ANNUAL PROGRAM PERFORMANCE REPORT (PPR), PPR INSTRUCTIONS, AND THE ADVISORY COUNCIL REPORT (ACR) FOR THE PROTECTION AND ADVOCACY FOR INDIVIDUALS WITH MENTAL ILLNESS (PAIMI) PROGRAM

SUPPORTING STATEMENT

A. JUSTIFICATION

1. Circumstances of Information Collection

The Substance Abuse and Mental Health Services Administration (SAMHSA) is requesting approval from the Office of Management and Budget (OMB) for the new annual PPR, PPR Instructions, and the ACR for the PAIMI Program. The current PPR, PPR Instructions, and ACR (OMB 0930-0169) will expire on July 31, 2026.

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

Application Overview

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

In 2000, the PAIMI Act amendments created a 57th P&A system known as the American Indian

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

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

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

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

1. Replaced the word "Gender" with "Sex";
2. Maintained only the "male" and "female" response options for the question on "sex of PAC members" and removed other response options;
3. Removed sexual orientation question from the annual program performance report;
4. Removed a paragraph on "Gender Identity" and "Sexual Orientation" in the "Section A: General Program Information" of PAIMI PPR instructions; and
5. Removed the words: culture, cultural barriers, diversity, disadvantaged individuals, individuals with English proficiency, and underserved and unserved populations, where found.

This submission requests three-year approval for the new annual PPR, PPR Instructions, and the ACR for the PAIMI Program [PAIMI Act at 42 U.S.C. 10805(a) (7) and Rules at 42 CFR 51.8 and 42 CFR 51.23 (a) (3)] that will be effective for FY 2026 reports due on January 1, 2027.

2. <u>Purpose and Use of Information</u>

The annual PPR and ACR are used to document state P&A system compliance with PAIMI statutory and regulatory requirements. The PAIMI Act [42 U.S.C. 10824] requires SAMHSA to prepare a biennial report for that summarizes the state P&A systems program activities mandated under 42 U.S.C. 10805(a)(7). The SAMHSA report is an appendix to the biennial report on disabilities prepared by AoD for the Secretary. The SAMHSA report for the Secretary aggregates information from the 57 annual PAIMI PPRs and ACRs and that includes but is not limited to descriptions of state P&A system activities, accomplishments, the strategies used to protect and advocate the rights of program-eligible individuals, the number of individuals served by each state P&A with PAIMI funds, the facilities investigated and monitored, and barriers and accomplishments. The P&A reports provide an annual overview of state mental health system trends, case vignettes, the number of unserved and underserved populations, as well as training/education, outreach, systemic, and legislative/regulatory educational activities conducted by each state P&A system. The Secretary's biennial report on all federal P&A program activities is sent to the President, Congress, and the National Council on Disability [DD Act at 42 U.S.C. 15005].

SAMHSA, jointly with the P&A systems, other federal P&A program officials, and the P&A technical assistance contractor, developed Government Performance and Results Act (GPRA) performance measures that were included in the previous annual report format approved by OMB. OMB last approved the PAIMI PPR and ACR on July 27, 2023 (0930 -0169). The PAIMI Program GPRA performance measures are as follows:

3.4.12 Increase the number of people served by the PAIMI program. (Outcome)

3.4.19 Increase the number attending public education/constituency training and public awareness activities. (Output)

3.4.21 Increase percentage of reported complaints of alleged abuse, neglect and rights violation substantiated and not withdrawn by the client through the restoration of client rights, expansion or maintenance of personal decision-making, elimination of other barriers to personal decision-making, as a result of PAIMI involvement. (Outcome)

SAMHSA uses its GPRA performance measures to respond to administrative and/or congressional requests for program information on specific state P&A system activities, identify training and technical assistance (TTA) activities, highlight trends and issues of national significance, and provide valuable comparative program activity and performance evaluation information.

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

submit their PPR and ACR electronically to SAMHSA. See Appendix B for the PPR and ACR format.

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

New Proposed PPR/ACR Requirements	PPR/ACR Section
Section A. Table 11: Questions related to Sex/Gender removed	Section ATable11. Demographic Composition of PAIMI Governing Board, Advisory Council, and Program Staff
Section B. Table 2 Remove questions related to gender and sexual orientation	Section B. Table 2. Sex of PAIMI Individuals Served
Remove Section F. Question 9 related to the ethnic and racial minority clients served	Section F. Question 9

3. Use of Information Technology

In Fiscal Year 2017, SAMHSA enhanced the Web-based Block Grant Application Systems (WebBGAS) to facilitate the electronic submission of the PAIMI application. State P&A systems are required to complete and submit their PPR and ACR in WebBGAS at https://bgas.samhsa.gov. In each FY 2018-2020, the PAIMI grantees are only required to submit an updated annual Statement of Priorities and Objectives (SPO), a budget of proposed expenditures, and PAIMI Program Assurances signed by the Executive Director. This change is consistent with the program application requirements [PAIMI Act 42 U.S.C. 10821 and Rule 42 CFR 51.5]. State P&A systems are required to upload a copy of the annual ACR cover sheet, signed and dated by the PAIMI Advisory Council Chairperson, into the WebBGAS as an attachment.

4. Efforts to Identify Duplication

The PAIMI Program is a singular, unduplicated program, and this information is not available or accessible from other sources.

5. Information Collection Involving Small Businesses

Small businesses or other small entities are neither involved in nor impacted by this program.

6. Consequences if Information Collected Less Frequently

Each state P&A system awarded a SAMHSA PAIMI grant is required to submit annual PPR and ACR [42 U.S.C. 10805(7)]. The information collected from these reports is summarized by SAMHSA into a biennial report of PAIMI Program activities. The SAMHSA report is included as an appendix to the Secretary's biennial report to the President, the Congress, and the National Council on Disabilities [42 U.S.C. 10824]. To collect state P&A system PPR/ACR data less frequently violates the statutory requirement that a report be transmitted to the Secretary on January 1 of each year [42 U.S.C.10805 (7)]. Less frequent data collection results in untimely, inaccurate, and incomplete information on state P&A system activities, trends, GPRA data, and issues of national significance to the President and Congress.

7. Consistency with the Guidelines

The data collection complies with 5 CFR 1320.5 (d) (2).

8. Consultation Outside the Agency

As required by 5 CFR 1320.8(d), the 60-Day FRN was published in the *Federal Register* on April 16, 2026 (91 FR 20474) SAMHSA received comments. Please see attached Comment Matrix. The 30-Day FRN published to the *Federal Register* on June 26, 2026 (91 FR 38730).

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

Key consultants on reporting issues were:

Federal P&A System Program Officials

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Katrina Morgan	Branch Chief, SAMHSA/OFR/DGM	(240) 276-2321
Ophelia McLain	Program Coordinator, ACL/AoD	(202) 795-7401
Wilma Roberts	Program Specialist, ACL/AoD	(202) 795-7449

Non-Federal Organizations

On September 30, 2025, a 5-year sole-source P&A system T/TA contract was awarded by AoD to the Technical Assistance and Support Center (TASC)/National Disability Rights Network (NDRN). AoD administers the contract, which is funded by an annual inter-agency agreement

(IAA). The IAA is funded by AoD, SAMHSA and RSA. The PAIMI Act (at 42 U.S.C. 10825 Technical assistance) states, "The Secretary shall use not more than 2 percent of the amounts appropriated under section 10827 of this title (ibid, Authorization of appropriations) to provide technical assistance to eligible systems . . . ."

SAMHSA's current annual PAIMI PPR and ACR (OMB Approval 0930-0169) expires on July 31, 2026. SAMHSA will publish 60- and 30-day *Federal Register Notices* for public comments on proposed revisions to the PAIMI PPR reporting requirements.

9. Payments to Respondents

Other than the annual formula grants awarded by SAMHSA to each state P&A system for activities mandated under the PAIMI Act, no additional payments or gifts are made.

10. Assurance of Confidentiality

State P&A systems are mandated to maintain the confidentiality of such records to the same extent as is required of the provider of such services [42 U.S.C. at 10806(a), see also exceptions to confidentially, cited at 10806(b)]. Each state P&A system is required to protect all client records and identifying data from loss, damage, tampering, or use by unauthorized individuals (PAIMI Rules at 42 CFR 51.45). Compliance with confidentiality requirements is reviewed by federal program officials during annual on-site monitoring visits of selected state P&A systems.

There are no confidentiality issues relevant to the information collection and report requirements because the annual PPR is composed of aggregated summary data and contains no personal identifiers.

11. Questions of a Sensitive Nature

There are no questions of a sensitive, individual nature included in this report.

12. Estimate of Annual Hour Burden

The estimated annual burden for the PAIMI Annual PPR is summarized below:

Data Collection Instrument	No. of Respondents	No. of Responses/ Respondent	Average Burden Hrs./ Response*	Total Annual Response Burden Hrs.	Estimated Hourly Costs**	Total Annual Hourly Cost
Program Performance Report	57	1	20	1,140	$100/hour	$114,100
Advisory Council Report	57	1	10	570	$45/hour (Unpaid volunteers)	$25,650
Total	114	-	-	1,710	-	$139,750

*Based on past estimates and the fact that changes being made do not measurably impact response burden.

**Based on the average salary paid to state P&A system staff, estimated at $100 per hour, including fringe benefits. The $45 per hour rate is an estimate of compensation if PAIMI AC members were P&A system employees and not unpaid volunteers.

13. Estimated Annual Cost to Respondents

There are no capital or start-up operations, maintenance, or purchase of services costs that exceed standard business expenses associated with these regulations.

14. Estimated Annual Cost Burden to the Government

Federal costs associated with the development of the annual PAIMI PPR within WebBGAS are estimated at $178,922. Federal costs to maintain and provide support to the annual PAIMI PPR within WebBGAS are estimated at $75,513. The P&A systems input their annual reports directly into the WebBGAS.

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

applications and PPRs is $18,408.15 based on the average GS-13/step 10 hourly rate of $64.59 x 285 hours to review 114 documents.

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

15. Changes in Burden

The total burden was reduced to 1,710 hours based on recent experience working with the FY 2021 annual PPR/ACR.

16. Time Schedule, Publication, and Analysis Plan

Each state P&A system has from September 30, the end of the Federal Fiscal Year (FFY), until December 31 (90 days) to prepare and submit its annual PAIMI PPR/ACR. The PAIMI Act and Rules mandates each state P&A system to submit its annual PPR/ACR to SAMHSA no later than January 1 [respectively at 42 U.S.C. 10805 (a) (7) and 42 CFR 51.8]. Before starting the annual PAIMI PPR/ACR review process, WebBGAS automatically notifies SAMHSA PAIMI Program staff of the date a PPR/ACR is entered into the system. Information extracted from each PPR/ACR is used to provide a national profile of state P&A system activities. These activities are summarized and then consolidated into a report for the Secretary. SAMHSA PAIMI Program staff contact state P&A systems whenever PPR/ACR clarification, additional information, or documentation is needed.

The DD Act of 2000 (42 U.S.C. 15001 *et. seq*.) requires the Secretary to submit a biennial report on P&A system disability activities to the President, Congress, and the National Council on Disability. SAMHSA continues to prepare its biennial PAIMI Program activities report. This report includes statistical tables and narratives and will be sent to HHS for additional review and final approval. AoD includes the SAMHSA report as an appendix to the Secretary's biennial disability report to the President, Congress, and National Council on Disability. When the AoD final biennial report is released, it is available for public distribution.

Timetable for Report Activities

Tasks	Target Completion Date
Preparation of Reports by respondents	October 1 - December 31

Respondents submit annual reports to SAMHSA	January 1
Review of submitted reports, preparation, and submission of biennial report	June 15
SAMHSA staff review and edit the final PAIMI Report to Congress, the Assistant Secretary for Mental Health and Substance Use, SAMHSA signs and submits the report to HHS	September 15

17. Display of Expiration Date

An exemption for the requirement to display the expiration date is not requested.

18. Exceptions to Certification Statement

This collection of information involves no exceptions to the Certification for Paperwork Reduction Act Submissions.

B. Statistical Methods

Statistical methods are not employed in the annual PAIMI Program Performance Report, which includes the Advisory Council Report section.

List of Attachments

Attachment 1	Annual Program Performance Report
Attachment 2	Annual Program Performance Report - Instructions
Attachment 3	Advisory Council Report