

# **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:

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	
<b>TOTAL</b>	

## 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	
<b>TOTAL</b>	

## 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	
<b>TOTAL</b>	

## 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	
6. Administrative Hearing	
6. Legal Remedy/Litigation	
7. Individual Investigation	
8. Class Action Suits	
<b>TOTAL</b>	

## 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	
<b>TOTAL</b>	

## H. Racial and Ethnic Diversity of Individuals Served

Race/Ethnicity	Number
1. Hispanic/Latino ( <i>of any race</i> )	

Race/Ethnicity ( <i>NOT Hispanic/Latino</i> )	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	
<b>TOTAL</b>	



# Part III: Group Advocacy

## A. 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:

## **B. 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

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 <i>(Add rows below if needed)</i>			
#	Indicator		
4. Outcome <i>(Check one below)</i>			
<input type="checkbox"/> Not Met	<input type="checkbox"/> Partially Met/Continuing	<input type="checkbox"/> Achieved	<input type="checkbox"/> 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	
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## 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	
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## 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	
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## E. PPR Preparer Contact Information

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