**Administration of Community Living (ACL)**

**Administration on Disability (AOD) -Administration on Intellectual and Developmental Disabilities (AIDD)**

**PROTECTION & ADVOCACY FOR INDIVIDUALS WITH TRAUMATIC BRAIN INJURY (PATBI)-PROGRAM PERFORMANCE REPORT (PPR) TEMPLATE**

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS SUCH COLLECTION DISPLAYS A VALID OMB CONTROL NUMBER. PUBLIC REPORTING BURDEN FOR THIS COLLECTION OF INFORMATION IS ESTIMATED TO AVERAGE 16 HOURS PER RESPONSE, INCLUDING TIME FOR REVIEWING INSTRUCTIONS, SEARCHING EXISTING DATA SOURCES, GATHERING AND MAINTAINING THE DATA NEEDED, AND COMPLETING AND REVIEWING THE COLLECTION OF INFORMATION. THE OBLIGATION TO RESPOND TO THIS COLLECTION IS REQUIRED TO OBTAIN OR RETAIN BENEFIT (THE CHILDREN’S HEALTH ACT OF 2000, 42 U.S.C. Section 300d-53(h). SEND COMMENTS REGARDING THE BURDEN ESTIMATE OR ANY OTHER ASPECT OF THIS COLLECTION OF INFORMATION, INCLUDING SUGGESTIONS FOR REDUCING THIS BURDEN, TO ADMINISTRATION ON INTELLECTUAL AND DEVELOPMENTAL DISABILITIES, OFFICE OF PROGRAM SUPPORT, 330 C STREET SW., WASHINGTON, DC 20201, ATTENTION: WILMA ROBERTS OR EMAIL: WILMA.ROBERTS@ACL.HHS.GOV AND REFERENCE FR DOC 2017-08435. NOTE: PLEASE DO NOT RETURN THE COMPLETED PROGRAM PERFORMANCE REPORT TO THIS ADDRESS.

**Part I: Individual Advocacy (Non-Case Services)**

**A. Information and Referral Services (I&R)**

|  |  |
| --- | --- |
| 1. Total Individuals Receiving I&R Services |  |
| 2. Total Number of I&R Requests During the Fiscal Year |  |

**B. Training Activities**

|  |  |
| --- | --- |
| 1. Number of Trainings Presented by Staff |  |
| 2. Number of Individuals Who Attended These Trainings |  |
| 3. Describe at least two (2) trainings presented by the staff. Be sure to include information about the topics covered, the purpose of the training, and a description of the attendees:  |

**C. Public Relations and Outreach**

|  |
| --- |
| 1. Describe the agency’s outreach efforts to previously unserved or underserved individuals including racial and ethnic minority communities:  |
| 2. Radio and TV Appearances by Agency Staff |  |
| 3. Newspaper/Magazine/Journal Articles Prepared by Agency Staff |  |
| 4. PSAs/Videos Aired by the Agency |  |
| 5. Website Hits  |  |
| 6. Publications/Booklets/Brochures Disseminated by the Agency |  |

 7. External Media Coverage of Agency Activities

|  |  |
| --- | --- |
| a. Radio/TV Coverage |  |
| b. Newspaper/Magazines/Journal |  |
| c. PSAs/Videos |  |
| d. Publications/Booklets/Brochures |  |

**Part II:** **Individual Advocacy (Case Services)**

**A. Individuals Served**

|  |  |
| --- | --- |
| **What to Count** | **Number** |
| 1. Individuals served as of October 1 (Carried over from previous FY). |  |
| 2. Additional individuals served during the year. |  |
| 3. Total individuals served during the year (Add lines A1 and A2). |  |
| 4. Individuals with more than one (1) intervention opened/closed FY.  |  |
| 5. Individuals served as of September 30 (Carry over to next FY; ≤ A3). |  |

**B. Problem Areas/Complaints of Individuals Served**

|  |  |
| --- | --- |
| **Problem Area/Complaint** | **Number** |
| Complaint |  |
| 1. Abuse (total) |  |
| 1. Inappropriate Use of Restraint & Seclusion |  |
| 2. Involuntary Treatment |  |
| 3. Physical, Verbal, & Sexual Assault |  |
| 4. Excessive Medication |  |
| 5. Financial Exploitation |  |
| 6. Other |  |
| 2. Access to Administrative or Judicial Processes |  |
| 3. Access to Records |  |
| 4. Advance Directives |  |
| 5. Architectural Accessibility |  |
| 6. Assistive Technology (total) |  |
|  1. Augmentative Communication Devices |  |
|  2. Durable Medical Equipment |  |
|  3. Vehicle Modification/Transportation |  |
|  4. Other |  |
| 7. Aversives (including ECT) |  |
| 8. Civil Commitment |  |
| 9. Criminal Justice |  |
| 10. Custody/Parental Rights |  |
| 11. Education (total) |  |
|  1. FAPE: IEP/IFSP Planning/Development/Implementation |  |
|  2. FAPE: Discipline/Procedural Safeguards |  |
|  3. FAPE: Eligibility |  |
|  4. FAPE: Least Restrictive Environment |  |
|  5. FAPE: Multi-disciplinary Evaluation/Assessments |  |
|  6. FAPE: Transition Services |  |
|  7. Other |  |
| 12. Employment Discrimination (total) |  |
|  1. Benefits  |  |
|  2. Hiring/Termination |  |
|  3. Reasonable Accommodations |  |
|  4. Service Provider Issues |  |
|  5. Supported Employment |  |
|  6. Wage and Hour Issues |  |
|  7. Other |  |
| 13. Employment Preparation |  |
| 14. Financial Benefits (total) |  |
|  1. SSDI Work Incentives |  |
|  2. SSI Eligibility |  |
|  3. SSI Work Incentives |  |
|  4. Social Security Benefits Cessation |  |
|  5. TANF  |  |
|  6. Work Related Overpayments |  |
|  7. Other Financial Entitlements |  |
| 15. Forensic Commitment |  |
| 16. Other Government Benefits/Services |  |
| 17. Guardianship/Conservatorship/Substitute Decision Maker |  |
| 18. Home & Community Based Services including Discharge Planning Transition Follow-up |  |
| 19. Healthcare (total)  |  |
|  1. General Healthcare |  |
|  2. Medicaid |  |
|  3. Medicare |  |
|  4. Private Medical Insurance |  |
|  5. Other |  |
| 20. Housing (total) |  |
|  1. Accommodations |  |
|  2. Architectural Barriers |  |
|  3. Landlord/Tenant |  |
|  4. Modifications |  |
|  5. Rental Denial/Termination |  |
|  6. Sales/Contracts/Ownership |  |
|  7. Subsidized Housing/Section 8 |  |
|  8. Zoning/Restrictive Covenants |  |
|  9. Other |  |
| 21. Immigration  |  |
| 22. Juvenile Justice |  |
| 23. Neglect (total) |  |
|  1. Failure to Provide Necessary or Appropriate Medical Treatment |  |
|  2. Failure to Provide Necessary or Appropriate Mental Health Treatment |  |
|  3. Failure to Provide Necessary or Appropriate Personal Care & Safety |  |
|  4. Other |  |
| 24. Post-Secondary Education |  |
| 25. Non-Medical Insurance |  |
| 26. Privacy Rights |  |
| 27. Public Accommodations |  |
| 28. Rehabilitation Services (total) |  |
|  1. Communications Problems (Individuals/Counselor) |  |
|  2. Conflict About Services To Be Provided |  |
|  3. Individual Request Information |  |
|  4. Non-Rehabilitation Act |  |
|  5. Private Providers |  |
|  6. Related to Application/Eligibility Process |  |
|  7. Related to IWRP Development/Implementation |  |
|  8. Related to Title I of ADA |  |
|  9. Other Rehabilitation Act-related problems |  |
| 29. Suspicious Death |  |
| 30. Transportation (total) |  |
|  1. Air Carrier |  |
|  2. Paratransit |  |
|  3. Public Transportation |  |
|  4. Other |  |
| 31. Unnecessary Institutionalization including identification and assessment |  |
| 32. Voting (total) |  |
|  1. Accessible Polling Place/Equipment |  |
|  2. Registration |  |
|  3. Other |  |
| 33. Other |  |

**C. Gender of Individuals Served**

|  |  |
| --- | --- |
|  **Gender** | **Number** |
| 1. Female |  |
| 2. Male |  |
| **TOTAL** |  |

**D. Living Arrangements of Individuals Served**

|  |  |
| --- | --- |
| **Living Arrangement** | **Number** |
|  1. Independent |  |
|  2. Parental or Other Family Home |  |
|  3. Community Residential Home for Children/Youth (0-18 Yrs.)  |  |
|  4. Community Residential Home for Adults  |  |
|  5. Non-Medical Community Base Residential Facility for Children and Youth |  |
|  6. Foster Care |  |
|  7. Nursing Homes, Including Skilled Nursing Facilities (SNF) |  |
|  8. Intermediate Care Facilities (ICF) |  |
|  9. Public And Private General Hospitals including Emergency Rooms |  |
| 10. Public Institutional Living Arrangement  |  |
| 11. Private Institutional Living Arrangement  |  |
| 12. Psychiatric Wards (Public Or Private) |  |
| 13. Jail |  |
| 14. State Prison  |  |
| 15. Federal Detention Center |  |
| 16. Federal Prison |  |
| 17. Veterans Administration Hospital |  |
| 18. Other Federal Facility |  |
| 19. Homeless |  |
| 20. Unknown |  |
| **TOTAL** |  |

**E. Reasons for Closing**

|  |  |
| --- | --- |
| **Reasons for Closing Individual Advocacy Case File** | **Number** |
|  1. All Issues Resolved in Client’s Favor |  |
|  2. Some Issues Resolved in Client’s Favor |  |
|  3. Other Representation Found |  |
|  4. Individual Withdrew Complaint |  |
|  5. Services Were Not Needed Due To Client’s Death or Relocation |  |
|  6. Individual Not Responsive to Agency  |  |
|  7. Individual’s Case Lacked Merit |  |
|  8. Conflict of Interest |  |
|  9. Agency Withdrew from Case |  |
| 10. Lack of Resources |  |
| 11. Not Within Priorities |  |
| 12. Issue Not Resolved in Client’s Favor |  |
| 13. Other |  |
| **TOTAL** |  |

**F. Intervention Strategies Used in Serving Individuals**

|  |  |
| --- | --- |
| **Individual Advocacy Service** | **Number** |
| 1. Short Term Assistance |  |
| 2. Systemic/Policy Activities |  |
| 3. Investigation/Monitoring |  |
| 4. Negotiation |  |
| 5. Mediation/[Alternative Dispute Resolution](#Alternative_Dispute_Resolution) |  |
| 6. Administrative Hearing |  |
| 6. Legal Remedy/Litigation |  |
| 7. Individual Investigation |  |
| 8. Class Action Suits |  |
| **TOTAL**  |  |

**G. Age Range of Individuals Served**

|  |  |
| --- | --- |
| **Range** | **Number** |
| 1. 0 – 2 |  |
| 2. 3 – 5 |  |
| 3. 5 – 10 |  |
| 4. 11 – 18 |  |
| 5. 19 – 22  |  |
| 6. 23 – 64 |  |
| 7. 65 & Over |  |
| **TOTAL** |  |

**H.** **Racial and Ethnic Diversity of Individuals Served**

|  |  |
| --- | --- |
| **Race/Ethnicity** | **Number** |
| 1. Hispanic/Latino *(of any race)* |  |

|  |  |
| --- | --- |
| **Race/Ethnicity *(NOT Hispanic/Latino)*** | **Number** |
| 2. American Indian/Alaska Native |  |
| 3. Asian |  |
| 4. Black/African American |  |
| 5. Native Hawaiian/Other Pacific Islander |  |
| 6. White |  |
| 7. Two or more races |  |
| 8. Race/Ethnicity Unknown |  |
| **TOTAL**  |  |

**Part III: Group Advocacy**

###  **Investigations of Abuse and Neglect**

|  |
| --- |
| 1. Describe any full investigations conducted by the agency by providing the major areas of investigation and the groups likely to be affected. Address the major outcomes of the investigations during the fiscal year. Be sure to include at least three case examples that demonstrate the impact of the agency’s investigations:  |
| 2. Number of Formal Death Reports Received |  |
| 3. Number of Informal/External Death Reports Received  |  |
| 4. Number of Death Investigations  |  |
| 5. Describe any death investigations conducted by the agency during the fiscal year and any subsequent activities resulting from these investigations. Also include the major outcomes of the death investigations:  |

### **Monitoring**

|  |
| --- |
| 1. Describe any monitoring conducted by the agency by providing the major areas of non-litigation-related monitoring activities and the groups likely to be affected. Address the major outcomes of the monitoring activities during the fiscal year. Be sure to include at least three case examples that demonstrate the impact of the agency’s monitoring activities:  |
| 2. Describe any monitoring conducted by the agency related to court orders or case settlements by providing the major areas of monitoring and the groups likely to be affected. Address the major outcomes of the litigation-related monitoring during the fiscal year. Be sure to include at least three case examples that demonstrate the impact of the agency’s litigation-related monitoring:  |

**C.** [**Systemic Litigation**](file://C:\Users\amy.scherer\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\jennifer.johnson\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\Markstroh\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\ZY81G0UO\PPR_SGP_AIDD_May_2014_sample.doc#Systemic_Litigation)

|  |  |
| --- | --- |
| 1. Total Number of Non-Class Action Lawsuits Filed |  |
| a. Number of Non-Class Action Lawsuits Filed During Fiscal Year  (new for fiscal year) |  |
| b. Number of Non-Class Action Lawsuits Filed at Start of Fiscal Year (carryover from prior fiscal year) |  |
| 2. Total Number of Class Action Lawsuits Filed  |  |
| a. Number of Class Action Lawsuits Filed During Fiscal Year  (new for fiscal year) |  |
| b. Number of Class Action Lawsuits Filed at Start of Fiscal Year (carryover from prior fiscal year) |  |
| 3. Describe the agency’s litigation/class action activities. Explain how individuals with disabilities benefited from such litigation. If possible, estimate the number of individuals potentially impacted by changes resulting from the litigation. Be sure to include at least three case examples that demonstrate the impact of the agency’s litigation:  |

**D. Other Non-Litigation Systemic Advocacy**

|  |  |
| --- | --- |
| 1. Number of Policies/Practices Changed as a Result of Non-Litigation Systemic Activities |  |
| 2. Describe the agency’s systemic activities. Be sure to include information about the policies that were changed and how these changes benefit individuals with disabilities. If possible, estimate the number of individuals potentially impacted by such policy changes. Also include at least three case examples of how the agency’s systemic activities impacted individuals served:  |

**Part IV:** **Priorities and Objectives**

**A. Report on Priorities**

|  |
| --- |
| 1. Priority Number/Name:  |
| 2. Description of Need, Issue, or Barrier Addressed: |

|  |
| --- |
|  3. Indicators *(Add rows below if needed)* |
| *#* | *Indicator* |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| 4. Outcome *(Check one below)* |
| □ Not Met | □ Partially Met/Continuing | □ Achieved | □ No Results This Year |

|  |
| --- |
| 5. Total Number of Cases Handled: |
| 6. Illustrative Cases (at least one specific case description showing the success):  |

**B. Agency Accomplishments**

|  |
| --- |
| 1. Describe the most significant accomplishments of the agency during the fiscal year:  |

**C. Implementation Problems**

|  |
| --- |
| 1. Describe any external or internal implementation problems for priorities “not met” or “partially met”:  |

**Part V: Agency Administration**

**A. Grievances Filed Against the Agency**

|  |  |
| --- | --- |
| 1. PATBI grievances filed against the agency during the fiscal year |  |

**B. Collaborative Efforts**

|  |
| --- |
| 1. Identify issues selected for network collaboration:  |
| 2. Describe any coordination with programs that are not part of the agency (e.g. state long-term care programs, etc.):  |

**Part VI: General Program Information**

**A. P&A Identification**

|  |  |
| --- | --- |
| Name of state, territory or jurisdiction |  |
| Name of P&A system |  |

**B. Main Office**

|  |  |
| --- | --- |
| Mailing Address & Phone Number of Main Office |  |

**C. Satellite Offices (If Any) (Add rows if needed)**

|  |  |
| --- | --- |
| Name, Mailing Address |  |
|  |  |

**D. CEO Contact Information**

|  |  |
| --- | --- |
| Name, phone number, and email address of P&A CEO |  |

**E. PPR Preparer Contact Information**

|  |  |
| --- | --- |
| Name, title, phone number, and email address of P&A Preparer |  |