0
OH	890	324	85	9	41	3	0	57	0	7	3	23	72	2	25	8	15	1	0
OK	907	486	269	14	3	0	13	13	0	14	0	9	14	2	38	8	23	1	0
OR	47	11	0	0	3	0	0	0	0	0	0	9	22	0	0	1	0	1	0
PA	863	237	113	0	12	73	3	15	1	19	9	19	0	0	24	13	15	6	0
PR	168	85	49	3	7	0	2	0	0	0	2	7	2	1	1	1	4	4	0
RI	203	54	64	3	10	0	0	17	0	5	0	28	7	6	3	0	6	0	0
SC	123	9	20	0	2	0	2	0	0	0	0	0	22	17	42	9	0	0	0
SD	180	32	49	0	1	3	0	2	0	0	0	2	85	3	1	1	1	0	0
TN	106	21	40	4	5	0	0	1	0	0	0	6	13	1	10	3	2	0	0
TX	1,251	160	400	14	10	14	78	23	1	7	0	37	24	7	115	14	7	0	0
UT	2	138	27	1	2	0	0	9	0	1	0	17	32	5	24	0	1	0	0
VT	1	27	2	2	12	0	0	1	0	0	0	17	5	17	5	19	2	0	0
VI	25	12	6	1	1	0	0	0	0	0	0	0	0	0	1	0	4	0	0
VA	1	12	6	0	3	0	0	1	0	0	2	3	94	12	3	0	2	0	0
WA	4	168	24	9	0	1	0	2	0	1	5	2	95	8	70	0	18	1	0
WV	66	10	13	0	6	0	0	2	0	1	0	0	23	4	2	4	0	1	0
WI	13	31	30	3	6	1	0	3	0	0	1	9	9	0	19	17	5	0	0
WY	42	4	1	0	3	0	0	1	0	0	0	2	29	0	0	0	2	0	0
Total	13,9	4,255	2,79	164	476	151	152	461	33	120	75	1,349	1,720	530	802		281	51	0
Percentages	100	31%	20%	1%	3%	1%	1%	3%	0%	1%	1%	10%	12%	4%	6%	4%	2%	0%	0%

Table 5a – Complaints Involving Abuse
FY 2013

State	Number of Abuse Complaints Closed	Inappropriate/Excessive					Involuntary					Complaints Concerning:								
		Medication	Physical Restraint	Chemical Restraint	Mechanical Restraint	Seclusion	Medication	Electrical Convulsive Therapy	Aversive Behavioral Therapy	Sterilization	Failure to provide appropriate mental health treatment	Failure to provide mental health treatment	Physical Assault – Serious injuries related	Physical Assault – Non-Serious injuries	Sexual assault	Staff Threats of retaliation/assaults	Coercion	Financial Exploitation	Suspicious death	Other
AK	7	0	0	0	1	0	1	0	0	0	2	0	0	1	0	0	0	0	2	0
AL	87	4	14	2	1	1	0	0	0	24	6	15	7	4	4	1	4	0	0	
AR	15	0	2	0	0	0	0	0	0	0	3	0	1	3	4	0	2	0	0	
AS	2	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0	
AZ	2	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	
CA	148	22	8	2	1	0	7	0	0	32	6	2	21	8	6	9	18	6	0	
CO	36	3	4	0	0	2	1	1	0	16	2	0	4	1	1	1	0	0	0	
CT	73	0	0	0	0	0	0	0	0	32	2	2	1	0	4	0	0	0	0	
DC	26	2	1	3	1	2	0	0	0	2	1	3	6	0	1	0	1	3	0	
DE	39	1	6	0	0	0	1	0	0	10	5	3	0	0	0	0	13	0	0	
FL	73	0	6	3	6	5	6	1	0	14	18	2	6	1	2	0	3	0	0	
GA	42	6	1	2	1	0	1	0	0	6	5	3	6	2	0	0	0	9	0	
GU	4	0	0	0	0	0	0	0	0	1	0	0	0	2	0	0	1	0	0	
HI	20	1	0	0	0	0	0	0	1	9	0	0	6	2	1	0	0	0	0	
IA	23	0	1	1	0	3	0	0	0	8	2	0	0	0	3	1	2	0	2	
ID	15	1	1	1	0	1	0	0	0	2	1	1	3	2	0	0	1	0	1	
IL	133	17	14	9	3	4	8	1	0	24	9	1	10	9	11	1	11	1	0	
IN	41	2	3	0	1	0	0	0	0	15	8	1	5	1	4	0	0	1	0	
KS	43	1	0	1	1	0	4	0	0	8	2	1	15	1	2	1	5	1	0	
KY	9	0	0	3	0	0	3	0	0	1	0	0	0	0	0	0	1	1	0	
LA	11	0	0	0	0	0	1	0	0	6	2	0	1	0	1	0	0	0	0	
MA	32	0	2	2	1	0	0	0	0	15	5	1	2	2	1	1	0	0	0	
MD	63	0	2	0	0	0	2	0	0	4	3	4	2	38	3	1	0	4	0	
ME	48	1	4	1	0	2	3	0	0	29	3	0	0	1	1	0	3	0	0	
MI	17	1	3	0	2	2	0	0	0	4	1	0	2	1	1	0	0	0	0	
MN	29	1	1	0	0	0	0	0	0	23	0	0	1	1	1	1	0	0	0	
MO	56	8	10	0	3	1	0	0	0	16	6	3	0	4	4	0	0	1	0	
MP	6	1	1	0	0	0	0	0	0	2	0	0	0	0	0	0	2	0	0	
MS	8	0	1	0	0	0	0	0	0	2	1	0	0	0	2	1	1	0	0	
MT	36	0	2	0	2	4	1	0	0	12	0	1	2	7	2	2	0	1	0	
NA	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	
NC	70	0	6	1	0	2	8	0	0	32	1	0	2	0	14	1	3	0	0	
ND	26	2	2	2	0	0	2	0	0	4	2	1	0	1	1	3	5	1	0	

Table 5a – Complaints Involving Abuse
FY 2013 cont'd.

State	Number of Abuse Complaints-Closed	Inappropriate/Excessive					Involuntary				Failure to provide appropriate mental health treatment	Complaints Concerning:								
		Medication	Physical Restraint	Chemical Restraint	Mechanical Restraint	Seclusion	Medication	Electrical Convulsive Therapy	Aversive Behavioral Therapy	Sterilization		Failure to provide mental health treatment	Physical Assault - Serious injuries Related	Physical Assault – Non - Serious Injuries	Sexual Assault	Staff Threats of retaliation/assaults	Coercion	Financial Exploitation	Suspicious Death	Other
NE	25	0	3	0	0	0	0	0	0	0	2	4	1	5	9	0	0	1	0	0
NH	34	16	0	2	3	0	3	0	0	0	0	3	0	0	0	0	4	3	0	0
NJ	116	12	4	0	1	0	6	0	0	0	17	14	2	24	2	6	0	0	0	
NM	66	6	2	1	0	0	4	0	0	0	7	23	4	0	1	14	3	1	0	0
NV	18	0	0	0	0	0	0	0	0	0	15	2	0	0	0	1	0	0	0	0
NY	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OH	175	16	14	0	5	5	4	0	0	0	48	6	7	9	27	16	5	7	6	0
OK	48	1	0	0	0	0	0	0	0	0	16	11	0	3	6	1	2	8	0	0
OR	20	2	2	0	0	1	0	0	0	0	11	2	1	0	0	1	0	0	0	0
PA	199	4	40	0	0	3	3	0	1	0	11	2	30	46	8	35	4	12	0	0
PR	8	0	0	0	0	0	0	0	0	0	1	0	2	1	0	4	0	0	0	0
RI	10	1	2	0	0	0	0	0	1	0	5	1	0	0	0	0	0	0	0	0
SC	64	3	0	10	0	0	1	0	0	0	42	0	0	4	3	0	0	1	0	0
SD	16	1	1	0	1	0	3	0	0	0	6	1	0	0	0	2	0	1	0	0
TN	26	2	5	0	1	0	0	0	0	0	6	3	0	2	2	3	0	2	0	0
TX	130	6	16	1	2	2	0	0	0	0	25	4	17	6	4	6	0	11	0	0
UT	84	6	0	0	0	5	0	0	0	0	29	17	0	1	8	2	0	15	1	0
VA	23	1	7	1	3	0	0	0	0	0	4	3	1	0	1	2	0	0	0	0
VI	4	0	0	1	0	0	0	0	0	0	1	2	0	0	0	0	0	0	0	0
VT	89	1	23	7	0	0	4	0	0	0	13	4	3	4	2	4	0	0	1	0
WA	161	10	17	1	0	0	1	0	2	0	53	21	3	14	3	4	2	6	2	0
WI	45	1	3	1	0	3	1	0	0	0	17	0	1	2	6	0	0	0	0	0
WV	20	0	1	0	0	1	1	0	0	0	3	3	1	0	0	5	0	3	1	1
WY	3	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	1	0	0
Total	2,625		235	58				3	5	0	689	221	117	226	1	1	44	1		4
Percentages	100%	6.21%	8.95%	2.21%	2.00%	3.00%	5.40%	0.11%	0.19%	0.00%	26.25%	8.42%	4.46%	8.61%	6.50%	6.93%	1.68%	5.64%	3.00%	0.11%

Table 5b – Complaints Involving Abuse
FY 2014

State	Number of Abuse Complaints Closed	Inappropriate/Excessive					Involuntary				Failure to provide appropriate mental health treatment	Complaints Concerning:									
		Medication	Physical Restraint	Chemical Restraint	Mechanical Restraint	Seclusion	Medication	Electrical Convulsive Therapy	Aversive Behavioral Therapy	Sterilization		Failure to provide mental health treatment	Physical Assault – Serious injuries related	Physical Assault – Non - Serious injuries	Sexual Assault	Staff Threats of retaliation/assaults	Coercion	Financial Exploitation	Suspicious Death	Other	
AK	18	2	1	1	0	0	0	0	0	0	3	2	0	5	0	0	0	2	2	0	
AL	50	3	6	0	0	0	0	1	1	0	11	2	2	3	2	3	0	1	3	0	
AR	4	0	0	0	0	0	0	0	0	0	2	1	0	0	1	0	0	0	0	0	
AS	2	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	
AZ	2	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	
CA	92	13	13	0	0	0	3	0	0	0	5	3	7	11	8	2	7	7	0		
CO	13	0	1	0	0	2	0	1	0	0	4	0	1	1	1	0	0	0	2	0	
CT	56	1	0	2	0	0	0	0	0	0	25	2	0	0	0	3	0	0	0	0	
DC	23	0	3	4	0	0	0	0	0	0	3	1	2	1	2	1	0	3	3	0	
DE	10	0	2	0	0	0	0	0	0	0	3	0	1	0	0	0	0	4	0	0	
FL	144	13	13	6	2	6	5	2	0	0	15	32	2	20	6	4	7	0	0		
GA	41	0	0	3	1	0	0	0	0	0	3	3	2	5	1	1	0	1	21	0	
GU	7	1	1	0	0	0	0	0	0	0	0	1	0	2	2	0	0	0	0	0	
HI	26	3	1	2	0	0	0	0	0	0	0	3	0	11	2	4	0	0	0	0	
IA	18	0	3	0	0	0	0	0	0	0	7	1	0	0	1	0	0	2	3	1	
ID	24	4	1	1	2	1	1	0	0	0	0	2	4	3	2	1	0	1	1	0	
IL	55	6	4	3	1	0	2	0	0	0	8	14	0	2	0	7	0	8	0	0	
IN	48	1	13	0	2	0	0	0	0	0	13	5	2	3	2	4	0	0	3	0	
KS	25	1	1	0	0	1	0	0	0	0	6	1	1	3	3	2	1	4	1	0	
KY	20	0	11	0	0	2	0	0	0	0	0	0	0	2	1	0	0	0	4	0	
LA	11	0	0	1	0	0	1	0	0	0	3	0	0	2	0	1	0	3	0	0	
MA	44	0	0	2	2	0	2	0	0	0	21	4	0	3	0	6	0	4	0	0	
MD	105	1	2	1	1	0	1	0	0	0	4	2	5	2	2	1	0	7	0	0	
ME	33	0	6	0	2	1	4	0	0	0	15	2	1	0	0	0	0	2	0	0	
MI	9	0	1	0	1	0	0	0	0	0	0	1	2	1	1	2	0	0	0	0	
MN	35	0	0	1	0	0	1	2	0	0	18	10	0	0	2	1	0	0	0	0	
MO	41	4	3	0	0	0	1	0	0	0	18	8	2	0	5	0	0	0	0	0	
MP	4	0	0	0	1	0	0	0	1	0	1	0	0	0	1	0	0	0	0	0	
MS	18	1	1	1	0	0	0	0	0	0	2	0	0	2	0	11	0	0	0	0	
MT	62	1	6	1	0	4	1	0	0	0	33	4	1	3	3	3	2	0	0	0	
NA	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	
NC	75	0	5	1	1	0	4	1	0	0	48	3	1	2	1	2	2	4	0	0	

Table 5b – Complaints Involving Abuse
FY 2014 cont'd.

State	Number of Abuse Complaints Closed	Inappropriate/Excessive					Involuntary					Complaints Concerning:									
		Medication	Physical Restraint	Chemical restraint	Mechanical restraint	Seclusion	Medication	Electrical Convulsive therapy	Aversive behavioral therapy	Sterilization	Failure to provide appropriate mental health treatment	Failure to provide mental health treatment	Physical Assault – Serious injuries related	Physical Assault – Non - Serious injuries	Sexual assault	Staff Threats of retaliation	Coercion	Financial Exploitation	Suspicious death	Other	
ND	42	0	1	1	0	2	0	0	0	0	12	1	0	3	4	3	2	13	0	0	
NE	21	0	1	0	0	0	0	0	0	0	4	5	0	3	3	0	1	4	0	0	
NH	47	11	1	0	0	2	5	0	0	0	17	6	0	1	0	4	0	0	0	0	
NJ	102	26	2	0	1	1	6	0	0	0	4	9	3	21	0	0	0	16	0	0	
NM	28	2	2	1	0	0	1	0	0	0	3	3	3	4	2	5	0	0	2	0	
NV	7	1	0	0	0	0	0	0	0	0	3	1	0	2	0	0	0	0	0	0	
NY	65	0	2	0	0	3	0	1	1	0	34	3	1	5	0	1	2	12	0	0	
OH	210	31	22	2	1	2	4	0	0	0	50	25	4	18	0	2	7	4	1	0	
OK	47	1	4	0	0	0	0	0	0	0	22	12	2	3	0	2	1	0	0	0	
OR	10	2	0	0	0	1	1	0	0	0	1	1	0	0	0	1	0	2	1	0	
PA	228	1	56	1	1	0	0	0	1	0	0	4	27	38	0	7	5	0	0	0	
PR	7	0	0	0	0	0	0	0	0	0	4	1	0	0	0	0	0	0	0	0	
RI	5	0	0	0	0	0	0	3	0	0	2	0	0	0	0	0	0	0	0	0	
SC	62	3	2	2	0	1	0	0	0	0	38	2	0	6	4	1	1	0	0	2	
SD	15	3	0	0	0	1	1	0	0	0	8	1	0	0	0	1	0	0	0	0	
TN	32	5	3	0	2	2	0	0	0	0	7	5	1	2	2	2	1	0	0	0	
TX	143	15	21	0	1	3	0	0	0	0	18	7	2	22	6	8	0	8	0	1	
UT	31	5	2	0	0	3	0	0	0	0	12	2	1	0	0	0	1	4	1	0	
VA	30	4	4	0	2	1	0	0	0	0	7	2	5	1	2	0	1	0	1	0	
VI	5	3	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	
VT	58	5	0	9	2	3	4	0	0	0	17	5	1	2	0	7	2	0	0	1	
WA	83	10	4	0	2	6	9	0	0	0	22	6	0	3	5	0	3	2	0	0	
WI	20	1	2	0	0	1	0	0	0	0	7	4	0	0	2	1	0	2	0	0	
WV	15	0	1	0	0	0	0	0	0	0	3	4	1	2	2	0	0	2	0	0	
WY	21	3	1	0	0	0	0	0	0	0	5	6	0	1	1	0	1	3	0	0	
Total	2,450	1	46	1	11	4	0	57	222	88	224	8	8.73%	1.80%	4.53	3.76	0.29%				
Percentages	100%	7.63%	9.35%	1.88%	1.63%	2.00%	4.57%	0.45%	0.16%	0.00%	23.39%	9.06%	3.59%	9.14%	8.00%	8.73%	1.80%	4.53%	3.76%	0.29%	

Table 6a – Complaints Involving Neglect
FY 2013

State	Number of Neglect Complaints Closed	Failure to Provide for Appropriate:											
		Admission to residential care or treatment facility	Transportation to/from treatment facility	Discharge planning	Mental health diagnosis	Medical diagnosis	Personal care	Environmental Safety	Personal safety	No written treatment plan	Rehabilitation/vocational programming	Other	
AK	9	1	1	4	1	1	0	0	0	0	0	0	1
AL	15	0	0	39	6	10	3	1	25	1	2	0	0
AR	12	0	0	5	0	0	2	0	5	0	0	0	0
AS	19	0	0	2	1	5	5	3	1	2	0	0	0
AZ	21	1	1	3	8	0	6	0	1	1	0	0	0
CA	60	1	1	17	5	18	7	4	4	2	1	0	0
CO	48	0	0	30	11	4	0	0	3	0	0	0	0
CT	26	7	0	13	1	0	1	0	2	1	1	0	0
DC	33	0	1	18	2	2	6	0	1	2	1	0	0
DE	19	2	0	12	0	0	1	0	2	2	0	0	0
FL	42	3	2	22	0	0	11	2	2	0	0	0	0
GA	85	0	0	61	3	4	4	0	1	0	12	0	0
GU	3	0	0	2	0	0	0	0	0	1	0	0	0
HI	17	0	0	6	1	1	2	1	6	0	0	0	0
IA	3	0	0	1	0	1	0	0	1	0	0	0	0
ID	9	0	0	7	0	1	0	0	0	1	0	0	0
IL	15	12	3	68	7	6	27	11	8	2	8	0	0
IN	14	0	0	6	0	0	2	1	4	1	0	0	0
KS	57	2	3	17	4	5	9	2	0	0	2	0	0
KY	11	0	0	4	1	1	0	1	1	1	2	0	0
LA	23	1	0	13	1	2	4	0	0	1	1	0	0
MA	55	4	0	45	0	1	2	0	1	2	0	0	0
MD	20	2	0	14	0	1	0	0	3	0	0	0	0
ME	26	7	0	18	0	0	0	1	0	0	0	0	0
MI	16	0	0	4	0	3	6	1	0	0	2	0	0
MN	41	1	2	6	0	0	20	0	6	5	1	0	0
MO	35	2	0	3	1	3	12	1	4	9	0	0	0
MP	1	0	0	0	0	0	0	0	0	0	0	1	0
MS	22	2	0	4	3	1	7	1	2	0	0	2	0
MT	95	0	0	3	4	5	1	63	14	0	0	5	0
NA	0	0	0	0	0	0	0	0	0	0	0	0	0
NC	104	8	0	71	6	3	4	1	5	2	4	0	0
ND	21	0	0	12	0	0	4	0	2	3	0	0	0
NE	12	0	0	10	0	0	0	1	1	0	0	0	0

Table 6a – Complaints Involving Neglect
FY 2013 cont'd.

State	Number of Neglect Complaints - Closed	Failure to Provide for Appropriate:										
		Admission to residential care or treatment facility	Transportation to/from treatment facility	Discharge planning	Mental health diagnosis	Medical diagnosis	Personal care	Environmental Safety	Personal safety	No written treatment plan	Rehabilitation/vocational programming	Other
NH	27	5	0	13	1	0	0	0	1	7	0	0
NJ	32	2	0	22	0	2	6	0	0	0	0	0
NM	40	3	0	16	1	0	4	2	8	0	6	0
NV	9	0	0	6	0	1	1	1	0	0	0	0
NY	4	1	0	3	0	0	0	0	0	0	0	0
OH	20	39	3	80	14	25	25	1	4		1	0
OK	8	0	0	6	0	1	1	0	0	0	0	0
OR	13	0	0	7	0	1	1	0	0	3	0	1
PA	53	4	0	11	1	5	6	20	4	1	1	0
PR	9	3	0	0	1	0	2	3	0	0	0	0
RI	73	1	0	17	1	0	51	1	1	1	0	0
SC	16	3	0	5	0	0	6	0	2	0	0	0
SD	72	1	1	66	0	0	4	0	0	0	0	0
TN	19	1	0	1	0	7	2	2	6	0	0	0
TX	32	6	1	1	91	32	11	0	26	1	2	0
UT	30	1	0	0	0	0	7	0	2		0	0
VA	57	0	0	44	3	3	0	1	0	4	2	0
VI	1	0	0	0	0	0	1	0	0	0	0	0
VT	29	1	0	16	1	3	3	1	2	0	1	1
WA	61	9	0	24	4	7	4	2	7	1	3	0
WI	28	2	1	15	1	5	0	0	0	1	3	0
WV	37	0	1	18	0	4	6	0	1	3	0	4
WY	7	0	0	2	0	0	4	1	0	0	0	0
Total	2,52	25	21	1,0	1	17	2	13	16	10	56	
Percentages	100%	12%	1%	42%	7%	7%	12%	5%	7%	4%	2%	

**Table 6b – Complaints Involving Neglect
FY 2014**

State	Number of Neglect Complaints Closed	Failure to Provide for Appropriate										
		Admission to residential care or treatment facility	Transportation to/from treatment facility	Discharge planning	Mental health diagnosis	Medical diagnosis	Personal care	Environmental Safety	Personal safety	No written treatment plan	Rehabilitation/vocational programming	Other
AK	6	1	0	3	1	0	0	1	0	0	0	0
AL	67	4	0	31	7	5	3	1	15	0	0	1
AR	6	0	0	2	0	3	0	0	1	0	0	0
AS	5	0	0	1	0	0	1	1	0	0	2	0
AZ	24	2	0	2	9	1	6	0	0	4	0	0
CA	34	0	0	8	8	6	7	1	2	1	1	0
CO	7	0	0	2	1	2	0	0	0	1	0	1
CT	18	1	0	9	1	0	3	2	0	2	0	0
DC	35	1	0	12	0	1	14	0	1	3	3	0
DE	5	0	0	3	0	0	1	0	1	0	0	0
FL	78	11	0	34	2	2	20	6	3	0	0	0
GA	64	0	0	41	5	3	3	1	1	0	10	0
GU	7	0	0	0	2	0	0	0	0	5	0	0
HI	17	1	0	4	1	1	0	3	6	0	0	1
IA	4	0	0	3	0	0	0	0	0	0	0	1
ID	16	4	0	8	1	2	0	0	1	0	0	0
IL	79	10	3	40	2	3	8	2	1	4	6	0
IN	17	0	0	6	1	0	1	0	7	2	0	0
KS	52	7	1	23	3	9	6	0	1	0	2	0
KY	10	1	0	3	0	1	2	1	2	0	0	0
LA	17	1	0	12	0	2	0	0	0	1	1	0
MA	49	6	1	38	4	0	0	0	0	0	0	0
MD	16	1	0	11	1	1	0	0	0	1	1	0
ME	24	3	2	16	0	0	0	0	2	1	0	0
MI	14	0	0	5	0	5	3	1	0	0	0	0

Table 6b – Complaints Involving Neglect
FY 2014 cont'd.

State	Number of Neglect Complaints Closed	Failure to Provide for Appropriate										
		Admission to residential care or treatment facility	Transportation to/from treatment facility	Discharge planning	Mental health diagnosis	Medical diagnosis	Personal care	Environmental Safety	Personal Safety	No Written Treatment Plan	Rehabilitation/Vocational Programming	Other
MN	31	3	2	12	0	0	13	0	0	1	0	0
MO	59	1	0	10	0	12	21	2	2	8	3	0
MP	5	1	0	0	2	1	0	0	0	0	0	1
MS	30	2	0	9	0	0	10	0	8	1	0	0
MT	49	0	0	3	6	5	0	27	8	0	0	0
NA	3	0	0	0	0	2	1	0	0	0	0	0
NC	87	4	3	56	2	5	5	3	5	1	3	0
ND	40	1	0	15	3	2	12	3	2	2	0	0
NE	24	1	0	20	0	0	0	3	0	0	0	0
NH	94	34	1	27	2	1	7	1	0	14	7	0
NJ	48	0	0	35	0	6	5	1	1	0	0	0
NM	7	0	0	4	1	0	2	0	0	0	0	0
NV	8	1	0	6	0	0	0	0	0	0	0	1
NY	13	1	0	3	5	2	1	0	1	0	0	0
OH	191	17	1	97	11	27	18	3	7	6	4	0
OK	10	2	0	6	1	0	1	0	0	0	0	0
OR	9	0	0	5	0	1	1	1	0	0	0	1
PA	78	0	0	11	2	10	13	32	2	7	1	0
PR	20	11	0	1	0	0	6	2	0	0	0	0
RI	29	0	0	16	0	3	0	0	6	0	2	2
SC	10	0	0	4	0	0	2	3	1	0	0	0
SD	80	2	1	70	0	4	3	0	0	0	0	0
TN	12	0	0	4	0	3	3	1	1	0	0	0
TX	366	8	0	119	107	76	23	2	29	1	1	0
UT	29	0	1	7	0	0	1	1	1	17	0	1
VA	63	1	0	51	0	5	2	0	1	3	0	0
VI	2	2	0	0	0	0	0	0	0	0	0	0
VT	17	3	0	7	0	1	3	1	1	0	1	0
WA	56	2	0	24	6	4	7	4	5	1	2	1
WI	27	1	0	15	4	3	1	0	1	1	1	0
WV	24	0	0	17	0	1	3	1	0	1	0	1
WY	10	2	0	2	0	0	3	2	1	0	0	0
Total 6a & 6b	2,202	154	16	973	201	221	245	113	127	89	51	12

**Table 7a – Complaints Involving Rights Violations
FY 2013**

State	Discrimination in:			Denial of:							Failure to Provide:			Problem with Advance Directives	Denial of Parental/Family Rights	Other
	Number of Rights Complaints Closed	Housing	Employment	Reimbursement and Entitlement	Guardianship/Conservator problems	Rights Protect Legal Assistance	Privacy	Recreational Opportunities	Visitors	Access to Records	Confidentiality	Informed Consent	Education			
AK	45		3	32	0	0	1	0	0		1		1	0	0	6
AL	78		3	2	6	4	1	1	0		0		32	0	0	
AR	59	1	1	6	7	2	3	2	0		0		12	0	0	
AS	17		0	1	1	0	2	4	5		0		2	0	2	0
AZ	45			11	0		1	3	0		1		0	0	0	0
CA	1,096	17		379	39	3	12	2	0	1	2		34	2	1	0
CO	32	1	0	0	1		2	0	0		0		0	0	0	0
CT	14		0	1	1	1	1	0	0		0		3	0	1	4
DC	17		0	3	1	1	1	4	0		0		0	2	0	0
DE	65	1	1	22	4	9	0	0	0		0		13	4	0	0
FL	77		5	11	4	2	1	2	0		1		13	0	3	0
GA	26		1	5	3	4	0	0	0		0		4	0	0	0
GU	17		3	3	3	0	0	0	0		0		5	2	0	0
HI	138	1	0	22	1	0	0	6	0		0		61	1	0	8
IA	53		7	6	7	6	2	4	0		0		18	0	0	2
ID	80		0	63	4	5	2	0	0		0		0	0	0	4
IL	555	1		19	34	1	14	12	2		0		316	4	1	
IN	11		0	3	0	0	1	6	1		0		0	0	0	0
KS	461	8		121	34	7	24	7	0		1	4	58	3	1	0
KY	28		0	1	6	4	4	5	5		0		1	0	0	0
LA	26		0	2	4	2	1	3	0		0		12	0	0	0
MA	69			0	0		2	1	0		0		30	0	0	6
MD	23		1	1	2	2	1	1	0		0		0	1	3	8
ME	112	3		2	12	0	2	3	0		0		37	0	0	6
MI	30		1	2	5	8	1	0	0		2		3	1	1	1
MN	110	1	1	21	10	5	1	4	1		0		32	1	4	
MO	74		0	28	16	1	8	3	3		0		7	0	0	0
MP	5		1	2	0	0	0	0	0		0		0	0	0	2
MS	70		2	4	3	0	2	2	0		0		52	1	2	0
MT	34		2	0	0	2	1	0	0		0		8	0	1	

Table 7a – Complaints Involving Rights Violations
FY 2013 cont'd.

State	Discrimination in:			Denial of:							Failure to Provide:			Problem with Advance Directives	Denial of Parental/Family Rights	Other
	Number of Rights Complaints Closed	Housing	Employment	Reimbursement and Entitlement	Guardianship/Conservator problems	Rights Protect Legal Assistance	Privacy	Recreational Opportunities	Visitors	Access to Records	Confidentiality	Informed Consent	Education			
NA	22		1	18	0	0	0	0	0	0	0	2	0	0	0	
NC	147			6	14	0	0	6	0	0	0	72	1	5	0	
ND	87		5	4	3	0	0	0	0	0	0	61	0	0	0	
NE	3		0	0	2	0	1	0	0	0	0	0	0	0	0	
NH	1		2	8	0	0	0	0	0	0	0	6	0	0	0	
NJ	8		8	9	1	1	3	7	0	2	1	1	0	0	8	
NM	3		0	2	2	8	5	5	1	0	2	3	0	2	0	
NV	4		0	2	7	2	1	0	0	0	0	2	0	0	9	
NY	2		4	1	0	1	0	1	0	0	0	6	0	2	1	
OH	45			4	56	8	2	2	4	9	2	2	3	1	0	
OK	47			10	10	10	2	1	2	3	1	11	0	1	2	
OR	1		1	1	1	2	2	0	0	0	0	1	0	0	5	
PA	77			6	15	20	5	17	2	1	2	6	8	2	0	
PR	5		8	1	0	0	0	0	0	0	2	0	0	0	0	
RI	9		3	1	13	0	0	1	0	0	2	0	1	1	0	
SC	3		1	2	0	13	0	0	0	0	0	0	0	1	0	
SD	5		0	6	3	0	1	0	0	0	0	0	0	0	4	
TN	3		1	0	0	4	3	0	0	0	1	0	0	1	0	
TX	57		2	2	18	4	2	2	4	1	0	2	1	1	0	
UT	12		0	2	0	8	0	0	0	2	0	0	0	4	0	
VA	4		1	2	0	5	0	1	0	0	3	9	1	0	0	
VI	7		0	0	1	4	0	0	0	0	0	1	0	0	0	
VT	3		3	1	0	4	0	1	0	0	1	1	9	0	3	
WA	24		2	3	15	2	2	5	1	4	3	0	2	1	0	
WI	5		8	3	3	1	1	1	0	1	6	0	1	1	0	
WV	4		1	2	1	3	4	1	0	0	1	0	3	0	5	
WY	1		3	0	1	0	1	1	0	1	0	0	0	0	0	
Total	7,06	71	45	1,17	374	1,21	18	33	0	5	11	1,68	9	15	21	
Percentages	100%	10%	6%	17%	5%	17%	3%	5%	0%	1%	3%	24%	1%	2%	4%	

Table 7b – Complaints Involving Rights Violations
FY 2014

State	Discrimination in:			Denial of:							Failure to Provide:			Problem with Advance Directives	Denial of Parental/Family Rights	Other
	Number of Rights Complaints Closed	Housing	Employment	Reimbursement and Entitlement	Guardianship/Conservator or problems	Rights Protect Legal Assistance	Privacy	Recreational Opportunities	Visitors	Access to Records	Confidentiality	Informed Consent	Education			
AK	38	4	1	29	1	0	0	0	0	0	0	0	2	0	1	0
AL	67	2	2	2	5	2	0	0	1	0	0	3	23	0	1	26
AR	31	1	2	1	8	0	1	1	0	0	0	1	5	0	1	10
AS	13	0	1	1	0	1	3	0	2	0	0	2	0	0	3	0
AZ	29	3	6	1	0	7	2	1	0	4	3	0	0	0	2	0
CA	941	167	63	259	42	320	13	2	0	15	5	9	32	1	13	0
CO	9	3	0	0	1	0	1	1	0	2	0	1	0	0	0	0
CT	33	2	2	0	0	2	0	1	0	2	2	0	15	0	0	7
DC	21	1	0	1	11	0	0	0	0	1	1	5	0	1	0	0
DE	44	4	5	18	1	0	0	0	0	1	0	0	10	2	1	2
FL	129	17	5	9	5	65	1	4	2	3	1	4	11	0	2	0
GA	16	3	2	1	2	3	0	0	0	2	1	0	1	0	1	0
GU	16	0	1	3	2	4	0	0	0	1	0	0	3	1	1	0
HI	183	6	0	38	10	0	0	5	0	0	0	0	63	25	0	36
IA	29	1	3	3	6	1	2	1	0	0	0	0	12	0	0	0
ID	63	1	0	45	5	4	1	0	0	2	0	0	2	0	0	3
IL	256	7	32	6	35	1	7	6	0	4	2	0	129	0	1	26
IN	44	2	1	6	0	2	1	10	0	1	0	3	18	0	0	0
KS	417	45	20	75	35	10	8	37	1	1	7	9	45	0	12	112
KY	17	2	1	2	2	1	2	3	1	0	0	0	3	0	0	0
LA	32	4	0	3	3	1	0	2	0	0	0	1	18	0	0	0
MA	106	34	17	1	5	9	0	5	0	0	0	0	28	0	1	6
MD	11	0	0	3	1	1	0	0	1	1	0	0	0	0	1	3
ME	102	28	4	3	7	0	5	4	0	3	2	0	43	0	1	2
MI	31	3	0	0	2	5	1	1	0	0	0	6	5	0	1	7
MN	75	4	3	10	14	5	0	4	0	1	2	0	25	1	1	5
MO	59	5	1	9	14	5	9	3	3	2	0	1	7	0	0	0
MP	7	0	0	5	0	0	0	0	0	0	0	0	0	0	0	2
MS	72	1	0	6	2	2	6	3	1	0	1	0	48	2	0	0
MT	28	0	2	1	1	0	0	1	0	0	0	3	5	0	0	15
NA	28	0	2	16	0	0	0	0	0	0	0	0	10	0	0	0
NC	101	1	9	9	28	35	1	1	0	2	0	0	11	0	4	0
ND	40	0	1	0	0	0	0	1	0	0	0	0	38	0	0	0

Table 7b – Complaints Involving Rights Violations
FY 2014 cont'd.

State	Discrimination in:			Denial of:							Failure to Provide:			Problem with Advance directives issues	Denial of parental/family rights	Other
	Number of Rights Complaints Closed	Housing	Employment	Reimbursement and Entitlement	Guardianship/ Conservator problems	Rights Protect Legal Assist.	Privacy	Recreational Opportunities	Visitors	Access to Records	Confidentiality	Informed Consent	Education			
NE	5	0	0	0	3	0	0	0	0	0	0	0	0	0	0	2
NH	285	51	29	71	22	66	2	8	0	2	2	1	26	0	5	0
NJ	92	1	9	2	1	1	7	6	1	0	1	1	45	1	0	16
NM	44	0	0	2	7	15	1	5	0	0	1	7	1	2	3	0
NV	20	0	1	3	0	3	0	0	1	0	0	0	1	0	0	11
NY	250	46	12	74	5	24	4	3	0	5	4	6	48	1	6	12
OH	476	93	43	43	68	37	30	20	1	14	21	62	32	5	7	0
OK	542	43	26	147	11	121	0	0	0	2	5	2	160	1	23	1
OR	26	0	0	1	2	0	1	2	0	1	0	0	0	2	1	16
PA	654	70	21	214	1	251	6	0	1	4	1	1	67	3	14	0
PR	63	2	18	2	0	22	0	0	0	6	2	0	11	0	0	0
RI	38	16	0	0	3	0	0	0	0	0	1	0	15	0	0	3
SC	26	0	0	3	0	0	0	0	0	0	0	1	8	0	0	14
SD	68	0	0	17	2	1	1	0	0	0	1	0	41	0	0	5
TN	39	1	6	0	0	1	1	0	0	1	0	1	26	0	2	0
TX	615	16	16	21	39	32	27	27	3	10	8	20	348	0	5	43
UT	98	0	0	27	0	63	0	0	0	0	0	0	0	0	3	5
VA	30	0	4	3	2	2	0	5	0	0	0	2	1	11	0	0
VI	12	2	3	0	1	1	0	0	0	1	0	0	4	0	0	0
VT	25	3	0	3	0	0	3	0	0	0	0	0	0	12	0	4
WA	226	52	21	31	17	23	12	7	3	8	5	1	5	1	15	25
WI	40	11	2	1	0	1	0	0	0	1	0	2	21	0	0	1
WV	31	4	0	2	0	0	6	1	0	1	1	0	11	0	0	5
WY	9	3	0	2	1	1	2	0	0	0	0	0	0	0	0	0
Total	6,802	765	397	1,235	433	1,151	167	181	22	104	80	153	1,485	72	132	425
Percentages	100%	11%	6%	18%	6%	17%	2%	3%	0%	2%	1%	2%	22%	1%	2%	6%

•
•
•

Table 8a – Death Investigations
FY 2013

State	Deaths Reported				Death Investigations Conducted			
	Total Number of Deaths Reported	State	Number of Deaths Medicaid	Number of Deaths Other	Total Number of Death Investigations	Number of Deaths Seclusion	Number of Deaths Restraint	Number of Deaths Non-Seclusion/Restraint
AK	7	0	0	7	7	0	0	7
AL	1	0	0	1	1	0	0	1
AR	0	0	0	0	0	0	0	0
AS	0	0	0	0	0	0	0	0
AZ	3	2	0	1	1	0	0	1
CA	7	6	0	1	7	0	0	7
CO	4	0	0	4	4	0	0	4
CT	4	4	0	0	0	0	0	0
DC	7	5	0	2	1	0	1	0
DE	17	17	0	0	17	0	0	17
FL	2	1	0	1	2	0	0	2
GA	9	9	0	0	9	0	0	9
GU	2	0	0	2	2	0	0	2
HI	0	0	0	0	0	0	0	0
IA	1	1	0	0	1	0	0	1
ID	1	0	0	1	1	0	0	1
IL	13	13	0	0	14	0	1	13
IN	9	0	0	9	4	0	0	4
KS	1	0	0	1	1	0	0	1
KY	8	4	0	4	8	0	2	6
LA	1	0	0	1	1	0	0	1
MA	250	250	0	0	129	0	0	129
MD	8	8	0	0	3	0	0	3
ME	0	0	0	0	0	0	0	0
MI	6	4	0	2	6	0	0	6
MN	0	0	0	0	0	0	0	0
MO	336	336	0	0	23	1	2	20
MP	0	0	0	0	0	0	0	0

Table 8a – Death Investigations
FY 2013 cont'd.

State	Total Number of Deaths Reported	State	Number of Deaths Medicaid	Number of Deaths Other	Total Number of Death Investigations	Number of Deaths Seclusion	Number of Deaths Restraint	Number of Deaths Non-Seclusion/Restraint
MS	0	0	0	0	0	0	0	0
MT	1	0	0	1	1	0	1	0
NA	0	0	0	0	0	0	0	0
NC	30	30	0	0	4	0	0	4
ND	4	2	0	2	4	0	0	4
NE	4	0	0	4	4	0	0	4
NH	0	0	0	0	1	0	0	1
NJ	39	38	0	1	39	0	0	39
NM	0	0	0	0	0	0	0	0
NV	0	0	0	0	0	0	0	0
NY	1	0	0	1	1	0	0	1
OH	164	163	1	0	164	1	2	161
OK	0	0	0	0	0	0	0	0
OR	1	0	0	1	1	0	0	1
PA	49	49	0	0	49	0	0	49
PR	0	0	0	0	1	0	0	1
RI	0	0	0	0	0	0	0	0
SC	1	0	0	1	1	0	0	1
SD	0	0	0	0	0	0	0	0
TN	0	0	0	0	0	0	0	0
TX	33	0	1	32	33	0	4	29
UT	1	0	0	1	1	0	0	1
VA	46	46	0	0	0	0	0	0
VI	2	2	0	0	2	0	0	2
VT	3	0	0	3	3	0	0	3
WA	7	0	1	6	7	1	1	5
WI	10	7	0	3	10	0	2	8
WV	0	0	0	0	0	0	0	0
WY	0	0	0	0	0	0	0	0
Total	1,093	997	3	93	568	3	16	549
Percentages	100%	91.22%	0.27%	8.51%	100.00%	0.53%	2.82%	96.65%

Table 8b – Death Investigations
FY 2014

State	Deaths Reported				Death Investigations Conducted			
	Total Number of Deaths Reported	State	Number of Deaths Medicaid	Number of Deaths Other	Total Number of Death Investigations	Number of Deaths Seclusion	Number of Deaths Restraint	Number of Deaths Non-Seclusion/Restraint
AK	6	0	0	6	6	0	0	6
AL	0	0	0	0	0	0	0	0
AR	0	0	0	0	0	0	0	0
AS	0	0	0	0	0	0	0	0
AZ	1	0	0	1	1	0	0	1
CA	11	10	0	1	6	0	1	5
CO	4	0	0	4	4	0	0	4
CT	3	0	0	3	0	0	0	0
DC	9	8	0	1	9	0	0	9
DE	14	14	0	0	14	0	0	14
FL	0	0	0	0	0	0	0	0
GA	21	19	0	2	2	0	0	2
GU	0	0	0	0	0	0	0	0
HI	3	0	0	3	3	0	0	3
IA	4	2	0	2	0	0	0	0
ID	1	0	0	1	1	0	0	1
IL	29	27	0	2	16	0	0	16
IN	7	0	0	7	2	0	0	2
KS	0	0	0	0	0	0	0	0
KY	11	8	0	3	11	2	1	8
LA	0	0	0	0	1	0	0	1
MA	2	0	0	2	0	0	0	0
MD	57	57	0	0	7	0	0	7
ME	1	0	0	1	0	0	0	0
MI	13	6	0	7	13	0	1	12
MN	1	0	0	1	1	0	0	1
MO	513	513	0	0	15	0	0	15
MP	0	0	0	0	0	0	0	0

Table 8b – Death Investigations
FY 2014 cont'd.

State	Total Number of Deaths Reported	State	Number of Deaths Medicaid	Number of Deaths Other	Total Number of Death Investigations	Number of Deaths Seclusion	Number of Deaths Restraint	Number of Deaths Non-Seclusion/ Restraint
MS	0	0	0	0	0	0	0	0
MT	1	1	0	0	1	1	0	0
NA	0	0	0	0	0	0	0	0
NC	26	26	0	0	4	1	3	0
ND	3	1	0	2	3	0	1	2
NE	1	0	0	1	1	0	0	1
NH	1	0	0	1	1	0	0	1
NJ	25	24	0	1	25	0	0	25
NM	2	0	0	2	2	0	0	2
NV	0	0	0	0	0	0	0	0
NY	2	0	0	2	1	0	0	1
OH	120	120	0	0	120	0	1	119
OK	0	0	0	0	0	0	0	0
OR	2	0	0	2	1	0	0	1
PA	26	26	0	0	26	0	0	26
PR	0	0	0	0	0	0	0	0
RI	0	0	0	0	0	0	0	0
SC	1	0	0	1	0	0	0	0
SD	0	0	0	0	0	0	0	0
TN	0	0	0	0	0	0	0	0
TX	28	1	0	27	28	0	3	25
UT	2	0	0	2	2	0	2	0
VA	30	30	0	0	3	0	0	3
VI	0	0	0	0	0	0	0	0
VT	3	1	0	2	3	0	0	3
WA	0	0	0	0	4	0	0	4
WI	6	3	0	3	7	1	1	5
WV	0	0	0	0	0	0	0	0
WY	3	3	0	0	3	0	0	3
Total	993	900	0	93	347	5	14	328
Percentages	100%	91%	0%	9%	100%	1%	4%	95%

Table 9a – Analysis of Alleged Abuse
FY 2013

State	Total Complaints Closed	Total Abuse Complaints	Abuse complaints withdrawn, no merit, etc.	Favorably Resolved	Not Resolved Favorably	Percentage Favorably Resolved
AK	61	7	4	2	1	67%
AL	422	87	22	63	2	97%
AR	86	15	7	8	0	100%
AS	38	2	0	2	0	100%
AZ	68	2	0	1	1	50%
CA	1,304	148	17	130	1	99%
CO	116	36	20	13	3	81%
CT	113	73	5	67	1	99%
DC	76	26	15	8	3	73%
DE	123	39	3	36	0	100%
FL	192	73	24	49	0	100%
GA	153	42	5	37	0	100%
GU	24	4	0	4	0	100%
HI	175	20	9	11	0	100%
IA	79	23	4	19	0	100%
ID	104	15	6	9	0	100%
IL	788	132	25	54	53	50%
IN	66	41	26	8	7	53%
KA	562	43	19	19	5	79%
KY	48	9	5	3	1	75%
LA	60	11	6	4	1	80%
MA	156	32	7	24	1	96%
MD	106	63	7	56	0	100%
ME	180	48	12	35	1	97%
MI	63	17	1	15	1	94%
MN	180	29	6	21	2	91%
MO	318	125	13	108	4	96%
MP	12	6	1	5	0	100%

Table 9a – Analysis of Alleged Abuse
FY 2013 cont'd.

State	Total Complaints Closed	Total Abuse Complaints	Abuse complaints withdrawn, no merit, etc.	Favorably Resolved	Not Resolved Favorably	Percentage Favorably Resolved
MS	100	8	1	2	5	29%
MT	165	36	7	22	7	76%
NA	14	1	0	1	0	100%
NC	321	70	17	51	2	96%
ND	108	32	1	31	0	100%
NE	40	25	15	8	2	80%
NH	80	34	21	6	7	46%
NJ	230	116	25	81	10	89%
NM	136	66	6	50	10	83%
NV	71	18	1	16	1	94%
NY	32	0	0	0	0	0%
OH	835	175	53	121	1	99%
OK	528	48	0	48	0	100%
OR	47	20	3	5	12	29%
PA	1,029	199	38	143	18	89%
PR	72	8	2	3	3	50%
RI	173	10	2	7	1	88%
SC	119	64	7	52	5	91%
SD	144	16	9	7	0	100%
TN	83	26	9	17	0	100%
TX	1,031	130	76	46	8	85%
UT	235	84	23	61	0	100%
VA	128	23	7	16	0	100%
VI	12	4	0	4	0	100%
VT	152	89	50	31	8	79%
WA	464	161	2	159	0	100%
WI	130	45	10	29	6	83%
WV	98	20	2	14	4	78%
WY	21	3	0	3	0	100%
Total	12,271	2,699	656	1,845	198	90%

Table 9b – Analysis of Alleged Abuse
FY 2014

State	Total Complaints Closed	Total Abuse Complaints	Abuse complaints withdrawn, no merit, etc.	Favorably Resolved	Not Resolved Favorably	Percentage Favorably Resolved
AK	62	18	15	3	0	100%
AL	184	50	17	32	1	97%
AR	41	4	3	1	0	100%
AS	21	2	0	2	0	100%
AZ	56	3	1	2	0	100%
CA	1,067	92	17	73	2	97%
CO	29	13	4	7	2	78%
CT	107	56	2	53	1	98%
DC	80	23	14	7	2	78%
DE	59	10	2	8	0	100%
FL	350	143	94	49	0	100%
GA	123	43	0	42	1	98%
GU	30	7	5	2	0	100%
HI	226	26	20	6	0	100%
IA	51	18	11	7	0	100%
ID	103	24	13	11	0	100%
IL	356	55	11	24	20	55%
IN	109	48	28	14	6	70%
KA	492	25	8	16	1	94%
KY	50	20	10	8	2	80%
LA	60	11	3	7	1	88%
MA	200	45	10	35	0	100%
MD	132	105	6	98	1	99%
ME	159	33	13	17	3	85%
MI	56	11	1	10	0	100%
MN	141	35	7	25	3	89%
MO	259	98	20	76	2	97%
MP	16	4	1	3	0	100%
MS	120	18	5	11	2	85%
MT	139	62	18	22	22	50%

Table 9b – Analysis of Alleged Abuse
FY 2014 cont'd.

State	Total Complaints Closed	Total Abuse Complaints	Abuse complaints withdrawn, no merit, etc.	Favorably Resolved	Not Resolved Favorably	Percentage Favorably Resolved
NA	32	1	0	1	0	100%
NC	263	75	2	65	8	89%
ND	93	37	2	35	0	100%
NE	50	21	10	7	4	64%
NH	426	47	8	35	4	90%
NJ	243	102	21	75	6	93%
NM	82	29	5	21	3	88%
NV	35	7	2	2	3	40%
NY	328	65	19	21	25	46%
OH	992	210	40	164	6	96%
OK	599	47	0	47	0	100%
OR	45	10	4	6	0	100%
PA	969	238	72	122	44	73%
PR	90	7	2	5	0	100%
RI	45	2	1	1	0	100%
SC	98	62	14	43	5	90%
SD	163	15	3	11	1	92%
TN	83	32	15	17	0	100%
TX	1,124	143	52	81	10	89%
UT	158	31	4	24	3	89%
VA	123	30	10	20	0	100%
VI	18	3	2	1	0	100%
VT	100	58	28	27	3	90%
WA	360	79	0	79	0	100%
WI	87	20	1	19	0	100%
WV	70	15	2	12	1	92%
WY	40	21	0	20	1	95%
Total	11,594	2,509	678	1,632	199	89%

Table 10a – Analysis of Alleged Neglect
FY 2013

State	Total Complaints Closed	Total Neglect Complaints	Neglect complaints withdrawn, no merit, etc.	Favorably Resolved	Not Resolved Favorably	Percentage Favorably Resolved
AK	61	9	3	6	0	100%
AL	422	257	33	217	7	97%
AR	86	12	5	7	0	100%
AS	38	19	0	19	0	100%
AZ	68	21	0	21	0	100%
CA	1,304	60	11	48	1	98%
CO	116	48	22	23	3	88%
CT	113	26	3	20	3	87%
DC	76	33	5	26	2	93%
DE	123	19	0	19	0	100%
FL	192	42	7	35	0	100%
GA	153	85	4	79	2	98%
GU	24	3	0	3	0	100%
HI	175	17	11	6	0	100%
IA	79	3	0	3	0	100%
ID	104	9	6	2	1	67%
IL	788	146	17	75	54	58%
IN	66	14	3	10	1	91%
KA	562	57	26	27	4	87%
KY	48	11	6	4	1	80%
LA	60	23	7	11	5	69%
MA	156	55	11	42	2	95%
MD	106	20	5	14	1	93%
ME	180	26	3	21	2	91%
MI	63	16	3	7	6	54%
MN	180	41	4	32	5	86%
MO	318	91	15	74	2	97%
MP	12	1	0	1	0	100%
MS	100	22	1	20	1	95%

Table 10a – Analysis of Alleged Neglect
FY 2013 cont'd.

State	Total Complaints Closed	Total Neglect Complaints	Neglect complaints withdrawn, no merit, etc.	Favorably Resolved	Not Resolved Favorably	Percentage Favorably Resolved
MT	165	95	31	61	3	95%
NA	14	0	0	0	0	0%
NC	321	104	11	93	0	100%
ND	108	16	0	16	0	100%
NE	40	12	4	6	2	75%
NH	80	27	12	10	5	67%
NJ	230	32	3	26	3	90%
NM	136	39	2	31	6	84%
NV	71	9	3	6	0	100%
NY	32	4	2	2	0	100%
OH	835	205	39	165	1	99%
OK	528	8	0	8	0	100%
OR	47	13	3	6	4	60%
PA	1,029	53	7	44	2	96%
PR	72	9	3	5	1	83%
RI	173	73	60	11	2	85%
SC	119	16	9	7	0	100%
SD	144	72	4	68	0	100%
TN	83	19	9	10	0	100%
TX	1,031	323	79	224	20	92%
UT	235	30	10	17	3	85%
VA	128	57	11	44	2	96%
VI	12	1	0	1	0	100%
VT	152	29	3	23	3	88%
WA	464	61	0	61	0	100%
WI	130	28	2	24	2	92%
WV	98	37	5	25	7	78%
WY	21	7	0	7	0	100%
Total	12,271	2,565	523	1,873	169	92%

Table 10b – Analysis of Alleged Neglect
FY 2014

State	Total Complaints Closed	Total Neglect Complaints	Neglect complaints withdrawn, no merit, etc.	Favorably Resolved	Not Resolved Favorably	Percentage Favorably Resolved
AK	62	6	3	3	0	100%
AL	184	67	28	32	7	82%
AR	41	6	3	3	0	100%
AS	21	5	0	5	0	100%
AZ	56	24	7	16	1	94%
CA	1,067	34	6	27	1	96%
CO	29	7	2	5	0	100%
CT	107	18	0	17	1	94%
DC	80	35	6	29	0	100%
DE	59	5	0	5	0	100%
FL	350	78	34	40	4	91%
GA	123	64	4	60	0	100%
GU	30	7	2	5	0	100%
HI	226	17	9	8	0	100%
IA	51	4	1	3	0	100%
ID	103	16	8	8	0	100%
IL	356	77	8	39	30	57%
IN	109	17	7	6	4	60%
KA	492	52	15	33	4	89%
KY	50	11	1	10	0	100%
LA	60	17	2	14	1	93%
MA	200	49	8	39	2	95%
MD	132	16	2	14	0	100%
ME	159	24	6	17	1	94%
MI	56	14	3	8	3	73%
MN	141	31	4	24	3	89%
MO	259	84	15	69	0	100%
MP	16	5	1	4	0	100%

Table 10b – Analysis of Alleged Neglect
FY 2014 cont'd.

State	Total Complaints Closed	Total Neglect Complaints	Neglect complaints withdrawn, no merit, etc.	Favorably Resolved	Not Resolved Favorably	Percentage Favorably Resolved
MS	120	30	4	24	2	92%
MT	139	49	14	29	6	83%
NA	32	3	0	3	0	100%
NC	263	87	7	80	0	100%
ND	93	30	1	28	1	97%
NE	50	24	8	15	1	94%
NH	426	94	4	82	8	91%
NJ	243	49	9	40	0	100%
NM	82	7	2	5	0	100%
NV	35	8	0	8	0	100%
NY	328	13	3	7	3	70%
OH	992	191	20	169	2	99%
OK	599	10	0	10	0	100%
OR	45	9	2	7	0	100%
PA	969	78	6	66	6	92%
PR	90	20	2	14	4	78%
RI	45	10	4	6	0	100%
SC	98	10	4	6	0	100%
SD	163	80	1	79	0	100%
TN	83	12	3	9	0	100%
TX	1,124	366	105	23	238	9%
UT	158	29	1	26	2	93%
VA	123	63	10	53	0	100%
VI	18	2	1	1	0	100%
VT	100	17	5	10	2	83%
WA	360	56	1	55	0	100%
WI	87	27	1	26	0	100%
WV	70	24	4	15	5	75%
WY	40	10	0	10	0	100%
Total	11,594	2,198	407	1,449	342	81%

Table 11a – Analysis of Alleged Rights Violations
FY 2013

State	Total Complaints Closed	Total Rights Complaints	Rights complaints withdrawn, no merit, etc.	Favorably Resolved	Not Resolved Favorably	Percentage Favorably Resolved
AK	61	45	23	14	8	64%
AL	422	78	22	52	4	93%
AR	86	59	24	32	3	91%
AS	38	17	0	17	0	100%
AZ	68	45	2	41	2	95%
CA	1,304	1,096	114	959	23	98%
CO	116	32	11	16	5	76%
CT	113	14	3	11	0	100%
DC	76	17	3	13	1	93%
DE	123	65	1	64	0	100%
FL	192	77	19	58	0	100%
GA	153	26	4	21	1	95%
GU	24	17	2	14	1	93%
HI	175	138	32	103	3	97%
IA	79	53	13	40	0	100%
ID	104	80	11	65	4	94%
IL	788	510	49	267	194	58%
IN	66	11	4	6	1	86%
KA	562	462	142	294	26	92%
KY	48	28	2	11	15	42%
LA	60	26	7	18	1	95%
MA	156	69	15	54	0	100%
MD	106	23	3	19	1	95%
ME	180	106	31	69	6	92%
MI	63	30	11	19	0	100%
MN	180	110	3	99	8	93%
MO	318	102	14	82	6	93%
MP	12	5	1	4	0	100%
MS	100	70	17	44	9	83%
MT	165	34	10	17	7	71%

Table 11a – Analysis of Alleged Rights Violations

FY 2013 cont'd.

State	Total Complaints Closed	Total Rights Complaints	Rights complaints withdrawn, no merit, etc.	Favorably Resolved	Not Resolved Favorably	Percentage Favorably Resolved
NA	14	13	5	7	1	88%
NC	321	147	29	118	0	100%
ND	108	60	0	58	2	97%
NE	40	3	2	1	0	100%
NH	80	19	8	10	1	91%
NJ	230	82	27	53	2	96%
NM	136	31	2	26	3	90%
NV	71	44	12	31	1	97%
NY	32	28	7	21	0	100%
OH	835	455	108	340	7	98%
OK	528	472	1	471	0	100%
OR	47	14	3	9	2	82%
PA	1,029	777	52	718	7	99%
PR	72	55	14	36	5	88%
RI	173	90	44	45	1	98%
SC	119	39	7	32	0	100%
SD	144	56	14	40	2	95%
TN	83	38	12	26	0	100%
TX	1,031	578	117	414	47	90%
UT	235	121	4	115	2	98%
VA	128	48	6	41	1	98%
VI	12	7	5	1	1	50%
VT	152	34	8	23	3	88%
WA	464	242	0	242	0	100%
WI	130	57	7	46	4	92%
WV	98	41	6	32	3	91%
WY	21	11	0	11	0	100%
Total	12,271	7,007	1,093	5,490	424	93%

Table 11b – Analysis of Alleged Rights Violations
FY 2014

State	Total Complaints Closed	Total Rights Complaints Closed	Rights complaints withdrawn, no merit, etc.	Favorably Resolved	Not Resolved Favorably	Percentage Favorably Resolved
AK	62	38	20	15	3	83%
AL	184	67	16	43	8	84%
AR	41	31	12	15	4	79%
AS	21	14	0	14	0	100%
AZ	56	29	1	23	5	82%
CA	1,067	941	77	852	12	99%
CO	29	9	0	9	0	100%
CT	107	33	8	25	0	100%
DC	80	22	15	4	3	57%
DE	59	44	0	43	1	98%
FL	350	129	35	82	12	87%
GA	123	16	5	11	0	100%
GU	30	16	3	13	0	100%
HI	226	183	52	117	14	89%
IA	51	29	8	21	0	100%
ID	103	63	3	55	5	92%
IL	356	224	28	118	78	60%
IN	109	44	18	24	2	92%
KA	492	415	129	247	39	86%
KY	50	19	5	11	3	79%
LA	60	32	7	23	2	92%
MA	200	106	19	86	1	99%
MD	132	11	3	8	0	100%
ME	159	102	31	68	3	96%
MI	56	31	12	18	1	95%
MN	141	75	4	57	14	80%
MO	259	77	13	60	4	94%
MP	16	7	3	4	0	100%

Table 11b – Analysis of Alleged Rights Violations
FY 2014 cont'd.

State	Total Complaints Closed	Total Rights Complaints Closed	Rights complaints withdrawn, no merit, etc.	Favorably Resolved	Not Resolved Favorably	Percentage Favorably Resolved
MS	120	72	16	54	2	96%
MT	139	28	8	14	6	70%
NA	32	28	11	17	0	100%
NC	263	101	9	92	0	100%
ND	93	26	2	23	1	96%
NE	50	5	0	5	0	100%
NH	426	285	13	2	270	1%
NJ	243	92	23	66	3	96%
NM	82	46	4	36	6	86%
NV	35	20	6	11	3	79%
NY	328	250	74	161	15	91%
OH	992	591	67	512	12	98%
OK	599	542	0	542	0	100%
OR	45	26	5	12	9	57%
PA	969	653	46	603	4	99%
PR	90	63	6	41	16	72%
RI	45	33	16	16	1	94%
SC	98	26	6	19	1	95%
SD	163	68	20	46	2	96%
TN	83	39	16	23	0	100%
TX	1,124	615	131	431	53	89%
UT	158	98	2	94	2	98%
VA	123	30	7	23	0	100%
VI	18	13	8	5	0	100%
VT	100	25	7	15	3	83%
WA	360	225	0	224	1	100%
WI	87	40	3	36	1	97%
WV	70	31	2	26	3	90%
WY	40	9	1	8	0	100%
Total	11,594	6,887	1,036	5,223	628	89%

Table 12a – Intervention Strategies
FY 2013

State	Total Intervention Strategies	Short-Term Assistance	Abuse/Neglect Investigation	Technical Assistance	Administrative Remedies	Mediation	Legal Remedies
AK	62	31	17	0	12	1	1
AL	422	251	125	10	7	16	13
AR	86	63	5	15	1	0	2
AS	38	20	4	4	0	10	0
AZ	68	3	0	61	2	2	0
CA	1,304	1218	21	10	34	16	5
CO	125	11	87	12	0	9	6
CT	121	75	8	10	7	21	0
DC	76	49	14	3	8	2	0
DE	123	44	18	23	14	17	7
FL	174	51	15	49	16	41	2
GA	153	25	34	8	2	81	3
GU	24	9	2	1	0	6	6
HI	175	68	37	17	11	38	4
IA	79	41	22	2	1	10	3
ID	143	50	16	67	3	5	2
IL	899	223	25	481	23	136	11
IN	72	23	26	5	8	2	8
KS	566	122	8	417	7	1	11
KY	116	43	27	13	0	18	15
LA	60	34	5	1	3	13	4
MA	156	114	3	5	2	31	1
MD	106	14	76	5	2	8	1
ME	177	66	0	9	10	85	7
MI	63	8	24	11	5	7	8
MN	180	70	3	61	15	28	3
MO	165	6	21	44	13	77	4
MP	12	1	7	0	1	1	2
MS	101	32	23	5	1	30	10
MT	165	52	97	3	6	3	4
NA	28	0	1	6	17	4	0
NC	318	305	0	0	0	13	0

Table 12a – Intervention Strategies
FY 2013 cont'd.

State	Total Intervention Strategies	Short-Term Assistance	Abuse/Neglect Investigation	Technical Assistance	Administrative Remedies	Mediation	Legal Remedies
ND	135	79	24	0	5	26	1
NE	41	0	39	0	2	0	0
NH	48	39	1	5	0	3	0
NJ	230	55	105	30	4	30	6
NM	149	123	15	1	2	6	2
NV	71	40	1	10	15	2	3
NY	32	20	1	1	4	5	1
OH	838	611	138	38	6	38	7
OK	528	433	13	26	7	48	1
OR	37	21	2	1	1	12	0
PA	1,029	297	72	654	1	2	3
PR	80	4	19	0	12	42	3
RI	173	91	3	51	4	18	6
SC	119	27	53	10	4	25	0
SD	144	19	4	5	6	109	1
TN	83	18	40	20	0	5	0
TX	1,031	488	105	53	54	268	63
UT	422	355	39	3	25	0	0
VA	128	42	20	24	21	19	2
VI	29	20	0	1	3	4	1
VT	152	80	58	5	5	3	1
WA	584	4	2	576	0	2	0
WI	120	19	28	9	0	62	2
WV	98	64	1	11	0	22	0
WY	21	18	2	0	0	1	0
Total	12,679	6,089	1,556	2,892	412	1,484	246
Percentage	100%	48%	12%	23%	3%	12%	2%

Table 12b – Intervention Strategies
FY 2014

State	Total Intervention Strategies	Short Term Assistance	Abuse Neglect Investigation	Technical Assistance	Administrative Remedies	Mediation	Legal Remedies
AK	62	36	19	1	3	1	2
AL	184	86	45	11	8	16	18
AR	57	39	2	11	1	2	2
AS	14	1	3	0	0	10	0
AZ	56	5	15	35	0	1	0
CA	1,092	1041	17	4	12	14	4
CO	27	4	12	7	0	2	2
CT	107	62	12	15	3	12	3
DC	81	57	17	5	2	0	0
DE	59	25	4	12	8	10	0
FL	421	253	72	38	7	50	1
GA	123	9	49	4	3	57	1
GU	30	10	7	1	0	5	7
HI	234	84	43	25	35	45	2
IA	52	16	21	1	1	10	3
ID	113	25	16	66	0	5	1
IL	486	127	28	214	17	81	19
IN	110	59	38	8	0	3	2
KS	441	34	0	392	2	1	12
KY	94	29	31	17	2	5	10
LA	60	33	5	2	4	12	4
MA	216	157	7	1	3	44	4
MD	132	9	89	13	14	4	3
ME	283	56	1	9	67	24	126
MI	60	10	32	1	6	5	6
MN	141	56	8	44	11	22	0
MO	178	29	10	39	16	82	2
MP	14	3	10	0	1	0	0

•

Table 12b – Intervention Strategies
FY 2014 cont'd.

State	Total Intervention Strategies	Short Term Assistance	Abuse Neglect Investigation	Technical Assistance	Administrative Remedies	Mediation	Legal Remedies
MS	124	37	48	7	0	22	10
MT	140	70	63	2	4	0	1
NA	36	0	5	6	18	1	6
NC	239	217	7	5	1	7	2
ND	122	41	59	4	0	18	0
NE	54	0	46	0	1	3	4
NH	426	379	0	32	0	5	10
NJ	243	57	103	44	3	30	6
NM	109	78	20	3	2	6	0
NV	34	18	1	13	1	1	0
NY	322	183	16	35	40	38	10
OH	992	814	100	51	8	17	2
OK	599	496	20	1	5	75	2
OR	45	19	7	2	0	15	2
PA	10	8	1	0	0	1	0
PR	98	1	19	1	27	43	7
RI	125	45	16	44	0	6	14
SC	98	18	55	7	1	16	1
SD	163	111	2	9	8	30	3
TN	83	29	34	5	0	15	0
TX	1,124	525	176	71	15	247	90
UT	156	128	23	2	0	3	0
VA	123	47	19	13	8	34	2
VI	33	15	2	8	0	7	1
VT	100	74	21	1	1	0	3
WA	483	470	2	11	0	0	0
WI	87	34	8	8	4	31	2
WV	70	53	2	7	0	8	0
WY	40	16	20	0	0	3	1
Total	11,205	6,338	1,508	1,368	373	1,205	413
Percentages	100%	57%	13%	12%	3%	11%	4%

**Table 13a – Non-Case Directed Services
FY 2013**

State	Non-Litigation Advocacy		Class Action Litigation		*Legislative & Regulatory Advocacy	
	Number of Events	Total Number of Individuals Impacted	Number of events	Total Number of Individuals Impacted	Number of events	Total Number of Individuals Impacted
AK	13	104,325	1	80	41	1,153,249
AL	1	1,000	1	68	0	0
AR	3	10	0	0	0	4
AS	1	64,026	1	20,257	1	200,000
AZ	0	0	0	0	0	0
CA	15	994,761	6	21,300	10	869,757
CO	1	1,800	0	0	1	200
CT	4	3,887	1	3,000	7	371,000
DC	24	3,130	0	0	6	1,340
DE	5	3,020	2	4,300	5	10,000
FL	39	5,235,366	3	300	46	2,866,917
GA	2	1,456,812	1	1,456,812	1	1,456,812
GU	3	40	0	0	0	0
HI	1	1,000	1	200	2	1,000
IA	1	42,000	0	0	7	72,000
ID	2	1,320,000	3	58,500	5	666,000
IL	5	880	1	5,900	1	14,000
IN	31	689,595	0	0	2	57
KS	1	464,842	0	0	2	744,000
KY	6	874,000	0	0	6	874,000
LA	16	55,158	2	799	8	188,691
MA	28	135,000	1	15,000	35	117,000
MD	1	2,000	1	1,000	6	150,000
ME	5	100,000	0	0	0	0
MI	4	52,203	0	0	1	200,000
MN	3	3,480	0	0	0	0
MO	7	26,075	1	15,000	0	0
MP	35	367	1	3,000	0	0
MS	6	53,000	0	0	4	53,000
MT	3	7,500	0	0	0	0

*Activities reported under the Legislative and Regulatory Advocacy section are limited to providing technical assistance, education, and awareness about current statutes and regulations regarding the rights and protection of individuals with SMI or SED and do not include strictly prohibited activities such as the inappropriate use of federal dollars to influence legislation or any actions by federal or state governments described in Section 503 of Title V, in Division H of the Consolidated Appropriations Act and specific prohibitions against lobbying in the PAIMI regulations (42 CFR Part 51. Subpart A). See pages 73-76.

Table 13a – Non-Case Directed Services
FY 2013 cont'd.

State	Non-Litigation Advocacy		Class Action Litigation		*Legislative & Regulatory Advocacy	
	Number of Events	Total Number of Individuals Impacted	Number of events	Total Number of Individuals Impacted	Number of events	Total Number of Individuals Impacted
NA	5	270	0	0	3	32,000
NC	20	100	1	5,000	4	10,000
ND	3	5,000	1	40,000	2	40,000
NE	2	100,000	2	10,200	2	0
NH	4	109,000	0	0	2	15,000
NJ	2	700	3	5,000	0	0
NM	2	600	0	0	5	600
NV	0	0	0	0	9	37,780
NY	1	4	0	0	0	0
OH	27	77,577	3	1,700,200	46	56,411
OK	8	16,391	0	0	2	5,000
OR	123	4,800	0	0	156	5,125
PA	2	19,338	1	900	4	64,419
PR	3	108	0	0	0	0
RI	10	60,000	0	0	2	0
SC	2	168,913	1	2,400	1	23,000
SD	0	0	0	0	1	100
TN	33	3,047,085	0	0	26	3,695,200
TX	3	275,000	1	4,000	7	250,000
UT	9	580,141	0	0	9	166,374
VA	7	1,500	0	0	5	4,200
VI	0	0	0	0	2	28,000
VT	1	200,408	0	0	1	601
WA	15	35,581	4	1,115	14	37,720
WI	3	111,325	1	111,325	1	0
WV	7	150,000	0	0	10	500,000
WY	10	775	0	0	7	6,762
Total	568	16,659,893	45	3,485,656	518	14,987,319

Table 13b – Non-Case Directed Services
FY 2014

State	Non-Litigation Advocacy		Class Action Litigation		*Legislative & Regulatory Advocacy	
	Number of Events	Total Number of Individuals Impacted	Number of events	Total Number of Individuals Impacted	Number of events	Total Number of Individuals Impacted
AK	1	1,000	1	68	2	141,661
AL	10	241,433	1	10,000	10	227,830
AR	0	0	1	5,000	5	794,000
AS	3	1,000	0	0	0	0
AZ	1	40,381	1	19,272	2	759,851
CA	16	124,823	6	21,306	4	58,274
CO	1	1,800	1	100	1	3,000
CT	5	65,641	1	4,390	2	371,000
DC	14	10,000	1	200	5	10,000
DE	18	615	0	0	6	1,660
FL	15	6,829,427	3	300	31	485,893
GA	5	1,456,812	3	1,456,812	4	1,456,812
GU	0	0	0	0	0	0
HI	1	1,000	1	200	1	500
IA	31	900,603	0	0	2	100
ID	2	3,100	0	0	3	75,000
IL	1	701,000	3	52,026	6	526,000
IN	9	1,786	1	5,900	1	14,000
KS	2	819,000	0	0	0	0
KY	6	874,000	0	0	6	874,000
LA	13	53,072	3	202,926	12	891,700
MA	5	500,000	0	0	0	0
MD	1	100,000	1	1,000	3	250,000
ME	14	25,000	1	17,000	15	160,000
MI	56	46,708	0	0	2	204,701
MN	3	7,824	0	0	2	600
MO	9	1,209	1	3,000	0	0
MP	1	25	0	0	0	0

Table 13b – Non-Case Directed Services
FY 2014 cont'd.

State	Non-Litigation Advocacy		Class Action Litigation		*Legislative & Regulatory Advocacy	
	Number of Events	Total Number of Individuals Impacted	Number of events	Total Number of Individuals Impacted	Number of events	Total Number of Individuals Impacted
MS	3	25,800	2	15,000	0	0
MT	5	52,000	0	0	4	52,000
NA	3	7,500	0	0	1	12,500
NC	2	1,500	0	0	1	1,200
ND	0	0	0	0	3	37,780
NE	5	81	0	0	1	3,700
NH	0	0	1	25,000	2	20,000
NJ	2	100,000	2	10,000	0	0
NM	6	95,000	0	0	7	89,000
NV	2	1,000	0	0	4	10,000
NY	11	23,140	4	4,560	0	0
OH	39	50,594	1	10,000	56	276,612
OK	9	17,000	0	0	2	5,000
OR	4	6,800	1	1,000	6	138,000
PA	2	19,328	0	0	1	38,818
PR	0	133	0	0	0	0
RI	2	29,420	0	0	2	2,120
SC	3	169,923	1	2,400	1	23,000
SD	2	1,848	0	0	1	100
TN	38	597,050	0	0	29	1,365,720
TX	6	535,200	1	4,000	6	191,000
UT	4	42,000	0	0	7	75,000
VA	26	1,216	0	0	1	157,153
VI	0	0	0	0	1	28,000
VT	4	2,700	0	0	5	3,100
WA	12	14,782	6	4,821	9	12,830
WI	4	250	0	0	15	500,000
WV	5	328,698	1	273,851	0	0
WY	8	202	0	0	1	239
Total	450	14,930,424	50	2,150,132	291	10,349,454

Table 14a – Information Referral/Public Education/Awareness & Training Activities
FY 2013

State	Number of Information Referral	Number of Public Awareness Events	Number of Trainings	Number of People Trained	Number of People Receiving Information
AK	527	3	8	101	107
AL	681	6	38	1,544	94,007
AR	252	3	8	102	215
AS	112	9	5	300	4,500
AZ	350	23	25	922	5,078
CA	121	354	175	4,661	26,138
CO	186	9	12	1,040	97,600
CT	491	21	14	270	2,500
DC	343	40	35	882	1,041
DE	345	7	27	559	1,532
FL	2,556	57	13	555	13,179
GA	575	9	63	3,000	3,765
GU	48	45	21	1,501	2,138
HI	626	202	47	574	2,428
IA	5	17	11	4,695	3,605
ID	416	12	4	262	337
IL	544	44	129	3,922	11,324
IN	734	30	50	452	36,540
KS	34	59	66	4,010	4,968
KY	657	46	33	560	1,479
LA	475	52	12	215	2,017
MA	60	4	8	896	8
MD	511	14	115	3,000	1,500
ME	672	5	102	2,076	250
MI	2,599	5	52	1,828	588
MN	127	14	36	1,600	4,090
MO	785	25	12	512	5,991
MP	900	75	22	804	9,286
MS	200	16	92	1,919	4,032
MT	296	4	7	200	450

Table 14a – Information Referral/Public Education/Awareness & Training Activities
FY 2013 cont'd.

State	Number of Information Referral	Number of Public Awareness Events	Number of Trainings	Number of People Trained	Number of People Receiving Information
NA	5	4	6	760	50
NC	237	45	5	282	4,091
ND	329	17	12	197	689
NE	222	19	13	5	1,097
NH	252	17	9	5,000	340
NJ	763	41	18	1,790	8,851
NM	443	4	18	487	120
NV	799	6	5	49	1,100
NY	313	-	4	300	-
OH	125	7	12	524	931
OK	475	7	26	2,008	1,700
OR	1,119	12	7	150	390
PA	237	7	29	1,520	575
PR	1,048	45	45	7	1,037,039
RI	314	2	3	276	300
SC	521	23	27	295	4,894
SD	308	83	8	147	11,073
TN	732	272	28	2,081	1,319,190
TX	2,204	28	101	13,360	1,378
UT	800	28	33	4,386	4,327
VA	1,908	4	5	820	115
VI	7	20	5	93	1,745
VT	947	5	25	352	500
WA	1,104	2	22	1,867	58
WI	540	6	4	210	197
WV	256	25	15	196	2,190
WY	140	36	14	259	567
Total	32,376	1,975	1,741	80,383	2,744,200

Table 14b – Information Referral/Public Education/Awareness & Training Activities
FY 2014

State	Number of Information Referral	Number of Public Awareness Events	Number of Trainings	Number of People Trained	Number of People Receiving Information
AK	529	4	6	43	184
AL	588	8	50	1,976	970
AR	275	20	15	586	1,492
AS	54	4	2	2,400	2,400
AZ	85	2	17	409	230
CA	94	329	123	4,588	31,062
CO	653	0	12	591	0
CT	421	21	9	177	6,000
DC	9	22	112	1,253	1,552
DE	172	8	31	1,100	1,514
FL	2,255	73	18	1,119	12,035
GA	742	3	58	1,705	2,915
GU	34	16	23	815	1,425
HI	664	148	55	806	3,214
IA	10	9	17	716	332
ID	102	12	6	315	630
IL	237	68	145	4,970	7,833
IN	771	34	47	407	22,336
KS	14	79	27	362	1,318
KY	820	10	38	1,072	1,015
LA	479	25	10	160	2,450
MA	72	14	14	769	10,784
MD	354	10	93	2,135	3,000
ME	510	5	97	2,779	285
MI	2,401	15	39	1,115	693
MN	149	8	38	1,650	1,700
MO	734	17	11	518	6,395
MP	250	40	2	41	2,680

Table 14b – Information Referral/Public Education/Awareness & Training Activities
FY 2014 cont'd.

State	Number of Information Referral	Number of Public Awareness Events	Number of Trainings	Number of People Trained	Number of People Receiving Information
MS	144	13	66	1,177	4,701
MT	232	2	13	1,500	750
NA	2	1	3	83	150
NC	262	0	3	59	0
ND	329	23	39	374	2,359
NE	224	105	2	2	85,625
NH	379	19	7	150	639
NJ	709	44	24	889	11,540
NM	489	53	53	670	670
NV	735	83	19	275	1,909
NY	935	17	18	1,131	829
OH	435	37	30	1,117	13,428
OK	525	10	18	1,539	1,570
OR	672	22	5	145	978
PA	131	2	40	40	244
PR	1,021	82	70	1,400	18,676
RI	226	4	6	146	370
SC	564	37	14	485	7,840
SD	396	86	15	444	932
TN	731	523	32	1,506	1,492,855
TX	1,503	24	123	7,810	1,480
UT	500	17	18	19,263	453
VA	945	7	23	1,995	5,249
VI	8	4	7	141	621
VT	780	16	27	462	2,010
WA	5,540	11	57	4,088	1,937
WI	534	5	3	155	175
WV	219	16	16	262	2,045
WY	150	33	37	361	327
Total	32,798	2,300	1,903	82,246	1,786,806

ACRONYMS

Acronyms

ACA	Affordable Care Act
ACF	Administration for Children and Families
ACL	Administration for Community Living
ADA	Americans with Disabilities Act
ADD	Administration on Developmental Disabilities
AIDD	Administration on Intellectual and Developmental Disabilities
AoD	Administration on Disabilities
ASD	autism spectrum disorders
ATN	Autism Treatment Network
AUCD	Association of University Centers on Disabilities
CAU	Crisis and Admissions Unit
CDC	Centers for Disease Control
CDS	Center for Disabilities Studies
CHA	Children's Health Act
CMHS	Center for Mental Health Services
CoP	Community of Practice
CYFD	Children, Youth & Families Department
DD	developmental disabilities
DD Act	Developmental Disabilities Assistance and Bill of Rights Act
DARS	Department of Assistive and Rehabilitative Services
DDC	Council
DMHA	Department of Mental Health and Addictions
DOC	Department of Corrections
DOL	Department of Licensing
DRNY	Disability Rights New York
DRO	Disability Rights Oregon
EIBI	early intensive behavioral intervention
EPIC	Equal Partners Interstate Congress
FISP	Families Information Systems Project
FY	fiscal year
HHS	Department of Health and Human Services
HIRE	Helping Individuals Reach Employment

Acronyms

HSRI	Human Services Research Institute
IAA	interagency agreement
ICCP	Inclusive Child Care Program
ICF/ID	Intermediate Care Facility for Individuals with Intellectual Disabilities
ICI	Institute for Community Inclusion
ICU	intensive care unit
ID	intellectual disability
I/DD	individuals with intellectual and developmental disabilities
IDEA	Individuals with Disabilities Education Act
IEP	individualized education program
IL	independent living
ILA	Independent Living Administration
IMD	institution for mental disease
IPAS	Indiana Protection Advocacy Services
iTACC	Information and Technical Assistance Center for Councils on Developmental Disabilities
LCH	Larue D. Carter Hospital
L TSAE	Learn the Signs Act Early
MDLC	Maryland Disability Law Center
MOU	Memorandum of Understanding
MSH	Minnesota Security Hospital
NACDD	National Association of Councils on Developmental Disabilities
NASDDDS	National Association of State Directors of Developmental Disabilities Services
NCI	National Core Indicators
NDALC	Nevada Disability Advocacy and Law Center
NDRN	National Disability Rights Network
NDSH	North Dakota State Hospital
NEAT	North East Advocates Together
NYESS	New York Employment Services System
ODEP	Office of Disability Employment Policy
OIG	Office of Inspector General
OST	Out-of-School-Time
P&As	Protection and Advocacy Systems
PAC	PAIMI Advisory Council
PADD	Protection and Advocacy for Developmental Disabilities

Acronyms

PAIMI	Protection and Advocacy for Individuals with Mental Illness
PADSA	Pacific Alliance on Disability Self-Advocacy
PCT	personal care team
PHA	public housing authority
PIW	Psychiatric Institute of Washington
PPR	Program Performance Report
REMA	Regional Elder Mobility Alliance
RSA	Rehabilitation Services Administration
RTC	residential treatment center
SABE	Self-Advocates Becoming Empowered
SAMHSA	Substance Abuse and Mental Health Services Administration
SDM	supported decision-making
STC	South Texas College
TLC	The Legal Center
TASC	Training and Advocacy Support Center
TSA	Transportation Security Administration
T/TA	training and technical assistance
UCEDD	University Center for Excellence in Developmental Disabilities
ULS	University Legal Services
UNMPC	University of New Mexico Psychiatric Center
VOCAL	Virginia Organization of Consumers Asserting Leadership
VR	Vocational Rehabilitation
WVAHC	West Virginians for Affordable Health Care
WORK	Working Opportunities Reward Kansas
WSH	Wyoming State Hospital