

Agency Information Collection Activities: Proposed Collection; Comments Request 0930-0169 PAIMI 88 FR 1395 (January 10, 2023)  
Summary of Comments and SAMHSA’s Responses as of 03/17/2023

Comment Number	Date Received	Organizations	Summary of Comments	SAMHSA’s Response
1	1.23.2023	Disability Rights Texas (DRTx)	Gender – • Increase the options to better reflect gender identify choices. We are aware specific language is under discussion within NDRN currently.	SAMHSA revised Section A, Question No. 11. (pages 2- 3) and Section B, Question No 2. (page 6) in the PPR as recommended; deleted the entire table for Sexual Orientation. SAMHSA revised the terminology and definitions on pages 1-3 of the PPR Instructions that are related to Section A, Question 11. and Section B, Question 2.
2	1.23.2023	Disability Rights Texas (DRTx)	Living Arrangements – • Add juvenile justice facilities • Additionally, we currently report living arrangement at the time of intake at the P&A. • Reporting living arrangements at the time of the incident could provide helpful information about the facility and provider type. Current language: Enter the number of individuals served by the indicated living arrangement category. Individuals should not be included in more than one category. If an individual’s living arrangement changes during the period they are being served, use the living arrangement at time of intake at the P&A. (The word “admission” was changed for clarification.)	Juvenile justice facilities were included in the definitions for public and private institutional living arrangement in Section B, Question 2 (page 4 in the PPR Instructions). The current language cited from the PPR Instructions was not changed and will remain as stated. SAMHSA wants to know the living arrangement of PAIMI-eligible individuals at the time services is requested at intake from the P&A to determine the priority of the PAIMI work in facilities vs community. If needed, the P&A can keep a separate record of the PAIMI-eligible individuals' living arrangements at the time of the incident if it is different before or after at the time of intake.
3	1.23.2023	Disability Rights Texas (DRTx)	Areas of alleged rights violations • Add access to personal possessions and failure to comply with commitment regulations. With the length of time individuals (particularly those that are involved with the criminal justice system) are remaining in state hospitals and jails (years) and with the impact of the workforce shortage, access to personal possessions has become a huge problem. Storage space is limited and often possessions are locked. There is a lack of staff to retrieve items in a timely manner. Additionally state hospitals are attempting to move to a cashless system to prevent ordering online because of the volume of packages	SAMHSA added the recommendation to Section C, Question 5, page 14.
4	1.23.2023	Disability Rights Texas (DRTx)	Areas of alleged rights violations • Add failure to comply with commitment time frames. The private facilities often keep patients as long as the insurance will pay for them. We see problems with voluntary commitments (failure to release the person within the mandated time frame after requesting release) or with emergency detentions, (some facilities have placed individuals on consecutive emergency detentions which is not in accordance with the statute.	SAMHSA added the recommendation to Section C, Question 5, page 14.
5	1.23.2023	Disability Rights Texas (DRTx)	Outcomes • Add: P&A withdrew due to conflict of interest or other reasons.	SAMHSA added the recommendation to Section C, Questions 2, 4, & 6, pages 10, 11, & 13.
6	1.23.2023	Disability Rights Texas (DRTx)	Outcomes • Reasons for closing cases add: P&A withdrew due to conflict of interest or another issue. (Clients sometimes fail to comply with the terms of representation and in those cases; the P&A may have to withdraw.)	SAMHSA added the recommendation to Section C, Questions 7, page 14.

7	1.23.2023	Disability Rights Texas (DRTx)	<p>Outcomes</p> <ul style="list-style-type: none"><li>• The menu for outcome measures should be consistent across sections as well as consistent across abuse, neglect and rights problems. It is not currently. In the case problems, neglect includes other indicators of success but that is not included in abuse and rights. In the intervention strategies, the outcomes for neglect includes lack of resources but abuse and rights do not. If other indicators of success is deleted, that would address the issue across sections and problem areas.</li></ul>	SAMHSA added the recommendation to Section C, Questions 1-6, pages 9-14.
8	1.23.2023	Disability Rights Texas (DRTx)	<p>Intervention strategies</p> <ul style="list-style-type: none"><li>• Restore abuse/neglect investigations</li><li>• Add P&amp;A withdrew due to conflict of interest or another reason.</li></ul>	A/N I - Abuse/Neglect Investigation is No. 5 under Question 8. (Intervention Strategies), page 15. SAMHSA added the recommendation to Section C, Questions 2, 4, & 6, pages 10, 11, & 13. This is not applicable to the Intervention Strategies.

9	1.23.2023	Disability Rights Texas (DRTx)	<p>PAIMI Application</p> <p>The listed categories capture the race of 14 of the 15 members. Please note one member of our Council is of Hispanic origin and none of the race categories under section B.5. describe her race properly. People of Hispanic origin may be of any race and they can choose one or more race categories. In this instance, the individual did not identify with any of the race categories; we recommend that in future applications an additional race category titled “some other race or other” be included to capture such instances.</p>	SAMHSA added the category "Some other race" as recommended in Section A, Question 11 (page 3); Question 17 (page 6) and Section B, Question 3 (page 7).
10	1.23.2023	Disability Rights Texas (DRTx)	PAIMI Instructions: The instructions would be more helpful if the instructions included the menu of outcome options for each section.	SAMHSA may consider this when preparing the instructions for the new PPR.
11	2/7/2023	Disability Rights Washington (DRW)	The new PAIMI PPR revisions on sex/gender make gathering data harder and conflate sex with gender in a very confusing way. Proposed separating sex and gender. Think it would best practice to allow people to be able to choose more than one option under gender identity.	See response for Item No. 1.
12	2/7/2023	Disability Law Colorado (DLC)	DLC supports DRW's comments and proposal on sex/gender. Per DLC, this data collection, when framed appropriately, as an opportunity to offer more inclusive and responsive services and recognition of people's lived experiences.	See response for Item No. 1.
13	3.9.2023	Disability Rights Pennsylvania (DRP)	<p>A. Part A (PAIMI Program Information), Part E (Grievance Information) &amp; Advisory Council Report</p> <p>There are redundant questions in Part A of the PPR regarding the Advisory Council and in the Advisory Council Report (e.g., mental health professionals on the Advisory Council, race/ethnic/gender composition of the Advisory Council. Similarly, some of the same information sought in Part E relating to grievances is also requested in the Advisory Council Report. We recommend eliminating the redundancies.</p> <p>In addition, DRP respectfully requests that SAMSHA modify the formatting of the PAC report to make it more accessible to people with visual disabilities. The current form uses a small font and has numerous boxes of different sizes, making it difficult to navigate. DRP suggests that SAMSHA revise and streamline the report. For example, rather than having boxes in which narrative responses are entered, there could be an option to select “Yes” or “No.”</p>	The Advisory Council Report is a separate report that is required to be prepared independently by the PAC members of the P&A's operation of the PAIMI Program. Therefore, it should have some of the same questions that are in the PPR, which is prepared by the P&A staff. SAMHSA will review the ACR to ensure that it is accessible to people with visual disabilities.
14	3.9.2023	Disability Rights Pennsylvania (DRP)	<p>B. Part B (Living Arrangements)</p> <p>DRP strongly recommends that SAMHSA try to consolidate some of the living arrangement options to eliminate potential overlap and/or provide more specific definitions to eliminate confusion. For instance:</p> <ul style="list-style-type: none"> <li>• The differences between “community residential home for children/youth up to age 18” and “non-medical-based residential facility for children and youth” and “private institutional living arrangements” is often unclear. For instance, a psychiatric residential treatment facility would not be a community home, but it could qualify as either a non-medical-based residential facility or a private institutional living arrangement. A group home, depending on size, could fall into any one of these categories.</li> <li>• Juvenile detention facilities can potentially qualify as “jails” or public or private “institutional living arrangements.”</li> <li>• It is unclear why “federal detention center,” “federal prison,” and “other federal facility” cannot be combined or, if not, why there are no definitions for further guidance.</li> </ul> <p>If at all possible, it would be particularly helpful for SAMHSA to work with the Administration on Community Living (which administers data collection and reporting for the PADD, PAAT, PATBI, and PAVA grants) and the Rehabilitation Services Administration (which administers data collection and reporting for the PAIR grant) to jointly agree on the types living arrangements and their definitions, which</p>	The current list of living arrangements are in line with ACL's One PPR. To eliminate confusion, SAMHSA added a definition for each living arrangements listed in the PPR Instructions under Section B. Question 2 (pages 3-5).

15	3.9.2023	Disability Rights Pennsylvania (DRP)	<p>C. Part C (Complaints/Problems of PAIMI/Eligible Individuals)</p> <p>The first three forms in this Part are charts that provide the number of service requests closed by the P&amp;A relating to Abuse, Neglect, and Rights Violations. Each form requires the P&amp;A to identify the number of closed service requests broken down by sub-problems and outcomes. One technical problem with the usefulness of this information is that the “outcomes” are identified only by letters and there is no key code on the forms to tell the reader what the letters mean. If one purpose of the form is to make the information useful and readable, then DRP would recommend that SAMHSA at least incorporate a key code on the forms to link the letters with the C. Part C (Complaints/Problems of PAIMI/Eligible Individuals)</p>	<p>The key code with the letters (representing the dispositions for abuse, neglect, and rights violations) are in a drop down box that shows up when the forms are opened. The drop down box can be moved from side to side to view the information.</p>
16	3.9.2023	Disability Rights Pennsylvania (DRP)	<p>Also, the outcomes in the Abuse, Neglect, and Rights Violations forms are not the same. Specifically, the outcomes for Neglect include “other indicators of success,” which is not an outcome that is available for Abuse or Rights Violations. The difference in outcomes among the three primary problem areas obviously makes data collection difficult. It is difficult to train staff to know that the outcome is available only if the problem is one of neglect. Moreover, the “other indicators of success” outcome is incredibly vague and not defined, compounding the challenges for staff. One solution to this problem is to eliminate “other indicators of success” as an outcome for neglect complaints, but there are broader concerns with the “outcomes” SAMHSA uses in these forms:</p> <ul style="list-style-type: none"> <li>• The difference between the “outcomes” in these forms and “reasons for closing,” which are reported in the fourth form in Part B, is mysterious. Many, but not all, “outcomes” are substantially the same as the “reasons for closing while others differ in ways that may – or may not – matter. For staff, these differences engender considerable confusion. Optimally, SAMHSA would eliminate the collection of “outcome” data entirely.</li> <li>• SAMHSA should add to the reasons for closing form (and to the outcomes for Abuse, Neglect, and Rights Violation forms, if it chooses to maintain them) something akin to “client has information to self-advocate.” One of the primary levels of intervention recognized by SAMHSA and used by DRP is “self-advocacy assistance.” Yet, there is no reason for closing or outcome that specifically reflects that the P&amp;A provided the client with information to facilitate self-advocacy. DRP requests that SAMHSA add that to the reasons for closing and outcomes (if SAMHSA continues to use outcomes).</li> </ul>	<p>See response for Item No. 7. In addition, Section C, Question 7 (pages 13-14) were revised to match up with the dispositions listed for abuse, neglect, and rights violation.</p>
17	3.9.2023	Disability Rights Pennsylvania (DRP)	<p>C. Part C (Complaints/Problems of PAIMI/Eligible Individuals)</p> <p>Another important challenge to accurate data collection and useful reporting is that the sub-problems listed in the forms for Abuse, Neglect, and Rights violations are confusing, redundant, and/or inadequate, which raise additional challenges for data collection and reporting. DRP recommends that SAMHSA rework these sub-problems. Some key issues to be addressed include the following:</p> <ul style="list-style-type: none"> <li>• Some – but not all – of the sub-problems are listed in terms of a specific action rather than just the general issue. For instance, some sub-problems merely state the subject that might be raised by the client (e.g., “inappropriate or excessive medication” or “financial exploitation” or “the right to refuse treatment”). Other problems, though, are linked to specific actions (e.g., “denial of privacy rights,” “failure to provide necessary or appropriate mental health treatment,” “failure to obtain informed consent”). It is not clear whether SAMHSA means to limit those problems to situations where there is a viable claim related to the subject. DRP recommends that SAMHSA eliminate the verbs in the sub-problems so that they simply reflect the subject area (e.g., change “failure to provide necessary or appropriate mental health treatment” to “mental health treatment”).</li> </ul>	<p>SAMHSA prefers to have the sub-problems for abuse, neglect, and rights violations listed as specific actions rather than as general issues. The specific actions are based on the federal regulations in 42 United States Code 10801 -10803 and 42 Code of Federal Regulations 51.2. Therefore, the specific actions for the sub-problems were not revised.</p>

18	3.9.2023	Disability Rights Pennsylvania (DRP)	<ul style="list-style-type: none"> <li>Some of the sub-problems are unclear and/or repetitive. For instance, in the Neglect form, the sub-problems include “failure to provide necessary or appropriate medical (other than psychiatric) treatment” and “medical (non- mental health related) diagnostic physical examination.” The latter issue would seem to be subsumed in the former issue, so it is unclear why the latter is necessary. Likewise, the sub-problem “mental health diagnostic or other evaluation (does not include treatment)” and “failure to provide necessary or appropriate mental health treatment” seem to be able to be combined into a single sub-problem relating to “mental health treatment.” So, too, in the Neglect form, one sub-problem is “failure to provide appropriate discharge planning or release from a residential care or treatment facility” while in the Rights Violations form there is a sub-problem for “failure to provide an appropriate written discharge plan.” Yet, it</li> </ul>	See response for Item No. 17.
19	3.9.2023	Disability Rights Pennsylvania (DRP)	<ul style="list-style-type: none"> <li>Some of the sub-problems should be expanded as they seem unduly narrow: (1) change “guardianship/conservator problems” to “decision- making issues, including guardianship, advance directives, powers of attorney” and eliminate the separate “advance directive issues”; (2) change “failure to provide educational services in the least restrictive setting for PAIMI-eligible individuals” to “education issues,” which would more clearly encompass issues related to bullying, discipline, free, appropriate public education, and post-secondary education; (3) “denial of rights protection information or legal assistance, including adequate and appropriate representation during commitment hearings” should simply be changed to “involuntary and voluntary treatment issues, including, but not limited to, issues relating to commitment hearings”; and (4) “denial of access to community-based rehabilitation services and treatment” should be changed to “community-based mental health care and health care treatment and services, including, but not limited to, Medicaid issues.”</li> </ul>	As stated in the response for Item 17, the specific actions for the sub-problems were not revised. DRP should determine the appropriate sub-problem to report specific actions that are not listed in the PPR.
20	3.9.2023	Disability Rights Pennsylvania (DRP)	<ul style="list-style-type: none"> <li>DRP receives a number of inquiries from PAIMI-eligible clients concerning Rights Violations for which there are no specific sub-problems, necessitating staff to opt for the “other” category which SAMHSA disfavors. DRP recommends that SAMHSA add the follow sub-problems to Rights Violations: (1) discrimination by public accommodations; (2) discrimination in government services or benefits; (3) discrimination in post-secondary education (unless, as suggested in the prior bullet, the education sub-problem is broadened to encompass post-secondary issues); (4) community-based mental health and health care treatment and services, including but not limited to Medicaid issues (again, unless, as suggested in the prior bullet, SAMHSA amends the current sub-problem of “denial of access to community-based rehabilitation services and treatment”); (5) consumer finance; (6) criminal/juvenile justice; (7) housing issues unrelated to discrimination.</li> </ul>	See response for Item No. 17. DRP should note that the PAIMI Program does not cover issues or concerns related to (1) issues or problems not directly related to an individual's disability, (2) anything that is not the wish or request of the person with the disability, (3) bankruptcy, (4) criminal law, (5) family law, (6) identity theft, (7) malpractice, (8) mortgage foreclosure, (9) personal injury, (10) probate, (11) property related, (12) social security determination or appeals, and (13) wills and estate planning. This list may not include everything.

21	3.9.2023	Disability Rights Pennsylvania (DRP)	<p>In the form titled “End Outcomes” in Part B, DRP recommends changing the term “end outcomes” to “performance measures” to eliminate confusion between “outcomes” (used in the first three forms in this Part) and “end outcomes.” But the more significant problem with the End Outcomes form is that the identified “end outcomes” do not align as closely as they could with most service request outcomes. DRP recommends amending these “end outcomes”/performance measures to make them more user-friendly and comprehensive, including, for instance, the following: (1) people with PAIMI-eligible disabilities who were not subject to abuse, neglect, or rights violations or are better able to advocate to address those issues; (2) people with PAIMI-eligible disabilities who can make their own decisions to the maximum extent feasible or are better able to advocate to do so; (3) people with PAIMI-eligible disabilities who live in more integrated settings or are better able to advocate to do so; (4) people with PAIMI-eligible disabilities who access community-based mental health or health care services or are better able to advocate to do so; (5) people with PAIMI-eligible disabilities who access benefits or services or are better able to advocate to do so; (6) people with PAIMI-eligible disabilities 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; (7) people with PAIMI-eligible disabilities who can secure or maintain employment and/or are not subject to workplace discrimination or are better able to advocate for those outcomes; (8) people with PAIMI-eligible disabilities who are not subject to discrimination in government benefits/services, housing, or public accommodations or are better able to advocate for such outcomes; and (9) people with disabilities</p>	SAMHSA made revisions were made to Section C, Question 12 based on the recommendation.
22	3.9.2023	Disability Rights Pennsylvania (DRP)	<p>In the form for Group Interventions in Part B, there are several intervention categories: “group advocacy non-litigation,” “abuse and neglect investigations (non-death related),” “facility monitoring services,” “community-based monitoring services,” “court ordered monitoring,” systemic litigation,” and “other.” There are two issues that warrant clarification:</p> <ul style="list-style-type: none"> <li>• It appears that the form’s reference to “Other” should be “other systemic activities.” On page 6 of the PPR Instructions, it indicates that the chart should track “other systemic activities” and the Instructions include a definition of that term. DRP requests clarification that “other” is “systemic advocacy activities.”</li> <li>• It is unclear what “group advocacy,” as used in the chart, means. In SAMHSA’s PPR Instructions, “group advocacy services” means “[w]ork on behalf of groups of people with disabilities pursued through interventions of systemic litigation, legislative and regulatory advocacy, and systemic advocacy (non-litigious and non-legislative). It is concerted action to reform the policies or modes of operations of a system of services such as the disability service system or the policies and practices of private actors.” Group advocacy, in other words, seems to encompass all types of interventions on behalf of groups. So, in the Group Intervention chart, it seems repetitive of the remainder of the categories and perhaps should be eliminated to avoid confusion.</li> </ul>	The PPR Instructions on page 17 states that Other Systemic Advocacy is concerted action by the P&A agency to promote and effectuate changes in the policies, rules, and laws that impact groups of people with disabilities, and to remove the barriers that prevent or impede them from leading full and productive lives in the community (that does not fit elsewhere in the form). Systems Advocacy typically addresses the establishment, support, improvement, or expansion of (1) programs that provide services or benefits to persons with disabilities, and (2) the legal rights, protections, and entitlements of persons with disabilities; and may involve opposition to efforts to weaken, reduce or eliminate existing services or rights. SAMHSA did not revise the Group Interventions. The list contains specific types of group interventions.
23	3.9.2023	Disability Rights Pennsylvania (DRP)	<p>D. Part D (Non-Client Related Advocacy Activities)</p> <p>In this form, SAMHSA’s request for “the number of PAIMI Program TA services” is included under Section 3 relating to public awareness activities. In 2019, SAMHSA changed the definition of “Technical Assistance” to mean services provided to persons other than clients/parents of minors/legal guardians relating to matters within the P&amp;A’s expertise. Thus, “Technical Assistance” is not a public awareness activity. DRP recommends moving information about the number of Technical Assistance requests from the section on public awareness in the form and to Section 1 on the form (“Individual Information”) where P&amp;As report the number of information and referral services provided</p>	Technical Assistance was supposed to stand alone in the PPR as a separate category. SAMHSA will correct this in the new PPR.

24	3.9.2023	Disability Rights Pennsylvania (DRP)	<p>E. Part H (Statement of Priorities and Objectives)</p> <p>Based on the P&amp;As’ PAIMI Applications, SAMHSA requires P&amp;As to report in their PPRs on the “actual outcome” for each priority and objective to compare it to the “expected target” and “expected outcome” for the priority/objective that the P&amp;As provide in the PAIMI Applications. The difference between an “expected target” and an “expected outcome” is unclear since it seems unlikely that a P&amp;A would provide a target that it did not expect to reach. So, DRP proposes requesting “expected outcomes” in the Applications and asking for <del>actual outcomes in the PPR and eliminating “expected targets”</del></p>	SAMHSA will remove the phrase "Expected Target" and keep the phrases "Expected Outcome" and "Actual Outcome".
25	3.13.2023	Disability Rights Mississippi (DRMS)	DRMS has no issue with changes except for the sex/gender change. It seems that the proposed change confuses sex and gender. Perhaps change to female, male, intersex, or prefer not to answer. In addition I would hope any data collection would be consistent across federal programs for anyone gathering statistical information.	See response for Item No. 1.
26	3.13.2023	Disability Rights South Carolina (DRSC)	The only concern that DRSC has is the effective date for the FY 2023 PPR reports, which are due on January 1, 2024. Requesting agencies to update their database and collection of data going into the third quarter is an unnecessary cost and burden for agencies. Even if we make these changes in the third quarter, we may not collect all the required information. DRSC would ask that new collection of data be effective at the beginning of FY 2024, starting October 1, 2024. Finally, we need clear guidance that we are moving forward to make these changes in our database and to train staff. DRSC is not clear if these decisions have been made and approved.	SAMHSA understands and will request an approval from OMB to wait and use the new PPR for FY 2024 (October 1, 2023 - September 30, 2024).
27	3.13.2023	HUMAN RIGHTS CAMPAIGN (HRC)	SAMHSA’s proposal to collect additional information related to sex and gender, including whether individuals served are transgender, align with OMB’s recommendations and these longstanding agency practices, and would serve to advance equity for LGBTQ+ people by ensuring necessary evidence can be collected to allow for assessment of their inclusion in programs like those supported under the PAIMI Act. However, the proposal does not appear to include any measures on respondents’ sexual orientation, leaving a critical gap in data relevant to the enforcement of federal and state civil rights laws, which are increasingly being interpreted in line with the decision in Bostock to encompass both gender identity and sexual orientation discrimination as part of their bars on sex discrimination. These laws include authorities historically used for advocacy by PAIMI Act grantees, such as the Fair Housing Act. Recent recommendations issued by a panel formed by the National Academies of Sciences, Engineering, and Medicine on SOGI measurement in federal surveys and other instruments (the “NASEM Panel”) include well-tested measures for both sexual orientation and gender identity. <sup>18</sup> SAMHSA should amend its proposal to better align with the NASEM Panel by implementing both forms of measures, given that its	See response for Item No. 1.
28	3.13.2023	Disability Rights North Carolina (DRNC)	<p>Section B: Demographics – Interventions on behalf of PAIMI Eligible Individuals.</p> <p>Serving a PAIMI-eligible individual can take an extended amount time, and clarifying when reporting the age of PAIMI-eligibility to use the age at the time of intake will ensure that if an individual's age changes during the reporting period, the age of the individual is only reported once. Similarly, clarifying using an individual's living arrangement at the time of the intake when reporting living arrangements of PAIMI- eligible individuals clarifies the PPR, especially if an individual's living arrangement changes during the reporting period. Additional clarification on completing the intervention strategies by explaining that the number should be the same as the total in each complaint/problem area relieves confusion in reconciling totals. These clarifications will limit individuals being included in more than one category and streamline reporting.</p>	Additional language was added for clarification, "Some clients may have more than one complaint/problem, and each may require more than one intervention strategy, therefore, the total number of intervention strategies used may exceed the total number of individuals served. If this is the situation, please indicate this in the Footnotes at the bottom of the form."
29	3.13.2023	Disability Rights North Carolina (DRNC)	<p>Section G: PAIMI Budget – Actual for FY 20</p> <p>Previous instructions for Section G did not provide enough guidance to complete the section. The clarifications and definitions in the proposed instructions will streamline the P&amp;As reporting of actual expenditures and also allow for the reporting of all</p>	SAMHSA appreciates the positive comments about the PAIMI Budget.

30	3.13.2023	Disability Rights North Carolina (DRNC)	<p>Section H: Statement of Priorities and Objectives</p> <p>The new additional language in Section H clarifies how specific the PAIMI SPO must be and connects the SPO with the previous year’s approved application. This clarification will strengthen the SPOs providing a clearer picture to the P&amp;As,</p>	SAMHSA appreciates the positive comments about the PAIMI SPOs.
31	3.13.2023	Disability Rights North Carolina (DRNC)	<p>Demographic Composition of PAIMI Governing Board, Advisory Council, and Program Staff</p> <p>First, there is a strong belief that the title of the questions should be changed from “Sex” to either Gender or Gender Identity. Overall, a slight preference was expressed for Gender Identity, but in the opinion of the Network either is better than the outdated term of “Sex”.</p> <p>NDRN received, as part of our discussion with the Network, a couple of suggestions on ways to better capture this data. We have decided to share the suggestions we received as a way to demonstrate that there are better alternatives that should be considered for the final version of the PAIMI PPR.</p> <p>1) Separating sex and gender: Legal sex: male    female Gender: male    female    transmasculine    transfeminine    nonbinary    Two-Spirit other</p> <p>2) This is used by one P&amp;A in its PAIMI PAC application: Gender (Select one) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Other:</p> <p>3) DRNC’s suggestion was: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say</p> <p>4) It was also suggested that a best practice would allow individuals to select more than one gender identity.</p>	See response for Item No. 1. SAMHSA did not accept DRNC's suggestion that a best practice would allow individuals to select more than one gender identity. The reason is that it would cause a duplication of the actual number of individuals represented in Section A, Question No. 11. and Section B, Question 2.
32	3.13.2023	Disability Rights North Carolina (DRNC)	<p>Timing of PPR Changes</p> <p>DRNC strongly believes that any changes made to the PAIMI PPR should not take effect until the Fiscal Year (FY) 2024 reporting period. We are almost halfway through FY 2023 as these comments are due. We have already been serving and tracking PAIMI client statistics for almost six months of the reporting period. To require us to adjust the counting, tracking, and documenting of our PAIMI work at such a late time is an administrative nightmare and undue burden. This also undercuts the benefits discussed above around the changes in the instructions that will lead to greater clarity and consistency in PAIMI reporting. Importantly, delaying these changes until FY 2024 will allow the P&amp;As to update statistical tracking systems we use to gather the correct information, and for needed training and technical assistance to be provided to staff to ensure proper data collection is occurring. For all of these reasons, SAMHSA should not implement the proposed changes.</p>	See response for Item No. 26.



33	3.13.2023	Disability Rights North Carolina (DRNC)	<p>Clarification For Counting PAIMI Advisory Council Members</p> <p>The instructions to the PAIMI PPR regarding the composition of the PAIMI Advisory Council should clarify that individuals can be counted in multiple categories, not just limited to only satisfying one of the required categories across questions. This Administration has made it a hallmark of its work to recognize the intersectionality of individuals and that there is a need to look at the person as a whole, not just a specific aspect of their life. To require the P&amp;As in their PPRs to only say an individual can satisfy only one of the required composition categories runs counter to the clear meaning of the regulations and this recognition of intersectionality.</p> <p>In complete contrast to the groups of individuals listed in § 51.23(b), the regulations specifically state in § 51.23(b)(1) that there must be at least one person who is the primary caregiver for a minor who has received or receives mental health services, and that the Chair must be a person who has received mental health services or has a family who received mental health services. The only other numerical requirement is that at least sixty percent of Council must be within the above categories. Id. at § 51.23(b)(2). SAMHSA should not impose any numerical requirements not clearly delineated in the regulations, nor require any reporting of such on the PPR, as this would be inconsistent with the clear language of the regulations.</p>	SAMHSA requested assistance from HHS, Office of the General Counsel on this matter and has a meeting scheduled for April 6, 2023.
34	3.13.2023	National Disability Rights Network (NDRN)	The content of NDRN's letter is exactly the same as the letter DRNC sent to Carlos Graham, SAMHSA Reports Clearance Officer.	See responses to DRNC comments.
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## Agency Information Collection Activities: Pro

<b>Comment Number</b>	<b>Date Received</b>	<b>Organizations</b>
1	1.23.2023	Disability Rights Texas (DRTx)
2	3.9.2023	Disability Rights Pennsylvania (DRP)
3	3.9.2023	Disability Rights Pennsylvania (DRP)
4	3.9.2023	Disability Rights Pennsylvania (DRP)
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Summary of Comments
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ADDITIONALLY While we realize this is not under consideration in terms of the revisions, it is important to share with SAMSHA that considerable time is being used defending access to certain records during investigations of abuse or neglect.
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**PAIMI ACT**

Our attorneys spend a considerable amount of time on access issues, particularly with jails. Clarification of our access in the PAIMI Act would be of assistance.

Recommendation: amend the PAIMI Act to clarify what is covered by “records” (see language below 10806 (3)(A) Individual records prepared or received in the course of providing intake, assessment, evaluation, education, training and other services; supports or assistance, including medical records, financial records, and monitoring and other reports prepared or received by a service provider includes records stored or maintained at sites other than that of the service provider, as that were not prepared by the provider, but received by the service provider from providers.

(2) Reports prepared by a Federal State or local governmental agency, or a private organ charged with investigating incidents of abuse or neglect, injury or death.

**A. A Few Thoughts on WebBGAS**

While we have found the WebBGAS portal for the PAIMI PPR has been helpful, our team to be invariably helpful when we have questions, the WebBGAS portal for the PAIMI PPR has several challenges:

- It has a relatively quick timeout, which may not be known to newer users. Users can find that they lose the information input into the portal if, before they save, they are distracted by other matters and non-saved causes the portal to timeout. We recommend that an alert about the timeout and a reminder to periodically save work would be helpful.

• The font size of the PPRs – both on screen and in print – is inaccessible even to those who do not have visual impairments. It is way too small to be read easily.
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• Similarly, the narrative boxes visible on the portal in the Statement of Priorities and Objectives show only a few lines of the entry without scrolling down, which (combined with the tiny font) makes it challenging to review.
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b/17/2023

## SAMHSA's Response