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Health Care Decision Making for Persons With Disabilities

An Alternative to Guardianship

Stanley S. Herr, JD, DPhil, Barbara L. Hopkins, MPM, JD

PHYSICIANS, in their concern for informed consent, must sometimes seek substituted consent to treatment. Yet one of those means, guardianship, is a legal institution in danger of collapse. For individuals allegedly incompetent because of advanced age, mental illness, or mental retardation, guardianship is a device for obtaining substituted consent to medical treatment, managing personal property, and gaining plenary authority over virtually every aspect of financial and personal decision making. To its critics, it is a "dangerously burdened and troubled system that regularly puts elderly lives in the hands of others with little or no evidence of necessity, then fails to guard against abuse, theft, and neglect."¹ Guardianships can intrude on fundamental liberty and privacy rights, fail to limit the scope of the guardian's authority, deny procedural safeguards, and lack adequate monitoring and periodic review.^{2,3}

With informed consent a requirement of both the common law and the Omnibus Budget Reconciliation Act of 1987, physicians must be sensitive to patients who lack the capacity to provide such consent. This problem is commonly encountered in institutions such as nursing homes and long-term care facilities for the cognitively impaired. In those types of facilities, one study⁴ reports that 47% of the patients lacked capacity and another 26% had only partial capacity. A hyper-legalistic approach of placing all such patients under guardianship would have significant drawbacks and run counter to a view of guardianship as an intervention of last resort.

Governments are now seeking new decision-making processes for substituted consent in order to reduce costs and improve the efficiency of the health care system. This article identifies a less restrictive, nonjudicial alternative to guardianship—New York State's Surrogate Decision-Making Committee (SDMC) program—that works in making health care decisions for persons with mental disabilities.

THE NEED FOR SURROGATES

Recent laws on advance directives have heightened health care providers' awareness of the need for evaluating and "affirming the patient's decision-making capacity."⁵ Where the patient lacks such capacity, providers must identify suitable proxies. Only a minority of Americans—estimated at less than 18%—have completed an advance directive,⁶ and even among the elderly, one study⁷ reports that only 15% had appointed a decision maker. The Patient Self-Determination Act, which requires health care institutions to give patients information about using advance directives and surrogate decision makers to make medical decisions, offers no magic wand to supply needed surrogates. Indeed, its faulty implementation could create serious side effects. For example, commentators have expressed concerns that insensitive application of this law could lead to "the medical *Miranda* approach" by uninformed admissions clerks or to unethical cost-containment pressures causing patients to limit their care inappropriately.⁸ The hospital or nursing home admission office may be a difficult place for a patient who is acutely ill, illiterate, or even mildly cognitively disabled to offer informed consent to advance medical directions.⁹

Elderly persons may be especially vulnerable in such decision-making settings. Empirical studies show that elderly patients in general have significantly poorer comprehension of consent information than younger patients and suggest that providers may require more careful competency screening and, if other safeguards fail, a proxy's consent.⁹ Consent procedures and detailed forms often work poorly to "facilitate and ensure informed decisions on the part of the patient."¹⁰

These cautions can apply to persons living at home. Many Americans with dementia receive their care in the community,^{11,12} and many will ultimately need some means of surrogate decision making.¹² Persons with other disabilities affecting cognition or judgment, such as severe mental retardation, other major mental illness, or late-stage acquired immunodeficiency syndrome, may also need surrogates as part of their community-living arrangements.¹³

From the University of Maryland School of Law, Baltimore (Dr Herr), and Baltimore City Community College (Ms Hopkins).

Reprint requests to the University of Maryland School of Law, 510 W Baltimore St, Baltimore, MD 21201 (Dr Herr).

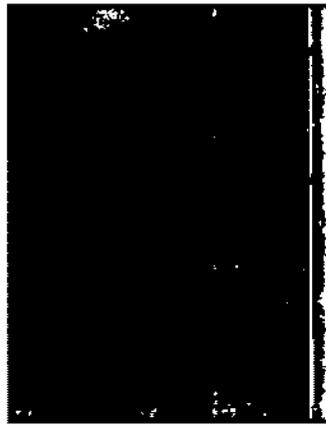
When it Comes to Washington Politics, the School of Law is Inside the Beltway

Although located in downtown Baltimore, the University of Maryland School of Law is no stranger to the political process in Washington, D.C. This year, two faculty members, Sam Herr and Diane Hoffmann, are working in the White House and the U.S. Senate, respectively. Alan Ben Cardin (67) also adds a unique perspective as Representative for Maryland's third congressional district. *UNAB Today* sought their experiences of what a typical day inside the beltway is like.

STAN HERR

White House Domestic Policy Council
How would you feel if the President of the United States asked you to meet with him tomorrow morning to discuss some important issues? While it's still a very big deal to School of Law Professor Stan Herr, he's grown quite accustomed to morning briefings with Carol E. Rove, chief domestic policy adviser to President Clinton, and other members of the White House Domestic Policy Council. As part of the Domestic Policy Council staff, he also comes into regular contact with President Clinton, Vice President Gore, cabinet secretaries, and the OMB director.

"I'm still mindful of what a special



School of Law Professor Stan Herr briefs President Bill Clinton before a July 27 White House ceremony commemorating the fourth anniversary of the Americans with Disabilities Act.

there was no sign language interpreter. After a few phone calls from Herr, the agency invited the boy and his family to revisit the facility, offering to introduce him to a scientist who is deaf and provide an interpreter. Herr also advised the facility on creative ways it could provide programming and access suitable to members of the disabled community.

Herr, who chairs the recently established Federal Disability Accommodations Working Group, says the agency is now implementing his recommendations on a federal level.

"I've learned a lot about the power of the executive branch," says Herr. "In one hour or more, I can do more

bill proposed by Senate Majority Leader George J. Mitchell, D-ME.

But when Mitchell's plan for 95 percent coverage by the year 2000 seemed to be losing support in early August, Hoffmann also had to review an alternative plan sponsored by Senators John B. Breaux, D-Co, and John H. Chafee, R-RI, often referred to as the mainstream proposal. The two bills differed in what they covered and how they were financed, but no one bill seemed to be gaining majority support, especially when the possibility of a reform bill seemed remote as the summer recess drew closer.

"The problem was that some senators wanted modest changes to the status quo, while others want truly comprehensive reform," says Hoffmann, who favors the latter approach. "With such different assumptions about the problem and solution, it's difficult to reach consensus."

As the process dragged on this summer, Hoffmann realized that time and partisanship were the main obstacles to reform. Senators were concerned about having enough time to pass legislation during the remaining session, especially with fall elections fast approaching. Then, after the brief summer recess,



Maryland Congressman Benjamin Cardin.

But with important issues like health care reform on the House of Representatives' legislative agenda, he and other members didn't want to set the bar too high. So last March, they looked overseas for a change of pace and proposed a series of Oxford-style debates.

"For often, House members use debate time to make speeches and talk past one another rather than engage in true debate," said Rep. Cardin, a member of the School of Law's Board of Visitors. "This Oxford-style debate on health care will give the American people an opportunity to hear a detailed, bipartisan issue of great concern."

Prior to moderating the first debate on health care after the close of parli-

meetings with cabinet members and White House officials as typical of my workday," says Herr, who is a long-time advocate of people with disabilities and the first Joseph P. Kennedy, Jr. Foundation Fellow to work in the White House. "Every day is a kaleidoscopic array of events, personalities, controversy and sheer hard work on issues that matter to me."

In addition to advising the DPC on issues affecting people with disabilities, some of Herr's "typical" days during the last year have included witnessing the Israeli-Palestinian Peace Accord, talking with the Dalai Lama and attending the bill-signing ceremony for the President's National Service Initiative. But the highlight of his fellowship so far was a recent White House reception for more than 3,300 persons with disabilities and their supporters to mark the fourth anniversary of the Americans with Disabilities Act. The event also served as a rally for universal health care coverage, which is widely supported by persons with disabilities.

"Briefing the President on aspects of that event, the largest gathering in the Clinton White House, was a tremendous honor," says Herr.

Though Herr's fellowship has been extended until the end of the fall semester, he admits it may be difficult to leave. "The chance to participate in history—even in small ways—is very appealing, but so are the less public opportunities to make a difference in people's lives."

Herr recalls one day in particular when he read a letter from a family whose deaf son could not participate in a tour of a space facility because

disabilities than I could in months of work on the outside. I will miss that."

Diane Hoffmann

U.S. Senate Subcommittee on Aging

For School of Law professor Diane Hoffmann, the national debate on health care has been somewhat frustrating. As a teacher in the school's Law and Health Care Program and an expert in health law, especially for the elderly, she's pleased that health care has become an important national issue. But as a lawyer and someone who likes to be involved, she's been frustrated at being so close—yet politically so far—from the action in Washington, D.C.

So when she was considering her upcoming leave, she sent a resume to the U.S. Senate and offered her services. "I've studied health law issues for years and I was available," says Hoffmann, who worked at a Washington, D.C. law firm practicing health law before coming to the School of Law in 1987. "It seemed like a natural fit."

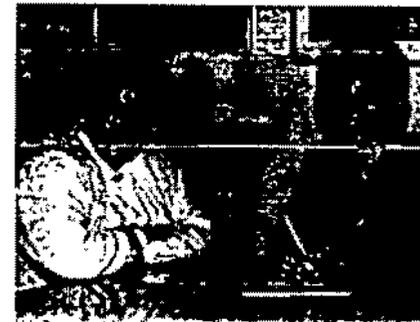
It was.

Since July of this year, Hoffmann has been a congressional fellow working on health reform with the U.S. Senate Subcommittee on Aging, chaired by Maryland Senator Barbara Mikulski, who is a 1965 graduate of the School of Social Work. While she has yet to experience a "typical" day on the Hill, Hoffmann has been very busy attending legislative strategy meetings, meeting with Senator Mikulski's constituents and reviewing proposals for the senator. Almost immediately, she had to immerse herself in the 1,400-page health reform

would no longer pursue health reform during the current sessions, much to Hoffmann's frustration.

"I always knew partisanship was a way of life here, but I didn't realize how much it dominates the legislative process," says Hoffmann. "I've really been fascinated by it all, but in some ways, it has been very disappointing."

Hoffmann is now turning her attention to the White House Conference on Aging and reauthorization of the Older Americans Act, which she will work on during the fall and next spring. She looks forward to working on these issues given her focus on elder law at the School of Law, and hopes her experience on Capitol Hill will inform her teaching about health and aging policy.



School of Law Professor Diane Hoffmann joins Maryland Senator Barbara Mikulski in her office on Capitol Hill.

Benjamin Cardin

U.S. House of Representatives

Having served in Maryland and national politics for more than 25 years, U.S. Representative (and 1967 School of Law graduate) Benjamin Cardin has heard a lot of speeches.

to the members the style in this new format which has been employed by the Oxford Political Union for years.

"An Oxford-style debate differs from the American-style two person debate, because it allows teams to speak in sequence, allowing different members of the team to focus on different issues," said Cardin, who ranked first in his law school class. "Oxford-style debates encourage instant and continuous rebuttal from the participants. It's just as important for a team to question the other team as to expand its own arguments."

The first debate on health care was broadcast on C-Span and National Public Radio, as were the succeeding debates on welfare reform (on May 4) and foreign policy (on July 20).

The idea for the debates sprang from discussions between Majority Leader Richard Gephardt, D-MO, and House Minority Whip Newt Gingrich, R-GA, who went to Oxford University in 1985 to debate Nicaraguan Vice President Sergio Ramirez. The format fascinated Gingrich, a former college history professor.

The Oxford-style debates gathered momentum when Cardin, a member of the Committee on Ways and Means and its Human Resources Committee, called for their inclusion in a package of House reforms.

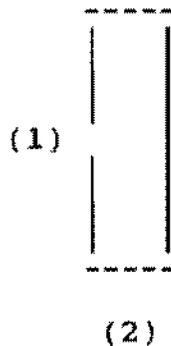
"The purpose of the experiment is to present to the American people an extended and focused exchange of views on major public policy issues," said Cardin. "I viewed these debates as successful and as a service to the American people."

EXECUTIVE OFFICE OF THE PRESIDENT

07-Nov-1994 03:19pm

TO: Ronald K. Saleh
FROM: Rosalyn A. Miller
Economic and Domestic Policy
CC: Stanley S. Herr
BEVERLY L. PETCHEL
SUBJECT: Meeting setup

As discussed, the following is the arrangement needed for
1:30-4:00 p.m. meeting the Indian Treaty Room tomorrow (11/8):



1 = podium microphone
2 = entrance

*NOTE: seating should accomodate 30 people

Thanks!



National Association of Protection & Advocacy S...

900 Second St., NE Suite 217, Washington, DC 20002 (202) 408-9514
FAX: (202) 408-9520 TDD: (202) 408-9521

FACSIMILE TRANSMISSION SHEET

Date: 10/31 Time: _____

To: ~~XXXXXXXXXX~~ Stan Herr

From: White House / Domestic Policy

Fax Number: 456-7028

From: Curt Decker

Number of Pages to Follow: 5

Please call 202-408-9514 if you did not receive the complete number of pages.

Notes: ~ information on the Protection & Advocacy System ~ call if you have any questions

executive summary

Introduction

The 1993 National Association of Protection & Advocacy Systems (NAPAS) Annual Report on State Activities highlights the activities of the Protection & Advocacy Systems (P&As) which include Protection and Advocacy for Persons with Developmental Disabilities (PADD), Protection & Advocacy for Individuals with Mental Illness (PAIMI), Protection & Advocacy for Individual Rights (PAIR) and Client Assistance Programs (CAP). In fiscal year (FY) 1993, P&As were authorized under federal law (see discussion below) to provide legal and technical assistance services on behalf of persons with developmental disabilities and mental illness. In FY '94, P&As (nationwide) were funded by Congress, for the first time, to provide such services for all persons with disabilities. CAPs provide legal and technical assistance services designed to ensure that persons with disabilities obtain appropriate services funded under the Rehabilitation Act.

The information contained in this annual report is taken in large part from the Program Performance Reports (PPR) and the Statement of Objectives and Priorities (SOP) which programs are required to submit to the federal agencies which administer these programs. In addition, NAPAS has included anecdotal information on the types of cases P&As and CAPs handle on a daily basis. The report highlights P&A/CAP activities which continue to promote independence, meaningful choice and participation and full inclusion for persons with disabilities in such arenas as education, rehabilitation and community-based services. P&As made significant progress in assuring that persons with disabilities and/or mental illness live and are treated in environments which are appropriate, respectful and safe.

Congressional appropriations have allowed P&As and CAPs to continue with their important work. A history of the appropriations has been included in this report.

A summary of activities of NAPAS, which is a voluntary membership organization of P&As and CAPs, is also included in this report. The NAPAS purpose as identified in its Bylaws is to act in unity to: "further the human, civil and legal rights of persons with disabilities; advance the interests of member organizations and to enhance their capacity to provide optimal advocacy services; and facilitate coordination and mutual support among member organizations."

During FY '93, NAPAS provided technical assistance and training to P&As and CAPs through a variety of grants and contracts from federal agencies such as the Administration on Developmental Disabilities, the Center for Mental Health Services and the Rehabilitation Service Administration.

NAPAS also provides guidance to the P&A and CAP staff members and their Boards of Directors and affiliates regarding legislation, regulations, and other policy initiatives that affect direct services and benefits to persons with disabilities, including P&A and CAP services.

statutory history

Protection and Advocacy Systems were initially developed to address public outcry in response to the abuse, neglect and lack of programming in state institutions for persons with disabilities. Congress created distinct statutory programs to address the needs of different populations of persons with disabilities.

The Protection and Advocacy for Persons with Developmental Disabilities (PADD) Program was created by the Developmental Disabilities Assistance and Bill of Rights Act of 1975 (Public Law 94-103). This Act mandated that each state and territory establish a protection and advocacy system no later than October 1, 1977 as a condition for receiving its minimum state grant allotment under the Act for the provision of services to persons with developmental disabilities. P&As are required by the Act to pursue legal, administrative and other appropriate remedies to protect and advocate for the rights of individuals with developmental disabilities under all applicable federal and state laws. The governor in each state and territory designated a program as the P&A system, and has provided assurances that the system is independent of any service provider. Amendments added during the 1994 Congressional reauthorization of the Act expanded the system to include the establishment of a Native Americans Consortium P&A program.

The U.S. Department of Health and Human Services, Administration for Children, Youth and Families, Administration on Developmental Disabilities (ADD) administers the PADD program.

The Protection and Advocacy for Individuals with Mental Illness (PAIMI) Program was established in 1986 by Public Law 99-319. This program is modeled after PADD. The PAIMI program was created to protect the rights of persons with mental illness under federal and state law and to investigate allegations of abuse and neglect of persons residing in residential care and treatment facilities. PAIMI, which faces reauthorization in 1995, has since been expanded to provide advocacy services for persons in homeless shelters, jails and detention centers, as well as cases of abuse and neglect while being transferred to such a facility. PAIMI programs may also provide services to individuals who may have been subjected to abuse and neglect in facilities operated by the Department of Veterans Affairs. The system designated to serve as the PADD program in each state and territory is also responsible for administering the PAIMI program.

The U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services (CMHS) administers the PAIMI program.

The Protection and Advocacy for Individual Rights (PAIR) Program was established by Congress under the 1978 Amendments to the Rehabilitation Act, but no funds were appropriated for the program until FY 1991 and it did not reach its formula grant trigger until 1993. (Thus, for the first time, it became a nationwide program; previously, only 12 states were funded under PAIR, as a demonstration project.) PAIR grants to P&A system nation-

wide, the authority to protect and advocate for services to persons with disabilities who are not eligible for the PADD and PAIMI programs, or whose issues do not fall within the jurisdiction of CAP. PAIR is similar to other P&A programs in that it grants authority to pursue legal, administrative and other appropriate remedies. However, PAIR is funded at a considerably lower level than PADD and PAIMI; consequently, available services under the program are quite limited in comparison to the others. Nevertheless, the PAIR program represents a vitally important component of a comprehensive effort to advocate for the rights of all persons with disabilities. The system designated to serve as the PADD program in each state and territory is also responsible for administering the PAIR program.

The U.S. Department of Education, Office of Special Education and Rehabilitative Services, Rehabilitation Services Administration (RSA) administers PAIR.

The Client Assistance Program (CAP) was established as a mandatory formula grant program by the 1984 amendments to the Rehabilitation Act to assist persons with disabilities in securing vocational rehabilitation services mandated under the Act. Every state and territory, as a condition for receiving allotments under the Rehabilitation Act, must have a Client Assistance Program. The creation of CAP reflected Congressional belief that persons with disabilities may require assistance in obtaining information and access to the services available through the programs, projects and facilities funded under the Rehabilitation Act. CAP provides information and assistance to individuals seeking or receiving services under the Rehabilitation Act, including assistance in pursuing administrative, legal and other appropriate remedies to ensure the protection of their rights.

The U.S. Department of Education, Office of Special Education and Rehabilitative Services, Rehabilitation Services Administration administers CAP.

Assistive Technology. Originally passed by Congress in 1988, the Technology-Related Assistance for Individuals with Disabilities Act (the Tech Act), set up a lead agency in each state to coordinate activities to facilitate access to, provision of and funding for assistive technology devices and services for individuals with disabilities. In 1994, the Tech Act was expanded to include funding for P&As "to assist individuals with disabilities and their family members, guardians, advocates and authorized representatives in accessing assistive technology devices and assistive technology services" through case management, legal representation and self-advocacy training. Existing P&As are to receive between \$40,000 and \$100,000 in FY 1994 to conduct these activities.

The U.S. Department of Education, Office of Special Education and Rehabilitative Services, National Institute on Disability and Rehabilitation Research (NIDRR) administers the Assistive Technology program.

p&a and cap activities

P&A and CAP activities may include:

- (1) investigating, negotiating or mediating solutions to problems expressed by persons eligible for P&A and CAP services;
- (2) providing information and technical assistance to individuals, attorneys, governmental agencies, service providers and other advocacy organizations;
- (3) providing legal counsel and litigation services to eligible persons and groups who satisfy the established priorities of P&As and CAPs for the provision of services; and
- (4) providing education and training for their staff, governing boards, advisory councils, volunteers, service delivery professionals, constituency groups, and the community.

In addition, P&As and CAPs interact with elected and appointed officials to share information which will assist policy makers in making legislative and administrative changes which benefit persons with disabilities.

appropriations

Congressional Appropriations

The following chart demonstrates the history of congressional support for P&A and CAP programs:

U.S. Congressional Appropriations Fiscal Years 1976-94 (in \$ millions)

	PADD	CAP	PAIMI	PAIR
1976	1.5			
1977	3.0			
1978	3.0			
1979	3.8			
1980	7.5			
1981	7.5			
1982	7.68			
1983	7.32			
1984	8.4	6.0		
1985	13.75	6.3		
1986	14.6	6.412	9.5	
1987	15.0	7.5	10.5	
1988	19.148	7.1	10.555	
1989	19.76	7.682	12.4	
1990	20.48	7.901	14.001	
1991	20.98	8.313	15.614	.976
1992	22.500	9.140	19.5	1.074
1993	22.506	9.296	20.8	2.480
1994	23.753	9.547	21.957	5.5
1995	26.718	9.824	21.957	7.456

Formula Grants

Each designated system receives funding to implement the PADD, PAIMI, PAIR and CAP programs through a formula grant. The formula, while slightly different for each of the four programs, is essentially based on the population and per capita income in the state.

Each state is given a minimum allotment which is incrementally increased as the population of the state increases. Approximately 20 states receive a minimum allotment for each program.

In FY 1994, the minimum allotment for PADD, PAIMI and CAP was \$226,266, \$259,782 and \$100,000, respectively. The minimum allotment for territories is \$121,052, \$139,242, and \$45,000, respectively. In contrast, the largest state received \$1,957,574 for PADD, \$1,911,186 for PAIMI, and \$956,935 for CAP.

PAIR allotments include \$100,000 for each state and \$50,000 for each eligible territory.

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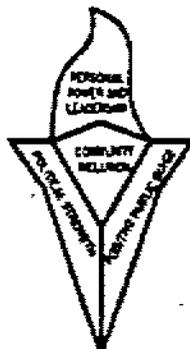
of the

Administration on Developmental Disabilities

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ADMINISTRATION ON DEVELOPMENTAL DISABILITIES FACT SHEET

***** IN-HOUSE USE ONLY *****

(PROJECTED FY 1995 BUDGET FIGURES INCLUDED) ADMINISTRATION FOR CHILDREN AND FAMILIES

Developmental Disabilities Programs

There are nearly four million Americans with developmental disabilities. Developmental disabilities are severe, chronic disabilities attributable to mental and/or physical impairment which manifest before age 22 and are likely to continue indefinitely. They result in substantial limitations in three or more areas: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency, as well as the continuous need for individually planned and coordinated services.

The major goal of the programs is a partnership with state governments, local communities, and the private sector to assist individuals with developmental disabilities to reach maximum potential through increased independence, productivity, and community integration. They address all elements of the life cycle: prevention; diagnosis; early intervention; therapy; education; training; employment; and community living and leisure opportunities.

Developmental Disabilities Grant Programs

Four grant programs received \$109 million in FY 1993, \$115 million in FY 1994 and \$122 million in FY 1995:

State Developmental Disabilities Councils

Formula grants help states develop a plan for a coordinated system of services and other activities to enhance the lives of individuals with developmental disabilities and their families. Each state establishes a Council to develop a plan which must address employment and one or more of the following: community living activities; child development activities; and system coordination and community education activities.

These state grants are allotted on the basis of population, financial need, and need for services. Fifty-five states and jurisdictions received \$67.4 million in Council state grants in FY 1993, \$79.3 million in FY 1994. For FY 1995 \$70.4 is available.

Protection and Advocacy (P&A) Program

The P&A Program provides for the protection and advocacy of individual rights through formula grants to states. The P&A systems must advocate on behalf of, and provide services to, all persons eligible for treatment, services, habilitation, or who are being considered for a change in living arrangements. These systems have provided individual advocacy services to over 40,000 clients during a fiscal year, and also provide information and referral services to additional thousands. States received \$22.5 million in formula grants in FY 1993 for protection and advocacy activities and services, including education, financial entitlement, consent, architectural barriers removal, day care, employment, rights of privacy, abuse and neglect, transportation, voting, and zoning. For FY 1994, \$23.7 million was available and for FY 1995 \$26.7 million is available.

University Affiliated Programs (UAP)

UAP is a discretionary grant program for public and private, non-profit agencies affiliated with a university. Annual grants provide for interdisciplinary training, community service activities, technical assistance, and information/dissemination activities.

The program is designed to garner additional assistance for a national network of University Affiliated Programs. These programs support activities which address individual needs from birth to old age; a variety of service issues from prevention to early intervention to supported employment; and a broad range of disabilities.

The UAP now consists of 59 programs which have provided clinical and community-based service and technical assistance to community services personnel. In addition, 57 UAP's receive supplemental training grants for early intervention, community-based programs, and other activities.

In FY 1993, 57 UAPs and one satellite received \$16.1 million in grants for operational and administrative support as part of a national network. For FY 1994, \$18.3 million was available. In FY 1995, \$19 million is available.

Projects of National Significance (PNS)

PNS funds are awarded to public or private, non-profit institutions to enhance the independence, productivity, and integration into the community of developmentally disabled people. Monies also support the development of national and state policy.

These Projects focus on the most pressing issues affecting developmentally disabled people and their families. Issues transcend the borders of states and territories, but must be addressed in a manner which allows for local implementation of practical solutions. Examples include:

- Data collection and analysis;
- Technical assistance to program components;
- Technical assistance to develop information and referral systems;
- Projects which improve supportive living and quality of life opportunities which enhance recreation, leisure, and fitness;
- Projects to educate policymakers; and
- Efforts to pursue federal interagency initiatives.

In addition, PNS funds may be awarded for technical assistance and demonstration projects which expand or improve the advocacy functions of the State Planning Councils, the functions performed by UAP's and Satellite Centers, and the P&A System.

In FY 1993, a total of \$3 million in PNS grants and contracts has been awarded. For FY 1994, \$3.7 million was available and for FY 1995, \$5.8 million is available (\$1.5 million earmarked for continue of ASPE Employment Projects).

From FY 1992 Annual Rpt. to Congress

I

PROTECTION AND ADVOCACY PROGRAM

Background and Purpose

Since 1975, the Developmental Disabilities Assistance and Bill of Rights Act has required each participating State to have in place a Protection and Advocacy System (P&A) to protect and advocate on behalf of persons with developmental disabilities. These systems must be independent of service-providing agencies and must be authorized to provide information and referral services and exercise legal, administrative and other remedies to resolve issues for individual and class action clients. The 1987 amendments required the P&As to make outreach efforts to members of minority groups which have historically been underserved. The P&As are empowered to:

- o investigate incidents of abuse and neglect following reports of incidents or if there is probable cause to believe that such incidents have occurred; and
- o have access to the records of clients and other persons with developmental disabilities under the circumstances specified in Section 142(a)(2)(g) of the Act.

The P&As are required to provide an opportunity, at least annually, for the public to comment on the objectives, priorities, and activities of the system. In order to safeguard the rights of clients and prospective clients of the system, each P&A is required to establish a grievance procedure for any problems which may be experienced.

To support these activities in fiscal year 1992, the total P&A program allotment was \$22,500,000.

Advocacy Activities

Individual, Group, and Systems Advocacy

Protection and Advocacy systems provided individual advocacy services to approximately 40,000 clients. For these persons, the most prevalent issues involved education, abuse and neglect, habilitation services, guardianship/conservatorship issues and financial entitlements. The most widely employed methods used by P&A systems to resolve the individual clients' problems were counseling, supervised referrals, and negotiation/mediation. Only about four percent involved litigation.

Another 890,350 consumers were served as part of group advocacy efforts, including class action suits. Major concerns addressed by group advocacy were education, services in institutions, and housing and residential services.

Protection and Advocacy systems worked to create systems change where there were chronic problems affecting persons with developmental disabilities. This was done through the provision of information (statistical, etc.) to policy makers in State and federal agencies and to Legislatures.

- The Illinois P&A influenced the amendment of the State Domestic Violence Act to ensure court ordered protection for adults in unregulated community living situations.
- The Colorado P&A worked for two years, in a coalition with disabilities community members, to influence amendment of its Developmental Disabilities Act to drastically change service delivery. The new act required consumers on boards and strengthened the rights of consumers. The P&A also assisted in revision of Act regulations.

Advocacy services are provided to persons with developmental disabilities of all age ranges, from clients under five years of age (6% of P&A clients) to clients over 60 years of age (10% of P&A clients).

- The Rhode Island P&A provided a disability perspective as a member of the Children's Code Commission, which reviews all State laws affecting children. They are also represented in the Children's Cabinet, which was charged with developing a five year plan for children.
- The medical file of an elderly nursing home resident in Oregon contained a "Do Not Resuscitate Order;" the P&A found that the persons deciding on the order did not have legal authority to do so. The nursing home agreed to assist the resident in understanding the issues, and she ultimately expressed a preference for resuscitation efforts: her medical file now shows a "Full Code" status.

Forty-three percent of P&A clients were at least 21 years old.

- Utah P&A staff participated in drafting a human sexuality policy to protect the rights of long-term care residents unable to consent as well as those who can
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For 1993, the P&As developed objectives and priorities and received comments from the disability communities in their States. Eighty percent of P&As listed ADA and other rights and discriminating issues as priorities. A similar number named institutional services issues as a priority. Seventy percent targeted housing and residential services. Abuse and neglect cases were a priority for sixty-five percent of P&As, the same as outreach and Statewide access.

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Appendix B includes Charts illustrative of the above activities.

*Rehabilitation Services Administration/Office of Special Education and Rehabilitative Services
U.S. Department of Education*

Client Assistance Program (CAP)

This program supports, through grants to the States, services to advise individuals with disabilities of benefits and services available to them under the Rehabilitation Act and Title I of the Americans with Disabilities Act. Individuals seeking or receiving services from programs supported under the Rehabilitation Act may also receive assistance in pursuing legal, administrative and other appropriate remedies to protect their rights. Each State is required to have a CAP as a condition of eligibility for the State grant for vocational rehabilitation services.

CAPs primarily resolve issues through individual and systemic advocacy. By statutory mandate, CAP staff attempt to resolve issues through negotiation or mediation before resorting to administrative or legal remedies. Although States are not required to have formal procedures to address issues raised by CAPs, CAP personnel must be afforded access to policy making and administrative personnel in the State. The CAP director also serves on the State Rehabilitation Advisory Council, the consumer advisory board for vocational rehabilitation services.

CAPs are operated by agencies designated by the Governors. In general, these agencies are independent of any agency that provides services under the Rehabilitation Act. Funds are distributed among the States according to population, except that each State is guaranteed a minimum of \$100,000 and each territory at least \$45,000. In fiscal year (FY) 1995, grants totalling \$9,824,000 were awarded to the 50 States, the District of Columbia, Puerto Rico, and five territories. Almost 65,000 individuals received CAP assistance in FY 1993, the most recent year for which data are available.

Protection and Advocacy of Individual Rights (PAIR)

One of the newest components of the State protection and advocacy (P&A) systems established under the Developmental Disabilities and Bill of Rights Act, PAIR is mandated to protect the legal and human rights of individuals with disabilities who are not eligible for services under CAP or one of the other P&A programs. PAIR, which started as a discretionary grant program in 1991, became a formula grant program in 1994.

PAIR activities include investigating, negotiating, or mediating solutions to problems expressed by individuals with disabilities, providing information and technical assistance, and providing legal counsel and litigation services. PAIR also supports education and outreach activities. Each year, PAIR programs must establish case selection priorities based on public comment. Typical priorities include providing individual and systemic advocacy in the areas of employment discrimination, accessibility, and housing.

Fifty-six PAIR grants totalling \$7,105,000 were awarded in FY 1995.

Parma Yarkin
Biographical Note

I joined the Department of Education, Office of Special Education and Rehabilitative Services, in 1991. As a member of the Assistant Secretary's staff, I helped to draft the Department's guidance on education services for deaf students. I transferred to the Rehabilitation Services Administration to administer the Client Assistance Program (CAP) and the Protection and Advocacy of Individual Rights (PAIR) program in 1993. I am attorney (J.D., 1990). Prior to joining the Education Department, I clerked for a labor union and the environment department of the World Bank.

To: Mr. Stan Herr

Fax: (202) 456-7028

From: Parma Yarkin, CAP & PAIR Specialist

ASA

(202) 205-8733

Fax: (202) 205-9772

October 24, 1994

Comments:

Attached are brief overviews of the Client Assistance Program (CAP) and the Protection and Advocacy of Individual Rights (PAIR) program. Also attached is a biographical note. This information is being provided for the November 8 meeting on protection and advocacy programs.

fax

T R A N S M I S S I O N

E X E C U T I V E O F F I C E O F T H E P R E S I D E N T

07-Nov-1994 09:58am

TO: Carol H. Rasco
TO: Stanley S. Herr
TO: Jeremy D. Benami

FROM: Rosalyn A. Miller
 Economic and Domestic Policy

SUBJECT: Allan Bergman

FYI: Mr. Bergman has decided to bring two people with him today to your 1:30 meeting. Those persons are Christopher Button and Jenifer Simpson.

ADMINISTRATION ON DEVELOPMENTAL DISABILITIES FACT SHEET

***** IN-HOUSE USE ONLY *****

(PROJECTED FY 1995 BUDGET FIGURES INCLUDED) ADMINISTRATION FOR CHILDREN AND FAMILIES

Developmental Disabilities Programs

There are nearly four million Americans with developmental disabilities. Developmental disabilities are severe, chronic disabilities attributable to mental and/or physical impairment which manifest before age 22 and are likely to continue indefinitely. They result in substantial limitations in three or more areas: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency, as well as the continuous need for individually planned and coordinated services.

The major goal of the programs is a partnership with state governments, local communities, and the private sector to assist individuals with developmental disabilities to reach maximum potential through increased independence, productivity, and community integration. They address all elements of the life cycle: prevention; diagnosis; early intervention; therapy; education; training; employment; and community living and leisure opportunities.

Developmental Disabilities Grant Programs

Four grant programs received \$109 million in FY 1993, \$115 million in FY 1994 and \$122 million in FY 1995:

State Developmental Disabilities Councils

Formula grants help states develop a plan for a coordinated system of services and other activities to enhance the lives of individuals with developmental disabilities and their families. Each state establishes a Council to develop a plan which must address employment and one or more of the following: community living activities; child development activities; and system coordination and community education activities.

These state grants are allotted on the basis of population, financial need, and need for services. Fifty-five states and jurisdictions received \$67.4 million in Council state grants in FY 1993, \$79.3 million in FY 1994. For FY 1995 \$70.4 is available.

Protection and Advocacy (P&A) Program

The P&A Program provides for the protection and advocacy of individual rights through formula grants to states. The P&A systems must advocate on behalf of, and provide services to, all persons eligible for treatment, services, habilitation, or who are being considered for a change in living arrangements. These systems have provided individual advocacy services to over 40,000 clients during a fiscal year, and also provide information and referral services to additional thousands. States received \$22.5 million in formula grants in FY 1993 for protection and advocacy activities and services, including education, financial entitlement, consent, architectural barriers removal, day care, employment, rights of privacy, abuse and neglect, transportation, voting, and zoning. For FY 1994, \$23.7 million was available and for FY 1995 \$26.7 million is available.

University Affiliated Programs (UAP)

UAP is a discretionary grant program for public and private, non-profit agencies affiliated with a university. Annual grants provide for interdisciplinary training, community service activities, technical assistance, and information/dissemination activities.

The program is designed to garner additional assistance for a national network of University Affiliated Programs. These programs support activities which address individual needs from birth to old age; a variety of service issues from prevention to early intervention to supported employment; and a broad range of disabilities.

The UAP now consists of 59 programs which have provided clinical and community-based service and technical assistance to community services personnel. In addition, 57 UAP's receive supplemental training grants for early intervention, community-based programs, and other activities.

In FY 1993, 57 UAPs and one satellite received \$16.1 million in grants for operational and administrative support as part of a national network. For FY 1994, \$18.3 million was available. In FY 1995, \$19 million is available.

Projects of National Significance (PNS)

PNS funds are awarded to public or private, non-profit institutions to enhance the independence, productivity, and integration into the community of developmentally disabled people. Monies also support the development of national and state policy.

These Projects focus on the most pressing issues affecting developmentally disabled people and their families. Issues transcend the borders of states and territories, but must be addressed in a manner which allows for local implementation of practical solutions. Examples include:

- Data collection and analysis;
- Technical assistance to program components;
- Technical assistance to develop information and referral systems;
- Projects which improve supportive living and quality of life opportunities which enhance recreation, leisure, and fitness;
- Projects to educate policymakers; and
- Efforts to pursue federal interagency initiatives.

In addition, PNS funds may be awarded for technical assistance and demonstration projects which expand or improve the advocacy functions of the State Planning Councils, the functions performed by UAP's and Satellite Centers, and the P&A System.

In FY 1993, a total of \$3 million in PNS grants and contracts has been awarded. For FY 1994, \$3.7 million was available and for FY 1995, \$5.8 million is available (\$1.5 million earmarked for continue of ASPE Employment Projects).

From PY 1992 Annual Rpt. to Congress

I

PROTECTION AND ADVOCACY PROGRAM

Background and Purpose

Since 1975, the Developmental Disabilities Assistance and Bill of Rights Act has required each participating State to have in place a Protection and Advocacy System (P&A) to protect and advocate on behalf of persons with developmental disabilities. These systems must be independent of service-providing agencies and must be authorized to provide information and referral services and exercise legal, administrative and other remedies to resolve issues for individual and class action clients. The 1987 amendments required the P&As to make outreach efforts to members of minority groups which have historically been underserved. The P&As are empowered to:

- investigate incidents of abuse and neglect following reports of incidents or if there is probable cause to believe that such incidents have occurred; and
- have access to the records of clients and other persons with developmental disabilities under the circumstances specified in Section 142(a)(2)(g) of the Act.

The P&As are required to provide an opportunity, at least annually, for the public to comment on the objectives, priorities, and activities of the system. In order to safeguard the rights of clients and prospective clients of the system, each P&A is required to establish a grievance procedure for any problems which may be experienced.

To support these activities in fiscal year 1992, the total P&A program allotment was \$22,500,000.

Advocacy Activities

Individual, Group, and Systems Advocacy

Protection and Advocacy systems provided individual advocacy services to approximately 40,000 clients. For these persons, the most prevalent issues involved education, abuse and neglect, habilitation services, guardianship/conservatorship issues and financial entitlements. The most widely employed methods used by P&A systems to resolve the individual clients' problems were counseling, supervised referrals, and negotiation/mediation. Only about four percent involved litigation.

Another 890,350 consumers were served as part of group advocacy efforts, including class action suits. Major concerns addressed by group advocacy were education, services in institutions, and housing and residential services.

Protection and Advocacy systems worked to create systems change where there were chronic problems affecting persons with developmental disabilities. This was done through the provision of information (statistical, etc.) to policy makers in State and federal agencies and to Legislatures.

- The Illinois P&A influenced the amendment of the State Domestic Violence Act to ensure court ordered protection for adults in unregulated community living situations.
- The Colorado P&A worked for two years, in a coalition with disabilities community members, to influence amendment of its Developmental Disabilities Act to drastically change service delivery. The new act required consumers on boards and strengthened the rights of consumers. The P&A also assisted in revision of Act regulations.

Advocacy services are provided to persons with developmental disabilities of all age ranges, from clients under five years of age (6% of P&A clients) to clients over 60 years of age (10% of P&A clients).

- The Rhode Island P&A provided a disability perspective as a member of the Children's Code Commission, which reviews all State laws affecting children. They are also represented in the Children's Cabinet, which was charged with developing a five year plan for children.
- The medical file of an elderly nursing home resident in Oregon contained a "Do Not Resuscitate Order;" the P&A found that the persons deciding on the order did not have legal authority to do so. The nursing home agreed to assist the resident in understanding the issues, and she ultimately expressed a preference for resuscitation efforts: her medical file now shows a "Full Code" status.

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October 22, 1994

Substance Abuse and Mental
Health Services Administration
Rockville MD 20857Mr. Stan Herr
Room 224
Old Executive Office Building
Washington, D.C. 20500

Dear Mr. Herr:

It was a pleasure speaking with you and I look forward to attending the meeting with Administration appointees to discuss protection and advocacy issues in the White House Roosevelt Room on November 8, 1994.

In response to your request I am enclosing documents which contain information about the Federal protection and advocacy programs serving persons with disabilities. The document stamped "DRAFT" is the Fiscal Year 1993 Report on the Activities of the Protection and Advocacy Programs for Individuals with Mental Illness. It has not yet been cleared for public release.

The Fiscal Year 1992 Report of the Advocacy Subcommittee to the Interagency Committee on Developmental Disabilities is enclosed. An "unofficial" Fiscal Year 1993 Report should be ready soon; due to the shortage of time it will probably be easier if I brought it with me for distribution. Please note that we are one year "behind" in our reporting (the report on P&A Activities for Fiscal Year 1993 becomes available at the close of Fiscal Year 1994.) This is due to the fact that the individual P&A annual reports are not submitted to us until January and the data is then aggregated, analyzed and cleared during the year.

The annual reports which are prepared by the National Association of Protection and Advocacy Systems are available more quickly. A copy of their 1993 Report is also enclosed.

I hope that you find this information useful. Please let me know if I may be of any further assistance to you.

Yours Sincerely,



Natalie Reatig, Chief

Protection and Advocacy Program
State Planning and Systems Development Branch
Division of State and Community Systems Development
Center for Mental Health Services
5600 Fishers Lane Room 15 C 21 Rockville, MD 20857
Telephone: (301) 443-3667cc: Vicky Smith, NAPAS -
Ray Sanchez, ADD

DRAFT

**FISCAL YEAR 1993 REPORT ON ACTIVITIES UNDER PUBLIC LAW 99-319
(Reauthorized with Amendments, 1988, 1991)**

**THE PROTECTION AND ADVOCACY FOR INDIVIDUALS WITH
MENTAL ILLNESS ACT OF 1986**

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**THE PROTECTION AND ADVOCACY FOR INDIVIDUALS WITH
MENTAL ILLNESS ACT OF 1986**

This appendix provides a summary of activities performed by the State Protection and Advocacy for Individuals with Mental Illness (PAIMI) programs in fiscal year (FY) 1993. It is based upon information provided to the Center for Mental Health Services (CMHS), part of the Substance Abuse and Mental Health Services Administration of the Department of Health and Human Services, in fulfillment of reporting requirements under section 105(a)(7) of Public Law 99-319, the Protection and Advocacy For Individuals with Mental Illness Act of 1986(42 USC 10801, *et seq.*).

I. INTRODUCTION

The PAIMI Act of 1986 authorizes formula grant allotments to be awarded to Protection and Advocacy (P&A) systems that have been designated by the Governor in each State to protect the rights of and advocate for individuals with disabilities. The allotments awarded by CMHS are to be used to pursue administrative, legal, and other appropriate remedies to redress complaints of abuse, neglect, and rights violations and to protect and advocate the rights of individuals with mental illness through activities to ensure the enforcement of the Constitution, and Federal and State statutes.

There are 56 P&A systems, one in each of the 50 States, the District of Columbia, the Virgin Islands, Puerto Rico, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands. Forty-three of the P&A systems are private not-for-profit organizations; the remainder are located within State government agencies or special departments, which are independent of those providing mental health treatment or service.

A provision to encourage PAIMI programs to subcontract with groups already providing advocacy services for individuals with mental illness is included in Public Law 99-319 and encouraged by CMHS policy. In FY 1993, 22 PAIMI programs (39 percent) listed 39 separate subcontracting agreements, in comparison with 18 PAIMI programs utilizing 27 such agreements in FY 1992. The most common subcontracts were with legal assistance services (14 States) and mental health organizations (9 States).

The PAIMI programs have the authority to advocate on behalf of persons residing in both public and private residential facilities that provide care or treatment for individuals with mental illness, including persons who have died or whose whereabouts are unknown, persons who are in the process of being transported or admitted to, and persons who have been discharged within 90 days from such facilities. Eligibility also extends to persons with mental illness incarcerated in jails or prisons, including persons who are involuntarily confined in a municipal detention facility/jail for reasons other than serving a sentence resulting from conviction for a criminal offense, and to

individuals with mental illness who are in board and care homes or shelters for the homeless.

II. FUNDING

The amount of the allotments to the 56 eligible systems is determined as a function of each State's population weighted by its relative per capita income. In FY 1993, allotments for the 50 States, the District of Columbia, and Puerto Rico ranged from a \$246,472 minimum received by 27 States to a maximum of \$1,792,447 received by California. Guam, the Northern Mariana Islands, American Samoa, and the Virgin Islands each received \$132,108 in FY 1993. (See Table 1.)

III. FY 1993 PAIMI PROGRAM ACTIVITIES

A. Client Demographic Information

In FY 1993 PAIMI programs served 18,543 clients compared to 20,379 clients in FY 1992.

1. **Client Age and Gender (See Table 2.)** Seventy-two percent of the clients served by the PAIMI program were between age 21 and 59 years old. Several States designated services to children and youth as a program priority, and approximately 16 percent of the PAIMI program clients were younger than age 21 compared to 11 percent in FY 1992. Only 7 percent of the clients were older than 60 years. The ages of the remaining 6 percent were unknown. Fifty-six percent of the clients served were male, while 42 percent were female. The remaining 3 percent were reported as "information not available."
2. **Client Ethnic Background (See Table 3.)** Service to minorities was a priority for many PAIMI programs. The number of minority clients served decreased from 4,067 in FY 1992 to 3,856 in FY 1993. However, the ethnic composition did not shift substantially between the two years. Eighteen percent of clients in FY 1993 were identified as African American compared to 17% in FY 1992. Six percent of clients were identified as Hispanic in 1993 compared to 4% in FY 1992. The percent of clients identified as Asian, Pacific Islander, and Native American were the same in FY 1992 and FY 1993 (1% for each ethnic background).
3. **Client Living Arrangements at Time of Intake (See Table 4.)** The majority of PAIMI clients (53%) were residents of public psychiatric hospitals compared to 61% in FY 1992. Individuals living independently in the community at the time of their intake made up 12 percent of the clients served by the PAIMI programs in FY 1993

compared to 10% in FY 1992, and, just as in FY 1992, another 7% were residents of private psychiatric hospitals or treatment facilities.

B. Services Provided to Individual Clients

In FY 1993 PAIMI programs addressed 28,353 complaints concerning abuse neglect, and rights violations, compared to 30,552 complaints in FY 1992. The decrease is due to more stringent reporting procedures, counting only clients served with Federal monies, and counting a client only once per fiscal year as well as serving clients in more groups. The distribution of abuse, neglect, and rights complaints is comparable to the figures reported in FY 1992. Since many clients receive assistance from the PAIMI program to address more than one complaint, the total number of complaints reported is greater than the total number of individuals served.

1. **Abuse Complaints (See Table 5.)** Approximately 30% of all complaints handled by PAIMI programs were concerned with abuse. Of all abuse complaints (N=8,612), the greatest number of abuse complaints included failure to provide appropriate mental health treatment (19%), physical assault (18%), seclusion and restraint policies (11%), and inappropriate/excessive medication (12%).
2. **Neglect Complaints (See Table 6.)** Thirty-nine percent of all complaints came under the category of neglect. Of all neglect complaints (N=11,057), 29% were concerned with discharge planning from institutions, another 22% were concerned with failure to provide appropriate institutional release, and 8% with failure to provide appropriate residential and inpatient admission.
3. **Denial of Rights (See Table 7.)** The remaining 31 percent of complaints investigated by PAIMI programs were concerned with rights violations. Of all rights complaints (N=8,684), the largest category reported was "other", which was used to describe 19 percent of all rights violation complaints. This is a reflection of the broad variety of issues addressed. "Other" issues include the right to refuse medication or treatment, restrictions on control of personal funds, and problems with the commitment to or release from an institution. Denial of information regarding rights protection and/or legal assistance (9%), and denial of recreational opportunities (7%) and reimbursements and entitlements (7%) are the three largest categories of rights complaints.
4. **Intervention Strategies (See Table 8.)** A variety of intervention strategies were employed by the PAIMI programs in response to the complaints detailed above. The number of intervention strategies exceeds the number of clients served because clients may have more than one complaint, and complaints may be resolved by using more than one intervention strategy. Reports indicate that most complaints were

resolved through a combination of counseling and professional assistance (40%) or by PAIMI program staff identifying more on information and referral and negotiating with service providers or mediating between service providers and service consumers (19 percent). Only 4 percent of the intervention strategies involved litigation or a solution to a complaint through the courts. Legal remedies appear to be a strategy of last resort. The following are three examples of intervention strategies taken.

Michigan

The father of a 15 year old boy advised the P&A that his son, who was in a private hospital on the psychiatric ward, was being excessively medicated and in constant restraints and seclusion. The P&A's review of records revealed that the boy had been in seclusion for seventeen days straight, and that he had been on several types of psychotropics including Clozaril. Records also indicated that he was being secluded for staff convenience, and without proper documentation. There was no documentation that informed consent was obtained for some of the medications. The P&A intervened with the hospital director, psychiatrist and nursing supervisor, reviewed recommendations for alternative methods of treatment and pointed out rights violations. Hospital staff agreed to take client off some of the medications, conduct a medication review, modify pattern of seclusion and to review recommended alternatives. The family reported that attitudes of staff had changed considerably and that their son had been taken off medications which help improve his communication skills.

South Carolina

A thirty-eight year old man with a diagnosis of schizophrenia and Usher's Syndrome was on a back ward of a State Hospital for seventeen years. The P&A advocated to have the client sent to Helen Keller National Center for Deaf/Blind for training. Multiple agencies agreed to work together to assist the client regain his independent living skills and return to the community: the Commission for the Blind (CB) agreed to pay for his training at Helen Keller; the Department of Mental Health (DMH) assigned a residential placement for him in a new home share program located in a community near his parents; and the Department of Mental Retardation had a work program that he could begin upon his return to the community. A year and a half passed and the CB stated they did not have enough money to pay for his remaining stay at Helen Keller. They further stated that he would have to come back to South Carolina for a six month period until they had more funds. Helen Keller staff agreed to provide a scholarship for everything except his room and board for the next six months until his discharge. The P&A successfully advocated for the CB to continue funding his room and board for the next six months. A residential and vocational program was established. The original residential placement fell through and the CB once again notified Helen Keller that they would not continue to pay for room and board. PAIMI again contacted the CB and they agreed to continue paying while the discharge plans

were worked out. DMH found another home share family who were familiar with the deaf community and could already communicate through sign language. The placement went through and the client returned. He is now employed and living with a family in his home community and doing very well, living a happy and productive life.

Massachusetts

The Holyoke-based housing discrimination Project (HDP) referred a twenty-one year old man with mental illness who had just been discharged from a state psychiatric hospital. The client, accompanied by staff of the community program from which he received services, had applied for an efficiency apartment in a housing complex. When told that his application was denied because his income was less than three times the rent, he arranged to have the community program guarantee his rental payments. The landlord stated that such an arrangement was unacceptable. A "tester" applied for the same unit (who "on paper" matched the client in all relevant respects except the mental disability) and told the landlord that his parents would guarantee his rent. His application for housing was accepted. The P&A wrote a letter to the landlord describing what had occurred and the strength of the client's claim of housing discrimination. Initially the landlord denied that any discrimination had occurred and attempted to distinguish the tester's qualification from those of the client's in a number of respects. A second letter from P&A exposed each of the landlord's arguments as pretextual and he relented, offering the client \$1500.00 to waive his right to sue and not rent the apartment. The client declined this offer and moved into the unit.

C. Class Action Litigation (See Table 9.)

The PAIMI programs also file class action suits to require compliance with Federal or State laws and regulations. Depending on the issue in question, the number of individuals named in such suits can range from a few individuals to the entire population of service consumers in a given State. The PAIMI programs have decreased their class action litigation dramatically since FY 1992 both in terms of the number of cases filed and the number of clients represented in such cases. The number of new cases filed fell from 35 to 23, and the number of clients named in such suits fell from 181,945 to 41,862. The following two cases are typical examples of class action lawsuits that deal with problems common in many States.

Hawaii

The P&A filed a class action lawsuit against the Governor, the Director of the Department of Health and the Superintendent, Department of Education, alleging violation of Federal and State law by failure to provide a continuum of mental health services, programs, and placements; failure to properly develop individualized education programs (IEPs) responsive to the behavioral and health needs of children with disabilities; failure to

implement IEPs that include mental health services; failure to provide mental health services in the least restrictive environment, discrimination against these children and adolescents and denial of the constitutionally protected rights of these children and adolescents. The class is comprised of anywhere from 8,000 to 13,000 unserved children and adolescents in the State.

Oklahoma

The P&A investigated complaints from three residents of Griffin Memorial Hospital regarding sexual abuse and inadequate medical care. They discovered grossly inadequate staff supervision on the wards housing both men and women and that women were being subjected to sexual assaults from other patients. In addition, a physician's order for the transfer of a pregnant patient to the local hospital for delivery had been overruled by the state hospital administrator based on financial considerations. The P&A filed suit in Federal court seeking injunctive relief. In the settlement, the individuals were provided with specific community services that enabled them to leave the hospital, and the state hospital implemented policies correcting the inadequate supervision of patients and prohibiting administrators from overruling medical decisions.

D. Advocacy Activities to Represent Groups (See Table 9.)

In addition to the services provided to individual clients, the PAIMI programs also advocated on behalf of specific groups, e.g., a hospital ward or an expatient organization. These advocacy activities are generally "systemic" and do not involve litigation. Negotiation to change an administrative policy, such as admission standards or to gain access to records, or to limit aversive therapy, are examples of the kinds of advocacy activities undertaken on behalf of groups of individuals. In FY 1993, 348 groups were represented by the PAIMI programs compared to 261 in FY 1992. The estimated number of clients in groups served by such cases actually rose from 57,000 in FY 1992 to 265,278 in FY 1993, primarily due to increased reporting practices. The following are two examples of advocacy activities on behalf of groups.

Alabama

After two years of meetings with advocates and the Alabama Department of Public Safety (DPS), the P&A filed an American with Disabilities Act complaint with the Department of Justice to initiate an investigation into discriminatory practices by DPS in the issuance of driver's licenses to people with disabilities, especially mental illness.

Idaho

Residents of a large residential care facility were being charged excessive fees for services. The P&A modified billing policies allowing residents to retain a larger portion for their personal needs allowance.

E. Information/Referral Requests (See Table 9.)

The PAIMI programs also handled 52,863 information/referral requests in FY 1993 compared to 49,175 in FY 1992. This figure includes responses to telephone calls, letters, and in-person inquiries that need no follow-up investigation or further contact on the part of the PAIMI program. The PAIMI program reports indicate that requests for these services continue to draw significant staff time and resources away from other clients and projects.

F. Public Education and Training Activities (See Table 9.)

Public education and training activities targeted 104,949 mental health administrators, legislators, P&A staff, clients of the mental health system and their family members, and other community groups. Examples of such efforts included holding informational meetings with State law makers, consumer and/or advocacy groups, and university students, and teaching recipients and former recipients of mental health services methods of self advocacy to protect their legal rights.

G. Systemic and Legislative Advocacy Activities

1. **Systemic Advocacy.** These activities involve efforts to implement changes in policies and practices of State agencies, residential treatment facilities, and other service providers. A PAIMI program negotiating with a mental health service provider to facilitate a policy change is an example of systemic advocacy activity. Specific examples follow:

Texas

The P&A participated on a task force with the Texas Department of Mental Health and Mental Retardation to revise rules governing restraint and seclusion as well as behavior modification programs. Additionally, the P&A's emphasis in working with the task force has been on focusing attention on the use of preventative techniques and encouraging the use of consultants to learn of alternative treatment modalities.

Washington

The P&A provided suggestions for a Division of Juvenile Task Force that was putting together a report on transitioning incarcerated youths back into the

community. The P&A addressed eligibility of youths with a developmental disability or a mental illness for an early release transition program; the impact of discrimination and lack of appropriate services within detention facilities; and the need to coordinate services with other agencies once a youth is returned to the community.

2. **Legislative Advocacy.** These activities involve monitoring, evaluating, and commenting upon the development and implementation of Federal, State, and local laws, regulations, plans, budgets, taxes, and other actions that affect persons with mental illness. Examples of legislative advocacy activities include educating State lawmakers with respect to the impact of a specific piece of legislation on individuals with mental illness. Other examples include:

Kansas

The P&A monitored Senate Bill (S.B.) 10 amending statutes dealing with continued confinement in state mental institutions of persons found not guilty of a crime by reason of insanity and with persons convicted of crimes and committed to State mental health institutions prior to sentencing. S.B. 10 was introduced in response to a 1992 U.S. Supreme Court decision, *Foucha v. Louisiana*, which held a Louisiana law similar to the former Kansas law unconstitutional. The bill was passed into law and establishes a new standard for retaining insanity acquittees in a State mental institution i.e., mental illness, to replace the former standard of whether the person is likely to cause harm to self or others. The law provides that a person acquitted of a crime due to insanity must be given a hearing within 90 days of the person's admission to a state mental institution to determine whether the person is currently mentally ill. At the hearing the defendant is entitled to present evidence, cross examine witnesses and be represented by court appointed counsel if the defendant is not financially able to employ an attorney. If the court finds by clear and convincing evidence that the person is not currently mentally ill, then the person is entitled to be released. The term "mentally ill person" is defined to mean a person suffering from a severe mental disorder in need of treatment and likely to cause harm to self or others. This same standard is to be used at annual hearings to which such a defendant is entitled under the law.

California

The P&A sponsored a State Senate Bill on seclusion and restraint reform. Provisions include setting a clear, unified standard for use of seclusion and restraint in all health care facilities that treat persons with mental disabilities; defining seclusion, physical restraint and postural support; providing for staff training in moderating patient behavior; providing for safe management of patients in seclusion and physical restraint; and establishing an oversight committee in each health care facility to develop and implement policies, procedures and staff training on use of seclusion and physical restraint.

IV. IMPEDIMENTS, UNMET ADVOCACY NEEDS, AND NOTABLE ACHIEVEMENTS

A. External and Internal Impediments

The PAIMI programs were asked to identify any impediments that limited their ability to implement legally mandated activities. Responses fell into two categories: (1) external impediments, such as resistance from State or private agencies to PAIMI program inquiries; and (2) internal impediments, such as a lack of resources or lack of staff expertise.

The most common external impediment cited continues to be denial of full access to records by both public and private psychiatric facilities. The reports indicated that psychiatric hospital staff often regarded PAIMI program investigators with suspicion and hesitated to turn over requested records and documents.

Insufficient staff and financial resources were common internal impediments mentioned. The PAIMI programs also noted the inability to afford expert legal and medical consultants essential for a thorough advocacy effort was identified by almost all programs. Many of the larger States cited "geography" (distances) as a major internal impediment that cut into available staff time and further aggravated staff shortages in these States. Staff members were unable to monitor mental health service providers in distant or rural sections in these States. The PAIMI programs also noted a high rate of both staff and advisory council member turnover that thwarted the PAIMI programs' ability to provide consistent advocacy, education, and training activities.

B. Unmet Client Advocacy Needs

The FY 1993 PAIMI program reports described unmet advocacy needs and actual counts or estimates of the number of eligible clients who requested services but were unable to be served due to insufficient resources and/or established priorities established by the P&A systems. Forty-six programs identified 2,992 clients who were not able to be served at all; nine States were unable to submit numbers in response to this question due to limited data collection practices.

The PAIMI programs were also asked to discuss underserved populations and to identify mental health advocacy issues that needed to be addressed in the future. In general, many PAIMI programs identified minority groups as being underserved by the mental health system. The specific minority groups varied from State to State depending on the composition of the local population. Many midwestern States identified Native Americans as being underserved, while southwestern and northeastern States identified Hispanics and African Americans respectively. In addition to ethnic minority groups, inmates in the Federal or State penal system, children in institutions, individuals who are homeless, individuals who have recently been acquitted of crimes by reason of insanity,

individuals in VA hospitals, and mentally ill individuals in nursing homes were identified as being in need of increased advocacy efforts to secure desired mental health treatment and services.

Issues that were reported as needing more attention, advocacy, and possible litigation by PAIMI programs in the future are often related to the populations identified above. For example, many programs that identified children as an underserved population noted access to special education and guardianship as issues that need to be addressed. States that identified individuals who were mentally ill and homeless as an underserved population also cited problems with discharge planning and the need for community-based residential housing as an alternative to institutionalization.

C. Most Important Accomplishments

A survey of all PAIMI program accomplishments reveals a general pattern in the way that PAIMI programs operate and work to improve services. Cooperation by mental health service providers often improved dramatically after a PAIMI program had filed suit and won a major case in court. In the short run, major court battles pulled resources away from other issues and clients, creating a temporary decrease in the overall number of clients served. Eventually however, a victory in court often led to PAIMI program involvement in the formulation of new regulations (on an administrative level) and new policies (on a legislative level) that affected larger numbers of the constituent population throughout the State. Many programs listed expansion of outreach activities and expansion of their service population. Some states mentioned increased consumer and staff education and training. Several other states indicated success in establishing PAIMI rights to obtain information on state investigations of abuse and neglect.

V. ADVISORY COUNCIL AND GOVERNING BOARD ACTIVITIES

Forty-six of the PAIMI programs have multimember governing boards. Nine of the remaining 10 are state agencies that have a single governing authority, most typically the P&A Executive Director. Guam, the remaining state, does not have a multimember governing board. Of the P&As with multimember governing boards (N=46), forty-three (93%) report having advisory council chair membership on the governing board. Another 24 (53%) of the programs have advisory council members other than the chair serving on the governing board.

The advisory council of each PAIMI program was required to submit a report describing its own membership, activities, assessment of the PAIMI program, and its relationship with the governing authority of the PAIMI program. In addition, the advisory councils note how much progress programs have made towards the accomplishment of goals established by the governing authority in the last fiscal year.

At the time of this report, three advisory councils to the PAIMI program had not submitted reports for FY 1993: Guam, Minnesota, and Oklahoma. The information

concerning advisory council membership from these states was taken from the states' annual Program Performance Report.

A. Membership of the Advisory Council (See Table 10.)

Table 10 reflects the primary identification (each individual can only be reported under one category) of advisory council members. Although each individual is placed in a single identification category, readers should note that many advisory council members meet criteria of several categories. The PAIMI Act requires that 60 percent of advisory council members be recipients or former recipients of mental health services and/or family members of such individuals. As of September 30, 1993, 71 percent of the PAIMI programs were in compliance with this requirement.

B. Advisory Councils' Assessments of PAIMI Program Activities (See Table 11.)

When asked to assess the extent of progress toward the goals and objectives established by the PAIMI program for FY 1993, the majority of councils favorably assessed PAIMI program activities. The councils listed a national total of 722 PAIMI priorities and goals and reported that 74 percent of these had either been achieved or had satisfactory or substantial progress made toward achievement at the time of the report. Preliminary steps had begun toward 14 percent of the priorities/goals. Only 11 percent of the priorities/goals were rated as having no progress or unsatisfactory progress.

Table 1: PROGRAM FUNDING, BY STATE.

State	Federal Award FY 1993	Earned Income	IOLTA**	State	Other	Total outside Income
Alabama*	\$283,640	\$0	\$10,000	\$10,000	\$0	\$20,000
Alaska	\$248,472	\$0	\$0	\$90,000	\$0	\$90,000
Am. Samoa*	\$132,108	\$0	\$0	\$0	\$0	\$0
Arizona	\$248,620	\$76,354	\$0	\$0	\$10,387	\$86,741
Arkansas	\$248,472	\$0	\$0	\$0	\$0	\$0
California	\$1,792,447	\$3,987	\$390,528	\$0	\$0	\$394,515
Colorado	\$248,472	\$790	\$0	\$0	\$0	\$790
Connecticut*	\$248,472	\$248,472	\$0	\$0	\$0	\$248,472
Delaware	\$248,472	\$0	\$0	\$0	\$0	\$0
D.C.	\$248,472	\$0	\$0	\$0	\$0	\$0
Florida	\$819,689	\$0	\$0	\$0	\$0	\$0
Georgia	\$428,364	\$0	\$0	\$0	\$0	\$0
Guam	\$132,108	\$0	\$0	\$0	\$500	\$9,500
Hawaii	\$248,472	\$0	\$0	\$128,082	\$0	\$128,082
Idaho	\$248,472	\$0	\$0	\$0	\$0	\$0
Illinois	\$685,354	\$0	\$0	\$0	\$96,000	\$96,000
Indiana*	\$365,416	\$0	\$0	\$0	\$0	\$0
Iowa	\$248,472	\$894	\$36,345	\$0	\$0	\$37,256
Kansas	\$248,472	\$0	\$0	\$1,230,000	\$0	\$1,230,000
Kentucky*	\$256,795	\$0	\$0	\$0	\$0	\$0
Louisiana	\$301,858	\$0	\$0	\$0	\$0	\$0
Maine	\$248,472	\$0	\$0	\$6,828	\$0	\$6,828
Maryland	\$278,941	\$0	\$0	\$360,000	\$0	\$360,000
Massachusetts	\$338,669	\$0	\$100,000	\$0	\$76,125	\$176,125
Michigan	\$583,458	\$0	\$0	\$356,400	\$0	\$356,400
Minnesota	\$273,434	\$0	\$27,844	\$18,750	\$0	\$97,477
Mississippi	\$248,472	\$0	\$0	\$0	\$0	\$0
Missouri	\$329,596	\$0	\$0	\$0	\$0	\$0
Montana	\$248,472	\$48,636	\$0	\$0	\$0	\$48,636

Table 1: PROGRAM FUNDING, BY STATE - continued.

State	Federal Award FY 1993	Earned Income	IOLTA**	State	Other	Total outside Income
N. Marianas Is.	\$132,108	\$0	\$0	\$0	\$0	\$0
Nebraska	\$246,472	\$0	\$0	\$0	\$0	\$0
Nevada*	\$246,472	\$0	\$0	\$62,373	\$0	\$62,373
New Hampshire	\$246,472	\$62,814	\$0	\$0	\$0	\$62,814
New Jersey*	\$419,458	\$0	\$0	\$1,861,750	\$0	\$1,861,750
New Mexico	\$246,472	\$63,369	\$0	\$43,247	\$0	\$106,618
New York*	\$1,033,224	\$58,500	\$90,000	\$1,599,278	\$0	\$1,745,778
North Carolina*	\$444,090	\$0	\$0	\$545,918	\$0	\$545,918
North Dakota*	\$246,472	\$0	\$0	\$57,741	\$0	\$57,741
Ohio*	\$699,860	\$94,533	\$0	\$322,852	\$0	\$417,485
Oklahoma	\$246,472	\$11,171	\$0	\$0	\$0	\$11,171
Oregon	\$246,472	\$4,074	\$14,272	\$0	\$0	\$18,348
Pennsylvania	\$737,803	\$0	\$0	\$0	\$0	\$0
Puerto Rico*	\$441,264	\$0	\$0	\$0	\$0	\$0
Rhode Island	\$246,472	\$0	\$0	\$0	\$0	\$0
South Carolina	\$246,607	\$71,732	\$0	\$59,419	\$0	\$131,151
South Dakota	\$246,472	\$0	\$0	\$0	\$0	\$0
Tennessee	\$331,608	\$0	\$0	\$0	\$0	\$0
Texas	\$1,135,644	\$10,822	\$113,322	\$3,000	\$0	\$127,144
Utah	\$246,472	\$8,954	\$0	\$0	\$0	\$8,954
Vermont	\$246,472	\$0	\$0	\$0	\$0	\$0
Virgin Islands	\$132,108	\$0	\$0	\$0	\$0	\$0
Virginia*	\$377,812	\$0	\$0	\$227,936	\$0	\$227,936
Washington	\$308,921	\$0	\$0	\$0	\$48,000	\$48,000
West Virginia	\$246,472	\$0	\$0	\$0	\$0	\$0
Wisconsin	\$318,288	\$3,402	\$72,500	\$0	\$635	\$76,537
Wyoming	\$246,472	\$0	\$0	\$0	\$0	\$0
Total	\$20,415,362	\$764,304	\$854,811	\$6,983,848	\$291,548	\$8,894,310

*State agency

** IOLTA: Interest On Lawyer Trust Account.

Table 2: DISTRIBUTION OF CLIENT AGE AND GENDER, BY STATE.†

State	Total number of clients	AGE						GENDER		
		0 to 4	5 to 20	21 to 59	60 to 64	>/= 65	Unknown	Male	Female	Unknown
Alabama*	91	0%	2%	86%	4%	3%	4%	59%	37%	3%
Alaska	83	0%	40%	57%	0%	1%	2%	55%	43%	1%
Am. Samoa*	38	0%	0%	100%	0%	0%	0%	47%	53%	0%
Arizona	142	0%	13%	77%	4%	5%	1%	60%	39%	1%
Arkansas	80	0%	5%	91%	1%	3%	0%	55%	45%	0%
California	1339	0%	13%	51%	1%	2%	32%	45%	30%	25%
Colorado	186	2%	18%	74%	5%	2%	0%	55%	45%	0%
Connecticut*	163	0%	4%	83%	4%	2%	6%	47%	53%	0%
Delaware	149	0%	11%	81%	1%	5%	2%	58%	42%	0%
D.C.	92	0%	9%	82%	4%	5%	0%	60%	40%	0%
Florida	156	0%	9%	81%	2%	2%	6%	64%	36%	0%
Georgia	374	0%	6%	85%	4%	3%	2%	51%	49%	0%
Guam	18	0%	11%	78%	11%	0%	0%	44%	56%	0%
Hawaii	195	0%	7%	89%	2%	2%	0%	64%	36%	0%
Idaho	107	0%	25%	65%	3%	7%	0%	64%	36%	0%
Illinois	680	0%	19%	66%	2%	5%	7%	57%	43%	0%
Indiana*	165	0%	19%	78%	1%	2%	0%	57%	43%	0%
Iowa	66	0%	6%	82%	2%	8%	3%	39%	61%	0%
Kansas	146	0%	16%	73%	5%	5%	1%	66%	34%	0%
Kentucky*	328	0%	56%	38%	1%	5%	0%	72%	28%	0%
Louisiana	176	0%	12%	59%	3%	1%	25%	50%	44%	6%
Maine	308	0%	14%	79%	1%	5%	1%	39%	61%	0%
Maryland	167	11%	30%	53%	2%	2%	1%	49%	51%	1%
Massachusetts	1268	0%	5%	89%	3%	2%	0%	58%	42%	0%
Michigan	613	1%	15%	68%	4%	5%	6%	53%	43%	4%
Minnesota	397	0%	15%	81%	2%	2%	0%	58%	44%	0%
Mississippi	62	0%	16%	69%	5%	2%	6%	29%	71%	0%
Missouri	313	0%	6%	86%	2%	1%	5%	75%	25%	0%
Montana	229	0%	27%	54%	1%	16%	2%	63%	37%	0%

Table 2: DISTRIBUTION OF CLIENT AGE AND GENDER, BY STATE - continued.†

State	Total number of clients	AGE						GENDER		
		0 to 4	5 to 20	21 to 59	60 to 64	>=65	Unknown	Male	Female	Unknown
N. Marianas Is.	42	0%	5%	95%	0%	0%	0%	67%	33%	0%
Nebraska	285	0%	18%	79%	3%	2%	0%	57%	43%	0%
Nevada*	236	0%	6%	87%	3%	4%	0%	54%	46%	0%
New Hampshire	235	0%	28%	70%	0%	3%	0%	54%	46%	0%
New Jersey*	1328	0%	9%	78%	3%	3%	6%	58%	43%	1%
New Mexico	123	1%	27%	70%	1%	2%	0%	77%	23%	0%
New York*	1803	0%	10%	70%	3%	6%	10%	54%	46%	1%
North Carolina*	853	1%	11%	71%	4%	12%	2%	55%	45%	0%
North Dakota*	219	0%	14%	87%	4%	4%	11%	49%	50%	1%
Ohio*	981	0%	4%	87%	3%	5%	0%	54%	46%	0%
Oklahoma	145	0%	18%	81%	1%	2%	0%	68%	32%	0%
Oregon	243	0%	15%	81%	1%	2%	0%	60%	40%	0%
Pennsylvania	1068	1%	50%	41%	1%	1%	6%	61%	38%	1%
Puerto Rico*	266	0%	2%	76%	8%	8%	6%	64%	33%	3%
Rhode Island	74	0%	30%	39%	3%	28%	0%	39%	59%	1%
South Carolina	437	0%	15%	74%	5%	5%	0%	58%	42%	0%
South Dakota	194	0%	6%	82%	3%	8%	1%	55%	45%	0%
Tennessee	100	0%	19%	74%	2%	2%	3%	62%	38%	0%
Texas	700	0%	9%	67%	2%	6%	17%	52%	41%	7%
Utah	197	1%	17%	79%	2%	2%	0%	60%	40%	0%
Vermont	132	0%	2%	92%	5%	2%	1%	39%	61%	1%
Virgin Islands	45	0%	7%	87%	2%	4%	0%	73%	27%	0%
Virginia*	181	0%	28%	67%	2%	2%	1%	59%	41%	0%
Washington	86	0%	8%	62%	2%	2%	26%	60%	37%	2%
West Virginia	155	0%	0%	81%	8%	5%	6%	57%	43%	0%
Wisconsin	166	0%	20%	74%	3%	2%	1%	57%	43%	0%
Wyoming	138	0%	7%	87%	3%	4%	0%	65%	35%	0%
Total	18543	<1%	15%	72%	3%	4%	6%	56%	42%	3%

*State agency

† Percentages do not always add up to 100% because decimals are rounded to the nearest whole number.

Table 3: DISTRIBUTION OF CLIENT ETHNICITY, BY STATE.†

State	Total number of clients	White/Caucasian	Black/Afric. Amer.	Asian	Pacific Islander	Native Amer.	Information Not Available††	Hispanic Origin
Alabama*	91	53%	36%	0%	0%	0%	11%	0%
Alaska	83	67%	6%	0%	0%	24%	2%	1%
Am. Samoa*	38	3%	0%	3%	95%	0%	0%	0%
Arizona	142	85%	8%	0%	0%	4%	4%	10%
Arkansas	80	71%	29%	0%	0%	0%	0%	0%
California	1339	51%	9%	2%	0%	1%	37%	5%
Colorado	186	59%	22%	4%	1%	12%	2%	21%
Connecticut*	183	75%	13%	0%	0%	0%	11%	9%
Delaware	149	69%	31%	0%	0%	0%	0%	5%
D.C.	92	20%	77%	0%	0%	0%	3%	9%
Florida	156	74%	21%	1%	0%	0%	3%	2%
Georgia	374	58%	41%	0%	0%	0%	0%	1%
Guam	18	11%	0%	17%	72%	0%	0%	0%
Hawaii	195	56%	3%	27%	14%	0%	1%	4%
Idaho	107	98%	0%	1%	0%	0%	1%	2%
Illinois	680	51%	18%	0%	0%	2%	29%	2%
Indiana*	165	84%	15%	1%	0%	0%	1%	0%
Iowa	66	97%	2%	0%	0%	2%	0%	0%
Kansas	146	86%	12%	1%	0%	1%	0%	3%
Kentucky*	328	83%	14%	0%	0%	0%	3%	1%
Louisiana	176	55%	36%	1%	0%	0%	8%	1%
Maine	308	90%	0%	0%	0%	1%	8%	1%
Maryland	167	64%	25%	1%	0%	0%	10%	1%
Massachusetts	1268	81%	18%	1%	0%	0%	0%	8%
Michigan	613	66%	19%	0%	0%	1%	14%	1%
Minnesota	397	83%	6%	0%	0%	4%	7%	2%
Mississippi	62	68%	32%	0%	0%	0%	0%	0%
Missouri	313	69%	27%	1%	0%	1%	3%	2%
Montana	229	89%	0%	0%	0%	8%	2%	0%

Table 3: DISTRIBUTION OF CLIENT ETHNICITY, BY STATE - continued. †

State	Total number of clients	White/Caucasian	Black/Afric. Amer.	Asian	Pacific Islander	Native Amer.	Information Not Available††	Hispanic Origin
N. Marianas Is.	42	2%	0%	17%	81%	0%	0%	0%
Nebraska	265	82%	3%	1%	0%	2%	2%	1%
Nevada*	236	95%	4%	0%	0%	0%	0%	3%
New Hampshire	235	87%	1%	0%	0%	0%	3%	0%
New Jersey*	1328	64%	20%	1%	0%	0%	15%	2%
New Mexico	123	80%	4%	0%	0%	4%	12%	37%
New York*	1803	32%	21%	0%	1%	0%	46%	14%
North Carolina*	853	63%	34%	0%	0%	1%	2%	0%
North Dakota*	218	89%	0%	0%	0%	8%	3%	1%
Ohio*	981	67%	32%	0%	0%	1%	0%	0%
Oklahoma	145	81%	14%	1%	1%	3%	0%	1%
Oregon	243	84%	7%	2%	0%	2%	5%	4%
Pennsylvania	1068	70%	15%	0%	0%	0%	15%	1%
Puerto Rico*	266	90%	10%	0%	0%	0%	0%	100%
Rhode Island	74	77%	4%	0%	0%	0%	19%	4%
South Carolina	437	51%	45%	0%	2%	1%	1%	2%
South Dakota	194	84%	1%	1%	0%	14%	1%	0%
Tennessee	100	70%	28%	0%	0%	0%	2%	0%
Texas	700	70%	17%	1%	0%	1%	11%	19%
Utah	197	92%	1%	1%	0%	0%	7%	7%
Vermont	132	98%	0%	0%	0%	1%	2%	0%
Virgin Islands	45	2%	76%	0%	0%	0%	22%	22%
Virginia*	181	81%	17%	1%	0%	1%	20%	1%
Washington	86	45%	9%	2%	0%	3%	40%	0%
West Virginia	155	88%	12%	0%	0%	1%	0%	0%
Wisconsin	166	83%	9%	0%	0%	0%	8%	2%
Wyoming	138	91%	4%	0%	0%	5%	0%	6%
Total	18543	66%	18%	1%	1%	1%	13%	6%

*State agency

† Percentages do not always add up to 100% because decimals are rounded off to the nearest whole number.

** The number of Hispanics are counted in addition to the numbers reported in preceding ethnic categories.

†† This category includes persons of mixed racial origins and persons who did not wish to identify him/herself within any of the previously listed categories.

Table 4: DISTRIBUTION OF CLIENT LIVING ARRANGEMENTS AND GEOGRAPHIC LOCATION, BY STATE.†

State	Total number of clients	Community Residential Home	Independent			Public psychiatric facility	Municipal Detention facility/jail
			Independent	Nurs. Home	Parental/Family Home		
Alabama*	91	4%	10%	0%	2%	59%	5%
Alaska	83	12%	14%	1%	20%	31%	0%
Am. Samoa*	38	0%	0%	0%	92%	0%	0%
Arizona	142	15%	8%	0%	4%	65%	1%
Arkansas	80	39%	6%	0%	1%	48%	0%
California	1339	7%	22%	1%	11%	13%	2%
Colorado	186	6%	11%	2%	8%	37%	1%
Connecticut*	163	9%	33%	25%	5%	13%	1%
Delaware	149	5%	17%	0%	8%	56%	0%
D.C.	92	27%	10%	2%	5%	28%	4%
Florida	156	6%	12%	0%	4%	34%	4%
Georgia	374	5%	3%	1%	6%	71%	2%
Guam	18	28%	11%	0%	28%	11%	11%
Hawaii	195	10%	26%	1%	6%	43%	0%
Idaho	107	15%	8%	1%	10%	42%	3%
Illinois	680	5%	15%	10%	12%	40%	0%
Indiana*	165	2%	2%	2%	4%	74%	1%
Iowa	66	24%	23%	5%	0%	32%	0%
Kansas	146	1%	1%	9%	1%	78%	0%
Kentucky*	328	4%	5%	5%	38%	30%	1%
Louisiana	176	1%	14%	1%	5%	71%	1%
Maine	308	8%	39%	1%	9%	24%	2%
Maryland	167	4%	13%	5%	1%	38%	0%
Massachusetts	1268	4%	4%	1%	1%	76%	0%
Michigan	613	3%	21%	1%	8%	34%	1%
Minnesota	397	20%	20%	4%	3%	28%	2%
Mississippi	62	2%	2%	0%	6%	66%	6%
Missouri	313	9%	0%	8%	8%	59%	1%
Montana	229	2%	0%	5%	3%	59%	14%

Table 4: DISTRIBUTION OF CLIENT LIVING ARRANGEMENTS AND GEOGRAPHIC LOCATION, BY STATE - continued. †

State	Total number of clients	Community Residential Home	Living Arrangements			Public psychiatric facility	Municipal Detention facility/jail
			Independent	Nurs. Home	Parental/Family Home		
N. Marianas Is.	42	0%	0%	0%	67%	17%	0%
Nebraska	265	8%	6%	1%	6%	74%	0%
Nevada*	236	15%	41%	1%	8%	28%	1%
New Hampshire	235	5%	19%	1%	17%	41%	2%
New Jersey*	1328	3%	10%	2%	5%	61%	4%
New Mexico	123	2%	6%	1%	2%	30%	8%
New York*	1803	5%	5%	0%	3%	78%	0%
North Carolina*	853	1%	5%	0%	1%	88%	0%
North Dakota*	219	7%	35%	3%	7%	33%	2%
Ohio*	981	2%	5%	1%	1%	75%	0%
Oklahoma	145	7%	29%	3%	12%	38%	2%
Oregon	243	3%	11%	1%	1%	47%	4%
Pennsylvania	1068	4%	13%	0%	48%	19%	2%
Puerto Rico*	266	14%	0%	0%	1%	81%	0%
Rhode Island	74	14%	18%	5%	11%	16%	0%
South Carolina	437	6%	6%	0%	1%	52%	5%
South Dakota	194	3%	2%	1%	1%	82%	1%
Tennessee	100	2%	13%	0%	12%	55%	7%
Texas	700	4%	9%	1%	2%	66%	2%
Utah	197	3%	3%	10%	3%	46%	3%
Vermont	132	8%	68%	0%	3%	8%	0%
Virgin Islands	45	0%	7%	4%	60%	9%	0%
Virginia*	181	10%	18%	1%	13%	41%	3%
Washington	86	3%	0%	6%	1%	72%	3%
West Virginia	155	8%	4%	1%	1%	81%	0%
Wisconsin	166	5%	13%	5%	1%	66%	1%
Wyoming	138	1%	6%	1%	1%	90%	0%
Total	18543	6%	12%	2%	8%	53%	2%

*State agency

† Percentages do not always add up to 100% because decimals are rounded off to the nearest whole number.

Table 4: DISTRIBUTION OF CLIENT LIVING ARRANGEMENTS AND GEOGRAPHIC LOCATION, BY STATE - continued.†

State	Total number of clients	State Prison	Private psychiatric facility	Homeless	Federal Facility	Other	Information Not Avail.	Geographic Location			
								Urban**	Rural	Out of State	Unknown
Alabama*	91	15%	0%	1%	0%	1%	1%	66%	31%	3%	0%
Alaska	83	8%	4%	2%	0%	1%	1%	60%	39%	0%	1%
Am. Samoa*	38	3%	3%	3%	0%	0%	0%	0%	100%	0%	0%
Arizona	142	1%	3%	1%	0%	0%	0%	98%	2%	0%	0%
Arkansas	80	0%	5%	1%	0%	0%	0%	61%	39%	0%	0%
California	1339	2%	4%	1%	0%	12%	26%	95%	2%	2%	1%
Colorado	186	25%	5%	0%	1%	0%	3%	60%	39%	1%	1%
Connecticut*	163	0%	10%	2%	1%	0%	1%	53%	47%	0%	0%
Delaware	149	3%	3%	1%	0%	0%	5%	100%	0%	0%	0%
D.C.	92	1%	8%	14%	0%	0%	0%	99%	0%	1%	0%
Florida	156	36%	3%	0%	0%	0%	0%	37%	59%	2%	2%
Georgia	374	3%	3%	4%	0%	0%	0%	73%	20%	5%	3%
Guam	18	0%	0%	11%	0%	0%	0%	0%	100%	0%	0%
Hawaii	195	3%	5%	5%	0%	0%	0%	66%	34%	0%	0%
Idaho	107	1%	14%	1%	0%	0%	0%	32%	68%	0%	0%
Illinois	680	1%	13%	0%	0%	3%	1%	78%	18%	3%	1%
Indiana*	165	1%	14%	0%	0%	0%	0%	46%	53%	1%	0%
Iowa	66	8%	5%	2%	0%	3%	0%	32%	65%	2%	2%
Kansas	146	1%	7%	0%	0%	1%	0%	48%	51%	0%	1%
Kentucky*	328	1%	16%	0%	0%	0%	0%	49%	51%	0%	0%
Louisiana	176	0%	5%	0%	0%	1%	4%	36%	63%	0%	2%
Maine	308	2%	14%	1%	0%	0%	0%	88%	11%	1%	0%
Maryland	167	0%	37%	2%	0%	0%	1%	78%	23%	1%	0%
Massachusetts	1268	8%	4%	1%	0%	0%	0%	43%	57%	0%	0%
Michigan	813	16%	6%	1%	0%	0%	5%	65%	31%	2%	2%
Minnesota	387	3%	8%	0%	0%	10%	0%	60%	35%	0%	5%
Mississippi	62	5%	13%	0%	0%	0%	0%	52%	48%	0%	0%
Missouri	313	7%	2%	1%	0%	1%	2%	44%	55%	1%	0%
Montana	228	5%	10%	0%	0%	2%	0%	7%	93%	0%	0%

Table 4: DISTRIBUTION OF CLIENT LIVING ARRANGEMENTS AND GEOGRAPHIC LOCATION, BY STATE - continued.†

State	Total number of clients	State Prison	Private psychiatric facility	Homeless	Federal Facility	Other	Information Not Avail.	Geographic Location			
								Urban**	Rural	Out of State	Unknown
N. Marianas Is.	42	2%	0%	5%	0%	0%	0%	81%	0%	19%	0%
Nebraska	265	0%	4%	0%	0%	0%	2%	49%	51%	0%	0%
Nevada*	236	0%	2%	5%	0%	0%	0%	97%	1%	3%	0%
New Hampshire	235	7%	6%	1%	0%	0%	0%	20%	77%	3%	0%
New Jersey*	1328	3%	7%	1%	0%	3%	3%	55%	32%	2%	11%
New Mexico	123	34%	15%	0%	0%	0%	0%	50%	50%	0%	0%
New York*	1803	0%	3%	1%	0%	0%	2%	68%	29%	0%	3%
North Carolina*	853	1%	1%	0%	0%	2%	0%	59%	39%	1%	1%
North Dakota*	219	1%	9%	1%	0%	0%	0%	11%	88%	0%	1%
Ohio*	981	1%	13%	0%	0%	1%	1%	81%	19%	0%	0%
Oklahoma	145	1%	3%	2%	0%	1%	1%	52%	48%	0%	0%
Oregon	243	28%	3%	2%	0%	0%	0%	61%	39%	0%	0%
Pennsylvania	1068	2%	4%	1%	0%	0%	4%	70%	20%	1%	8%
Puerto Rico*	266	2%	2%	0%	0%	0%	0%	23%	77%	0%	1%
Rhode Island	74	1%	34%	1%	0%	0%	0%	20%	80%	0%	0%
South Carolina	437	6%	22%	0%	0%	1%	0%	37%	58%	4%	1%
South Dakota	194	0%	9%	1%	1%	0%	0%	15%	85%	0%	0%
Tennessee	100	0%	2%	7%	0%	0%	2%	75%	22%	0%	3%
Texas	700	1%	5%	1%	0%	1%	8%	48%	44%	0%	8%
Utah	197	9%	6%	17%	0%	0%	0%	82%	16%	1%	1%
Vermont	132	0%	5%	2%	0%	2%	5%	0%	99%	1%	0%
Virgin Islands	45	0%	2%	13%	0%	4%	0%	0%	93%	2%	4%
Virginia*	181	2%	9%	2%	1%	0%	0%	30%	67%	2%	0%
Washington	86	6%	2%	2%	0%	0%	3%	27%	65%	2%	6%
West Virginia	155	0%	3%	1%	0%	3%	0%	5%	95%	0%	0%
Wisconsin	166	2%	4%	0%	0%	0%	0%	74%	26%	0%	0%
Wyoming	138	0%	1%	0%	0%	0%	0%	2%	98%	0%	0%
Total	18543	4%	7%	1%	<1%	2%	3%	59%	37%	1%	2%

*State agency

† Percentages do not always add up to 100% because decimals are rounded to the nearest whole number.

** Urban areas have more than 50,000 people, while rural areas have less than 50,000 people.

Table 5: DISTRIBUTION OF COMPLAINTS INVOLVING ABUSE AND NUMBER OF DEATHS, BY STATE.†

State	Number of abuse complaints	Physical Abuse		Psychological		Medical		Other	
		Medication	Restraint/ Seclusion	Medication	ECT	Aversive Beh. Therapy	Sterilization	Mental Health Treatment	Medical Treatment
Alabama*	32	9%	3%	0%	0%	0%	3%	16%	16%
Alaska	10	20%	10%	10%	0%	0%	0%	10%	10%
Am. Samoa*	12	25%	8%	0%	0%	0%	0%	17%	17%
Arizona	57	14%	16%	0%	0%	2%	0%	53%	9%
Arkansas	63	5%	14%	2%	0%	0%	0%	19%	8%
California	198	16%	28%	11%	1%	0%	0%	13%	9%
Colorado	65	15%	26%	8%	0%	0%	0%	28%	5%
Connecticut*	114	16%	9%	4%	1%	0%	0%	32%	15%
Delaware	51	18%	2%	6%	0%	0%	0%	37%	18%
D.C.	60	10%	12%	7%	0%	0%	2%	18%	18%
Florida	71	17%	1%	4%	0%	10%	0%	15%	21%
Georgia	222	12%	12%	16%	0%	0%	0%	15%	9%
Guam	8	0%	13%	0%	0%	0%	0%	13%	25%
Hawaii	74	11%	9%	7%	0%	0%	0%	5%	12%
Idaho	64	13%	9%	3%	0%	0%	0%	34%	8%
Illinois	167	8%	14%	26%	0%	0%	0%	16%	0%
Indiana*	53	11%	13%	6%	0%	0%	0%	40%	8%
Iowa	30	10%	13%	7%	0%	0%	0%	0%	3%
Kansas	119	14%	8%	3%	0%	0%	0%	25%	17%
Kentucky*	93	18%	19%	6%	2%	1%	0%	8%	5%
Louisiana	77	22%	9%	8%	0%	4%	0%	14%	9%
Maine	179	8%	7%	6%	0%	0%	0%	36%	6%
Maryland	90	0%	19%	31%	0%	0%	0%	27%	2%
Massachusetts	832	18%	18%	8%	0%	0%	0%	21%	4%
Michigan	166	20%	13%	3%	1%	2%	0%	14%	14%
Minnesota	68	6%	13%	7%	6%	1%	3%	22%	15%
Mississippi	35	3%	23%	6%	0%	3%	0%	20%	3%
Missouri	156	13%	16%	13%	0%	0%	0%	12%	12%
Montana	189	6%	16%	7%	0%	0%	0%	16%	12%

Table 5: DISTRIBUTION OF COMPLAINTS INVOLVING ABUSE AND NUMBER OF DEATHS, BY STATE - continued.†

State	Number of abuse complaints	Inpatient/Residential		Inpatient		Outpatient			
		Medication	Restraint/Seclusion	Medication	ECT	Aversive Beh. Therapy	Sterilization	Mental Health Treatment	Medical Treatment
N. Marianas Is.	2	0%	0%	0%	0%	50%	0%	0%	50%
Nebraska	208	17%	7%	7%	0%	0%	0%	34%	0%
Nevada*	196	20%	10%	6%	1%	5%	0%	25%	7%
New Hampshire	54	13%	19%	13%	0%	0%	0%	19%	7%
New Jersey*	355	15%	10%	8%	1%	1%	0%	6%	7%
New Mexico	115	7%	17%	8%	0%	1%	0%	30%	2%
New York*	1401	6%	5%	1%	0%	0%	0%	7%	4%
North Carolina*	524	4%	7%	2%	0%	0%	0%	8%	3%
North Dakota*	108	7%	11%	8%	0%	1%	0%	38%	3%
Ohio*	374	11%	5%	24%	2%	14%	0%	20%	5%
Oklahoma	42	14%	7%	0%	0%	0%	0%	33%	10%
Oregon	95	18%	11%	13%	0%	0%	0%	7%	24%
Pennsylvania	100	15%	6%	13%	0%	1%	0%	23%	5%
Puerto Rico*	214	2%	0%	0%	0%	0%	0%	87%	3%
Rhode Island	45	13%	7%	9%	7%	4%	0%	22%	7%
South Carolina	128	20%	7%	2%	1%	1%	1%	24%	12%
South Dakota	110	6%	24%	9%	1%	25%	0%	11%	5%
Tennessee	102	21%	13%	7%	0%	3%	0%	3%	13%
Texas	422	16%	10%	7%	0%	0%	0%	24%	12%
Utah	111	25%	11%	11%	1%	1%	0%	5%	20%
Vermont	55	20%	15%	2%	0%	0%	0%	11%	4%
Virgin Islands	56	50%	0%	7%	0%	0%	0%	29%	4%
Virginia*	101	18%	8%	2%	1%	0%	0%	43%	9%
Washington	52	12%	21%	2%	0%	0%	0%	8%	21%
West Virginia	22	0%	5%	0%	0%	0%	0%	36%	8%
Wisconsin	230	7%	27%	1%	0%	2%	0%	30%	8%
Wyoming	35	20%	26%	11%	0%	0%	0%	17%	0%
Total	8612	12%	11%	7%	0%	2%	0%	19%	7%

*State agency

† Percentages do not always add up to 100% because decimals are rounded to the nearest whole number.

Table 5: DISTRIBUTION OF COMPLAINTS INVOLVING ABUSE AND NUMBER OF DEATHS, BY STATE - continued.†

State	Number of abuse complaints	Type of Abuse						Number of Deaths	
		Physical assault	Sexual assault	Threats of staff retaliation	Coercion	Financial Exploitation	Other	Reported to the PAIMI system**	Investigated by PAIMI††
Alabama*	32	13%	9%	9%	3%	18%	0%	n/a	2
Alaska	10	0%	20%	0%	10%	10%	0%	1	1
Am. Samoa*	12	25%	0%	8%	0%	0%	0%	0	0
Arizona	57	0%	2%	4%	0%	0%	2%	unknown to PAIMI	0
Arkansas	63	27%	10%	10%	0%	6%	0%	2	1
California	198	7%	4%	1%	1%	3%	7%	unknown to PAIMI	19
Colorado	65	6%	0%	11%	0%	2%	0%	12	2
Connecticut*	114	7%	2%	8%	3%	4%	2%	unknown to PAIMI	0
Delaware	51	12%	0%	0%	0%	8%	0%	unknown to PAIMI	3
D.C.	60	12%	2%	17%	2%	2%	0%	2	2
Florida	71	11%	1%	0%	1%	6%	11%	unavailable by state	0
Georgia	222	10%	5%	11%	7%	1%	0%	76	4
Guam	8	38%	0%	13%	0%	0%	0%	0	0
Hawaii	74	30%	4%	5%	0%	14%	3%	0	0
Idaho	64	6%	2%	8%	2%	16%	0%	1	1
Illinois	167	14%	4%	8%	0%	7%	2%	9	0
Indiana*	53	4%	4%	6%	2%	6%	2%	unknown to PAIMI	44
Iowa	30	13%	10%	7%	0%	7%	30%	unavailable by state	0
Kansas	119	11%	3%	16%	0%	2%	1%	unknown to PAIMI	4
Kentucky*	93	8%	4%	10%	2%	12%	3%	2	0
Louisiana	77	13%	1%	10%	0%	8%	1%	unknown to PAIMI	n/a
Maine	179	7%	2%	10%	4%	4%	9%	16	1
Maryland	90	0%	3%	13%	0%	2%	2%	160	1
Massachusetts	832	8%	3%	12%	3%	4%	0%	20	0
Michigan	166	13%	5%	3%	1%	5%	7%	unavailable by state	11
Minnesota	68	3%	4%	9%	1%	1%	7%	unknown to PAIMI	0
Mississippi	35	3%	0%	40%	0%	0%	0%	unavailable by state	2
Missouri	156	13%	4%	12%	2%	2%	1%	unavailable by state	1
Montana	189	14%	5%	5%	2%	13%	4%	10	10

Table 5: DISTRIBUTION OF COMPLAINTS INVOLVING ABUSE AND NUMBER OF DEATHS, BY STATE - continued.†

State	Number of abuse complaints	Complaints (Percentage)						Number of Deaths	
		Physical assault	Sexual assault	Threats of staff retaliation	Coercion	Financial Exploitation	Other	Reported to the PAIMI system**	Investigated by PAIMI††
N. Marianas Is.	2	0%	0%	0%	0%	0%	0%	0	0
Nebraska	208	6%	7%	3%	0%	9%	10%	10	1
Nevada*	196	6%	5%	9%	1%	6%	1%	1	1
New Hampshire	54	6%	4%	2%	2%	2%	15%	unknown to PAIMI	0
New Jersey*	355	16%	3%	8%	5%	11%	10%	55	46
New Mexico	115	11%	2%	12%	3%	3%	5%	unknown to PAIMI	4
New York*	1401	53%	9%	14%	0%	1%	1%	1566	194
North Carolina*	524	27%	5%	11%	1%	5%	27%	unknown to PAIMI	15
North Dakota*	108	9%	5%	6%	0%	11%	0%	2	2
Ohio*	374	6%	4%	5%	2%	1%	0%	46	5
Oklahoma	42	12%	5%	2%	0%	0%	17%	11	2
Oregon	95	8%	3%	8%	2%	3%	4%	unknown to PAIMI	4
Pennsylvania	100	15%	10%	11%	0%	1%	0%	5	1
Puerto Rico*	214	7%	1%	1%	0%	0%	0%	unknown to PAIMI	4
Rhode Island	45	2%	4%	4%	9%	11%	0%	0	0
South Carolina	128	6%	2%	4%	3%	5%	13%	251	44
South Dakota	110	0%	1%	7%	4%	3%	5%	0	3
Tennessee	102	19%	3%	17%	0%	2%	1%	unknown to PAIMI	0
Texas	422	7%	2%	6%	2%	3%	10%	70	8
Utah	111	10%	4%	1%	2%	9%	2%	2	2
Vermont	55	9%	4%	11%	15%	4%	7%	unknown to PAIMI	4
Virgin Islands	56	2%	0%	4%	0%	0%	5%	n/a	n/a
Virginia*	101	7%	2%	4%	0%	4%	3%	unknown to PAIMI	3
Washington	52	21%	8%	2%	2%	2%	2%	unknown to PAIMI	8
West Virginia	22	36%	14%	0%	0%	0%	0%	0	0
Wisconsin	230	10%	0%	10%	1%	2%	1%	unknown to PAIMI	4
Wyoming	35	6%	6%	14%	0%	0%	0%	3	3
Total	8612	18%	4%	9%	2%	4%	5%	18 unknown	0 unknown

*State agency

† Percentages do not always add up to 100% because decimals are rounded to the nearest whole number.

†† Deaths investigated by the PAIMI program are not included in the total number of abuse complaints.

** Number of deaths in residential facilities reported overall throughout the state. Alabama & the Virgin Islands did not define "n/a".

Table 6: DISTRIBUTION OF COMPLAINTS INVOLVING NEGLECT, BY STATE.†

State	Number of neglect complaints	Failure to provide for appropriate:					
		Res./Inpatient Admission	M.H. diagnosis	Medical diagnosis	Personal care	Personal safety (environment)	Personal safety (client-to-client abuse)
Alabama*	69	6%	8%	8%	9%	4%	1%
Alaska	51	2%	24%	24%	2%	0%	0%
Am. Samoa*	35	14%	9%	9%	46%	11%	0%
Arizona	178	10%	3%	3%	1%	1%	1%
Arkansas	27	4%	4%	4%	15%	11%	4%
California	50	0%	4%	4%	8%	26%	6%
Colorado	52	31%	10%	10%	8%	42%	6%
Connecticut*	239	3%	3%	3%	5%	2%	0%
Delaware	63	14%	0%	0%	5%	6%	5%
D.C.	43	14%	2%	2%	9%	5%	5%
Florida	51	43%	0%	0%	4%	4%	0%
Georgia	371	11%	2%	2%	8%	5%	4%
Guam	21	0%	5%	5%	19%	24%	14%
Hawaii	28	7%	0%	0%	7%	0%	0%
Idaho	57	8%	14%	14%	0%	2%	2%
Illinois	502	4%	13%	13%	5%	0%	2%
Indiana*	117	17%	5%	5%	1%	2%	1%
Iowa	29	0%	28%	28%	3%	0%	10%
Kansas	149	0%	3%	3%	6%	2%	9%
Kentucky*	86	8%	5%	5%	5%	5%	3%
Louisiana	43	16%	0%	0%	5%	0%	0%
Maine	184	11%	7%	7%	4%	4%	0%
Maryland	160	1%	1%	1%	1%	0%	0%
Massachusetts	1437	16%	9%	9%	5%	2%	2%
Michigan	252	12%	4%	4%	4%	4%	1%
Minnesota	93	3%	14%	14%	8%	6%	0%
Mississippi	38	8%	0%	0%	32%	3%	21%
Missouri	310	15%	8%	8%	7%	5%	3%
Montana	179	8%	5%	5%	2%	0%	15%

Table 8: DISTRIBUTION OF COMPLAINTS INVOLVING NEGLECT, BY STATE - continued.†

State	Number of neglect complaints	Failure to provide for appropriate:					
		Res./Inpatient Admission	M.H. diagnosis	Medical diagnosis	Personal care	Personal safety (environment)	Personal safety (client-to-client abuse)
N. Marianas Is.	1	0%	0%	0%	100%	0%	0%
Nebraska	175	5%	1%	1%	2%	3%	16%
Nevada*	229	15%	8%	8%	6%	6%	5%
New Hampshire	81	10%	0%	0%	0%	2%	0%
New Jersey*	613	10%	16%	16%	5%	2%	1%
New Mexico	52	8%	13%	13%	10%	10%	2%
New York*	328	9%	4%	4%	11%	4%	42%
North Carolina*	350	6%	1%	1%	8%	11%	11%
North Dakota*	63	10%	3%	3%	5%	10%	3%
Ohio*	805	5%	1%	1%	4%	3%	2%
Oklahoma	35	20%	0%	0%	6%	0%	3%
Oregon	153	2%	8%	8%	7%	3%	2%
Pennsylvania	299	11%	8%	8%	3%	1%	3%
Puerto Rico*	606	0%	0%	0%	24%	24%	0%
Rhode Island	47	4%	2%	2%	4%	4%	2%
South Carolina	449	3%	2%	2%	3%	3%	2%
South Dakota	127	5%	5%	5%	19%	4%	6%
Tennessee	105	7%	23%	23%	10%	6%	0%
Texas	532	9%	3%	3%	2%	3%	1%
Utah	145	6%	14%	14%	6%	1%	1%
Vermont	29	10%	21%	21%	10%	3%	0%
Virgin Islands	63	14%	40%	40%	8%	0%	2%
Virginia*	158	4%	0%	0%	6%	2%	1%
Washington	43	5%	7%	7%	2%	21%	2%
West Virginia	352	4%	1%	1%	0%	0%	0%
Wisconsin	169	5%	4%	4%	6%	13%	4%
Wyoming	134	3%	9%	9%	2%	4%	0%
Total	11057	8%	6%	6%	6%	5%	4%

*State agency

† Percentages do not always add up to 100% because decimals are rounded to the nearest whole number.

Table 6: DISTRIBUTION OF COMPLAINTS INVOLVING NEGLECT, BY STATE - continued.†

State	Number of neglect complaints	Failure to provide for appropriate:				
		Written treatment plan	Rehab/Voc programming	Discharge planning	Institutional release	Other
Alabama*	69	3%	0%	12%	35%	10%
Alaska	51	2%	16%	14%	14%	27%
Am. Samoa*	35	6%	9%	6%	0%	0%
Arizona	178	2%	1%	40%	42%	0%
Arkansas	27	4%	0%	37%	22%	0%
California	50	2%	4%	10%	10%	26%
Colorado	52	21%	0%	4%	6%	12%
Connecticut*	239	21%	6%	29%	25%	1%
Delaware	63	5%	5%	37%	16%	3%
D.C.	43	14%	8%	23%	14%	0%
Florida	51	0%	2%	31%	6%	8%
Georgia	371	4%	4%	19%	36%	4%
Guam	21	0%	29%	0%	0%	0%
Hawaii	28	0%	4%	14%	43%	11%
Idaho	57	12%	2%	40%	4%	14%
Illinois	502	3%	0%	63%	0%	9%
Indiana*	117	7%	2%	50%	15%	0%
Iowa	29	3%	0%	7%	21%	17%
Kansas	149	0%	6%	5%	62%	3%
Kentucky*	86	2%	5%	22%	40%	1%
Louisiana	43	0%	0%	51%	19%	7%
Maine	184	11%	2%	44%	10%	6%
Maryland	160	1%	1%	31%	47%	18%
Massachusetts	1437	3%	8%	26%	27%	0%
Michigan	252	6%	1%	12%	53%	1%
Minnesota	93	5%	10%	16%	14%	12%
Mississippi	38	0%	5%	24%	5%	0%
Missouri	310	4%	4%	10%	38%	2%
Montana	179	3%	1%	38%	13%	13%

Table 6: DISTRIBUTION OF COMPLAINTS INVOLVING NEGLECT, BY STATE - continued.†

State	Number of neglect complaints	Failure to provide for appropriate:				
		Written treatment plan	Rehab/Voc programming	Discharge planning	Institutional release	Other
N. Marianas Is.	1	0%	0%	0%	0%	0%
Nebraska	175	0%	0%	13%	29%	30%
Nevada*	229	2%	1%	10%	44%	0%
New Hampshire	81	6%	4%	35%	30%	14%
New Jersey*	613	1%	3%	23%	17%	14%
New Mexico	52	4%	2%	23%	13%	6%
New York*	328	0%	1%	20%	5%	2%
North Carolina*	350	3%	1%	19%	21%	17%
North Dakota*	63	5%	0%	44%	6%	3%
Ohio*	805	2%	21%	21%	33%	2%
Oklahoma	35	0%	0%	26%	31%	11%
Oregon	153	3%	5%	20%	21%	26%
Pennsylvania	298	6%	7%	24%	27%	0%
Puerto Rico*	606	23%	0%	28%	0%	1%
Rhode Island	47	4%	2%	47%	28%	0%
South Carolina	449	0%	6%	47%	24%	6%
South Dakota	127	2%	2%	18%	29%	5%
Tennessee	105	8%	2%	18%	12%	4%
Texas	532	5%	1%	56%	10%	8%
Utah	145	7%	2%	33%	22%	7%
Vermont	29	0%	0%	21%	10%	17%
Virgin Islands	63	8%	3%	8%	10%	0%
Virginia*	158	0%	5%	42%	12%	26%
Washington	43	0%	23%	5%	2%	26%
West Virginia	352	3%	0%	47%	0%	46%
Wisconsin	169	5%	12%	25%	24%	1%
Wyoming	134	2%	21%	19%	28%	2%
Total	11057	5%	5%	29%	22%	7%

*State agency

† Percentages do not always add up to 100% because decimals are rounded to the nearest whole number.

Table 7: DISTRIBUTION OF RIGHTS COMPLAINTS, BY STATE. †

State	Number of rights complaints	Type of complaint		Reimbursements & entitlements	Guardianship	Rights Protection & legal assistance	Privacy
		Housing	Employment				
Alabama*	22	1%	1%	6%	6%	9%	0%
Alaska	40	4%	2%	12%	6%	2%	2%
Am. Samoa*	12	9%	11%	0%	6%	0%	0%
Arizona	21	2%	1%	1%	1%	1%	0%
Arkansas	34	4%	4%	7%	11%	4%	4%
California	1089	50%	112%	184%	80%	64%	74%
Colorado	92	6%	0%	13%	0%	10%	25%
Connecticut*	85	3%	2%	5%	5%	3%	0%
Delaware	36	5%	3%	11%	5%	2%	8%
D.C.	70	12%	9%	79%	9%	2%	7%
Florida	84	2%	4%	0%	12%	73%	8%
Georgia	169	4%	1%	2%	2%	14%	4%
Guam	15	14%	0%	19%	0%	0%	14%
Hawaii	93	61%	4%	36%	0%	14%	7%
Idaho	31	0%	0%	4%	12%	4%	11%
Illinois	267	2%	2%	15%	13%	0%	0%
Indiana*	82	6%	1%	11%	3%	21%	8%
Iowa	38	3%	3%	45%	14%	21%	7%
Kansas	59	0%	0%	1%	6%	1%	4%
Kentucky*	314	13%	7%	20%	29%	13%	13%
Louisiana	55	12%	2%	28%	58%	7%	2%
Maine	171	23%	3%	4%	11%	4%	3%
Maryland	54	6%	4%	5%	3%	1%	1%
Massachusetts	574	5%	1%	2%	5%	3%	5%
Michigan	261	4%	5%	15%	5%	13%	2%
Minnesota	236	1%	5%	4%	9%	4%	12%
Mississippi	31	5%	0%	0%	8%	3%	18%
Missouri	168	2%	1%	4%	12%	9%	6%
Montana	52	1%	0%	2%	5%	3%	1%

Table 7: DISTRIBUTION OF RIGHTS COMPLAINTS, BY STATE - continued.†

State	Number of rights complaints	Demands		Reimbursements & entitlements	Guardian-ship	Rights Protection & legal assistance	Pri- vacy
		Housing	Employment				
N. Marianas Is.	2	0%	0%	100%	0%	0%	0%
Nebraska	112	6%	2%	5%	7%	4%	5%
Nevada*	244	24%	6%	6%	11%	18%	6%
New Hampshire	170	27%	7%	14%	10%	16%	2%
New Jersey*	479	5%	2%	7%	4%	20%	3%
New Mexico	42	4%	0%	0%	10%	10%	4%
New York*	171	3%	3%	7%	2%	2%	2%
North Carolina*	299	0%	9%	10%	6%	4%	4%
North Dakota*	137	24%	8%	22%	17%	70%	14%
Ohio*	423	1%	0%	5%	1%	10%	3%
Oklahoma	68	14%	20%	69%	29%	3%	0%
Oregon	171	8%	3%	14%	7%	19%	9%
Pennsylvania	724	11%	19%	7%	3%	10%	6%
Puerto Rico*	437	1%	0%	0%	1%	23%	24%
Rhode Island	47	13%	2%	9%	15%	4%	4%
South Carolina	149	2%	0%	1%	0%	1%	0%
South Dakota	92	1%	0%	4%	1%	9%	9%
Tennessee	31	2%	1%	4%	2%	5%	9%
Texas	219	2%	5%	1%	5%	3%	4%
Utah	57	4%	0%	13%	5%	1%	3%
Vermont	85	52%	28%	83%	14%	21%	21%
Virgin Islands	20	11%	2%	0%	5%	6%	0%
Virginia*	77	5%	5%	2%	0%	1%	1%
Washington	18	0%	0%	0%	2%	9%	7%
West Virginia	31	1%	0%	0%	0%	3%	1%
Wisconsin	62	1%	0%	2%	2%	4%	8%
Wyoming	62	0%	0%	4%	3%	10%	11%
Total	8684	5%	3%	7%	5%	9%	5%

*State agency

† Percentages do not always add up to 100% because decimals are rounded to the nearest whole number.

Table 7: DISTRIBUTION OF RIGHTS COMPLAINTS, BY STATE - continued.†

State	Number of rights complaints	Treatment			Management/Prevention			
		Recreational opportunities	Access to Records	Visitors	Confidentiality	Informed consent	Education	Other
Alabama*	22	6%	0%	0%	1%	0%	0%	1%
Alaska	40	2%	0%	0%	2%	35%	35%	12%
Am. Samoa*	12	3%	0%	0%	0%	6%	6%	0%
Arizona	21	1%	0%	0%	0%	0%	0%	6%
Arkansas	34	4%	0%	0%	11%	0%	0%	15%
California	1089	2%	74%	14%	38%	0%	0%	67%
Colorado	92	13%	19%	17%	8%	33%	33%	27%
Connecticut*	85	1%	3%	1%	1%	0%	0%	10%
Delaware	36	8%	3%	0%	0%	13%	13%	0%
D.C.	70	2%	14%	7%	2%	5%	5%	7%
Florida	84	0%	8%	6%	4%	0%	0%	49%
Georgia	169	5%	4%	1%	2%	1%	1%	4%
Guam	15	24%	0%	0%	0%	0%	0%	0%
Hawaii	93	0%	11%	0%	4%	11%	11%	56%
Idaho	31	5%	2%	2%	0%	4%	4%	12%
Illinois	267	4%	1%	6%	2%	0%	0%	5%
Indiana*	82	3%	0%	4%	3%	2%	2%	4%
Iowa	38	0%	10%	7%	10%	0%	0%	3%
Kansas	59	10%	4%	5%	1%	1%	1%	6%
Kentucky*	314	20%	9%	9%	3%	2%	54%	26%
Louisiana	55	0%	0%	2%	2%	0%	0%	14%
Maine	171	3%	8%	2%	7%	3%	3%	20%
Maryland	54	1%	4%	1%	0%	3%	3%	6%
Massachusetts	574	11%	2%	2%	1%	0%	0%	1%
Michigan	261	4%	4%	2%	1%	19%	18%	26%
Minnesota	236	2%	12%	0%	0%	5%	5%	76%
Mississippi	31	8%	11%	0%	0%	18%	18%	11%
Missouri	168	5%	2%	1%	0%	0%	0%	10%
Montana	52	4%	1%	1%	1%	0%	0%	11%

Table 7: DISTRIBUTION OF RIGHTS COMPLAINTS, BY STATE - continued.†

State	Number of rights complaints	Eligible			Eligible/Provided			
		Recreational opportunities	Access to Records	Visitors	Confidentiality	Informed consent	Education	Other
N. Marlanas Is.	2	0%	0%	100%	0%	0%	0%	0%
Nebraska	112	4%	5%	2%	1%	3%	3%	21%
Nevada*	244	4%	13%	8%	3%	4%	4%	0%
New Hampshire	170	0%	1%	2%	0%	63%	63%	65%
New Jersey*	479	6%	3%	1%	3%	0%	0%	23%
New Mexico	42	0%	0%	2%	4%	23%	23%	23%
New York*	171	0%	3%	1%	2%	0%	0%	0%
North Carolina*	299	3%	1%	4%	1%	1%	1%	43%
North Dakota*	137	14%	11%	0%	3%	16%	16%	13%
Ohio*	423	23%	1%	2%	1%	1%	1%	2%
Oklahoma	68	0%	3%	3%	0%	37%	37%	17%
Oregon	171	3%	4%	1%	3%	10%	10%	28%
Pennsylvania	724	4%	6%	1%	3%	0%	65%	17%
Puerto Rico*	437	23%	0%	0%	0%	0%	0%	0%
Rhode Island	47	4%	4%	4%	2%	19%	19%	2%
South Carolina	149	1%	0%	1%	0%	0%	0%	27%
South Dakota	92	18%	2%	2%	1%	0%	0%	23%
Tennessee	31	1%	4%	1%	0%	0%	0%	2%
Texas	219	2%	1%	2%	2%	1%	1%	13%
Utah	57	1%	2%	0%	0%	0%	0%	10%
Vermont	85	3%	17%	3%	17%	3%	3%	31%
Virgin Islands	20	2%	0%	0%	0%	0%	0%	0%
Virginia*	77	0%	1%	0%	2%	15%	15%	15%
Washington	18	7%	2%	0%	0%	0%	0%	14%
West Virginia	31	1%	1%	0%	0%	0%	0%	2%
Wisconsin	62	4%	2%	5%	1%	2%	2%	2%
Wyoming	62	3%	3%	1%	1%	0%	0%	7%
Total	8684	7%	3%	2%	2%	8%	8%	19%

*State agency

† Percentages do not always add up to 100% because decimals are rounded to the nearest whole number.

** The number of clients not served includes only those considered eligible for PAIMI services.

Table 8: DISTRIBUTION OF INTERVENTION STRATEGIES IN RESPONSE TO COMPLAINTS, BY STATE. †

State	Total number Intervention strategies	Supervised referrals:	Counseling/ professional assistance	Admin. remedies	Negotia- tion & mediation	Legal reme- dies	Other
Alabama*	124	13%	27%	13%	26%	10%	12%
Alaska	71	14%	30%	7%	35%	3%	11%
Am. Samoa*	61	5%	31%	46%	18%	0%	0%
Arizona	165	2%	44%	20%	27%	5%	1%
Arkansas	106	20%	40%	1%	38%	2%	0%
California	1257	0%	97%	0%	1%	0%	1%
Colorado	197	4%	26%	21%	48%	0%	2%
Connecticut*	399	29%	36%	8%	23%	3%	2%
Delaware	103	5%	51%	14%	28%	2%	0%
D.C.	245	17%	33%	17%	31%	1%	2%
Florida	236	8%	48%	1%	42%	1%	0%
Georgia	970	18%	35%	16%	26%	5%	0%
Guam	43	28%	42%	2%	28%	0%	0%
Hawaii	91	1%	34%	4%	10%	0%	51%
Idaho	179	10%	37%	11%	32%	1%	9%
Illinois	811	47%	41%	2%	7%	2%	1%
Indiana*	204	26%	28%	3%	37%	3%	2%
Iowa	267	4%	24%	1%	21%	2%	49%
Kansas	279	6%	48%	3%	41%	0%	2%
Kentucky*	606	16%	30%	7%	26%	3%	18%
Louisiana	153	0%	26%	1%	70%	3%	0%
Maine	568	11%	49%	1%	27%	1%	11%
Maryland	193	20%	19%	16%	22%	3%	21%
Massachusetts	2156	10%	42%	10%	35%	1%	2%
Michigan	818	17%	57%	2%	17%	1%	6%
Minnesota	397	26%	52%	1%	8%	3%	8%
Mississippi	100	5%	56%	3%	32%	4%	0%
Missouri	180	25%	5%	26%	31%	3%	11%
Montana	347	6%	29%	1%	10%	41%	14%

Table 6: DISTRIBUTION OF INTERVENTION STRATEGIES IN RESPONSE TO COMPLAINTS, BY STATE - continued.†

State	Total number intervention strategies	Supervised referrals:					
		Counseling/ professional assistance	Admin. remedies	Negotia- tion & mediation	Legal remed- ies	Other	
N. Marianas Is.	11	18%	27%	18%	18%	0%	18%
Nebraska	621	24%	34%	2%	1%	2%	36%
Nevada*	345	22%	48%	10%	17%	0%	3%
New Hampshire	223	10%	60%	5%	12%	7%	6%
New Jersey*	1266	19%	20%	13%	15%	5%	28%
New Mexico	101	24%	38%	16%	20%	0%	3%
New York*	2005	3%	5%	0%	2%	6%	83%
North Carolina*	1107	14%	22%	20%	6%	0%	37%
North Dakota*	300	16%	49%	3%	29%	1%	1%
Ohio*	1315	20%	58%	0%	20%	2%	0%
Oklahoma	122	4%	70%	7%	10%	2%	6%
Oregon	552	5%	32%	5%	24%	2%	33%
Pennsylvania	1018	12%	66%	9%	1%	10%	2%
Puerto Rico*	865	27%	17%	1%	29%	16%	9%
Rhode Island	67	27%	40%	7%	21%	4%	0%
South Carolina	668	11%	41%	10%	18%	2%	17%
South Dakota	555	26%	39%	0%	32%	2%	1%
Tennessee	94	16%	37%	28%	14%	4%	1%
Texas	993	9%	70%	7%	6%	1%	6%
Utah	197	10%	28%	19%	27%	15%	1%
Vermont	210	4%	43%	20%	22%	8%	3%
Virgin Islands	87	18%	31%	15%	23%	9%	3%
Virginia*	76	9%	58%	0%	33%	0%	0%
Washington	180	6%	53%	16%	19%	5%	0%
West Virginia	196	4%	27%	22%	43%	4%	0%
Wisconsin	311	15%	36%	14%	29%	4%	2%
Wyoming	198	12%	33%	9%	44%	1%	2%
Total	25009	14%	40%	7%	19%	4%	15%

*State agency

† Percentages do not always add up to 100% because decimals are rounded to the nearest whole number.

** The definition of a complaint resolved in a client's favor varies from state to state.

Table 9: NON-CASE DIRECTED SERVICES, BY STATE.

State	Total Interventions	Number Initiated	# Clients Named	Groups Represented	Estimated # Clients	Total # Information & referral Services Provided	Total number people trained or educated
Alabama*	124	0	n/a	10	unknown	207	>2000
Alaska	71	0	0	1	10	1140	2083
Am. Samoa*	81	0	0	0	0	23	0
Arizona	165	n/a		4	75	704	508
Arkansas	106	0	0	5	250	452	2300
California	1257	0	0	6	3000	701	1553
Colorado	197	0	0	4	50950	745	371
Connecticut*	399	0	0	2	60-75	181	472
Delaware	103	0	0	5	435	179	926
D.C.	245	0	n/a	5	1217	390	763
Florida	236	1	1	9	3375	945	1122
Georgia	970	1	4	8	7285	916	1165
Guam	43	0	0	0	0	29	300
Hawaii	91	1	5	13	317	145	unknown
Idaho	179	0	0	4	300	223	197
Illinois	811	0	0	n/a	151000	1355	453
Indiana*	204	0	0	7	1700	834	1578
Iowa	287	0	0	0	0	263	1442
Kansas	279	0	0	5	70	186	580
Kentucky*	606	0	0	7	2300	983	1493
Louisiana	153	0	n/a	12	300	455	2167
Maine	568	0	0	7	4650	248	1098
Maryland	193	0	0	8	500	131	600
Massachusetts	2156	1	2	14	1500	2125	1210
Michigan	818	0	0	6	474	745	1515
Minnesota	397	0	0	5	unknown	217	611
Mississippi	100	1	10	2	27	21	3961
Missouri	180	0	0	3	195	180	1600
Montana	347	0	0	2	875	1087	265

Table 9: NON-CASE DIRECTED SERVICES, BY STATE - continued.

State	Total Interventions	Number Initiated	# Clients Named	Groups Represented	Estimated # Clients	Total # Information & referral Services Provided	Total number people trained or educated
N. Marianas Is.	11	0	0	0	0	60	11000
Nebraska	621	1	0	1	n/a	90	302
Nevada*	345	1	4	2	52	2385	232
New Hampshire	223	1	100	0	0	741	473
New Jersey*	1266	1	4	56	5000	1126	2033
New Mexico	101	0	0	10	750	1497	1584
New York*	2005	1	5	7	650	1154	2600
North Carolina*	1107	0	0	9	2985	5034	3913
North Dakota*	300	0	0	3	16	5325	563
Ohio*	1315	0	0	16	3630	2148	544
Oklahoma	122	1	2	7	350	207	1000
Oregon	552	0	0	4	86	481	449
Pennsylvania	1018	4	4715	5	1500	432	5885
Puerto Rico*	885	0	0	0	0	284	934
Rhode Island	87	0	0	3	80	95	457
South Carolina	668	0	0	8	500	122	2460
South Dakota	555	1	1	10	179	2374	2367
Tennessee	94	1	0	0	0	794	604
Texas	993	4	36800	0	0	3454	9483
Utah	197	0	0	5	500	1083	4421
Vermont	210	1	1	7	15000	576	543
Virgin Islands	87	1	8	4	8	4	19172
Virginia*	76	0	0	0	0	6365	1468
Washington	180	0	0	11	1857	480	100
West Virginia	196	0	0	16	1000	160	331
Wisconsin	311	0	0	4	130	460	1200
Wyoming	198	0	0	4	200	142	500
Total	25009	23	41662	346	265278	52863	104949

*State agency

Table 10: DISTRIBUTION OF ADVISORY COUNCIL PRIMARY IDENTIFICATION, BY STATE.†

State	Number of members	Primary Identification of Advisory Council members, by State, by Category							Number of vacancies
		R/FR**	Families of R/FR	MH Service Providers	MH Professionals	Attorneys	Knowledgeable Individuals††	Others	
Alabama*	21	52%	5%	14%	14%	5%	0%	10%	0
Alaska	7	57%	14%	0%	14%	14%	0%	0%	0
Am. Samoa*	14	14%	43%	7%	7%	7%	100%	7%	0
Arizona	11	36%	45%	9%	9%	0%	0%	0%	0
Arkansas	12	50%	17%	8%	17%	8%	0%	0%	3
California	9	22%	33%	0%	11%	11%	50%	11%	1
Colorado	17	47%	12%	24%	6%	6%	13%	0%	0
Connecticut*	12	33%	17%	8%	8%	8%	50%	8%	0
Delaware	10	50%	20%	10%	10%	10%	0%	0%	1
D.C.	10	30%	10%	40%	20%	0%	0%	0%	4
Florida	8	50%	25%	13%	0%	13%	0%	0%	0
Georgia	12	33%	33%	8%	8%	8%	25%	0%	0
Guam	not available †	0%	0%	0%	0%	0%	0%	0%	not available †
Hawaii	7	43%	43%	0%	14%	0%	0%	0%	0
Idaho	10	20%	30%	0%	20%	10%	100%	0%	1
Illinois	12	42%	25%	8%	8%	8%	20%	0%	0
Indiana*	9	56%	22%	0%	11%	0%	20%	0%	1
Iowa	10	30%	30%	10%	10%	10%	33%	0%	0
Kansas	13	31%	31%	8%	8%	8%	50%	0%	0
Kentucky*	14	43%	29%	7%	7%	7%	17%	0%	0
Louisiana	10	50%	20%	10%	10%	10%	0%	0%	0
Maine	14	57%	14%	7%	7%	7%	13%	0%	0
Maryland	12	58%	17%	8%	8%	8%	0%	0%	0
Massachusetts	15	47%	20%	0%	0%	33%	0%	0%	0
Michigan	17	53%	18%	12%	6%	6%	11%	0%	0
Minnesota	not available †	0%	0%	0%	0%	0%	0%	0%	not available †
Mississippi	14	43%	7%	7%	29%	14%	0%	0%	1
Missouri	10	50%	10%	10%	10%	10%	20%	0%	0
Montana	10	50%	10%	10%	10%	10%	20%	0%	0

Table 10: DISTRIBUTION OF ADVISORY COUNCIL PRIMARY IDENTIFICATION, BY STATE - continued.†

State	Number of members	Primary Identification of Advisory Council members							Number of vacancies
		R/FR**	Families of R/FR	MH Service Providers	MH Professionals	Attorneys	Knowledgeable Individuals††	Others	
N. Marianas Is.	8	38%	38%	0%	13%	13%	0%	0%	0
Nebraska	8	25%	38%	13%	13%	13%	0%	0%	0
Nevada*	9	11%	58%	11%	11%	11%	0%	0%	0
New Hampshire	6	33%	17%	0%	17%	17%	50%	0%	1
New Jersey*	12	42%	25%	8%	8%	17%	0%	0%	0
New Mexico	12	42%	17%	17%	8%	8%	20%	0%	0
New York*	12	50%	25%	17%	8%	0%	0%	0%	1
North Carolina*	12	33%	33%	8%	0%	8%	50%	0%	2
North Dakota*	6	50%	17%	0%	17%	17%	0%	0%	1
Ohio*	19	42%	26%	5%	11%	5%	25%	0%	2
Oklahoma	not available †	0%	0%	0%	0%	0%	0%	0%	not available †
Oregon	11	55%	18%	9%	9%	9%	0%	0%	2
Pennsylvania	11	45%	36%	9%	9%	9%	20%	0%	0
Puerto Rico*	8	25%	25%	13%	13%	13%	50%	0%	2
Rhode Island	12	50%	17%	17%	8%	8%	0%	0%	6
South Carolina	23	22%	35%	4%	30%	4%	20%	0%	0
South Dakota	12	42%	25%	8%	0%	8%	40%	0%	0
Tennessee	14	64%	7%	7%	14%	7%	0%	0%	10
Texas	18	33%	22%	11%	11%	11%	33%	0%	2
Utah	13	46%	15%	0%	23%	15%	0%	0%	0
Vermont	15	67%	7%	7%	7%	7%	10%	0%	0
Virgin Islands	9	22%	11%	22%	11%	11%	100%	0%	0
Virginia*	18	39%	28%	11%	17%	6%	0%	0%	2
Washington	12	67%	17%	8%	0%	8%	0%	0%	0
West Virginia	11	36%	27%	27%	0%	0%	25%	0%	4
Wisconsin	12	42%	33%	8%	8%	8%	0%	0%	0
Wyoming	10	20%	40%	10%	10%	20%	0%	0%	1
Total	633	42%	23%	9%	11%	9%	14%	>1%	48

* State agency

† Percentages do not always add up to 100% because decimals are rounded to the nearest whole number.

**R/FR = Recipients/former recipients of mental health services.

† = Guam, Minnesota, and Oklahoma did not submit advisory council reports.

†† This category shouldn't be distinct; some programs used it as such, thus percentages do not add up to 100%.

Table 11: ADVISORY COUNCIL ASSESSMENT OF PAIMI PROGRAM GOALS AND TERM OF APPOINTMENT, BY STATE. 1

State	Number of goals & priorities	Assessment of Program Goals				Term of appointment	Advisory Council Meetings	
		Goal achieved	Substantial progress	Prelim. steps begun	No progress		average	In FY 1993
Alabama*	15	53%	33%	0%	13%	24	4	5
Alaska	5	50%	40%	10%	0%	12//36	4	3
Am. Samoa*	7	86%	14%	0%	0%	12	6	5
Arizona	3	0%	33%	67%	0%	36	8	6
Arkansas	2	0%	100%	0%	0%	36//60	4	4
California	10	50%	50%	0%	0%	36	6	6
Colorado	15	33%	47%	7%	13%	12//24	6	6
Connecticut*	14	0%	0%	36%	64%	no limit	6	5
Delaware	37	22%	70%	8%	0%	36	4	4
D.C.	6	50%	50%	0%	0%	36	6	6
Florida	13	31%	46%	15%	8%	no limit	1	1
Georgia	27	11%	33%	19%	37%	12	4	4
Guam	not available †	0%	0%	0%	0%	24	0	0
Hawaii	34	18%	21%	32%	29%	12	4	4
Idaho	10	15%	60%	25%	0%	24	12	1
Illinois	4	0%	75%	25%	0%	12	2	1
Indiana*	32	75%	9%	16%	0%	24	4	4
Iowa	24	42%	58%	0%	0%	36	4	5
Kansas	4	25%	50%	25%	0%	36	4	4
Kentucky*	5	0%	100%	0%	0%	24	4	4
Louisiana	7	71%	29%	0%	0%	36	4	4
Maine	13	38%	23%	31%	8%	24	6	5
Maryland	8	13%	88%	0%	0%	24	6	6
Massachusetts	5	20%	80%	0%	0%	no limit	6	6 to 8
Michigan	44	57%	25%	18%	0%	36	6	5
Minnesota	not available †	0%	0%	0%	0%	not specified	0	0
Mississippi	4	25%	50%	25%	0%	36	4	4
Missouri	3	33%	67%	0%	0%	36	4	4
Montana	4	0%	25%	75%	0%	12//72	4	4

Table 11: ADVISORY COUNCIL ASSESSMENT OF PAMI PROGRAM GOALS AND TERM OF APPOINTMENT, BY STATE - continued. †

State	Number of goals & priorities	Assessment of Progress				Term of appointment	Advisory Council Meetings	
		Goal achieved	Substantial progress	Prelim. steps begun	No progress		average	In FY 1993
N. Marianas Is.	3	33%	67%	0%	0%	36	3	3
Nebraska	8	13%	88%	0%	0%	12	1	5
Nevada*	3	0%	0%	0%	100%	36	4	2
New Hampshire	4	0%	100%	0%	0%	non-specific	8	6
New Jersey*	14	0%	79%	21%	0%	36	10	7
New Mexico	4	0%	75%	25%	0%	36	4	4
New York*	4	0%	75%	25%	0%	12	4	4
North Carolina*	10	30%	40%	10%	20%	24	4	3
North Dakota*	5	100%	0%	0%	0%	24	4	2
Ohio*	40	15%	73%	13%	0%	24	4	8
Oklahoma	not available ‡	0%	0%	0%	0%	unknown	0	0
Oregon	18	67%	28%	6%	0%	12//24//36	8	6
Pennsylvania	2	0%	100%	0%	0%	unknown	4	2
Puerto Rico*	4	75%	0%	25%	0%	12	12	3
Rhode Island	21	24%	33%	14%	0%	2	10	11
South Carolina	5	0%	60%	40%	0%	24	4	4
South Dakota	11	73%	18%	0%	8%	12	2 to 4	3
Tennessee	20	20%	35%	30%	15%	non-specific	4	6
Texas	27	4%	78%	19%	0%	36	4	4
Utah	9	11%	58%	22%	11%	36	12	11
Vermont	4	0%	50%	50%	0%	36	6	3
Virgin Islands	3	0%	33%	33%	33%	24	6	5
Virginia*	50	12%	16%	14%	58%	48	6	6
Washington	6	50%	33%	17%	0%	36	6	6
West Virginia	4	0%	75%	0%	25%	36	6	6
Wisconsin	57	46%	46%	5%	4%	24	5	5
Wyoming	31	29%	61%	6%	3%	36	4	4
Total	722	30%	44%	14%	11%	21	272	239

* State agency

† Percentages do not always add up to 100% because decimals are rounded off to the nearest whole number.

‡ Guam, Minnesota, and Oklahoma did not submit an Advisory Council report.

**All numbers are reported in months. Alaska, Arkansas, Colorado, Montana, & Oregon have variable terms of appointment.

Table 12: PAIMI PROGRAM SUBCONTRACTING ACTIVITIES, BY STATE.Y

State	R/FR** Organizations /Individuals	Family Organizations /Individuals	Legal Services	Mental Health organizations	Other
Alabama*	Y	not available **	Y	not available **	not available **
Alaska	N	N	N	N	N
Am. Samoa*	n/a	n/a	n/a	n/a	n/a
Arizona	N	N	Y	Y	N
Arkansas	Y	N	N	N	N
California	N	N	N	N	N
Colorado	not available **	not available **	not available **	not available **	not available **
Connecticut*	Y	Y	Y	Y	Y
Delaware	Y	N	N	N	N
D.C.	Y	Y	N	N	N
Florida	N	N	Y	Y	Y
Georgia	Y	N	Y	Y	N
Guam	N	N	Y	N	N
Hawaii	n/a	n/a	n/a	n/a	n/a
Idaho	n/a	n/a	n/a	n/a	n/a
Illinois	N	N	N	N	N
Indiana*	N	N	N	N	Y
Iowa	n/a	n/a	n/a	n/a	n/a
Kansas	n/a	n/a	n/a	n/a	n/a
Kentucky*	N	N	N	N	N
Louisiana	N	N	N	N	N
Maine	N	N	N	N	N
Maryland	Y	N	N	N	N
Massachusetts	N	N	Y	N	N
Michigan	N	N	N	N	N
Minnesota	N	N	N	N	N
Mississippi	N	N	Y	N	N
Missouri	N	N	N	N	N
Montana	N	N	Y	N	N

Table 12: PAIMI PROGRAM SUBCONTRACTING ACTIVITIES, BY STATE - continued.Y

State	R/FR** Organizations /Individuals	Family Organizations /Individuals	Legal Services	Mental Health organizations	Other
N. Marianas Is.	N	N	N	N	N
Nebraska	N	N	N	Y	Y
Nevada*	N	N	N	N	N
New Hampshire	n/a	n/a	n/a	n/a	n/a
New Jersey*	not available YY	not available YY	not available YY	not available YY	not available YY
New Mexico	n/a	n/a	n/a	n/a	n/a
New York*	N	N	Y	Y	Y
North Carolina*	N	N	N	N	N
North Dakota*	N	N	N	N	N
Ohio*	n/a	n/a	n/a	n/a	n/a
Oklahoma	N	N	N	N	N
Oregon	n/a	n/a	n/a	n/a	n/a
Pennsylvania	N	N	Y	Y	N
Puerto Rico*	N	N	Y	N	Y
Rhode Island	N	N	Y	Y	Y
South Carolina	not available YY	not available YY	not available YY	not available YY	not available YY
South Dakota	n/a	n/a	n/a	n/a	n/a
Tennessee	n/a	n/a	n/a	n/a	n/a
Texas	N	N	N	N	N
Utah	n/a	n/a	n/a	n/a	n/a
Vermont	N	N	N	Y	N
Virgin Islands	n/a	n/a	n/a	n/a	n/a
Virginia*	not available YY	not available YY	not available YY	not available YY	not available YY
Washington	n/a	n/a	n/a	n/a	n/a
West Virginia	n/a	n/a	n/a	n/a	n/a
Wisconsin	N	N	Y	N	N
Wyoming	not applicable	not applicable	not applicable	not applicable	not applicable
Total	7 States = 'Yes'	2 States = 'Yes'	4 States = 'Yes'	9 States = 'Yes'	7 States = 'Yes'

*State agency

** R/FR = Recipient/former recipient of mental health services.

Y = Many states responded with "n/a" but gave no explanation as to what it means.

YY Alabama, Colorado, New Jersey, South Carolina, and Virginia did not provide this information in the program performance report.

Table 13: DISTRIBUTION OF PAIMI PROGRAM STAFF POSITIONS, BY STATE.†

State	Number of positions	Staff Positions**			Administrative			Case Worker/Adv			Attorney		
		Full time	Part time††	Volunteer †	FT	PT	Vol.	FT	PT	Vol.	FT	PT	Vol.
Alabama*	18	22%	50%	28%	0%	6%	0%	6%	0%	0%	6%	6%	0%
Alaska	12	17%	83%	0%	0%	8%	0%	8%	33%	0%	8%	25%	0%
Am. Samoa*	6	75%	13%	13%	25%	13%	0%	25%	0%	0%	0%	0%	13%
Arizona	8	63%	38%	0%	0%	0%	0%	13%	0%	0%	25%	13%	0%
Arkansas	11	27%	73%	0%	9%	9%	0%	18%	0%	0%	0%	18%	0%
California	61	70%	21%	8%	11%	0%	0%	3%	8%	0%	18%	0%	3%
Colorado	7	29%	57%	14%	0%	14%	0%	29%	0%	14%	0%	14%	0%
Connecticut*	5	40%	60%	0%	0%	20%	0%	40%	0%	0%	0%	20%	0%
Delaware	14	21%	79%	0%	7%	7%	0%	7%	14%	0%	7%	36%	0%
D.C.	13	23%	69%	8%	0%	15%	0%	15%	15%	0%	0%	15%	0%
Florida	23	26%	74%	0%	0%	9%	0%	13%	4%	0%	4%	4%	0%
Georgia	21	33%	48%	19%	10%	5%	0%	19%	5%	0%	5%	24%	0%
Guam	8	0%	100%	0%	0%	13%	0%	0%	25%	0%	0%	13%	0%
Hawaii	17	0%	100%	0%	0%	24%	0%	0%	47%	0%	0%	12%	0%
Idaho	18	11%	83%	6%	6%	6%	0%	6%	22%	0%	0%	17%	6%
Illinois	28	0%	100%	0%	0%	14%	0%	0%	11%	0%	0%	25%	0%
Indiana*	24	4%	96%	0%	0%	8%	0%	4%	29%	0%	0%	8%	0%
Iowa	8	25%	75%	0%	0%	13%	0%	0%	0%	0%	25%	13%	0%
Kansas	7	43%	57%	0%	0%	14%	0%	0%	0%	0%	43%	0%	0%
Kentucky*	14	50%	50%	0%	0%	14%	0%	29%	21%	0%	7%	7%	0%
Louisiana	31	0%	97%	3%	0%	13%	0%	0%	6%	0%	0%	29%	0%
Maine	10	20%	70%	10%	10%	10%	0%	10%	30%	10%	0%	10%	0%
Maryland	24	0%	100%	0%	0%	13%	0%	0%	17%	0%	0%	38%	0%
Massachusetts	19	21%	63%	16%	0%	11%	0%	16%	5%	0%	5%	37%	0%
Michigan	21	81%	19%	0%	5%	0%	0%	48%	0%	0%	14%	0%	0%
Minnesota	7	71%	29%	0%	0%	0%	0%	29%	0%	0%	29%	29%	0%
Mississippi	7	14%	86%	0%	0%	14%	0%	14%	29%	0%	0%	14%	0%
Missouri	24	0%	100%	0%	0%	13%	0%	0%	46%	0%	0%	4%	0%
Montana	13	8%	92%	0%	0%	15%	0%	0%	31%	0%	8%	0%	0%

Table 13: DISTRIBUTION OF PAIMI PROGRAM STAFF POSITIONS, BY STATE - continued.†

State	Number of positions	Staff Positions**			Administrative			Case Worker/Adv			Attorney		
		Full time	Part time††	Volunteer †	FT	PT	Vol.	FT	PT	Vol.	FT	PT	Vol.
N. Mariana Is.	7	71%	29%	0%	14%	0%	0%	29%	0%	0%	0%	14%	0%
Nebraska	16	6%	94%	0%	0%	25%	0%	6%	6%	0%	0%	19%	0%
Nevada*	8	50%	50%	0%	0%	13%	0%	13%	13%	0%	0%	0%	0%
New Hampshire	23	4%	83%	13%	0%	17%	0%	4%	4%	0%	0%	30%	4%
New Jersey*	48	2%	98%	0%	2%	4%	0%	0%	31%	0%	0%	40%	0%
New Mexico	15	40%	60%	0%	7%	7%	0%	27%	7%	0%	7%	0%	0%
New York*	54	26%	56%	19%	2%	0%	0%	9%	2%	0%	7%	33%	0%
North Carolina*	20	5%	95%	0%	0%	5%	0%	0%	60%	0%	0%	10%	0%
North Dakota*	12	33%	67%	0%	0%	25%	0%	33%	0%	0%	0%	0%	0%
Ohio*	29	21%	76%	3%	0%	31%	0%	10%	10%	3%	10%	10%	0%
Oklahoma	10	30%	70%	0%	0%	20%	0%	10%	10%	0%	20%	10%	0%
Oregon	8	33%	67%	0%	0%	22%	0%	22%	0%	0%	11%	11%	0%
Pennsylvania	136	1%	11%	88%	1%	1%	0%	0%	6%	0%	0%	0%	0%
Puerto Rico*	16	100%	0%	0%	0%	0%	0%	50%	0%	0%	6%	0%	0%
Rhode Island	8	44%	56%	0%	0%	11%	0%	22%	0%	0%	22%	11%	0%
South Carolina	84	5%	36%	60%	1%	10%	0%	1%	6%	0%	1%	4%	0%
South Dakota	15	7%	93%	0%	7%	7%	0%	0%	33%	0%	0%	7%	0%
Tennessee	19	11%	89%	0%	0%	0%	0%	5%	32%	0%	0%	11%	0%
Texas	52	19%	79%	2%	0%	13%	0%	12%	12%	0%	4%	19%	0%
Utah	15	13%	73%	13%	0%	7%	0%	0%	33%	0%	13%	0%	0%
Vermont	6	100%	0%	0%	17%	0%	0%	50%	0%	0%	17%	0%	0%
Virgin Islands	11	45%	45%	9%	9%	0%	0%	18%	18%	0%	0%	9%	0%
Virginia*	31	0%	94%	6%	0%	16%	0%	0%	29%	0%	0%	13%	3%
Washington	15	0%	100%	0%	0%	13%	0%	0%	0%	0%	0%	20%	0%
West Virginia	7	43%	57%	0%	14%	0%	0%	29%	29%	0%	0%	29%	0%
Wisconsin	17	12%	76%	12%	0%	12%	0%	6%	24%	0%	6%	12%	0%
Wyoming	10	10%	90%	0%	0%	20%	0%	10%	0%	0%	0%	20%	0%
Total	1175	20%	62%	18%	2%	9%	0%	8%	13%	>1%	4%	13%	>1%

*State agency

† Percentages do not always add up to 100% because decimals are rounded to the nearest whole number.

**Positions includes vacancies.

†† Many employees in this category work full time for the P&A program but spend a fraction of their time on PAIMI activities.

Table 13: DISTRIBUTION OF PAIMI PROGRAM STAFF POSITIONS, BY STATE - continued.†

State	Number of positions	Alaska			California			Florida			Illinois		
		FT	PT	Vol.	FT	PT	Vol.	FT	PT	Vol.	FT	PT	Vol.
Alabama*	18	0%	6%	0%	6%	17%	0%	0%	17%	28%	6%	0%	0%
Alaska	12	0%	0%	0%	0%	8%	0%	0%	8%	0%	0%	0%	0%
Am. Samoa*	8	0%	0%	0%	25%	0%	0%	0%	0%	0%	0%	0%	0%
Arizona	8	0%	13%	0%	25%	13%	0%	0%	0%	0%	0%	0%	0%
Arkansas	11	0%	0%	0%	0%	36%	0%	0%	9%	0%	0%	0%	0%
California	61	2%	2%	0%	30%	3%	2%	3%	8%	3%	3%	0%	0%
Colorado	7	0%	0%	0%	0%	14%	0%	0%	14%	0%	0%	0%	0%
Connecticut*	5	0%	0%	0%	0%	20%	0%	0%	0%	0%	0%	0%	0%
Delaware	14	0%	0%	0%	0%	21%	0%	0%	0%	0%	0%	0%	0%
D.C.	13	0%	8%	0%	0%	15%	0%	0%	0%	8%	8%	0%	0%
Florida	23	0%	13%	0%	0%	17%	0%	0%	26%	0%	9%	0%	0%
Georgia	21	0%	0%	0%	0%	14%	0%	0%	0%	19%	0%	0%	0%
Guam	8	0%	0%	0%	0%	25%	0%	0%	13%	0%	0%	13%	0%
Hawaii	17	0%	0%	0%	0%	0%	0%	0%	6%	0%	0%	12%	0%
Idaho	18	0%	6%	0%	0%	28%	0%	0%	0%	6%	0%	0%	0%
Illinois	28	0%	7%	0%	0%	32%	0%	0%	7%	0%	0%	4%	0%
Indiana*	24	0%	4%	0%	0%	21%	0%	0%	17%	0%	0%	8%	0%
Iowa	8	0%	13%	0%	0%	38%	0%	0%	0%	0%	0%	0%	0%
Kansas	7	0%	0%	0%	0%	43%	0%	0%	0%	0%	0%	0%	0%
Kentucky*	14	0%	0%	0%	7%	0%	0%	0%	7%	0%	7%	0%	0%
Louisiana	31	0%	16%	0%	0%	16%	3%	0%	13%	0%	0%	3%	0%
Maine	10	0%	0%	0%	0%	20%	0%	0%	0%	0%	0%	0%	0%
Maryland	24	0%	0%	0%	0%	33%	0%	0%	0%	0%	0%	0%	0%
Massachusetts	19	0%	0%	0%	0%	11%	0%	0%	0%	16%	0%	0%	0%
Michigan	21	0%	0%	0%	10%	0%	0%	0%	19%	0%	5%	0%	0%
Minnesota	7	0%	0%	0%	14%	0%	0%	0%	0%	0%	0%	0%	0%
Mississippi	7	0%	0%	0%	0%	29%	0%	0%	0%	0%	0%	0%	0%
Missouri	24	0%	8%	0%	0%	25%	0%	0%	4%	0%	0%	0%	0%
Montana	13	0%	0%	0%	0%	23%	0%	0%	15%	0%	0%	8%	0%

Table 13: DISTRIBUTION OF PAIMI PROGRAM STAFF POSITIONS, BY STATE - continued. †

State	Number of positions	Initial			Transfer (1/1/89)			Other			Vacancies		
		FT	PT	Vol.	FT	PT	Vol.	FT	PT	Vol.	FT	PT	Vol.
N. Marianas Is.	7	0%	14%	0%	28%	0%	0%	0%	0%	0%	0%	0%	0%
Nebraska	16	0%	0%	0%	0%	19%	0%	0%	25%	0%	0%	0%	0%
Nevada*	8	0%	0%	0%	13%	25%	0%	0%	0%	0%	25%	0%	0%
New Hampshire	23	0%	4%	0%	0%	9%	0%	0%	17%	8%	0%	0%	0%
New Jersey*	48	0%	0%	0%	0%	23%	0%	0%	0%	0%	0%	0%	0%
New Mexico	15	0%	0%	0%	0%	47%	0%	0%	0%	0%	0%	0%	0%
New York*	54	2%	0%	0%	4%	17%	0%	2%	4%	18%	0%	0%	0%
North Carolina*	20	0%	0%	0%	0%	20%	0%	5%	0%	0%	0%	0%	0%
North Dakota*	12	0%	0%	0%	0%	42%	0%	0%	0%	0%	0%	0%	0%
Ohio*	28	0%	0%	0%	0%	17%	0%	0%	7%	0%	0%	0%	0%
Oklahoma	10	0%	0%	0%	0%	30%	0%	0%	0%	0%	0%	0%	0%
Oregon	9	0%	11%	0%	0%	22%	0%	0%	0%	0%	0%	0%	0%
Pennsylvania	136	0%	0%	0%	0%	3%	0%	0%	0%	88%	0%	1%	0%
Puerto Rico*	16	6%	0%	0%	6%	0%	0%	13%	0%	0%	18%	0%	0%
Rhode Island	9	0%	0%	0%	0%	33%	0%	0%	0%	0%	0%	0%	0%
South Carolina	84	0%	0%	0%	0%	11%	0%	1%	6%	60%	0%	0%	0%
South Dakota	15	0%	0%	0%	0%	47%	0%	0%	0%	0%	0%	0%	0%
Tennessee	19	0%	0%	0%	0%	37%	0%	0%	0%	0%	5%	11%	0%
Texas	52	0%	4%	2%	0%	27%	0%	0%	4%	0%	4%	0%	0%
Utah	15	0%	20%	0%	0%	13%	0%	0%	0%	13%	0%	0%	0%
Vermont	6	0%	0%	0%	17%	0%	0%	0%	0%	0%	0%	0%	0%
Virgin Islands	11	0%	0%	0%	9%	0%	9%	0%	18%	0%	9%	0%	0%
Virginia*	31	0%	6%	3%	0%	13%	0%	0%	16%	0%	0%	0%	0%
Washington	15	0%	13%	0%	0%	20%	0%	0%	27%	0%	0%	7%	0%
West Virginia	7	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Wisconsin	17	0%	0%	0%	0%	24%	0%	0%	6%	12%	0%	0%	0%
Wyoming	10	0%	0%	0%	0%	30%	0%	0%	20%	0%	0%	0%	0%
Total	1175	>1%	3%	>1%	3%	16%	>1%	>1%	8%	17%	1%	1%	0%

*State agency

† Percentages do not always add up to 100% because decimals are rounded to the nearest whole number.

Table 14: DISTRIBUTION OF PAMI PROGRAM STAFF ETHNICITY AND GENDER, BY STATE. IV

State	Number of positions	White/Caucasian	Black/African-American	Asian	Pacific Islander	Native American	Information not available	Number of workers	Hispanic Origin	Gender	
										Male	Female
Alabama*	18	82%	18%	0%	0%	0%	0%	17	0%	29%	71%
Alaska	12	92%	0%	0%	8%	0%	0%	12	0%	42%	58%
Am. Samoa*	8	0%	0%	0%	100%	0%	0%	8	0%	25%	75%
Arizona	8	100%	0%	0%	0%	0%	0%	8	0%	0%	100%
Arkansas	11	91%	9%	0%	0%	0%	0%	11	0%	18%	82%
California	81	73%	8%	5%	0%	0%	14%	59	14%	24%	76%
Colorado	7	100%	0%	0%	0%	0%	0%	7	14%	29%	71%
Connecticut*	5	80%	20%	0%	0%	0%	0%	5	20%	0%	100%
Delaware	14	79%	14%	0%	0%	0%	7%	14	0%	36%	64%
D.C.	13	17%	75%	8%	0%	0%	0%	12	17%	42%	58%
Florida	23	88%	14%	0%	0%	0%	0%	21	0%	19%	81%
Georgia	21	82%	14%	0%	0%	5%	19%	21	0%	5%	76%
Guam	8	29%	0%	43%	29%	0%	0%	7	0%	71%	29%
Hawaii	17	80%	0%	20%	0%	0%	0%	15	7%	33%	67%
Idaho	18	94%	0%	0%	8%	0%	0%	17	0%	41%	59%
Illinois	28	78%	15%	0%	0%	7%	0%	27	4%	15%	85%
Indiana*	24	82%	9%	5%	0%	5%	0%	22	0%	41%	59%
Iowa	8	100%	0%	0%	0%	0%	0%	8	13%	38%	63%
Kansas	7	100%	0%	0%	0%	0%	0%	7	0%	29%	71%
Kentucky*	14	92%	8%	0%	0%	0%	0%	13	8%	31%	68%
Louisiana	31	70%	30%	0%	0%	0%	0%	30	0%	23%	77%
Maine	10	100%	0%	0%	0%	0%	0%	10	0%	20%	80%
Maryland	24	87%	33%	0%	0%	0%	0%	24	0%	25%	75%
Massachusetts	19	95%	5%	0%	0%	0%	0%	19	5%	42%	58%
Michigan	21	85%	15%	0%	0%	0%	0%	20	5%	30%	70%
Minnesota	7	100%	0%	0%	0%	0%	0%	7	0%	14%	86%
Mississippi	7	71%	29%	0%	0%	0%	0%	7	0%	14%	86%
Missouri	24	88%	13%	0%	0%	0%	0%	24	0%	33%	67%
Montana	13	100%	0%	0%	0%	0%	0%	12	0%	33%	67%

Table 14: DISTRIBUTION OF PAIMI PROGRAM STAFF ETHNICITY AND GENDER, BY STATE - continued.†‡

State	Number of positions	White/Caucasian	Black/African-American	Asian	Pacific Islander	Native American	Information not available	Number of workers	Hispanic Origin	GENDER	
										Male	Female
N. Marianas Is.	7	14%	0%	0%	88%	0%	0%	7	0%	29%	71%
Nebraska	16	94%	6%	0%	0%	0%	0%	16	18%	38%	63%
Nevada*	8	100%	0%	0%	0%	0%	0%	8	0%	50%	50%
New Hampshire	23	100%	0%	0%	0%	0%	0%	23	0%	30%	70%
New Jersey*	48	83%	15%	2%	0%	0%	0%	48	8%	33%	67%
New Mexico	15	83%	7%	0%	0%	0%	0%	15	33%	27%	73%
New York*	54	72%	24%	4%	0%	0%	0%	54	4%	33%	67%
North Carolina*	20	50%	45%	0%	0%	5%	0%	20	0%	40%	60%
North Dakota*	12	0%	0%	0%	0%	0%	100%	12	0%	17%	83%
Ohio*	29	76%	21%	3%	0%	0%	0%	29	0%	34%	66%
Oklahoma	10	70%	30%	0%	0%	0%	0%	10	10%	10%	90%
Oregon	9	100%	0%	0%	0%	0%	0%	9	11%	33%	67%
Pennsylvania	136	9%	2%	0%	0%	0%	89%	135	0%	3%	8%
Puerto Rico*	16	100%	0%	0%	0%	0%	0%	13	100%	15%	85%
Rhode Island	9	100%	0%	0%	0%	0%	0%	9	11%	22%	78%
South Carolina	84	29%	11%	0%	0%	1%	60%	84	0%	18%	42%
South Dakota	15	93%	0%	0%	0%	7%	0%	15	0%	13%	87%
Tennessee	19	69%	31%	0%	0%	0%	0%	16	0%	6%	94%
Texas	52	88%	12%	0%	0%	0%	0%	52	20%	30%	70%
Utah	15	100%	0%	0%	0%	0%	0%	15	0%	13%	87%
Vermont	6	100%	0%	0%	0%	0%	0%	6	0%	50%	50%
Virgin Islands	11	10%	60%	0%	0%	0%	30%	10	30%	10%	90%
Virginia*	31	71%	23%	0%	0%	0%	6%	31	0%	35%	58%
Washington	15	86%	0%	0%	0%	0%	14%	14	7%	36%	64%
West Virginia	7	57%	43%	0%	0%	0%	0%	7	0%	57%	43%
Wisconsin	17	100%	0%	0%	0%	0%	0%	17	0%	29%	71%
Wyoming	10	100%	0%	0%	0%	0%	0%	10	10%	20%	80%
Total	1175	87%	12%	1%	2%	>1%	18%	1147	6%	25%	61%

*State agency

† Percentages do not always add up to 100% because decimals are rounded to the nearest whole number.

** The number of Hispanics are counted in addition to the numbers reported in the preceding ethnic categories.

‡ Some states did not collect ethnic and gender information on volunteers.

Table 15: DISTRIBUTION OF ADVISORY COUNCIL TOTAL IDENTIFICATION, BY STATE.†

State	Number of members	Total identification of advisory council members:						
		R/FR**	Families of R/FR	MH Service providers	MH Professionals	Attorneys	Knowledgeable Individuals††	Others
Alabama*	21	62%	43%	38%	24%	5%	0%	10%
Alaska	7	57%	14%	43%	14%	14%	43%	0%
Am. Samoa*	14	14%	43%	7%	7%	7%	14%	7%
Arizona	11	36%	45%	27%	18%	0%	0%	0%
Arkansas	12	50%	25%	42%	33%	8%	0%	0%
California	9	22%	33%	22%	11%	11%	11%	56%
Colorado	17	47%	12%	24%	8%	6%	6%	0%
Connecticut*	12	42%	17%	17%	8%	17%	17%	8%
Delaware	10	60%	30%	20%	20%	10%	100%	0%
D.C.	10	30%	10%	60%	20%	10%	0%	0%
Florida	8	50%	25%	13%	0%	13%	0%	0%
Georgia	12	33%	33%	25%	25%	17%	25%	0%
Guam	not available †	0%	0%	0%	0%	0%	0%	0%
Hawaii	7	43%	71%	0%	29%	0%	0%	0%
Idaho	10	20%	30%	20%	20%	10%	100%	0%
Illinois	12	42%	33%	8%	8%	8%	0%	0%
Indiana*	9	56%	22%	0%	11%	0%	11%	0%
Iowa	10	50%	20%	20%	40%	20%	100%	0%
Kansas	13	31%	38%	8%	8%	15%	15%	0%
Kentucky*	14	43%	29%	14%	7%	7%	100%	0%
Louisiana	10	50%	20%	10%	10%	10%	0%	0%
Maine	14	64%	36%	7%	36%	7%	100%	0%
Maryland	12	58%	33%	17%	8%	17%	108%	0%
Massachusetts	15	47%	33%	7%	13%	33%	100%	0%
Michigan	17	71%	29%	24%	6%	6%	18%	0%
Minnesota	not available †	0%	0%	0%	0%	0%	0%	0%
Mississippi	14	43%	7%	7%	21%	14%	7%	0%
Missouri	10	70%	50%	40%	30%	10%	100%	0%
Montana	10	50%	10%	10%	10%	10%	10%	0%

Table 15: DISTRIBUTION OF ADVISORY COUNCIL TOTAL IDENTIFICATION, BY STATE - continued.†

State	Number of members	Total Identification of advisory council members						
		R/FR**	Families of R/FR	MH Service providers	MH Professionals	Attorneys	Knowledgeable Individuals††	Others
N. Marianas Is.	8	38%	25%	0%	13%	13%	13%	0%
Nebraska	8	25%	50%	13%	13%	25%	100%	0%
Nevada*	9	11%	56%	11%	11%	11%	0%	0%
New Hampshire	6	83%	33%	33%	50%	17%	100%	0%
New Jersey*	12	50%	17%	17%	17%	17%	33%	0%
New Mexico	12	42%	33%	25%	25%	8%	8%	0%
New York*	12	58%	50%	33%	17%	0%	0%	0%
North Carolina*	12	33%	42%	42%	33%	8%	17%	0%
North Dakota*	6	50%	33%	17%	17%	17%	100%	0%
Ohio*	19	68%	42%	16%	42%	11%	89%	0%
Oklahoma	not available †	0%	0%	0%	0%	0%	0%	0%
Oregon	11	55%	18%	9%	9%	9%	18%	36%
Pennsylvania	11	45%	36%	9%	9%	9%	9%	0%
Puerto Rico*	8	25%	25%	13%	13%	13%	13%	0%
Rhode Island	12	50%	17%	17%	8%	8%	0%	0%
South Carolina	23	22%	35%	4%	30%	4%	4%	0%
South Dakota	12	42%	25%	8%	8%	8%	100%	0%
Tennessee	14	86%	7%	7%	7%	7%	14%	0%
Texas	18	33%	22%	17%	28%	17%	28%	0%
Utah	13	46%	15%	15%	23%	15%	0%	0%
Vermont	15	67%	13%	20%	7%	7%	7%	0%
Virgin Islands	9	56%	11%	11%	11%	11%	0%	0%
Virginia*	18	44%	39%	22%	22%	11%	0%	0%
Washington	12	67%	17%	8%	0%	8%	8%	0%
West Virginia	11	36%	27%	27%	0%	0%	9%	0%
Wisconsin	12	42%	33%	33%	17%	8%	100%	0%
Wyoming	10	30%	50%	10%	10%	20%	100%	0%
Total	633	46%	29%	18%	17%	10%	33%	2%

* State agency

† Percentages do not always add up to 100% because decimals are rounded to the nearest whole number.

**R/FR = Recipients/former recipients of mental health services.

† - Guam, Minnesota, and Oklahoma did not submit advisory council reports.

†† This category shouldn't be distinct; some programs used it as such, thus percentages don't add up to 100%.

Table 18: DISTRIBUTION OF ADVISORY COUNCIL ETHNICITY AND GENDER, BY STATE. †

State	White/ Caucasian	Black/ Afric. Amer.	Asian	Pacific Islander	Native Amer.	Information Not Avail.	Number of Members	Percent Hispanic Origin**	Gender	
									Female	Male
Alabama*	71%	28%	0%	0%	0%	0%	21	0%	71%	29%
Alaska	71%	14%	0%	0%	14%	0%	7	0%	71%	29%
Am. Samoa*	14%	0%	7%	78%	0%	0%	14	0%	50%	50%
Arizona	73%	8%	0%	0%	18%	0%	11	18%	55%	45%
Arkansas	67%	25%	8%	0%	0%	0%	12	0%	58%	42%
California	89%	0%	11%	0%	0%	0%	9	0%	67%	33%
Colorado	94%	6%	0%	0%	0%	0%	17	18%	53%	47%
Connecticut*	83%	17%	0%	0%	0%	0%	12	0%	33%	67%
Delaware	90%	10%	0%	0%	0%	0%	10	0%	50%	50%
D.C.	30%	70%	0%	0%	0%	0%	10	10%	50%	50%
Florida	88%	13%	0%	0%	0%	0%	8	0%	63%	38%
Georgia	75%	25%	0%	0%	0%	0%	12	0%	33%	67%
Guam	0%	0%	0%	0%	0%	0%	not available †	0%	0%	0%
Hawaii	71%	0%	29%	0%	0%	0%	7	0%	86%	14%
Idaho	100%	0%	0%	0%	0%	0%	10	0%	60%	40%
Illinois	92%	8%	0%	0%	0%	0%	12	0%	50%	50%
Indiana*	100%	0%	0%	0%	0%	0%	8	0%	67%	33%
Iowa	90%	10%	0%	0%	0%	0%	10	0%	40%	60%
Kansas	85%	8%	8%	0%	0%	0%	13	0%	31%	69%
Kentucky*	93%	7%	0%	0%	0%	0%	14	0%	78%	21%
Louisiana	90%	10%	0%	0%	0%	0%	10	0%	80%	20%
Maine	100%	0%	0%	0%	0%	0%	14	0%	43%	57%
Maryland	100%	0%	0%	0%	0%	0%	12	0%	50%	50%
Massachusetts	87%	13%	0%	0%	0%	0%	15	0%	53%	47%
Michigan	94%	6%	0%	0%	0%	0%	17	0%	41%	59%
Minnesota	0%	0%	0%	0%	0%	0%	not available †	0%	0%	0%
Mississippi	36%	64%	0%	0%	0%	0%	14	0%	50%	50%
Missouri	90%	10%	0%	0%	0%	0%	10	0%	60%	40%
Montana	100%	0%	0%	0%	0%	0%	10	10%	60%	40%

Table 16: DISTRIBUTION OF ADVISORY COUNCIL ETHNICITY AND GENDER, BY STATE - continued.†

State	Ethnicity						Number of Members	Percent Hispanic Origin**	Gender	
	White/Caucasian	Black/Afric. Amer.	Asian	Pacific Islander	Native Amer.	Information Not Avail.			Female	Male
N. Marianas Is.	0%	0%	0%	88%	0%	13%	8	0%	63%	36%
Nebraska	100%	0%	0%	0%	0%	0%	8	0%	50%	50%
Nevada*	89%	11%	0%	0%	0%	0%	9	0%	67%	33%
New Hampshire	100%	0%	0%	0%	0%	0%	6	0%	33%	67%
New Jersey*	83%	17%	0%	0%	0%	0%	12	17%	42%	58%
New Mexico	92%	0%	0%	0%	8%	0%	12	8%	50%	50%
New York*	75%	25%	0%	0%	0%	0%	12	17%	50%	50%
North Carolina*	67%	33%	0%	0%	0%	0%	12	0%	67%	33%
North Dakota*	100%	0%	0%	0%	0%	0%	8	0%	67%	33%
Ohio*	84%	16%	0%	0%	0%	0%	19	0%	53%	47%
Oklahoma	0%	0%	0%	0%	0%	0%	not available ‡	0%	0%	0%
Oregon	73%	18%	0%	0%	9%	0%	11	0%	73%	27%
Pennsylvania	82%	18%	0%	0%	0%	0%	11	0%	64%	36%
Puerto Rico*	88%	13%	0%	0%	0%	0%	8	100%	75%	25%
Rhode Island	100%	0%	0%	0%	0%	0%	12	0%	75%	25%
South Carolina	91%	9%	0%	0%	0%	0%	23	9%	65%	35%
South Dakota	83%	0%	0%	0%	17%	0%	12	0%	75%	25%
Tennessee	86%	14%	0%	0%	0%	0%	14	0%	38%	64%
Texas	89%	11%	0%	0%	0%	0%	18	11%	56%	44%
Utah	100%	0%	0%	0%	0%	0%	13	0%	69%	31%
Vermont	100%	0%	0%	0%	0%	0%	15	0%	53%	47%
Virgin Islands	22%	78%	0%	0%	0%	0%	9	0%	89%	11%
Virginia*	78%	22%	0%	0%	0%	0%	18	0%	61%	39%
Washington	83%	0%	0%	0%	17%	0%	12	0%	67%	33%
West Virginia	91%	9%	0%	0%	0%	0%	11	0%	73%	27%
Wisconsin	75%	8%	0%	0%	17%	0%	12	0%	67%	33%
Wyoming	100%	0%	0%	0%	0%	0%	10	10%	70%	30%
Total	82%	13%	1%	3%	2%	>1%	633	4%	58%	42%

* State agency

† Percentages do not always add up to 100% because decimals are rounded off to the nearest whole number.

‡ Guam, Minnesota, and Oklahoma did not submit an Advisory Council report.

** The number of Hispanics are counted in addition to the numbers reported in preceding ethnic categories.

Table 17: LISTING OF ADVISORY COUNCIL ACTIVITIES, BY STATE.

State	In State	out of state	Gov. board committees	Develop priorities with gov. auth.*	Systemic/ legis. adv.	Special projects	Other
Alabama*	Y	Y	Y	Y	Y	Y	Y
Alaska	Y	Y	Y	Y	Y	N	Y
Am. Samoa*	Y	Y	Y	Y	N	Y	Y
Arizona	Y	Y	Y	Y	Y	Y	N
Arkansas	Y	Y	Y	Y	N	Y	Y
California	Y	N	Y	Y	Y	N	N
Colorado	Y	N	Y	Y	Y	Y	N
Connecticut*	N	N	Y	Y	Y	Y	N
Delaware	Y	Y	Y	Y	Y	Y	Y
D.C.	Y	Y	Y	Y	Y	Y	Y
Florida	Y	Y	Y	Y	Y	Y	N
Georgia	Y	Y	Y	Y	Y	N	N
Guam	not available Y	not available Y	not available Y	not available Y	not available Y	not available Y	not available Y
Hawaii	N	N	N	Y	N	N	N
Idaho	Y	N	Y	Y	Y	N	N
Illinois	N	N	Y	Y	N	N	Y
Indiana*	Y	Y	Y	Y	Y	Y	Y
Iowa	Y	Y	Y	Y	Y	Y	Y
Kansas	Y	Y	N	Y	Y	Y	Y
Kentucky*	Y	Y	Y	n/a	Y	Y	N
Louisiana	Y	N	Y	Y	Y	Y	N
Maine	Y	Y	Y	Y	Y	Y	Y
Maryland	Y	Y	Y	Y	Y	Y	Y
Massachusetts	Y	Y	Y	Y	Y	N	N
Michigan	Y	Y	Y	Y	Y	Y	Y
Minnesota	not available Y	not available Y	not available Y	not available Y	not available Y	not available Y	not available Y
Mississippi	Y	Y	Y	Y	Y	N	Y
Missouri	Y	Y	Y	Y	Y	Y	Y
Montana	Y	Y	Y	Y	Y	Y	Y

Table 17: LISTING OF ADVISORY COUNCIL ACTIVITIES, BY STATE - continued.

State	In State	out of state	Gov. board committees	Develop priorities with gov. auth.*	Systemic/ legis. adv.	Special projects	Other
N. Mariana Is.	N	Y	Y	N	Y	Y	Y
Nebraska	Y	Y	Y	Y	Y	Y	Y
Nevada*	Y	Y	N	Y	N	N	N
New Hampshire	N	Y	Y	Y	Y	N	N
New Jersey*	Y	Y	Y	Y	Y	Y	Y
New Mexico	Y	Y	Y	Y	Y	Y	Y
New York*	Y	Y	Y	Y	Y	Y	Y
North Carolina*	Y	Y	Y	Y	Y	Y	N
North Dakota*	Y	Y	Y	Y	Y	Y	Y
Ohio*	Y	Y	Y	Y	Y	Y	Y
Oklahoma	not available	not available	not available	not available	not available	not available	not available
Oregon	Y	Y	Y	Y	Y	N	N
Pennsylvania	N	N	Y	Y	Y	Y	N
Puerto Rico*	Y	N	N	N	N	Y	N
Rhode Island	Y	Y	Y	Y	Y	N	Y
South Carolina	Y	Y	N	Y	Y	Y	N
South Dakota	N	Y	N	N	Y	Y	N
Tennessee	N	Y	N	N	N	N	N
Texas	Y	Y	Y	Y	Y	Y	Y
Utah	N	Y	Y	Y	Y	Y	N
Vermont	Y	N	Y	N	Y	Y	Y
Virgin Islands	Y	N	Y	Y	Y	Y	N
Virginia*	Y	Y	Y	N	Y	N	Y
Washington	Y	Y	Y	Y	Y	N	N
West Virginia	Y	Y	Y	Y	Y	N	Y
Wisconsin	Y	Y	Y	Y	Y	Y	Y
Wyoming	Y	Y	Y	Y	Y	Y	Y
Total	45 Yes	42 Yes	47 Yes	7 No	48 Yes	37 Yes	30 Yes

* State agency

* Light shading indicates states that have not met the PAIMI Act requirement to develop priorities with governing authority.