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Protection and Advocacy for Individuals with Mental Illness (PAIMI)

Annual Program Performance Report (PPR)
Instructions

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

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Section A: General Program Information

The opening section of the annual PAIMI Performance Report (PPR) gathers information about the location contact information of the PAIMI program, information about the composition of the program's leadership, its governance and advisory council. Specific information needs follows:

1. **P&A Identification**

Indicate the state or jurisdiction responsible for the specific PAIMI program, including, the name given to the local PAIMI program.

2. **Main Office**

Indicate the required contact information presented in the table.

3. **Other Offices** (if any)

Indicate the location(s) of any satellite offices.

4. **Executive Director/Chief Executive Officer Contact Information**

Indicate name and office contact information.

5. **PPR Preparer Contact Information**

Provide the name and contact information

6. **Governing Board President/Chair**

Provide the name, contact information, and dates of appointment.

7. **PAIMI Advisory Council President/Chair Name**

Provide the name, contact information, and dates of appointment.

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

Provide required contact information

9. **Governor's Liaison**

Provide name and contact information

10. **Commissioner/Director of the State Mental Health Agency**

Provide name and contact information. 42 U.S. Code Section 10805(7) states that the system established in a State shall on January 1, 1987, and January 1 of each succeeding year, prepare and transmit to the Secretary and the head of the State mental health agency of the State in which the system is located a report describing the activities, accomplishments, and expenditures of the system during the most recently completed fiscal year, including a section prepared by the advisory council that describes the activities of the council and its assessment of the operation of the system.

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

For each of the board, council, and staff groups, indicate the number of individuals who fall into each of these groups. These numbers are unduplicated within and between categories for various demographic subgroups.

12. **Number of Mental Health Professionals on the Advisory Council**

Indicate the number of mental health professionals on the advisory council by provided category. For “Other”, please identify the professional in the Footnotes.

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

The purpose of this table is to provide information about the minimum and maximum number of members required for each of the listed Board types. Please indicate these in the table provided. If a cell is not relevant, enter “N/A”.

14. **Governing Board Information**

This table is to reflect the requested information as of 9/30 of the PPR submission year. Indicate each of the requested data points regarding the Governing Board. Regarding “Meeting Frequency”, indicate how frequently a meeting is planned over the course of each year; regarding “Number of meetings held this fiscal year”, indicate the total number of meetings that actually occurred regardless if this exceeds or is less than the number planned; regarding “Percentage of members present at meetings during the FY”, this is the average for all the meetings held during the year.

15. **Governing Board Composition**

The Governing Board should be reflective of the population served by the PAIMI organization. “The governing board shall be composed of members who broadly represent or are knowledgeable about the needs of clients served by the P&A system” [PAIMI Rule 42 CFR 51.22(b) (2). Please indicate, by the presented categories, the membership of the board. The total must be a non-duplicated number (i.e., **count each GB member only once**).

16. **PAIMI Advisory Council (PAC)**

Please indicate the role of the PAC on the Governing Board.

17. **Staff Charging Time to the PAIMI Program**

This table collects data on the racial/ethnic composition of the PAIMI program and requires this information for staff attorneys and advocates (full and part-time).

Section B: Demographics - Interventions on behalf of PAIMI Eligible Individuals

1. **Age of PAIMI-eligible Individuals Served**

Enter the number of individuals served by the indicated age range. Individuals should not be included in more than one age range. If an individual’s age changes during the period they are being served, use the age at time of intake at the P&A.

2. **Sex of PAIMI-eligible Individuals Served**

Enter the number of individuals served by the indicated categories of sex. Individuals should not be included in more than one of the categories. The total in the table should be an unduplicated total of persons served based on sex.

2. **Ethnicity and Race of Individuals Served**

Enter the number of individuals served by the indicated categories of Ethnicity and Race. Individuals should not be included in more than one category for Ethnicity; likewise, individuals should not be included in more than one category of Race. Indicate “unknown” if Race/Ethnicity is not known or the individual prefers not to indicate a preference. “PAIMI percent” indicates the percentage of the

total number of individuals served relative to the specified category (e.g., if 50 individuals served are Non-Hispanic/Latino and the total served by PAIMI is 500, the value for Non-Hispanic/Latino PAIMI percent is 10 percent. “State percent” indicates the percentage of individuals in the specified state that fall within the category. Thus, if 20 percent of a state’s population falls within the category Hispanic/Latino, then the value for state is 20 percent. The totals for “Ethnicity” and “Race” are to be unduplicated totals of persons served and should be the same indicate the same total.

3. **PAIMI-eligible Individuals Served with PAIMI Program Funds**

Provide the number of individual PAIMI-eligible individuals who:

- 1) continue to be represented by PAIMI, including any program income resulting from legal actions supported by PAIMI, from the previous FY into the reporting year.
- 2) are newly represented by PAIMI during the reporting year.
- 3) number of PAIMI-eligible individuals served during this FY (this item is auto generated).
- 4) were individuals with more than one intervention opened/closed during the reporting year.
- 5) were individuals with a co-occurring mental illness and IDD.
- 6) requested and were eligible for PAIMI services during the reporting year but were not served within 30-days of initial contact due to either a. or b.
- 7) were individuals served as of September 30 and will be carried over to the next reporting year (this value is less than or equal to 4.3).

Count individual, once per FY. Multiple counts are not permitted for lines 4.1–4.2.

4. **Living Arrangements of PAIMI-eligible Individuals at Intake**

Enter the number of individuals served by the indicated living arrangement category. Where an individual’s living arrangement may fall into multiple categories, select the more specific category. For example, a person residing in a nursing home could also be categorized as residing in a private institutional living arrangement. In this example, the more specific category of nursing homes, including skilled nursing facilities should be selected. If an individual’s living arrangement changes during the period they are being served, report the living arrangement recorded at the time of intake at the P&A. Definitions of the living arrangement categories are:

- **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.

Section C: Complaints/Problems of PAIMI-eligible Individuals

1. Complaints/Problems of PAIMI-eligible Individuals – Areas of Alleged Abuse

For each area of alleged abuse, choose one or more outcome statements that best describe or relate to the complaint/problem area. Enter the appropriate letter(s) and provide the number of outcomes per category selected in the “outcome” columns (A, B, C, D, E, F, G, H, I, J, or K). As these values are indicative of outcomes due to PAIMI interventions, the values in the “Total” column reflect closed cases only.
Total – for each category of “Abuse” complaint, please enter the number of complaints – each representing a closed case.
A. Number of complaints/problems determined after investigation not to have merit.
B. Number of 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 indicators of success or outcomes that resulted from P&A
F. Other representation found.
G. Services not needed due to client death or relocation
H. P&A withdrew due to conflict of interest or other reasons
I. Lost Contact.
J. Outcome Unknown.
K. Lack of Resources.

2. Abuse Complaints Disposition

For closed cases listed in Table C.2, provide the number of abuse complaints/problems for each disposition category. The sum of items C.2.a - i equals the total for each row.

3. Complaints/Problems of PAIMI-eligible Individuals –Areas of Alleged Neglect

For each area of alleged neglect, choose one or more outcome statements that either best described or related to the complaint/problem. Enter the appropriate letter(s) and provide the number of outcomes per category selected in the “outcome” columns (A, B, C, D, E, F, G, H, I, J, or K). As these values are indicative of outcomes due to PAIMI interventions, the values in the “Total” column reflect closed cases only.

Total – for each category of “Neglect” complaint, please enter the number of complaints – each representing a closed case.

A. Number of complaints/problems determined after investigation not to have merit.

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

I. Lost Contact.

J. Outcome Unknown.

K. Lack of Resources.

4. Neglect Complaints Disposition

For closed cases listed in Table C.3., provide the numbers of neglect complaints or problem areas for each disposition category, [See, 42 U.S.C. 10802(5)]. The sum of items C.3.a - g equals the total for each row.

5. Complaints/Problems of PAIMI-eligible Individuals – Areas of Alleged Rights Violations

For each category of alleged rights violation listed in Table C.5, choose one or more outcome statements that either best described or related to the complaint/problem. Enter the appropriate letter(s) and provide the number of outcomes per category selected in the “outcome” columns (A, B, C, D, E, F, G, H, I, J, or K). As these values are indicative of outcomes due to PAIMI interventions, the values in the “Total” column reflect closed cases only.

Total – for each category of “Rights” complaint, please enter the number of complaints – each representing a closed case.

A. Number of complaints/problems determined after investigation not to have merit.

B. Number of 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 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. P&A withdrew due to conflict of interest or other reasons.
I. Lost Contact
J. Outcome Unknown.
K. Lack of Resources.

6. Rights Violations Disposition

For closed cases listed in Table C.5., provide the numbers of rights complaints or problem areas for each disposition category, *[The sum of items C.6. a - g equals the total for C.6.e., which must equal the total in Table C.5.]*.

7. Reasons for Closing Individual Advocacy Case Files

For any individual case involving a PAIMI-eligible individual that was closed during the reporting period, please indicate the reason for the closing. Please indicate only one reason for closing the case such that the total is an unduplicated count of cases closed during the reporting period. The total should be a sum of the dispositions for the abuse, neglect, and rights violation closed cases.

8. Intervention Strategies

Report the number of intervention strategies and the outcomes used to address each individual complaint/problem area. The number should be the same as the totals in each individual complaint/problem area.

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.

Do **not** report each phone call, letter, meeting or other action(s) taken on behalf of a client as a separate intervention strategy, [Referrals, counseling, and negotiation are considered cumulative processes], (See, Glossary for the definitions of "Intervention Strategies").

Please refer to the disposition statements listed in Tables C.1 (Abuse), C.3 (Neglect), and C.5 (Rights Violations).

9. Death Investigation Activities

a. Enter the number of individual deaths reported to the P&A for investigation (by category).

b. Enter all death investigations conducted involving PAIMI-eligible individuals (by category).

For all death investigations conducted involving PAIMI-eligible individuals please indicate 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 death 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 (*e.g., suicides*).

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

If you reported deaths, 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.

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

Indicate, for each category and date range, the number of groups of PAIMI-eligible individuals impacted.

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

Indicate the number and outcome for each category of intervention type listed below:

Types of Intervention	Guidance for Determining Number of Individuals [The number of persons potentially impacted within the fiscal year for which the PPR is submitted].
Group Advocacy (non-litigation)	Estimated number of people with disabilities impacted by this change, (i.e., Count of people that are normally impacted by this practice, policy, and or structure).
Abuse and Neglect Investigations (non-death related)	Estimated number of people impacted by this change.
Facility Monitoring Services	Estimated number of individuals impacted (i.e., Count of people living in facility).
Community Based Monitoring Services	Estimated number of individuals impacted.
Court Ordered Monitoring	Estimated number of people impacted by this change.
Systemic Litigation	Estimated number of people impacted by this Litigation.
Educating Policy Makers	Estimated number of people impacted by this change, (i.e., Count of people that are normally impacted by this practice, policy, or structure).
Other Systemic Advocacy	Estimated number of people impacted by this change (i.e., count of people impacted specified intervention).

12. Performance Measures of P&A Activities

Indicate the number of individuals from closed cases that benefited from one of the specific measures. These values may be duplicated when individuals benefited from more than one category.

Section D: Non-Client Directed Advocacy Activities

1. Individual Information and Referral (I&R) Service [See, PAIMI Rules, 42 CFR 51.24]

Indicate the number of information and referral services (See, definition in Glossary) provided during the reporting period. This can include multiple episodes for individuals and may be a duplicated count.

2. **State Mental Health Planning Activities**

Briefly list P&A collaboration/involvement in State Mental Health planning activities.

Provide this in narrative form and limit the text to 2,500 characters.

3. **Education, Public Awareness Activities, and Events**

Please indicate:

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

Individuals may attend multiple trainings; therefore, this may be a duplicated value.

“Training” refers to either the number of training programs sponsored by the P&A or the number of events sponsored by another organization where P&A staff are the trainers. The training must have provided specific information to participants regarding their rights.

[only include those individuals who attended a 3.2. type education/training program(s), [See, PAIMI Rule 42 CFR 51.31].

4. **Technical Assistance**

Indicate the number of technical assistance services (See, definition in Glossary) provided during the reporting period.

Section E: Grievance Procedures

Items 1-4, 7 (42 CFR 51.25(b) (4)), 8 and 9 [42 CFR 51.25(b) (6)]. Indicate the required values and other information as requested in each Table. For item 5, the number of reports sent to the governing board **and** the advisory board (mandatory for private non-profit P&A systems, at least one annually) that describe the grievances received, processed, and resolved [A report required, even if no grievances were filed [42 CFR 51.25(b)(2)].

Section F: Other Services and Activities

1. PAIMI Rules [at 42 CFR at 51.24(b)] mandate, “Members of the public shall be given an opportunity, on an annual basis, to comment on the priorities established by, and the activities of, the P&A system. Procedures for public comment, which must provide for notice in a format accessible to individuals with mental illness, including such individuals who are in residential facilities, to family members and to representatives of such individuals and to other individuals with disabilities. Procedures for public comment must provide for receipt of comments in writing or in person.”
2. Indicate the required information as requested in the Tables 1-15.

Section G. PAIMI Budget – Actual for FY 20__

PAIMI Expenditures and Revenues Tables

Each of the following tables will be pre-populated with budget information submitted with the PAIMI application. Please modify values to reflect any changes to the figures based on actual expenditures. Please only include the actual expenditures for the FFY's budget figures for the entire document; all other figures (i.e., carry-over) can be documented in the footnotes or loaded as an attachment. Please use the footnote in the budget section to provide the exact amount carried over from the previous year, document any program income related to PAIMI, and describe the methodology used. This can also be loaded as an attachment.

1. Personnel/Name/Title: In the section below for each funded staff position provide the name, title, annual salary, level of effort - full time equivalent charged to the PAIMI grant, and the costs billed to the PAIMI grant for each position. Please only include the actual expenditures for FFY's budget figures and use the footnotes to describe methodology and any additional funding carried over from previous years. For the vacant and volunteer positions, please provide the date to be hired.

2. Fringe Benefits: Please only include the actual expenditures for FFY's budget figures and document all other figures in the footnote. Please also describe methodology in the footnotes.

3. Travel Expenses: Please only include the actual expenditures for FFY's budget figures and document all other figures (carryover) in the footnote. Using the comment field or footnote, provide the purpose of travel number of staff, PAIMI Advisory Council or board members traveling for each event, and per diem: describe the number of nights and purpose. There is a 10% limit on training, technical assistance, and travel expenses [42 CFR 51.6 (3) (e)].

4. Equipment: Please list equipment (both the item and the value) expended through the use of PAIMI funds. Include communications and rental equipment directly related to PAIMI project activities. Please only include the actual expenditures for FFY's budget figures and use the footnote to describe any additional funding carried over from previous years. Per 45 CFR Part 75: Equipment means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or \$5,000. See also Capital assets, Computing devices, General purpose equipment, Information technology systems, Special purpose equipment, and Supplies.

5. Supplies: Please list supplies (both the category of items and the value) expended through the use of PAIMI funds. Use the comments field to describe the supplies.

6. Contractual/Consultant Costs: Please list the contractual/consultants (both the item and the value) expended through the use of PAIMI funds. Please only include the actual expenditures for FFY's budget figures for each contractual arrangement for PAIMI program services and use the footnote to describe any additional funding carried over from previous years. Any sub-contract that exceeds \$25,000 must be pre-approved by SAMHSA Grants Management Officer.

7. Technical Assistance/Training Costs: Please list technical assistance/training (both the category of items and the value) expended through the use of PAIMI funds. In the section below provide technical assistance and training costs for staff, governing board, and advisory council members. Explain the training costs in the comment field (i.e., number of meetings,

number of participants, explanation of staff travels cost). Only include the current FFY's budget figures; document all other figures in the footnotes. There is a 10% limit on training, technical assistance, and travel expenses [42 CFR 51.6 (3) (e)].

8. Other Expenses: Please include any other expenses that used Federal PAIMI funds but do not fit into the prior categories. "Litigation" is an example. Please be as specific as possible the nature of other indicated expenses.

9. Indirect Costs: Please indicate whether the P&A has an approved Federal Indirect Cost Rate, and if it does, provide the rate. The value of the Total PAIMI Share should equal the Base value and the Approved Indirect Cost Rate. Attach a copy of the approved rate agreements.

10. Carryover for FY 20__: Please upload your budget for 20__ carryover fund.

11. Total PAIMI Costs: This includes Total Actual Cost and Total PAIMI Share.

H. Statement of Priorities & Objectives

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.

The PAIMI Program Statement of Priorities and Objectives (SPOs) **must be specific** to individuals with significant mental illness (adults) and/or significant emotional impairment (children/youth), as determined by a mental health professional qualified under the laws and regulations of the state in accordance with 42 U.S.C.A. § 10802(4) (A). The SPOs in the PPR **must match** the same format and order approved in the FY 2021 PAIMI Application.

Section I: Glossary

The following definitions shall apply to the Protection and Advocacy for Individuals with Mental Illness (PAIMI) program:

Abuse

Any act, or failure to act, by an employee of a facility rendering care or treatment, which was performed, or failed to be performed, knowingly, recklessly, or intentionally, and which caused, or may have caused, injury or death to an individual with mental illness and includes, but is not limited to, such acts as:

- rape or sexual assault;
- striking;

- the use of excessive force when placing an individual with mental illness in bodily restraints;
- the use of bodily or chemical restraints, which is not in compliance with federal and state laws and regulations, verbal, non-verbal, mental, and emotional harassment; and
- any other practice, which is likely to cause immediate physical or psychological harm or result in long term harm if such practices continue (PAIMI Rule 42 CFR 51.2).

Act

Refers to the PAIMI Act of 2000, as amended, 42 U.S.C. 10801 – 10807, 10821 – 10827 [PAIMI Rule 51.2].

Administration on Disabilities (AoD)

The AoD within the Administration on Community Living, the Department of Health and Human Services [PAIMI Rule 51.2].

Administrative Remedy

Any non-judicial complaint resolution process provided by government agencies, boards, commissions, or other designated adjudicators, exercising decision making authority delegated by statute. Administrative Remedy processes are generally simpler, less formal, and less technical than the judicial process.

Advisory Council Report (ACR)

A section of an annual protection and advocacy (P&A) system's, PAIMI program performance report, to the Secretary of the U.S. Department of Health and Human Services. The ACR is the PAIMI Advisory Council's independent assessment of their P&A system for the previous fiscal year. The report is mandated under the PAIMI Act at 42 U.S.C. 10805 (a) (7).

Care or Treatment

Services provided (as needed or under a contractual arrangement) to prevent, identify, reduce or stabilize mental illness of emotional impairment, such as mental health screening, evaluation, counseling, biomedical, behavioral, psychotherapies, supportive of other adjunctive therapies, medication, supervision, special education, and rehabilitation, even if only as needed or under a contractual arrangement.

Case Narrative

For each Statement of Priorities and Objectives (SPO) identified for the fiscal year (FY), select one case example that best illustrates related PAIMI program activities. Include at least one example of a PAIMI individual or systemic advocacy case, and if applicable, a legislative or regulatory activity, consistent with current SAMHSA/CMHS and federal policies and restrictions on lobbying activities. Each case narrative selected by the P&A to illustrate its SPOs, must use people first language, maintain the confidentiality of the individual client, identify the presenting issue/complaint, briefly, clearly and concisely summarize the facts (who, what, when, where, why and how) of the situation, including, the impact(s) or outcome(s) of these PAIMI program activities.

Client

For the purposes of the Program Performance Report (PPR), (but not necessarily for determining a client/attorney relationship) a client is an individual or group of individuals at risk of abuse or neglect and meet the following criteria:

- He/she is eligible for the PAIMI program;

- A file/service record has been opened, which includes at least the name, address, age, race, disability, signed release of information form (if appropriate), the concern/complaint and the goal of the action to be taken; and
- He/she has been provided at least one significant service.

Client Objective

The result(s) a client(s) desires and the P&A has agreed to pursue, as documented in a retainer agreement between the client(s) and the P&A.

Client Objective Met

The result(s) a client(s) desired and the P&A agreed to pursue, as documented in a retainer was achieved, at least in part.

Closed Case

When the advocate/attorney closes the client record or case file after providing advocacy interventions on behalf of a client, and determining the client, either has no need of further intervention services or the agency has no other services available to address the issue(s)/complaint(s) for which the case was initially opened or the client is no longer available to address the issue(s).

Collaboration

An activity or set of activities the P&A undertakes with a community partner(s), to pursue a shared advocacy goal.

Complaint

Any report or communication, whether formal or informal, written or oral, received by the P&A system, including media account, newspaper articles, electronic communications, telephone calls (including anonymous calls) from any source alleging abuse or neglect of an individual with mental illness (CFR 51.2).

Department or HHS

Means: the U.S. Department of Health and Human Services.

Designated Official

The state official or public/private entity empowered by the governor or state legislature, accountable for the proper use of funds by the P&A system.

Director

Means: the Director of the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, or his/her designee.

Educating Policy Makers

Efforts directed to local, state or federal level individuals or entities: providing information about disability laws, regulations and policies. Information reported should only include work done in accordance with the limit on federal funding.

Facility

Includes; any public/private residential setting that provides overnight care accompanied by treatment services. Facilities include, but not limited to the following: general and psychiatric hospitals, nursing

homes, board and care homes, community housing, juvenile detention facilities, homeless shelters, jails, and prisons, including all general areas, and special mental health, or forensic units.

Fiscal Year

Means: federal fiscal year (October 1 – September 30), unless otherwise specified.

Full Investigation

Based upon a complaint or determination of probable cause, and means the access to facilities, clients, and records authorized under this part, necessary for a P&A system to make a determination if an allegation of abuse or neglect is taking place or has taken place. Full investigation may be conducted independently or in cooperation with other agencies authorized to conduct similar investigations [CFR 51.2].

Governor

Means: the state, chief executive officer of the territory or the District of Columbia, or his/her designee, formally designated to act, on behalf of the governor, in carrying out the requirements of the Act and this part.

Governing Authority

[PAIMI Rule 51.22]

Governing Board Composition

The governing board shall be composed of members, who broadly represent and are knowledgeable of client needs, served by the P&A system [PAIMI Rules 51.22 (G), 42 CFR 51.22(b) (2)].

- Individuals with mental illness (IMI) who are recipients/former recipients (R/FR) of mental health services or are/were eligible for services.
- Family members of individuals with mental illness who are R/FR of mental health services.
- Guardians.
- Advocates or authorized representatives.
- Other persons who broadly represent or knowledgeable of client needs, served by the P&A system.

Group Advocacy Services

Work on behalf of groups of people with disabilities pursued through the 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 mode of operations of a system of services such as the disabilities service system or the policies and practices of private actors.

Individual with Mental Illness

Means: an individual who has a significant mental illness or emotional impairment, as determined by a mental health professional, qualified under the laws and regulations of the state and who is an inpatient or resident in a facility rendering care or treatment, even if the whereabouts of such inpatient or resident is unknown; who is in the process of being admitted to a facility rendering care or treatment, including persons being transported to such a facility, or who is involuntarily confined in a detention facility, jail or prison.

- The definition of “individual with a mental illness” contained in section 10802(4)(B)(iii) of this title shall apply, and thus an eligible system **may** use its allotment under this subchapter to provide representation to such individuals, **only** if the total allotment under this subchapter for any fiscal year is \$30,000,000 or more, and in such case, **an eligible system must give priority to representing persons with mental illness as defined in subparagraphs (A) and (B)(i) of section 10802(4) of this title.**

Information and Referral (I&R) Service

Information and referral includes responses to individuals at meetings, one-time telephone discussions, follow-up mailings of letters, brochures and/or pamphlets per an individual’s request. I&R includes brief written or oral information, such as, generic information about the P&A including information about additional programs and resources external to the P&A relating to the individual’s service needs and statutory or constitutional rights as a person with a disability. The agency generally would not have personal identifying information about the individuals who request and/or receive I&R services, except for possibly the name, address and telephone number.

Individual and Group Intervention Strategies:

- **Individual Advocacy Strategies (IAS)** – legally based work on behalf of a client using one or more of the following intervention types: self-advocacy assistance, limited advocacy, administrative remedies, litigation, mediation, negotiation, systemic advocacy and system litigation.
- **Abuse/Neglect Investigation (A/Ni)** – a systemic and thorough examination of information records, evidence, and circumstances surrounding an allegation of abuse and neglect. Investigations are undertaken to determine if there is a basis for administrative or legal action on behalf of the client. Investigations require a significant allocation of time to interview witnesses, gather factual information, and to issue a written report of findings.
- **Administrative Remedies (AR)** – includes the use of any systems for appeal within an agency of facility, or between agencies, which does not involve adjudication by a court of law.
- **Legal Remedies (LR)** – the legal representation of client, in litigation, in court processes concerned with rights, grievances, or appeals of such rights or grievances.
- **Legislative/Regulatory Advocacy (L/RA)** – activities involve monitoring, evaluating, and commenting upon the development and implementation of federal, state, and local laws, regulations, plans, budgets, taxes and other action, which may affect individuals with mental illness, [PAIMI Rules at 42 CFR at 51.24 mandates that legislative activities shall also be addressed in the development of program priorities].
- **Negotiation/Mediation (N/M)** – a problem-solving process in which two or more people voluntarily discuss their differences and attempt to reach a joint decision on their common concerns.

Legal Guardian, Conservator, and Legal Representative

An individual, whose appointment is made by a state court or agency, empowered under state law to appoint and review such officers, and having authority to consent to health/mental healthcare or treatment of an individual with mental illness. It does not include persons acting only as a representative payee,

persons acting only to handle financial payments, attorneys or persons acting on behalf of an individual with mental illness only in individual legal matters, or officials responsible for the provision of health or mental health services to an individual with mental illness, or their designee (PAIMI Rule 42 CFR 51.2).

Limited Advocacy

A level of intervention that includes the provision of a discrete task to a client or a discrete contact on behalf of a client with a third party. Such activities upon completion require no further or ongoing actions, either formal or informal. Limited Advocacy can include communications by letter, telephone or other means to a third party; preparation of a simple legal document; or assisting a client in the preparation of documents that are submitted by the client pro se to a third party.

Litigation

Any lawsuit or other resort to the courts to determine a legal question or matter. Litigation involves many complex legal issues which require not only a knowledge of the law that governs the dispute, but also the laws governing the procedures to be followed in order to properly litigate a claim. There are rules governing who may file a claim, where it must be filed, when it must be filed, and how to file it.

Mediation

An alternative dispute resolution process using the services of an independent third party to help settle differences or disputes between two or more individuals.

Monitoring

Activities in which a P&A evaluates compliance issues and quality of service by providers of services, supports and other assistance. Monitoring may involve using the P&A's access authority to visit and in other ways seek information from institutional or community settings including public and private facilities, where people with disabilities live, work and go to school by 1) conducting face-to-face interviews with individuals with disabilities in those settings; 2) conducting at least one face-to-face interview with a staff member in those settings; 3) observing and evaluating the physical conditions of the setting; and 4) accessing and reviewing records, when appropriate, in accordance with applicable federal and state law. Monitoring may occur in Facilities (see definition Facility) or the community and may or may not be based on a Court Order.

Neglect

Negligent act or omission by an individual responsible for providing services, in a facility rendering care or treatment, which caused or may have caused injury or death to an individual with a mental illness or emotional impairment (as defined in the PAIMI Act) which placed an individual with mental illness at risk of injury or death, and includes, but not limited to, acts or omissions such as failure to: establish or carry out an appropriate individual program plan or treatment plan (including a discharge plan); provide adequate nutrition, clothing, or health care; and the failure to provide a safe environment, which also includes failure to maintain adequate numbers of appropriately trained staff (PAIMI Rules 42 CFR 51.2).

Number Impacted Performance Measure

A number impacted performance measure is one that asks for the number of people with disabilities in a group that was the target of a P&A's advocacy.

Objectives

Are activities undertaken to achieve annual program priorities (goals). All objectives required to have measurable outcomes and the use of numerical targets is encouraged. Each objective must clearly state why the activity was undertaken, who will benefit from the objective (the target population), how the

activity will be accomplished, and what is the expected outcome for the activity? Generally, with the exception of litigation, legislative or regulatory activities, objectives shall be attainable within the fiscal reporting period (within one fiscal year).

Open Case

A PAIMI-eligible individual with a complaint is accepted as a client by the P&A system. A case record or case file is opened for that individual. System staff maintains all intervention services provided to the client and other information maintained in this case record/file.

Other Systemic Advocacy

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.

Outreach

An activity that targets information on PAIMI program activities, to specific populations.

PAC Chair

A mandated position on the governing authority (private, P&A system).

PAIMI Clients (for purpose of this report)

Individuals who meet the PAIMI-eligibility criteria as defined in the PAIMI Act [42 U.S.C. 10802(4) and its Rules at 42 CFR 51.2 definitions, who have a complaint, for whom demographic data is collected, and for whom the PAIMI program, or any of its subcontractors, provides an intervention (as reported under intervention strategies in this form).

Priority (Goal)

Broad general descriptions of short-term activities for the P&A system to accomplish within one FY. The exceptions are generally regulatory, legislative, and litigation activities.

Priorities and Policies

PAIMI program must be established annually, by the governing authority, jointly with the advisory council. Priorities shall specify short-term program goals and objectives, with measurable outcomes, to implement the established priorities. In developing priorities, consideration shall be given to, at a minimum, case selection criteria, the availability of staff and monetary resources, and special problems faced by individuals with mental illness who are multiply handicapped or who are members of racial or ethnic minorities in obtaining protection of their rights. Systemic and legislative activities shall also be addressed in the development and implementation of program priorities.

- Members of the public shall be given an opportunity, on an annual basis, to comment on the priorities established and the activities, of the P&A system. Procedures for public comment must provide for, notice in a format accessible to individuals with mental illness, including, individuals in residential facilities, family members, and representatives of such individuals, and other individuals with disabilities. Procedures for public comment must provide for receipt of comments in writing or in person.

- The priorities must be directly related to the purpose of the PAIMI Act of 2000 at 42 U.S.C. 10801 et seq., the PAIMI Rules 42 CFR 51.24 (a) – Program priorities, the Children’s Health Act of 2000 at 42 U.S.C. at 290ii and 290 ii – 1), and the SAMHSA/CMHS grant requirements, etc.

Priority Entity

A non- or for-profit corporation, partnership, or other non-governmental organization.

Probable Cause

Reasonable grounds that an individual with mental illness has been, or may be at risk of, abuse or neglect. The individual making such determination may base the decision on reasonable inferences drawn from his/her experience or training regarding similar incidents, conditions, or problems that are usually associated with abuse or neglect (PAIMI Rule definitions 42 CFR 51.2, defined in PAIMI Rule 51.22).

Program

Activities carried out by the P&A system and operating as part of a P&A system to meet the requirements of the Act.

Public Awareness Activities

Provide general information on disability rights and the purpose and mission of the P&A system. Public awareness activities include public service announcements, newsletter, radio, or television, publications in legal journals, we-site services, general distribution of agency brochures, etc.

Public Education and Constituency Training

The dissemination of information to one or more persons through an interactive event, which often promotes a greater understanding of the constitutional or statutory rights of persons with disabilities. Contrasted to Public Awareness Activities, education and training must be specifically targeted to meet the unique need of the group(s) trained.

Public Entity

An organizational unit of a state or local government or a quasi-governmental entity with one or more governmental powers (PAIMI Rule 51.2.).

Qualitative Results

The result of advocacy efforts expressed primarily through a narrative describing what was accomplished and includes the specifics of the **outcomes** and **outputs** reported in the quantitative results.

Quantitative Results

The result of advocacy efforts expressed using outcome or output performance measures.

Racial/Ethnic Background

For the purpose of this report, the ethnicity categories are Hispanic/Latino or Non-Hispanic/Latino. The race categories are American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or other Pacific Islander, and White.

Resolution of Complaint/Problem Area

In a client’s favor when (1) the client is satisfied with the result of the intervention or (2) the expressed wish or stated goal of the clients, is either fully attained or negotiated to an agreeable outcome, or (3) the violation in the stated case complaint/problem area was remedied.

Self-Advocacy Assistance

Self-Advocacy Assistance, formerly referred to as Short Term Assistance, is a level of intervention that can include advice and counseling, brief research, or letter writing to the client to summarize assistance given. Advice and counseling assistance includes informing a client of their rights; coaching the client in self-advocacy; reviewing information; counseling a client on actions one may take; or assisting the client in preparing letters or documents and/or the dissemination of information and materials related to the disability rights issue raised by the client. It includes providing information sheets and other materials.

Standardized Performance Measure

One to be used when doing like activity and reporting like results. For the purpose of this report, it refers to both the outcome and output performance measures, included in the result sections.

State

Means: each of the several states, American Samoa, the American Indian Consortium, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, and the U.S. Virgin Islands.

Statement of Priorities and Objectives (SPO)

The P&A system's annual PAIMI program priorities (goals) and objectives (activities) are developed jointly by the PAC and the governing board. All PAIMI program SPOs must be within the scope and consistent with the requirements of the PAIMI Act 42 U.S.C. 10802 (4), 10804 (d) and PAIMI Rules 42 CFR 51.5, 51.6, 51.7, 51.24 (a) & (b), be consistent with the purpose of the PAIMI Act for each SPO, the P&A must select one case example/narrative that best illustrates the related PAIMI program activity and must include at least one case example of individual or systemic advocacy,

System

The organization or agency designated in a state to administer and operate a protection and advocacy program under Subtitle C – Protection and Advocacy of Individual Rights of the Developmental Disabilities Assistance Act of 2000, known as the DD Act at 42 U.S.C. 1541 – 1545 and the Restatement of the Patients' Bill of Rights Act (42 U.S.C. 18041 et seq.), and the Patient's Bill of Rights Act (42 U.S.C. 10841 et seq.), and thereby eligible to administer a program for individual with mental illness.

Systemic Advocacy Activities

Efforts taken, to implement changes in policies and practices of systems that impact persons with mental illness. These "systems" include, but not limited to, state agencies, various public and private residential care and treatment facilities, and other service providers, etc., [PAIMI Rules at 42 CFR 51.24(a) PAIMI priorities state that systemic activities shall be addressed in the development and implementation of program priorities].

Systemic Litigation

Concerted action to reform the policies or mode of operations of a system of services. It attempts to address a systemic issue raised by many individuals, through class action litigation, multi-plaintiff litigation, or in some cases individual litigation when the relief sought has the potential of affecting many people with disabilities.

Technical Assistance and Training

- If an eligible system is a public entity, the government of the state in which the system is located, may not require the system to obligate more than five percent of its allotment under this subchapter, in any fiscal year for administrative expenses.
- An eligible system may not use more than 10 percent of any allotment under this subchapter, for any fiscal year, for the costs of providing technical assistance and training to carry out this subchapter.

Technical assistance

Assistance provided to family members, non-legal guardians, professionals or other advocates in consultation regarding an area of the law in which the P&A has expertise. It is considered a non-client directed activity.

Training

A P&A must provide training for PAIMI program staff, and may also provide training for contractors, governing board and advisory council members, to enhance the development and implementation of effective protection and advocacy services for individuals with mental illness, including, at a minimum:

- Training of program staff to work with family members of clients served by the program where the individual with mental illness is a minor, legally competent and chooses to involve the family member; or legally incompetent and the legal guardian, conservator or other legal representative is a family member.
- Training may be provided by individuals who have received or are receiving mental health services and family members of such individuals.
- Training to enhance sensitivity to, and understanding of, individuals with mental illness who are members of racial or ethnic minorities and develop strategies for outreach, to those populations.
- Training to conduct full investigations of abuse or neglect.