

**PAIMI ADVISORY COUNCIL (PAC) Section of the ANNUAL  
PROGRAM PERFORMANCE REPORT (PPR)****STATE:****FISCAL YEAR:**

The Advisory Council Report (ACR) is an important component of the PAIMI PPR and is due on January 1st. The ACR may be transmitted by mail or electronically. However, if submitted electronically, the P&A shall mail to the SAMHSA, Division of Grants Management at least **ONE (1) COPY OF THE ADVISORY COUNCIL REPORT WITH THE ORIGINAL SIGNATURE OF THE PAIMI ADVISORY COUNCIL CHAIR ON THE COVER PAGE.** Send the reports to the following addresses:

**ELECTRONIC MAIL:****LouEllen.Rice@SAMHSA.hhs.gov****REGULAR MAIL**

**LouEllen M. Rice  
SAMHSA - Division of  
Grants Management  
Room 7-1091  
1 Choke Cherry Road  
Rockville, Maryland 20857**

**FOR CERTIFIED MAIL & OVERNIGHT DELIVERY****Send to the above mailing address****BUT CHANGE THE ZIP CODE TO: 20850**

Electronic submissions of the annual PAIMI PPR, including the ACR, should also be sent to the PAIMI Program Coordinator, [Karen.Armstrong@samhsa.hhs.gov](mailto:Karen.Armstrong@samhsa.hhs.gov). If submitted electronically, please ensure that the Division of Grants Management is sent a signed copy of the ACR. Please use the attached glossary and instructions to complete the form. Questions may be directed to Ms. Armstrong, the PAIMI Program Coordinator at (240) 276 1760.

Public reporting burden for the ACR section of the annual PAIMI PPR is estimated to average 10 hours per response. This includes the time needed to review the instructions, to search existing data sources, to gather the data needed, and to complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0169); OAS, Room 7-1044; 1 Choke Cherry Rd ; Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0169)

I have done this thing for years,  
and never has it taken 10 hours.  
For me, it's closer to 40 hours -  
and then there's the time of the other  
staff who contribute.

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

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

**SECTION A. GENERAL INFORMATION**

<b>Fiscal Year:</b>	
<b>State:</b>	
<b>Name of P&amp;A system:</b>	
<b>PAC Report Prepared By:</b> Provide the name [Print First, Middle and Last Name]  <b>Title of the preparer</b> <b>Phone Number:</b>	
<b>Name of PAC Chair:</b> Print First, Middle and Last Name   Provide updated contact information if the PAC Chair is different than the person listed on the most recent PAIMI Application.	
<b>Telephone Number</b>	
<b>E- Mail Address:</b>	
<b>Date Submitted:</b>	
<b>By signing this document, the Chair certifies that this report reflects the consensus of the PAC members.</b>	

Add

Date of PAC Chair

Signature

SECTION B. PAIMI ADVISORY COUNCIL (PAC) MEMBERSHIP		
B. i. COMPOSITION		
Indicate the number of the following mandated positions included on the Advisory Council. (Count each member only once).		
Under Primary ID, select <i>only one</i> (1) primary identity for each PAC member (positions 2 – 7 below are mandated under the PAIMI Act & Rules).	Primary I.D.	Secondary I.D.
1. The TOTAL number of seats on the PAC		
2. Recipients/former recipients (R/FR) of mental health services:		
3. Parents/Family members of a minor child or youth (under 18 years old) who has received or is receiving mental health services:		
4. Mental health service providers:		
5. Mental health professionals:		
6. Attorneys:		
7. Individuals from the public knowledgeable about mental illness:		
8. Others (please identify by position held).		
9. Vacancies as of 12/30. [Identify each vacant position & date it was vacated].		
10. Demonstrate that at least 60% of the PAC membership is comprised of individuals who have received or are receiving mental health services or family members of such individuals.		
a) TOTAL number of PAC members serving on 12/30:		
b) Number of PAC members who are R/FR of MH services or family members of these individuals:		
c) Percentage of PAC members who are R/FR of MH services or family members of these individuals (Item 10.b divided by Item 10.a.):		

① As this is a report on a year ending 9/30, should be that date v. the above 12/30 date.

② Need space to enter positions and dates.

③ Insert (60% is the mandated minimum) a letter "C" v. at #10. See Terms & on following page

**SECTION B. PAIMI ADVISORY COUNCIL (PAC) MEMBERSHIP****B.ii. REPRESENTATION OF THE CHAIR**

Is the PAC Chair an individual who has received or is receiving mental health services, or a family member of an individual who has received or is receiving mental health services?

**Yes**

**No**

**B. iii. TERMS**

**Term of Appointment (Number of years)**

**Maximum Number of Terms a Member May Serve**

**Frequency of Meetings**

**Number of Meetings Held in the FY [3 is the mandated minimum].**

**Number (%Average) of PAC members present at Meetings**

SECTION C. PAC ETHNICITY/RACIAL DIVERSITY			
In the columns below, indicate the number of the positions included on the PAC who identify with each ethnic/racial group below:			
		# of members	Vacancies on 12/30
1. American Indian/Alaska Native			
2. Asian			
3. Black/African American			
4. Native Hawaiian/Other Pacific Islander			
5. White			
6. Hispanic/Latino(a)			
7. Other			
TOTAL PAC MEMBERS serving on 12/30* [This total should be the same as that listed in B.10.a.]			

SECTION D. GENDER <sup>①</sup>	
MALE	FEMALE
TOTAL	

① Need an option other than male or female. Some inds. consider and represent themselves as being transgendered, for example.

## SECTION E. GOVERNING BOARD INFORMATION

### E. 1. FOR STATE-OPERATED P&A SYSTEMS ONLY:

- a. Is this a State-operated P&A system? Yes \_\_\_\_ No \_\_\_\_
- b. Does this State-operated system have a Governing Board/Authority authorized by State statute? Yes \_\_\_\_ No \_\_\_\_
- c. If the answer to item b. was yes, does the PAC Chair sit on the Governing Board/Authority, as a full voting member? Yes \_\_\_\_ No \_\_\_\_
- d. If the answer to item c. is no, briefly explain (e.g., state statute determines Governing Board/Authority composition, etc.).

### E.2. PRIVATE, NOT- FOR PROFIT P&A SYSTEMS

Does the P&A system have a multi-member governing board?

Yes \_\_\_\_ No \_\_\_\_

If YES, please answer the following questions 1. - 3.

1. Number of governing board members Total \_\_\_\_

2. Is the PAC Chair a full voting member of the Governing Board/Authority?

Yes \_\_\_\_ No \_\_\_\_

If the answer is no, than provide a brief explanation  
[42 CFR 51.22(b)(3)].

3. Do any other PAC members hold seats on the Governing Board?

Yes \_\_\_\_ If yes, how many seats? \_\_\_\_ No \_\_\_\_

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

**F.1. ARE P&A PROGRAM STAFF INVITED TO ATTEND PAC MEETINGS?**

Yes \_\_\_\_\_. Please identify the positions of staff (e.g., PAIMI Coordinator, Mental health advocate, etc.) usually invited to attend and their role at these meetings, e.g., information sharing, etc.

If No, you may provide a brief explanation.

**F.2. WERE OTHER GOVERNING BOARD MEMBERS INVITED TO PAC MEETINGS?**

Yes \_\_\_\_ No \_\_\_\_

If yes, which governing board members were invited & why (e.g., informational, etc.?)

①

②

**F.3. DID THE PAC WORK JOINTLY WITH THE GOVERNING AUTHORITY OR BOARD\* TO DEVELOP THE ANNUAL PAIMI PRIORITIES?** [42 CFR 51.23(a)(2)].

Yes \_\_\_\_ (Briefly describe these joint activities).

No \_\_\_\_ (A private, non-profit P&A system must provide a brief explanation.)

① Ask "Did any governing Board members attend PAC meetings?" Yes \_\_\_\_ No \_\_\_\_

② Ask "Were ~~Did~~ any PAC members (other than the Chair) invited to attend Board meetings?"

"If yes, which PAC members were invited to attend and why?" "Did any PAC members actually attend?"

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

**F.4. DID COUNCIL MEMBERS ATTEND ANY IN-STATE ~~OR OUT-OF-STATE~~ TRAININGS OR EDUCATIONAL PRESENTATIONS RELATED TO PAIMI PROGRAM ACTIVITIES?**

[42 CFR 51.27\* - optional for Advisory Council and Governing board members].

② — Yes; No — If yes, list each activity by number and provide a brief description of PAC involvement.

**F.5. DID COUNCIL MEMBERS ATTEND ANY IN-STATE ~~OR OUT-OF-STATE~~ TRAININGS OR EDUCATIONAL PRESENTATIONS RELATED TO PAIMI PROGRAM ACTIVITIES?**

[42 CFR 51.27\* - optional for Advisory Council and Governing board members].

Yes \_\_\_; No \_\_\_. If yes, list each activity by number and provide a brief description of PAC involvement. For Example: Activity 1 – Attendance at NDRN annual conference.

**F.6. DOES THE P&A SYSTEM HAVE ESTABLISHED WRITTEN POLICIES AND PROCEDURES FOR REIMBURSING PAC MEMBERS FOR EXPENSES THAT TAKES INTO ACCOUNT THE NEEDS OF THE INDIVIDUAL COUNCIL MEMBERS, AVAILABLE RESOURCES AND APPLICABLE RESTRICTIONS ON USE OF GRANT FUNDS, INCLUDING THE RESTRICTIONS CITED IN AND THE RESTRICTIONS IN 51.31(E) AND 51.6(E)? [ 42 CFR 51.23 (d)(1)].**

Yes \_\_\_; No\* \_\_\_; Don't Know\* \_\_\_ [ \*Briefly explain your answer].

→ PAYING FOR OR FOR

② 1

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

**F.6. IF THE ANSWER TO F.5. WAS YES, WERE PAC MEMBERS REIMBURSED FOR EXPENSES INCURRED FOR PAIMI PROGRAM RELATED ACTIVITIES, CONSISTENT WITH THE POLICIES AND PROCEDURES. YES \_\_\_; NO\* \_\_\_; DON'T KNOW \* \_\_\_;**  
[Brief explanation required].

**F.7. REIMBURSEMENT OF EXPENSES – 42 CFR 51.23 (d)(1) – If expenses were reimbursed, please complete the following chart. [42 CFR 51.23(d)(1)] . Under Activity column, list the activity by the number used in above F.5. Example: Activity 1 – 5 PAC members attend, 2 members reimbursed by the P&A; 2 self-paid, 1 NDRN scholarship.**

ACTIVITY	# ATTENDING	P&A	SELF	OTHER

**F.8. WAS THE PAC PROVIDED WITH REPORTS, MATERIALS, & FISCAL DATA THAT ENABLED THEM TO REVIEW THE FOLLOWING P&A ACTIVITIES? [42 CFR 51.23(C)]**

**1. Existing program policies, priorities, and performance outcomes.**

YES \_\_\_ NO \_\_\_

**2. If yes, did the submissions include the following information:**

i. At least an (1) annual report on expenditures for the past two  
(2) *FISCAL YEARS*? YES \_\_\_ NO \_\_\_ [If no, briefly explain]

**3. Projected expenses for the next fiscal year identified by budget category, e.g. salary & wages, contracts for services, administrative expenses, including the amount allotted for training of the PAC, the governing board and staff?**

YES \_\_\_ NO \_\_\_ [If no, briefly explain].

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

**F.9. A. THE P&A SYSTEM IS MANDATED TO ESTABLISH PROCEDURES FOR PUBLIC COMMENT WHICH MUST PROVIDE FOR NOTICE IN A FORMAT ACCESSIBLE TO INDIVIDUALS WITH MENTAL ILLNESS. 42 CFR AT 51.24(B)**

**1. Does the P&A have procedures established for public comment?**

- a. Yes \_\_ Was the PAC provided a copy of these procedures?
- b. No \_\_, If no explain.
- c. Don't Know \_\_\_\_\_

**F.9.B. THE PAIMI RULES, AT 42 CFR 51. 24(B), MANDATE THAT THE PUBLIC SHALL BE GIVEN AN OPPORTUNITY, ON AN ANNUAL BASIS, TO COMMENT ON THE PRIORITIES ESTABLISHED BY AND THE ACTIVITIES OF THE P&A SYSTEM.**

**1. Was the public provided an opportunity for public comment?**

Yes \_\_ No \_\_ Don't Know \_\_\_\_\_

**2. If yes, briefly describe activities the P&A system used to obtain public comment.**

**3. If no, explain why public comment was not obtained.**

**4. If the PAC does not know, please explain**

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

**F.10. COMPLETION OF THIS SECTION IS *OPTIONAL*. However, if you choose to respond, please describe in the spaces below any other PAIMI Advisory activities, other than PAC the mandated meetings.**

**a. Briefly describe ~~governing board~~ governing board or PAC committee work.**

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

**c. Briefly describe any systemic or legislative advocacy activities.**

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

**e. Briefly describe any other (e.g., fund raising, public relations, etc.)**

## **SECTION G. PAC ASSESSMENT OF PAIMI PROGRAM OPERATIONS**

### **1. PLEASE PROVIDE A (1) NARRATIVE SUMMARY OF THE PAIMI PRIORITIES (GOALS) AND OBJECTIVES INCLUDED IN THE PPR FOR THIS FY.**

Include in the narrative the PAC's assessment of:

- a. The PAIMI Priorities (Goals) and Objectives selected.
- b. The activities conducted towards achieving these priorities (Goals) and objectives.
- c. The outcomes.
- d. Examples of individual or systemic <sup>\$ OK</sup> ~~cases~~, applicable legislative activities, and participation in State mental health planning activities.
- e. Any recommendations regarding future priorities (Goals) and objectives.

### **2. OTHER COMMENTS CONCERNING PAIMI SYSTEM OPERATIONS:**

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

**SECTION G. PAC ASSESSMENT OF PAIMI PROGRAM OPERATIONS**

**3. PLEASE LIST ANY TRAINING & TECHNICAL ASSISTANCE NEEDS IDENTIFIED BY THE PAC.**

**SECTION H. GRIEVANCE PROCEDURES [42 CFR Section 51.25]**

PURSUANT TO THE PAIMI RULES AT 42 CFR PART 51.25, THE P&A SYSTEM SHALL ESTABLISH PROCEDURES TO ADDRESS GRIEVANCES FROM: (A)(1) – CLIENTS OR PROSPECTIVE CLIENTS . . . ; AND (A)(2) – INDIVIDUALS WHO HAVE RECEIVED OR ARE RECEIVING MENTAL HEALTH SERVICES IN THE STATE, FAMILY MEMBERS OR REPRESENTATIVES OF SUCH INDIVIDUALS . . . .

H.1. IS THE PAC AWARE OF AND KNOWLEDGEABLE OF THE ABOVE REFERENCED POLICIES AND PROCEDURES? YES \_\_\_\_; NO \_\_\_\_ (IF NO, A BRIEF EXPLANATION IS REQUIRED)

H.2. THE NUMBER OF GRIEVANCES FILED BY PAIMI-ELIGIBLE CLIENTS, INCLUDING REPRESENTATIVES OR FAMILY-MEMBERS OF SUCH INDIVIDUALS RECEIVING SERVICES DURING THIS FISCAL YEAR.

H.2 TOTAL \_\_\_\_

H.3. THE NUMBER OF GRIEVANCES FILED BY PROSPECTIVE PAIMI-ELIGIBLE CLIENTS (THOSE WHO WERE NOT SERVED DUE TO LIMITED PAIMI PROGRAM RESOURCES OR BECAUSE OF NON-PRIORITY ISSUES. TOTAL \_\_\_\_

H.4. Total [Add H.2 & H.3] \_\_\_\_ [42 CFR Section 51.25(a)(1),(2)]

H.5. THE NUMBER OF GRIEVANCES APPEALED TO:

a. THE GOVERNING AUTHORITY (the PAC Chair of a private, non-profit P&A system should have this information).	TOTAL	b. THE EXECUTIVE DIRECTOR	TOTAL

H.5 c. = TOTAL H.5.a. & H.5.b. \_\_\_\_

**SECTION H. GRIEVANCE PROCEDURES [42 CFR Section 51.25]**

**H.6. THE NUMBER OF REPORTS SENT TO THE GOVERNING BOARD & THE ADVISORY BOARD (AT LEAST ONE ANNUALLY) THAT DESCRIBE THE GRIEVANCES RECEIVED, PROCESSED, AND RESOLVED. TOTAL \_\_\_\_\_**

**H.7. PLEASE IDENTIFY ALL INDIVIDUALS, BY NAME & TITLE, RESPONSIBLE FOR P&A SYSTEM GRIEVANCE REVIEWS.**

**H.8. WHAT IS THE TIMETABLE (IN DAYS) USED TO ENSURE PROMPT NOTIFICATION OF THE GRIEVANCE PROCEDURE PROCESS TO CLIENTS, PROSPECTIVE CLIENTS OR PERSONS DENIED REPRESENTATION, AND ENSURE PROMPT RESOLUTION. \_\_\_\_\_ [42 CFR 51.25(B)(4)]**

**H.9. WERE WRITTEN RESPONSES SENT TO ALL GRIEVANTS? YES \_\_\_\_ IF NOT, EXPLAIN BELOW.**

**H.10. WAS CLIENT CONFIDENTIALITY PROTECTED? YES \_\_\_\_ IF NOT, EXPLAIN BELOW. [42 CFR 51.25(B)(6)]**

## GLOSSARY

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

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

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

### Intervention Strategies:

- **Abuse/Neglect Investigations** - a systemic and thorough examination of information, records, evidence and circumstances surrounding an allegation of abuse and neglect. Investigations are undertaken to determine if there is a basis for administrative or legal action on behalf of the client. Investigations require a significant allocation of time to interview witnesses, gather factual information, and to issue a written report of findings.
- **Administrative Remedies** - includes the use of any systems for appeal within an agency or facility, or between agencies, which does not involve adjudication by a court of law.
- **Legal Remedies** - the legal representation of clients in litigation in court processes concerned with rights, grievances, or appeals of such rights or grievances.
- **Legislative/Regulatory Advocacy** activities involve monitoring, evaluating, and commenting upon the development and implementation of Federal, State, and local laws, regulations, plans, budgets, taxes and other actions which may affect individuals with mental illness. [The PAIMI Rules at 42 FCR at 51.24 mandates that legislative activities shall also be addressed in the development of program priorities].
- **Negotiation/Mediation** - is a informal, non-legal intervention by a PAIMI representative, attorney or case manager used to resolve problems with facility staff or other agency representatives; (does not involve a formal appeal).
- **Short Term Assistance** - Time limited advice and counseling assistance, which may include reviewing information, counseling a client on actions one may take, and assisting the client in preparing letters, documents or making telephone calls to resolve the issue.

- **Technical Assistance** - includes the provision of information, referral or advice to clients by a PAIMI Program representative, attorney, or advocate, (e.g., coaching the client in self-advocacy, explaining service delivery system(s) available to meet needs, dissemination of information and materials to client, etc.). Follow-up is required.

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

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

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

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

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

**Comment [ksa1]:** Move & place alphabetically after Outreach

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

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

**Racial/Ethnic Background** - for the purposes of this report, the ethnicity categories are Hispanic or Latino and Not Hispanic or Latino. The race categories are American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White.

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

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



**PROTECTION & ADVOCACY for INDIVIDUALS with MENTAL ILLNESS  
(PAIMI) PROGRAM - ANNUAL PROGRAM PERFORMANCE REPORT (PAC)**

**STATE**

**FISCAL YEAR**

The Annual PAIMI Program Performance Report (PPR), which is due by January 1<sup>st</sup> of each year [PAIMI Rules at 42 CFR 51.8 and the PAIMI Act at 42 U.S.C. 10805(a)(7)], contains information provided by the State P&A system on its management and operation of the PAIMI Program. The PAIMI Advisory Council (PAC) is also required to submit its Advisory Council Report (ACR) – an independent assessment of the operations of the P&A system.

The Annual PPR may be transmitted by mail or electronically. However, if submitted electronically, the P&A shall mail to the SAMHSA, Division of Grants Management at least **ONE (1) COPY OF THE ADVISORY COUNCIL REPORT WITH THE ORIGINAL SIGNATURE OF THE PAIMI ADVISORY COUNCIL CHAIR ON THE COVER PAGE**. Send the reports to the following addresses:

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**SECTION 1. A. GENERAL PAIMI PROGRAM INFORMATION**

<b>Fiscal Year:</b>	
<b>State:</b>	
<b>Name of P&amp;A system:</b>	
<b>Mailing Address &amp; Phone Number of Main Office:</b>	
<b>Mailing Address &amp; Phone Numbers of for each Satellite Office:</b>	
<b>Name of PAIMI Program, if different from the State P&amp;A agency:</b>	
<b>Name, phone number, and e-mail address of the PAIMI Coordinator:</b>	
<b>PPR Prepared by:</b> <b>Name:</b> <b>Title:</b> <b>Area Code &amp; Phone Number:</b> <b>E-mail Address:</b>	
<b>The date and name of the head of the State mental health agency to whom the P&amp;A system sent a copy of this PPR, including the ACR.*</b>	
<b>Date submitted:</b> ① to SAMHSA :	

\*PAIMI Act [42 CFR at 10805 (a)(7) mandates that the Head of the State mental health agency receive a copy of this report on or before January 1.

① Is this the date ~~sent~~ the PPR is submitted to the Feds? If so, modify as above

### Section 1. B. GOVERNING BOARD

<b>1. Does the P&amp;A have a multi-member governing board?</b>  If Yes, complete the governing board Table 1.B.3. below. [See 42 CFR Part 51.22 - Governing Authority]	Yes ____	No ____
<b>2. Is the Chair of the PAIMI Advisory Council a member of the authority/ board? An explanation is required if the answer to this questions is No &amp; the P&amp;A is NOT a State-operated system.</b>	Yes ____	No ____
<b>3. GOVERNING BOARD/AUTHORITY INFORMATION</b>		
In the following table, please provide the requested information for the governing authority/board members as of 9/30.		
a. Total number of governing Authority/Board (GA/B) member seats available		
b. Total governing authority Members Serving as of 9/30.		
c. Total number of vacancies on 9/30		
d. Term of Appointment (Number of years)		
e. Maximum Number of Terms a GA/B Member may Serve		
f. Frequency of GA/B Meetings		
g. Number of GA/B Meetings Held this Fiscal Year		
h. % (Average) of GA/B Members Present at Meetings this Fiscal Year		
<b>1.B. 4 GOVERNING BOARD/AUTHORITY COMPOSITION</b>		
a. Number of Recipients/Former Recipients (R/FR) of Mental Health Services		
b. Number of Family Members of R/FR of Mental Health Services		
c. Number of Guardians or Authorized Advocates		
d. Number of Advocates		
f. Number of Other Persons Who Broadly Represent or Are Knowledgeable about the Needs of Mentally Ill Individuals.		
<b>TOTAL</b>		
Section 42 CFR 51.22(b)(2) - mandated governing authority/board positions for private, Non- profit systems. Count each member only once* Total in 3.B. a. should equal the subtotals of 3.b. and 3.c.		

### 1. C. PAIMI PROGRAM STAFF

1. Provide the total number of P&A staff who are paid either partially or totally with PAIMI Program funds, including PAIMI Program income. Total: \_\_\_\_\_

a. How many of the staff listed above are attorneys?

Total: \_\_\_\_\_ ①

b. How many of the staff listed above are non-attorney case workers/mental health advocates?

Total: \_\_\_\_\_ ①

(Do not include support or administrative staff)

### 1.D. ETHNICITY/RACE

	GOVERNING AUTHORITY/BOARD	STAFF
American Indian/ Alaska Native		
Asian		
Black/African American		
Hispanic or Latino		
Native Hawaiian/Other Pacific Islander		
White		
Vacancies on 9/30 (Identified by position).		
<b>TOTAL</b>		

### 1.E. GENDER ②

Male		
Female		
<b>TOTAL</b>		

① Do you want total number? Total FTE would be far more telling.

5

② Need a choice other than M/F at this point "Other" would be better than what we have now.

**SECTION 2. PAIMI PROGRAM PRIORITIES (GOALS) and OBJECTIVES**

In the format provided, please list the PAIMI Program priorities (goals) and activities that were used to achieve the annual objectives for this fiscal year (FY). The priorities shall be limited and consistent with the current mission and Government Performance Results Act (GPRA) mandates and the accountability and performance-based management requirements of SAMHSA/CMHS and those priorities and objectives reported in the annual PAIMI application for that FY. Guidance information was included in the annual PAIMI Program Application sent to each State Protection & Advocacy (P&A) Executive Director.

For each priority (goal) identified for the FY, select case examples that best reflect the activities related to each of priority (goal). Describe the outcome(s) of the objectives listed under each priority. For each objective, please provide an example in narrative form of an individual or systemic case and, if applicable, a legislative or regulatory activity. Remember case examples must illustrate the impact and/or outcome of PAIMI Program efforts.

Write the case example as though you were telling a story. Include the following information in your case narrative(s), as appropriate: the presenting issue/complaint that needed resolution; who (the parties involved); what happened (the facts about the situation); where (the event occurred, such as, the type of facility, etc.); why the P&A program became involved; how the P&A program made a difference; and what resulted from this P&A activity (the outcome)? For example, "as a result of P&A intervention, this client lives independently in the community, goes to work every day . . . ."

Each narrative shall: reflect the activities used to achieve the annual objectives; be brief, concise; use people first language; maintain confidentiality of the individual client; and, be consistent with the priorities and objectives listed in the PAIMI Program application for same reporting year.

**TO FACILITATE REVIEW OF THIS REPORT, THE PRIORITIES AND OBJECTIVES IN THIS PPR MUST BE PRESENTED IN THE SAME ORDER AS THOSE REPORTED IN THE PAIMI PROGRAM APPLICATION FOR THE SAME FY.**

Please check all narratives for redundancies, typographical, grammatical, and syntax errors. *Please spell out the full name of an entity, etc. before using its acronym in your narratives.*

See the GLOSSARY for definitions of priorities (goals) and objectives.

Comment [ksa1]: Reword this sections consistent with PAIMI applications instructions

SECTION 2. PAIMI PROGRAM PRIORITIES & OBJECTIVES	
PRIORITY (GOAL)/OBJECTIVE TABLE FOR PAIMI APPLICATION	
PRIORITY (GOAL) - is a broad, general description of what the PAIMI Program hopes to accomplish. Each priority (goal) may have either a single or multiple objectives.	
OBJECTIVE - is the activity or activities undertaken to achieve a particular annual program priority (goal). Objectives have quantifiable targets and measurable outcomes. All objectives listed are to be completed within the FY. Regulatory, legislative and/or litigation activities may span several FYs. Therefore any objectives for these types of activities are to be divided into multiple steps that are achievable within the FY.	
TARGET POPULATION - Identification of a specific PAIMI-eligible population targeted for service under each objective, such as, the elderly, adolescents, etc.	
TARGET - A numerical statement of what is desired or expected as a result of the objective. [Note: Even narrative targets may be expressed in measurable terms/numbers, such as, e.g., "development of 1 [a] protocol for facility monitoring."]	
OUTCOME - What was actually achieved as a result of the activity expressed in numerical terms? (See note above.)	
OBJECTIVE MET OR NOT MET: A statement of whether the expected outcome (target) for this objective was met. If not met, an explanation is required as well as a description of future activities to address the unmet objective, if appropriate.	
Insert additional pages into this section as needed.	

① Please change the language "Target Population".  
 Our PAC despises this ~~phrase~~ phrase, as does  
 FL Peer Network. Suggested substitute:  
 "Individuals who may benefit from this  
 activity or activities".

### SECTION 3. INDIVIDUAL PAIMI CLIENTS

Provide the number of individual PAIMI clients for the categories that follow. <sup>PAIMI eligible individuals</sup>  
Count a client only once during each fiscal year reporting period (even if the client <sup>individual</sup> returned for services many times or if many intervention strategies were provided - they are only counted once). Include individuals carried over from the previous year. Do not include individuals represented as part of a group or a legal class action, and individuals who receive only information or referral services.

Please complete each of the following sections. DO NOT leave any blank spaces. <sup>one way</sup>  
If no clients were served in any category, list zero. Make sure that the total clients served in each sub-category is consistent. The total served in A3 should equal the totals listed in each of the following categories: C. - age of Individual Clients; D. - Gender of Individual Clients; and, F. - Client Living Arrangements.

#### 3. A. NUMBER OF INDIVIDUAL CLIENTS SERVED WITH PAIMI FUNDS.

3. A. 1. Total of PAIMI-eligible clients who were receiving advocacy at start of fiscal year. \_\_\_\_\_ <sup>inds -</sup>

[This category reflects the number of clients supported with P & A dollars (P&A funding or program income) who had open cases on October 1. Do not report clients who were served with non-federal dollars. Report that activity in Section VIII of this report]. <sup>service requests</sup>

3. A.2. Total of new/renewed PAIMI-eligible clients served during the fiscal year. \_\_\_\_\_ <sup>inds. sample inds</sup>

[This is the number of clients who had a case opened during the reporting period (after October 1 and before September 30.) Do not report clients who were served with non-Federal dollars. Report that activity in Section VIII of this report].

3. A. 3. Total of PAIMI-eligible individuals served in 3.A.1. & 3. A. 2. Total \_\_\_\_\_ <sup>service requests</sup>  
Reflects the total number of cases opened and served with PAIMI Program dollars, including program income during the fiscal reporting period and is an unduplicated count of all PAIMI-eligible individuals who received individual case representation].

3. A. 4. The number of PAIMI-eligible individuals who requested individual advocacy services under the PAIMI Act [42 U.S.C. 10801 et seq.] and were not 'served' within 30 days of initial contact either due to insufficient PAIMI funding or non-priority issues, include individuals who received other services such as information and referral in-lieu): Total \_\_\_\_\_

Hopefully, person first language will be used in this document as well.

### SECTION 3. INDIVIDUAL PAIMI CLIENTS

3. A. 5. Identify populations, advocacy issues and activities (systemic, legislative, educational, training, etc.) that will be addressed in the future *fiscal years*:

*complaints*  
3. B. Number\* of Case Problems of Individual PAIMI-Eligible Clients *Individuals* Total: *Service request*

[This refers to the total number of case problems presented at the time the client's case was opened.]

\*The number may be higher than the total number of clients served by the P&A because each client may have more than one presenting *complaint* problem to be addressed].

3. C. AGE OF INDIVIDUAL CLIENTS [See, 42 U.S.C. 10804(a)(1)(4), 42 CFR 51.24 (a)]

0 - 4/	5 -12/	13 - 18/	19 - 25/	26 - 64/	65+/	Total*/
--------	--------	----------	----------	----------	------	---------

\*The total of 3.C. should equal the total number of individuals served listed in 3. A.

3. D. GENDER OF INDIVIDUAL CLIENTS

Male /	Female/	TOTAL* /
--------	---------	----------

\*The total of 3.D. should equal the total number of individuals served listed in 3. A. *OTHER*

3. E. ETHNICITY/RACIAL BACKGROUND OF INDIVIDUAL CLIENTS

1. American Indian/ Alaska Native		4. Hispanic/Latino	
2. Asian		5. Native Hawaiian/ Other Pacific Islander	
3. Black/African American		6. White	
TOTAL			

[The data in this category is self-reported. Please do not question self-reported data. Each client may select one or more categories. **P&A staff must ask and report this information.**

*Need "other"*

### SECTION 3. INDIVIDUAL PAIMI CLIENTS

*PAIMI Eligible Individuals*

3. F. CLIENTS' LIVING ARRANGEMENTS AT INTAKE						TOTAL
1 - Independent						
2 - Parental or other Family Home						
3 - Community Residential Home for Children/Youth (0- 18 years) (e. g., supervised apartment, semi-independent, halfway house, board & care, small group home 3 or less)						
4 - Adult Community Residential Home (e. g., supervised apartment, semi-independent, halfway house, board & care, small group home 3 or less)						
5 - *Non-medical community-based residential facility for children &						
6 - Foster Care						
7 - *Nursing Facilities, including Skilled Nursing Facilities(SNF)						
8 - *Intermediate Care Facilities (ICE)						
9 - * Public and Private General Hospitals, including emergency rooms						
10 - * Other health facility						
11 - Psychiatric wards (public or private)						
12 - Public (Municipal or State-operated) Institutional Living Arrangement (e.g., hospital treatment center/school or large group home 4+ beds)						
13 - Private Institutional Living Arrangement (e.g., hospital or treatment center, school or large group home more than 3 beds).						
14 - Legal Detention/Jail/Detention Center						
15 - State Prison						
17 - Homeless						
18 - Federal Facility (List)	a. Detention	b. Prison	c. Veterans Hospital	d. Military	e. Other (describe	
TOTAL						

**The TOTAL for this category is equal to the total listed in Section 3. A.** \* Expanded authorities under the Children's Health Act of 2000, Part H, section 592(a) and Part I Section 595, as codified respectively under Title V Public Health Service Act, 42 U.S.C. at 290ii- 290ii and 290jj-1 - 290jj(2)]

SECTION 4 - CASE COMPLAINTS/PROBLEMS OF INDIVIDUALS					
4. A.1. ALLEGED ABUSE: NUMBER OF COMPLAINTS/PROBLEMS - Make every effort to report within the following categories:					
AREAS OF ALLEGED ABUSE	OUTCOMES ①				Number from closed cases only
	A	B	C	D	
a. Inappropriate or excessive medication					
b. Inappropriate or excessive					
1. Physical restraint					
2. Chemical restraint					
3. Mechanical restraint					
4. Seclusion					
c. Involuntary medication					
d. Involuntary Electrical Convulsive Therapy (ECT)					
e. Involuntary aversive behavioral therapy					
f. Involuntary sterilization					
g. Failure to provide appropriate mental health treatment					
h. Failure to provide needed or appropriate treatment for other serious medical problems					
i. Physical Assault					
1. Serious injuries related to the use of seclusion and restraint					
2. Serious injuries NOT related to seclusion and restraint					
j. Sexual assault					
k. Threats of retaliation or verbal abuse by facility staff					
l. Coercion					
m. Financial exploitation					
n. Other - Please describe on a separate sheet. This number should be less than 1% of the total # of abuse complaints.					
1. Suspicious death					
2. Specify the type of complaint -					
<b>TOTAL</b>					

Expanded authorities under the Children's Health Act of 2000, Part H, section 592(a) and Part I Section 595, as codified respectively under Title V. Public Health Service Act, 42 U.S.C. at 290ii- 290ii and 290jj-1 -290jj-2]. See also, the PAIMI Act 42 U.S.C. 10802(1)(A) - (D).

Service  
Requests

→ change to A.2

① Insert "Use ~~at~~ Table A.3. Abuse Outcome statements". Enter appropriate number in each ~~to~~ outcome box.

**SECTION 4. CASE COMPLAINTS/PROBLEMS of INDIVIDUALS***Move to A.2* **A.2. ABUSE COMPLAINTS DISPOSITION**

For closed cases, provide the number of abuse complaints/ problems for each disposition category. [The sum of Items a- d must equal the total number of complaints in Section 4. A.1.].

a. The number of complaints/problems determined after investigation not to have merit	
b. The number complaints/problems withdrawn or terminated by client	
c. The number of complaints/problem favorably resolved in client's favor	
d. The number of complaints/problem not favorably resolved in client's favor	
e. The TOTAL number of complaints/problem addressed from closed cases	
<b>TOTAL</b>	

*Move to A.2* **A.3. ABUSE OUTCOME STATEMENTS**

For each area of alleged abuse, choose one or more outcome statements that best describe or relate to the complaint/problem area. Enter the appropriate letter(s) in the "outcome" column in the above table. *table A.1.*

<b>A. Persons with disabilities whose environment was changed to increase safety or welfare.</b>
<b>B. Positive changes in policy, law or regulation re: abuse in facilities (describe facility where impact was made).</b>
<b>C. Validated abuse complaints that were favorably resolved as a result of P&amp;A intervention.</b>
<b>D. Other indicators of success or outcomes that resulted from P&amp;A involvement (explain).</b>

*(2) Put the table for outcome statements directly after the Abuse table.*

**SECTION 4. ~~CASE~~ COMPLAINTS/PROBLEMS of INDIVIDUAL CLIENTS**

**B. 1. ALLEGED NEGLECT (FAILURE TO PROVIDE FOR APPROPRIATE) - Number of Complaints/Problems:**

AREAS OF ALLEGED NEGLECT	A	B	C	D	E	TOTAL number from closed cases only
a. Admission to residential care or treatment facility						
b. Transportation to/from residential care or treatment facility						
c. Discharge planning or release from a residential care or treatment facility						
d. Mental health diagnostic or other evaluation (does not include treatment)						
e. Medical (non-mental health related) diagnostic or physical examination						
f. Personal care (e.g., personal hygiene, clothing, food, shelter)						
g. Physical plant or environmental safety						
h. Personal safety (client-to-client abuse)						
i. Written treatment plan						
j. Rehabilitation/vocational programming						
k. Other. [Please describe. However, make every effort to report within the above categories.]						
<b>TOTAL</b>						

*service requests*

*See comments for previous pages 10 & 11*

**SECTION 4. CASE COMPLAINTS/PROBLEMS of INDIVIDUAL CLIENTS****B.2. NEGLECT COMPLAINTS DISPOSITION**

**B.3.** For closed cases, provide the numbers of neglect complaints or problem areas for each disposition category. [See, 42 U.S.C. 10802(5)]. [The sum of Items a- d must equal the total number of complaints in Section 4. B.1.]

a. The number of complaints/problems determined after investigation not to have merit

b. The number complaints/problems withdrawn or terminated by client

c. The number of complaints/problem favorably resolved in client's favor.

d. The number of complaints/problem not favorably resolved in client's favor

e. The TOTAL number of complaints/problem addressed from closed cases

**TOTAL**

**B.2. NEGLECT OUTCOME STATEMENTS**

**B.3.** For each area of alleged neglect, choose one or more outcome statements that either best described or related to the complaint/problem. Enter the appropriate letter(s) in the "outcome" column in table - B.1.

A. Validated neglect complaints that have a favorable resolution as a result of P&A intervention.

B. Positive changes in policy, law, or regulation regarding neglect in facilities (describe facilities).

C. Persons with disabilities discharged consistent with their treatment plan after P&A involvement.

D. Persons with disabilities whose treatment plans met selected criteria.

E. Other indicators of success or outcomes that resulted from P&A involvement (explain).

SECTION 4. CASE COMPLAINTS/PROBLEMS of INDIVIDUAL CLIENTS					
C.1. Areas of Alleged Rights Violations	Outcomes				Number of Complaints Cases Closed only
	A	B	C	D	
a. Housing Discrimination					
b. Employment Discrimination					
c. Denial of financial benefits/ entitlements (e.g., SSI, SSDI, Insurance)					
d. Guardianship/ Conservator problems					
e. Denial of rights protection information or legal assistance					
f. Denial of privacy rights (e.g., congregation, telephone calls, receiving mail)					
g. Denial of recreational opportunities (e.g., grounds access, television, smoking)					
h. Denial of visitors					
i. Denial of access to or correction of records					
j. Breach of confidentiality of records (e.g., failure to obtain consent before disclosure)					
k. Failure to obtain informed consent (see also, involuntary treatment)					
l. Failure to provide education (consistent with IDEA and state requirements)					
m. Advance directives issues					
n. Denial of parental/family rights					
o. Consumer financial issues					
p. Immigration issues					
q. Criminal justice issues					
r. Denial of community habilitation services					
s. Health insurance/managed care issues					
t. Other. [Please describe separately. Make every effort to report within the above categories.]					
TOTAL (Sum of items a. - t.)					

#### SECTION 4. CASE COMPLAINTS/PROBLEMS of INDIVIDUAL CLIENTS

*See comments  
from pages 10 & 11*

**C 2. CIVIL RIGHTS COMPLAINTS DISPOSITION:** For closed cases, provide the numbers of civil rights complaints or problem areas for each disposition category. *[The sum of Items a- d must equal the total number of complaints in Section 4. C.1.]*

<b>a. The number of complaints/problems determined after investigation not to have merit</b>	
<b>b. The number complaints/problems withdrawn or terminated by client</b>	
<b>c. The number of complaints/problem favorably resolved in client's favor</b>	
<b>d. The number of complaints/problem not favorably resolved in client's favor</b>	
<b>e. The TOTAL number of complaints/problem addressed from closed cases</b>	
<b>TOTAL</b>	

### C.3. CIVIL RIGHTS VIOLATIONS OUTCOME STATEMENTS

**For each area of alleged civil rights violation neglect, choose one or more outcome statements that either best described or related to the complaint/problem. Enter the appropriate letter(s) in the "outcome" column in table - C.1.**

**A. Persons with disabilities served by the P&A whose rights were restored as a result of P&A Intervention.**

**B. Persons with disabilities whose personal decision making was maintained or expanded as a result of P&A intervention.**

**C. Policies or laws changed and other barriers to personal decisions making eliminated as a result of P&A intervention**


**D. Other outcomes as a result of P&A involvement:**

<p><b>SECTION IV CASE COMPLAINTS/PROBLEMS OF INDIVIDUAL CLIENTS</b></p> <p><b>D. 1. INTERVENTION STRATEGIES TO ADDRESS INDIVIDUAL CLIENTS COMPLAINTS/PROBLEMS AREAS</b></p> <p>The number of intervention strategies and the outcomes used to address each client complaint/problem area are to be reported in this section. Because some clients may have more than one complaint and each complaint may require more than one intervention strategy, the total number of intervention strategies may exceed the total number of clients served.</p> <p>[Do <u>not</u> report each phone call, letter, meeting, or other action taken on behalf of a client as a separate intervention strategy. Referrals, counseling, and negotiation are considered cumulative processes]. See Glossary for the definitions of "Intervention Strategies."</p>
---

<p><b>D. 2. OUTCOME STATEMENTS FOR CASE COMPLAINTS/PROBLEMS OF INDIVIDUAL CLIENTS</b></p> <p>For each area of non-client advocacy activity, choose one or more of the following outcome statements that either best described or related to the PAIMI Program complaint/problem. Enter the appropriate letter(s) in the "outcome" column below.</p> <p><b>A. Persons with disabilities (or their family members) served by the P&amp;A whose complaint of abuse, neglect, discrimination of their rights was remedied by the P&amp;A.</b></p> <p><b>B. Persons with disabilities (or their family members) who secured access to administration received education or training about their rights, enabling them to be more effective self advocates.</b></p> <p><b>C. Persons with disabilities who secured information about their rights and strategies to enforce their rights as a result of P&amp;A intervention.</b></p> <p><b>D. Persons with disabilities who took action to advocate on their own behalf as a result of P&amp;A intervention.</b></p> <p><b>E. Allegations of abuse or neglect that were substantiated by P&amp;A.</b></p> <p><b>F. Allegations of abuse or neglect that were not substantiated by P&amp;A.</b></p> <p><b>G. Other outcomes as a result of P&amp;A involvement</b></p>
--

See comments on  
pages 10 & 11

SECTION 4. CASE COMPLAINTS/PROBLEMS of INDIVIDUAL CLIENTS								
D.3. INTERVENTION STRATEGIES OUTCOMES								
	A	B	C	D	E	F	G	Total
1. Short Term Assistance								
2. Abuse/Neglect Investigations								
3. Technical Assistance								
4. Administrative Remedies								
5. Negotiation/ Mediation								
6. Legal Remedies								

E. DEATH INVESTIGATION ACTIVITIES
See, the PAIMI Act 42 U.S.C. at 10801(b)(2)(B) and 10802(1), and PAIMI Program expanded authorities under the Children's Health Act of 2000, Part H, section 592(a) and Part I Section 595, as codified respectively under Title V. Public Health Service Act, 42 U.S.C. at 290ii- 290ii and 290jj-1 - 290jj-2].
<b>1. All deaths of PAIMI-eligible individuals reported to the P&amp;A for investigation.</b> <b>A. The State</b> ____ <b>B. The Center for Medicaid &amp; Medicare Services (Regional Offices)</b> ____ <b>C. Other (describe)</b> ____ <b>D. Total</b> ____ <i>If the above information was not available, please explain why:</i> <div style="margin-left: 100px;">  <p>for each death reported in this category</p> </div>

**SECTION 4. CASE COMPLAINTS/PROBLEMS of INDIVIDUAL CLIENTS****E. DEATH INVESTIGATION ACTIVITIES**

**2. All P&A Death investigations conducted involving PAIMI-eligible individuals related to the following:**

- A. Number of death investigations involving incidents of seclusion \_\_\_\_\_**
- B. Number of death investigations involving incidents of restraint \_\_\_\_\_**
- C. Number of death investigation Not related to Seclusion & Restraint \_\_\_\_\_**
- D. Total Number of Death Investigations Conducted \_\_\_\_\_**

**(D. is the total of Items A., B, and C above.)**

**3. Describe P&A death investigation involvement:**

As a PAIMI Peer Reviewer, people enter all kinds of info here, determined by how they interpret this question. Suggest

directions be ~~clearer~~, clearer, such as:

For each death, please provide the following:

- Brief synopsis regarding the circumstances of the death.
- Brief description of the P&A involvement in the death investigation
- Brief synopsis regarding the outcome of the death investigation.

BAD, underline or something

SECTION 5. INTERVENTIONS on BEHALF of GROUPS of PAIMI-ELIGIBLE INDIVIDUALS
<p>This section captures information, which is <u>not</u> reflected in previous sections of this report, on how the P&amp;A program used PAIMI Program funding, including program income, to support <u>non-individual client activities</u>. In this table, report all annual program priorities activities for this fiscal reporting period. The items listed in the table's left column and the numbers reported for each category) should relate to the narrative section that follows. <b>PLEASE REFER TO THE GUIDANCE BELOW THE FOLLOWING TABLE.</b></p>

5.A. TYPES OF INVENTIONS	Potential number of Individuals Impacted	Concluded Successfully	Concluded Unsuccessfully	On-going
Group Advocacy non-litigation				
Investigations (Non-death related)				
Facility Monitoring Services				
Court Ordered Monitoring				
Class Litigation				
Legislative & Regulatory Advocacy				
Other				
<b>TOTAL</b>				

Again, interpretation in PRRs is all over the map. Suggest that instructions include that under each category, the project/group/activity be listed, as well as the info in the columns. Example

Group Advocacy	#?		NA	NA
Advance directives project	450	Y	20	
Voting rights in MTIS	1100	N	N	Y

etc.

To see simply #s in columns is meaningless.

<b>SECTION 5. INTERVENTIONS on BEHALF of GROUPS of PAIMI</b>	
<b>5. B. GUIDANCE FOR REPORTING NUMBERS OF INDIVIDUALS POTENTIALLY IMPACTED BY INTERVENTIONS</b>	
<b>TYPES OF INTERVENTION</b>	<b>GUIDANCE FOR DETERMINING NUMBER OF INDIVIDUALS</b> * [the number of persons potentially impacted within the fiscal year for which the PPR is submitted].
<b>GROUP ADVOCACY NON-LITIGATION</b>	Estimated number of people with disabilities impacted by this change, (i.e., Count of People with Disabilities (PWD) that are normally impacted or structure)
<b>INVESTIGATIONS (NON-DEATH RELATED)</b>	Estimated number of PWD impacted by this change.
<b>FACILITY MONITORING SERVICES</b>	Estimated number of PWD impacted. (i.e., Count of PWD living in facility)
<b>COURT ORDERED MONITORING</b>	Estimated number of PWD impacted by this change, (i.e., Count of PWD impacted by COM)
<b>CLASS LITIGATION</b>	Estimated number of PWD impacted by this change (i.e., Count of PWD impacted by this litigation)
<b>LEGISLATIVE &amp; REGULATORY ADVOCACY</b>	Estimated number of PWD impacted by this change, (i.e., Count of PWD that are normally impacted by this practice, policy and or structure)
<b>OTHER</b>	Estimated number of PWD impacted by this change, (i.e., Count of PWD impacted specified intervention).

<b>SECTION 5. INTERVENTIONS on BEHALF of GROUPS of PAIMI-ELIGIBLE INDIVIDUALS</b>
<b>5. C. GUIDANCE FOR DETERMINATION OF <i>CONCLUDED SUCCESSFULLY*</i> FOR INTERVENTIONS ON BEHALF OF PAIMI-ELIGIBLE INDIVIDUALS.</b>
Interventions reported in the Table 5. A., are considered to be concluded successfully if they meet any one of the following six (6) positive outcome statements:
1. The intervention resulted in a positive change in a policy, law, regulation, or other barrier for persons with disabilities.
2. The intervention changed the environment to increase safety or welfare for persons with disabilities
3. The intervention resulted in a positive change through the restoration of client rights, the expansion or maintenance of personal decision-making, or the elimination of other barriers to personal decision-making for persons with disabilities
4. The intervention resulted in persons with disabilities securing access to administrative or judicial processes.
5. The intervention resulted in persons with disabilities securing information about their rights and strategies to enforce their rights.
6. The intervention resulted in persons with disabilities taking action to advocate on their own behalf.

Excellent!

**SECTION 5. INTERVENTIONS on BEHALF of GROUPS of PAIMI-ELIGIBLE INDIVIDUALS**

**5. D. GUIDANCE FOR DETERMINATION OF *CONCLUDED UNSUCCESSFULLY*\* FOR INTERVENTIONS ON BEHALF OF PAIMI-ELIGIBLE INDIVIDUALS.**

Intervention activities reported in Table 5A. are ***CONCLUDED UNSUCCESSFULLY*** if they do not meet any of the above outcomes statements

**5.E. GUIDANCE FOR DETERMINATION OF *ONGOING* INTERVENTIONS ON BEHALF OF PAIMI-ELIGIBLE INDIVIDUALS**

SAMHSA/CMHS recognizes that legislative, legal and/or other systemic reform activities (e.g., facility monitoring, litigation preparation, etc) may take more than one fiscal year to complete and sometimes these types of interventions take years before they are completed successfully. It is these types of situations where the use of *ongoing* is most appropriate. The interventions reported in Section 5 Table A, are considered *ongoing*, if they were started in either a prior year or the current fiscal year and were not concluded by 9/30 of this FY.

Therefore, when providing information on these types of interventions, you are advised to list these objectives in sequential steps that are achievable within the annual reporting period, such as, conducting research, identifying legal issues, filing the class action, etc.

In the space below, provide at least **ONE (1) EXAMPLE** that reflected the outcome of each of the six (6) sub-categories listed above. In each narrative briefly describe PAIMI Program activities, include factual information about the activity (who, what, when, where, how and how) and the outcome resulting from the intervention. Use work examples that illustrate the impact of PAIMI Program activities, especially how the activities made a difference to the clients served, such as, improved quality of life, etc. If PAIMI Program funds were used to support any of the above activities, then describe how their availability furthered the purposes of the PAIMI Act. Insert additional pages into this section as needed.

Good similar to my comments on  
page 19.

**SECTION 6. ON-CLIENT DIRECTED ADVOCACY ACTIVITIES**

**6. A. INDIVIDUAL INFORMATION AND REFERRAL (I & R) SERVICES:** Refer to the Glossary for the definition of *Information and Referral* See also, PAIMI Rules, 42 CFR 51.24]

Provide the number of PAIMI Program I & R services:

**TOTAL**

**6.B. STATE MENTAL HEALTH PLANNING ACTIVITIES**

**BRIEFLY LIST P&A COLLABORATION/INVOLVEMENT IN THIS AREA.**

**6. C. EDUCATION, PUBLIC AWARENESS ACTIVITIES AND/OR EVENTS**

**1. LIST THE TOTAL NUMBER OF PUBLIC AWARENESS ACTIVITIES OR EVENTS AND THE TOTAL NUMBER OF INDIVIDUALS WHO RECEIVED THE INFORMATION.** Refer to the Glossary.

a. Number of Public awareness activities or events. **TOTAL** \_\_\_\_\_

b. Number of individuals receiving the information. **TOTAL** \_\_\_\_\_

**2. NUMBER OF EDUCATION/TRAINING ACTIVITIES UNDERTAKEN** [The number of training programs sponsored by the P&A or the number of events sponsored by another organization where P&A staff are the trainers. The training must have provided specific information to participants regarding their rights. If the P&A only provided general program information then report the number of individuals trained in C. 7. [PAIMI Rules 42 CFR 51.31(c)].

**TOTAL:** \_\_\_\_\_

1

error

directly above

**3. NUMBER (APPROXIMATE) OF PERSONS TRAINED.** [This number is to only include those individuals who attended an education/training program(s)]. See PAIMI Rules 42 CFR 51.31]. **TOTAL** \_\_\_\_\_

① This has always been confusing. Some states interpret this narrowly to mean only the activities related to the state mental health block grant application. Other states list every single activity they've done that has anything to do with MH planning. Clarification is greatly needed.

**SECTION 6. NON-CLIENT DIRECTED ADVOCACY ACTIVITIES**
**6. C. EDUCATION, PUBLIC AWARENESS ACTIVITIES AND/OR EVENTS**

**6. C. 4. DISSEMINATION ACTIVITIES.** Provide the number of articles, films, reports, etc. developed/produced. \*\* Provide an estimate for the number of people who received the information. For example, an article published about the P&A in a newspaper with a circulation of 200,000 readers; a television appearance on a station with 100,000 viewers in that time spot, etc.

TYPES OF ACTIVITIES	NUMBER OF ITEMS	NUMBER OF EVENTS	# of persons who received the information *	OUTCOMES							
				A	B	C	TOTAL				
a. Radio/TV appearances											
b. Newspaper articles (attach articles)											
c. Public Services Announcements (PSA), videos/films/, etc.											
d. Reports											
e. Publications, including articles in Professional journals											
f. Other P&A disseminated information, includes general training, outreach activities or presentations, brochures and handouts that <i>were not</i> included/counted under training activities).											
g. Number Website hits, include visits											
h. Describe other media activities											
TOTAL:											

**SECTION 6. NON-CLIENT DIRECTED ADVOCACY ACTIVITIES****6. C. 4. OUTCOME STATEMENTS for DISSEMINATION ACTIVITIES**

For each non-client advocacy activity listed in the above table, choose one or more outcome statements that either best described or related to the complaint/problem. Enter the appropriate letter(s) in the "outcome" column above.

- A. Persons who received information about the P&A and its services**
- B. Persons with disabilities (or their family members) who received education or training about their rights, enabling them to be more effective self advocates.**
- C. Other outcomes that resulted from PAIMI Program involvement.**

**SECTION 7. GRIEVANCE PROCEDURES [42 CFR Section 51.25]**

7.1. The number of grievances filed by PAIMI-eligible clients, including representatives or family-members of such individuals receiving services during this fiscal year. TOTAL \_\_\_\_

7.2. The number of grievances filed by prospective PAIMI-eligible clients (those who were not served due to limited PAIMI program resources or because of non-priority issues. TOTAL \_\_\_\_

7.3. Total [Add 1 & 2] \_\_\_\_ [42 CFR Section 51.25(a)(1),(2)]

7.4. The number of grievances appealed to:

a. The governing  
board/authority

TOTAL

b. The Executive  
Director

TOTAL

c. TOTAL = 7.4a. & 7.4b. \_\_\_\_

7.5. The number of reports sent to the governing board AND the Advisory Board (at least one annually) that describe the grievances received, processed, and resolved. TOTAL \_\_\_\_

7.6. Please identify all individuals, by name & title, responsible for grievance reviews.

7.7. What is the timetable (in days) used to ensure prompt notification of the grievance procedure process to clients, prospective clients or persons denied representation, and ensure prompt resolution. \_\_\_\_ [42 CFR 51.25(b)(4)]

7.8. Were written responses sent to all grievants? Yes \_\_\_\_ If not, explain below.

7.9. Was client confidentiality protected? Yes \_\_\_\_ If not, explain below.  
[42 CFR 51.25(b)(6)]

**SECTION 8. OTHER SERVICES AND ACTIVITIES**

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

**8. A.1. Does the P&A have procedures established for public comment?**

a. Yes ☐ Please provide a copy of a sample notice and briefly describe how the notice is used to reach persons with mental illness and their families.

b. No ☐, If no explain.

**8. A.2. Were the notices provided to the following persons:**

- Individuals with mental illness in residential facilities? Yes ☐ No ☐
- Family members and representatives of such individuals? Yes ☐ No ☐
- Other Individuals with disabilities? Yes ☐ No ☐

**8.A.3. Do the procedures provide for receipt of the comments in writing or in person?**

a. Yes ☐. Provide a copy of the agencies procedures pertaining to public comment.

b. No ☐. Explain why the agency does not have such procedures in place.

**8. B.1. Was the public provided an opportunity for public comment?**

Yes ☐ No ☐

**8.B. 2. If you answered yes to b.1., then briefly describe the activities used to obtain public comment.**

**8.B.3. What formats and languages (as applicable) were used in materials to solicit public comments?**

**8. B. 4. If you answered no to b.1., explain why the public was not provided an opportunity to comment.**

**SECTION 8. OTHER SERVICES AND ACTIVITIES**

other individuals (e.g., states, consumer, advocacy, service providers, professional organizations and others, including groups of current and former mental health consumers and/ or family members of such individuals) with whom the PAIMI Program coordinated systems, activities, and mechanisms. [42 U.S.C. 10824(a)(D)].

8. D. Briefly describe the outreach efforts/activities used to increase the numbers of ethnic & racial minority clients served and/or educated about the paimi program. [This information will be evaluated by using the Demographic/State Profile contained in the PAIMI Application for the same FY].

8. E. Did the activities described above in 8.D. result in an increase of ethnic and/or minorities in the following categories?

Staff	Yes ___	No ___
Advisory Council	Yes ___	No ___
Governing Board	Yes ___	No ___
Clients	Yes ___	No ___

If the answer is no, please provide a brief explanation.

#### SECTION 8. OTHER SERVICES AND ACTIVITIES

8. F. PAIMI Program implementation problems

**8. F.1      EXTERNAL IMPEDIMENTS:**

**Describe any problems with implementation of mandated PAIMI activities, including those activities required by Parts H and I of the Children's Health Act of 2000 that pertain to requirements related to incidents involving seclusion and restraint and related deaths and serious injuries (e.g., access issues, delays in receiving records and documents, etc.).**

**8. F.2.      INTERNAL IMPEDIMENTS**

**Describe any problems with implementation of mandated PAIMI activities, including any identified annual priorities and objectives (e.g., lack of sufficient resources, necessary expertise, etc).**

**SECTION 8.   OTHER SERVICES AND ACTIVITIES**

**8. G.   ACCOMPLISHMENTS**



the PAIMI Program grant when the position is filled.			
POSITION TITLE	ANNUAL SALARY	PERCENT/PORTION OF TIME CHARGED TO PAIMI	COSTS BILLED TO PAIMI
<b>SUB-TOTAL</b>			
<b>++Vacant positions</b>			
<b>Volunteer positions</b>			
<b>TOTAL POSITIONS</b>			

Could this  
be FTEs??

9. C. EQUIPMENT - TYPE (PAIMI ONLY)	COST
<b>SUBTOTAL</b>	

32

<b>SUBTOTAL</b>					
<b>9. E. CONTRACTUAL COSTS (including Consultants) for PAIMI Program Only</b>					
<b>POSITION OR ENTITY</b>	<b>SERVICE PROVIDED</b>	<b>SALARY/FEE</b>	<b>FRINGE BENEFIT COST</b>	<b>TRAVEL EXPENSES</b>	<b>OTHER COSTS</b>
<b>SUBTOTAL</b>					

<b>9. F. TRAINING COSTS FOR PAIMI PROGRAM ONLY</b>			
<b>CATEGORIES</b>	<b>#OF PERSONS/ TRAVEL COSTS</b>	<b>#OF PERSONS/ TRAINING COSTS</b>	<b># OF PERSONS/ OTHER EXPENSES</b>
<b>STAFF</b>			
<b>GOVERNING BOARD</b>			
<b>PAC MEMBERS</b>			
<b>VOLUNTEERS</b>			
<b>SUBTOTAL</b>			

<b>9. G. OTHER EXPENSES (PAIMI PROGRAM ONLY)</b>	<b>COST</b>
<b>LITIGATION</b>	
<b>SUBTOTAL</b>	

<b>SECTION 9. ACTUAL PAIMI BUDGET/EXPENDITURES FOR FY 200__</b>	
<b>9. H. INDIRECT COSTS (PAIMI ONLY):</b>	<b>COST</b>
<b>1. Does your P&amp;A have an approved Federal indirect cost rate? __Yes __No;</b>	

If yes, what is the approved rate? _____	
<b>2. Total of All PAIMI Program Costs \$</b>	<b>\$</b>
<b>3. Income Sources and Other Resources (PAIMI Program Only)</b>	<b>\$</b>
<b>4. PAIMI Program carryover identified by each previous Fiscal Year(s</b>	<b>\$</b>
<b>5. Interest on Lawyers Trust Accounts (IOLTA)</b>	<b>\$</b>
<b>6. Program Income</b>	<b>\$</b>
<b>7. State</b>	<b>\$</b>
<b>8. County Annual PAIMI Advisory Council Report</b>	<b>\$</b>
<b>9. Private</b>	<b>\$</b>
<b>10. Other (list)</b>	<b>\$</b>
<b>11. Total of resources from all Sources</b>	<b>\$</b>
<b>SUBTOTAL</b>	<b>\$</b>

## GLOSSARY

**Closed case** - is when the advocate/attorney closes the client record or case file after providing advocacy interventions on behalf of a client, and determining that the client either has no need of

or complaint(s) for which the case was initially opened.

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

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

#### **Intervention Strategies:**

- **Abuse/Neglect Investigations** - a systemic and thorough examination of information, records, evidence and circumstances surrounding an allegation of abuse and neglect. Investigations are undertaken to determine if there is a basis for administrative or legal action on behalf of the client. Investigations require a significant allocation of time to interview witnesses, gather factual information, and to issue a written report of findings.
- **Administrative Remedies** - includes the use of any systems for appeal within an agency or facility, or between agencies, which does not involve adjudication by a court of law.
- **Legal Remedies** - the legal representation of clients in litigation in court processes concerned with rights, grievances, or appeals of such rights or grievances.
- **Legislative/Regulatory Advocacy** activities involve monitoring, evaluating, and commenting upon the development and implementation of Federal, State, and local laws, regulations, plans, budgets, taxes and other actions which may affect individuals with mental illness. [The PAIMI Rules at 42 FCR at 51.24 mandates that legislative activities shall also be addressed in the development of program priorities].
- **Negotiation/Mediation** - is a informal, non-legal intervention by a PAIMI representative, attorney or case manager used to resolve problems with facility staff or other agency representatives; (does not involve a formal appeal).
- **Short Term Assistance** - Time limited advice and counseling assistance, which may include reviewing information, counseling a client on actions one may take, and assisting the client in preparing letters, documents or making telephone calls to resolve the issue.
- **Technical Assistance** - includes the provision of information, referral or advice to clients by a PAIMI Program representative, attorney, or advocate, (e.g., coaching the client in self-advocacy, explaining service delivery system(s) available to meet needs, dissemination of information and materials to client, etc ). Follow-up is required.

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

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

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

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

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

Comment [ksa2]: Move & place alphabetically after Outreach

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

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

**Racial/Ethnic Background** - for the purposes of this report, the ethnicity categories are Hispanic or Latino and Not Hispanic or Latino. The race categories are American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White.

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

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

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