



## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Substance Abuse and Mental Health Services Administration

#### Agency Information Collection Activities: Proposed Collection; Comment Request

**AGENCY:** Substance Abuse and Mental Health Services Administration (SAMHSA), Department of Health and Human Services.

**ACTION:** Notice.

Proposed Project: Request to publish the 60-Day Notices in the *Federal Register* to solicit public comment on information collection for the continued approval and updates for the Protection and Advocacy for Individuals with Mental Illness (PAIMI) – Revised Annual Program Performance Report (PPR) - the Office of Management and Budget (OMB) No. 0930-0169– DECISION

In compliance with Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 concerning opportunity for public comment on proposed collections of information, SAMHSA will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the information collection plans, email the SAMHSA Reports Clearance Officer at: [samhsapra@samhsa.hhs.gov](mailto:samhsapra@samhsa.hhs.gov).

Comments are invited on: (a) whether the proposed collections of information are necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including leveraging automated data collection techniques or other forms of information technology.

SAMHSA is requesting approval from OMB for changes to the revised Annual PPR, PPR Instructions, and the Advisory Council Report (ACR) for the PAIMI program. The OMB clearance for the current 2024-2025 PPR, PPR Instructions, and ACR (0930-0169) will expire on July 31, 2026.

The protection and advocacy (P&A) systems were established under the Developmental Disabilities Act of 1975 (DD Act) [42 U.S.C. 15001 et seq., as amended in 2000]. The amendments of 2000 require the Secretary of the Department of Health and Human Services (HHS) 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 Intellectual and Developmental Disabilities (AIDD), within the Administration for Community Living. 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 AIDD includes in an appendix to the Secretary's biennial report on disabilities.

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

The PAIMI Act at 42 U.S.C. 10801 et seq., authorized funds to the same P&A systems created under the DD Act (as amended in 2000, 42 U.S.C. 15001 et seq.). The DD Act supports the Protection and Advocacy for Developmental Disabilities Program administered by AIDD within the Administration for Community Living. AIDD is the lead federal P&A agency. The PAIMI Program supports the same 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 57<sup>th</sup> P&A system - the American Indian Consortium (the Navajo and Hopi Tribes in the Four Corners region of the Southwest). The American Indian Consortium can only be funded if the total funding for the PAIMI program is at least \$25,000,000, according to 10822(a)(2)(D) 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. 10804 (4) residing in the community, including their own home, **only**, if the total allotment under this title for any fiscal year is \$30,000,000 or more. ***If funding falls below \$30,000,000***, PAIMI programs ***must*** give priority to representing PAIMI-eligible individuals, as defined by 42 U.S.C. 10802(4)(A) and (B)(i).

The Children's Health Act of 2000 also referenced the state P&A system authority to obtain information on incidents of seclusion, restraint, and related deaths [see, Children's Health Act, 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, Guam, the Commonwealth of the Northern Mariana Islands, the Commonwealth of Puerto Rico, and the U.S. Virgin Islands.

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SAMHSA proposes minimal changes to the current PPR/ACR to comply with all current Executive Orders and SAMHSA Strategic Priorities. The minimal changes to the current PPR/ACR included the following revisions:

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 limited English proficiency, and underserved and unserved populations.

The current report formats will be effective starting with fiscal year 2026 PPR reports due on January 1, 2027. This request ensures the annual PAIMI PPR and ACR are approved for a 3-year cycle until 2029.

Estimates of Annualized Hour Burden

The annual burden estimate is as follows:

<b>Instrument / Activity</b>	<b>Number of Respondents</b>	<b>Responses per Respondent</b>	<b>Total Responses</b>	<b>Hours per Response</b>	<b>Total Hour Burden</b>	<b>Hourly Wage Rate</b>	<b>Total Hour Cost (\$)</b>
<b>PAIMI PPR</b>	<b>57</b>	<b>1</b>	<b>57</b>	<b>20</b>	<b>1,140</b>	<b>\$38.74</b>	<b>\$44,164</b>
<b>PAIMI ACR</b>	<b>57</b>	<b>1</b>	<b>57</b>	<b>10</b>	<b>570</b>	<b>\$38.74</b>	<b>\$22,082</b>
<b>Total</b>	<b>114</b>	<b>-</b>	<b>114</b>	<b>-</b>	<b>1,710</b>	<b>-</b>	<b>\$66,246</b>

Send comments to SAMHSA Reports Clearance Officer, Room 15-E-57-A,  
5600 Fishers Lane, Rockville, MD 20857 ***OR*** e-mail a copy to **samhsapra@samhsa.hhs.gov**.

Written comments should be received by **[INSERT DATE 60 DAYS AFTER DATE OF  
PUBLICATION IN THE *FEDERAL REGISTER*]**.

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