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**Protection and Advocacy for Individuals with Mental Illness
(PAIMI)**

Annual Program Performance Report (PPR)

Substance Abuse Mental Health Services Administration (SAMHSA)
U.S. Department of Health and Human Services

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Section A: General Program Information for FY___

1. P&A Identification

Name of state/jurisdiction	
Name of P&A system	

2. Main Office

Mailing address of main office	
Phone number of main office	
Toll free Phone Number	
E-mail address	
Website address	
TTY phone number or Relay	
County or Main Office	

3. Other Offices (if any - add rows, if needed)

Mailing address (each satellite office)	
County of each satellite office (location)	

4. Executive Director/Chief Executive Officer Contact Information

Name	
Address	
Phone number & extension	
E-mail address	

5. PPR Preparer Contact Information

Name	
Title	
Phone number & extension	
E-mail address	

6. Governing Board President/Chair

Name	
Mailing address	
County of residence	

E-mail address	
Current term started	
Current term expires	

7. PAIMI Advisory Council President/Chair Name

Name	
Mailing address	
County of residence	
E-mail address	
Current term started	
Current term expires	

8. Name of P&A Chief Financial Officer/Accountant

Name	
Title	
Phone	
E-mail address	

9. Governor's Liaison

Name	
Official title	
Mailing address	
Phone number	
E-mail address	

10. Commissioner/Director of the State Mental Health Agency

Name	
Mailing address	
Phone number	
E-mail address	

11. Demographic Composition of PAIMI Governing Board, Advisory Council, and Program Staff

		Governing Board	Advisory Council	Program Staff
	Hispanic/Latino			

Ethnicity	Non-Hispanic/Latino			
	American Indian/ Alaskan/Native			
Race	Black/African American			
	White			
	Two or more races			
Sex	Female			
	Male			
	Unknown/would not disclose			

12. Number of Mental Health Professionals on the Advisory Council (social workers, psychologists, psychiatric nurses, psychiatrists, psychiatric nurse practitioners).

Professional Category	Number on Advisory Council
Social Worker	
Psychologist	
Psychiatric Nurse	
Psychiatrist	
Psychiatric Nurse Practitioner	
Peer Support Specialist	
Other	
Total:	

13. Governing Board (GB) Type and Number of Members

Governing board	Minimum number of members	Maximum number of members
Private, non-profit with multi-member		
State-operated with governing board		
State-operated with no governing board		

14. Governing Board Information

Total seats available	
Total members serving as of 9/30/____	
Total vacancies on 9/30/____	
Term of appointment (number of years)	
Term maximum	
Meeting frequency	
Number of meetings held this fiscal year (FY)	
Percentage of members present at meetings during the FY	

15. Governing Board Composition

Number of individuals with mental illness who are recipients/former recipients (R/FR) of mental health services or have been eligible for services.	
Number of family members of individuals with mental illness who are R/FR of mental health services, guardians, advocates or authorized representatives or other persons who broadly represent or are knowledgeable about the needs of clients served by the P&A system.	
Total	

16. PAIMI Advisory Council (PAC)

PAC Chair		
Sits on the governing board	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Appointment date	_____	
	MM/DD/YYYY	
Other PAC member(s) sit on governing board	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, number serving		

17. Staff charging time to the PAIMI Program

	Number of Attorneys	Full-time	Part-time	Male	Female	Number of Advocates	Full-time	Part-time	Male	Female

Ethnicity										
Hispanic/Latino (of any race)										
Non-Hispanic/ Latino										
Race										
American Indian/ Alaskan Native										
Asian										
Black/African American										
Native Hawaiian/ Pacific Islander										
White										
Two or more races										
Unknown										

Section B: Demographics

1. Age of PAIMI-eligible Individuals Served

Age	Number
0 – 2	
3-5	
6-10	
11-22	
23-64	
65+	
Unknown	
Total	

2. Sex of PAIMI-eligible Individuals Served

Sex	Number

Female	
Male	
Unknown/would not disclose	
Total	

3. Ethnicity and Race of Individuals Served

Ethnicity	Number	PAIMI%	State%
Hispanic/Latino (of any race)			
Non-Hispanic/Latino			
Ethnicity unknown			
Total			

Race	Number	PAIMI%	State%
American Indian/Alaskan Native			
Asian			
Black/African American			
Native Hawaiian/Pacific Islander			
White			
Two or more races			
Race unknown			
Total			

4. PAIMI-eligible Individuals Served with PAIMI Program Funds

What to Count	Number
1. Number of PAIMI-eligible individuals continued to be served with PAIMI program funds, including any program income resulting from legal actions supported by PAIMI program funds as of October 1, from the previous FY into the reporting year.	
2. Number of new PAIMI-eligible individuals served during the reporting year.	
3. Total number of PAIMI-eligible individuals served during this FY (add lines 4.1 and	

4.2).	
4. Individuals with more than one intervention opened/closed during the reporting year	
5. Individuals with a co-occurring mental illness and Intellectual and Developmental Disability (IDD).	
6. Total number of PAIMI-eligible individuals who requested program related advocacy services during the reporting year, but were not served within 30-days of initial contact due to:	
a. insufficient PAIMI program resources	
b. non-priority areas.	
7. Individuals served as of September 30 and will be carried over to next reporting year (This should equal ≤ item 3 above).	

5. Living Arrangements of PAIMI-eligible Individuals at Intake

Living Arrangement	Number
Community residential home for children/youth up to age 18 yrs.	
Community residential home for adults	
Non-medical community-based residential facility for children/youth	
Foster care	
Nursing homes, including skilled nursing facilities	
Intermediate care facilities	
Public and Private general hospitals including emergency rooms	
Public institutional Living arrangement	
Private institutional living arrangement	
Psychiatric hospitals (public/private)	
a. public/state b. private	
Jails	
State prison	
Federal detention center	
Federal prison	
Veterans administration hospital/Clinic	
Other federal facility	
Homeless	

Independent (in the community & PAIMI-eligible)	
Parental or other family home & PAIMI-eligible	
Unknown	
Total	

Section C: Complaints/Problems of PAIMI-eligible Individuals

1. Areas of Alleged Abuse

Number of complaints/problems <i>(Make every effort to report within the following categories)</i>	Number from Closed Cases only	Outcomes								
	Total	A	B	C	D	E	F	G	H	I
a. Inappropriate or excessive medication										
b. Inappropriate or excessive restraint and seclusion										
1. include 1-4 in definition										
c. Involuntary medication										
d. Involuntary electrical convulsive therapy										
e. Involuntary aversive behavioral therapy										
f. Involuntary sterilization										
g. Physical assault										
h. Sexual assault										
i. Threats of retaliation or verbal abuse by facility staff										
j. Coercion										
k. Financial exploitation										
l. Suspicious death										
m. Other - Specify type of complaint (describe on a separate sheet)										
Total										

*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)).

2. Abuse Complaints Disposition

For total closed cases listed in Table C.1., provide the number of abuse complaints/problems for each disposition category.

Total number of abuse complaints/problem addressed from closed cases.	
a. Number of complaints/problems determined after investigation not to have merit.	
b. Number complaints/problems withdrawn or terminated by client.	
c. Number of complaints/problems resolved in the client's favor.	
d. Number of complaints/problems not resolved in the client's favor.	
e. Other representation found.	
f. Services not needed due to client death or relocation.	
g. Lost Contact	
h. Outcome Unknown	
i. Lack of Resources	

3. Areas of Alleged Neglect

[Failure to provide for appropriate . . .] - Number of complaints/problems:	Number from <i>Closed Cases</i> only	Outcomes									
	Total	A	B	C	D	E	F	G	H	I	J
a) Failure to provide necessary or appropriate medical (other than psychiatric) treatment.											
b) Failure to provide necessary or appropriate mental health treatment, including access to prescribed medication.											
c) Failure to provide necessary or appropriate personal care and safety.											
d) Failure to provide appropriate discharge planning or release from a residential care or treatment facility.											
e) Mental health diagnostic or other evaluation (does not include treatment).											

f) Medical (non-mental health related) diagnostic or physical examination.												
g) Other [Describe and make every effort to report within the above categories].												
Total												

4. Neglect Complaints Disposition

For total closed cases listed in Table C.3., provide the numbers of neglect complaints or problem areas for each disposition category.	
Total number of Neglect complaints/problem addressed from closed cases.	
a. Number of complaints/problems determined after investigation not to have merit.	
b. Number complaints/problems withdrawn or terminated by the client.	
c. Number of complaints/problems resolved in the client's favor.	
d. Number of complaints/problems not resolved in the client's favor.	
e. Other indicators of success or outcomes that resulted from P&A involvement.	
f. Other representation found,	
g. Services not needed due to client death or relocation	
h. Lost Contact	
i. Outcome Unknown	
j. Lack of Resources	

5. Areas of Alleged Rights Violations

Number of Complaints/Problems	Number from Closed Cases only	Outcomes								
	Total	A	B	C	D	E	F	G	H	I
a. Failure to provide an individualized, written treatment or service plan.										
b. Failure to provide written discharge plan, including a description of										

mental health services needed upon discharge from such program or facility										
c. Failure to allow ongoing participation, appropriate to such person's capabilities, in the planning of mental health services (including the right to participate in the development and periodic revision of the plan).										
d. The right to refuse treatment.										
e. The right to refuse to take prescribed medications.										
f. The denial of financial benefits/entitlements (e.g., SSI, SSDI, Insurance).										
g. Guardianship/conservator problems										
h. The denial of rights protection information or legal assistance, including adequate and appropriate representation during commitment hearings.										
i. The denial of privacy rights (e.g., congregation, telephone calls, receiving mail)										
j. The denial of recreational opportunities (e.g., grounds access, television, and smoking)										
k. The denial of visitors										
l. The denial of access to or correction of records										
m. Breach of confidentiality of records (e.g., failure to obtain consent before disclosure)										
n. Failure to obtain informed consent										
o. Advance directives issues										
p. The denial of parental/family rights										
q. Housing Discrimination;										
r. The denial of access to administrative or judicial process;										
s. Failure to provide educational										

services in the least restricted environment for PAIMI-eligible individuals;										
t. The denial of access to community based rehabilitation services and/or treatment										
u. The denial of access to transportation										
v. Employment Discrimination										
w. Other [Please, make every effort to report within the above categories].										
Total										

6. Rights Violations Disposition

For closed cases listed in this Table, provide the number of rights complaints or problem areas for each disposition category.	
Total number of rights violation complaints/problems addressed from closed cases.	
a. Number of complaints/problems determined after investigation not to have merit.	
b. Number complaints/problems withdrawn or terminated by client.	
c. Number of complaints/problems resolved in the client’s favor.	
d. Number of complaints/problems not resolved in the client’s favor.	
. Other representation found.	
f. Services not needed due to client death or relocation.	
g. Lost Contact	
h. Outcome Unknown	
i. Lack of Resources	

7. Reasons for Closing Individual Advocacy Case File

	Number
Number of closed cases, in which client’s objective was partially or fully met	
Other representation found	
Individual withdrew complaint	

Services were not needed due to client's death or relocation	
P&A withdrew because individual or client would not cooperate	
Individual's case lacked merit	
Individual's issue not favorably resolved	
Appeal(s) unsuccessful	
Other appropriate entity investigating	
Lost Contact	
Lack of Resources	
Total	

8. Intervention Strategies

		Outcomes												
		Abuse				Neglect					Rights Violations			
Strategy	Total	A	B	C	D	A	B	C	D	E	A	B	C	D
1. SAA														
2. LA														
3. TA														
4. AR														
5. L														
6. M														
7. N														
Total														

9. Death Investigation Activities

a). The number of deaths reported to the P&A for investigation by the following entities:	
1. State	
2. The Center for Medicaid & Medicare Services (Regional Offices).	
3. Other Sources. Briefly list the source for each death reported in this category (e.g., newspaper, concerned citizen, relative, etc.).	
Total Number of deaths investigated.	

- 1. SAA – Self Advocacy Assistance
- 2. Limited Advocacy
- 3. TA - Technical assistance
- 4. AR - Administrative remedies
- 5. Litigation
- 6. M – Mediation
- 7. N – Negotiation

If the information requested in this section was not available please explain.	
b). All death investigations conducted involving PAIMI-eligible individuals related to the following:	
1. Number of deaths investigated involving incidents of seclusion (S).	
2. Number of deaths investigated involving incidents of abuse (A).	
3. Number of deaths investigated involving incidents of restraint (R).	
4. Number of deaths investigated not related to incidents of S & R.	
5. Death investigations with a finding or determination.	
6. Provision in policy added or prevented as a result of a death investigation	
Total Number of deaths investigated [Sum of 9b 1-6].	

c). Provide a brief summary example of an individual’s death, P&A involvement, and outcome.

If you reported deaths in categories B.9.b., please provide the following information on one death from each category, as appropriate:

1. A brief summary of the circumstances about the death.
2. A brief description of P&A involvement in the death investigation.
3. A summary of the outcome(s) resulting from the P&A death investigation.

(note – limit text field to 500 words)

10. Number of Interventions on behalf of groups of PAIMI-eligible Individuals – Individuals Impacted

Multiple counts not permitted for lines 1 – 3 and 6.

What to Count	Number
1. Group cases/projects still open on October 1 (carried over from prior FY(s)).	
2. New group cases/projects opened during the year.	
3. Total group cases/projects worked on during the year (add items 1 and 2 above).	
4. Total group cases/projects as of September 30 (carry over to next FY).	
5. Group cases/projects targeted at serving the following special populations:	
a. ethnic	
b. racial minorities	
c. homeless	
d. veterans	
e. urban	
f. rural/frontier	
g. older adults/geriatric	
6. Total number of individuals impacted by line 3.	

11. Interventions on behalf of groups of PAIMI-eligible Individuals

5. E. Intervention Types <i>(See the Instructions for Guidance)</i>	Potential number of Individuals Impacted	Concluded Successfully	Concluded Unsuccessfully	On-going
Group Advocacy non-litigation				
Abuse and Neglect Investigations (<i>non-death related</i>)				
Facility Monitoring Services				
Community Based Monitoring Services				
Court Ordered Monitoring				

Systemic Litigation				
Educating Policy Makers				
Other Systemic Advocacy				
Total				

12. End Outcomes of P&A Activities

Outcomes	Number from Closed Cases only
a) PAIMI-eligible individuals who are provided with appropriate community based services resulting in community integration and independence;	
b) PAIMI-eligible individuals who accessed benefits and services;	
c) PAIMI-eligible individuals who live in a healthier, safer or otherwise improved environment;	
d) PAIMI-eligible individuals who achieved or maintained employment;	
e) PAIMI-eligible individuals who go to school in safe and more humane conditions;	
f) PAIMI-eligible individuals who were able to stay in school and receive an appropriate education;	
g) PAIMI-eligible individuals who have their other rights enforced, retained, restored and/or expanded;	

Section D. Non-Client Directed Advocacy Activities

1. Individual Information and Referral (I&R).

Provide the number of PAIMI Program I&R services.	
Total	

2. State Mental Health Planning Activities

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3. Education, Public Awareness Activities, and Events

List the number of public awareness activities or events and the number of individuals who received the information [Refer to Glossary].

1. Number of public awareness activities or events.	
2. Number of education/training activities undertaken.	
3. Number (approximate) of persons trained in 2.	

Section E. Grievance Procedures [42 CFR Section 51.25]

1. Do you have a systemic/program assurance grievance policy, as mandated by 42 CFR 51.25(a) (2)?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please indicate the date that the developed policy is anticipated.) _/ _/ _
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2. The number of grievances filed by PAIMI-eligible clients, including representatives or family members of such individuals receiving services during this fiscal year.	
Total	

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 [42 CFR Section 1.25(a)(1),(2)]	

4. The number of grievances appealed to:	
4.a. The governing authority/board	
4.b. The Executive Director	
Total 4.a. & 4.b.	

5. The number of reports sent to the governing board and the advisory board.	
Total	

6. Please identify all individuals (name & title), responsible for grievance reviews.	
Name & title	

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?

Number of days

8. Were written responses sent to each grievant? Yes No (if no, explain below).

9. Was client confidentiality protected? Yes No (if no, explain below)

Section F. Other Services and Activities

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

- a. Yes, (briefly describe how the notice is used to reach person with mental illness and their families).
- b. No, (if no, briefly explain, limit to 500 characters).

2. Were the notices provided to the following persons?

a. Individuals with mental illness in residential facilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Family members and representatives of such individuals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Other individuals with disabilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Brief explanation is required for each no answer in 2.a., b., or c.		

3. Do the procedures provide for receipt of the comments in writing or in person?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.a. If yes to 3, attach a copy of the agency's policies/procedures pertaining to public comment.		
3.b. If no to 2 a, b, c., explain why the agency does not have such procedures in place.		

4. Was the public provided an opportunity for public comment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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5. If you answered yes to 4, briefly describe the activities used to obtain public comment.

6. What formats and languages (as applicable) were used in materials to solicit public comments?

7. If you answered **no** to 4, briefly explain why the public was not provided an opportunity to comment.

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

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9. Briefly describe the outreach efforts/activities used to increase the numbers of ethnic and racial minority clients served or educated about the PAIMI program, this information will be evaluated by using the demographic/state profile information contained in the PAIMI Application for the same FY.

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10. Did the activities described in 9; result in an increase of ethnic or minorities in the following categories?

a. Staff	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Advisory Council	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Governing Board	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Clients	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answer **no** to any item (10.a-d), please provide a brief explanation, such as 10.a, b., or c. – no vacancies.

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11. 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.).

12. 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.).

13. Accomplishments
For this fiscal year, briefly describe the most important accomplishment(s) that resulted from PAIMI program activities. Provide copies of supporting documents (e.g., case law, news article, legislation, etc.).

14. Recommendations
Please provide recommendations for activities and services to improve the PAIMI program. Include a brief description of why such activities and services are needed [42 U.S.C. 10824(a) (4)].

15. Please identify any training & technical assistance requests [42 U.S.C. 10825].

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Section G. Actual PAIMI Budget/Expenditures for FY 20_

In this section, provide actual expenditures for the FY. Refer to the PAIMI Application [Appendix C] submitted to SAMHSA/CMHS for the same FY.

1. PAIMI program personnel – Insert additional rows, as needed.

Position Title	Annual Salary	Percent/Portion of time charged to PAIMI	Costs billed to PAIMI
Subtotal			
Vacant Positions			
Volunteer Positions			
Total			

2. Categories

	Cost
Fringe Benefits (PAIMI only)	
Travel Expenses (PAIMI only)	
Subtotal	

3. Equipment - Type (PAIMI only)

	Cost

Subtotal	

4. Supplies - Type (PAIMI only)

	Cost
Subtotal	

5. Contractual Costs (including consultants) for PAIMI program only

Position or Entity	Service Provided	Salary/Fee	Fringe Benefit Cost	Travel Expenses	Other Costs
Subtotal					

6. Training Costs for PAIMI Program only

Categories	Number of Persons/ Travel Costs	Number of Persons/ Training Costs	Number of Persons/ other Expenses
Staff			
Governing Board			
PAC Members			
Volunteers			
Subtotal			

7. Other Expenses (PAIMI program only)

	Cost
Litigation	
Subtotal	

8. Indirect Costs (PAIMI only)

1. Does your P&A have an approved Federal indirect cost rate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Cost	
If yes to 8.1, what is the approved rate?		
2. Total of all PAIMI program costs listed in G.1 – G.7.	\$	
3. Income sources and other resources (PAIMI program only)	\$	

4. PAIMI program carryover of grant funds identified by FY.	\$
5. Program income (PAIMI only).	\$
6. State	\$
7. Other funding sources [identify each source].	\$
8. Total PAIMI program resources.	\$
Subtotal	\$

Section H: Statement of Priorities (Goals)

A. For each Priority/Objective, please indicate the “Achieved Outcome:

Priority/Goal Description:	
Objective:	
Target Population:	
Expected Target:	
Achieved Outcome	
B. Strategies Used to Implement Goal and Address Priorities (Check all that apply below)	
<input type="checkbox"/> Collaboration	<input type="checkbox"/> Systemic Litigation
<input type="checkbox"/> Rights-Based Individual Advocacy Services	<input type="checkbox"/> Educating Policy Makers
<input type="checkbox"/> Investigations of Abuse and Neglect	<input type="checkbox"/> Other Systemic Advocacy
<input type="checkbox"/> Monitoring	<input type="checkbox"/> Training/Outreach
<input type="checkbox"/> Issuance of Public Report	

C. Results narratives of P&A activities and accomplishments related to above priority.

Priority:	
Objective:	
Target Population:	
limited to 500 characters	

D. Other qualitative narrative related to the above priority

(Significant activity for which there were no quantifiable results goes here).

Describe any other significant activity related to this goal (500 words maximum)

