

IMPACT

THE PROTECTION AND ADVOCACY SYSTEM FOR INDIANA
FALL 2010 • VOLUME 39

REPORT TO THE COMMUNITY PRIORITIES AND OBJECTIVES FOR FISCAL YEAR 2011

October 1, 2010 through September 30, 2011



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

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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 will allow.

To see that the human, legal and civil rights of people with disabilities are affirmed, Congress established protection and advocacy (P&A) systems in each state. Indiana Protection and Advocacy Services provides advocacy for Indiana citizens. IPAS proudly serves people with disabilities, helping them exercise their right to appropriate treatment, 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;
- Denied the right to make their own choices as they prepare for employment through Vocational Rehabilitation or Ticket to Work 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;
- 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 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 have 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 towards the elimination of abuse and neglect of individuals with disabilities.

Following are objectives that IPAS staff will work towards completion to reduce abuse and neglect of individuals with disabilities:

- Allegations are reviewed or ongoing investigations monitored to ensure that the allegation is reported to the responsible entities and those necessary actions are taken to protect the health, safety and welfare of individuals with disabilities.
 - Review allegations of abuse and neglect on behalf of individuals with disabilities, including developmental disabilities, mental illness or traumatic brain injuries, residing in:
 - Intermediate Care Facilities (ICF-MR),
 - Indiana Department of Mental Health and Addictions operated mental health facilities,
 - Comprehensive Mental Health Centers, and
 - Facilities funded by the Division of Children's Services.
- Or those individuals that are
- Receiving Medicaid waiver services, or
 - Individuals incarcerated in the Indiana Department of Correction prisons, county jails or juvenile detention facilities.
- Represent individuals in their appeal of reduced Developmental Disability or Aged and Disabled 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 complaints on behalf of individuals with traumatic brain injury and take appropriate action to assure that state-supported residential services (TBI waiver) provided through the Division of Disability, Aging, and Rehabilitation Services are provided in the least restrictive environment.
- Investigate allegations of inappropriate use of seclusion/restraints on behalf of individuals residing in a treatment facility.
- Review selected incidents of serious occurrences, e.g. physical injury, of individuals residing in facilities designated as a psychiatric residential treatment facility (PRTF).
- Represent individuals with a mental illness residing in the community and/or treatment facility to ensure that complaints about medication or treatment are communicated and fully addressed by the appropriate entity.
- Monitor internal grievance complaints of individuals residing in state operated facilities to ensure that complaints are addressed according to written policy and procedure.
- Monitor selected death investigations to document that an investigation was initiated and completed by the responsible state entity, including individuals who resided in Indiana Department of Mental Health and Addictions operated mental health facilities.
- Advocate for the adoption and implementation of rules by the Department of Education and/or each individual school system concerning the application and staff training regarding minimal standards that guide the use of restraint and/or seclusion.

Representative Cases:

Case 1: “David” contacted IPAS during the summer of 2009, alleging that his shoulder was injured during a takedown by state hospital staff. After some time, IPAS was able to obtain David’s records to review charted information pertaining to David’s behavioral incident and injury.

A review of the records confirmed that David’s shoulder was injured during a takedown. According to written documentation and verbal recount by David’s guardian, David had not responded to either verbal redirection or gentle touch escort from staff. The takedown followed an escalation of David’s behavior. David’s shoulder was injured as his shoulder hit a chair during the physical intervention. Staff appeared to have become aware of the injury to David’s shoulder right away and medical attention was sought nearly immediately. The injury required surgery.

IPAS determined that Logansport State Hospital (LSH) staff had investigated the incident. IPAS found that LSH had no definitive policy regarding staff review and/or response to incidents that result in significant patient injury. Therefore, no internal standard or policy existed to hold LSH staff accountable to concerning an investigation. The State Board of Health identified the same concerns regarding the lack of accountability and standards applicable to the internal investigation.

Outcome

A definitive policy addressing incidents resulting in significant client injury has since been developed, approved by the Division of Mental Health and Addiction (DMHA) and implemented hospital wide. As a result, it appears that all appropriate changes in procedure have been identified and implemented.

Case 2: “Ruth” lives in a supported living apartment. Her friend called IPAS to report that Ruth’s provider did not administer Ruth’s Clozaril/Clozapine for a period of at least seven days. She further stated that Ruth’s psychological condition deteriorated to the point where she was almost in a catatonic state when she made a social visit to the home, Ruth was taken to the hospital that same day.

Outcome

The Bureau of Quality Improvement Services (BQIS) investigated the incident, substantiated provider abuse and filed a complaint with the Attorney General’s office regarding the two nurses who were in charge of monitoring Ruth’s care. With assistance from IPAS, a new protocol was established for individuals receiving Clozaril/Clozapine and staff was retrained.

At the time of case closure, Ruth had made a marked recovery. The Attorney General’s office had made no determination whether to seek any kind of punitive action against the nurses who failed to follow reasonable protocols regarding Ruth’s medication.

Equal Access and Other Rights

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

Following are objectives that IPAS staff will work to complete in order to increase access to individuals with disabilities:

- Review allegations of individual or systemic discrimination where services have been denied under the ADA (Titles 2 and 3) or Fair Housing.
- 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.
- Assist or represent individuals with disabilities in the grievance procedure set forth in the Indiana Help America Vote Act plan.
- Ensure that each WorkOne Center has an assigned ADA coordinator, an updated survey and plan that addresses any compliance issues noted in the survey.
- Participate as nonvoting members of 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 State's response to disability rights for individuals with disabilities.
- Provide advocacy services for individuals who have allegedly been subjected to disability-based discrimination when it is deemed that the case or situation may have systemic implications.



Representative Cases:

Case 1: “Jay,” an individual with mobility impairments that required the use of a wheelchair, contacted IPAS about the lack of physical accessibility at Martin University. Specifically, Jay reported that the entry doors and the rest room doors to the administration building lacked automatic openers, making these doors very difficult for persons with disabilities to access. The classroom building behind the administration building also presented obstacles to access due to the lack of automatic openers for the entrance doors and a lack of a chair lift or elevator.

Outcome

Through IPAS’ intervention, the university made significant changes to improve accessibility to both the administration building and a classroom area in another building. Modifications included installation of automatic door openers at entrances to administration building and restrooms within the administration building. The chair lift and entrance to the classroom building were also improved, which allowed an individual with mobility issues to ascend to all floors. All issues identified in the complaint were resolved.

Case 2: A client contacted IPAS requesting assistance with an appeal of a denial by VRS to provide him with requested hearing aids. The client had a small business that provides asphalt and concrete repair, striping of road surfaces, snow removal and lawn care. The client alleged that he needed hearing aids to continue to complete activities with his business, including making calls and answering his phone as well as being able to hear when traffic or equipment were a hazard to him during road and street work.

Outcome

IPAS staff determined that VRS had not followed Policy and Procedure Manual (PPM) Chapter 421 in that the VRS counselor did not review the functions of the client’s job and how they related to his need for hearing aids. VRS also failed to consider the secondary condition of tinnitus as required per PPM Chapter 421. The Advocate represented the client at an administrative hearing and prevailed with the hearing officer ordering VRS to find the client eligible and provide him with all needed services, including hearing aids. The Advocate monitored the IPE process to assure that VRS provided the hearing aids.

Case 3: “Don” had experienced a spinal cord injury due to a gunshot injury in 1997. He had utilized a specialized wheelchair since the injury occurred. He entered a state correctional facility in early 2008 and his specialized wheelchair broke and became nonfunctional. The facility replaced Don’s specialty wheelchair with a generic transport-style wheelchair. This wheelchair was not comfortable and he was unable to independently transfer to and from it.

Don contacted IPAS when the correctional facility refused to provide him with a wheelchair specialized for his use. The assigned advocate determined that the facility had failed to follow policies by failing to provide him with necessary health care services, in that a Disability Needs Assessment was not completed to identify his specific supports and needs in relationship to his disability. Further, the facility failed to provide him with an assistive technology evaluation to determine the specific type of wheelchair that would meet his needs.

Outcome

IPAS staff was able to convince the facility to complete both the disability and assistive technology evaluations resulting in specific recommendations that would meet Don’s needs. Don did receive a specialized wheelchair.



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 that IPAS staff will pursue in order to increase the number of special education students who receive a free and appropriate public education:

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- Review allegations on behalf of students where the school, due to a proposed or instituted change of educational placement or suspension or expulsion, has or will reduce educational services and advocate for the restoration of services provided in the least restrictive environment.
 - Develop and disseminate transition materials to transition-aged students, aged 14 years through 22 years, in Indiana school districts.

Representative Cases:

Case 1: IPAS was contacted by a mother on behalf of her son, a 10 year old with the diagnoses of ADHD, LD, ODD and intermittent explosive disorder. She had been referred to IPAS by her advocate from IN*Source. Her concern was that his educational day had been reduced to a two-hour day, from the typical five-hour day. The child's reported offense: sleeping at school.

Outcome

IPAS suggested the parent request a Case Conference to challenge her son's Individual Education Plan (IEP) that was currently in place. The parent received guidance about how to advocate for a Case Conference and was educated about her son's rights. Additionally she was advised to inform the school as to her wish to have IPAS in attendance.

The day following the parent's contact with the school (as directed by IPAS) she called and informed IPAS that the school had reversed their position and her son was allowed to return to the school for full days. At this time, the parent withdrew the request for IPAS services, thus ending IPAS involvement. At case closure, the child was again reportedly attending full days without any further incidents being reported.

Case 1: IPAS received a call from "Jimmy's" mother "Pat" to report that her son had been suspended from his middle school. She was told there would be a manifestation determination review (MDR) to determine either alternative placement or expulsion. Pat did not want her son in the alternative school as she believed that behavioral issues would increase as he tended to be a follower and would copy the negative behaviors of other students.

Outcome

IPAS attended the MDR, and was able to present valid reasons for Jimmy's continued placement at his middle school. IPAS recommended to the school that the present behavioral plan be updated for Jimmy to be successful.

IPAS' intervention resulted in the school adding goals, objectives, accommodations and modifications to Jimmy's Individualized Education Plan. He continued to attend the middle school without any interruption in educational services. Jimmy is no longer facing suspension, and still attends a full day of school.





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 that IPAS staff will employ in order to increase the opportunity for individuals with disabilities to attain full employment:

- Assure that eligible individuals receive appropriate service provided through Vocational Rehabilitation Services (VRS) and Centers for Independent Living (CIL).
- Assure that Vocational Rehabilitation Services and Centers for Independent Living applicants and clients have the opportunity to make informed choices and fully participate throughout the process.
- Provide assistance and individual representation to Social Security beneficiaries who are seeking Vocational Rehabilitation Services, employment services and other support services from employment networks.
- Provide consultation to and legal representation on behalf of Social Security beneficiaries when such services become necessary to protect the rights of such beneficiaries.
- Identify and correct deficiencies in employment networks providing vocational rehabilitation services, employment services and other support services to beneficiaries with disabilities.

Representative Cases:

Case 1: The client contacted us after VRS refused to support her endeavor to obtain a post-secondary degree at Ivy Tech so as to become a special education teacher. The client was encouraged to appeal this decision even before fact finding began, and she did file an appeal with VRS. The assigned Advocate determined that a psychologist hired by VRS completed an evaluation which recommended that the client participate in “sheltered work”. This same evaluation contained inaccurate information in regard to the client’s identified disability and documented educational abilities. VRS refused to pay for a second evaluation and the client was encouraged to appeal this decision as well, and chose to do so. The client’s school records, which VRS did not obtain and provide to the initial evaluator, documented that the client had made substantial improvement in her reading and mathematics skills. Her educational interdisciplinary team felt strongly that the client would succeed in obtaining a college degree. VRS refused to support this goal. The Advocate insisted that VRS obtain the client’s educational records and review them.

Outcome

The client was encouraged to apply to Ivy Tech. She did so and was accepted based on her high school academic performance. After considerable negotiations, VRS admitted that based on the client’s high school records, that their evaluation was not accurate or sufficient and they would support the client’s chosen vocational goal. The administrative hearing was cancelled as it was not needed to resolve the identified issues.

Case 2: “Cindy” is a 21-year-old individual with bipolar disorder, post-traumatic stress disorder (PTSD) and attention deficit hyperactivity disorder. Cindy contacted Indiana Protection and Advocacy Services (IPAS) in June 2009 due to a disagreement over services to be provided to her by Indiana Vocational Rehabilitation (VR) Services. Cindy had an individual

plan of employment (IPE) developed in September of 2009 which contained the following vocational services: computer programming training tuition and fees, books, supplies and psychological counseling. Psychological testing completed by VRS revealed that Cindy frequently had difficulty working with others, loses her temper easily and has difficulty focusing. Her identified vocational goal was to complete a computer programming degree at Ivy Tech by the end of 2010. Cindy wanted VRS to provide her with a home computer to allow her to work more comfortably. VRS denied her request based on the fact that computer labs were available to her at school and other locations throughout the community. However, Cindy was taking all of her courses online, had child care duties and lived far from all of the locations recommended to her which would lead to excessive transportation costs. Cindy told VRS that her mental illness made it difficult for her to work in a computer lab and she found it impossible to work in such an environment at Ivy Tech. This was evidenced by the fact that she was struggling in several of her classes.

Outcome

IPAS found that a home computer was a requirement for Cindy to complete her IPE and achieve her vocational goal. Cindy could not afford to travel to and from Ivy Tech on a regular basis and the computer lab there was frequently busy during the times when she would be able to work there. Further, she would have to procure child care for her young son and this would be costly as well. IPAS attempted to mediate a solution for Cindy, but VRS would not reverse its decision. IPAS then assisted Cindy with an administrative hearing which occurred on Aug. 28, 2009. The independent hearing officer found in Cindy’s favor and VRS was ordered to provide her with a computer for use at her home. With IPAS’ assistance, Cindy’s IPE was amended and her VRS Counselor obtained a computer for use at her home.

Education, Training and Outreach Efforts

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

Following are objectives that IPAS staff will use in order to increase awareness about disabilities rights and the exercise of those rights.

- Provide education and training about disability rights and IPAS to individuals with disabilities, parents, guardians, advocates and/or service program providers.
- Support education and training efforts of consumer-based organizations to increase awareness of disability rights.
- Increase awareness of school staff responsible for identifying students with disabilities about the characteristics of pediatric traumatic brain injury.
- Disseminate information regarding disability rights and IPAS at two events related to the provision of childcare for all children, including children with developmental disabilities.
- Advocate for the adoption and implementation of rules by the Division of Family and Children prohibiting restraint and seclusion in children's homes and child caring institutions.
- Conduct training events concerning the civil/disability rights of individuals with mental illness for family members.
- Conduct site visits for the purpose of monitoring and investigating the living and working conditions of beneficiaries with disabilities for whom the representative payees are also employers of beneficiaries.
- Conduct resident rights training events for consumers at selected comprehensive mental health centers.
- Participate in events related to fair housing and housing discrimination attended by consumers, family members and/or service providers.
- Support the creation of a new 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 website as an empowerment tool for 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 the statewide Brain Injury Advisory Council.
- Conduct one statewide conference regarding resident rights issues.



Administration

IPAS strives to provide high-quality advocacy services that are responsive to the needs of individuals with disabilities and their families.

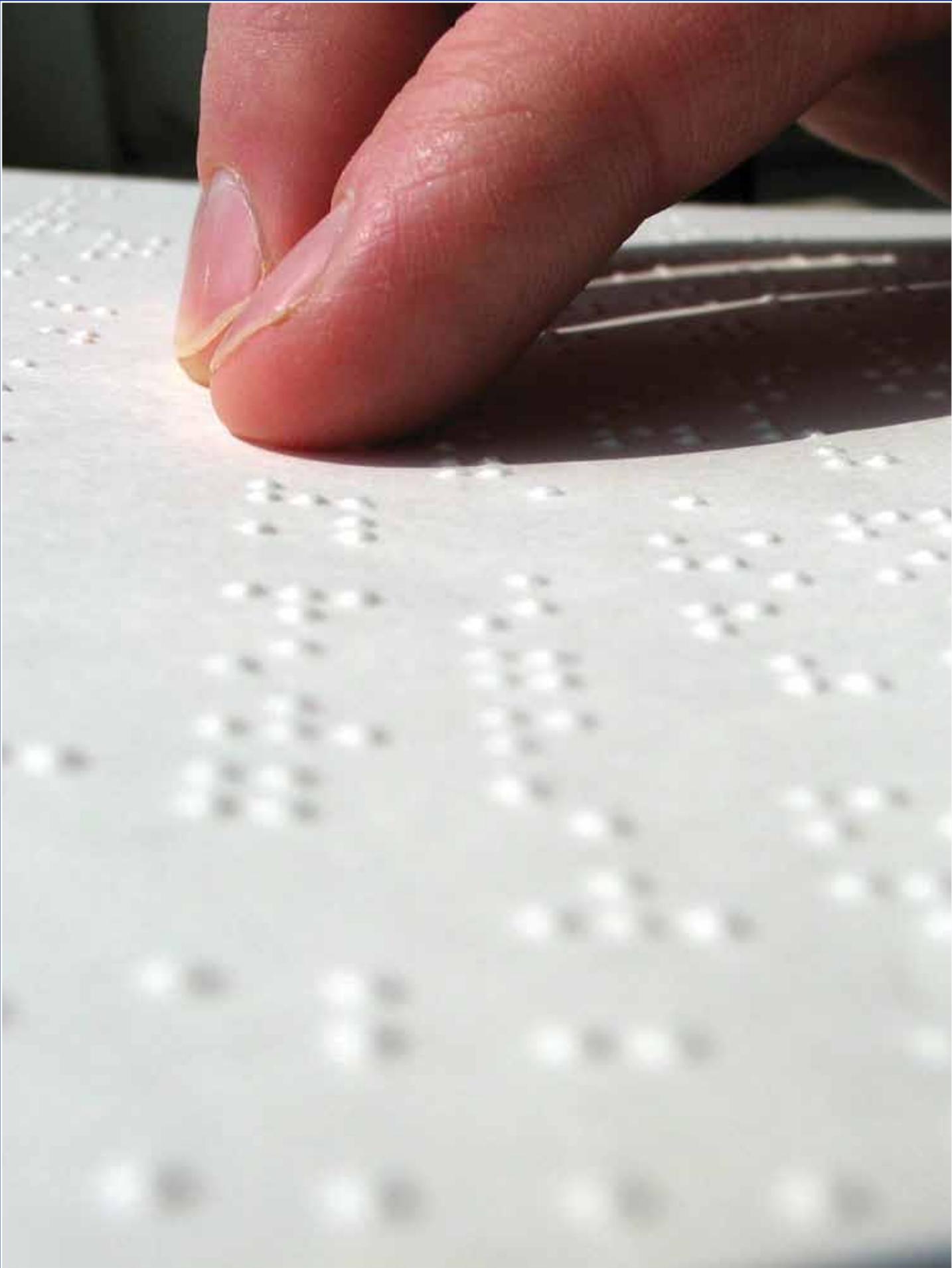
Following are objectives IPAS staff will work to complete to increase awareness of IPAS and the advocacy services that are provided.

- Assure the provision of high-quality advocacy services.
- Outreach to the public and to individuals with disabilities concerning disability rights issues, IPAS services and successes.
- 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.
- Recruit and maintain a pool of qualified and diverse individuals who are eligible for appointment to the Commission and its Mental Illness Advisory Council.

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.

Provide information and referral services that are timely and contain accurate information to individuals concerning disability rights, and provide technical assistance concerning the exercise of these rights.



IPAS Commission

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 and interests of individuals with disabilities throughout Indiana.

The IPAS Commission provides direction and advice on the agency's activities, goals and policies.

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 services, 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.

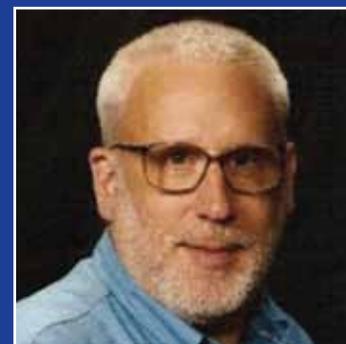
Serving on the IPAS Commission in an advisory, nonvoting capacity is one member of the Indiana Senate appointed by the President Pro Tempore of the Senate, and one member of the Indiana House of Representatives appointed by the Speaker of the House of Representatives.

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 IT'S 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.



"WORKING WITH THE IPAS STAFF AND OTHER MENTAL ILLNESS ADVISORY COUNCIL MEMBERS HAS BEEN A VERY REWARDING AND EMPOWERING EXPERIENCE FOR ME. NETWORKING WITH OTHER COUNCIL MEMBERS HAS SHOWN HOW IMPORTANT IT IS TO WORK TOGETHER TOWARD COMMON GOALS."

- LARRY WIESENAUER, MENTAL ILLNESS ADVISORY COUNCIL MEMBER

COMMISSION MEMBERS

MARY ALTER
HENDRICKS CO.

RONDA AMES
SECRETARY
MARION CO.

KRISTIE M. CARTER*
MARION CO.

MICHAEL DALRYMPLE
MARION CO.

DOUGLAS GOEPPNER
CHAIRPERSON
DUBOIS CO.

KYLE LLOYD
GRANT CO.

MELANIE MOTSINGER
VICE CHAIRPERSON
ALLEN CO.

JUSTIN OGDEN
MARION CO.

KATHY OSBORN
MARION CO.

WILLIAM RIGGS, PH.D.
HANCOCK CO.

ADVISORY MEMBERS

VANETA BECKER
SENATOR
VANDERBURGH/WARRICK CO.

JOHN J. DAY
REPRESENTATIVE
MARION CO.

IPAS MENTAL ILLNESS ADVISORY COUNCIL

RONDA AMES*
CHAIRPERSON
MARION CO.

SANDRA CURRIE*
VICE CHAIRPERSON
MARION CO.

NANCY SLATER*
HAMILTON CO.

LYNDA SNIDER*
PORTER CO.

LARRY WIESENHAUER*
MADISON CO.

DONNA YANCEY*
HAMILTON CO.

* Gubernatorial Appointments

EXECUTIVE STAFF

THOMAS GALLAGHER
EXECUTIVE DIRECTOR

KAREN DAVIS
LEGAL AND CLIENT SERVICES DIRECTOR

GARY RICHTER
SUPPORT SERVICES DIRECTOR

SUPPORT SERVICES

ANTHONY LIGGINS
DATA ENTRY CLERK

ELIZABETH NAJAR
PROGRAM SPECIALIST

KAREN PEDEVILLA
EDUCATION AND TRAINING DIRECTOR

SONDRA POE
ADMINISTRATIVE SECRETARY

DORIS THOMPSON-WILSON
ACCOUNT CLERK

JUDITH I. WADE
FISCAL OFFICER

CLIENT AND LEGAL SERVICES

THOMAS CRISHON
ATTORNEY/PAIR PROGRAM COORDINATOR

KEITH BUTLER
ATTORNEY/PAAT PROGRAM COORDINATOR

DAVID SMITH
ATTORNEY/PAVA PROGRAM COORDINATOR

SUE BEECHER

ASSISTANT DIRECTOR OF CLIENT SERVICES
PABSS/CAP/PATBI PROGRAM COORDINATOR

DAVID BOES

ASSISTANT DIRECTOR OF CLIENT SERVICES
PAIMI PROGRAM COORDINATOR

DEE ENRICO-JANIK

ASSISTANT DIRECTOR OF CLIENT SERVICES
PADD PROGRAM COORDINATOR

DEBBIE DULLA

ADVOCACY SPECIALIST

TINA FRAYER

ADVOCACY SPECIALIST

CANDACE FEGLEY

ADVOCACY SPECIALIST

ALLYSON HAMMONDS

ADVOCACY SPECIALIST

AMY J. PENROD

ADVOCACY SPECIALIST

LOLITA THOMPSON

ADVOCACY SPECIALIST

BONITA VANDEGRIFT

ADVOCACY SPECIALIST

DANIEL WARD

ADVOCACY SPECIALIST

BONNIE WEAVER

ADVOCACY SPECIALIST

CATHY WINGARD

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. Members serve three-year terms and may not serve more than five consecutive terms. For more information, contact 800.622.4845 or TTY: 800.838.1131.



TO PROTECT AND
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EMPOWERMENT AND
ADVOCACY



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