

IMPACT

THE PROTECTION AND ADVOCACY SYSTEM FOR INDIANA
FALL 2012 • VOLUME 41

REPORT TO THE COMMUNITY PRIORITIES AND OBJECTIVES FOR FISCAL YEAR 2013

October 1, 2012, through September 30, 2013



TO PROTECT AND PROMOTE THE RIGHTS OF INDIVIDUALS WITH DISABILITIES,
THROUGH EMPOWERMENT AND ADVOCACY

MEMBER NATIONAL DISABILITY RIGHTS NETWORK

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Letter from the Interim Executive Director

Federal fiscal year 2012 (FFY 2012) has been one of change and challenge for Hoosiers with disabilities and also for the Indiana Protection and Advocacy Services Commission (IPAS). Increased demand for services to enable individuals with disabilities to more fully participate in their communities during a time of dwindling resources has challenged disability rights like never before. Service delivery systems are struggling to find and adopt new, more cost-effective models of providing services to adapt to this changing climate. Leadership changes within IPAS have also presented staff with both challenges and opportunities to re-examine our own methods, models and operations. Despite the difficult times, individuals with disabilities continue to show their determination and resiliency to assert their rights to learn, work, laugh and love as they strive to participate fully in their communities. IPAS has been honored and privileged to have been here to inform, encourage, assist and represent some of these individuals in their personal journeys. Here are some achievements from FFY 2012:

During this past year, 467 individuals were represented by IPAS in 549 matters concerning disability rights infringements. Protecting individuals with disabilities from abuse and neglect is the “prime directive” for IPAS. Almost 300 of these cases concerned allegations of abuse and neglect. Outreach to minority and underserved communities resulted in 20 percent of our clients this year being African-American persons. IPAS has had a long-standing commitment to asking our clients about their experience with us. This year, 94 percent of our clients said they would call us again if they have another disability rights problem.

Also this year, 2,132 individuals received information and referral services from IPAS, empowering them to self-advocate. Ninety-eight percent of these callers said they would call IPAS again when needed.

IPAS staff conducted 159 public education and training events, informing and educating more than 38,000 individuals about disability rights and IPAS services. More than 18,000 disability rights publications were provided to the public during FFY 2012. We continued to develop our website, www.in.gov/ipas, as an empowerment tool for families and persons with disabilities. The website logged 43,538 visits this year.

We look back on FFY 2012 with a sense of pride and accomplishment. Staff members are to be commended for what they have achieved. But much more remains to be done. Going forward, individuals with disabilities may need legal advocacy like never before. Funding shortages will pose major obstacles to public policy makers in their efforts to satisfy the need for services. As you review our priorities and objectives for this year, we hope you will agree that we are addressing critical disability rights needs. Embarking on a new year, we rededicate ourselves to work in partnership with our clients, their families and our organizational allies in the disability rights community to advance our common goal of protecting and promoting the rights of persons with disabilities.

Thank you for your interest in disability rights.



Gary Richter
Interim Executive Director

Who is IPAS?

IPAS is an independent state agency separate from all other state agencies and programs. IPAS was established in 1977 in response to federal requirements for a program to advocate for the rights of individuals with developmental disabilities. Since then, more programs have been added to serve the advocacy needs of specific groups of individuals with disabilities.

The Indiana Protection and Advocacy Services Commission is here to defend the rights of citizens with different abilities and extend equal opportunity and empowerment to people with disabilities.

People with disabilities have rights under the law.

Today, there are more than 54 million Americans with disabilities. A disability is a physical or mental impairment that substantially limits one or more major life activities. The U.S. Congress has determined that disabilities are a natural part of the human experience. To help ensure that no one is excluded from participating in mainstream society, Congress has enacted laws providing a variety of support services and programs for people with disabilities.

People with developmental or physical disabilities and/or mental illnesses also are protected under the laws that prohibit discrimination, abuse and neglect. Like all Americans, they have the right to live their lives as fully and independently as possible and with the freedom to make their own choices and decisions to the extent that their abilities permit.

To see that the human, legal and civil rights of people with disabilities are respected, Congress established protection and advocacy (P&A) systems in each state. Indiana Protection and Advocacy Services is that system for Indiana. IPAS proudly serves people with disabilities, helping them exercise their rights, as well as providing training and resources to ensure their inclusion in the life of our communities.

Too often, individuals with disabilities are:

- Abused or neglected by caregivers;
- Denied appropriate medical, rehabilitation or psychiatric treatment;
- Denied free and appropriate public education services;
- Denied physical access to public places and governmental services;
- Discriminated against when trying to obtain employment or housing;
- Denied the ability to make their own decisions and be a fully participating member of their community;
- Denied the assistive technology services or devices they need to be more independent;
- Denied the control of their private information being released without their consent; and
- Denied the right to make their own choices as they prepare for employment through Vocational Rehabilitation training programs.

IPAS can help by:

- Helping you understand your rights;
- Helping you learn self-advocacy skills;
- Advising you on what steps you can take to secure your rights, such as appealing denials and filing complaints with appropriate governmental agencies; and
- Representing you with an IPAS advocacy specialist or IPAS attorney to correct rights violations.

Every year, IPAS represents hundreds of Hoosiers with disabilities in securing their rights to full community participation and helps thousands more through information, referral, education and training services.

IPAS Program Descriptions

Indiana Protection and Advocacy Services is the protection and advocacy system in Indiana. IPAS provides protection of the rights of persons with disabilities through legally based advocacy. Each of our federally funded programs has specific criteria regarding who can be served and what services IPAS may offer.

PROTECTION AND ADVOCACY FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES (PADD)

PADD was created by the Developmental Disabilities Assistance and Bill of Rights (DD) Act of 1975 for individuals who meet the federal definition of developmental disabilities. Under PADD, IPAS has authority to pursue legal, administrative and other appropriate remedies under all applicable federal and state laws to protect and advocate for the rights of individuals with developmental disabilities. The Administration on Developmental Disabilities, Administration for Children and Families, U.S. Department of Health and Human Services, funds PADD.

PROTECTION AND ADVOCACY FOR INDIVIDUALS WITH MENTAL ILLNESS (PAIMI)

Established by the Protection and Advocacy for Individuals with Mental Illness Act of 1986, PAIMI seeks to protect and advocate for the rights of individuals with mental illnesses in both institutional and community settings. The PAIMI program investigates allegations of abuse, neglect and rights violations for people with mental illnesses. The Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration and the U.S. Department of Health and Human Services administer the program.

CLIENT ASSISTANCE PROGRAM (CAP)

CAP was established as a mandatory program by the 1984 Amendments to the Rehabilitation Act for individuals seeking services from a program or project funded by the Rehabilitation Act. In Indiana, this involves Vocational Rehabilitation Services and Centers for Independent Living. CAP is administered by the Rehabilitation Services Administration (RSA), Office of Special Education and Rehabilitation Services, U.S. Department of Education.

PROTECTION AND ADVOCACY FOR ASSISTIVE TECHNOLOGY (PAAT)

Created in 1994 when Congress expanded the Technology-Related Assistance for Individuals with Disabilities Act (Tech Act), this program is for individuals with disabilities seeking assistive technology (devices or systems used to improve or maintain the capabilities of persons with disabilities). Designed to promote the provision of assistive technology devices and services through systemic reform, PAAT has the authority to negotiate compliance with federal law. Administration is by Rehabilitation Services Administration (RSA), Office of Special Education and Rehabilitation Services and the U.S. Department of Education.

PROTECTION AND ADVOCACY FOR TRAUMATIC BRAIN INJURY (PATBI)

Created by the Traumatic Brain Injury (TBI) Act authorized as part of the Children's Health Act of 2000, this program's purpose is to expand advocacy services for individuals with traumatic brain injuries and to expand the service delivery system for this group of individuals. PATBI is administered by the Health Resources and Services Administration and the U.S. Department of Health and Human Services.

PROTECTION AND ADVOCACY FOR VOTING ACCESS (PAVA)

Created in 2002 when Congress enacted the Help America Vote Act (HAVA), IPAS seeks to ensure the full participation in the electoral process for individuals with disabilities, including registering to vote, casting a vote and accessing polling sites. It is administered by the Administration on Developmental Disabilities (ADD), Administration for Children and Families (ACF), and the U.S. Department of Health and Human Services.

PROTECTION AND ADVOCACY FOR BENEFICIARIES OF SOCIAL SECURITY (PABSS)

PABSS was created by the Ticket to Work™ and Work Incentive Improvement Act of 1999 for individuals with disabilities who receive Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) who want to work or return to work. PABSS provides advocacy for beneficiaries of Social Security who have problems obtaining, maintaining and retaining employment. It is overseen by the Social Security Administration.

PROTECTION AND ADVOCACY OF INDIVIDUAL RIGHTS PROGRAM (PAIR)

PAIR was established by Congress as a national program under the Rehabilitation Act in 1993 to protect and advocate for the legal and human rights of persons who are not eligible under the other programs — such as those with visual or hearing impairments or those with physical disabilities acquired as an adult. PAIR is administered by Rehabilitation Services Administration (RSA), Office of Special Education and Rehabilitative Services, and the U.S. Department of Education.

INDIANA'S DEVELOPMENTAL DISABILITIES NETWORK

IPAS has a collaborative relationship with the Indiana Governor's Council for People with Disabilities and the Indiana University Institute on Disability and Community. All three programs receive funding through the federal Administration on Developmental Disabilities.

Abuse and Neglect

Freedom from abuse and neglect is a fundamental right. One of the primary purposes of IPAS is to work toward the elimination of abuse and neglect of individuals with disabilities.

Following are objectives toward which IPAS staff will work to reduce abuse and neglect of individuals with disabilities during 2013:

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- Review allegations of abuse and neglect on behalf of individuals with disabilities to ensure that the allegation is reported to the responsible entities and advocate for necessary action to protect the health, safety and welfare of the individual.
 - Represent individuals in their appeal of reduced Medicaid waiver services when the alleged reduction in services will have a serious and negative impact on the health and safety of the individual or when the reduction of services places the individual at risk of being placed in a more restrictive setting.
 - Review allegations of abuse or neglect of individuals residing in a facility operated by Indiana Department of Mental Health and Addiction and advocate that necessary actions are taken to protect the health, safety, and welfare of the individual.
 - Review allegations of abuse and neglect on behalf of individuals residing in Community Mental Health Centers and advocate that necessary actions are taken to protect the health, safety, and welfare of the individual.
 - Review allegations of abuse or neglect that result in the death of an individual who resided in a mental health treatment facility.
 - Review allegations of inappropriate use of restraint or seclusion and advocate that necessary actions are taken to protect the health, safety, and welfare of the individual.
 - Review allegations of abuse or neglect of individuals with a significant mental illness serving a sentence in a jail (not an Indiana Department Corrections or Federal facility) and advocate that necessary actions are taken to protect the health, safety, and welfare of the individual.
 - Review allegations of abuse or neglect of individuals residing in facilities designated as a psychiatric residential treatment facility (PFTF).
 - Review allegations of abuse or neglect in juvenile detention facilities and advocate that necessary actions are taken to protect the health, safety, and welfare of the individual.
 - Review allegations of treatment rights violations of individuals with mental illness.
 - Monitor internal grievance complaints of individuals residing in state-operated facilities to ensure that complaints are addressed according to written policy and procedure.
 - Review allegations of unregulated or under-regulated use of restraint and/or seclusion by schools and advocate for adoption of policies that promote the health and safety of students.

Representative Cases:

Case 1: IPAS reviewed the death of an individual with developmental disabilities who had been under the care of a waiver provider. Fact-finding determined that after the client had attended a doctor's appointment with waiver care staff, the staff failed to have the client's prescription for antibiotics filled and begin the prescribed treatment and failed to document the client's file with this new information. Subsequently the client's condition worsened, and during a second doctor's appointment several weeks later, it was learned that the prescription had not been filled and the client had received no treatment. The client was admitted to the hospital and died shortly thereafter. IPAS began its investigation after being notified of the death and attendant facts by the local adult protective services office. It was determined that the waiver provider had an ineffective point system to track medication errors, that there was no staff accountability or discipline for medication errors and no reliable process for assuring the inclusion of medical information in the clients' files, that the system for receiving and implementing doctor's orders after appointments was poor and often the information was not entered in the client's records, and that the provider's death review policies were not in compliance with state administrative code and allowed more than the time allowed under the state regulation to pass before conducting the required review of the death. Based on IPAS' investigation and recommendations, several systemic changes were made to the waiver provider's policies.

Outcomes

Those changes included: amendment of provider policy to identify all medication errors as reportable incidents for State oversight; elimination of the medication error point system, which was replaced with a policy requiring administrative review and disciplinary action for all medication errors; creation of a new, detailed policy to define staff responsibility for medical appointments, documentation of medical appointments and new prescription of medications; stronger policies of administration and control of medication administration, refills, discontinued medications, "as needed" medications, psychotropic medications, storage, records and expired medications; and amendment of provider policy to require submission of all death-related materials and investigations to the State within 15 days as required under Indiana law.

Case 2: Tom contacted IPAS reporting that a staff member at Logansport State Hospital (LSH) had been verbally abusive to him. Tom stated at the time of his contact with IPAS that he filed an internal complaint at LSH. IPAS determined that LSH staff responsible for investigating such complaints had failed to conduct a full investigation. IPAS later concluded, after interviewing Tom, that verbal abuse had not occurred, but Tom's allegations were a symptom of Tom's condition. Tom subsequently would later verbalize to IPAS staff that he had misinterpreted staff's redirection as verbal abuse. However, during IPAS's review of the LSH's response, IPAS learned that the facility failed to report the allegation of alleged verbal abuse to outside agencies as required by its policy and state law. IPAS also discovered that the Tom's treatment plan had been altered to restrict his right to make complaints.

IPAS advocated that because Tom had alleged an incident of abuse, LSH was required to handle this allegation as any other allegation of abuse or neglect pursuant to LSH's own policy, as well as that of the Indiana Division of Mental Health and Addiction (DMHA)'s incident reporting protocol. IPAS also took the position that placing a restriction on Tom for making an allegation of abuse or neglect would be considered a violation of Tom's protected right to file grievances under federal law.

Outcomes

Tom's LSH treatment team lifted the restrictions imposed on Tom's ability to file a grievance. LSH also revised its reporting policies to require all allegations of abuse and neglect to be reported in accordance with state DMHA policies, as well as changes regarding the documentation made by staff.

Equal Access and Other Rights

Individuals with disabilities must have equal access to programs, services, technology, polling places, buildings and housing.

Following are objectives toward which IPAS staff will work on to increase access for individuals with disabilities during 2013:

- Review allegations of discrimination under Titles II or III of the Americans with Disabilities Act, Fair Housing Act, or other disability discrimination law.
- Assist individuals with disabilities in obtaining assistive technology services and devices in the areas of education, health care, employment and community living and in the use of telecommunications.
- Assist or represent individuals with disabilities in the grievance procedure set forth in the Indiana Help America Vote Act plan.
- Strengthen policies and practices affecting the State's response to disability rights issues affecting individuals with disabilities through attending at least 50% of the meetings of select committees, groups and task forces.
- Continue to represent prisoners with serious mental illness in class action lawsuits to diminish the use of segregation.
- Participate on the Resident/Human Rights Committee of the facilities operated by the Indiana Department of Mental Health and Addictions.
- Participate on selected committees, groups or task forces which appear to have systemic implications concerning policies and practices affecting the rights of individuals with disabilities.
- Review allegations of disability-based discrimination that may have systemic implications.
- Review cases involving alleged rights violations and the use of the internal complaint process of the provider in situations not involving abuse or neglect.



Representative Cases:

Case 1: “Alex” attempted to vote using an accessible voting machine during Indiana’s primary election on 5/8/2012; however, the accessible voting machine was not working. He was unable to vote privately and independently. The “Help America Vote Act” (HAVA) requires at least one voting machine in a polling place to be accessible to individuals with disabilities. Because the voting machine was not working and/or the poll workers did not know how to use it, Alex was unable to vote privately and independently.

Outcome

IPAS assisted Alex with filing a complaint with the Blackford County Board of Elections. In response, the board found that by having a polling judge assist Alex with the ballot it had provided a reasonable accommodation. This is clearly not the case as he was unable to vote privately and independently using an accessible machine as is required by federal law. However, the response also promised the following actions prior to the next election:

- testing the Double Talk machine to ensure it is functioning properly;
- all Judges will be trained and prove competency on the use of the Double Talk units.

The Election Board apologized for the inconvenience in the primary election and encouraged Alex to participate in the General Election in November.

Although IPAS does not agree with the board’s position regarding the prior election, Alex felt that the corrective measures were adequate to allow him to vote privately and independently at an accessible voting machine at the next election. Therefore, the client decided against further pursuing the complaint. Should similar problems occur at the next election, the client was advised that he can file another complaint through either the county or state HAVA complaint systems.

Case 2: With funding from the Protection and Advocacy of Individual Rights (PAIR) program and the Protection and Advocacy for Individuals with Developmental Disabilities (PADD) program, IPAS initiated a project in 2009 to determine whether the Indiana Department of Workforce Development (DWD) WorkOne offices (WorkOne) complied with the accessibility guidelines of the Americans with Disabilities Act (ADA). WorkOne offices are visited by over 500,000 people each year, of which more than 60,000 are individuals with a disability. DWD has 92 WorkOne offices spread throughout 11 regions within the state of Indiana.

IPAS selected 20 WorkOne locations around the state to survey, and DWD, based on IPAS’s recommendation, appointed ADA Coordinators for each of its 11 regions. The survey included accessibility of parking lots, access to the buildings and offices, access to office service areas, access to restrooms, and other apparent compliance issues. IPAS completed the surveys jointly with the regional ADA Coordinators and found accessibility issues at all of the facilities surveyed. IPAS provided the survey results and proposed plans of correction to DWD. Corrective actions have been fully completed at seven of the offices and are nearing completion at the other 13 offices.

Outcome

Based on IPAS’s recommendation, DWD will complete accessibility self-surveys at its remaining offices and will correct any deficiencies found in those surveys. IPAS also recommended that WorkOne develop a satisfaction survey for its consumers to complete, in order to provide input about their experiences related to accessibility. WorkOne did create and implement that survey process during the course of this project.

This project was successfully closed during this quarter. The project’s accomplishments were the result of a collaborative and cooperative effort between state agencies. Due to IPAS’s involvement, accessibility at WorkOne offices in Indiana will be greatly increased for individuals with disabilities. These changes will benefit tens of thousands of Indiana residents.



Special Education

Due to increased emphasis on school discipline, students with disabilities are at increased risk of termination or reduction of their educational services. Students, parents and advocates need information and support to enable them to effectively self-advocate. There are also school systems that exhibit ongoing violations of the Individuals with Disabilities Education Improvement Act and Article 7.

Following are objectives toward which IPAS staff will work to help special education students receive a free and appropriate public education:

-
- Review allegations on behalf of students where the school, has proposed or instituted change of educational placement through suspension or expulsion.
 - Increase awareness in educational settings for individuals with disabilities and their families of assistive technology services, devices and IPAS services.
 - Review allegations on behalf of students where the school is not providing appropriate educational services.
 - Develop and disseminate transition materials to transition aged students, ages 14 years through 22 years, in Indiana school districts.

Representative Case:

Case 1: “Tim” is a student with identified disabilities for which he receives services under Indiana’s special education law. He returned to his local school after an 18-month stay in a residential placement and had substantial behavioral issues and was failing his courses. IPAS became involved with Tim’s case at the request of his mother and learned through fact-finding that the school was attempting to provide educational services under the education plan formulated for him while he was in residential placement. IPAS’ involvement resulted in an independent evaluation of Tim by the Indiana Institute on Disability and Community (IIDC), which identified the issues Tim was having, and potential solutions and accommodations to address these issues.

Outcome

Based on the new evaluation, and with IPAS’s assistance at several case conference committee meetings, a new IEP was developed, which provided for Tim to have a 1:1 assistant to help Tim with behavioral problems, provided for sensory breaks and activities to reduce behavioral problems, and provided other necessary accommodations. Tim is now receiving appropriate supports and accommodations that allow him to receive and benefit from a free and appropriate public education.





Employment

Historically, individuals with disabilities have experienced a higher rate of unemployment or underemployment, which represents a significant barrier to achieving the level of independence and productivity that many people with disabilities wish to attain.

Following are objectives toward which IPAS staff will work to increase the opportunity for individuals with disabilities to attain full employment during 2013:

-
- Assure that eligible individuals receive appropriate Vocational Rehabilitation Services (VRS) and services through Centers for Independent Living (CIL).
 - Assure that VRS and CIL applicants and clients have the opportunity to make informed choices and fully participate throughout the VRS and independent living process.
 - Assure that VRS continues to provide services as mandated per the Federal Rehabilitation Act of 1973 as amended.
 - Conduct reviews of representative payee entities and the Social Security beneficiaries they serve to ensure payees are performing their payee duties satisfactorily and to protect beneficiaries from misuse of funds.

Representative Cases:

Case 1: “Mike” was an individual who had worked with Indiana Vocational Rehabilitation Services (VRS) for seven years with the goal of achieving employment. Mike became frustrated about the lack of employment and requested he be assigned to another VRS counselor. Instead, VRS closed his case. Mike contacted IPAS and requested assistance with the appeal of his case closure.

IPAS determined that VRS had failed to adequately assess Mike to determine his strengths, barriers to employment, and needed vocational supports and services. Unfortunately, Mike’s administrative hearing was scheduled and occurred without IPAS being informed. The independent hearing officer’s decision supported VRS’s decision to close Mike’s case.

Outcome

IPAS encouraged Mike to reapply for VRS. IPAS advocated for VRS to complete the necessary assessments including neuropsychological testing. IPAS also assisted Mike in the development of an individual plan of employment containing his chosen employment goal of “disc jockey” and all supports necessary for him to achieve it. Due to the efforts of IPAS, Mike is now employed as a disc jockey.

Case 2: “Angie” is a 21-year-old Social Security recipient who contacted IPAS for assistance because Indiana Vocational Rehabilitation Services (VRS) was closing her case despite the fact that she still needed services from that agency. Specifically, she needed support for her postsecondary schooling and assistive technology. IPAS determined that Angie had been assigned three different VRS counselors over the course of her case, causing delays in receipt of services. For example, her most recent VRS counselor had initially failed to communicate with her about financial aid forms. He then provided Angie with inaccurate information resulting in late submission of these forms and a subsequent denial of financial aid. Angie’s

current VRS counselor had also failed to provide her with those assessments required to identify assistive technology needs related to her vocational goal.

Outcome

IPAS determined through fact finding that the VRS counselor had violated Angie’s rights by failing to provide her with her appeal rights at the time of case closure. IPAS verified that her rights had also been violated since VRS failed to provide her with timely assessments and services as required by the Federal Rehabilitation Act of 1973, as amended. IPAS spoke with the VRS area supervisor who acknowledged that Angie’s rights had been violated and agreed to reopen her case. IPAS then monitored the development of Angie’s individual plan of employment to verify she received all services and supports necessary to achieve her chosen vocational goal. Angie is now making progress toward the achievement of a postsecondary degree.

Case 3: “Sylvia” is a 62-year-old individual who has been a client of Vocational Rehabilitation Services (VRS) since 2007. She contacted IPAS because a recommended home modification that would allow her to become employed had been delayed for over two years. Sylvia’s VRS counselor had taken a leave from work, preventing her from obtaining an updated status of the home modification despite contacting the VRS area supervisor.

Outcome

IPAS determined through the review of Sylvia’s individual plan of employment that she had been evaluated and recommended for home modifications in 2009. An updated evaluation had been recommended in 2011 but not scheduled or completed. IPAS was able to re-establish communication between the client and VRS staff. Due to IPAS’s efforts, VRS completed an updated home modification evaluation for Sylvia and is in the process of completing the modifications so she can achieve her stated employment goal.

Education and Training

Students, parents and advocates need information and support to enable them to effectively self-advocate.

Following are objectives toward which IPAS staff will work to increase awareness about disabilities rights and the exercise of those rights during 2013:

- Provide education and training about disability rights and IPAS to individuals with disabilities, parents, guardians, advocates, and/or service program providers.
- Develop and disseminate information regarding disability rights.
- Support education and training efforts of consumer-based organizations to increase awareness of disability rights.
- Assist the Brain Injury Association of Indiana (BIAI) in planning and sponsoring of the Annual BIAI Conference.
- Conduct training events concerning the civil/disability rights of individuals with mental illness for family members.
- Conduct resident rights training events for consumers at selected Comprehensive Mental Health Centers.
- Support the creation of a Crisis Intervention Team program in an Indiana Law Enforcement entity.
- Develop and distribute information concerning voter registration, access to polling places, and the right to cast a vote, including information regarding the state's grievance procedure and the role of IPAS in representing individuals.
- Continue development of web based resources to empower individuals and families.
- Respond to education, training and assistance requests to individuals with disabilities that will promote their participation in the electoral process.
- Respond to requests by election officials, poll workers, and election volunteers regarding the rights of voters with disabilities and best practices in working with individuals with disabilities
- Respond to requests by governmental entities regarding the physical accessibility of polling places.
- Provide education and training to increase the self-advocacy skills of individuals with disabilities, their families, and other advocates to enable them to obtain assistive technology services and devices.
- Participate on selected committees, groups, or task forces that have systemic implications concerning policies and practices affecting the rights of individuals with disabilities.



Information and Referral

The IPAS Commission continues to support the efforts of the staff to provide timely and accurate information about disability rights for individuals with disabilities and their families, as well as advocates and members of the public.

- Respond to requests for information and referral and technical assistance to individuals with disabilities, their families, and professionals about disability rights and provide information and technical assistance concerning the exercise of these rights.

Administration

IPAS strives to provide high-quality advocacy services that are responsive to the needs of individuals with disabilities and their families. IPAS continues to ask our clients about their experiences with IPAS to help us identify how we can improve our services.

Following are objectives IPAS staff will work toward to increase awareness of IPAS and the advocacy services that are provided during 2013:

- Assure the provision of high-quality advocacy services, via client satisfaction surveys.
- Outreach to the public and to individuals with disabilities, concerning disability rights issues, IPAS services, and successes.
- Continue development of web-based resources to empower individuals and families.
- Outreach to minority and underserved individuals with disabilities, concerning disability rights issues, IPAS services, and successes.
- Provide the public with opportunities to make comments and suggestions concerning agency priorities and objectives.
- Maintain a pool of qualified and diverse individuals who are eligible for appointment to the Commission and its Mental Illness Advisory Council.



IPAS at a Glance

By the Numbers

Total requests for information and referral	2,132
Total individuals served*	467
Total service requests	549
Total number of people reached at speaking engagements	38,203

Website visits	43,538
Percent change in website visits from 2011	+ 27%

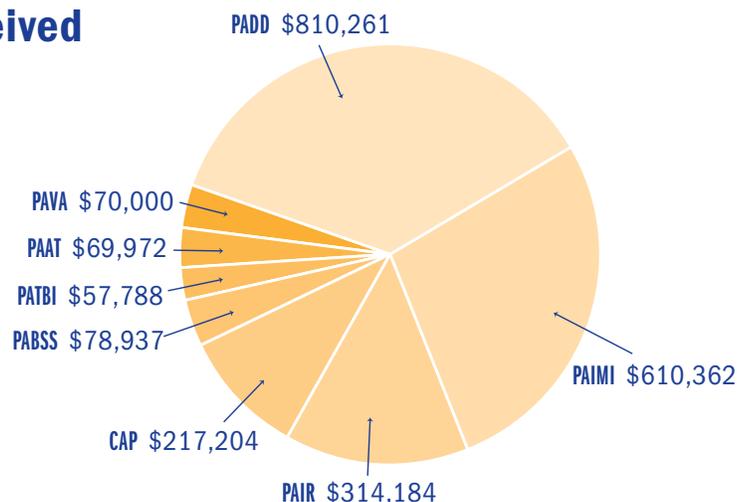
* The total number of clients served is 467. However, some clients had cases opened in more than one program.

Demographics for 2012

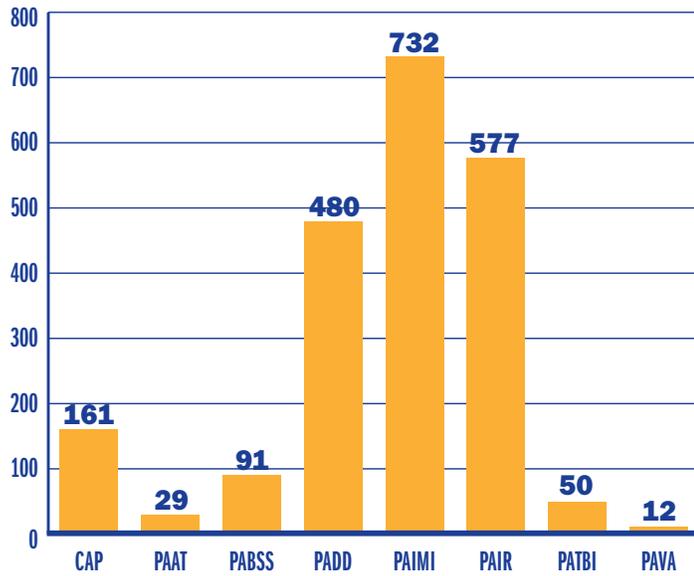
Gender	
Female	171
Male	296
Ethnicity	
American Indian	1
Black	94
Multicultural	15
White	357
Cultural	
Non-Hispanic/Latino	451
Hispanic/Latino	16
Disability <small>*Client may have multiple disabilities</small>	
ADD/ADHD	1
AIDS/HIV	2
Autism	23
Blindness (both eyes)	7

Cancer	2
Cerebral Palsy	7
Deafness	9
Diabetes	1
Hard of Hearing (Not Deaf)	9
Heart and Other Circulatory Conditions	11
Mental Illness	189
Intellectual Disabilities	87
Neurological Disorders/Impairment	14
Orthopedic/Physical Impairments	67
Other	4
Respiratory Disorders/Impairment	3
Specific Learning Disabilities (SLD)	9
Tourette Syndrome	1
Traumatic Brain Injuries (TBI)	11
Visual Impairment (Not Blind)	10

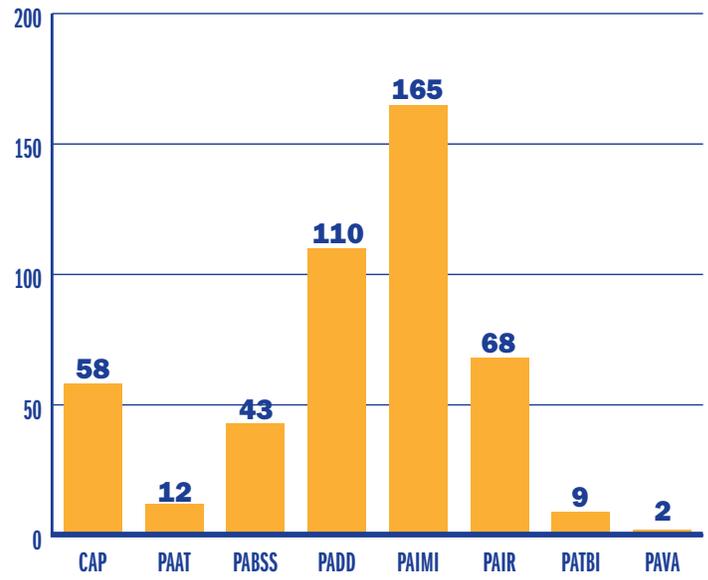
2012 Grant Funds Received



2,132 INDIVIDUALS RECEIVING INFORMATION AND REFERRAL



467 CLIENTS SERVED



Note: The total number of clients served is 467. However, some clients had cases opened in more than one program. The total by program is more than 549.

PROBLEM ISSUE AREAS OF INDIVIDUALS RECEIVING I&R

Abuse	121
Access to Records	3
Architectural Accessibility	12
Assistive Technology	1
Benefits Planning	3
Education	259
Employment	55
Employment Discrimination	13
Financial Entitlements	6
Government Benefits/Services	14
Guardianship/Conservatorship	2
Healthcare	144
Housing	68
Insurance	3
Neglect	81
Not Selected	203
Other	666
Privacy Rights	1
Recreation	1
Rehabilitation Services	143
Rights Violations	314
Transportation	8
Voting	11

PROBLEM ISSUE AREAS OF CLIENTS SERVED

Abuse	178
Architectural Accessibility	20
Assistive Technology	2
Education	42
Employment	1
Financial Entitlements	1
Government Benefits/Services	1
Healthcare	18
Housing	7
Neglect	105
Other	19
Program Access	6
Rehabilitation Services	103
Rights Violations	36
Transportation	3
Voting	7

IPAS Commission and Mental Illness Advisory Council

The Indiana Protection and Advocacy Services Commission (IPAS), our governing authority, has the responsibility to assure adequate legal and advocacy services for the protection, promotion and empowerment of the rights of individuals with disabilities throughout Indiana.

The IPAS Commission determines the annual IPAS priorities and objectives.

Federal law requires that the commission be composed of members who broadly represent or are knowledgeable about the needs of the individuals served by the protection and advocacy system.

Membership must include individuals with developmental disabilities who are eligible for, have received, or are receiving services; or parents, family members, guardians, advocates, or authorized representatives of such individuals. In addition, the chair of the IPAS Mental Illness Advisory Council (MIAC) is automatically a member of the IPAS Commission.

No more than one-third of the members of the commission may be appointed by the governor (42 USC 15044). The Commission appoints the remaining nine members. Members serve three-year terms and may not serve more than five consecutive terms.

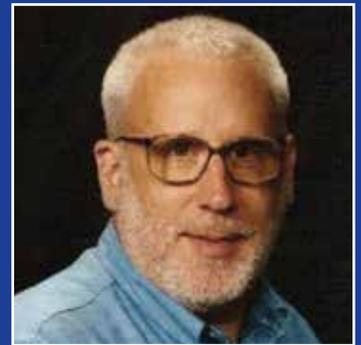
Serving on the IPAS Commission in an advisory, nonvoting capacity is one member of the Indiana Senate appointed by the President Pro Tempore of the Senate and one member of the Indiana House of Representatives appointed by the Speaker of the House of Representatives.

The MIAC advises the IPAS Commission concerning those policies and priorities that affect the rights of individuals with mental illness. The MIAC helps the IPAS Commission best meet the needs of people with mental illness eligible under the PAIMI Program.



"THE IPAS STAFF IS TRULY DEDICATED TO PROTECT AND PROMOTE THE RIGHTS OF INDIVIDUALS THROUGH EMPOWERMENT AND ADVOCACY, JUST AS ITS MISSION STATES. THE DETERMINATION OF EACH STAFF MEMBER IS OBVIOUS IN THE WORK THAT IS DONE. I AM PROUD TO BE A SMALL PART OF SUCH AN AGENCY."

- MARY ALTER, IPAS COMMISSION MEMBER.



"I CONSIDER IT A GREAT HONOR AND A PRIVILEGE TO HAVE THE OPPORTUNITY TO CONTINUE SUPPORTING IPAS AS A MEMBER OF THE IPAS COMMISSION. IT HAS BEEN A VERY REWARDING EXPERIENCE TO WORK WITH THE IPAS STAFF AND FELLOW COMMISSION MEMBERS WHO ALL SHARE A STRONG PASSION FOR PROMOTING AND PROTECTING THE RIGHTS OF OUR CITIZENS WITH DISABILITIES."

- DOUG GOEPPNER, IPAS COMMISSION CHAIRPERSON.



"IPAS CAN BE AN IMPORTANT AVENUE FOR INDIVIDUALS WITH DISABILITIES IN INDIANA. THE AGENCY MAY BE ABLE TO ASSIST CONSUMERS IN DISABILITY-RELATED ADVOCACY EFFORTS. IT WAS A PRIVILEGE TO SERVE AS A MEMBER OF BOTH THE MIAC AND THE COMMISSION. I BELIEVE OUR WORK CAN ULTIMATELY EFFECT POLICY CHANGE ON THE STATE AND NATIONAL LEVELS."

- RONDA AMES, MENTAL ILLNESS ADVISORY COUNCIL.

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IPAS MENTAL ILLNESS ADVISORY COUNCIL

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ADVOCACY SPECIALIST

Member Recruitment

IPAS is always looking for new Commission and Mental Illness Advisory Council (MIAC) members to help serve the needs of individuals with disabilities. Commission members must have a commitment to promoting the legal and civil rights of people with developmental disabilities, mental illness or other disabilities, and to the cause of protecting and promoting those individuals' rights to make their own choices.

The IPAS Commission consists of 13 members. The governor appoints four, and the remainder are placed by a majority vote of the membership. The MIAC members are appointed by the Commission. For more information, contact 800.622.4845 or TTY: 800.838.1131.



TO PROTECT AND
PROMOTE THE RIGHTS
OF INDIVIDUALS WITH
DISABILITIES, THROUGH
EMPOWERMENT AND
ADVOCACY



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