

AGENCY ANNUAL PROGRAM PERFORMANCE REPORT FOR PATBI

REPORTING PERIOD FROM October 1, 2012 TO September 30, 2013

STATE: Indiana

AGENCY NAME: Indiana Protection and Advocacy Services

DATE SUBMITTED: 11/26/2013

AGENCY INFORMATION

Agency Name: Indiana Protection and Advocacy Services

Address of Agency:

a. **Main Office:**

4701 N. Keystone Ave., Suite 222
Indianapolis, Indiana 46205

b. **Satellite Office(s) (if applicable):** N/A

c. **Contract Office(s) (if applicable):** N/A

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PART I: NON-CASE SERVICES

A. INFORMATION AND REFERRAL SERVICES (I&R)

1. Total Individuals Receiving I&R Services	45
2. Total Number of I&R requests during the Fiscal Year	51

B. TRAINING ACTIVITIES

1. Number of Trainings Presented by Staff	82
2. Number of Individuals Who Attended These Trainings	972

3. Describe at least two (2) trainings presented by the staff. Be sure to include information about the topics covered, the purpose of the training, and a description of the attendees.

1.) IPAS staff members were invited to attend and speak at the Bloomington/ Indiana University Brain Injury Support Group. Attendees included individuals who had sustained brain injuries, family members, and group facilitators who are also involved in brain injury research at the University. The purpose of the training was to educate and inform group members about IPAS PATBI program and explain the IPAS mission: To Protect and Promote the Rights of Individuals with Disabilities, through empowerment and Advocacy.

2.) IPAS trained Indiana Vocational Rehabilitation Services (VR) Counselors in fifteen offices throughout the State. Each VR office has designated and specially trained counselors to serve individuals with traumatic brain injury. The counselors were provided information about PATBI advocacy efforts and objectives.

4. Agency Outreach

Describe the agency's outreach efforts to previously unserved or underserved individuals including minority communities.

IPAS has seen an increase of nearly 30% of the number of people accessing the agency website for information about IPAS services. Unserved or underserved individuals with disabilities are assumed to be included in these numbers. IPAS has continued this year with outreach to unserved/underserved individuals residing or receiving services in state mental health hospitals, comprehensive mental health centers, intermediate care facilities, nursing homes, rehabilitation centers, hospitals, foster homes and independent living centers. Many of these facilities provide services to minority communities in large metropolitan areas.

The PATBI program priorities are to ensure full access to inclusive educational programs, financial entitlement programs (e.g., Medicaid and Social Security), healthcare, accessible housing, employment opportunities, and respond to allegations of abuse and neglect. The PATBI program opened fourteen service referral cases this year. Advocacy services assisted ten individuals in resolving or partially resolving their disability-related issues. Issues reported included problems in the area of housing, healthcare, abuse, neglect, and education.

C. INFORMATION DISSEMINATED TO THE PUBLIC

1. Radio and TV Appearances by Agency Staff	0
2. Newspaper/Magazine/Journal Articles Prepared by Agency Staff	0
3. PSAs/Videos Aired by the Agency	0

4. Website Hits	99,769
5. Publications/Booklets/Brochures Disseminated by the Agency	9,828

6. Other

Number	Description (use separate sheets if necessary)

7. External Media Coverage of Agency Activities

Radio/TV Coverage	Newspaper/ Magazines/Journal	PSAs/Videos	Publications/ Booklets/Brochures

PART II: CASE-SERVICES

A. INDIVIDUALS SERVED

1. Individuals	
a. Individuals Served Receiving Advocacy at Start of Fiscal Year (carryover from prior)	4
b. Additional Individuals Served During Fiscal Year (new for fiscal year)	7
c. Total Number of Individuals Served During Fiscal Year (a + b)	11
d. Total Number of Individuals with Cases that Were Closed During Fiscal Year	7
e. Total Individuals Still Being Served at the End of the Fiscal Year	4

2. Services	
a. Number of Cases/Service Requests Open at Start of Fiscal Year (carryover from prior)	4
b. Additional Cases/Service Requests Opened During Fiscal Year (new for fiscal year)	10
c. Total Number of Cases/Service Requests During Fiscal Year (a + b)	14
d. Total Number of Cases/Service Requests that Were Closed During Fiscal Year	10
e. Total Number of Cases/Service Requests Open at the End of the Fiscal Year	4

B. PROBLEM AREAS/COMPLAINTS OF INDIVIDUALS SERVED

Complaint	
1. Abuse (total)	1
a. Inappropriate Use of Restraint & Seclusion	0
b. Involuntary Treatment	0
c. Physical, Verbal, & Sexual Assault	1
d. Other	0
2. Access to Records	0
3. Advance Directives	0
4. Architectural Accessibility	0
5. Assistive Technology (total)	0
a. Augmentative Comm. Devices	0
b. Durable Medical Equipment	0
c. Vehicle Modification/Transportation	0
d. Other	0
6. Civil Commitment	0
7. Custody/Parental Rights	0
8. Education (total)	7
a. FAPE: IEP/IFSP Planning/Development/Implementation	4
b. FAPE: Discipline/Procedural Safeguards	2
c. FAPE: Eligibility	1
d. FAPE: Least Restrictive Environ.	0
e. FAPE: Multi-disciplinary Evaluation/Assessments	0
f. FAPE: Transition Services	0
g. Other	0

9. Employment Discrimination (total)	0
a. Benefits	0
b. Hiring/Termination	0
c. Reasonable Accommodations	0
d. Service Provider Issues	0
e. Supported Employment	0
f. Wage and Hour Issues	0
g. Other	0
10. Employment Preparation	0
11. Financial Benefits (total)	0
a. SSDI Work Incentives	0
b. SSI Eligibility	0
c. SSI Work Incentives	0
d. Social Security Benefits Cessation	0
e. Welfare Reform	0
f. Work Related Overpayments	0
g. Other Financial Entitlements	0
12. Forensic Commitment	0
13. Government Benefits/Services	0
14. Guardianship/Conservatorship	0
15. Healthcare (total)	2
a. General Healthcare	0
b. Medicaid	2
c. Medicare	0
d. Private Medical Insurance	0
e. Other	0
16. Housing (total)	2
a. Accommodations	0
b. Architectural Barriers	0
c. Landlord/Tenant	0
d. Modifications	0
e. Rental Denial/Termination	0
f. Sales/Contracts/Ownership	0
g. Subsidized Housing/Section 8	2
h. Zoning/Restrictive Covenants	0

i. Other	0
17. Immigration	0
18. Neglect (total)	2
a. Failure to Provide Necessary or Appropriate Medical Treatment	1
b. Failure to Provide Necessary or Appropriate Mental Health Treatment	0
c. Failure to Provide Necessary or Appropriate Personal Care & Safety	0
d. Other	1
19. Post-Secondary Education	0
20. Non-Medical Insurance	0
21. Privacy Rights	0
22. Rehabilitation Services (total)	1
a. Communications Problems (Individuals/Counselor)	0
b. Conflict About Services To Be Provided	1
c. Individual Requests Information	0
d. Non-Rehabilitation Act	0
e. Private Providers	0
f. Related to Application/Eligibility Process	0
g. Related to IWRP Development/Implementation	0
h. Related to Title I of ADA	0
i. Other Rehabilitation Act-related problems	0
23 Suspicious Death	0
24. Transportation (total)	0
a. Air Carrier	0
b. Paratransit	0
c. Public Transportation	0
d. Other	0
25. Unnecessary Institutionalization	0
26. Voting (total)	0
a. Accessible Polling Place / Equipment	0
b. Registration	0
c. Other	0
27. Other*	0

*For any cases listed under “27. Other,” describe the specific problem area or complaint and the number of cases covered under each problem area or complaint listed. Use separate sheets if necessary.

C. REASONS FOR CLOSING CASE FILES

1. Reason for Closing Case Files

Reason	
a. All Issues Resolved in Client's Favor	5
b. Some Issues Resolved in Client's Favor	3
c. Other Representation Obtained	0
d. Individual Withdrew Complaint	1
e. Services Not Needed Due to Death, Relocation, etc.	0
f. Individual Not Responsive to Agency	0
g. Case Lacked Legal Merit	1
h. Conflict of Interest	0
i. Agency Withdrew from Case	0
j. Lack of Resources	0
k. Not Within Priorities	0
l. Issue Not Resolved in Client's Favor	0
m. Other*	0
n. Total	10

*For any cases listed under "Other," describe the reason for closing the case and the number of cases covered under each reason listed. Use separate sheets if necessary.

D. HIGHEST INTERVENTION STRATEGY

Interventions	
1. Short Term Assistance	3
2. Systemic/Policy Activities	0
3. Investigation/Monitoring	6
4. Negotiation	0
5. Mediation/Alternative Dispute Resolution	1
6. Administrative Hearing	0
7. Legal Remedy/Litigation	0
8. Class Action Suits	0

PART III: STATISTICAL INFORMATION FOR INDIVIDUALS SERVED

A. AGE OF INDIVIDUALS SERVED

Age	
0 to 12	5
13 to 18	1
19 to 25	0
26 to 64	5
65 and over	0
Total	11

B. GENDER OF INDIVIDUALS SERVED

Male	9
Female	2
Total	11

C. RACE/ETHNICITY OF INDIVIDUALS SERVED

Race/Ethnicity	
1. American Indian/Alaskan Native	0
2. Arab American	0
3. Asian	1
4. Black/African American	1
5. Hispanic/ Latino	2
6. Native Hawaiian/Other Pacific Islander	0
7. White/Caucasian	7
8. Multiracial/Multiethnic	0
9. Race/Ethnicity Unknown	0
10. Other Than Above*	0
11. Total	11

***For any individuals listed under "Other Than Above," describe the race/ethnicity of the individual and the number of cases covered under each description listed. Use separate sheets if necessary.**

D. LIVING ARRANGEMENTS OF INDIVIDUALS SERVED

Arrangement	
1. Community Residential Home	2
2. Foster Care	0
3. Homeless/Shelter	0
4. Legal Detention/Jail/Prison	0
5. Nursing Facility	1
6. Parental/Guardian or Other Family Home	7
7. Independent	1
8. Private Institutional Setting	0
9. Public (State Operated) Institutional Setting	0
10. Public Housing	0
11. VA Hospital	0
12. Other*	0
13. Unknown/Not Provided	11

*For any cases listed under "Other," describe the living arrangement of the individual and the number of cases covered under each description listed.

E. GEOGRAPHIC LOCATION

Geographic Location	
1. Urban/Suburban	9
2. Rural	2
3. Total	11

PART IV: SYSTEMIC ACTIVITIES AND LITIGATION

A. SYSTEMIC ACTIVITIES

1. Number of Policies/Practices Changed as a Result of Non-Litigation Systemic Activities	2
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2. Describe the agency's systemic activities. Be sure to include information about the policies that were changed and how these changes benefit individuals with disabilities. If possible, estimate the number of individuals potentially impacted by such policy changes. Also include at least three case examples of how the agency's systemic activities impacted individuals served.

IPAS achieved systemic changes in cases involving individuals with traumatic brain injury experiencing problems in housing, and education. These changes may impact as many as 200 individuals. In one case, Indiana Protection and Advocacy Services advocated through informal resolution efforts and attendance of special education case conferencing to assure that a student with a brain injury was receiving a free and appropriate public education, with all appropriate services included in his individual education plan. The child had received an injury caused by a teacher's bracelet during a restraint. During these discussions with school personnel regarding the child's education plan and behavior strategies, the school agreed that school personnel in the classroom would be prohibited from wearing jewelry. This change will protect the other children receiving special services at this school.

In another case, a family member contacted IPAS about their loved one, who had a brain injury, being discharged from a nursing home without notice. An IPAS advocate established that the resident had been discharged without a physician's order as required by the State licensing entity and federal law. According to the regulations, nursing homes are allowed to discharge residents with advance notice given to family / guardian when the facility administration determines that other resident's safety is in jeopardy. In this case, the family was given no notice. They were told that their brother was a danger to others due to sexual acting out behaviors and were instructed to pick him up from the facility immediately. The family moved him to a different facility the next day. The Advocate monitored the situation as the licensing agent investigated. The Advocate then reviewed the corrective action plan that resulted and ensured that the facility had implemented the corrections. The nursing home made changes to their internal discharge policy so that they were in compliance with the rules that govern them. The family decided that his new placement, while further away, was meeting his needs.

B. LITIGATION/CLASS ACTIONS

1. Total Number of Non-Class Action Lawsuits Filed	0
a. Number of Non-Class Action Lawsuits Filed During Fiscal Year (new for fiscal year)	0
b. Number of Non-Class Action Lawsuits Filed at Start of Fiscal Year (carryover from prior fiscal year)	0

2. Total Number of Class Action Lawsuits Filed	0
a. Number of Class Action Lawsuits Filed During Fiscal Year (new for fiscal year)	0
b. Number of Class Action Lawsuits Filed at Start of Fiscal Year (carryover from prior fiscal year)	0

3. Describe the agency's litigation/class action activities. Explain how individuals with disabilities benefited from such litigation. If possible, estimate the number of individuals potentially impacted by changes resulting from the litigation. Be sure to include at least three case examples that demonstrate the impact of the agency's litigation.

PATBI Funding Note: Unlike the other IPAS federal grants, the PATBI funding source permits expenditures of this grant only during the twelve month grant period October 1 through September 30. In addition, the amount of the grant is quite small, for 2013 it was \$54,485. Therefore it is not possible to carry forward into the new grant year any substantial amount of prior year funds. Ordinarily, the inability of Congress to appropriate new grant funds in a timely manner has caused only inconvenient delays in the receipt of new grants each year. During those years, there was confidence that a new partial grant, under continuing resolution, would be received without so much delay as to cause cash flow problems with the state. During those years, PATBI operations continued into each new year pretty much in a "business as usual" fashion. This year, however, due to the increased uncertainty as to whether agreement could be reached in Washington, D.C., PATBI operations were restricted going into the new federal fiscal year to those activities to which we were previously obligated. This prevented us from leaving our clients in the lurch and also helped us avoid building up a problematic debt to the state's Auditor's Office, which pays the bills up front, pending reimbursement when federal funds are drawn. The bottom line to this is that PATBI activities have been pretty slow during the fourth quarter and going into the first quarter of FFY 2014.

C. MONITORING

Describe any monitoring conducted by the agency by providing the major areas of non-litigation-related monitoring activities and the groups likely to be affected. Address the major outcomes of the monitoring activities during the fiscal year. Be sure to include at least three case examples that demonstrate the impact of the agency's monitoring activities.

IPAS maintains a regular presence at five state operated facilities for people with mental illness. Included in this population are individuals who have experienced traumatic brain injury. IPAS also conducts regular monitoring activities at four intermediate care facilities serving individuals with disabilities including intellectual disabilities and brain injury. A third area of focus for monitoring activities includes long term care facilities. Many of these facilities house individuals who have sustained brain injuries as Indiana lacks any Medicaid-funded long term residential facilities.

IPAS monitors, investigates and attempts to remedy adverse conditions and rights violations in these facilities. Outcomes of PATBI monitoring activities this year included referring individuals to resources in their local communities including support groups, affordable housing, temporary shelters, and transportation. IPAS also assisted several children with TBI, residing in a long term care facility, in obtaining appropriately fitting wheelchairs after they had grown out of their previous ones.

Example: Scott is a person with a TBI. He is partially paralyzed and he can barely speak. Scott lives in Section 8 housing. He was informed by the housing director that his Section 8 housing voucher was being terminated. The housing authority accused Scott of lying about his disability on his application that he completed in 2012. Scott acquired a brain injury 1998 and was in a coma for 13 days. He stated that he continues to experience the effects of the TBI. Scott told IPAS that the evidence of his disability is apparent. He believed the housing authority wanted him to move out because they did not like him. IPAS agreed to assist Scott by opening a line of communication with the director of the housing unit. IPAS was able to assure that Scott's rights were not being violated and monitored the situation as a resolution was found.

Example: In June 2013, a large intermediate care facility, housing approximately sixty individuals with developmental disabilities and/or traumatic brain injury, was decertified due to it not being in compliance with State regulations. The management company running the facility chose to close rather than attempt to resolve the issues identified by the State Department of Health. Four IPAS Advocates monitored the eventual relocation of each individual at the facility that asked for assistance. IPAS assured that the State had a solid transition plan for these individuals and that the individuals understood their rights through this process. All residents were safely moved to a new facility and a new management company oversees their placement.

D. LITIGATION-RELATED MONITORING

Describe any monitoring conducted by the agency related to court orders or case settlements by providing the major areas of monitoring and the groups likely to be affected. Address the major outcomes of the litigation-related monitoring during the fiscal year. Be sure to include at least three case examples that demonstrate the impact of the agency's litigation-related monitoring.

N/A

E. FULL OR PRELIMINARY INVESTIGATIONS

Describe any full investigations conducted by the agency by providing the major areas of investigation and the groups likely to be affected. Address the major outcomes of the investigations during the fiscal year. Be sure to include at least three case examples that demonstrate the impact of the agency's investigations. Use separate sheets if necessary.

Ben is a person with a traumatic brain injury and quadriplegia. His mother contacted Indiana Protection and Advocacy Services about a denial of funding by Medicaid for a sit-to-stand wheelchair. Ben's mother had appealed the denial, and she was requesting advocacy/representation for an administrative hearing. The Protection and Advocacy for Traumatic Brain Injury (PATBI) Advocate determined through the fact finding process that the Medicaid denial for the specific durable medical equipment was due to an inadequate plan of care that was submitted by Ben's physical therapist (PT). The PT failed to submit a complete report with the appropriate values that would substantiate the need for this type of wheelchair. The PATBI advocate advised Ben's mother to withdraw the request for appeal until the PT had time to complete a thorough plan of care with the needed information. The PATBI advocate assisted Ben in obtaining the new evaluation by a PT. IPAS determined that the Medicaid determination was consistent with their policies when denying the wheelchair. However, IPAS assisted Ben in obtaining another, more thorough PT evaluation. Ben's mother then submitted a new request for a sit-to-stand wheelchair to Medicaid. Ben is awaiting Medicaid approval.

IPAS provided educational advocacy services on behalf of eight year old "Guy" whose mother/custodian reported was an identified Article 7 special education student and a child with a traumatic brain injury. Guy had an appropriate Individual Educational Plan (IEP) but the school was not adhering to it. The school's failure to follow the IEP had caused the child to be unnecessarily suspended from school for a day. The Advocate's task was to assist Guy's parent as necessary in assuring that the child was receiving a "free and appropriate public education" (FAPE) as defined under Indiana's Article 7 at 511 IAC 7-32-40 and required under Indiana Code 511 IAC 7-33-2. Fact-finding concluded that the child's IEP, while adequate, was lacking detail and definition in several places as to several concepts/terms which did breed confusion and unnecessary disagreement between the school staff and parent. It was learned that one of the

aggravating factors related to Guy's behavior episodes was the tightness of a harness/restraint into which he is placed while being transported on the school bus. The IPAS Advocate attended Guy's annual case conference (ACC). The IEP developed at this conference resulted in numerous additions, clarifications, better definitions, and improvements to the child's educational programming. Some of the major improvements achieved included, but were not limited to, updating Guy's Behavior Improvement Plan (BIP), a move to a less restrictive, more inclusive, placement within the school to attend classes and receive FAPE, an addition of defining terms and conditions related to his transportation services and safety during bus rides, and updating and amending the disciplinary procedures to be followed and utilized when he displays aggressive or self harming behaviors. Guy is now receiving appropriate services under this amended plan.

F. DEATH INVESTIGATIONS

1. Number of Formal Death Reports Received	0
2. Number of Informal/External Death Reports Received	0
3. Number of Death Investigations	0

4. Describe any death investigations conducted by the agency during the fiscal year and any subsequent activities resulting from these investigations. Also include the major outcomes of the death investigations. Use separate sheets if necessary.

PART V: PRIORITIES AND OBJECTIVES

A. CURRENT PRIORITIES AND OBJECTIVES

Use the format below to describe the program priorities and objectives toward which the prior fiscal year's activities were targeted.

Priority #1:

To reduce or eliminate abuse and neglect of individuals with traumatic brain injury

Description of Need, Issue, or Barrier Addressed:

Many individuals with traumatic brain injury are vulnerable citizens because of their disability. This priority is to ensure that any and all allegations or abuse, neglect or exploitation are reported to the responsible entity and to assure that the necessary actions are to protect the health, safety and welfare of the individual

Indicator(s):

Five allegations will be reviewed and findings made about the thoroughness of the investigations and the actions taken to prevent such harm from occurring again

Outcome: Met ___ Partially Met/Continuing ___ Not Met _xx_	
Total Number of Cases Handled - 3	

Illustrative Cases (at least one specific case description showing the success)

IPAS successfully advocated for a Josh. His mother contacted IPAS and stated that her son, who receives special education services because he is a child with a traumatic brain injury, had been hit by another student, pushed by school personnel, put in to seclusion in a small time out room, denied access to the restroom, and had been subjected to excessive force to supposedly keep the child and other students safe. He was suspended from school. IPAS was unable to substantiate the mother's claims but was successful in obtaining an appropriate education plan developed and facilitated the child's return to the classroom.

Priority #2:

IPAS will assure that individuals that have a traumatic brain injury have access to necessary and appropriate services.

Description of Need, Issue, or Barrier Addressed:

IPAS will address the issues of discrimination, denial of services under ADA Title II and III, violations of the Fair Housing Act, educational service reduction or placement change, and employment services on behalf of individuals with traumatic brain injury.

Indicator(s):

IPAS will review eight allegations or complaints involving the barriers/issues listed above.

Outcome: Met <u>xx</u> Partially Met/Continuing ___ Not Met ___	
Total Number of Cases Handled - 11	

Illustrative Cases (at least one specific case description showing the success)

The child's grandparents (guardians) contacted IPAS because their grandson was attending only half days of school, was often suspended, and was sent home early with his grandparents if he misbehaved. The child is diagnosed as having autism and a traumatic brain injury. The grandparents did not think the school was doing everything they could to intervene and redirect their grandson.

After a thorough fact finding, IPAS established that there was a need to offer representation to the family in order that the child receive a free and appropriate public education with supports in the least restrictive environment. This would be achieved by providing advocacy through the case conference committee process.

The Advocate monitored and reviewed as the school provided the child psychoeducational testing, made recommendations based on that testing, and implemented a new education plan per the results. The plan addressed the guardians concerns to their satisfaction and it complied with the state law governing special education services.

Priority #3:

IPAS will increase awareness about IPAS services and disability rights for individuals with traumatic brain injuries, their families and service providers.

Description of Need, Issue, or Barrier Addressed:

IPAS will conduct outreach activities to reach the Statewide TBI Support Group Network, will partner with the State's Brain Injury Association in planning and sponsoring an annual conference, and will participate on the Brain Injury Leadership board and other selected committees or task forces that have systemic implications concerning policies and practices affecting the disability rights issues of individuals with traumatic Brain injury.

Indicator(s):

IPAS will identify three Indiana Brain Injury Association support groups to receive training on the PATBI program.

Outcome: Met <u>xx</u> Partially Met/Continuing ___ Not Met ___	
Total Number of trainings Handled -3	

Illustrative Cases (at least one specific case description showing the success)

The support group at Indiana University is well attended as the University's medical school is very involved in brain injury research and refers many individuals to the group.

Priority #4:

IPAS will provide timely and accurate information about disability rights and technical assistance concerning the exercising of these rights to individuals with traumatic brain injuries and their families.

Description of Need, Issue, or Barrier Addressed:

IPAS will respond in a timely manner, via phone, electronic mail or correspondence, to requests for information and will refer individuals to appropriate services. IPAS will provide technical assistance to individuals with traumatic brain injury, their families, professionals, and service providers about disability rights and by providing information and assistance concerning the exercise of these rights.

Indicator(s):

Two Intake Advocates are available at the agency and will take calls made to the IPAS toll free number Monday-Friday, 8 a.m-4:30 p.m.

Outcome: Met <u>xx</u> Partially Met/Continuing ___ Not Met ___	
Total Number of Calls Handled - 51	

Illustrative Cases (at least one specific case description showing the success)

A caller contacted IPAS Intake because she was unable to reach her in-home service provider by phone. IPAS ensured that the caller had access to case management services by referring that caller to the case manager’s supervisor.

B. AGENCY ACCOMPLISHMENTS

Describe the most significant accomplishments of the agency during the fiscal year.

The Indiana PATBI program’s most significant accomplishment this year is its increased involvement with the Brain Injury Association of Indiana (BIAI) Leadership Board. BIAI Board Chairman announced that an IPAS Advocate had been appointed as a board member. BIAI also announced that there was a newly appointed Executive Director of the Association and IPAS met with her to discuss common priorities/objectives and future collaboration efforts. Also, Indiana's Health Resources and Services Administration (HRSA) TBI Implementation Partnership grant is in its fifth year and is funded through March 31, 2014. The Board oversees the implementation of this grant. In the upcoming year certification, recertification, and training will be developed for providers of Resource Facilitation. Resource Facilitation is a strategy for helping people with TBI to get back in to their community by assisting them in developing a network of supports and resources. Indiana Vocational Rehabilitation Services (VR) has agreed this year to sustain Resource Facilitator services via their own funding. This is a most significant step in keeping much needed community/employment services available to individuals with brain injuries. VR is also coordinating with BIAI and the Leadership Board to begin a certification process for counselors to be Resource Facilitators certified.

C. IMPLEMENTATION PROBLEMS

Describe any external or internal implementation problems for priorities marked “not met” or “partially met.”

Our top priority, to reduce or eliminate abuse and neglect of individuals with traumatic brain injury, was not met this year. IPAS is unable to identify any external or internal

implementation problems that could be linked to this priority not being met. Outreach will continue to be key in having positive outcomes in this area.

PART VI: AGENCY ADMINISTRATION

A. GRIEVANCES FILED

PATBI grievances filed against the agency during the fiscal year	0
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B. COLLABORATIVE EFFORTS

1. NETWORK COLLABORATION

Identify issues selected for network collaboration.

IPAS will continue to focus on the “transitioning” student as Indiana Department of Education continues to promote the local efforts to distribute vital information about transition via “Transition Fairs” and “Career Nights.”

2. ALL OTHER COLLABORATION

Describe any coordination with programs that are not part of the agency (e.g. state long-term care programs, etc.). Use separate sheets if necessary.

IPAS will continue its collaboration with the Indiana Brain Injury Association, remain involved in their Leadership Board and will continue to stay involved with Indiana Vocational Rehabilitation (VR) Services as partners in assisting and advocating for individuals with traumatic brain injury. Indiana VR has committed to review six important policy areas, all of which impact individuals with brain injury, and IPAS will have appointments to the work groups in this effort.

PART VII: END OF FORM

Signature

Date

Name (printed)

Title