

**ANNUAL PROGRAM PERFORMANCE REPORT (PPR),
PPR INSTRUCTIONS, AND THE ADVISORY COUNCIL
REPORT (ACR) 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 revision of the annual PPR, PPR Instructions, and the ACR for the PAIMI Program. The current PPR, PPR Instructions, and ACR (OMB 0930-0169) will expire on June 30, 2023.

Additionally, SAMHSA is requesting **Terms of Clearance** from OMB to use the current 2022-2023 PPR, PPR Instructions, and ACR (0930-0169) for the fiscal year (FY) 2023-2024 reporting period due on January 1, 2024. The reasons for this special request are the PAIMI grantees (1) have been serving and tracking PAIMI client statistics for six months of the 2023-2024 reporting period and to require them to adjust the counting, tracking, and documenting of the PAIMI work at this time would create an administrative and excessive burden; (2) need adequate time to update their statistical tracking systems that are used to gather the correct information and obtain training and technical assistance to ensure proper data collection is occurring; and (3) asked SAMHSA to consider not implementing the proposed changes and revisions to the current 2022-2023 PPR, PPR Instructions, and ACR (0930-0169) until the 2023-2024 reporting period due on January 1, 2025.

The protection and advocacy (P&A) systems were established under the Developmental Disabilities Act of 1975, known as the DD Act [42 U.S.C. 15001 et seq., as amended in 2000]. The amendments of 2000 require the Secretary of Health and Human Services submit a biennial report on disabilities to the President, Congress, and the National Council on Disability. The Secretary's report is prepared by the Administration on Disabilities (AoD), within the Administration on Community Living (ACL). The PPR, which includes an ACR, contains information from the PAIMI grantees on the types of activities and services they provided on behalf of PAIMI-eligible individuals. SAMHSA aggregates this information into a biennial summary report that AoD includes in an appendix to the Secretary's biennial report on disabilities. In order to continue this work, SAMHSA requests OMB approval for the PPR, PPR Instructions, and ACR packet.

Application Overview

The PAIMI Act at 42 U.S.C. 10801 et seq., authorized funds to the same protection and advocacy (P&A) systems created under the DD Act. The DD Act supports the Protection and Advocacy for Developmental Disabilities (PADD) Program administered by AoD within ACL. AoD is the lead federal agency for approving the designation of the P&As. The PAIMI Program supports the same 57 governor-designated P&A systems established under the DD Act by providing legal-based individual and systemic advocacy services to individuals with significant (severe) mental illness (adults) and significant (severe) emotional impairment (children/youth) who are at risk for abuse, neglect and other rights violations while residing in a care or treatment facility.

In 2000, the PAIMI Act amendments created a 57th P&A system known as the American Indian Consortium (the Navajo and Hopi Tribes in the Four Corners region of the Southwest). The Act, at 42 U.S.C. 10804(d), states that a P&A system may use its allotment to provide representation to individuals with mental illness, as defined by section 42 U.S.C. 10802 (4)(B)(iii) residing in the community, including their own home, **only**, if the total allotment under this title for any fiscal year is \$30 million or more, **and** in such cases an eligible P&A system **must** give priority to representing PAIMI-eligible individuals in facilities, as defined by 42 U.S.C. 10802(4)(A) and (B)(i).

The Children's Health Act of 2000 (CHA) also referenced the state P&A system authority to obtain information on incidents of seclusion, restraint, and related deaths [see, CHA, Part H at 42 U.S.C. 290ii-1]. PAIMI Program formula grants awarded by SAMHSA go directly to each of the 57 governor-designated P&A systems. These systems are located in each of the 50 states, the District of Columbia, the American Indian Consortium, American Samoa, the Commonwealth of the Northern Mariana Islands, the Commonwealth of Puerto Rico, Guam, and the U. S. Virgin Islands.

The PAIMI Act at 42 U.S.C. 10805(7) requires that each P&A system prepare and transmit to the Secretary HHS and to the head of its State mental health agency a report on January 1. This report describes the activities, accomplishments, and expenditures of the system during the most recently completed fiscal year, including a section prepared by the advisory council (the PAIMI Advisory Council or PAC) that describes the activities of the council and its independent assessment of the operations of the system.

To enhance the efficiency of the data collection, SAMHSA proposes the following revisions to the new annual PAIMI PPR, PPR Instructions, and ACR:

- All questions related to Race; added the following choices of Some other race and Race unknown;
- All questions related to Gender; added the following choices of Transgender (Trans Woman and Trans Man), Two-Spirit for American Indian/Alaska Native (AIAN), Gender Non-Conforming, Other, and Prefer not to say;

- All questions related Sexual Orientation; added the following choices of Lesbian or gay, Straight (not lesbian or gay), Bisexual, Other, and Prefer not to say;
- Demographic Composition of PAIMI Governing Board, Advisory Council and Program Staff; the following was added for clarification, “Transgender is someone whose gender identity is incongruent with their sex assigned at birth. A trans woman or a transgender woman is a woman who was assigned male at birth. A trans man or a transgender man is a man who was assigned female at birth. Two-Spirit is a term by and for Indigenous peoples and is culturally anchored with a particular meaning and, potentially, social status, it is not appropriate for use by non-Indigenous populations. Gender Non-Conforming refers to people who do not follow other people's ideas or stereotypes about how they should look, or act based on the female or male sex they were assigned at birth. Lesbian is a woman who has a romantic and/or sexual orientation toward women. Gay is a man who has a romantic and/or sexual orientation toward men. Straight (not lesbian or gay) is a heterosexual person; someone having a romantic and/or sexual orientation to persons of the opposite sex. Bisexual is an individual who has the capacity to form enduring physical, romantic, and/or emotional attractions to those of the same gender or to those of another gender. Other is someone who does not identified exclusively in one of the categories for gender or sexual orientation and is identified with a different term.”;
- Number of Mental Health Professionals on the Advisory Council; the following was added for clarification, Other (Identify the professional in the Footnotes);
- All questions related to Age; added the clarification “would not disclose” to “Prefer not to say”;
- Gender and Sexual Orientation of PAIMI-eligible Individuals Served; the following was added for clarification, “Enter the number of individuals served by the indicated categories of gender and sexual orientation. Individuals should not be included in more than one of the categories. The total for both tables should be an unduplicated total of persons served based on gender and sexual orientation.”;
- In the Living Arrangements Section, the following definitions were added in the PPR Instructions for clarification:

Community residential home for children/youth up to 18 yrs.: Group and residential live-in care placement in which staff are trained to work with children and youth whose specific needs are best addressed in a highly structured environment. These placements offer a higher level of structure and supervision than what can be provided in the youth’s or child’s home. For examples, this includes group homes where youth or children live with each other in a community-based setting, attend local schools and participate in community, cultural and social opportunities; and community-based residential homes that meet the Home and Community Based Services settings rule.

Community residential home for adults: A broad category of community based residential options for adults with serious mental illness, including group homes, supported or supportive housing, and other non-inpatient or institutional settings. For example, this includes community-based supported or supportive homes where staff are trained to work with adults with significant (serious) mental illness.

Non-medical community-based residential facility for children/youth: Facilities where 5 or more unrelated children/youth reside and care, treatment, services are above the level of room and board but less than skilled nursing care. Such care, treatment or services is provided as a primary function of such facility.

Foster care: This arrangement (also known as out-of-home care) is a temporary service provided by States for children who cannot live with their families. Children in foster care may live with relatives or with unrelated foster parents.

Nursing homes, including skilled nursing facilities: Facilities for the residential care of elderly or disabled people. They may also be referred to as care homes or long-term care facilities. Often, the terms have slightly different meanings to indicate whether the institutions are public or private, and whether they provide mostly assisted living, or nursing care and emergency medical care. Nursing homes are used by people who do not need to be in a hospital but cannot be cared for at home.

Intermediate care facilities (ICF): Long term care facilities that provide nursing and supportive care to residents on a non-continuous skilled nursing care basis, under a physician's direction. ICFs are designed to provide custodial care for those who are unable to care for themselves because of mental disability or declining health. ICFs are typically regarded as a lower-level nursing care facility when compared to a skilled nursing facility, but its residents require more care and attention than those in a residential care facility for elderly or an adult residential care facility.

Public and Private general hospital involving emergency rooms: A public hospital is owned and funded by the government. Whereas a private hospital is owned by an individual or group of people.

Public institutional living arrangement: This is a broad category to cover all public institutional living that do not fit into other living arrangement categories. For examples, this includes assisted living facilities, adult homes, residential schools, juvenile justice facilities, and residential care facilities that are owned and funded by the government.

Private institutional living arrangement: This is a broad category to cover all private institutional living that do not fit into other living arrangement categories. For example, this includes assisted living facilities, adult homes, residential schools, juvenile justice facilities, and residential care facilities that are owned by an individual or group of people.

Psychiatric hospitals (public/private): The term "psychiatric hospital" means an institution, which is primarily engaged in providing, by or under the supervisor of a Doctor

of Medicine or Osteopathy, psychiatric services for the diagnosis and treatment of individuals with mental illness. Some psychiatric hospitals are designated as “forensic hospitals” to serve individuals who are in the custody of penal authorities.

Jails: Correctional institutions used to detain persons who are in the lawful custody of the government as either accuse person awaiting trial or convicted person serving a sentence. Jails typically refers to smaller, local facilities, in which people are incarcerated for a short period of time.

State prisons: Institutions under state jurisdiction for confinement of persons convicted or serious crimes.

Federal detention centers: Facilities that hold individuals prior to or during court proceedings, as well as those serving brief sentences or ICE immigration detention facilities that house noncitizens to secure their presence for immigration proceedings or removal from the U.S. Another name for the centers is Federal Bureau Prisons.

Federal prisons: Institutions under federal jurisdiction for confinement of persons convicted or serious crimes.

Veterans’ administration hospital/clinic: Provides primary care, specialized care, and related medical and social support services to American veterans.

Other federal facility: This includes the Department of Homeland Security (DHS) and Health and Human Services (HHS) facilities used temporarily to house child migrants.

Homeless: An individual with no permanent living arrangement or no fixed place of residence.

Independent (in the community & PAIMI-eligible): This implies the person is living in his or her own home.

Parental or other family home & PAIMI-eligible: Parental home is a home that a child or young adult shares with a parent, guardian; a person acting in the capacity of a parent or guardian; or the home of one’s parents or guardians. Other family home is a home maintained by persons biologically related by biology, adoption, marriage, or common law, to a person.

Unknown: Living arrangement was not provided.

- In the Complaints/Problems of PAIMI-eligible Individuals of Abuse, Neglect, and Rights Violations Section, the following dispositions were added;

e. Other indicators of success or outcomes that resulted from P&A involvement.

h. P&A withdrew due to conflict of interest or other reasons.

- In Areas of Alleged Rights Violations Section, the following choices were added for clarification;

w. The denial of access to personal possessions
x. Failure to comply with commitment regulations
y. Failure to comply with commitment time frames

- The choice A/N I – Abuse/Neglect Investigation was added to the Intervention Strategies for clarification;
- In the Reasons for Closing Individual Advocacy Case Intervention Files Section, the following choices were either reorganized or added for clarification;

Client's objective was partially or fully met.	
Case or investigation lacked merit.	
Case withdrawn or terminated by the client.	
Issue favorably resolved.	
Issue not favorably resolved.	
Other success or outcomes due to P&A involvement (i.e., provided self-advocacy assistance)	
Other representation found.	
Services not needed due to client's death or relocation.	
P&A withdrew due to conflict of interest or other reasons (i.e., client would not cooperate).	

- In the Death Investigation Activities Section, the following was added for clarification, “if zero means the P&A did not receive any death reports from CMS for investigation, please note this in the Footnotes”;

- In the Interventions on behalf of groups of PAIMI-eligible Individuals Section, Group Advocacy the term “non-litigation” was corrected;
- Changed the Section “End Outcomes of P&A Activities” to “Performance Measures of P&A Activities”; changed the word “Outcome” to “Specific Measures”; either revised or add the following measures for clarification;

a) PAIMI-eligible individuals who access community-based mental health or health care services that resulted in community integration and independence or are better able to advocate to do so;	
b) PAIMI-eligible individuals who access benefits or services or are better able to advocate to do so;	
c) PAIMI-eligible individuals who live in a healthier, safer, improved, or more integrated settings or are better able to advocate to do so;	
d) PAIMI-eligible individuals are able to stay in their own home or better able to advocate to do so;	
e) PAIMI-eligible individuals who can secure or maintain employment and/or are not subject to workplace discrimination or are better able to advocate for to do so;	
f) PAIMI-eligible individuals who receive appropriate educational services and supports and/or are not subject to discrimination in educational settings or are better able to advocate for those outcomes;	
g) PAIMI-eligible individuals who go to school in safe and more humane conditions;	
h) PAIMI-eligible children (individuals) who receive appropriate services in the most integrated settings;	
i) PAIMI-eligible individuals who were not subject to discrimination in government benefits/services, housing, public accommodations, etc. or are better able to advocate for such outcomes;	
j) PAIMI-eligible individuals who were not subject to abuse, neglect, or rights violations or are better able to advocate for to do so;	
k) PAIMI-eligible individuals who can make their own decisions to the maximum extent feasible or are better able to advocate to do so;	
l) PAIMI-eligible individuals who had their rights enforced, retained, restored and/or expanded or are better able to advocate for to do so; and	
m) PAIMI-eligible individuals who were more able to participate in the voting process or are better able to advocate for to do so.	

- Tables and instructions were added the Budget Section for clarification; and
- In the Statement of Priorities (Goals) Section, removed the words “Expected Target” and revised the following information for clarification:

Report on previous FY Statement of Priorities and Objectives (SPO)

The Priority and Objectives target population and expected outcome fields will be pre-populated by the information submitted with the PAIMI application. The number of pre-populated items will reflect the number submitted in the application. **A.** Please indicate an actual outcome for each expected outcome. **B.** Please indicate strategies to implement goals and priorities. **C.** Provide a narrative (500 word limit) of P&A activities for each of the accomplishments related to each priority. **D.** Other Qualitative Narrative related to each priority: Provide a narrative (500 words limit) of significant activity for which there were no quantifiable results.

This submission requests three-year approval for the new annual PPR, PPR Instructions, and the ACR for the PAIMI Program [PAIMI Act at 42 U.S.C. 10805(a) (7) and Rules at 42 CFR 51.8 and 42 CFR 51.23 (a) (3)] will be effective for FY 2023 reports due on January 1, 2024.

2. Purpose and Use of Information

The annual PPR and ACR are used to document state P&A system compliance with PAIMI statutory and regulatory requirements. The PAIMI Act [42 U.S.C. 10824] requires SAMHSA to prepare a biennial report for that summarizes the state P&A systems program activities mandated under 42 U.S.C. 10805(a)(7). The SAMHSA report is an appendix to the biennial report on disabilities prepared by AoD for the Secretary. 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 served by each state P&A with PAIMI funds, the facilities investigated and monitored, and 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 state 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. OMB last approved the PAIMI PPR and ACR on June 12, 2020 (0930 -0169). The PAIMI Program GPRA performance measures are 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 reported 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 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 (TTA) activities, highlight trends and issues of national significance, and provide valuable comparative program activity and performance evaluation information.

The annual PPR also helps federal grant administrators and program staff monitor, guide, and evaluate the quality of the TTA provided to the state P&A systems.

The state P&A systems submit their PPR and ACR electronically to SAMHSA. See Appendix B for the PPR and ACR format.

The following table provides the specific proposed changes; comparing the current PAIMI PPR and ACR to the proposed PAIMI PPR and ACR.

New Proposed PPR/ACR Requirements	PPR/ACR Section
Questions related to Race; added the following choices of Some other race and Race unknown.	Section A.11. Demographic Composition of PAIMI Governing Board, Advisory Council, and Program Staff; and Section A.17. Staff Charging Time to the PAIMI Program
Questions related to Gender; added the following choices of Transgender (Trans Woman and Trans Man), Two-Spirit for American Indian/Alaska Native (AIAN), Gender Non-Conforming, Other, and Prefer not to say.	Section A.11. Demographic Composition of PAIMI Governing Board, Advisory Council, and Program Staff; and Section B. 2. Gender and Sexual Orientation of PAIMI-eligible Individuals Served
Questions related Sexual Orientation; added the following choices of Lesbian or gay, Straight (not lesbian or gay), Bisexual, Other, and Prefer not to say.	Section A.11. Demographic Composition of PAIMI Governing Board, Advisory Council, and Program Staff; and Section B. 2. Gender and Sexual Orientation of PAIMI-eligible Individuals Served
Demographic Composition of PAIMI Governing Board, Advisory Council and Program Staff; definitions were added for clarification.	Section A.11. Demographic Composition of PAIMI Governing Board, Advisory Council, and Program Staff
Question related to the Number of Mental Health Professionals on the Advisory Council;	Section A.12. Demographic Composition of PAIMI Governing Board, Advisory Council,

the following was added for clarification, Other (Identify the professional in the Footnotes).	and Program Staff
Questions related to Age; added the clarification “would not disclose” to “Prefer not to say”.	Section B.1. Age of PAIMI-eligible Individuals Served
Gender and Sexual Orientation of PAIMI-eligible Individuals Served; the language was for clarification.	Section B.2. Gender and Sexual Orientation of PAIMI-eligible Individuals Served
Living Arrangements Section, definitions were added for clarification.	Section B.5. Living Arrangements of PAIMI-eligible Individuals at Intake
Complaints/Problems of PAIMI-eligible Individuals of Abuse, Neglect, and Rights Violations Section, the following dispositions were added: Other indicators of success or outcomes that resulted from P&A involvement; and P&A withdrew due to conflict of interest or other reasons.	Section C.1., C.3., and C.5. Complaints/Problems of PAIMI-eligible Individuals – Areas of Alleged of Abuse, Neglect, and Rights Violations
Areas of Alleged Rights Violations Section, the following choices were added for clarification: The denial of access to personal possessions; Failure to comply with commitment regulations and Failure to comply with commitment time frames.	Section C.5. Complaints/Problems of PAIMI-eligible Individuals – Areas of Alleged of Abuse, Neglect, and Rights Violations
Reasons for Closing Individual Advocacy Case Files Section, the choices were either reorganized or added for clarification.	Section C.7. Reasons for Closing Individual Advocacy Case Files
The choice A/N I – Abuse/Neglect Investigation was added to the Intervention Strategies for clarification.	Section C.8. Intervention Strategies
In the Death Investigation Activities Section, the following was added for clarification, “if zero means the P&A did not receive any death reports from CMS for investigation, please note this in the Footnotes.”	Section C.9. Death Investigation Activities
Interventions on behalf of groups of PAIMI-eligible Individuals Section, Group Advocacy	Section C.11. Interventions on behalf of groups of PAIMI-eligible Individuals

the term “ <u>non-litigation</u> ” was corrected	
Changed the Section “End Outcomes of P&A Activities” to “Performance Measures of P&A Activities”; changed the word “Outcome” to “Specific Measures”; either revised or add new measures for clarification.	Section C.12. Performance Measures of P&A Activities
Tables and instructions were added to the Budget Section for clarification	Section G. PAIMI Budget – Actual for FY 20____
Statement of Priorities (Goals) Section, removed the words “Expected Target” and revised the information for clarification.	Section H. Statement of Priorities (Goals)

3. Use of Information Technology

In Fiscal Year 2017, SAMHSA enhanced the Web-based Block Grant Application Systems (WebBGAS) to facilitate the electronic submission of the PAIMI application. State P&A systems are required to complete and submit their PPR and ACR in WebBGAS at: <https://bgas.samhsa.gov>. 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]. State 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 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.

5. 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 grant is 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)]. Less frequent data collection 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

As required by 5 CFR 1320.8(d), the 60-Day FRN was published in the *Federal Register* on January 10, 2023 (88 FR 1395). Thirty-four (34) public comments were received.

To keep abreast of state P&A system trends, issues and activities, SAMHSA currently partners with other federal P&A agencies – AoD/ACL (the lead), Social Security Administration (SSA) and the Rehabilitation Services Administration (RSA) within the Department of Education. The federal partners meet at least once a month (in person at AoD or via teleconference) to discuss, coordinate and collaborate on P&A system issues. AoD, SAMHSA and RSA fund the annual training and technical assistance (T/TA) contract for their respective P&A program grantees through separate annual inter-agency agreements (IAA) with AoD. AoD administers the T/TA contract.

Key consultants on reporting issues were:

Federal P&A System Program Officials

Lisa Stallworth	Program Coordinator, SAMHSA/CMHS/DSCSD	(240) 276-1402
Eric Weakly	Branch Chief, SAMHSA/CMHS/DSCSD	(240) 276-1303
Odessa Crocker	Branch Chief, SAMHSA/OFR/DGM	(240) 276-1078
Samuel Pierre	Program Specialist, ED/OSERS/RSA	(202) 245-6488
Ophelia McLain	Program Coordinator, AoD/ACL	(202) 795-7401
Wilma Roberts	Program Specialist, AoD/ACL	(202) 795-7449

Non-Federal Organizations

On September 29, 2020, a 5-year sole-source P&A system T/TA contract was awarded by AoD to the Technical Assistance and Support Center (TASC)/National Disability Rights Network (NDRN). AoD administers the contract, which is funded by an annual inter-agency agreement (IAA). The IAA is funded by AoD, SAMHSA and RSA. The PAIMI Act (at 42 U.S.C. 10825 Technical assistance) states “the Secretary shall use not more than 2 per cent of the amounts appropriated under section 10827 of this title (ibid, Authorization of appropriations) to provide technical assistance to eligible systems”

SAMHSA’s current annual PAIMI PPR and ACR (OMB Approval 0930-0169) expires on June

30, 2023. SAMHSA will publish 60- and 30-day *Federal Register Notices* for public comments on proposed revisions to the PAIMI PPR reporting requirements.

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	20	1,140	\$100/hour	\$114,000
Advisory Council Report	57	1	10	570	\$45/hour (Unpaid volunteers)	\$25,650
Total	114	-	-	1,710	-	\$139,650

*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 \$100 per hour, including fringe benefits. The \$45 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

The total annual cost to the Federal Government is \$304,302 (\$178,922 + \$75,513 + \$18,408 + \$31,458). 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. The P&A systems input their annual reports directly into the WebBGAS.

For the SAMHSA staff, it is estimated that the PAIMI Program Officers (PPOs) need 285 hours (5 hours per review x 57 grantees) to complete the first level review of the 57 PAIMI grantees PPRs (including the advisory council's section) and the application for the same fiscal year; PPO revision information or revision requests; and follow-up emails to the grantees and to WebBGAS (requesting access to new P&A staff, etc.). Per OPM Salary Table 2021-DCB, the estimated cost for four PPOs (GS-13s) to complete the first level review of the annual PAIMI Program applications and PPRs is \$18,408.15 based on the average GS-13/step 10 hourly rate of \$64.59 x 285 hours to review 114 documents.

The salary for the second level review conducted by the PAIMI Team Lead/Program Coordinator is estimated as \$8,700.48 based on 114 hours (2 hours per review x 57 grantees) x the GS-14/step 10 hourly rate of \$76.32. In addition, the salary for the third level review by two Branch Chiefs is estimated as \$4,350.24 based on 57 hours (1 hour at 30 minutes per report) x the GS-14/step 10 hourly rate of \$76.32 to review the annual applications and PPRs. The total costs estimated for the PPOs, Team Lead and Branch Chiefs is \$31,458.87 for the review of the PAIMI Program applications and PPRs.

1. Changes in Burden

There are currently 2052 burden hours in the OMB inventory. SAMHSA is requesting 1,710 hours. The total burden was reduced by 342 hours based on recent experience working with the FY 2021 annual PPR/ACR. Review of the FY 2021 annual PPR/ACR provided a few opportunities to reduce burden related to the Program Performance Report (PPR).

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 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, WebBGAS automatically notifies SAMHSA PAIMI Program staff the date a PPR/ACR is 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. AoD 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 AoD final biennial report is released, it is available for public distribution.

Timetable 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	June 15
SAMHSA staff review and edit the final PAIMI Report to Congress, the Assistant Secretary for Mental Health and Substance Use, SAMHSA signs and submits the report to HHS	September 15

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
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Attachment 2	Annual Program Performance Report - Instructions
Attachment 3	Advisory Council Report