**OMB Approval: X X X X - X X X X**
**Expiration Date: X /XX/XXXX**

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

Annual Program Performance Report (PPR)

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

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### 1. P&A Identification

| | |
|---|---|
| Name of state/jurisdiction | |
| Name of P&A system | |

### 2. Main Office

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

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

| | |
|---|---|
| Mailing address<br>(each satellite office) | |
| County of each satellite office<br>(location) | |

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

| | |
|---|---|
| Name | |
| Address | |
| Phone number & extension | |
| E-mail address | |

### 5. PPR Preparer Contact Information

| | |
|---|---|
| Name | |
| Title | |
| Phone number & extension | |
| E-mail address | |

### 6. Governing Board President/Chair

| | |
|---|---|
| Name | |
| Mailing address | |
| County of residence | |

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

| | |
|---|---|
| Name | |
| Mailing Address | |
| City | |
| Zip Code | |
| County of Residence | |
| Email Address | |
| Current Term Started | |
| Current Term Expires | |

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

| | |
|---|---|
| Name | |
| Title | |
| Phone Number/Extension | |
| Email Address | |

**9. Governor's Liaison**

| | |
|---|---|
| Name | |
| Official Title | |
| Mailing Address | |
| City | |
| Zip Code | |
| County of Residence | |
| Phone Number/Extension | |
| Email Address | |

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

| | |
|---|---|
| Name | |
| Mailing Address | |
| City | |
| Zip Code | |
| Phone Number/Extension | |
| Email address | |

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

| | | Governing Board | Advisory Council | Program Staff |
|---|---|---|---|---|
| Ethnicity | Hispanic/Latino | | | |
| | Non-Hispanic/Latino | | | |
| | Ethnicity Unknown | | | |
| Race | American Indian/ Alaska Native | | | |
| | Asian | | | |
| | Native Hawaiian or Other Pacific Islander | | | |
| | Black/African American | | | |
| | White | | | |
| | Two or more races | | | |
| | Some other race | | | |
| | Race unknown | | | |

| | | | | |
|---|---|---|---|---|
| Sex | Female | | | |
| | Male | | | |

**12. Governing Board (GB) Type and Number of Members Included in Governing Board Information**

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

**13. Governing Board Information**

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

**14. Governing Board Composition**

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

**15. Executive Director**

| | |
|---|---|
| Initial Appointment Date | X/X/XXXX (mm/dd/yyyy) |
| Recent performance evaluation completed | X/X/XXXX (mm/dd/yyyy) |
| Date of previous performance evaluation | X/X/XXXX (mm/dd/yyyy) |
| Agency has written policy and procedures to guide the ED's evaluation process ? Yes No | |

| **Input on ED's performance evaluation obtained from the following (check all that apply)** | | |
|---|---|---|
| All agency employees/staff | Yes | No |
| Senior managers | Yes | No |

| | | |
|---|---|---|
| All board director | Yes | No |
| All PAIMI Advisory Council members | Yes | No |
| Stakeholders | Yes | No |
| Consumers | Yes | No |
| Family members of consumers | Yes | No |
| State mental health providers | Yes | No |
| Private mental health providers | Yes | No |
| Other | Yes | No |

**16.Number of Mental Health Professionals On the Advisory Council**

| Professional Category | Number on Advisory Council |
|---|---|
| Social Worker | |
| Psychologist | |
| Psychiatric Nurse | |
| Psychiatrist | |
| Psychiatric Nurse Practitioner | |
| Peer Support Specialist | |
| Other (Identify the professional in the Footnotes) | |
| Total: | |

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

| PAC Chair | | |
|---|---|---|
| Sits on the governing board | ☐ Yes | ☐ No |
| Appointment date | MM/DD/YYYY | |
| Other PAC member(s) sit on governing board | ☐ Yes | ☐ No |
| If yes, number serving | | |

**18. Assigned PAIMI Staff**

| | Number of Attorneys | Full-time | Part-time | Male | Female | Number of Advocates | Full-time | Part-time | Male | Female |
|---|---|---|---|---|---|---|---|---|---|---|
| Ethnicity | | | | | | | | | | |
| Hispanic/Latino (of any race) | | | | | | | | | | |
| Non-Hispanic/ Latino | | | | | | | | | | |
| Race | | | | | | | | | | |
| American Indian/ Alaska Native | | | | | | | | | | |
| Asian | | | | | | | | | | |
| Black/African American | | | | | | | | | | |
| Native Hawaiian/ Pacific Islander | | | | | | | | | | |
| White | | | | | | | | | | |
| Two or more races | | | | | | | | | | |
| Some other race | | | | | | | | | | |
| Race unknown | | | | | | | | | | |

## Section B: Demographics – Interventions on Behalf of PAIMI Individuals

### Population Information

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

| Age | Number |
|---|---|
| 0 – 2 | |
| 3-5 | |
| 6-10 | |
| 11-22 | |
| 23-64 | |

| | |
|---|---|
| $65^{+}$ | |
| Prefer not to say | |
| Total | |

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

| Sex | Number |
|---|---|
| Female | |
| Male | |
| Total | |

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

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

| Race | Number | PAIMI% | State% |
|---|---|---|---|
| American Indian/Alaska Native | | | |
| Asian | | | |
| Black/African American | | | |
| Native Hawaiian/Pacific Islander | | | |
| White | | | |
| Two or more races | | | |
| Some other race | | | |
| Race unknown | | | |
| Total | | | |

4. **PAIMI-Eligible Individuals served with PAIMI Program Funds**

| What to Count | Number |
|---|---|

| | |
|---|---|
| 1. Number of PAIMI-eligible individuals continued to be served with PAIMI program funds, including any program income resulting from legal actions supported by PAIMI program funds as of October 1, from the previous FY into the reporting year. | |
| 2. Number of new PAIMI-eligible individuals served during the reporting year. | |
| 3. Total number of PAIMI-eligible individuals served during this FY (add lines 1 and 2). | |
| 4. Individuals with more than one intervention opened/closed during the reporting year | |
| 5. Individuals with a co-occurring mental illness and Intellectual and Developmental Disability (IDD). | |
| 6. Total number of PAIMI-eligible individuals who requested program related advocacy services during the reporting year, but were **not** served within 30-days of initial contact due to: | |
| a. insufficient PAIMI Program resources | |
| b. non-priority areas. | |
| 7. Individuals served as of September 30 and will be carried over to next reporting year (This should equal ≤ item 3 above). | |

5. **Living Arrangements of PAIMI-Eligible Individuals at Intake**

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

| | |
|---|---|
| Federal prison | |
| Veterans Administration hospital/clinic | |
| Other federal facility | |
| Homeless | |
| Independent (in the community & PAIMI-eligible) | |
| Parental or other Family home & PAIMI-eligible | |
| Unknown | |
| Total | |

## Section C: Complaints/Problems of PAIMI Individuals

1. **Areas of Alleged Abuse**

| Number of complaints/problems ***(Make every effort to report within the following categories)*** | Number from *Closed Cases* only | Outcomes (will add col. J &K | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | **Total** | A | B | C | D | E | F | G | H | I |
| a. Inappropriate or excessive medication | | | | | | | | | | |
| b. Inappropriate or excessive restraint and seclusion | | | | | | | | | | |
| c. Involuntary medication | | | | | | | | | | |
| d. Involuntary electrical convulsive therapy | | | | | | | | | | |
| e. Involuntary aversive behavioral therapy | | | | | | | | | | |
| f. Involuntary sterilization | | | | | | | | | | |
| g. Physical assault | | | | | | | | | | |
| h. Sexual assault | | | | | | | | | | |
| i. Threats of retaliation or verbal abuse by facility staff | | | | | | | | | | |
| j. Coercion | | | | | | | | | | |
| k. Financial exploitation | | | | | | | | | | |
| l. Suspicious death | | | | | | | | | | |
| m. Other - Specify type of complaint. Please describe below (in Comment Box) | | | | | | | | | | |
| | | | | | | | | | | |

*Expanded authorities under the Children's Health Act of 2000, Part H, section 592(a) and Part I Section 595, as codified respectively under Title V. Public Health Service Act, 42 U.S.C., at 290ii- 290ii and 290jj-1 -290jj-2 (See also, the PAIMI Act 42 U.S.C. 10802(1)(A) - (D)).

2.**Abuse Complaints Disposition**

| For total closed cases listed in Table C.1., provide the number of abuse complaints/problems for each disposition category. | |
|---|---|
| a. Number of complaints/problems determined after investigation not to have merit. | |
| b. Number complaints/problems withdrawn or terminated by client. | |
| c. Number of complaints/problems resolved in the client's favor. | |
| d. Number of complaints/problems not resolved in the client's favor. | |

| | |
|---|---|
| e. Other 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 | |
| **Total number of Abuse complaints/problem addressed from closed cases.** | |

3. **Areas of Alleged Neglect**

| [Failure to provide for appropriate. . .] - Number of complaints/problems: | Number from *Closed Cases* Only | Outcomes (will add col. K) | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | **Total** | A | B | C | D | E | F | G | H | I | J |
| a) Failure to provide necessary or appropriate medical (other than psychiatric) treatment | | | | | | | | | | | |
| b) Failure to provide necessary or appropriate mental health treatment, including access to prescribed medication | | | | | | | | | | | |
| c) Failure to provide necessary or appropriate personal care and safety | | | | | | | | | | | |
| d) Failure to provide appropriate discharge planning or release from a residential care or treatment facility | | | | | | | | | | | |
| e) Mental health diagnostic or other | | | | | | | | | | | |

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| evaluation (does not include treatment) | | | | | | | | | | | |
| f) Medical (non-mental health related) diagnostic or physical examination | | | | | | | | | | | |
| g) Other [Describe and make every effort to report within the above categories] | | | | | | | | | | | |
| | | | | | | | | | | | |

4. **Neglect Complaints Disposition**

| For total closed cases listed in Table C.3., provide the numbers of neglect complaints or problem areas for each disposition category. | |
|---|---|
| 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 | |
| **Total number of Neglect complaints/problem addressed from closed cases.** | |

5. **Areas of Alleged Rights Violations**

| Number of Complaints/Problems | Number from *Closed Cases* only | Outcomes (will add col. K) | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | **Total** | A | B | C | D | E | F | G | H | I |

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

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| r. The denial of access to administrative or judicial process; | | | | | | | | | | |
| s. Failure to provide educational services in the least restricted environment for PAIMI-eligible individuals | | | | | | | | | | |
| t. The denial of access to community-based rehabilitation services and/or treatment | | | | | | | | | | |
| u. The denial of access to transportation | | | | | | | | | | |
| v. Employment Discrimination | | | | | | | | | | |
| w. The denial of access to personal possessions | | | | | | | | | | |
| x. Failure to comply with commitment regulations | | | | | | | | | | |
| y. Failure to comply with commitment time frames | | | | | | | | | | |
| z. Other [Please, make every effort to report within the above categories] | | | | | | | | | | |
| | | | | | | | | | | |

6. **Rights Violations Disposition**

| For closed cases listed in this Table, provide the number of rights complaints or problem areas for each disposition category. | |
|---|---|
| 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 | |
| **Total number of Rights Violation complaints/problems addressed from closed cases.** | |

7. **Reasons for Closing Individual Advocacy Case Files**

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

8. **Intervention Strategies (more columns will be added to match C.1., C.3. and C.5.)**

| | | Outcomes | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Abuse | | | | | | | | | | Neglect | | | | | | | | | Rights Violations | | | | | | | | |
| Will add col. K | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Strategy | **Total** | A | B | C | D | E | F | G | H | I | J | A | B | C | D | E | F | G | H | I | A | B | C | D | E | F | G | H | I |
| 1. SAA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. LA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. AR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 4. L | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. A/N I | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. M | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. N | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

1. SAA – Self Advocacy Assistance
2. LA – Limited Advocacy
3. AR – Administrative Remedies
4. L - Litigation
5. A/N I – Abuse/Neglect Investigations
6. M – Mediation
7. N – Negotiation

**9. Death Investigation Activities**

| | |
|---|---|
| **a**). The number of deaths reported to the P&A for investigation by the following entities: | |
| 1. State | |
| 2. The Center for Medicaid & Medicare Services (Regional Offices). If zero means the P&A did not receive any death reports from CMS for investigation, please note this in the Footnotes. | |
| 3. Other Sources. Briefly list the source for each death reported in this category (e.g., newspaper, concerned citizen, relative, etc.). | |
| Total Number of deaths investigated. | |
| If the information requested in this section was not available, please explain. | |
| **b**). All death investigations conducted involving PAIMI-eligible individuals related to the following: | |
| 1. Number of deaths investigated involving incidents of seclusion (S). | |
| 2. Number of deaths investigated involving incidents of abuse (A). | |
| 3. Number of deaths investigated involving incidents of restraint (R). | |
| 4. Number of deaths investigated **not** related to incidents of S&R. (for example, | |

| | |
|---|---|
| deaths by suicide) | |
| 5. Death investigations with a finding of determination. | |
| 6. Provision in policy added or prevented because of a death investigation | |
| Total Number of deaths investigated [Sum of 9b 1-6]. | |

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

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

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

(Note – limit text field to 500 words)

10. **Number of Interventions on behalf of Groups of PAIMI Eligible Individuals – Individuals Impacted**

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

| What to Count | Number |
|---|---|
| 1. Group cases/projects still open on October 1 (carried over from prior FY(s)). | |
| 2. New group cases/projects opened during the year. | |
| 3. Total group cases/projects worked on during the year (Add items 1 and 2). | |
| 4. Total group cases/projects as of September 30, ___ to ___ (Carry over to next FY). | |
| 5. Group cases/projects targeted at serving the following special populations: | |
| a. Ethnicity | |
| b. Racial Minorities | |
| c. Homeless | |

| | |
|---|---|
| d. Veterans | |
| e. Urban | |
| f. Rural/Frontier | |
| g. Older Adults/ Geriatric | |
| 6. Total # of individuals impacted by line 3. | |

**11.Interventions on behalf of Groups of PAIMI-Eligible Individuals**

*Only the number of cases are needed for the last three columns, not the number of individuals*

| **5. E. Intervention Types** ***(See the Instructions for Guidance)*** | Potential number of Individuals Impacted | Concluded Successfully | Concluded Unsuccessfully | On-going |
|---|---|---|---|---|
| Group Advocacy *(non-Litigation)* | | | | |
| Abuse and Neglect Investigations *(non-death related)* | | | | |
| Facility Monitoring Services | | | | |
| Community Based Monitoring Services | | | | |
| Court Ordered Monitoring | | | | |
| Systemic Litigation | | | | |
| Educating Policy Makers | | | | |
| Other Systemic Advocacy | | | | |
| Total | | | | |

In the second form, the Potential # of Individuals Impacted should match the number for Question 3. Total group cases/projects worked on during the year (Add lines 1 & 2). The total number of cases Concluded Successfully, Concluded Unsuccessfully, and On-going should match the number for Question 6. Total # of individuals potentially impacted by line 3.

**12. Performance Measures of P&A Activities**

| **Outcomes** | **Number from Closed Cases Only** |
|---|---|

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

## Section D. Non-Client Directed Advocacy Activities

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

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

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**

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

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

4. **Technical Assistance**

| Provide the number of PAIMI Program TA services. | |
|---|---|
| Total | |

**Section E. Grievance Procedures** [42 CFR Section 51.25]

| | |
|---|---|
| 1. Do you have a systemic/program assurance grievance policy, as mandated by 42 CFR 51.25(a) (2)? | ☐ Yes ☐No<br>(If no, please indicate the date that the developed policy is anticipated.<br>__/__/____ |

| 2. The number of grievances filed by PAIMI-eligible clients, including representatives or family members of such individuals receiving services during this fiscal year. | |
|---|---|
| Total | |
| 3. The number of grievances filed by prospective PAIMI-eligible clients (those who were not served due to limited PAIMI program resources or because of non-priority issues). 42 CFR Section 51.25(a)(1)(2) | |
| Total | |

| 4. The number of grievances appealed to: | |
|---|---|
| 4.a. The Governing Authority/Board | |
| 4.b. The Executive Director | |
| Total 4.a. & 4.b. | |

| 5. The number of reports sent to the Governing Board **and** the Advisory Board. | |
|---|---|
| Total | |

6. Please IDENTIFY ALL INDIVIDUALS by name & title, responsible for grievance reviews (maximum 5):

| Name & title | |
|---|---|

| | |
|---|---|
| Name & title | |
| Name & title | |
| Name & title | |

| 7. What is the timetable (in days) used to ensure prompt notification of the grievance procedure process to clients, prospective clients or persons denied representation, and ensure prompt resolution? | |
|---|---|
| Number of days | |

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

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

**Section F. Other Services and Activities**

| 1. Does the P&A have procedures established for public comment?<br>a. ☐Yes, (briefly describe how the notice is used to reach person with mental illness and their families).<br>b. ☐No, (if no, briefly explain, limit to 500 characters). |
|---|
| |

| 2. Were the notices provided to the following persons? | | |
|---|---|---|
| a. Individuals with mental illness in residential facilities? | ☐ Yes | ☐ No |
| b. Family members and representatives of such individuals? | ☐ Yes | ☐ No |
| c. Other individuals with disabilities? | ☐ Yes | ☐ No |
| d. Brief explanation is required for each **no** answer in 2.a., b., or c. | | |
| | | |

| 3. Do the procedures provide for receipt of the comments in writing or in person? | ☐ Yes | ☐ No |
|---|---|---|
| 3.a. If **yes**, attach a copy of the agency's policies/procedures pertaining to public comment. | | |
| 3.b. If **no** to 2 a, b, c., explain why the agency does not have such procedures in place. | | |

| | | |
|---|---|---|
| 4. Was the public provided an opportunity for public comment? | ☐ Yes | ☐ No |

| 5. If you answered **yes** to 4, briefly describe the activities used to obtain public comment. |
|---|
| |

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

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

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

| 9. External Impediments |
|---|

| |
|---|
| Describe any problems with implementation of mandated PAIMI activities, including those activities required by Parts H and I of the Children's Health Act of 2000 that pertain to requirements related to incidents involving seclusion and restraint and related deaths and serious injuries (e.g., access issues, delays in receiving records and documents, etc.). |
| |

| 10. Internal Impediments |
|---|
| Describe any problems with implementation of mandated PAIMI activities, including any identified annual priorities, and objectives (e.g., lack of sufficient resources, necessary expertise, etc.). |
| |

| 11. Accomplishments |
|---|
| For this fiscal year, briefly describe the most important accomplishment(s) that resulted from PAIMI program activities. Provide copies of supporting documents (e.g., case law, news article, legislation, etc.). |
| |

| 12. Recommendations |
|---|
| Please provide recommendations for activities and services to improve the PAIMI program. Include a brief description of why such activities and services are needed **[**42 U.S.C. 10824(a) (4)]. |
| |

| 13. Please identify any training & technical assistance requests [42 U.S.C. 10825]. |
|---|
| |

Upload supporting documentation for Accomplishments here

| File Name | Created Date | Download |
|---|---|---|

## Section G. PAIMI Budget – Actual for FY 20XX__

**Planning Period From 10/1/___ to 9/30/____**

**In this section, provide actual expenditures for the FY __. Please only include the current FFY's budget figures and use the Footnotes to describe methodology and any additional funding carried over from previous years, including program income. Refer to the PAIMI Application [Appendix C] submitted to SAMHSA/CMHS for the same FY. For additional information regarding this Section, please review the PPR Instructions.**

I. Personnel/Name/Title (Active for PAIMI Supervisor only) – Insert additional rows, as needed.

**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 current FFY's budget figures and use the footnotes to describe methodology and any additional funding carried over from previous years.**

| Personnel/Name/Title | Annual Salary A | Total PAIMI Share B | Percent/Level of Effort to PAIMI B / A = C | Comments |
|---|---|---|---|---|
| Staff Positions | | | | |
| Vacant Positions | | | | |
| Volunteer Positions | | | | |
| Total | | | | |

II. Fringe Benefits – Insert additional rows, as needed.

**Please only include the current FFY's budget figures and document all other figures in the footnote. Please also describe methodology in the footnotes.**

| Fringe Breakdown | Annual Salary A | Total PAIMI Share B | Percent/Level of Effort to PAIMI B / A = C | Comments |
|---|---|---|---|---|
| | | | | |
| Total | | | | |

III. Travel – Insert additional rows, as needed.

**Please only include the current 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)].**

| Travel Expenses | Actual Cost A | Total PAIMI Share B | Percent/Level of Effort to PAIMI B / A = C | Comments |
|---|---|---|---|---|
| | | | | |
| Total | | | | |

IV. Equipment – Insert additional rows, as needed.

**Include communications and rental equipment directly related to PAIMI project activities. Please only include the current FFY's budget figures and use the footnote to describe any additional funding carried over from previous years.****

| Equipment | Actual Cost A | Total PAIMI Share B | Percent/Level of Effort to PAIMI B / A = C | Comments |
|---|---|---|---|---|
| | | | | |
| Total | | | | |

V. Supplies – Insert additional rows, as needed.

**Please list the supplies (both the category of items and the value) expended through using PAIMI funds. Use the comments field to describe the supplies.**

| Supplies | Actual Cost A | Total PAIMI Share B | Percent/Level of Effort to PAIMI B / A = C | Comments |
|---|---|---|---|---|
| | | | | |
| Total | | | | |

VI. Contractual/Consultant Costs – Insert additional rows, as needed.

**In the section below provide budget expenditure information for each contractual arrangement for PAIMI program services. Any sub-contract that exceeds $25,000 must be pre-approved by SAMHSA Grants Management Officer. Only include the current FFY's budget figures and use the footnote to describe any additional funding carried over from previous years.**

| Contractual/Consultant | Actual Cost | Total PAIMI Share B | Percent/Level of Effort to PAIMI | Comments |
|---|---|---|---|---|

| | A | | B / A = C | |
|---|---|---|---|---|
| | | | | |
| Total | | | | |

VII. Technical Assistance/Training Costs – Insert additional rows, as needed.

**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 travel 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)].**

| Technical Assistance/Training | Actual Cost A | Total PAIMI Share B | Percent/Level of Effort to PAIMI B / A = C | Comments |
|---|---|---|---|---|
| | | | | |
| Total | | | | |

VIII. Other Expenses – Insert additional rows, as needed.

**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.**

| Other Expenses | Actual Cost A | Total PAIMI Share B | Percent/Level of Effort to PAIMI B / A = C | Comments |
|---|---|---|---|---|
| Litigation | | | | |
| Total | | | | |

IX. Indirect Costs

**Attach a copy of the approved rate agreement. Federally approved IDC rate.**

| Indirect Costs | The Base A | Rate * B % Format = (.125 = 12.5%) | Total PAIMI Share A * B = C | Comments |
|---|---|---|---|---|
| Federally approved IDC rate | | | | |
| Total | | | | |

| X. Carryover of PAIMI Funds Only |
|---|

| Carryover for FY ___ $0.00 |
|---|

**Please upload your budget plan for 20__ carryover funds**

| | Total Actual Costs | Total PAIMI Share |
|---|---|---|
| Total PAIMI Costs | | |

**Attachments (optional)**

| Footnotes: |
|---|

**PAIMI Expenditures and Revenues**

| **PAIMI Expenditures** | | |
|---|---|---|
| 1. Does your P&A have an approved Federal indirect cost rate?<br>If **yes**, what is the approved rate? | ☐ Yes<br>0.05% | ☐ No |
| 2. Total indirect costs | | $ |
| 3. Total of all PAIMI program costs listed in **I-VIII** in the Budget. | | $ |
| Total | | $ |

| **Income sources and other resources (PAIMI program only)** | |
|---|---|
| 1. PAIMI program carryover of grant funds identified by FY. | $ |
| Enter the last two digits of the Fiscal Year FY 20__ | $ |
| 2. Program income (PAIMI only). | |
| 3. State | $ |
| 4. Other funding sources [identify each source]. | $ |
| Total of all PAIMI Program resources | $ |

Please note in the second form that Question 2. Program Income (PAIMI only) is not the current FY PAIMI allotment. Program income is defined as gross income earned that is directly generated by a federally supported activity or earned as a result of the federal award.

**Section H: Statement of Priorities (Goals)**

## PAIMI Program Statement of Priorities and Objectives - Report

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 2025 PAIMI Application. The strategies used for each Objective must be completed. The reason why priority/goal was not achieved or was partially achieved must be completed.

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

| |
|---|
| Priority/Goal Description: |
| Objective: |
| Target Population: |
| Expected Outcome: |
| Actual Outcome |
| |

| **B. Strategies Used to Implement Goal and Address Priorities** *(Check all that apply below)* | |
|---|---|
| ☐ Collaboration | ☐ Systemic Litigation |
| ☐ Rights-Based Individual Advocacy Services | ☐ Educating Policy Makers |
| ☐ Investigations of Abuse and Neglect | ☐ Other Systemic Advocacy |
| ☐ Monitoring | ☐ Training/Outreach |
| ☐ Issuance of Public Report | |

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

| | |
|---|---|
| Priority: | |
| Objective: | |
| Target Population: | |
| **limited to 500 characters** | |

### D. Other qualitative narrative related to the above priority

| (Significant activity for which there were no quantifiable results goes here). **Describe any other significant activity related to this goal (500 words maximum)** |
|---|
| |

## Section I: Glossary

This section contains definitions applicable 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 restrains, 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 or areas.

**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 and cultural barriers 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, Guan, 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 conduct full investigations of abuse or neglect.