

IMPACT

THE PROTECTION AND ADVOCACY SYSTEM FOR INDIANA
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REPORT TO THE COMMUNITY PRIORITIES AND OBJECTIVES FOR FISCAL YEAR 2014

October 1, 2013, through September 30, 2014



THE PROTECTION AND ADVOCACY SYSTEM FOR INDIANA
TO PROTECT AND PROMOTE THE RIGHTS OF INDIVIDUALS WITH DISABILITIES,
THROUGH EMPOWERMENT AND ADVOCACY
MEMBER NATIONAL DISABILITY RIGHTS NETWORK

TABLE OF CONTENTS

Letter from the Executive Director	2
Who is IPAS?.....	3
IPAS Program Descriptions.....	4
Abuse and Neglect.....	6
Equal Access and Other Rights.....	10
Special Education.....	14
Employment	16
Education and Training.....	20
Information and Referral.....	21
Administration.....	21
IPAS at a Glance.....	22
IPAS Commission and Mental Illness Advisory Council	24

Letter from the Executive Director

Continued reductions in funding for services for persons with disabilities and disagreements in our Nation's capitol during federal fiscal year 2013, ending Sept. 30, 2013, are making it more and more difficult for families and individuals with disabilities to secure the services they need to fully participate in their communities. Our slowly recovering economy is creating few jobs and many individuals with disabilities who want to work are unable to find good paying jobs. People with disabilities are encountering more barriers, and effective, legally based advocacy is vitally needed. IPAS wants to be there for individuals with disabilities and their families to help you protect and assert your rights. We want to be your protection and advocacy service.

In spite of the hard times IPAS has many successes to report which you will see in the pages of this report. For the year ending Sept. 30, 2013 IPAS represented 461 individuals concerning 513 disability rights matters. Of these, 216 cases were allegations of abuse or neglect, which today is still a problem faced by persons with disabilities. We continue to reach out to underserved communities and this year 25% of our clients were persons of color. We improved on last year's client satisfaction rating of 94% to 95% for clients who said they will call us again if they have another disability rights concern. This year 1986 callers received information and referral services. Of these, 98% surveyed said the information they received was helpful and 95% said they will call IPAS again.

Staff conducted 113 education and training events, informing and educating 37,512 persons about disability rights and IPAS services. Interested persons were provided 13,643 IPAS publications in addition to those viewed on the agency website. We continued to improve our website this year and began using Facebook and Twitter as outreach tools. This year the IPAS website recorded 57,615 visits, a 32% increase over last year. We hope this is an indicator that our constituents find the information contained on the website to be helpful.

This year IPAS filed a complaint with the US Department of Justice concerning the failure of Amtrak to bring their train stations into compliance with the accessibility requirements of the American's With Disabilities Act. We also filed a complaint with the US Department of Education's Office of Civil Rights concerning the State Department of Education's failure to fulfill their responsibility to assure that children with disabilities who seek to attend, or who attend private schools under the Choice Scholarship (voucher) Program, are free from discrimination on the basis of disability. Both these complaints are pending. We have continued to build our partnerships with our allies in the disability rights community and have many collaborative projects underway.

I want to thank and congratulate our Commission, our Mental Illness Advisory Council and most of all the dedicated staff for their hard work on behalf of persons with disabilities. We are working hard to be the protection and advocacy service for you, individuals with disabilities and their families. Thank you for giving us the opportunity to serve in this important mission.

Sincerely,



Gary Richter
Executive Director, IPAS

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.

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.

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.

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 intellectual and developmental disabilities. The Administration on Intellectual and Developmental Disabilities (AIDD), Administration for Community Living (ACL), 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 Intellectual and Developmental Disabilities, Administration for Community Living, 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 Intellectual and 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 toward to reduce abuse and neglect of individuals with disabilities during FY 2014:

- 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.
- 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 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 resulted 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 residing in facilities designated as a psychiatric residential treatment facility (PRTF).
- Review allegations of treatment rights violations of individuals with mental illness.
- 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.
- Conduct financial review and interviews of SSDI and/or SSI beneficiaries whose benefits are being managed by a Representative Payee for the purpose of ensuring that their living conditions are safe (when the Representative Payee is also providing housing) and that their needs are being met.

REPRESENTATIVE CASES:

Case 1: “John” and “Joe” are twin brothers receiving home health care and Developmental Disability Waiver services. Their guardian contacted Indiana Protection and Advocacy Services (IPAS) with an allegation of neglect as the men had both been hospitalized due to

dehydration and malnutrition. The guardian informed IPAS that she had made several complaints to the provider regarding the health care and treatment of John and Joe. IPAS reviewed the written incident reports and policies of the provider agencies and the responsible state agencies.

OUTCOME

IPAS concluded that all of the agencies involved in John and Joe’s care were neglectful, in that they failed to protect them from harm and failed to provide humane care. The Indiana State Department of Health launched an investigation and placed the home health agency on a corrective action plan (CAP) after receiving IPAS’ complaint.

The Bureau of Developmental Disabilities Services also placed the provider agency on a CAP as a result of their investigation. At IPAS’ recommendation, provider policies were updated to comply with state and federal law. The provider agency also made a number of staff changes as a result of this incident. At the conclusion of the investigation, IPAS and the Bureau of Quality Improvement Services began discussing ways that the agencies could better collaborate on future incidents such as this. John and Joe have since changed providers and are currently receiving appropriate care.

Case 2: “Ray” receives services through the Developmental Disabilities Waiver; he lives in a home with two housemates. Adult Protective Services (APS) contacted IPAS regarding an incident in which Ray was dropped off at a Burger King for “unsupervised time in the community” and his constant presence was making customers uncomfortable. Burger King’s staff contacted the police, who arrived, only to find that Ray did not have with him any personal identification or contact information for his service provider. Furthermore, he was unable to provide information as to where he lived.

Ray’s service provider was eventually identified and police went to the home to find staff. What police found was that the home was in a deplorable condition. Neighborhood Code Enforcement was notified and subsequently a “Condemned and Vacated” order was issued. A Bureau of Developmental Disability Services’ (BDDS’) incident report was filed regarding the police involvement, but did not include information pertaining to the “Condemned and Vacated” order. Incidentally, Ray’s guardian was unaware that he was being left unsupervised.

OUTCOME

IPAS noted the following outcomes: the allegation of neglect was substantiated; the service provider was notified of IPAS’ findings; the agency made revisions to the policy regarding emergency contact information; IPAS notified the Attorney General’s Medicaid Fraud Control Unit of possible fraud due to the practice of leaving Ray unsupervised in the community and the interdisciplinary team reviewed and updated Ray’s Individual Support Plan, behavior plan and risk plan to reflect the most appropriate and consistent information.

IPAS also found, during a visit to the home, that staff had placed pad locks on the outside of Ray and his roommates’ bedroom doors; IPAS reported this practice to the president of the agency. Ray has since moved to a new home.

ACLU of Indiana, Indiana Protection and Advocacy Services Win U.S. District Court Decision Regarding Inhumane Treatment of Prisoners

On 12/31/12, Judge Tanya Walton Pratt in the United States District Court for the Southern District of Indiana ruled in *IPAS v. Indiana Department of Correction (IDOC)*, that “The treatment of mentally ill prisoners housed in [Indiana Department of Correction] IDOC segregation units and the New Castle Psychiatric Unit, and the failure to provide adequate treatment for such prisoners, violates the Eighth Amendment’s proscription against the imposition of cruel and unusual punishment.”

Around 450 mentally ill prisoners are being held in isolation, but the ruling will affect hundreds, if not thousands of inmates across the state. Mentally ill prisoners placed in isolation and deprived of adequate medical treatment experience hallucinations, depression and other symptoms. Since 2007, at least 11 of these prisoners have committed suicide.

This confinement generally consists of requiring offenders to spend 23 hours a day or more in their cells, with very limited access to treatment, and often causes significant worsening of symptoms and illness – including hallucinations, paranoia, depression, self-harm, or even suicide—for persons with pre-existing mental health conditions.

The State has more than 1,600 segregation beds at 14 facilities, including the Indiana State Prison at Michigan City, the Indiana Women’s Prison in Indianapolis, and prisons at Branchville, Pendleton, Plainfield, Putnamville, Rockville, Wabash Valley and Westville. IDOC also possesses a specific psychiatric unit at the New Castle Correctional Facility. The Court found that this unit features prisoner isolation and infrequent treatment similar to that experienced in the Department’s segregation units.

In its decision, the Court noted that nearly 50 percent of inmate suicides occurring within the Department of Correction since 2007 were committed by mentally ill offenders in a segregated setting, and that the evidence “overwhelmingly show[ed] that decompensation [a worsening of symptoms and illness] is psychologically painful to a mentally ill prisoner.” The Court also found that the harmful effects of segregation on mentally ill offenders were known to the Department of Correction.

This decision followed a week-long trial that took place in July of 2011 in a case brought by the ACLU of Indiana on behalf of the Indiana Protection and Advocacy Services Commission and a class of inmates with serious mental illnesses.

The decision is entered in the United States District Court, Southern District of Indiana Indianapolis Division as Case No. 1:08-cv-01317-TWP-MJD.

OUTCOME: The litigation against the Indiana Department of Correction (IDOC) has continued into the remedy phase since the “Order” issued by Judge Tanya Walton-Pratt on December 31, 2012. The parties continued to communicate between themselves and with the Court as to the proposed remedies for this action, a significant portion of which is the Respondent’s on-going creation of a dedicated mental health facility at the Pendleton Correctional Facility. At the order of Judge Pratt, the Judge and parties toured the spaces being renovated at Pendleton to house these new units and service areas on September 4, 2013. All of the units to be used in the new mental health facility were observed, and it was apparent that significant progress is being made. The Respondents did also provide a presentation by a number of the IDOC staff that will be most involved with this unit and services. The presentation covered a broad variety of material, including staffing, training, and services. Plaintiffs continue to await the final IDOC policies that will govern the management of this unit, its staff and housed inmates. The Plaintiffs are also awaiting answers from Respondents as to several issues related primarily to the provision of mental health services at the Indiana Women’s Prison and the role of the New Castle Correctional Facility in this new system, and how the services at those facilities will reflect the need for change and be integrated into the new IDOC service delivery plan/model. The parties requested, and the Judge granted, a delay in the filing of the next status report while IDOC continues to create the new facility and implement services there. It is anticipated that the next status report will be filed in November or December of this year. IDOC has held steady to their belief that this new facility will be ready to open in January 2014.

Equal Access and Other Rights

Individuals with disabilities must have 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 FY 2014:

- Promote, preserve and maximize the rights of individuals with disabilities as the Affordable Care Act is implemented in Indiana.
 - Assist individuals with disabilities in obtaining assistive technology services and devices in the areas of education, health care, employment, community living and in the use of telecommunications.
 - 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 discrimination under the Americans with Disabilities Act, Fair Housing Act, or other disability discrimination law.
 - Strengthen policies and practices affecting the State's response to disability rights issues affecting individuals with developmental disabilities through attending at least 50% of the meetings of select committees, groups and task forces.
 - Assist or represent individuals with disabilities in the grievance procedure set forth in the Indiana Help America Vote Act (HAVA) plan.
 - Respond to requests from governmental entities regarding the physical accessibility of polling places.
 - Continue to represent prisoners with serious mental illness in class action lawsuit to diminish the use of segregation.
 - Review allegations of actual or proposed violations of the federal patient's bill of rights.
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- Participate on the Resident/Human Rights Committee meetings of the facilities operated by the Indiana Department of Mental Health and Addictions.
 - Participate on selected committees, groups or task forces that 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.
 - Represent individuals in their appeal of denied eligibility for Medicaid waiver services.

REPRESENTATIVE CASES:

Case 1: “John,” contacted IPAS after a voting experience at a Vigo County polling place. John, who utilizes a wheelchair, said the polling place was located in a firehouse. John reported that the entrance door was not wide enough for him to enter with his wheelchair, the threshold was not level, and the hallways were too narrow.

IPAS contacted the Americans with Disabilities Act (ADA) Coordinator for Vigo County and explained the problem John experienced while voting. At the request of IPAS, the ADA Coordinator completed an

ADA survey at the firehouse. It was determined that, due to improper signage on the day of the election, John entered the residential entrance to the firehouse instead of the public entrance. As a result, the entrance that John utilized was not an accessible entrance.

OUTCOME

As a result of IPAS advocacy, proper ADA signage was added to a Vigo County polling place and Vigo County residents will now know the location of the accessible entrance at this firehouse.

Case 2: “Joseph,” is a member of an American Legion Post who utilizes a service dog. Joseph contacted IPAS after the Post Commander informed him that he could no longer bring his service animal into the building.

IPAS contacted the Post Commander and educated him on the requirements of the Americans with Disabilities Act (ADA) regarding service animals. The Post Commander believed that the American Legion had no obligation to comply with the ADA as it was a private club. IPAS informed him that the American Legion Post did not meet the definition of “private club” under the ADA.

After several discussions about the ADA requirements, the Post Commander agreed that Joseph was permitted to bring the service animal into the building.

OUTCOME

As a result of IPAS advocacy, Joseph’s rights under the ADA were properly observed. As a result, he was able to experience full and equal enjoyment of the American Legion Post.

Case 3: “Grace” is a resident at a long-term care facility. Grace’s mother/guardian asked for IPAS’s assistance because Grace had not received adequate assistive technology, specifically, a specialized wheelchair from the facility. IPAS reviewed an assessment which stated Grace needed a new wheelchair due to her multiple health conditions. Riley Children’s Hospital had recommended a new wheelchair many months before, but Medicaid had

denied funding for some of the seating system. IPAS successfully negotiated an agreement with the long-term care facility to pay for its portion of the new seating system.

OUTCOME

As a result of IPAS advocacy, Grace now has a wheelchair that meets her specific medical needs and allows her access to school and community services.



Case 4: “Jennifer,” and her mother contacted IPAS about accessibility concerns they had at Jennifer’s high school. Jennifer utilizes a wheelchair and could not access parts of the school, including some of the restrooms. IPAS surveyed the building and found inaccessible features in the restrooms, cafeteria, and parking lot. IPAS informed the school principal and school district superintendent about these findings and requested a plan of correction.

OUTCOME

As a result of IPAS advocacy, Jennifer’s high school made the requested changes in accordance with the Americans with Disabilities Act and Jennifer can now visit all areas of her high school.

Indiana Protection and Advocacy Services Commission Filed a Complaint Against Amtrak with the United States Department of Justice

Indiana Protection and Advocacy Services Commission (IPAS) filed a complaint against Amtrak with the United States Department of Justice (USDOJ). IPAS, in coordination with the National Disability Rights Network (NDRN) and 24 other protection and advocacy systems around the nation, set out to survey Amtrak train stations for accessibility compliance. After the passage of the Americans with Disabilities Act (ADA) in 1990, Amtrak was given 20 years to come into compliance with the ADA because it was logical that the time and resources required to update the system were extensive.

Twenty-three years later, NDRN's national review found that 95 percent of surveyed stations had barriers to accessibility, in violation of the ADA. IPAS surveyed all 11 stations in Indiana, located in Connersville, Crawfordsville, Dyer, Elkhart, Hammond, Indianapolis, Lafayette, Michigan City, Rensselaer, South Bend, and Waterloo. IPAS found accessibility concerns at every station.

"If you are a person with a disability who wishes to travel on Amtrak, the message is pretty clear: you are not welcome here," said Curt Decker, NDRN's executive director.

The barriers found during the reviews stairways with no ramp or elevator alternative, restrooms that were too narrow for people using mobility devices to access, ticket counters that were too high for people using wheelchairs to reach, parking lots with poorly marked, disintegrating or inequitable accessible spaces and platforms that were not level with the trains.

OUTCOME: Following the nationwide project, NDRN released a report called "All Aboard (Except People with Disabilities)." It contains a full review of Amtrak's non-compliance with the ADA, state-by-state findings of the reviews and recommendations for Amtrak, Congress and the Administration.

As a result of the Indiana findings, IPAS filed a disability discrimination complaint against Amtrak with the USDOJ, the federal agency responsible for enforcement of the ADA. IPAS requested that the USDOJ fully investigate the compliance issues and ensure that Amtrak make the necessary changes to stations in Indiana to become fully accessible to individuals with disabilities.



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 a change of placement through suspension or expulsion.
- Review allegations on behalf of students where the school is not providing appropriate educational services.
- Develop and disseminate transition materials to all transition aged students, aged 14 years through 22 years, in three Indiana school districts.

REPRESENTATIVE CASES:

Case 1: IPAS provided educational advocacy services on behalf of seven year old “Evan”, whose family was requesting that their son stay on a diploma track, stay in the same school as he was currently attending and receive the educational supports he needed within that environment.

Evan’s mother/guardian alleged that her son, a first grader with autism and learning disabilities, was not

receiving appropriate services and that her son’s school wished to place Evan on a certificate track rather than a diploma track so that he could attend a magnet school. IPAS provided advocacy services at a case conference where it was agreed that Evan would be on a diploma track with requested accommodations and supports.

OUTCOME

A systemic change also occurred when the assigned advocate in Evan’s case discovered an office supply storage closet was being used as a seclusion room. When the advocate informed the district’s special education director of the inappropriate use of the room, the director assured the IPAS advocate that this room would not be used as a seclusion room again and that he would be visiting all the other schools in this school district to make sure that other rooms such as this were not being used for the same purpose.

Case 2: IPAS provided educational advocacy services on behalf of an eight year old boy named “Guy”. His mother/custodian reported that her son was a special education student and a child with a traumatic brain injury.

Guy had an appropriate Individual Educational Plan (IEP) but the school was not fully implementing the plan’s services. Guy’s mother felt that the school’s failure to follow the IEP had caused her child to be unnecessarily suspended from school for a day due to his behaviors.

The IPAS 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 and required under Indiana’s Article 7 of the Indiana Administrative Code.

IPAS fact-finding concluded that the child’s IEP, while adequate, was lacking detail and definition as to several concepts/terms which did breed confusion and unnecessary disagreement between the school staff and the parent. It was learned that one of the aggravating factors related to Guy’s behavior episodes was the tightness of the harness into which he is strapped while being transported on the school bus.

OUTCOME

The IPAS Advocate attended a school case conference with the parent. The IEP was reviewed and amended at the conference. Numerous additions, clarifications, better definitions, and improvements were made to the child’s educational programming. Some of the major improvements achieved included updating Guy’s Behavior Improvement Plan (BIP); moving Guy to a less restrictive and more inclusive placement within the school; 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 has behavioral issues.

Because of IPAS involvement, Guy now has an Individual Education Plan that meets his needs and affords him his right to a free and appropriate 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 FY 2014:

- Review complaints on behalf of individuals seeking employment services regarding Vocational Rehabilitation Services (VRS) or Center for Independent Living (CIL) eligibility determination.
- Review complaints regarding failure of VRS and CIL in providing choice to individuals seeking services under these programs.
- Review the quality and completeness of Individual Plan for Employment documents developed by VRS as they relate to the individual's identified vocational services and supports as well as choice(s).
- Review the quality and completeness of Plan of Services documents developed by the CILs as they relate to the individual's identified services and supports as well as choice(s).
- Participate on selected committees, groups or task forces that have systemic implications concerning policies and practices to assure compliance with the Rehabilitation Act of 1973 as amended.
- Respond to requests for information and referral and technical assistance to individuals with disabilities, their families, and professionals about regarding VRS and CIL.
- Review complaints of improper or inadequate services provided to a beneficiary by a service provider, employer or other entity involved in the beneficiary's return to work effort.
- Respond to requests for information and referral and technical assistance to Social Security beneficiaries about work incentives and employment, including information on the types of services and assistance that may be available to assist them in securing or regaining gainful employment.

REPRESENTATIVE CASES:

Case 1: “Calvin” contacted Indiana Protection and Advocacy Services (IPAS) in May 2012 for assistance with an appeal of denial of services by Vocational Rehabilitation Services (VRS). Calvin stated that VRS had refused to provide him with a tutor and a reading pen for his cosmology training. IPAS learned that VRS had not obtained a professional assessment of Calvin’s educational needs, per VRS policy.

OUTCOME

After IPAS became involved, VRS agreed to arrange for Calvin to have an assistive technology assessment. VRS also reversed its decision about the tutoring services and authorized for that service. Calvin agreed to withdraw his appeal because his concerns were being addressed by VRS.

Case 2: “Rita” contacted IPAS in November 2012 because Vocational Rehabilitation Services (VRS) said she was ineligible for services. Rita is a person who is hard of hearing and was hoping that VRS could assist her with the cost of replacement hearing aids. Fact-finding revealed that VRS had wrongly determined that Rita’s hearing impairment was not an impediment to her employment as a teacher. IPAS presented employment documentation that convinced VRS that they had failed to properly assess the client’s employment circumstances and needs.

OUTCOME

IPAS negotiated a resolution with VRS to provide the replacement hearing aids so that Rita could maintain her current employment.



Case 3: “Joshua” contacted IPAS because Indiana Vocational Rehabilitation Services (VRS) had found him ineligible for services. He had applied for services because his hearing loss was affecting his ability to do his job and he felt that he needed hearing aids. IPAS fact-finding revealed that VRS had overlooked medical and background information about Joshua’s condition called tinnitus. In combination with his hearing loss this condition made it difficult for Joshua to hear and communicate at work. IPAS attempted informal resolution with VRS and then provided assistance through the mediation process, which was unsuccessful. IPAS agreed to represent Joshua through the formal appeal process.

OUTCOME

Joshua’s case proceeded to an administrative hearing and the VRS ineligibility determination was not affirmed. The Independent Hearing Officer ordered VRS to reassess Joshua’s hearing loss. VRS re-evaluated Joshua and found him eligible for services. Joshua and VRS developed an Individual Plan for Employment. Joshua now wears hearing aids and is able to hear and communicate on the job.





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 FY 2014.

- Provide education and training about disability rights, self-advocacy skills and IPAS to individuals with disabilities, parents, guardians, families, advocates, and/or service program providers.
- Develop and disseminate information regarding disability rights.
- Support education and training efforts of self advocacy/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 and 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.
- Provide in-service training to IPAS staff regarding voting issues, including education regarding accessible voting equipment and systems.
- Respond to education, training and assistance requests to individuals with disabilities that will promote their participation in the electoral process.
- Respond to request for information or training material regarding Help America Vote Act.
- 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

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, 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 FY 2014.

- 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.
- Publish and disseminate an annual IMPACT and invite readers to submit comments.
- Gather input as to critical disability rights barriers.

IPAS at a Glance

BY THE NUMBERS

By the Numbers

Total requests for information and referral	2,132
Total individuals served*	461
Total service requests	513
Total number of people reached at speaking engagements	36,540

Website visits	62,579
Percent change in website visits from 2012	+ 43%

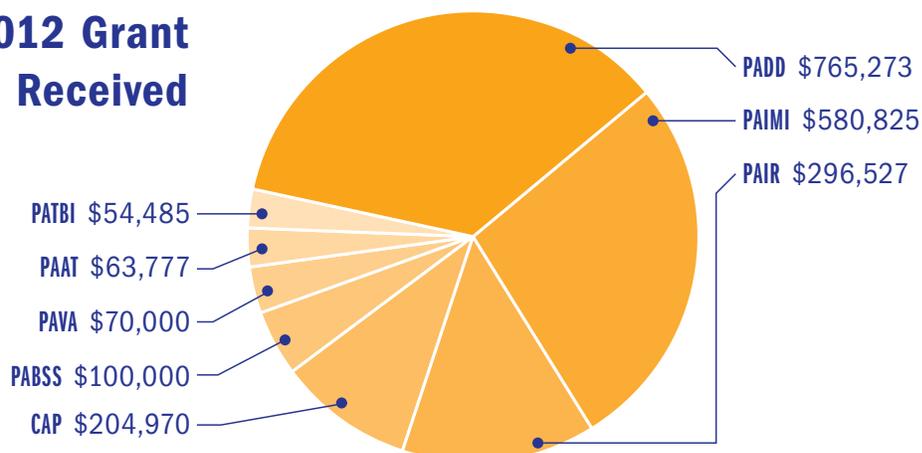
* The total number of clients served is 461. However, some clients had cases opened in more than one program.

Demographics for 2013

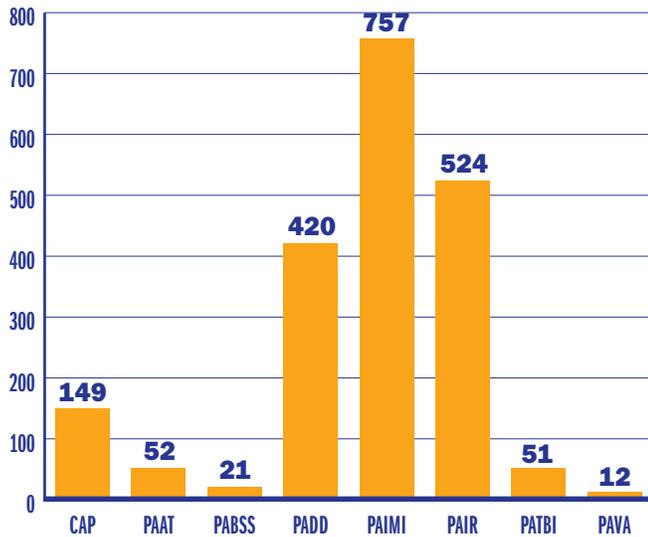
Gender	
Female	173
Male	288
Ethnicity	
American Indian	1
Black	84
Multiracial	3
White	363
Cultural	
Non-Hispanic/Latino	451
Hispanic/Latino	5
Disability <small>*Client may have multiple disabilities</small>	
ADD/ADHD	5
AIDS/HIV	2
Autism	44
Blindness (both eyes)	8
Cerebral Palsy	16

Deafness	14
Diabetes	3
Epilepsy	1
Hard of Hearing (Not Deaf)	11
Heart and Other Circulatory Conditions	6
Mental Illness	153
Mental Retardation	95
Multiple Sclerosis	2
Muscular Dystrophy	1
Muscular/Skeletal Impairment	1
Neurological Disorders/Impairment	15
Orthopedic/Physical Impairments	52
Other	3
Specific Learning Disabilities (SLD)	17
Traumatic Brain Injuries (TBI)	11
Visual Impairment (Not Blind)	7

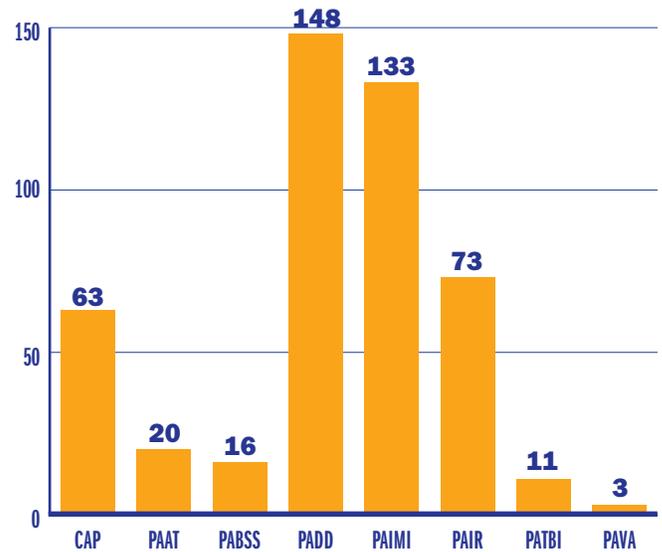
2012 Grant Funds Received



1,986 INDIVIDUALS RECEIVING INFORMATION AND REFERRAL



461 CLIENTS SERVED



Note: The total number of clients served is 461. However, some clients had cases opened in more than one program. The total by program is more than 513.

PROBLEM ISSUE AREAS OF INDIVIDUALS RECEIVING I&R

Abuse	131
Architectural Accessibility	13
Assistive Technology	1
Benefits Planning	1
Custody/Parental Rights	1
Education	186
Employment	40
Employment Discrimination	12
Financial Benefits	2
Financial Entitlements	2
Government Benefits/Services	17
Guardianship/Conservatorship	2
Healthcare	124
Housing	92
Insurance	1
Neglect	76
Other	893
Privacy Rights	2
Program Access	1
Recreation	2
Rehabilitation Services	85
Rights Violations	289
Transportation	7
Voting	6

PROBLEM ISSUE AREAS OF CLIENTS SERVED

Abuse	135
Architectural Accessibility	17
Assistive Technology	2
Childcare	1
Education	90
Employment	5
Financial Entitlements	1
Healthcare	32
Housing	7
Insurance	1
Neglect	81
Other	22
Program Access	3
Rehabilitation Services	83
Rights Violations	26
Transportation	2
Voting	5

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.



"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,
PAST CHAIRMAN

COMMISSION MEMBERS

DOUGLAS GOEPPNER

CHAIRPERSON
DUBOIS CO.

MELANIE MOTSINGER

VICE CHAIRMAN
ALLEN COUNTY

JUSTIN OGDEN

SECRETARY
MARION COUNTY

ELVA FARRELL

HAMILTON COUNTY

MARCI HAW

MARION COUNTY

KYLE LLOYD

GRANT COUNTY

KATHY OSBORN

MARION COUNTY

WILLIAM RIGGS, PH.D

HANCOCK COUNTY

NANCY SLATER

HAMILTON COUNTY

ADVISORY MEMBERS

JEAN LEISING

SENATOR
FRANKLIN/RUSH/SHELBY/HENRY CO.

DALE DEVON

REPRESENTATIVE
ST. JOSEPH COUNTY, MISHAWAKA

IPAS MENTAL ILLNESS ADVISORY COUNCIL

NANCY SLATER

CHAIRPERSON
HAMILTON COUNTY

SANDRA CURRIE

VICE CHAIRPERSON
MARION COUNTY

RONDA AMES

MARION COUNTY

LEISA BARBER

SPENCER COUNTY

VICKI COPELAND

HAMILTON COUNTY

AL EDYVEAN

HENDRICKS COUNTY

PAM KISER

TIPPECANOE COUNTY

JOAN NELSON

TIPPECANOE COUNTY

LYNDA SNIDER

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DEBRA SWITZER

VANDERBURGH COUNTY
EXECUTIVE STAFF

EXECUTIVE STAFF

GARY RICHTER

EXECUTIVE DIRECTOR

DAVID SMITH

INTERIM LEGAL DIRECTOR
ATTORNEY

DAVID BOES

SUPPORT SERVICES DIRECTOR/
PAIMI PROGRAM COORDINATOR

SUPPORT SERVICES

ANTHONY LIGGINS

DATA ENTRY CLERK

KAREN PEDEVILLA

EDUCATION & TRAINING DIRECTOR

SONDRA POE

ADMINISTRATIVE SECRETARY

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ACCOUNTANT

JUDITH I. WADE

ACCOUNTANT

CLIENT AND LEGAL SERVICES

THOMAS CRISHON

ATTORNEY/PAIR PROGRAM COORDINATOR

KEITH BUTLER

ATTORNEY/PAAT/PAVA PROGRAM
COORDINATOR

AMY J. PENROD

ASSISTANT DIRECTOR OF CLIENT SERVICES/
PADD PROGRAM COORDINATOR

CATHY WINGARD

ASSISTANT DIRECTOR OF CLIENT SERVICES/
CAP, PATBI & PABBS PROGRAM COORDINATOR

MARY ALTER

ADVOCACY SPECIALIST

BONNIE BOMER

ADVOCACY SPECIALIST

DEBBIE DULLA

ADVOCACY SPECIALIST

CANDACE FEGLEY

ADVOCACY SPECIALIST

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NATASHA HENRY

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TONYA PATTERSON

ADVOCACY SPECIALIST

SHARI STITES

ADVOCACY SPECIALIST

BONITA VAN DE GRIFT

ADVOCACY SPECIALIST

DANIEL WARD

ADVOCACY SPECIALIST

MICHELE WIND

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



THE PROTECTION AND ADVOCACY SYSTEM FOR INDIANA | MEMBER NATIONAL DISABILITY RIGHTS NETWORK

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These contents are solely the responsibility of the grantee and do not necessarily represent the official views of state or federal government.

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FOR MORE INFORMATION

4701 N KEYSTONE AVE #222, INDIANAPOLIS IN 46205

PHONE 317.722.5555 • STATEWIDE TOLL-FREE 800.622.4845

TTY 800.838.1131 OR 317.722.5563 • FAX 317.722.5564

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