

**ANNUAL PROGRAM PERFORMANCE REPORT and
ANNUAL REPORT of the PAIMI ADVISORY COUNCIL for the
PROTECTION AND ADVOCACY FOR INDIVIDUALS WITH MENTAL
ILLNESS (PAIMI) PROGRAM**

SUPPORTING STATEMENT

A. JUSTIFICATION

1. Circumstances of Information Collection

The Substance Abuse and Mental Health Services Administration (SAMHSA) is requesting approval from the Office of Management and Budget (OMB) for a revision of the Annual Program Performance Report (PPR) for the Protection and Advocacy for Individuals with Mental Illness (PAIMI) Program (OMB 0930-0169). The current approval expires on September 30, 2017.

In 1975, the Developmental Disabilities Assistance and Bill of Rights Act (the DD Act) [42 U. S. C. 15001, *et seq.*, as amended in 2000], established the state protection and advocacy (P&A) systems to protect and advocate the rights of persons with developmental disabilities. In 1986, the Protection and Advocacy for Mentally Ill Individuals (PAIMI) Act [42 U.S.C. 10801 *et seq.*] extended the DD Act protections to eligible individuals with significant (severe) mental illnesses (adults) and significant emotional impairments (children), at risk for abuse, neglect, and civil rights violations while residing in public or private residential care and treatment facilities.

The Children's Health Act of 2000 (at 42 U.S.C. 290ii) added requirements to protect and promote the rights of residents of general hospitals, nursing, intermediate care or other health care facilities. Entities supported with funds appropriated to any federal department or agency are mandated to be free from physical or mental abuse, corporal punishment or other restraints or involuntary seclusions imposed for purposed of discipline or convenience. Also, each facility to which the PAIMI Act applies is mandated to notify an appropriate agency, determined by the Secretary HHS, of each death at the facility while a patient is restrained or placed in seclusion.

The PAIMI Act provides formula grant support to 57 governor-designated protection and advocacy (P&A) systems in each state, American Samoa, Guam, Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands, the District of Columbia (Mayor), and the Tribal Council Presidents of the Navajo Nation and the Hopi Tribe who compose the American Indian Consortium (AIC) in the 4 Corners area of the Southwest. Administrative responsibility at the federal level rests with the Administration on Intellectual and Developmental Disabilities (AIDD) in the Administration for Community Living (ACL), Department of Health and Human Services (DHHS). The DD Act of 1975 established the P&A systems and AIDD administers the PADD Program. SAMHSA is responsible for carrying out the provisions of the PAIMI Act [42 U.S.C. 290bb - 31].

The PAIMI Program provides funding to establish and operate a P&A system for individuals with mental illness that will protect and advocate the rights of these individuals through activities

that ensure enforcement of the Constitution and federal and state statutes. The PAIMI Program formula grants are based on the population of each P&A system's state weighted by the state's per capita income [42 U.S.C. 10822 (a) (1) (A) (1) and (2)]. The grants are used to support legal-based advocacy services for PAIMI-eligible clients -- persons with significant mental illnesses (adults) and significant emotional impairments (children), at risk for, or in danger of abuse, neglect, and rights violations while residing in public and private treatment or care facilities. Appendix A is a copy of the most recent Funding Opportunity Announcement (FOA) - *State Protection and Advocacy for Individuals with Mental Illness (PAIMI) Program, No. SM-17-F2* [Short Title: FY 2017 PAIMI Program, CFDA No. 93.138]. Consistent with the PAIMI Act and Rules, state P&A systems shall submit a full application, which SAMHSA shall retain for 4 years. The systems shall submit annual updates to that application – a Statement of Priorities and Objectives (SPO), proposed budget expenditures, and a set of PAIMI Program assurances in years 2, 3 and 4.

The PAIMI Act [42 U.S.C. 10826 (b)] requires the Secretary Department of Health and Human Services (DHHS) to promulgate final regulations to carry out the legislation. In 1997, the PAIMI Final Rule [42 CFR Part 51] promulgated regulations for the implementation of authorized activities of state P&A systems that serve individuals at risk for abuse, neglect, and rights violations while residing in a public or private care or treatment facility as defined in the Act [42 U.S.C.10801 *et seq.*].

AIDD finalized the DD Act of 2000 rules in August 2015. The SAMHSA PAIMI Rules were promulgated on October 15, 1997 and will be revised based on the finalized DD rules.

This submission requests 3-year approval for the revised annual PAIMI program performance report (PPR), including the current Advisory Council Report (ACR) section required of each state P&A system and Advisory Council [PAIMI Act at 42 U.S.C. 10805(a) (7) and Rules at 42 CFR 51.8 and 42 CFR 51.23 (a) (3)].

2. Purpose and Use of Information

The annual PPR and ACR are used to document state P&A system compliance with statutory PAIMI and regulatory requirements. The PAIMI Act [42 U.S.C. 10824] requires SAMHSA to prepare a biennial report for the Secretary HHS that summarizes the P&A system program activities mandated under 42 U.S.C. 10805(a)(7). The SAMHSA report is submitted as an appendix to the biennial report on disabilities prepared by AIDD for the Secretary. AIDD is the lead federal P&A agency. The SAMHSA report for the Secretary aggregates information from the 57 annual PAIMI PPRs and ACRs and that includes, but is not limited to descriptions of state P&A system activities, accomplishments, the strategies used to protect and advocate the rights of program-eligible individuals, the number of individuals by each state P&A with PAIMI funds, the facilities investigated and monitored, barriers and accomplishments. The P&A reports provide an annual overview of state mental health system trends, case vignettes, the number of unserved and underserved populations, as well as training/education, outreach, systemic, and legislative/regulatory educational activities conducted by each P&A system. The Secretary's biennial report on all federal P&A program activities is sent to the President, Congress, and the National Council on Disability [DD Act at 42 U.S.C. 15005].

SAMHSA, jointly with the P&A systems, other federal P&A program officials and the P&A technical assistance contractor, developed Government Performance and Results Act (GPRA) performance measures that were included in the previous annual report format approved by OMB. Since OMB last approved the PAIMI PPR and ACR (0930 -2017 NOA 9-8-14 SAMHSA the PAIMI Program GPRA performance measures as follows:

- 3.4.12 Increase the number of people served by the PAIMI program. (Outcome)
- 3.4.19: Increase the number attending public education/constituency training and public awareness activities. (Output)
- 3.4.21 Increase percentage of complaints of alleged abuse, neglect and rights violation substantiated and not withdrawn by the client through the restoration of client rights, expansion or maintenance of personal decision-making, elimination of other barriers to personal decision-making, as a result of Protection and Advocacy for Individuals with Mental Illness (PAIMI) involvement. (Outcome)

SAMHSA uses its GPRA performance measures to respond to administrative and/or congressional requests for program information on specific state P&A system activities, identify training/ and technical assistance (T/TA) activities, highlight trends and issues of national significance, and provide valuable comparative program activity and performance evaluation information.

The information from the annual PPR also facilitates the ability of federal grant administrators and program staff to monitor, guides, and evaluate the quality of the T/TA provided to the state P&A systems.

The State P&A systems will submit their annual reports electronically to SAMHSA. The annual Program PPR and ACR formats and cover letter to the P&A system Executive Directors are located in Appendix B.

The following table provides an overview of specific proposed change, comparing the current PAIMI PPR to the proposed PAIMI PPR.

New Proposed PPR Requirement	Proposed Deletions from Current PPR
Grantee Main Office Information: <ul style="list-style-type: none"> - Email address - Website address - TTY number - County 	Satellite Office: <ul style="list-style-type: none"> - Phone number
Satellite Office (if any) <ul style="list-style-type: none"> - County of Office(s) 	Section 2: PAIMI Program Priorities – replaced with fully revised section. The latter will be partially pre-populated by data pulled from the PAIMI application regarding priorities and objectives.
Governing Board President/Chair	Section 3.A.5 has been deleted.
PAIMI Advisory Council President/Chair Name	Section 4.B.1, items i) and J) are deleted (written

	treatment plan and rehabilitative programming, respectively).
Name of P&A CFA/Accountant	Section 4.C.1, items a), b) and l) have been deleted (housing discrimination, employment discrimination and failure to provide special education consistent with State requirements, respectively).
Governor's Liaison	Section 5 (Interventions on Behalf of Groups of PAIMI Eligible Individuals) is deleted and replaced with new Sections C10 and C11 – Interventions on Behalf of groups of PAIMI eligible individuals.
Commissioner/Director of the State MH Agency: <ul style="list-style-type: none"> - Address - Phone - email 	Section 6.C.4 and 6.C.5 (Outcome Statements for Dissemination Activities; Non-Client Directed Advocacy Activities, respectively) are deleted and replaced by new section D.3 Education, Public Awareness Activities and Events.
Demographic Composition...Program Staff: <ul style="list-style-type: none"> - Added column regarding Advisory Council demographics 	
Governing Type and Number of Members	
Executive Director: <ul style="list-style-type: none"> - Appointment and Performance information 	
Staff Assigned to the PAIMI Program: <ul style="list-style-type: none"> - Added new categories (attorney vs staff; full/part time). 	
Sex of PAIMI-eligible Individuals Served: <ul style="list-style-type: none"> - Added "unknown/would not disclose" 	
Ethnicity and Race of Individuals Served: <ul style="list-style-type: none"> - Added column to indicate State % for each category of race/ethnicity 	
Living Arrangements: <ul style="list-style-type: none"> - Added categories for discharges greater than and less than 90 days. - Added a category "unknown" 	
Areas of Alleged Abuse: <ul style="list-style-type: none"> - Added additional categories under Physical Assault (i.e. patient on patient, staff/caretaker/facility resident) and Sexual Assault (i.e. Staff/caretaker, patient/facility resident). 	
Areas of Alleged Rights Violations: <ul style="list-style-type: none"> - Added three new categories (a., b., c.) regarding treatment plans, discharge plans and rights to ongoing participation in planning by individuals served. 	

Reasons for Closing Individual Advocacy Case Files	
Interventions on behalf of groups of Paimi Eligible Individuals.	
Statement of Goals and Priorities (replaces entirety of Current PPR section 2): <ul style="list-style-type: none"> - Some sections of this requirement are pre-populated from the Grantee application submission. 	

1. Use of Information Technology

To facilitate submission of the PAIMI annual PPR and ACR, in FY 2017, SAMHSA had the contractor develop the PAIMI WebBGAS State P&A systems may now complete and then submit their PPR and ACR electronically at <https://bgas.samhsa.gov>. PAIMI Program and SAMHSA Grants Management staff has access to these reports.

Since the last PPR submission in FY2015, the SAMHSA Division of Grants Management (DGM) and PAIMI Program staff participated and developed, in response to the government-wide efforts, policies for formula and block grants that were included in separate sections of www.grants.gov. In FY2016 SAMHSA’s effort was operational and the PAIMI Program participated. Revised electronic guidelines for submission of FY 2016 PAIMI Applications were developed in collaboration with the SAMHSA DGM and PAIMI program staff. For FY 2017, PAIMI grantees were required to submit an application through WebBGAS (Appendix A). In each FY 2018 – 2020, the PAIMI grantees are only required to submit an updated annual Statement of Priorities and Objectives (SPO), a budget of proposed expenditures, and PAIMI Program Assurances signed by the Executive Director. This change is consistent with the program application requirements [PAIMI Act 42 U.S.C. 10821 and Rule 42 CFR 51.5 P&A systems are required to upload a copy of the annual ACR cover sheet signed and dated by the PAIMI Advisory Council Chairperson into the PAIMI WebBGAS as an attachment.

4. Efforts to Identify Duplication

The PAIMI Program is a singular, unduplicated program, and this information is not available or accessible from other sources.

1. Information Collection Involving Small Businesses

Small businesses or other small entities are neither involved in nor impacted by this program.

6. Consequences if Information Collected Less Frequently

Each state P&A system awarded a SAMHSA PAIMI Program grantees are required to submit annual PPR and ACR [42 U.S.C. 10805(7)]. The information collected from these reports is summarized by SAMHSA into a biennial report of PAIMI Program activities. The SAMHSA report is included as an appendix to the Secretary’s biennial report to the President, the Congress, and the National Council on Disabilities [42 U.S.C. 10824]. To collect state P&A system

PPR/ACR data less frequently violates the statutory requirement that a report be transmitted to the Secretary on January 1 of each year [42 U.S.C.10805 (7)] and results in untimely, inaccurate, and incomplete information on state P&A system activities, trends, GPRA data and issues of national significance to the President and Congress.

7. Consistency with the Guidelines

The data collection complies with 5 CFR 1320.5 (d) (2).

8. Consultation Outside the Agency

A Federal Register notice was published on April 5, 2017 (Vol. 82, page 16602). No public comments were received.

Non-Federal Organizations

From 2011 to date, SAMHSA received input on its PPR and ACR from the state P&A systems and its federal partners and the federal P&A technical assistance contractor. SAMHSA conducted an internal review of the PPR based on input from stakeholders. SAMHSA's processes will ensure that the federal P&A grantees collect program data that is consistent with the PAIMI statutory and regulatory requirements. SAMHSA continues to maintain regular contact with the state P&A systems via the following activities: communicating by email and phone calls; conducting site visits; attending annual P&A system events (the CEO meeting, the conference and PAC Institute, and the fiscal managers training); participating in monthly conference calls with the federal partners and the technical assistance and training (TA/T) contractor; participating on various TA/T committees chaired by system staff; reviewing the annual applications and PPRs.

Persons Consulted	Title	Affiliation	Contact
Shawn de Loyola	Executive Director	Missouri P&A system	(573) 893-3333
Louis Erteschik	Executive Director	Hawaii P&A system	(808) 942-2922
Tom Masseur	Executive Director	Arkansas P&A system	(501) 296-1775
Vicki Smith	Executive Director	North Carolina P&A	(919) 856-2195

9. Payments to Respondents

Other than the annual formula grants awarded by SAMHSA to each state P&A system for activities mandated under the PAIMI Act, no additional payments or gifts are made.

10. Assurance of Confidentiality

State P&A systems are mandated to maintain the confidentiality of such records to the same extent as is required of the provider of such services [42 U.S.C. at 10806(a), see also exceptions to confidentiality, cited at 10806(b)]. Each state P&A system is required to protect all client records and identifying data from loss, damage, tampering, or use by unauthorized individuals (PAIMI Rules at 42 CFR 51.45). Compliance with confidentiality requirements is reviewed by federal program officials during annual on-site monitoring visits of selected state P&A systems.

There are no confidentiality issues relevant to the information collection and report requirements because the annual PPR is composed of aggregated summary data and contains no personal identifiers.

11. Questions of a Sensitive Nature

There are no questions of a sensitive, individual nature included in this report.

1. Estimate of Annual Hour Burden

The estimated annual burden for the PAIMI Annual PPR is summarized below:

Data Collection Instrument	No. of Respondents	No. of Responses/ Respondent	Average Burden Hrs./ Response*	Total Annual Response Burden Hrs.	Estimated Hourly Costs**	Total Annual Hourly Cost
Program Performance Report	57	1	26	1,482	\$ 82.4/hour	\$122,117
Advisory Council Report	57	1	10	570	\$56.65/hour (Unpaid volunteers)	\$32,291
Total	114	-	-	2,052	-	\$154,408

* Based on past estimates and the fact that changes being made do not measurably impact response burden.

** Based on the average salary paid to state P&A system staff, estimated at \$82.40 per hour, including fringe benefits. The \$56.65 per hour rate is an estimate of compensation if PAIMI AC members were P&A system employees and not unpaid volunteers.

13. Estimated Annual Cost to Respondents

There are no capital or start-up operations, maintenance or purchase of services costs that exceed standard business expenses associated with these regulations.

14. Estimated Annual Cost Burden to the Government

Federal costs associated with the development of the annual PAIMI PPR within WebBGAS are estimated at \$178,922. Federal costs to maintain and provide support to the annual PAIMI PPR within WebBGAS are estimated at \$75,513. This latter estimate includes annual subscription fees to maintain the system (\$3,000), purchases of required software licenses (\$7,000), SAMHSA software modifications, and ongoing support to the network (\$15,000). The P&A systems input their annual reports directly into the PERS.

The SAMHSA staff costs associated with final review and approval of the 57 State P&A system annual PPRs are approximately \$13, 725 for salary. This estimate includes approximately 171 hours [57 P&A systems x 4 hours per report = 228 x \$87.55@ hour = \$19, 961] for SAMHSA staff review and follow-up each PPR/ACR and 40 hours supervisory review time [40 x \$103@ hour = \$4, 200]. The final cost to the federal government is \$278,586 [\$254,505 contract costs + \$24,081= SAMHSA costs].

1. Changes in Burden

There are no changes to the 2,052 hours in the OMB inventory.

16. Time Schedule, Publication, and Analysis Plan

Each state P&A system has 90 days, from September 30, the end of the Federal Fiscal Year (FFY) until December 31, and the first quarter of the new FFY, to prepare and submit its annual PAIMI PPR/ACR. The PAIMI Act and Rules mandates each state P&A system to submit its annual PPR/ACR to SAMHSA no later than January 1 [respectively at 42 U.S.C. 10805 (a) (7) and 42 CFR 51.8]. Before starting the annual PAIMI PPR/ACR review process, the WebBGAS automatically notifies the PAIMI Program staff the date a PPR/ACR entered into the system. Information extracted from each PPR/ACR is used to provide a national profile of state P&A system activities. These activities are summarized and then consolidated into a report for the Secretary. SAMHSA PAIMI Program staff contact state P&A systems whenever PPR/ACR clarification, additional information, or documentation is needed.

The DD Act of 2000 (42 U.S.C. 15001 *et seq.*) requires the Secretary to submit a biennial report on P&A system disability activities to the President, Congress and the National Council on Disability. SAMHSA continues to prepare its biennial PAIMI Program activities report. This report includes statistical tables and narratives and will be sent to HHS for additional review and final approval. AIDD includes the SAMHSA report as an appendix to the Secretary’s biennial disability report to the President, Congress, and National Council on Disability. When the AIDD final biennial report is released, it is available for public distribution.

Time Table for Report Activities

<u>Tasks</u>	<u>Target Completion Date</u>
Preparation of Reports by respondents	October 1 - December 31
Respondents submit annual reports to SAMHSA	January 1
Review of submitted reports, preparation and submission of the biennial report by	June 15
SAMHSA staff review and edit the final PAIMI Report	September 15

to Congress the SAMHSA Administrator signs, and the document is submitted to HHS.

1. Display of Expiration Date

An exemption for the requirement to display the expiration date is not requested.

18. Exceptions to Certification Statement

This collection of information involves no exceptions to the Certification for Paperwork Reduction Act Submissions.

B. Statistical Methods

Statistical methods are not employed in the annual PAIMI Program Performance Report, which includes the Advisory Council Report section.

List of Attachments

Attachment 1	Annual Program Performance Report
Attachment 2	Annual Program Performance Report - Instructions
Attachment 3	Advisory Council Report
Attachment 4	Letter to Funding Recipients