



May 2018

MENTAL HEALTH

Federal Procedures to Oversee Protection and Advocacy Programs Could Be Further Improved

Why GAO Did This Study

PAIMI grant awards, established by Congress in 1986 and totaling \$36 million in 2016, are administered by SAMHSA to support state protection and advocacy programs. PAIMI programs protect and advocate for the rights of individuals with significant mental illness by investigating reports of incidents of abuse and neglect of such individuals in facilities such as hospitals, and in the community, among other activities.

The 21st Century Cures Act included a provision for GAO to review the PAIMI programs and their compliance with federal statutory and regulatory requirements. This report examines (1) the outcomes reported by PAIMI programs in selected states, and (2) SAMHSA's oversight of state PAIMI programs, including their compliance with federal requirements. GAO reviewed FY 2015 and 2016 PAIMI program documentation for eight of 57 programs selected for variation in funding amount, geographic location, and other factors. GAO also reviewed relevant SAMHSA policies and procedures and assessed them against federal standards for internal control.

What GAO Recommends

GAO recommends that SAMHSA take steps to ensure that changes to performance benchmarks are examined over time, and to ensure onsite reviews are completed—and findings are provided to state programs—in a timely manner. The Department of Health and Human Services concurred with GAO's recommendations.

View [GAO-18-450](#). For more information, contact Katherine Iritani at (202) 512-7114 or iritanik@gao.gov.

MENTAL HEALTH

Federal Procedures to Oversee Protection and Advocacy Programs Could Be Further Improved

What GAO Found

The eight selected state Protection and Advocacy for Individuals with Mental Illness (PAIMI) programs GAO reviewed reported a range of positive outcomes from their work on behalf of individuals with mental illness. For example, in fiscal year (FY) 2016, the selected programs reported resolving in the individual's favor 1,772 out of 2,390 cases (74 percent) related to complaints of alleged abuse, neglect, and rights violations. The remaining cases were reported as withdrawn by the client, closed due to lack of merit, or not resolved in the individual's favor. These programs also reported concluding a variety of broader, system-level activities—referred to as systemic activities—intended to benefit groups of individuals with mental illness. These systemic activities resulted in, for example, changes to procedures in mental health institutions and correctional facilities.

Selected Outcomes Reported by Eight Protection and Advocacy for Individuals with Mental Illness Programs, Fiscal Year 2016

Type of activity	Outcome
Individual cases	Closed in favor of individual
Rights violations	1,122
Neglect	341
Abuse	309
Total	1,772
Systemic activities	Concluded successfully
Facility monitoring	263
Investigations	46
Group advocacy (non-litigation)	29
Other	29
Total	367

Source: GAO analysis of 2016 Substance Abuse and Mental Health Services Administration data. | GAO-18-450

The Substance Abuse and Mental Health Services Administration (SAMHSA), which oversees the state PAIMI programs, has a variety of procedures in place to monitor performance and compliance. However, two areas warrant additional attention, as follows:

- SAMHSA has not consistently examined changes to performance benchmarks—the goals, objectives, and targets that PAIMI programs set annually for their planned work. Programs are permitted to modify these benchmarks, and GAO found that four had done so. A new SAMHSA system implemented in 2017 could improve recording of benchmark changes, but SAMHSA lacks procedures to examine changes across years, which could help identify performance concerns.
- SAMHSA often failed to complete its periodic, in-depth reviews of programs and to provide findings of identified deficiencies to PAIMI programs on a timely basis. SAMHSA has plans to improve the efficiency of its review process. However, it is unclear the extent to which these plans will resolve the timeliness issues, which could delay resolution of any issues found in the reviews.

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Abbreviations

HHS	Department of Health and Human Services
NDRN	National Disability Rights Network
PAIMI	Protection and Advocacy for Individuals with Mental Illness
SAMHSA	Substance Abuse and Mental Health Services Administration

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May 24, 2018

The Honorable Lamar Alexander
Chairman
The Honorable Patty Murray
Ranking Member
Committee on Health, Education, Labor, and Pensions
United States Senate

The Honorable Greg Walden
Chairman
The Honorable Frank Pallone, Jr.
Ranking Member
Committee on Energy and Commerce
House of Representatives

Congress passed the Protection and Advocacy for Individuals with Mental Illness (PAIMI) Act in 1986 in response to concerns about the vulnerability of individuals with mental illness to abuse and neglect, and gaps in state systems to address such issues.¹ The PAIMI Act established a grant program to support independent, state-level protection and advocacy systems—referred to in this report as state PAIMI programs—designed to safeguard the rights of individuals with mental illness at risk for abuse or neglect.² To qualify for federal grant support, state PAIMI programs must have specific authority to investigate incidents of potential abuse and neglect of individuals with significant mental illness; the ability to pursue administrative, legal, and other appropriate remedies to protect these individuals; and access to records needed to pursue these investigations

¹Pub. L. No. 99-319, 100 Stat. 478 (1986) (codified as amended at 42 U.S.C. §§ 10801-10827). The law was originally entitled "Protection and Advocacy for Mentally Ill Individuals Act of 1986" but its title was amended in 2000. See Pub. L. No. 106-310, § 3206(a), 114 Stat. 1101, 1193 (2000).

²Protection and advocacy systems are disability rights agencies designated by the governor of each state or territory to provide legal representation and other advocacy services on behalf of qualifying individuals. Protection and advocacy systems were first established in 1975 under the Developmentally Disabled Assistance and Bill of Rights Act to administer the Protection and Advocacy for Individuals with Developmental Disabilities program. In addition, protection and advocacy systems now also administer the PAIMI program and several other protection and advocacy programs for individuals with disabilities.

and remedies.³ In addition to investigating complaints, the PAIMI Act requires PAIMI programs to protect and advocate for the rights of individuals with significant mental illness.

Given their authority, access rights, and presence across all states and territories, state PAIMI programs play an important role in supporting a vulnerable population of individuals with serious mental health disorders. The Substance Abuse and Mental Health Services Administration (SAMHSA), within the Department of Health and Human Services (HHS), administers and oversees the PAIMI programs. SAMHSA approves PAIMI grant applications annually and oversees program compliance with statutory and regulatory requirements, such as those regarding grievance procedures, public engagement, and appropriate use of federal funding. In fiscal year 2016, SAMHSA provided approximately \$36 million in grants to 57 state-based PAIMI programs to fund these activities.⁴ While comprising a relatively small portion of SAMHSA's total budget authority for mental health programs (about \$1.1 billion in fiscal year 2016) the PAIMI grant program is the only federal program supporting protection and advocacy services for individuals with significant mental illness.

The 21st Century Cures Act of 2016 included a provision for GAO to review PAIMI program activities and their compliance with federal statutory and regulatory requirements.⁵ This report examines

1. the outcomes reported by the PAIMI programs in selected states; and
2. SAMHSA's oversight of the state PAIMI programs, including procedures for ensuring compliance with federal statutory and regulatory requirements.

To examine the outcomes reported by PAIMI programs, we reviewed the annual program performance reports for a nongeneralizable selection of eight PAIMI programs for federal fiscal years 2015 and 2016: California, Georgia, Indiana, Louisiana, Massachusetts, Texas, Vermont, and

³The PAIMI statute defines "individual with mental illness" as a person who has significant mental illness or emotional impairment, as determined by a mental health professional qualified under the laws and regulations of the state. For purposes of this report, we use the term "significant mental illness" to refer to this definition.

⁴In addition to 50 state programs, there is one for the District of Columbia, one for each of the five U.S. Territories, and one for the American Indian Consortium, which serves certain southwestern American Indian tribes.

⁵See 21st Century Cures Act, Pub. L. No. 114-255, § 6023, 130 Stat. 1033, 1217 (2016).

Washington. We selected these programs based on a variety of factors such as size of the grant, number of clients served, program type (that is, whether the program was operated by the state or by a private nonprofit), and geographic region. Performance data we reviewed included both standard measures that all programs are required to report, such as the number of abuse or neglect complaints addressed, as well as specific measures reporting progress toward goals selected by each program. To assess the reliability of the program performance data, we reviewed related documentation, interviewed SAMHSA officials, and assessed the data for obvious errors. We determined that the performance data for the eight selected programs were sufficiently reliable for our reporting purposes. We also reviewed SAMHSA documentation of program performance for fiscal years 2011 and 2012 and an evaluation of the PAIMI programs commissioned by the agency and published in 2011.⁶ In addition, we interviewed state PAIMI program staff for four of the eight programs to obtain in-depth examples of program activities.⁷ We also interviewed members of two state PAIMI program advisory councils about their roles and their perspective about the state PAIMI programs.⁸ To obtain additional perspectives about the state PAIMI programs, we interviewed members of two national-level mental health organizations and two state-level mental health organizations.⁹

⁶See U.S. Department of Health and Human Services, *Fiscal Year 2018 Substance Abuse and Mental Health Services Administration Justification of Estimates for Appropriations Committees* (Washington, D.C.) and *Biennial Report to Congress, the President, and the National Council on Disability: Fiscal Years 2011 and 2012* (Washington, D.C.). See also Substance Abuse and Mental Health Services Administration, *Evaluation of the Protection and Advocacy for Individuals with Mental Illness (PAIMI) Program, Phase III: Evaluation Report*, HHS Publication No. PEP12-EVALPAIMI (Rockville, Md.: 2011).

⁷We selected this subset of four programs—California, Georgia, Indiana, and Vermont—from among the selected eight states based on variation in terms of grant size, program type, and geographic region.

⁸The PAIMI Act requires the protection and advocacy systems that administer the state PAIMI programs to establish advisory councils to advise programs on policies and priorities to be carried out. We selected two advisory councils to interview—California and Indiana—from among the selected states based on the size of their grants and type of operation of their programs.

⁹For national-level organizations, we interviewed representatives from the National Alliance for Mental Illness and from the National Disability Rights Network, which represents the protection and advocacy systems that administer the PAIMI programs and also has a contract with SAMHSA to provide technical assistance to the programs. For state-level organizations, we interviewed one state mental health agency and one state-level mental health advocacy organization from states that varied in terms of grant size.

To assess SAMHSA oversight of the state PAIMI programs, we examined agency policies and procedures related to review and monitoring activities conducted by the agency, including checklists or guidelines for conducting annual reviews of program applications and program performance data and periodic onsite monitoring reviews. We assessed these policies and procedures against relevant statutory and regulatory program requirements and federal internal control standards on monitoring and the design of control activities.¹⁰ In addition, we developed and completed a data collection instrument that allowed us to systematically examine SAMHSA’s documentation of its review of annual program applications and program performance data for fiscal years 2015 and 2016. We completed the instrument for the eight selected PAIMI programs, plus an additional two programs—Oklahoma and Puerto Rico—selected because the programs had been placed on “restricted status,” which triggers enhanced oversight.¹¹ Furthermore, we reviewed the monitoring reports for nine PAIMI programs (Idaho, Illinois, Maryland, Ohio, Oklahoma, Oregon, Pennsylvania, Tennessee, and Washington) for which SAMHSA conducted an onsite review in fiscal years 2015 or 2016. We supplemented our review of documentation with interviews with SAMHSA officials, staff from six PAIMI programs, and staff from the association representing PAIMI programs, the National Disability Rights Network (NDRN).¹²

We conducted this performance audit from July 2017 to May 2018 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that

¹⁰See GAO, *Standards for Internal Control in the Federal Government*, [GAO-14-704G](#) (Washington, D.C.: September 2014). Internal control is a process effected by an entity’s oversight body, management, and other personnel that provides reasonable assurance that the objectives of an entity will be achieved.

¹¹SAMHSA uses the term “restricted status” to describe grantees that are financially unstable, have inadequate financial management systems, or are poor programmatic performers. Programs deemed to be on restricted status require closer monitoring and have their funds restricted. They must submit requests for advance funding or reimbursement and provide detailed explanations to support costs claimed that are not in the approved budget.

¹²The six programs—California, Georgia, Indiana, Oklahoma, Vermont, and Washington—varied in terms of grant size, program type, geographic region, and restricted status.

the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Background

Mental health disorders affect millions of adults and children in the United States and can range in severity. In 2016, an estimated 4.2 percent of the adult population—more than 10.4 million individuals—were considered to have a serious mental illness based on federal survey data.¹³ Individuals with mental illness may reside and receive care in a variety of settings, including inpatient institutional settings, such as public or private hospitals, other residential treatment facilities, or community-based settings. When originally established under the PAIMI Act, state PAIMI programs were required to investigate reports of potential abuse and neglect of individuals with significant mental illness residing in institutional facilities and to protect and advocate the rights of these individuals.¹⁴ Examples of institutional facilities covered under the PAIMI Act include hospitals, nursing homes, and correctional facilities. In 2000, the PAIMI Act was amended to allow certain PAIMI programs to also assist eligible individuals who live in community settings, including their own homes, although programs must still prioritize services for eligible individuals residing in institutional settings.¹⁵ For example, state PAIMI programs assist individuals with abuse, neglect, and rights violation cases in school settings.

Key State PAIMI Program Requirements and Activities

State PAIMI programs are administered by either state agencies or non-profit organizations that have been designated by the governor of each state to operate a protection and advocacy system. The state PAIMI programs are allotted federal grants through a formula that is based

¹³See SAMHSA, *Key Substance Use and Mental Health Indicators in the United States: Results from the 2016 National Survey on Drug Use and Health* (Rockville, Md: September, 2017). Serious mental illness refers to a diagnosable mental, behavioral, or emotional disorder such as schizophrenia or bipolar disorder that substantially limits an individual's functioning in major life activities. Children also may be diagnosed with serious mental health disorders that limit their ability to function at home, in school, or in their communities, referred to as serious emotional disturbance.

¹⁴See Pub. L. No. 99-319, § 102(3), 100 Stat. 478, 479 (1986).

¹⁵See Children's Health Act of 2000, Pub. L. No. 106-310, § 3206, 114 Stat. 1101, 1193 (2000). State PAIMI programs may serve individuals who live in a community setting only if the total allotment nationally under the PAIMI statute for the fiscal year is \$30 million or more.

equally on (1) the population in each state, and (2) the population in each state weighted by its relative per capita income.¹⁶ In 2016, state PAIMI program grants ranged from \$229,300 to \$3,133,536. (See appendix I for allotment by program.) To receive a PAIMI grant, each protection and advocacy organization must submit an annual application, and the PAIMI programs they operate must meet applicable statutory and regulatory requirements. (See table 1.)

Table 1: Selected Federal Requirements for State Protection and Advocacy for Individuals with Mental Illness (PAIMI) Programs

Requirement category	Selected program requirements
Independence	The state PAIMI program must be independent of state agencies that provide treatment or services (other than advocacy services) to individuals with mental illness, and must develop policies and procedures to protect against conflicts of interest involving clients, employees, and others.
Capacity	The state PAIMI program staff must be trained to provide services to mentally ill individuals and the program must have the capacity to protect and advocate the rights of individuals with mental illness.
Advisory council	The state PAIMI program must establish an advisory council to provide independent advice and recommendations that includes attorneys, mental health professionals, members of the public who are knowledgeable about mental health, a provider of mental health services, individuals who have received or are receiving mental health services, and family members of these individuals. The chair of the council and at least 60 percent of the advisory council members must be individuals who have received or are receiving mental health services or their family members.
Priority goal setting	The governing authority of the state PAIMI program must—jointly with the advisory council—annually set program priorities and must seek input annually from members of the public on program priorities and activities. The program priorities must specify short-term goals and objectives, with measureable outcomes, to implement the priorities.
Use of federal funds	State PAIMI programs must use federal funds only to supplement, rather than supplant, existing state funds. Federal funds may not be used for lobbying activities or to support or defeat any candidate for public office.
Grievance procedures	State PAIMI programs must establish procedures to address grievances from clients, prospective clients, and individuals receiving mental health services, and their family members or representatives. Written responses must be provided, and grievances must be reported to the governing authority and advisory council.

Source: GAO summary of selected provisions of the PAIMI Act and Substance Abuse and Mental Health Services Administration regulations. | GAO-18-450

Approved state PAIMI programs use their grants to protect and advocate for individual clients, such as investigating specific complaints. They may also conduct broader system-level protection and advocacy activities, such as facility monitoring, intended to benefit larger groups of individuals

¹⁶Under the PAIMI Act, relative per capita income refers to the per capita income in the United States divided by the per capita income of the state. In the territories, this quotient is considered to be one.

with significant mental illness. These systemic activities, as we refer to them in this report, include efforts to drive changes in policies and practices of the state’s mental health agency, treatment facilities, and other systems, such as school systems, that impact people with significant mental illness. (See table 2.)

Table 2: Key Individual and Systemic Activities Performed by State Protection and Advocacy for Individuals with Mental Illness (PAIMI) Programs

Category	Examples of activities performed by state PAIMI programs
Abuse	Investigating reports of abuse, such as physical or verbal maltreatment, use of excessive force, or abusive institutional practices, such as use of restraint that is not in compliance with federal and state law and regulation.
Neglect	Investigating reports of neglect, such as neglect of health, nutritional or clothing needs, failure to provide a safe environment including adequate staffing, or neglecting to provide adequate treatment planning, discharge services, or community care.
Denial of civil rights	Investigating reports of denial of civil rights, such as the right to adequate conditions in facilities, freedom from undue restraint of liberty, provision of due process in involuntary treatment, and the right to informed consent.
Deaths	Investigating individual deaths that may be related to seclusion or restraint, and pursuing systemic reform.
Group interventions	Assisting groups of PAIMI-eligible individuals through activities such as facility monitoring or class action litigation.
Awareness and education	Providing information and referral services, public awareness activities, education, and training.

Source: GAO summary of Substance Abuse and Mental Health Services Administration documentation. | GAO-18-450

Each state PAIMI program, with input from the advisory council and governing authority, sets priority goals and short-term, measurable objectives and targets annually as performance benchmarks for the work it plans to conduct. Programs can also revise these benchmarks during the year to align with changing needs. For example, the types of individual cases programs accept and work on may depend on the types of complaints that are received, which may vary over time.

SAMHSA Oversight of State PAIMI Programs

SAMHSA administers the PAIMI grants and is responsible for oversight and monitoring of the state PAIMI programs.¹⁷ To oversee the state PAIMI programs, SAMHSA conducts both ongoing reviews of the annual application and performance information submitted by the programs, and periodic, in-depth reviews:

- **Ongoing monitoring activities.** PAIMI grant applications are effective for 4-year periods, but programs submit additional grant applications annually to update certain information, such as the program budget and goals. SAMHSA awards PAIMI grants based on criteria such as whether the grantee submitted a statement of annual program priorities, including quantifiable targets and measurable outcomes.¹⁸ In addition to the application, programs must submit key data annually in a program performance report. The performance report must describe a program's individual and systemic activities, accomplishments, and expenditures during the most recent fiscal year and must include a section prepared by the advisory council. The performance report requires programs to report on both standard measures required of all programs and on progress towards the program-specific priority goals, objectives, and targets.¹⁹ SAMHSA reviews information submitted by the programs annually through grants applications and performance reports, including completing a review checklist and following up with programs with questions.
- **Periodic monitoring.** SAMHSA conducts four to five onsite monitoring reviews of state PAIMI programs each year, which officials told us means a given program would be reviewed approximately every 10 years. Programs are reviewed on a rotating basis, but some may be reviewed more frequently if concerns have been identified,

¹⁷The protection and advocacy systems that operate PAIMI programs also receive other federal grants to conduct work on behalf of individuals with other types of disabilities. For example, the Administration for Community Living oversees the Protection and Advocacy for Individuals with Developmental Disabilities program.

¹⁸For more information about SAMHSA's review of PAIMI grants, see GAO, *Mental Health: Better Documentation Needed to Oversee Substance Abuse and Mental Health Services Administration Grantees*, [GAO-15-405](#) (Washington, D.C.: May 12, 2015).

¹⁹Examples of standard measures include the number of individuals served during the fiscal year; the number of complaints resolved during the fiscal year, by type of complaint and by complaint resolution (i.e., favorably resolved, unfavorably resolved, withdrawn or terminated, or no merit); and the number of systemic activities conducted, among other things.

according to officials. The onsite monitoring process, which includes an onsite visit and review of program documentation, is intended to monitor program compliance and provide guidance on improving program effectiveness. SAMHSA has procedures for the scope and time frame of the reviews.

Selected State PAIMI Programs Reported Achievements in Ending and Preventing Abuse, Neglect, and Rights Violations of Those with Significant Mental Illness

The eight selected state PAIMI programs reported favorably resolving a majority of individuals' cases related to alleged abuse, neglect, or rights violations. In addition, these selected programs reported concluding a variety of systemic activities, with a significant focus on monitoring and addressing issues of abuse or neglect at facilities. Through their work with individuals and completion of systemic activities, the selected programs reported meeting a majority of their priority goals and objectives.

Outcomes of Individual Cases

What does it mean for an individual's case to be "favorably resolved"?

"Favorably resolved" indicates (1) that the client is satisfied with the result of the program's work, (2) that the client's goal is fully met or negotiated to an agreeable outcome, or (3) the violation in the stated case problem area was remedied.

Source: Substance Abuse and Mental Health Services Administration. | GAO-18-450.

Selected programs reported favorably resolving about 74 percent of individual cases related to alleged abuse, neglect, or rights violations in fiscal year 2016, on average (see table 3).²⁰ The remaining 26 percent of cases were reported as withdrawn by the client, closed due to lack of merit, or were not resolved in the individual's favor.²¹ Across the programs there was variation in the percentage of cases resolved favorably, with two of the selected programs reporting half, or less than half, of their cases resolved favorably, and one program reporting nearly 100 percent of cases closed favorably. SAMHSA officials and NDRN staff cited a number of factors that could contribute to the variation, including complexity of the complaint, variation in the programs' criteria for accepting cases, program resources, or characteristics of the court or state mental health system. For example, SAMHSA officials told us that

²⁰An individual case is opened when a PAIMI-eligible individual with a complaint is accepted as a client by the protection and advocacy system. A case record or case file is opened for that individual.

²¹Specifically, the eight programs reported favorably resolving 1,772 cases—309 abuse cases, 341 neglect cases, and 1,122 rights violation cases—out of 2,390 cases that were closed in fiscal year 2016 overall. The other 618 cases were reported as withdrawn by the client, closed due to lack of merit, or were not resolved in the individual's favor.

possible explanations for variation could include a program accepting particularly challenging cases, or a program obtaining additional funding from other nonfederal grants that could provide greater legal staff support in addressing complaints.

Table 3: Resolution of Closed Cases on Alleged Abuse, Neglect, and Rights Violations Reported by Selected Protection and Advocacy for Individuals with Mental Illness (PAIMI) Programs, Fiscal Year 2016

State	Number of cases closed ^a	Percentage of cases resolved in client's favor ^b
Washington	351	99.7
California	857	90.1
Indiana	82	87.8
Massachusetts	107	86.0
Georgia	129	83.7
Louisiana	70	72.9
Vermont	111	52.3
Texas	683	39.4
Total	2,390	74.1

Source: GAO analysis of 2016 Substance Abuse and Mental Health Services Administration data. | GAO-18-450

^aNumber of client records or case files closed by an advocate or attorney after providing service and determining that the client either had no need of further services or that the program had no other services available to address the problem(s).

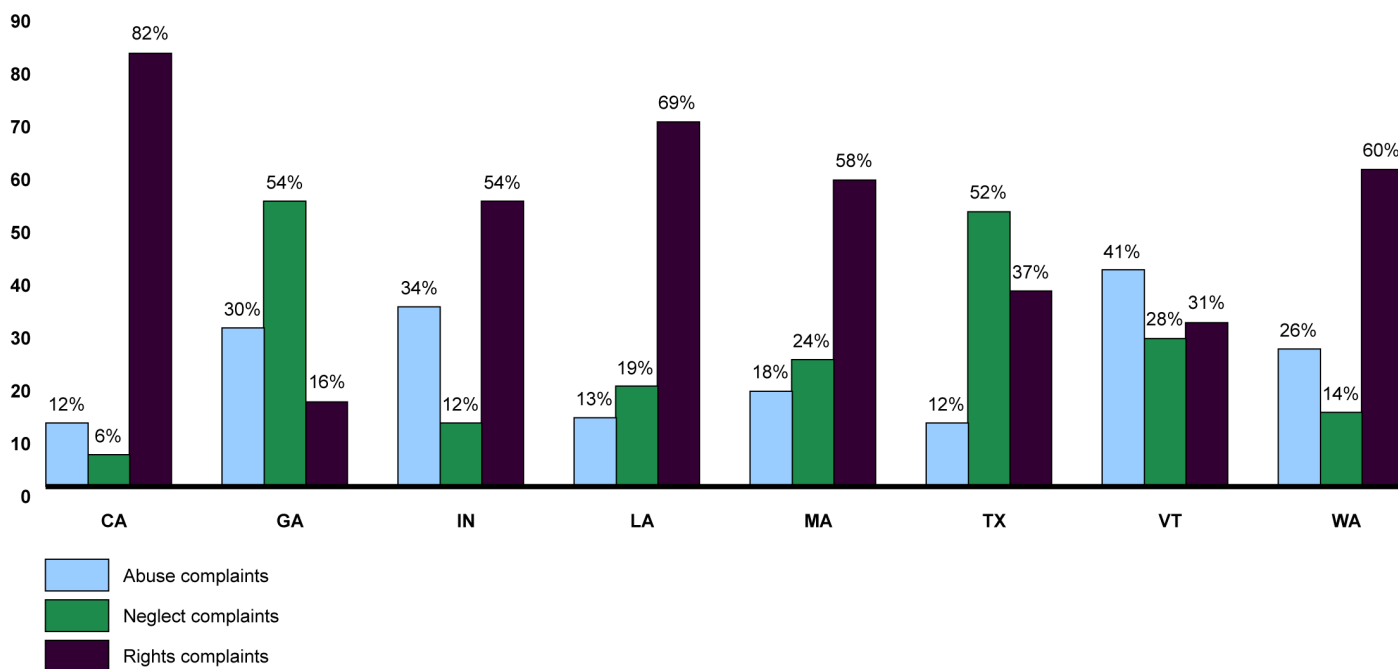
^bIndicates the case was closed in the client's favor, such as when the client was satisfied with the result of the program's work or the violation in the stated case problem area was remedied. The other cases were reported as withdrawn by the client, closed due to lack of merit, or not resolved in the client's favor.

All eight selected programs reported closing cases in each of the three categories of complaints: abuse, neglect, and rights violations during fiscal year 2016.²² Five of the eight programs reported that a majority of their cases were related to complaints about rights violations, which occurred in both facility- and community-based settings (see fig. 1).

²²In addition to this casework, selected state PAIMI programs also reported conducting 82 investigations into the deaths of individuals with significant mental illness in fiscal year 2016. One death involved an incident of seclusion, and none involved incidents of restraint. SAMHSA officials told us that the extent of investigations into deaths varies considerably across programs largely due to whether states, and other sources, report deaths of PAIMI-eligible individuals to the program and, if so, whether the information provided distinguishes between particular causes of death.

These complaints included denials of legal assistance or privacy rights, employment discrimination, or—the most frequently reported case complaint—failure to provide special education consistent with state requirements. Issues of abuse and neglect of individuals with mental illness were also common. The most frequent complaint reported by the eight selected programs related to neglect was a lack of discharge planning for release from a facility, and for alleged abuse, it was failure to provide appropriate mental health treatment.

Figure 1: Distribution of Closed Cases by Complaint Category Reported by Selected State Protection and Advocacy for Individuals with Mental Illness (PAIMI) Programs, Fiscal Year 2016



Source: GAO analysis of 2016 Substance Abuse and Mental Health Services Administration data. | GAO-18-450

Program staff reported examples of how state PAIMI programs resolved cases related to abuse, neglect, and rights violations for individuals in institutions and the community:

- Program staff in California described a rights violation case of a young girl with a mental health disability who was eligible for special education services, but the district placed her in a restricted, segregated school setting where she was restrained multiple times. The program staff negotiated her move to a general education campus with classroom behavior support. The PAIMI program

monitored her transition, including ensuring her inclusion in school activities, academic remediation, and social skill development.

- Program staff in Georgia reported that they were contacted by a woman in a hospital who was overmedicated such that they could not initially understand what she was saying. The staff worked with her hospital treatment team to adjust her medication and the woman became more articulate. In working to address her overmedication, the staff further discovered there were not appropriate discharge plans for her and so they worked to ensure that she was discharged into an appropriate facility.

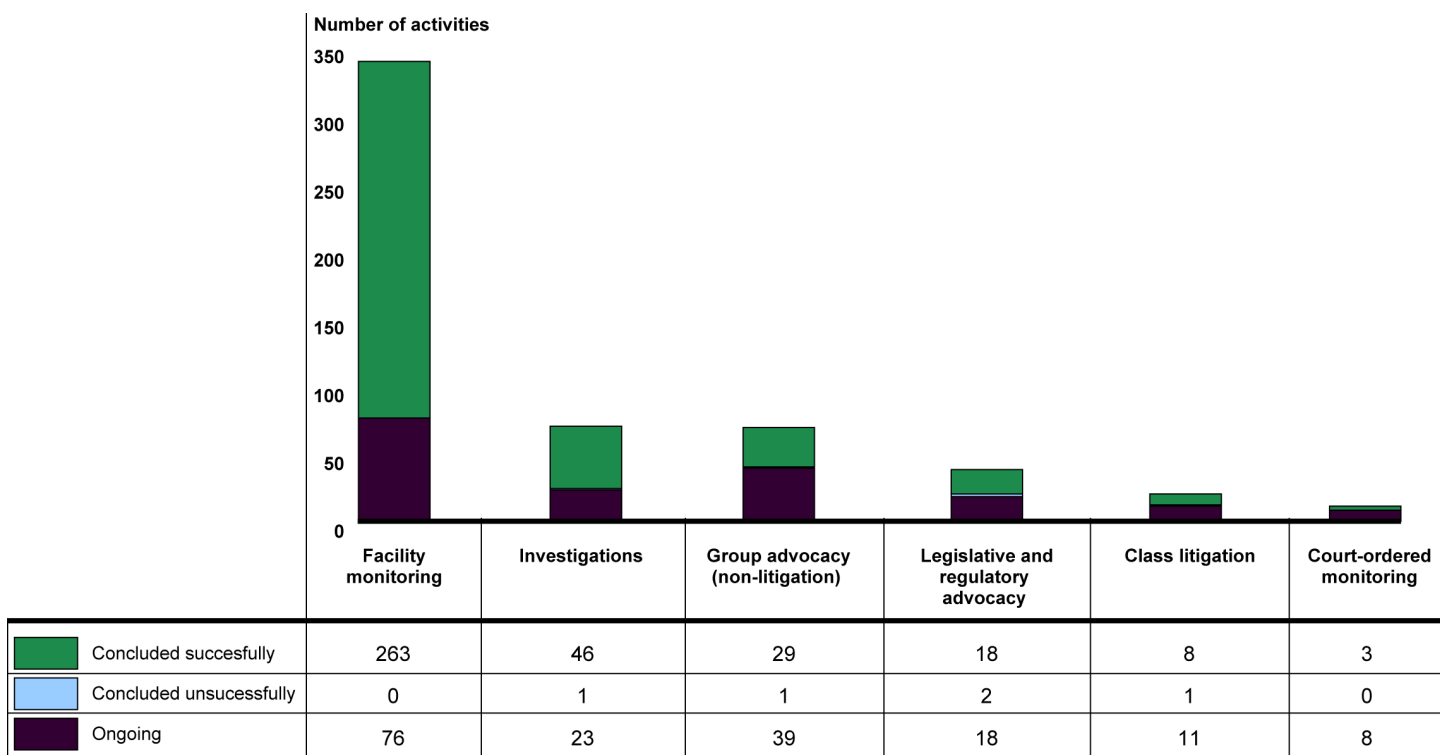
To address individual cases, selected programs reported using a variety of strategies, ranging from administrative actions to legal remedies.²³ Programs reported that the most frequently utilized strategy (used 62 percent of the time in fiscal year 2016) was “short-term assistance”—time-limited advice or counseling, such as assisting a client with preparing a letter or making a phone call to resolve an issue. Selected programs reported using legal remedies about 5 percent of the time in fiscal year 2016.

²³Per the PAIMI Act, programs are required to exhaust in a timely manner all administrative remedies where appropriate. If these remedies are determined to not resolve the matter within a reasonable time, the program may pursue alternative remedies, including the initiation of legal action.

Outcomes of Systemic Activities

The eight selected programs conducted a range of systemic activities, and reported successfully concluding a total of 367 of these activities in fiscal year 2016 (see figure 2).²⁴

Figure 2: Number and Status of Systemic Activities Reported by Selected State Protection and Advocacy for Individuals with Mental Illness (PAIMI) Programs, Fiscal Year 2016



Source: GAO analysis of 2016 Substance Abuse and Mental Health Services Administration data. | GAO-18-450

Notes: In annual program performance reports, state PAIMI programs are required to report the status of their systemic activities within three categories: concluded successfully, concluded unsuccessfully, and ongoing.

³Although state PAIMI programs are restricted from using federal funds to engage in lobbying activities, they may engage in some forms of legislative and regulatory advocacy. 42 C.F.R. §§ 51.6(b), 51.31(f) (2017). Examples of legislative and regulatory advocacy from selected programs include monitoring testimony, responding to an invitation to comment in a public forum, or disseminating information about proposed legislation at a training.

²⁴SAMHSA requires programs to report the status of their systemic activities within three categories: concluded successfully, concluded unsuccessfully, and ongoing.

Facility monitoring was reported as the most frequent systemic activity in fiscal year 2016, comprising about 71 percent of the total systemic activities concluded by the selected programs. The selected programs described a range of activities involving facility monitoring. For example, California reported that the program had an effort focused on monitoring the conditions at selected county jail systems and juvenile halls. As part of that work, the program reported that it released five public reports and worked with counties on policy improvements, such as reducing the use of pepper spray on youth. Another program, Louisiana, reported that staff used to conduct regular monitoring visits to a state’s psychiatric hospital and addressed patient complaints that they heard during these visits. However, with limited resources and other emerging urgent issues at other facilities, the program decided to cease the regular monitoring and now conducts as-needed visits to the hospital in response to specific complaints from the patients or staff.

In addition to facility monitoring activities, other systemic activities conducted varied across the selected programs, reflecting differences in their resources and priorities. Some systemic activities—such as class action litigation—take significant time and resources to undertake, and program staff may consider various factors before beginning one. For example, program staff from Indiana told us the program filed a lawsuit alleging restrictive housing of prisoners with significant mental illness that involved 4 years of negotiations. In addition, program staff from Vermont told us after engaging in successful litigation against hospitals that helped reduce unnecessary force, isolation, and coercion tactics, the program re-prioritized and focused on other issues, such as helping individuals integrate into the community from facilities. However, the program recently noticed an increase in force, isolation, and coercion tactics and predicted another shift in focus to once more address those issues.

Performance on Program Priority Goals

Through their efforts to resolve individual cases and systemic activities, selected programs reported largely meeting the performance benchmarks—priority goals, objectives, and targets—they determine for themselves.²⁵ For example, the Georgia program reported that to meet its

²⁵Each state PAIMI program may establish its own goals and activities as long as those activities further the purpose of PAIMI programs outlined in the PAIMI Act, which is to protect and advocate the rights of individuals with mental illness to ensure the enforcement of the U.S. Constitution and federal and state statutes and to investigate incidents of abuse and neglect of such individuals.

fiscal year 2016 priority goal of protecting individuals with psychiatric disabilities in Georgia from abuse and neglect, its objective was to investigate and advocate to address allegations of abuse and neglect, including suspicious or unexplained deaths and inappropriate treatment or medication issues for people with psychiatric disabilities. The measurable target for this objective was to conduct 50 such investigations. In its performance report for the fiscal year, the program reported that it had completed 51 investigations of allegations of extensive abuse and neglect during the performance year. Overall, the selected programs reported meeting more than 95 percent of their priority goals in fiscal year 2016.²⁶ While selected programs varied in their priority goals, all had a goal that focused on protecting individuals from abuse, neglect, and rights violations. (See Appendix II for more information about the types of priority goals set by the selected programs.) When objectives were not met, the programs reported, for instance, focusing on other priorities or that an activity was still ongoing and could not be included as part of their performance for the year.

Although the eight selected PAIMI programs reported that they largely met their goals, they also reported several overarching challenges to their efforts to do so, such as limited resources, lack of access authority, or delays in access (e.g., to documents, records, or institutions). For instance, the selected programs collectively reported that 617 PAIMI-eligible clients were not served within 30 days due to insufficient funding in fiscal year 2016. Additionally, five selected programs reported delays in access to records. For example, Vermont program staff reported delays in receiving records related to the status of prisoner grievances or medical records, and Texas program staff reported delays and use of significant attorney resources to address facilities that challenge their ability to access records or premises.

²⁶Program objectives are activities undertaken to achieve a goal. We considered a priority goal to be met when there were no unmet objectives pertaining to that goal.

SAMHSA Has Controls in Place to Oversee Program Compliance with PAIMI Requirements, but Oversight of Program Effectiveness Is More Limited

SAMHSA Has Controls in Place to Monitor Compliance with Program Requirements

SAMHSA has controls in place for monitoring the PAIMI programs' compliance with statutory and regulatory requirements through its ongoing and periodic in-depth monitoring activities. We found evidence that SAMHSA had identified and resolved a variety of compliance issues through these activities.

Ongoing Monitoring

On an annual basis, SAMHSA monitors compliance with statutory and regulatory program requirements by reviewing information reported by the programs through the application and program performance report. (See table 4.) SAMHSA's project officers review and approve the applications and performance reports submitted by the state PAIMI programs using a checklist developed by the agency that prompts them to record specific information, such as whether there are vacant advisory council seats. Not all areas of compliance are covered by the checklist; however, SAMHSA officials told us that the entire application and performance report are reviewed, and that a project officer's approval signature on a checklist indicates that potential issues observed during a review have been resolved satisfactorily.

Table 4: Examples of Information Required in State Protection and Advocacy for Individuals with Mental Illness (PAIMI) Applications and Performance Reports, Fiscal Year 2016

Statutory or regulatory requirement	Reporting Requirements		
	Application ^a	Program performance report ^b	Advisory council report (submitted as an attachment to the performance report)
At least 60 percent of advisory council membership shall be individuals who have received or are receiving mental health services, or family members of such individuals.	Number and percentage of advisory council members who are current or former recipients of mental health services or the family members of such individuals.		Number and percentage of advisory council members who are current or former recipients of mental health services or the family members of such individuals.
State PAIMI program shall annually provide the public with an opportunity to comment on the activities and priorities of the program.	Statement signed by program that includes an assurance that the program has developed its priorities to include providing the public with an opportunity for comment	Does the program have procedures established for public comment? (Yes/No)	Does the program have procedures established for public comment? (Yes/No)
State PAIMI program shall establish a grievance procedure for clients and prospective clients.	Statement signed by program that includes an assurance that the program has written grievance policies and practices that comply with regulations.	Does the program have a grievance policy? (Yes/No)	Is the advisory council aware of and knowledgeable of the program's established grievance policies and procedures? (Yes/No)
PAIMI funds may not be used to support lobbying activities to influence proposed or pending federal legislation or appropriations.	Statement signed by program that includes an assurance that funds may not be used for such activities. Completed standard form for disclosing lobbying activities.		

Source: GAO analysis of applicable statute and regulations and Substance Abuse and Mental Health Services Administration documentation. | GAO-18-450

^aPAIMI grant applications are effective for 4-year periods. For the first year of the period, the state PAIMI program is required to submit an initial application that outlines priorities for the entire 4 years. For the remaining 3 years, the program submits a supplemental application each year for continued funding that provides updated information for certain sections of the application, such as for priority goals and objectives or for the budget. For fiscal years 2015 and 2016, the PAIMI programs submitted application updates. The most recent application period began in fiscal year 2017.

^bPAIMI programs submit performance reports on an annual basis.

In our review of fiscal year 2015 and 2016 documentation, we found evidence that the application and performance report review process helped identify and resolve a range of potential compliance issues. For example, SAMHSA followed up with one program in which the advisory council had failed to meet the threshold of 60 percent of its membership being individuals who have received or are receiving mental health services, or are family members of such individuals. Failing to meet this threshold could raise concerns about whether a program is sufficiently engaging individuals and family members affected by mental illness as

required by regulation. In this instance, SAMHSA requested a plan of action to recruit and maintain members to meet the threshold, which the program provided along with updated information that they had successfully recruited an additional member that put the council make-up over the threshold. In another example, SAMHSA followed up with one program that had reported not meeting 3 of 6 objectives and requested a plan of action for reducing the number of unmet objectives. The program subsequently provided information that it had incorrectly categorized some objectives they had met as “not met.” (See table 5.)

Table 5: Examples of Compliance Findings from Annual Application and Performance Report Reviews Conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA) of Protection and Advocacy for Individuals with Mental Illness (PAIMI) Programs, Fiscal Years 2015-2016

Compliance category	Example
Priority goals, objectives, and targets	Target population for one program’s priority goals and objectives did not specify PAIMI-eligible individuals, to ensure that PAIMI funding was appropriate for the program’s activities. ^a
Program activities	Inconsistencies in the number of attorneys and advocates one program reported, related to the statutory requirement that programs have the capacity to protect and advocate for individuals with mental illness.
Outreach efforts	Plans for outreach efforts to diversify participation in the advisory council—a regulatory requirement—were vague and unclear in how they would address the program’s need for greater diversity.
Advisory council	Program’s advisory council did not include an attorney as a member, as mandated in statute.

Source: GAO analysis of SAMHSA documentation. | GAO-18-450

^aIndividuals with mental illness eligible to receive PAIMI services are defined under the PAIMI Act as those with significant mental illness or emotional impairment, as determined by a mental health professional qualified under the laws and regulations of the state.

In addition to the annual application and performance report reviews, SAMHSA officials told us that they use monthly conversations with other federal agencies, referred to as federal partners, to help them identify potential compliance issues. These federal partners oversee federal grants for other populations of people with disabilities made to the protection and advocacy systems that administer the PAIMI program.²⁷ SAMHSA officials told us that coordination with these federal partners helped identify risks in at least two of our selected programs, Puerto Rico and Oklahoma. For example, one of the federal partners conducted an onsite monitoring visit to Puerto Rico and found several issues with its protection and advocacy system, such as inadequately trained staff and

²⁷Federal partners include the Administration on Community Living, the Rehabilitation Services Administration, and the Social Security Administration.

conflicts of interest arising from a lack of independence from the governor's office.²⁸ Puerto Rico's protection and advocacy system failed to develop an adequate corrective action plan to address the federal partner's findings, leading the federal partner to place the system in restricted—that is, high-risk—status. According to SAMHSA officials, these actions led them to more closely monitor Puerto Rico's PAIMI program, resulting in the identification of the protection and advocacy system's failure to comply sufficiently with PAIMI program requirements. For example, SAMHSA found that Puerto Rico's PAIMI program did not have the capacity to protect and advocate for individuals with mental illness, as required by statute, because they had an insufficient number of attorneys. Furthermore, the federal partner that originally placed Puerto Rico's protection and advocacy system in restricted status requested that SAMHSA do so as well. As a result, SAMHSA also placed the Puerto Rico PAIMI program in restricted status.

Periodic Onsite Monitoring Reviews

In addition to its ongoing monitoring, SAMHSA has procedures to oversee state PAIMI program compliance during its periodic onsite monitoring reviews. When SAMHSA conducts an onsite monitoring review, its procedures specify that officials are to interview program staff, governing board members, and advisory council members; as well as review a sample of case record files and other documentation of program activities. The state PAIMI program is also to submit a detailed set of documentation to support the program's compliance with statutory and regulatory requirements. Agency officials are to review this information and report back to the programs on any compliance issues or recommendations to improve program processes.²⁹

In our review of fiscal year 2015 and 2016 documentation for the nine onsite monitoring reviews SAMHSA conducted, we found evidence that this process helped identify and resolve a range of potential compliance issues. For example, SAMHSA found that one program's bylaws could be misinterpreted to permit lobbying for legislation for PAIMI-eligible individuals using PAIMI funding, when federal law prohibits grants programs from using federal funds to engage in such activity. As a result,

²⁸Puerto Rico's protection and advocacy system that administers the PAIMI program and other similar federal grants is a state-run organization.

²⁹In addition to its review of compliance with statutory and regulatory requirements, SAMHSA conducts a review of a program's financial compliance with applicable financial requirements such as generally accepted accounting principles and regulations governing federal grantee financial administration.

the program’s governing board reviewed and modified the bylaws to clearly indicate that PAIMI funds are not to be used for lobbying.

As another example, SAMHSA found that one program did not have sufficient documentation to support that the advisory council chair was an individual who had received or was receiving mental health services, or a family member of such an individual, as required by regulations. As a result, the program revised its practice to include having the advisory council chair verify in writing that he or she meets the criteria for serving in the position. (See table 6.)

Table 6: Examples of Protection and Advocacy for Individuals with Mental Illness Program Compliance Findings from Onsite Monitoring Reviews Conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA), Fiscal Years 2015-2016

Compliance category	Example
Governing board	Governing board lacked written policies and procedures for the evaluation regarding the executive director, as required by regulation.
Conflicts of interest	Conflict of interest policies and procedures did not reference contractors and subcontractors, which are among those listed under the conflict of interest requirements in regulation.
Confidentiality	Grievance policy did not contain an assurance of confidentiality, as required by regulation.
Advisory council	Advisory council failed to fill membership vacancies required by statute and regulation, such as an attorney, over multiple years.
Program priorities	Advisory council was not included in developing the program priorities alongside the governing authority, as required by statute and regulation.
Grievance policy	Grievance policy included provisions for clients, potential clients, and other individuals who had contact with the program but did not include systemic grievance procedures to resolve grievances from individuals who have received or are receiving mental health services in the state, family members of such individuals, or representatives of such individuals or family members, as required by statute and regulation.
Eligibility	A portion of the case records selected for review lacked sufficient documentation of the client’s program eligibility.

Source: GAO analysis of SAMHSA documentation. | GAO-18-450

SAMHSA Has Not Consistently Examined Changes to Program Benchmarks or Completed and Provided Onsite Review Findings in a Timely Manner

We identified two weaknesses that could be limiting SAMHSA’s oversight of program effectiveness. First, SAMHSA’s PAIMI program monitoring did not consistently record changes to program priority goals, objectives, and targets—collectively, “benchmarks”—made during a performance year, and the agency did not have procedures for examining such changes over time. Second, the agency did not provide timely information to programs on identified deficiencies from onsite monitoring. As of March 2018, SAMHSA was in the process of implementing new processes for its oversight of state PAIMI programs that officials believe will streamline the

Inconsistent Recording of Changes to Performance Benchmarks and Lack of Procedures for Examining Changes across Years

agency's monitoring activities. However, these changes may not fully address the weaknesses we identified.

We found that SAMHSA did not always record changes programs made to their performance benchmarks and did not have procedures for examining benchmark changes over time. According to federal internal control standards, an agency should evaluate the results of its monitoring—in this case, the information collected regarding benchmark modifications—to determine program performance.³⁰

In our review of SAMHSA's oversight of 10 programs for fiscal years 2015 and 2016, we found that SAMHSA did not consistently record program modifications to performance benchmarks.³¹ Specifically, we found that four programs appeared to have modified their performance benchmarks during the year—in some cases upward when results exceeded original targets, and in other cases downward when results were lower than original targets. However, these changes were not recorded by SAMHSA reviewers in the review checklists.³² For instance, one program revised 17 of its 21 targets to closely match the program's actual results, but these changes were not recorded in the area of the review checklist that prompts the project officer to note if such changes were made.

According to SAMHSA officials, in fiscal year 2017, SAMHSA transitioned from paper forms to a web-based system for submission and review of applications and performance reports. Officials told us that under the new system, programs will be required to consult with SAMHSA officials about and submit modifications to performance benchmarks through the system. The system will record and display both the original priority goals, objectives, and targets as approved at the time of the application, as well as any modifications a program submits throughout the year. The system will also record that information over time, providing the ability to review and track program modifications to benchmarks over multiple years.

³⁰See [GAO-14-704G](#).

³¹As described previously, the 10 programs included the eight selected state programs and the two additional programs that were on restricted status.

³²In addition to recording changes in the checklist, SAMHSA officials told us that they may document communication with the PAIMI programs by keeping a log of phone calls or by saving emails to a special drive. For two of the four programs we identified that appeared to modify their benchmarks, SAMHSA officials were also unable to provide any records of communication regarding those modifications.

Failure to Provide Timely Information on Identified Deficiencies

SAMHSA's new system should improve recording of benchmark changes, however, SAMHSA lacks procedures for examining such changes across years to assess whether the changes could indicate larger performance issues. SAMHSA officials acknowledged that they did not have specific procedures in place directing project officers to examine changes to performance benchmarks across multiple years, but said that other relevant procedures were in place. For example, officials noted that programs are not able to modify benchmarks without approval by SAMHSA project officers. However, without implementing procedures aimed specifically at examining trends in benchmark modifications across years, SAMHSA lacks assurances that its project officers will consistently examine whether a particular program is regularly making changes to benchmarks that may be indicative of a potential performance problem, such as revising its targets downwards over multiple years.

We found that SAMHSA generally failed to meet its timelines for producing and providing onsite monitoring review reports to the state PAIMI programs under review during fiscal years 2015 and 2016. This inability to produce and provide onsite monitoring reports to PAIMI programs in a timely manner is inconsistent with SAMHSA's internal requirements and with federal internal control standards regarding evaluating issues and remediating deficiencies on a timely basis.³³

Specifically, for onsite monitoring reviews, SAMHSA's procedures specify the agency is to provide an initial report to the reviewed program within 150 days of the onsite visit.³⁴ However, for eight of the nine monitoring review reports we reviewed for fiscal years 2015 and 2016, SAMHSA provided the report more than a year after the visit. One program that had just received its report at the time of our review told us that it was difficult to plan the necessary changes to its work without an official report with findings and recommendations to help guide them in restructuring their operations. Program staff said they had moved ahead and made some

³³See [GAO-14-704G](#).

³⁴At the end of an onsite monitoring visit, SAMHSA officials conduct an exit meeting where they communicate any preliminary findings they have identified to program staff. Following the site visit, SAMHSA officials finish reviewing any documentation, during which they may identify additional findings. Upon concluding the documentation review, SAMHSA officials prepare an initial report to provide to the program. Upon receipt, the program has 30 days to review and suggest factual corrections. SAMHSA then reconciles the program's comments as it deems appropriate and issues a final report.

changes but were uncertain whether those changes would be deemed sufficient because of the lack of feedback from the agency.

SAMHSA officials told us that they may have missed some deadlines as a result of competing priorities and restricted resources—for example, recently only two of four PAIMI project officer positions have been occupied. Officials reported that the agency was taking steps to streamline the process to make it more efficient and to bring on more staff resources. The officials said that in 2018 SAMHSA planned to shift responsibility for the project officers' portion of the onsite reviews to a dedicated onsite monitor, which they hoped would expedite the review process.³⁵ In addition, the agency had taken steps to streamline its onsite monitoring review process, such as by revising and standardizing its reporting template.³⁶

There are uncertainties with regard to how effective these changes will be in increasing timeliness. For example, the planned efficiencies target some, but not all, of the key components of the reviews. In particular, SAMHSA officials told us that these review process changes do not pertain to the portion of the onsite review that focuses on state PAIMI program compliance with applicable fiscal requirements. Officials noted that the SAMHSA office that conducts the fiscal portion of the review has had staff shortages for the past 16 months and is not able to operate within normal time frames for completing this portion of the report.³⁷ Without meeting its deadlines for completing its review and providing timely, detailed information and feedback to PAIMI programs, SAMHSA cannot ensure that identified issues are resolved in a timely manner, thus potentially endangering the effectiveness of the programs.

Conclusions

Individuals with mental illness can face abuse, neglect, and rights violations in both institutional and community treatment settings, including

³⁵As of March 2018, SAMHSA's planned timeline was for the monitor to accompany an experienced project officer on onsite visits in the spring and then, if determined ready, take over the visits in summer 2018.

³⁶For example, SAMHSA reviewed the reporting template and in 2017 eliminated some portions deemed unnecessary, such as a background section on state demographics.

³⁷According to officials, the SAMHSA office that conducts the fiscal portion of the review provides PAIMI programs with preliminary findings—which may be the same as the findings provided in the onsite monitoring report—during an exit meeting or shortly after the onsite monitoring visit.

their own homes. The protection and advocacy services provided by state PAIMI programs play an important role in reducing these serious issues for this vulnerable population. Therefore, it is important to monitor how effective the programs are in addressing such issues. SAMHSA has a number of procedures in place to monitor program compliance with statutory and regulatory requirements, which enable the agency to identify and resolve potential issues with program compliance, and it is taking steps to streamline and improve its compliance oversight. At the same time, the agency's processes for oversight of program effectiveness could be improved, such as by examining trends in mid-performance changes programs make to their priority goals, objectives, and targets across multiple years. Without such monitoring, SAMHSA may not recognize a pattern of changes that signal larger concerns about that program's effectiveness. Finally, SAMHSA has not been timely in completing its onsite monitoring reviews or providing the results of these reviews to the programs. Although SAMHSA has plans to make reviews more efficient and to add resources, it is unclear to what extent these steps will resolve the lack of timeliness.

Recommendations for Executive Action

We are making the following two recommendations to SAMHSA:

The Assistant Secretary for Mental Health and Substance Use should establish procedures to better ensure that mid-performance changes to program priority goals, objectives, and targets are examined across multiple years. (Recommendation 1)

The Assistant Secretary for Mental Health and Substance Use should take steps, including the steps it has planned, to ensure onsite reviews are completed and findings are provided to programs on a timely basis. (Recommendation 2)

Agency Comments

We provided a draft of this report to HHS for comment. In its written comments, HHS concurred with both of our recommendations and indicated that it will examine ways to implement them. HHS's comments are reprinted in appendix III. HHS also provided technical comments, which we incorporated as appropriate.

We are sending copies of this report to the appropriate congressional committees, the Secretary of Health and Human Services, and other interested parties. In addition, the report is available at no charge on the GAO website at <http://www.gao.gov>.

If you or your staff have any questions about this report, please contact me at (202) 512-7114 or at iritanik@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. GAO staff who made key contributions to this report are listed in appendix IV.

A handwritten signature in black ink that reads "Katherine Iritani". The signature is written in a cursive style with a large, looped initial "K".

Katherine M. Iritani
Director, Health Care

Appendix I: Protection and Advocacy for Individuals with Mental Illness (PAIMI) Grants by Program, Fiscal Year 2016

Program	Grant amount
Alabama	\$456,202
Alaska	428,000
Arizona	620,810
Arkansas	428,000
California	3,133,536
Colorado	437,326
Connecticut	428,000
Delaware	428,000
District of Columbia	428,000
Florida	1,724,396
Georgia	924,616
Hawaii	428,000
Idaho	428,000
Illinois	1,068,437
Indiana	601,509
Iowa	428,000
Kansas	428,000
Kentucky	428,000
Louisiana	428,000
Maine	428,000
Maryland	461,758
Massachusetts	507,383
Michigan	900,554
Minnesota	447,204
Mississippi	428,000
Missouri	538,623
Montana	428,000
Nebraska	428,000
Nevada	428,000
New Hampshire	428,000
New Jersey	684,418
New Mexico	428,000
New York	1,522,543
North Carolina	900,754
North Dakota	428,000
Ohio	1,026,130

**Appendix I: Protection and Advocacy for
Individuals with Mental Illness (PAIMI) Grants
by Program, Fiscal Year 2016**

Program	Grant amount
Oklahoma	428,000
Oregon	428,000
Pennsylvania	1,068,002
Rhode Island	428,000
South Carolina	455,079
South Dakota	428,000
Tennessee	587,219
Texas	2,268,331
Utah	428,000
Vermont	428,000
Virginia	672,622
Washington	573,924
West Virginia	428,000
Wisconsin	496,018
Wyoming	428,000
American Samoa	229,300
Guam	229,300
Northern Mariana Islands	229,300
Puerto Rico	538,623
Virgin Islands	229,300
American Indian Consortium	229,300

Source: Substance Abuse and Mental Health Services Administration. | GAO-18-450

Appendix II: Selected State PAIMI Program Priority Goal Categories in Fiscal Year 2016

State Protection and Advocacy for Individuals with Mental Illness (PAIMI) programs determine their priority goals each fiscal year to prioritize the work they hope to accomplish.¹ Our analysis of the priority goals reported in the annual program performance reports by eight selected state PAIMI programs found that all programs had at least one priority goal focused on Protection and Civil Rights in fiscal year 2016 (see fig. 3). Access/Discrimination was the next most frequently set priority goal category—with seven of the eight programs establishing these goals. We also reviewed program goal categories from fiscal year 2015 and identified few significant differences between 2015 and 2016.

Eight priority goal categories emerged from our analysis:

- **Access/Discrimination:** This category refers to issues broadly related to access to services or benefits, and reduction of discrimination, e.g., advocating for access to legal services or elimination of barriers to housing, employment, and education services.
- **Community Integration:** This category refers to issues of integrating the individual into community facilities or ensuring they can be independent outside of a facility.
- **Education:** This category refers to specific issues related to access or equality in education services.
- **Employment:** This category refers to specific issues related to access to employment.
- **Health Care Services:** This category refers to specific issues related to access to health care services within the community or state.
- **Housing:** This category refers to specific issues related to access to housing.
- **Information/Outreach:** This category refers to activities related to distributing publications or performing outreach to individuals.
- **Protection and Civil Rights:** This category refers to issues broadly related to rights violations and protection from restraint, seclusion, or other abuse or neglect.

¹Each state PAIMI program may establish its own goals and activities as long as those activities further the purpose of PAIMI programs outlined in the PAIMI Act, which is to protect and advocate the rights of individuals with mental illness to ensure the enforcement of the U.S. Constitution and federal and state statutes and to investigate incidents of abuse and neglect of such individuals.

Appendix II: Selected State PAIMI Program
Priority Goal Categories in Fiscal Year 2016

Figure 3: Selected State Protection and Advocacy for Individuals with Mental Illness (PAIMI) Program Priority Goal Categories, Fiscal Year 2016

	Access/ discrimination	Community integration	Education	Employment	Health care services	Housing	Information/ outreach	Protection and civil rights
CA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
IN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
LA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TX	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
WA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Program developed a goal in this category

Program did not have a goal in this category

Source: GAO analysis of 2016 Substance Abuse and Mental Health Services Administration data. | GAO-18-450

Appendix III: Agency Comments from the Department of Health and Human Services



DEPARTMENT OF HEALTH & HUMAN SERVICES

OFFICE OF THE SECRETARY

Assistant Secretary for Legislation
Washington, DC 20201

MAY 03 2018

Katherine Iritani
Director, Health Care
U.S. Government Accountability Office
441 G Street NW
Washington, DC 20548

Dear Ms. Iritani:

Attached are comments on the U.S. Government Accountability Office's (GAO) report entitled, "*Mental Health: Federal Procedures to Oversee Protection and Advocacy Program Could be Further Improved*" (GAO-18-450).

The Department appreciates the opportunity to review this report prior to publication.

Sincerely,

A handwritten signature in cursive script that reads "Matthew D. Bassett".

Matthew D. Bassett
Assistant Secretary for Legislation

Attachment

GENERAL COMMENTS FROM THE DEPARTMENT OF HEALTH & HUMAN SERVICES ON THE GOVERNMENT ACCOUNTABILITY OFFICE'S DRAFT REPORT ENTITLED - MENTAL HEALTH: FEDERAL PROCEDURES TO OVERSEE PROTECTION AND ADVOCACY PROGRAM COULD BE FURTHER IMPROVED (GAO-18-450)

The U.S. Department of Health & Human Services (HHS) appreciates the opportunity from the Government Accountability Office (GAO) to review and comment on this draft report.

Recommendation 1

The Assistant Secretary for Mental Health and Substance Use should establish procedures to better ensure that mid-performance changes to program priority goals, objectives, and targets are examined across multiple years.

HHS Response

HHS concurs with GAO's recommendation.

HHS will examine ways establish procedures to better ensure that mid-performance changes to program priority goals, objectives, and targets are examined across multiple years.

Recommendation 2

The Assistant Secretary for Mental Health and Substance Use should take steps, including the steps it has planned, to ensure onsite reviews are completed and findings are provided to programs on a timely basis.

HHS Response

HHS concurs with GAO's recommendation.

HHS will examine ways to ensure onsite reviews are completed and findings are provided to programs on a timely basis.

Appendix IV: GAO Contact and Staff Acknowledgments

GAO Contact

Katherine M. Iritani, (202) 512-7114 or iritanik@gao.gov

Staff Acknowledgments

In addition to the contact named above, Susan Barnidge, Assistant Director; Hannah Marston Minter, Analyst-in-Charge; Joanna Wu Gerhardt; and Emily Beller Holland made key contributions to this report. Also contributing were Jennie Apter, Muriel Brown, and Emily Wilson.

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