Indiana

Department of Health and Human Services
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

FY 2024
PROTECTION AND ADVOCACY FOR INDIVIDUALS WITH MENTAL ILLNESS
Short Title: 2024 PAIMI Progress Report

Funding Opportuntity Announcement (FOA)
No. SM-17-F2

Catalog of Federal Domestic Assistance (CFDA)
No.: 93-138

A. PAIMI Program Information

General Information

1. P &A Identification

Name of state or jurisdiction	Indiana
Name of P&A systems	Indiana Disability Rights
Unique Entity ID	H5X3ZC6ABJR7

2. Main Office

Agency Name of Main Office	Indiana Protection & Advocacy Services Commission / Indiana Disability Rights
Mailing Address of Main Office	4755 Kingsway Drive, Suite 100
City	Indianapolis
Zip Code	46205
Phone Number of Main Office	317-722-5555
Toll Free Number	800-622-4845
Email address	mkeyes@indianadisabilityrights.org
Website address	http://www.indianadisabilityrights.org
TTY phone number	8008381131
County of Main Office	Marion

3. Other Offices (if any)

Agency Name of Other Office	N/A
Mailing Address (Each Statellite Office)	
City	
Zip Code	
County of Each Satellite Office (Location)	

4. Executive Director/Chief Executive Officer Contact Information

Name	Melissa Keyes
Mailing Address	4755 Kingsway Drive, Suite 100
City	Indianapolis
Zip Code	46205
Phone Number & Extension	317-722-3463
E-mail Address	mkeyes@indianadisabilityrights.org

5. PPR Preparer Contact Information

Name	Melissa Keyes
Title	4755 Kingsway Drive, Suite 100
Phone Number & Extension	317-722-3463
Email Address	mkeyes@indianadisabilityrights.org

6. Governing Board President/Chair Name

Name	Amber O'Haver
Mailing Address	4755 Kingsway Drive, Suite 100
City	Indianapolis
Zip Code	46205
County of Residence	Marion
Email Address	IPASCommission@indianadisabilityrights.org
Current Term Started	11/30/2022 12:00:00 AM
Current Term Expires	11/30/2025 12:00:00 AM

7. PAIMI Advisory Council President/Chair Name

Name	Rachel Vilensky
Mailing Address	4755 Kingsway Drive, Suite 100
City	Indianapolis
Zip Code	46205
County of Residence	Marion
Email Address	rachel@childadvocates.net
Current Term Started	6/1/2023 12:00:00 AM
Current Term Expires	5/31/2025 12:00:00 AM

8. Name Of P&A Chief Financial Officer/Accountant

Name	Scarlett Taylor
Title	CFO/COO
Phone Number/Extension	317-722-3475
Email Address	ScTaylor@indianadisabilityrights.org

9. Governor's Liaison

Name	Paul Peaper
Official Title	Senior Operations Director
Mailing Address	200 W. Washington St.
City	Indianapolis
Zip Code	46204
County of Residence	Marion
Phone Number/Extension	
Email Address	ppeaper@gov.in.gov

10. Commissioner/Director of the State Mental Health Agency

Name	Rebecca Buhner
Mailing Address	402 W. Washington St. Room W353
City	Indianapolis
Zip Code	46204
Phone Number/Extension	317-232-7800
Email Address	Rebecca.Buhner@fssa.IN.gov

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Footnotes:

A. PAIMI Program Information

Demographic Composition of PAIMI Governing Board, Advisory Council, and Program Staff

		Governing Board	Advisory Council	Program Staff
Ethnicity				
	Hispanic/Latino	0	1	4
	Non-Hispanic/Latino	11	8	24
	Ethnicity Unknown	2	1	1
Race				
	American Indian/Alaska Native	0	0	0
	Asian	0	0	0
	Black/African American	3	1	4
	Native Hawaiian/Pacific Islander	0	0	0
	White	8	9	21
	Two or more races	2	0	4
	Some other race	0	0	0
	Race Unknown	0	0	0
Gender				
	Female	9	8	18
	Male	3	2	10
	Transgender (Trans Woman)	0	0	0
	Transgender (Trans Man)	0	0	0
	Two-Spirit (if Client is AIAN)	0	0	0
	Gender Non-Conforming	1	0	1
	Other (if use a different term)	0	0	0
	Prefer not to say	0	0	0
Sexual Orientation				

	Lesbian or gay	0	1	0
	Straight (not lesbian or gay)	10	6	27
	Bisexual	0	0	1
	Other (if use a different term)	0	0	1
	Prefer not to say	3	3	0

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Footnotes:

A. PAIMI Program Information

Governing Board Information

Governing Board (GB) Type and Number of Members Included in Governing Board Information

Governing Board	Minimum # of Members	Maximum # of Members
Private, non-profit with multi-member	0	0
State-operated with governing board	6	13
State-operated with no governing board	0	0

Governing Board Information

In the following table, please provide the requested information for the GB members

	Number
Total seats available	13
Total members serving as of 9/30/2023	13
Total vacancies on 9/30/2023	0
Term of appointment (number of years)	3
Term maximum	5
Meeting Frequency	4
Number of meetings held this fiscal year (2023)	4
Percentage of members present at meetings during the 2023	67 %

Governing Board Composition

The governing board shall be composed of members who broadly represent or are knowledgable about the needs of clients served by the P&A System (count each GB member only once)

	Number
Number of individuals with mental illness who are recipients/former recipients (CR/FR) of mental health services or have been eligible for services.	1
Number of family members of individuals with mental illness who are (CR/FR) of mental health services, guardians, advocates or authorized representatives or other persons who broadly represent or are knowledgeable about the needs of clients served by the P&A system	3
Total	**4**

Footnotes:

A. PAIMI Program Information

Executive Director

Intial Appointment Date	11/15/2019 (mm/dd/yyyy)
Recent performance evaluation completed	11/22/2024 (mm/dd/yyyy)
Date of previous performance evaluation	11/17/2023 (mm/dd/yyyy)

Agency has written policy and procedures to guide the ED's evaluation process? Yes ◉ No ○

Input on ED's performance evaluation obtained from the following (check all that apply)	
All agency employees/staff	Yes ○ No ◉
Senior managers	Yes ○ No ◉
All board directors	Yes ◉ No ○
All PAIMI Advisory Council members	Yes ◉ No ○
Stakeholders	Yes ○ No ◉
Consumers	Yes ○ No ◉
Family members of consumers	Yes ○ No ◉
State mental health providers	Yes ○ No ◉
Private mental health providers	Yes ○ No ◉
Other	Yes ◉ No ○

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Footnotes:

Other - Select agency employees and senior managers may provide input on ED's performance evaluation.

A. PAIMI Program Information

Number of Mental Health Professionals On the Advisory Council

Professional Category	Number On Advisory Council
Social Worker	1
Psychologist	0
Psychiatric Nurse	0
Psychiatrist	0
Psychiatric Nurse Practitioner	2
Peer Support Specialist	0
Other (Identify the Professional in the Footnotes)	1
Total	**4**

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Footnotes:

Other - 1 = mental health advocate

A. PAIMI Program Information

PAIMI Advisory Council (PAC)/Assigned Staff

PAIMI Advisory Council (PAC)	
Sits on the governing board?*	(•) Yes ( ) No
Appointment Date	06/01/2023
Other PAC member(s) sit on the governing board?	( ) Yes (•) No
If yes, number serving	

** If no please explain in Footnotes*

Assigned PAIMI Staff

	Attorneys					Advocates				
	#	Full-time	Part-time	Male	Female	#	Full-time	Part-time	Male	Female
Ethnicity										
Hispanic/Latino (of any race)	2	2	0	0	1	0	0	0	0	0
Non-Hispanic/Latino	7	7	0	5	2	14	14	0	5	9
Race										
American Indian/Alaska Native	0	0	0	0	0	0	0	0	0	0
Asian	0	0	0	0	0	0	0	0	0	0
Black/African American	0	0	0	0	0	3	3	0	1	2
Native Hawaiian/Pacific Islander	0	0	0	0	0	0	0	0	0	0
White	6	6	0	4	2	11	11	0	4	7
Two or more races	3	3	0	1	1	0	0	0	0	0
Some other race	0	0	0	0	0	0	0	0	0	0
Race Unknown	0	0	0	0	0	0	0	0	0	0

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Footnotes:

Only the PAC Chair sits on the governing board.

There is no box for employees who identify as gender non-conforming. Therefore, individuals who identified as gender non-conforming are not represented in the numeric tabulation as male or female on the "Hispanic/Latino" line and the "2 or More Races" line.

B. Demographics - Interventions on Behalf of PAIMI Individuals

Population Information

Age of PAIMI-eligible Individuals Served

Age	Number
0-2	1
3-5	0
6-10	3
11-22	21
23-64	60
65+	5
Prefer not to say	0
Total	**90**

Gender and Sexual Orientation of PAIMI-eligible Individuals Served

Gender	Number
Female	26
Male	64
Transgender (Trans Woman)	0
Transgender (Trans Man)	0
Two-Spirit (if Client is AIAN)	0
Gender Non-Conforming	0
Other (if use a different term)	0
Prefer not to say	0
Total	**90**

Sexual Orientation	Number
Lesbian or Gay	0

Straight (not lesbian or gay)	0
Bisexual	0
Other (if use a different term)	0
Prefer not to say	90
Total	**90**

Ethnicity and Race of Individuals Served

Ethnicity	Number	PAIMI %	State %
Hispanic/Latino (of any race)	4	4.00	8.00
Non-Hispanic/Latino	86	56.00	92.00
Ethnicity Unknown	0	0.00	0.00
Total	**90**		

Race	Number	PAIMI %	State %
American Indian/Alaska Native	0	0.00	0.00
Asian	1	1.00	3.00
Black/African American	15	17.00	10.00
Native Hawaiian/Other Pacific Islander	0	0.00	0.00
White	72	80.00	77.00
Two or more races	2	2.00	6.00
Some other race	0	0.00	4.00
Race unknown	0	0.00	0.00
Total	**90**		

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Footnotes:

For Sexual Orientation - IDR is unable to provide this level of data based on the data system in place during this fiscal year. In order to correct an error message, a quantity 90 was placed in the "prefer not to say" category.

B. Demographics - Interventions on Behalf of PAIMI Individuals

PAIMI-Eligible Individuals served with PAIMI Program Funds

Count individual once per fiscal year (FY). Multiple counts not permitted for lines 1-2.

		Enter Number
1. Number of PAIMI-eligible individuals continued to be served with PAIMI program funds, including any program income resulting from legal actions supported by PAIMI program funds as of October 1, from the previous FY into the reporting year.		53
2. Number of new PAIMI-eligible individuals served during the reporting year.		37
3. Total number of PAIMI-eligible individuals served during this FY (Add lines 1 and 2).		90
4. Individuals with more than one (1) intervention opened/closed during the reporting year.		1
5. Individuals with a co-occurring mental illness and Intellectual and Developmental Disability (IDD).		15
6. Total number of PAIMI-eligible individuals who requested program related advocacy services during the reporting year, but were not served within 30-days of initial contact due to:		
	a. insufficient PAIMI Program resources.	0
	b. non-priority areas.	0
7. Individuals served as of September 30 and will be carried over to next reporting year (This should equal ≤ item 3 above).		49

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Footnotes:

B. Demographics - Interventions on Behalf of PAIMI Individuals

Living Arrangements of PAIMI-eligible Individuals at Intake

Living Arrangements	Number
Community Residential Home for Children/Youth up to age 18 Yrs.	3
Community Residential Home for Adults	4
Non-Medical Community-Based Residential Facility for Children/Youth	1
Foster Care	0
Nursing homes, including skilled nursing facilities	1
Intermediate care facilities	1
Public and Private general hospitals including Emergency Rooms	0
Public Institutional living arrangement	0
Private Institutional living arrangement	0
Psychiatric Hospitals (Public or Private) a. Public/State b. Private	 11 5
Jails	2
State Prison	26
Federal Detention Center	0
Federal Prison	0
Veterans' administration hospital/Clinic	0
Other Federal Facility	0
Homeless	0
Independent (in the community & PAIMI-eligible)	21
Parental or Other Family Home & PAIMI-eligible	15
Unknown	0
Total	90

Footnotes:

C. Complaints/Problems of PAIMI Individuals

Areas of Alleged Abuse

Number of complaints/problems – Make every effort to report within the following categories:

Areas of Alleged Abuse	Outcomes											Number from Closed Cases Only
	A	B	C	D	E	F	G	H	I	J	K	Total
a. Inappropriate or excessive medication	0	0	0	0	0	0	0	0	0	0	0	0
b. Inappropriate or excessive restraint and seclusion	1	1	1	0	0	0	0	0	0	0	0	3
c. Involuntary medication	0	0	0	0	0	0	0	0	0	0	0	0
d. Involuntary Electric Convulsive Therapy (ECT)	0	0	0	0	0	0	0	0	0	0	0	0
e. Involuntary aversive behavioral therapy	0	0	0	0	0	0	0	0	0	0	0	0
f. Involuntary sterilization	0	0	0	0	0	0	0	0	0	0	0	0
g. Physical assault	1	0	4	0	0	0	0	0	0	0	0	5
h. Sexual assault	0	0	0	0	0	0	0	0	0	0	0	0
i. Threats of retaliation or verbal abuse by facility staff	0	0	0	0	0	0	0	0	0	0	0	0
j. Coercion	0	0	0	0	0	0	0	0	0	0	0	0
k. Financial exploitation	0	0	0	0	0	0	0	0	0	0	0	0
l. Suspicious death	0	0	0	0	0	0	0	0	0	0	0	0
m. Other *Specify types of complaints. Please describe below. [This number should be less than 1% of the total number of total complaints.]*	0	0	0	0	0	0	0	0	0	0	0	0

Abuse Complaints Disposition	
For total closed cases listed in Table C.1., provide the number of abuse complaints/problems for each disposition category.	
A. Number of complaints/problems determined after investigation not to have merit	2

B. Number of complaints/problems withdrawn or terminated by client	1
C. Number of complaints/problems resolved in the client's favor	5
D. Number of complaints/problems not resolved in the client's favor	0
E. Other Indicators of success or outcomes that resulted from P&A involvement	0
F. Other Representation found	0
G. Services not needed due to client death or relocation	0
H. P&A withdrew due to conflict of interest or other reasons	0
I. Lost Contact	0
J. Outcome Unknown	0
K. Lack of Resources	0
Total number of Abuse complaints/problem addressed from closed cases	**8**

At least 1 case required.

Case of Alleged Abuse

IDR received a serious occurrence report from RTC reporting that a staff person had punched “Lana” multiple times. IDR reviewed video footage and records and found that the staff person’s actions were abusive. The staff was escorted off facility grounds immediately after the incident took place and terminated. IMPD, CPS, DCS, and Lana’s guardian received notice of the situation and the later report. IMPD informed RTC that there was nothing they could do. CPS substantiated the abuse and the Attorney General’s office sent an investigator to review the footage and speak with staff and residents at the facility regarding the matter. The AG concluded their investigation and stated that no charged would be filed. Their rationale was that if this had happened on the street there would be no charges to file as Lana hit the staff member first. IDR’s Investigations Coordinator spoked with the AG’s office and explained that in this situation, staff are trained to handle these behaviors, so this incident should have been avoided. Due to IDR’s advocacy, the AG referred the case to the prosecutor for further action. This response was to the satisfaction of the IDR Investigations team. IDR also followed up with Lana multiple times after the incident to check on her and she was doing fine, all things considered.

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Footnotes:

C. Complaints/Problems of PAIMI Individuals

Areas of Alleged Neglect

Number of complaints/problems	Outcomes											Number from closed cases only
	A	B	C	D	E	F	G	H	I	J	K	TOTAL
a. Failure to provide necessary or appropriate medical (other than psychiatric) treatment.	1	1	0	1	0	0	0	0	0	0	0	3
b. Failure to provide necessary or appropriate mental health treatment, including access to prescribed medication	0	1	0	1	0	0	1	0	0	0	0	3
c. Failure to provide necessary or appropriate personal care and safety	0	0	0	0	0	0	0	0	0	0	0	0
d. Failure to provide appropriate discharge planning or release from a residential care or treatment facility	0	1	4	0	0	0	0	0	0	0	0	5
e. Mental health diagnostic or other evaluation (does not include treatment)	0	0	0	1	0	0	0	0	0	0	0	1
f. Medical (non-mental health related) diagnostic physical examination	0	0	0	0	0	0	0	0	0	0	0	0
g. Other *[Describe and make every effort to report within the above categories].*	0	0	0	0	0	0	0	0	0	0	0	0

Neglect Complaints Disposition

For total closed cases listed in Table C.3., provide the numbers of neglect complaints or problem areas for each disposition category.	
A. Number of complaints/problems determined after investigation not to have merit	1
B. Number of complaints/problems withdrawn or terminated by client	3
C. Number of complaints/problems resolved in the client's favor	4
D. Number of complaints/problems not resolved in the client's favor	3
E. Other Indicators of success or outcomes that resulted from P&A involvement	0
F. Other Representation found	0
G. Services not needed due to client death or relocation	1
H. P&A withdrew due to conflict of interest or other reasons	0
I. Lost Contact	0
J. Outcome Unknown	0
K. Lack of Resources	0

Total number of Neglect complaints/problem addressed from closed cases	**12**

Case of Alleged Neglect

"Vincent" lived at LSH for 24 years. He asked IDR for help after he was on the discharge list for more than 100 days, because his gatekeeper refused to provide any services. With IDR's help, Vincent was able to move into a less restrictive setting at RSH and was assigned a new gatekeeper.

Case of Alleged Neglect

"Virgil" has Schizophrenia and had pending criminal charges which were eventually dropped. He was on the discharge list for ESH for 116 days. IDR talked with Virgil, who said his assigned gatekeeper refused to communicate with him or his care team to move forward with transition planning and discharge to a supported group living arrangement due to his criminal history. With IDR's advocacy, Virgil was discharged from ESH to a less restrictive supported group living arrangement.

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Footnotes:

C. Complaints/Problems of PAIMI Individuals

Areas of Alleged Rights Violations

Number of Complaints/Problems	Outcomes											Number from Closed Cases only
	A	B	C	D	E	F	G	H	I	J	K	TOTAL
a. Failure to provide individualized written treatment or service plan	0	0	1	0	0	0	0	0	0	0	0	1
b. Failure to provide written discharge plan including a description of mental health services needed upon discharged from such program or facility	0	0	0	0	0	0	0	0	0	0	0	0
c. Failure to allow ongoing participation, in a manner appropriate to such person's capabilities, in the planning of mental health services to be provided such person (including the right to participate in the development and periodic revision of the plan)	0	0	0	0	0	0	0	0	0	0	0	0
d. The right to refuse treatment	0	0	0	0	0	0	0	0	0	0	0	0
e. The right to refuse to take prescribed medications	0	0	0	0	0	0	0	0	0	0	0	0
f. The denial of financial benefits/entitlements (e.g., SSI, SSDI, Insurance)	0	0	0	0	0	0	0	0	0	0	0	0
g. Guardianship/Conservator problems	0	3	0	0	0	0	1	0	0	0	0	4
h. The denial of rights protection information or legal assistance, including adequate and appropriate representation during commitment hearings	0	1	0	0	0	0	0	0	0	0	0	1
i. The denial of privacy rights (e.g., congregation, telephone calls, receiving mail)	0	0	0	0	0	0	0	0	0	0	0	0
j. The denial of recreational opportunities (e.g., grounds access, television, and smoking)	0	0	1	0	0	0	0	0	0	0	0	1
k. The denial of visitors	0	0	0	0	0	0	0	0	0	0	0	0
l. The denial of access to or correction of records	0	0	0	0	0	0	0	0	0	0	0	0
m. Breach of confidentiality of records (e.g., failure to obtain consent before disclosure)	0	0	0	0	0	0	0	0	0	0	0	0
n. Failure to obtain informed consent	0	0	0	0	0	0	0	0	0	0	0	0
o. Advance directives issues	0	0	0	0	0	0	1	0	0	0	0	1
p. The denial of parental/family rights	0	0	0	0	0	0	0	0	0	0	0	0
q. Housing Discrimination	1	0	1	0	0	0	1	0	1	0	0	4
r. The denial of access to administrative or judicial process	0	0	0	0	0	0	0	0	0	0	0	0
s. Failure to provide educational services in the least restricted environment for PAIMI-eligible individuals	0	1	3	0	0	1	0	0	0	0	0	5
t. The denial of access to community-based rehabilitation services and/or treatment	0	0	0	0	0	0	0	0	0	0	0	0

u. The denial of access to transportation	0	0	0	0	0	0	0	0	0	0	0	0
v. Employment Discrimination	0	0	1	2	1	0	0	0	0	0	0	4
w. The denial of access to personal possessions	0	0	0	0	0	0	0	0	0	0	0	0
x. Failure to comply with commitment regulations	0	0	0	0	0	0	0	0	0	0	0	0
y. Failure to comply with commitment time frames	0	0	0	0	0	0	0	0	0	0	0	0
z. Other *[Please make every effort to report within the above categories].*	2	0	2	4	0	0	1	0	0	0	0	9

Rights Violations Disposition	
For closed cases listed in this Table, provide the number of rights complaints or problem areas for each disposition category.	
A. Number of complaints/problems determined after investigation not to have merit	3
B. Number of complaints/problems withdrawn or terminated by client	5
C. Number of complaints/problems resolved in the client's favor	9
D. Number of complaints/problems not resolved in the client's favor	6
E. Other Indicators of success or outcomes that resulted from P&A involvement	1
F. Other Representation found	1
G. Services not needed due to client death or relocation	4
H. P&A withdrew due to conflict of interest or other reasons	0
I. Lost Contact	1
J. Outcome Unknown	0
K. Lack of Resources	0
Total number of Rights Violation complaints/problems addressed from closed cases	**30**

Cases of Alleged Rights Violations

"Zoey" was refused a reasonable accommodation for her job to accommodate her PTSD and anxiety. The employer denied it, and shortly thereafter, terminated Zoey's job. IDR engaged with the employer, asked them for a reasonable accommodation and back pay and attorney's fees. Both parties reached a settlement agreement, in which Zoey received SA checks.

Cases of Alleged Rights Violations

"Wallace" was being frequently suspended due to behaviors that result from his disabilities. IDR advocated with Wallace's family, and the school agreed to do a reevaluation, develop a new Functional Behavior Assessment (FBA), add several accommodations, and offer new coping strategies to Wallace. These changes have helped Wallace to be more successful at school, eliminating suspensions.

Footnotes:

In Other line, Category A - 2 cases regarding service animals
In Other line, Category C - 1 case regarding special education and 1 case regarding service animals
In Other line, Category D - 1 case special education, 1 service animal, and 2 cases regarding criminal justice.
In Other line, Category G - 1 case special education related

C. Complaints/Problems of PAIMI Individuals

Reasons for Closing Individual Advocacy Case Files

	Number
1. Client's objective was partially or fully met.	18
2. Case or investigation lacked merit.	6
3. Case withdrawn or terminated by the client.	9
4. Issue favorably resolved.	0
5. Issue not favorably resolved.	9
6. Other success or outcomes due to P&A involvement (i.e., provided self-advocacy assistance)	1
7. Other representation found.	1
8. Services not needed due to client's death or relocation.	5
9. P&A withdrew due to conflict of interest or other reasons (i.e., client would not cooperate).	0
10. Appeal(s) unsuccessful.	0
11. Other appropriate entity investigating.	0
12. Lost Contact.	1
13. Lack of Resources.	0
Total	**50**

At least 1 case required.

Case of Closing an Individual Advocacy Case File

"Shelley" was discharged from a SPH to an apartment in the community. Shelley was supposed to have been discharged from a different facility in February 2020 but was mistakenly placed on the transfer list rather than the discharge list. BDS refused to place Shelley due to the error, causing her to regress, which BDS used as further reason to not support her in a community setting. After nearly 4 years of relentless advocacy, Shelley has finally moved to an appropriate setting.

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Footnotes:

C. Complaints/Problems of PAIMI Individuals

Intervention Strategies

The totals reported for the Abuse, Neglect, and Rights Violations Outcomes in this table **should be** the same as the totals reported in the Areas of Alleged Abuse, Areas of Alleged Neglect, and Areas of Alleged Rights Violations tables.

Outcomes												
Abuse	**A**	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**	**J**	**K**	**Total**
1. Self Advocacy Assistance	0	0	1	0	0	0	0	0	0	0	0	1
2. Limited Advocacy	2	1	4	0	0	0	0	0	0	0	0	7
3. Administrative Remedies	0	0	0	0	0	0	0	0	0	0	0	0
4. Litigation	0	0	0	0	0	0	0	0	0	0	0	0
5. Abuse/Neglect Investigations	0	0	0	0	0	0	0	0	0	0	0	0
6. Mediation	0	0	0	0	0	0	0	0	0	0	0	0
7. Negotiation	0	0	0	0	0	0	0	0	0	0	0	0
Total	**2**	**1**	**5**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**8**
Neglect	**A**	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**	**J**	**K**	
1. Self Advocacy Assistance	0	1	1	0	0	0	0	0	0	0	0	2
2. Limited Advocacy	1	1	3	3	0	0	1	0	0	0	0	9
3. Administrative Remedies	0	0	0	0	0	0	0	0	0	0	0	0
4. Litigation	0	0	0	0	0	0	0	0	0	0	0	0
5. Abuse/Neglect Investigations	0	0	0	0	0	0	0	0	0	0	0	0
6. Mediation	0	0	0	0	0	0	0	0	0	0	0	0
7. Negotiation	0	1	0	0	0	0	0	0	0	0	0	1
Total	**1**	**3**	**4**	**3**	**0**	**0**	**1**	**0**	**0**	**0**	**0**	**12**
Rights Violations	**A**	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**	**J**	**K**	
1. Self Advocacy Assistance	2	3	1	0	1	1	4	0	0	0	0	12
2. Limited Advocacy	0	1	3	4	0	0	0	0	1	0	0	9
3. Administrative Remedies	0	0	0	0	0	0	0	0	0	0	0	0

4. Litigation	1	0	0	1	0	0	0	0	0	0	0	2
5. Abuse/Neglect Investigations	0	0	0	0	0	0	0	0	0	0	0	0
6. Mediation	0	0	0	0	0	0	0	0	0	0	0	0
7. Negotiation	0	1	5	1	0	0	0	0	0	0	0	7
Total	**3**	**5**	**9**	**6**	**1**	**1**	**4**	**0**	**1**	**0**	**0**	**30**

At least 1 case required.

Case of Intervention

"Terri's" guardian contacted IDR to address concerns that her daughter, who has ADHD, bipolar disorder, and mood disorder, was having at school. IDR immediately contacted the school, and several concerns, including bullying and teacher communication with the guardian, were corrected. IDR successfully advocated on Terri's behalf, to have all concerns addressed in her 504, including extended time, unlimited restroom access, taking breaks when she feels overwhelmed, allowing a snack with medication, daily check-ins with a trusted adult, and monthly check-ins with the school psychologist. The 504 plan was signed and implemented.

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Footnotes:

C. Complaints/Problems of PAIMI Individuals

Death Investigation Activities

A. The number of deaths reported to the P&A for investigation by the following entities:	
1. State	0
2. The Center for Medicaid & Medicare Services (Regional Offices). If zero means the P&A did not receive any death reports from CMS for investigation, please note this in the Footnotes.	0
3. Other Sources. Briefly list the source for each death reported in this category (e.g., newspaper, concerned citizen, relative, etc.). N/A	0
Total Number of deaths investigated	**0**

If the information requested in this section was not available please explain
IDR did not receive a death report for a PAIMI-eligible person from any source.

B. All death investigations conducted involving PAIMI-eligible individuals related to the following:	
a. Number of deaths investigated involving incidents of seclusion (S).	0
b. Number of deaths investigated involving incidents of abuse (A).	0
c. Number of deaths investigated involving incidents of restraint (R).	0
d. Number of deaths investigated NOT related to incidents of S&R, (e.g., suicides.).	0
e. Death investigations with a finding of determination.	0
f. Provision in policy added or prevented as a result of a death investigation.	0
Total Number of deaths investigated [Sum of 9b 1-6]	**0**

C. Provide a brief summary example of an individual's death, P&A involvement, and outcome.
If you reported deaths in categories B.9.b., please provide the following information on one death from each category, as appropriate:

A brief summary of the circumstances about the death.

A brief description of P&A involvement in the death investigation.

A summary of the outcome(s) resulting from the P&A death investigation.

N/A

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Footnotes:

C. Complaints/Problems of PAIMI Individuals

Number of Interventions on behalf of Groups of PAIMI Eligible Individuals - Individuals Impacted

Multiple counts not permitted for lines 1 –3 and 6.

What to Count	
1. Group cases/projects still open on October 1, 2022 to 2023. (Carried over from prior FY (s))	15
2. New group cases/projects opened during the year.	112
3. Total group cases/projects worked on during the year (Add lines 1 & 2)	127
4. Total group cases/projects as of September 30, 2023 to 2024. (Carry over to next FY)	10
5. Group cases/projects targeted at serving the following special populations:	
a. Ethnicity	0
b. Racial Minorities	10
c. Homeless	0
d. Veterans	0
e. Urban	1
f. Rural/Frontier	1
g. Older Adults/geriatric	0
6. Total # of individuals potentially impacted by line 3	1,758

Only the number of cases are needed for the last three columns, not the number of individuals

Intervention Types (See the Instructions for Guidance)	Potential # of Individuals Impacted	Concluded Successfully	Concluded Unsuccessfully	On-going
Group Advocacy (non-Litigation)	828	1	0	1
Abuse and Neglect Investigations (non-death related)	30	11	0	7
Facility Monitoring Services	500	100	0	0
Community Based Monitoring Services	0	0	0	0
Court Ordered Monitoring	0	0	0	0
Systemic Litigation	400	1	0	1

Educating Policy Makers	0	4	0	0
Other Systemic Advocacy	0	0	0	1
Total	**1,758**	**117**	**0**	**10**

Case of Intervention on Behalf of a Group

During a monitoring visit to MSH, the advocate noted a decline in several patients' hygiene and appearance. The advocate followed up to determine the reason and possible ways to address it. MSH subsequently developed a policy and procedures to address how staff should respond to patients who refuse to maintain their hygiene.

Case of Intervention on Behalf of a Group

IDR assisted Evansville Psychiatric Children's Center with investigation and response to a complaint after residents were required to sit on the floor in the dorm's living area after the chairs were removed, reportedly for safety, due to the behavior of one resident. The Human Rights Committee (HRC) investigation found the chairs were removed after a resident stacked them and removed conduit containing speaker wires from the top of the wall near the ceiling. The resident became physically aggressive when staff attempted to remove the last chair, so the nurse decided that chair could remain in the living area if he was safe. The other residents, who had been at gym, returned to the living area, where the now safe resident was sitting on the only chair. The other residents were instructed to sit on the floor. The complaint was that the returning residents being forced to sit on the floor appeared punitive, given that the single resident whose behavior caused the removal of the chairs was then the only one allowed to sit on a chair. The HRC agreed with the complaint, ruling the chairs should have been returned to the living area or the returning residents should have been permitted to sit in the dining room. The HRC will see that staff is retrained.

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Footnotes:

C. Complaints/Problems of PAIMI Individuals

Performance Measures of P&A Activities

Outcomes	Number from Closed Cases Only
a) PAIMI-eligible individuals who access community-based mental health or health care services that resulted in community integration and independence or are better able to advocate to do so;	2
b) PAIMI-eligible individuals who access benefits or services or are better able to advocate to do so;	1
c) PAIMI-eligible individuals who live in a healthier, safer, improved, or more integrated settings or are better able to advocate to do so;	12
d) PAIMI-eligible individuals are able to stay in their own home or better able to advocate to do so;	0
e) PAIMI-eligible individuals who can secure or maintain employment and/or are not subject to workplace discrimination or are better able to advocate for to do so;	0
f) PAIMI-eligible individuals who receive appropriate educational services and supports and/or are not subject to discrimination in educational settings or are better able to advocate for those outcomes;	5
g) PAIMI-eligible individuals who go to school in safe and more humane conditions;	0
h) PAIMI-eligible children (individuals) who receive appropriate services in the most integrated settings;	1
i) PAIMI-eligible individuals who were not subject to discrimination in government benefits/services, housing, public accommodations, etc. or are better able to advocate for such outcomes;	0
j) PAIMI-eligible individuals who were not subject to abuse, neglect, or rights violations or are better able to advocate for to do so;	0
k) PAIMI-eligible individuals who can make their own decisions to the maximum extent feasible or are better able to advocate to do so;	0
l) PAIMI-eligible individuals who had their rights enforced, retained, restored and/or expanded or are better able to advocate for to do so; and	8
m) PAIMI-eligible individuals who were more able to participate in the voting process or are better able to advocate for to do so.	0

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Footnotes:

D. Non-Client Directed Advocacy Activities

Non-client Directed Advocacy Activities

1. Individual Information and Referral (I&R).	Total
Provide the number of PAIMI Program I&R services.	419
2. State Mental Health planning activities	
None. IDR's Executive Director meets as needed with the state's Director of Department of Mental Health services to address systemic concerns.	
3. Education, Public Awareness Activities, and Events	
1. Number of public awareness activities or events.	0
2. Number of education/training activities undertaken.	13
3. Number (approximate) of persons trained in 2.	197
4. Technical Assistance	
Provide the number of PAIMI Program TA services.	21

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Footnotes:

E. Grievance Procedures

Grievance Procedures

1. Do you have a systemic/program assurance grievance policy as mandated 42 CFR 51.25 (a)(2)?	(●) Yes ( ) No
If Yes please upload your organizations Grievance Policy using the attachment tab	
2. The number of grievances filed by PAIMI-eligible clients, including representatives or family member of such individuals receiving services during this fiscal year. Total	6
3. The number of grievances filed by prospective PAIMI-eligible clients (those who were not served due to limited PAIMI Program resources or because of non-priority issues). 42 CFR § 51.25 (a)(1)(2)	5
4. The number of grievances appealed to : a. The Governing Authority/Board b. The Executive Director	 1 5
Total 4.a & 4.b	6
5. The number of reports sent to the Governing Board and the Advisory Board. Total	0
6. Please IDENTIFY ALL INDIVIDUALS, by name & title, responsible for grievance reviews (maximum 5): Name:Melissa Keyes Title:Executive Director Name:Amber O'Haver Title:IPAS Commission Chair (Board Chair)	
7. What is the timetable (in days) used to ensure prompt notification of the grievance procedure process to clients, prospective clients or persons derided representation, and ensure prompt resolution? Total # of days	5
8. Were written responses sent to each grievant? *If no, explain below*	(●) Yes ( ) No
9. Was client confidentiality protected? *If no, explain below*	(●) Yes ( ) No

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Footnotes:

Appeal Process

If you are unhappy with the decision of Indiana Disability Rights (IDR) in the denial or termination of client services, you may appeal the decision within twenty (20) calendar days of IDR's action or decision. The appeal should be made in writing to:

Executive Director
Indiana Disability Rights
4755 Kingsway Drive, Suite 100
Indianapolis, Indiana 46205
or ExecutiveDirector@IndianaDisabilityRights.org

Upon receipt, the Executive Director will investigate the decision and examine any additional information submitted with the appeal. A written decision will be issued within thirty (30) calendar days of receipt of request for review. Requests for an expedited review will be considered.

If you are unhappy with the decision of the Executive Director, you may seek review of the decision by the IPAS Commission. The review request should be made in writing within twenty (20) calendar days from the date of the response from the Executive Director. Mail requests to:

IPAS Commission Chairperson
Indiana Disability Rights
4755 Kingsway Drive, Suite 100
Indianapolis, Indiana 46205
or ExecutiveDirector@IndianaDisabilityRights.org

The IPAS Commission Chairperson will investigate the decision and issue a written response within forty-five (45) calendar days of receipt of the request. Requests for an expedited review will be considered. The decision of the IPAS Commission Chairperson is final.

Confidentiality will be maintained for all information included in a request for appeal.

To request an accommodation for the appeal process, contact IDR at 317-722-5555.

Updated: 12-20-2021

F. Other Services & Activities

Public Comment

1. Does the P&A have procedures established for public comment?

a. (●) Yes, briefly describe how the notice is used to reach persons with mental health illness and their families.
Notice is published on IDR's website and distributed electronically via social media channels. Staff and partners share. IDR monitoring staff provided in-person notice to residents of mental health facilities.

b. ( ) No, (if no, briefly explain, limit to 500 characters).

2. Were the notices provided to the following persons:

a. Individuals with mental illness in residential facilities? (●) Yes ( ) No

b. Family members and representatives of such individuals? (●) Yes ( ) No

c. Other individuals with disabilities? (●) Yes ( ) No

d. Brief explanation is required for each no answer in 2.a., b., or c.

3. Do the procedures provide for receipt of the comments in writing or in person?

3a. (●) Yes, attach a copy of the agency's Policies & Procedures pertaining to public comment.

3b. ( ) If no to 2 a, b, c., explain why the agency does not have such procedures in place

4. Was the public provided an opportunity for public comment. (●) Yes ( ) No

5. If you answered Yes to 4 briefly describe the activities used to obtain public comment.
All PAC and Governing Board meetings are open to the public for the purpose of public comment. Surveys were available to collect written comments electronically. Comments could be submitted by mail. The link was posted to IDR's website, shared with partners, and shared on social media multiple times during the public comment period. In addition, the survey, instructions, announcements, and social media posts were translated into Spanish (and other languages upon request). Individuals could also call to share their comments with an advocate, and Spanish speakers could speak with a Spanish speaking advocate. In addition, IDR staff visited facilities where people with serious mental illness reside, to solicit feedback in person.

6. What formats and languages (as applicable) were used in materials to solicit public comment?
English Large Print, Spanish, Spanish Large Print, with other languages available upon request.

7. If you answered No to 4, briefly explain why the public was not provided an opportunity to comment.

8. List groups (e.g., states, consumer advocacy, service providers, professional organizations and others, including groups of current and former mental health consumers or family members of such individuals) with whom the PAIMI Program coordinated systems, activities and mechanisms. [42 CFR 51.21 (a) (D)]
The Indiana Chapter of the National Alliance of Mental Illness (NAMI); the Indiana Statewide Independent Living Council, Mental Health America-Indiana Chapter, & Mental Health America-Hendricks County.

9. Briefly describe the outreach efforts/activities used to increase the number of ethnic and racial minority clients served or educated about the PAIMI program [this information will be evaluated by using the demographic/state profile information contained in the PAIMI application for the same FY]
IDR has prioritized outreach to underserved communities, including racial and language minority groups, and worked with PAC members to engage with members of minoritized communities. Additionally, public input received during the priority and objective development process included 31% of respondents who identified as a racial minority, and 6% who identified as a language minority, as well as 69% who identified as a person with a disability.

10. Did the activities described in question 9 result in an increase of ethnic and/or minorities in the following categories?

a. Staff (●) Yes ( ) No

b. Advisory Council (●) Yes ( ) No

c. Governing Board (●) Yes ( ) No

d. Clients (●) Yes ( ) No

If you answer no to any item (10.a-d), please provide a brief explanation, such as 10.a, b., or c. – no vacancies.

Footnotes:

Public Comments Policy and Procedure

Indiana Disability Rights (IDR) shall post its proposed priorities and objectives (P&Os) for the upcoming year to allow for public comments. The public comment period must be open for a minimum of sixty days. The public shall be provided with multiple means in which to express their opinion, including:

- Submitting written comments via mail and email;
- Calling an IDR staff person;
- Completing an online public comments form; and
- Attending an Indiana Protection and Advocacy Services (IPAS) Commission public meeting.

The opening of the public comments period should be widely disseminated via a mixture of digital media and in-person conversations. Communication about the ways to make public comments should include information about how to request a reasonable accommodation to participate in the public comments process.

The Mental Health Advisory Council (MHAC) and the IPAS Commission in a public meeting will review and consider all public comments prior to voting on the final P&Os.

4755 Kingsway Drive, Suite 100
Indianapolis, IN 46205
IndianaDisabilityRights.org

Phone: 317.722.5555
Toll Free: 800.622.4845
Fax: 317.722.5564

F. Other Services & Activities

Impediments

External Impediments
Describe any problems with implementation of mandated PAIMI activities, including those activities required by Parts H and I of the Children's Heath Act of 2000 that pertain to requirements related to incidents involving seclusion and restraint and related deaths and serious injuries (e.g., access issues, delays in receiving records and documents, etc.).
At least six entities that serve PAIMI eligible individuals had relevant records relating to improper seclusion, improper restraint, a death, or a serious injury impeded investigation and advocacy cases due to delays in sending records or their failure in retaining the requested records. These entities include a private children's hospital, a now closed CRMNF, a PRTF, two private acute psychiatric hospitals, and one community mental health center (CMHC). In each case, up to three requests for records were sent before relevant materials were received. For four entities, until an intent to sue letter was sent by certified mail, the facility failed to provide the requested records. When IDR finally received a response, the facility either provided records or indicated that the records had not been maintained as requested in IDR's spoliation notices and no longer existed. The PRTF and CMHC obtained legal counsel following letters notifying them that their practices had violated Medicaid regulations, Indiana Administrative Code, and licensing agency policies. This led to further delays that resulted in delays of two months or more in finally gaining access to the requested records.
Internal Impediments
Describe any problems with implementation of mandated PAIMI activities, including any identified annual priorities and objectives (e.g., lack of sufficient resources, necessary expertise, etc.).
IDR is an Indiana state agency. After the state conducted a compensation study in 2023, to keep up with the job market and inflation, salaries for nearly all staff increased. Federal funding has not increased, but IDR has been working with the state to ensure staff are able to be equitably and competitively compensated for their hard work. The Know Your Rights coloring book is an important resource to have in print, but the cost of printing is very high, making it very difficult for IDR to print copies for PAIMI eligible youth. IDR has partnered with DCS to print 1000 for youth currently residing in facilities, but there continues to be a funding need.

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Footnotes:

F. Other Services & Activities

Accomplishments/Recommendations/Training Needs

Accomplishments
For this fiscal year, briefly describe the most important accomplishment(s) that resulted from PAIMI Program activities. Provide copies of supporting documents, e.g., case law, news, articles, legislation, etc.
IDR's PRTF Project was completed in FY2024. Over the last six years, IDR visited 22 private secure facilities. All facilities operate with different policies and procedures. They each serve PAIMI eligible young people between the ages of six and 21. Each facilities offers different services. Some are uniquely PRTF, and others provide treatment under all license types. Some allow youth in private secure to participate in community outings, others restrict youth to the units. Of the 22 facilities visited, four were identified as problematic in all aspects of the care and treatment of PAIMI-eligible youth. These problems included the facility culture, compliance with DCS regulations and policies, and a lack of leadership. PAIMI-eligible youth admitted to these facilities often remained for extended periods of time, far beyond the typical expected treatment goals. IDR identified youth that had been in placement for more than two years without a discharge plan and no identified destination after meeting the treatment goals. On the
Recommendations
Please provide recommendations for activities and services to improve the PAIMI Program. Include a brief description of why such activities and services are needed. [42 U.S.C. 10824(a)(4)].
IDR's PAC changed its name from the "Mental Illness Advisory Council" to the "Mental Health Advisory Council." The PAIMI program may wish to consider a similar language change. A member of the PAC identifies as non-binary with regard to gender. The PAIMI program may wish to consider expanding its gender options in the PPR to better reflect the demographic makeup of governing boards and councils. The requirement that guardians must provide consent to advocacy services has prevented the PAIMI program from providing services in the area of
Training Needs
Please identify any training and technical assistance requests. [42 U.S.C. 10825]
Training or technical assistance in the areas of diversity, equity, and inclusion as these topics relate to mental illness. Training for P&A staff in the use of plain language when communicating with PAIMI-eligible individuals about rights and grievances.

Upload supporting documents for Accomplishments here

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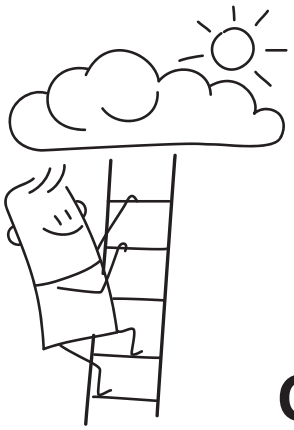
Footnotes:

INDIANA
DISABILITY RIGHTS
Equality Through Advocacy

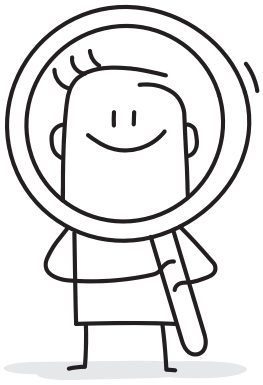


Our Goal for This Book

It is the goal of Indiana Disability Rights (IDR) to provide youth in treatment with information about their rights. Our intent is to provide you with a fun, creative, and useful resource to learn self-advocacy skills.

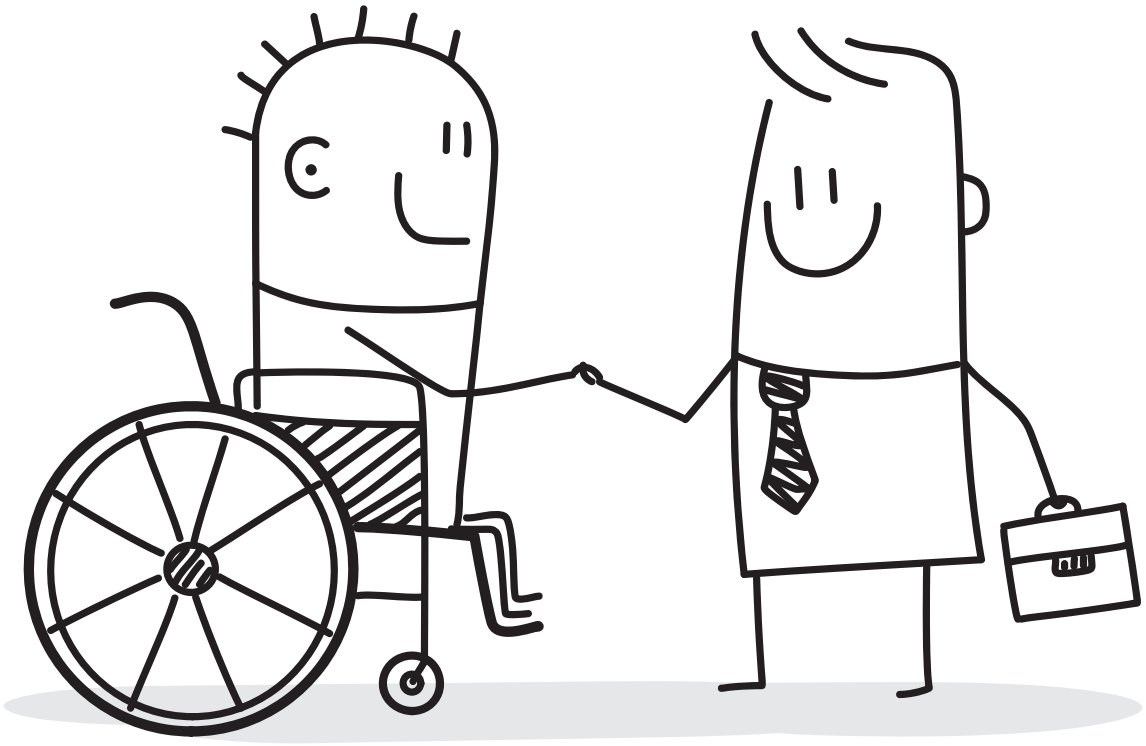
The information contained in this book does not include all rights of youths in treatment.

If you have questions about your rights, you may contact Indiana Disability Rights for additional information. The phone number is 1.800.622.4845.



Important Information

Some rights described in this book are conditional. A conditional right can be limited or taken away by your treatment team if certain restriction criteria are met. Before a conditional right can be limited or taken away, the restriction criteria must be met and documented in your treatment plan. Conditional rights are noted throughout the book by an asterisk (*) and noted in Appendix A.



IDR Mission

To uphold, promote, and advance the rights of individuals with disabilities through empowerment and advocacy to achieve a more equitable society.

IDR Vision

To live in a fully accessible, equitable society where people with disabilities are free from abuse and neglect, are free to be effective advocates, and are free to fully exercise their civil, legal, and human rights, ensuring full inclusion.

This book belongs to

_____

You have the right to be treated kindly and humanely.

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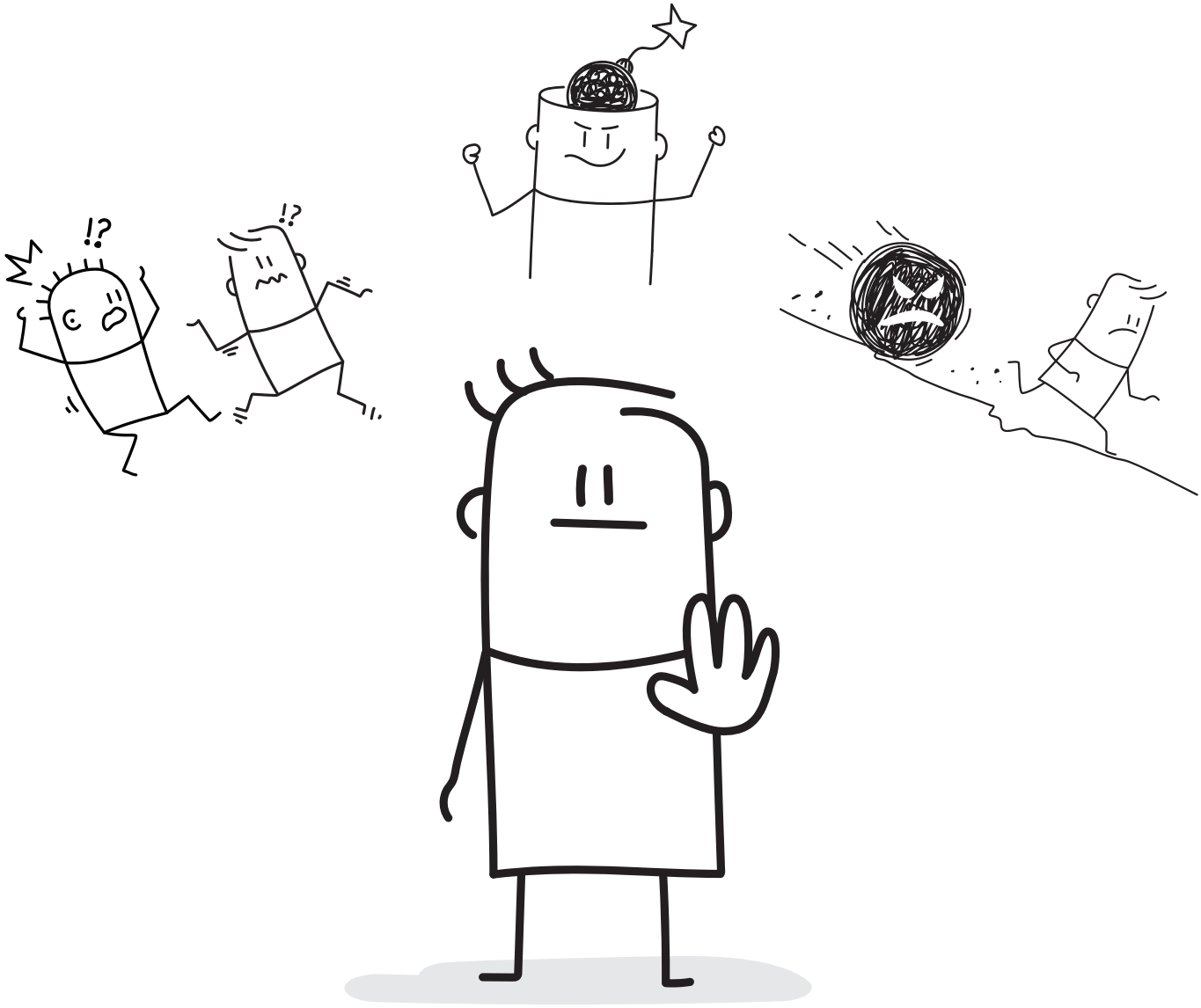
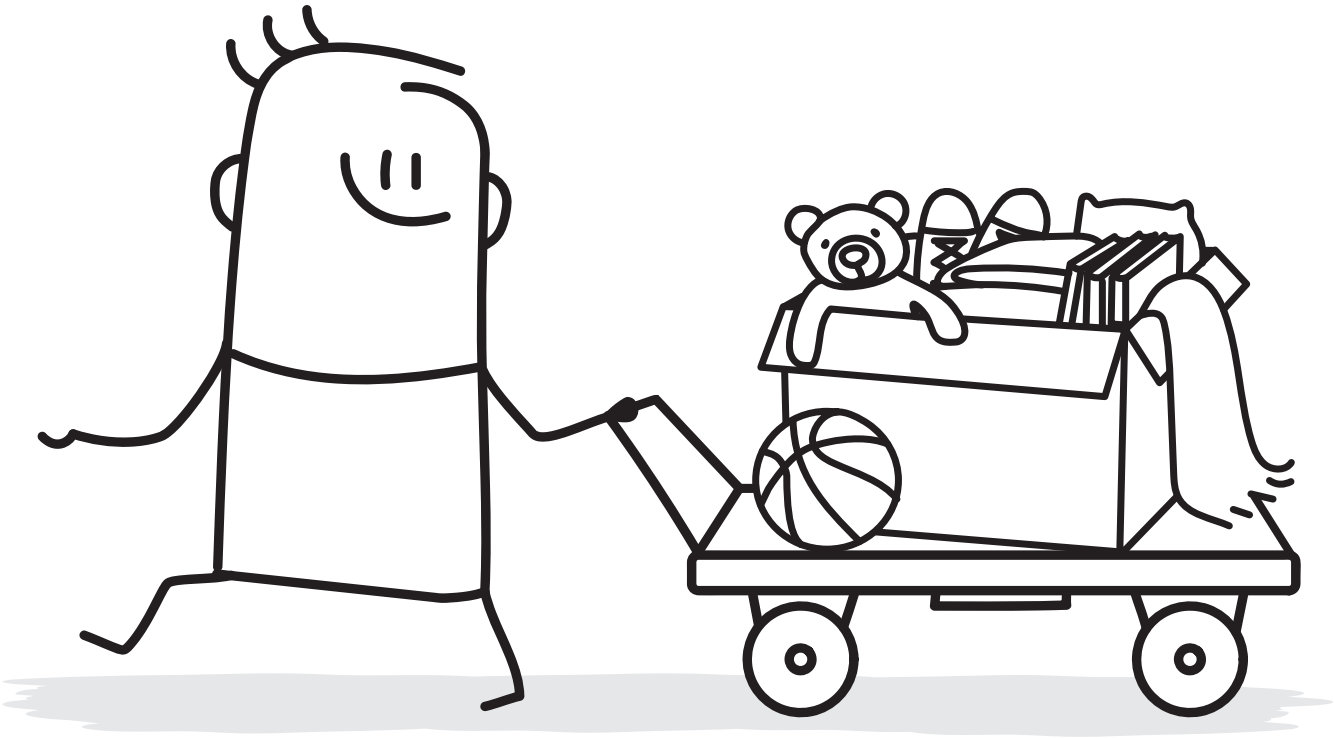
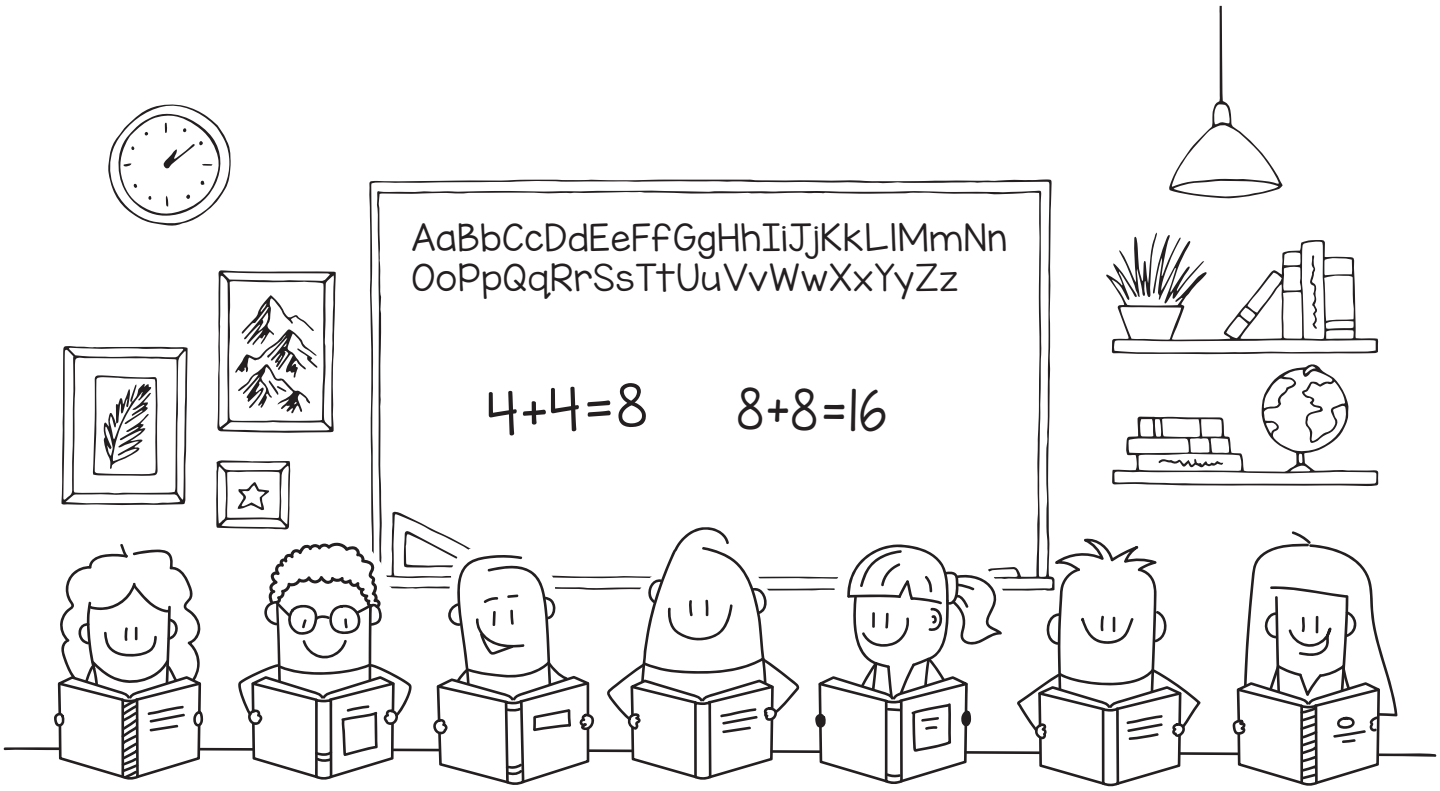


You have the right to be protected from harm and to be free from abuse and neglect.

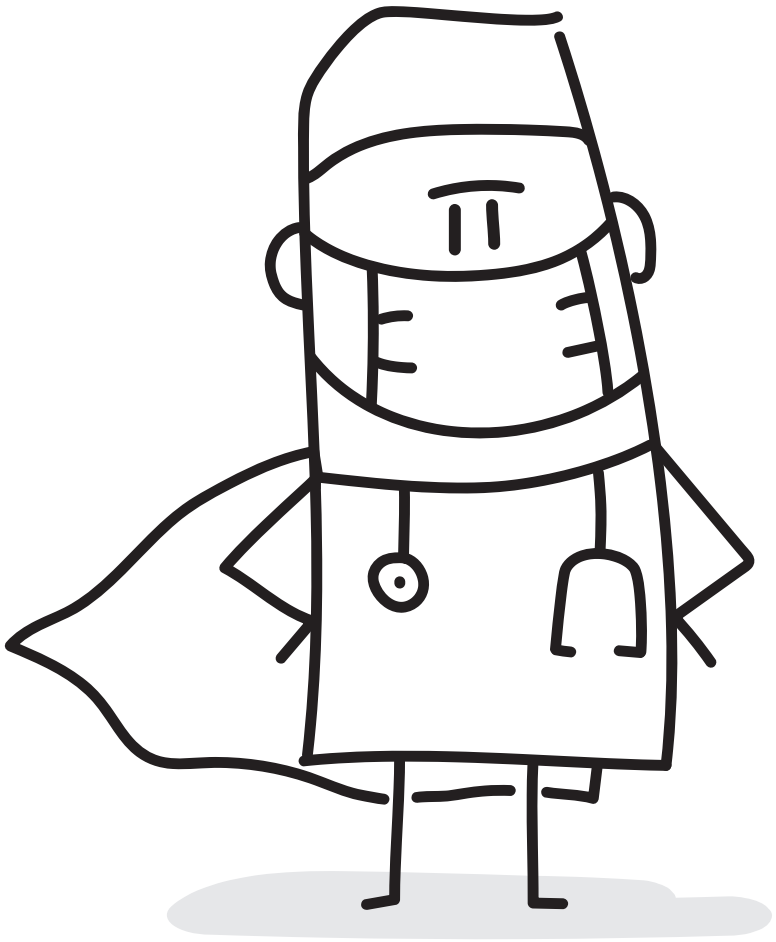
You have the right to wear your own clothes, unless you are unsafe with them.*



You have the right to keep your personal belongings, unless you are unsafe with them.*



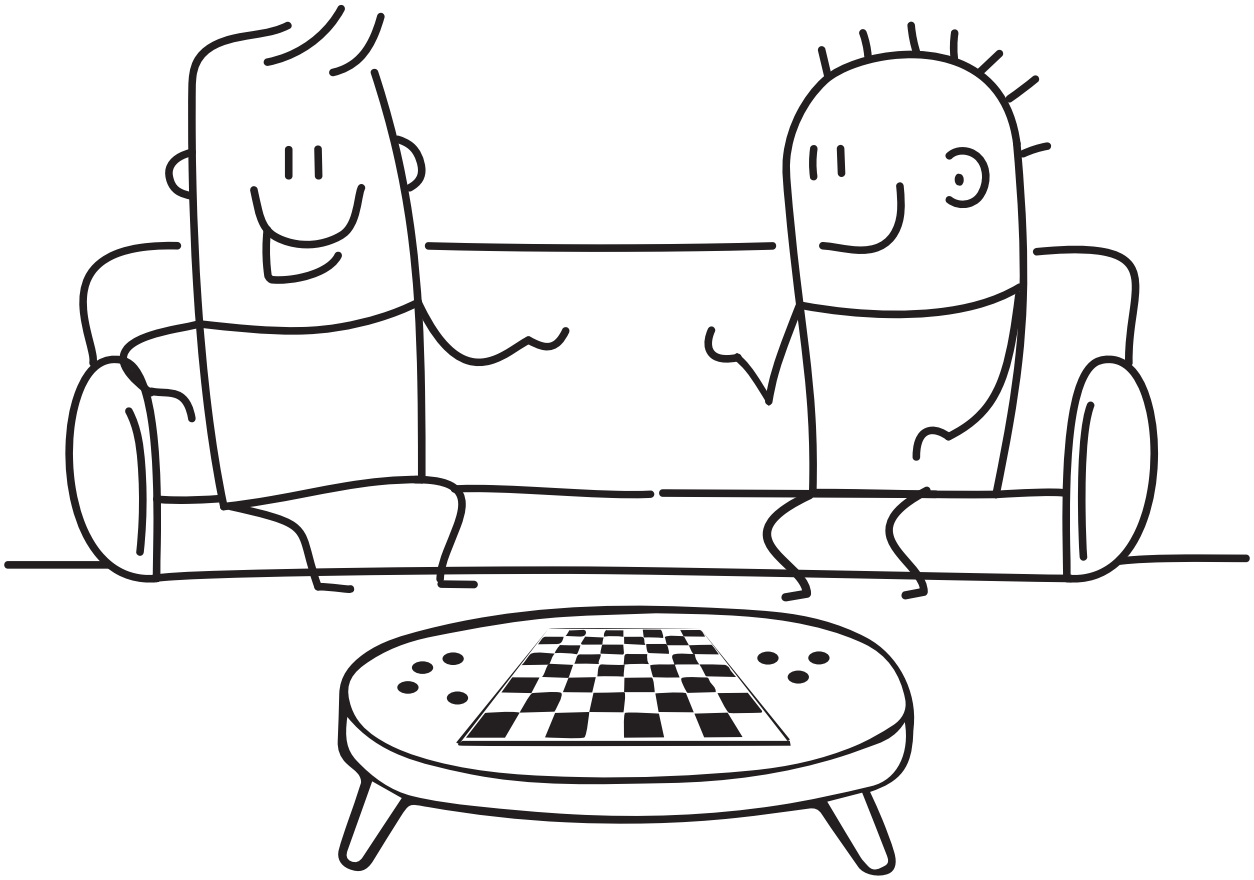
You have the right to receive an education.



You have the right to be treated by a doctor or a nurse at the facility.

You have the right to make and receive phone calls to people on your call list.*

You have the right to send and receive letters and cards.*



You have the right to have visitors during visiting hours and at other times arranged by your treatment team.*

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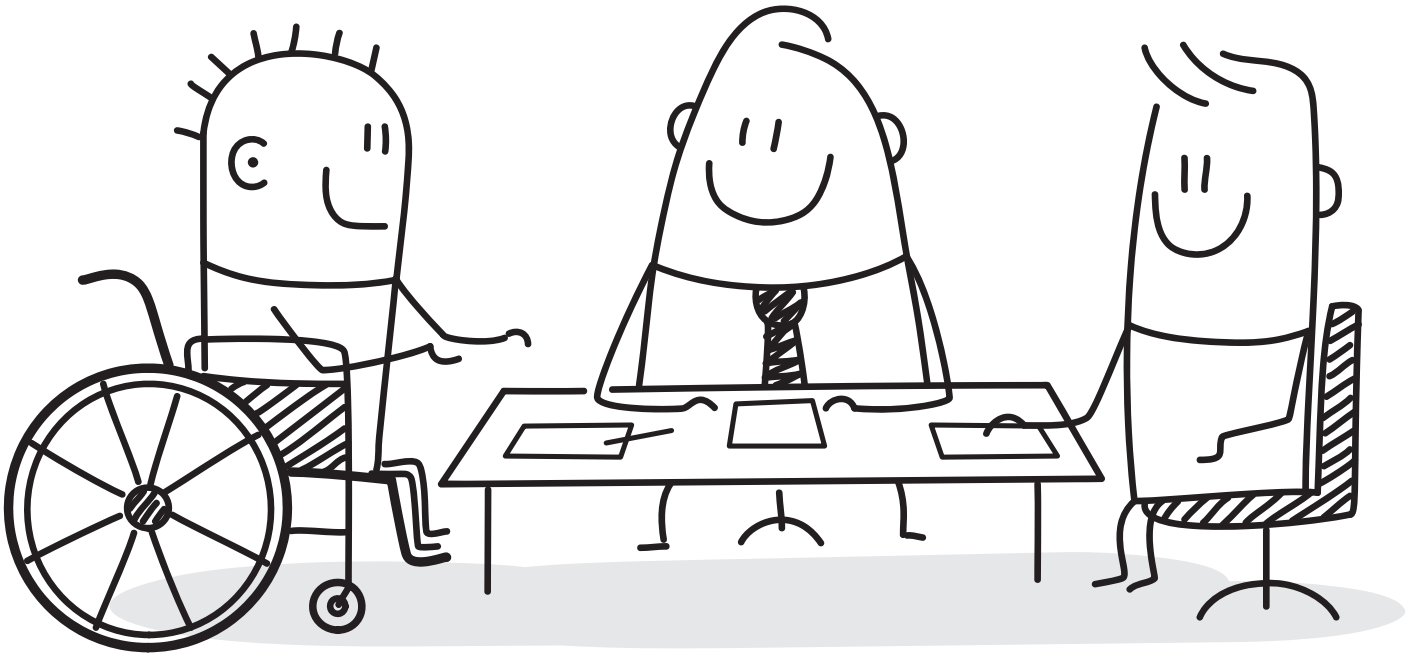
You have the right to practice your religion.

You have the right to be free from unlawful discrimination.



You have the right to know what is in your treatment plan and to help develop it.

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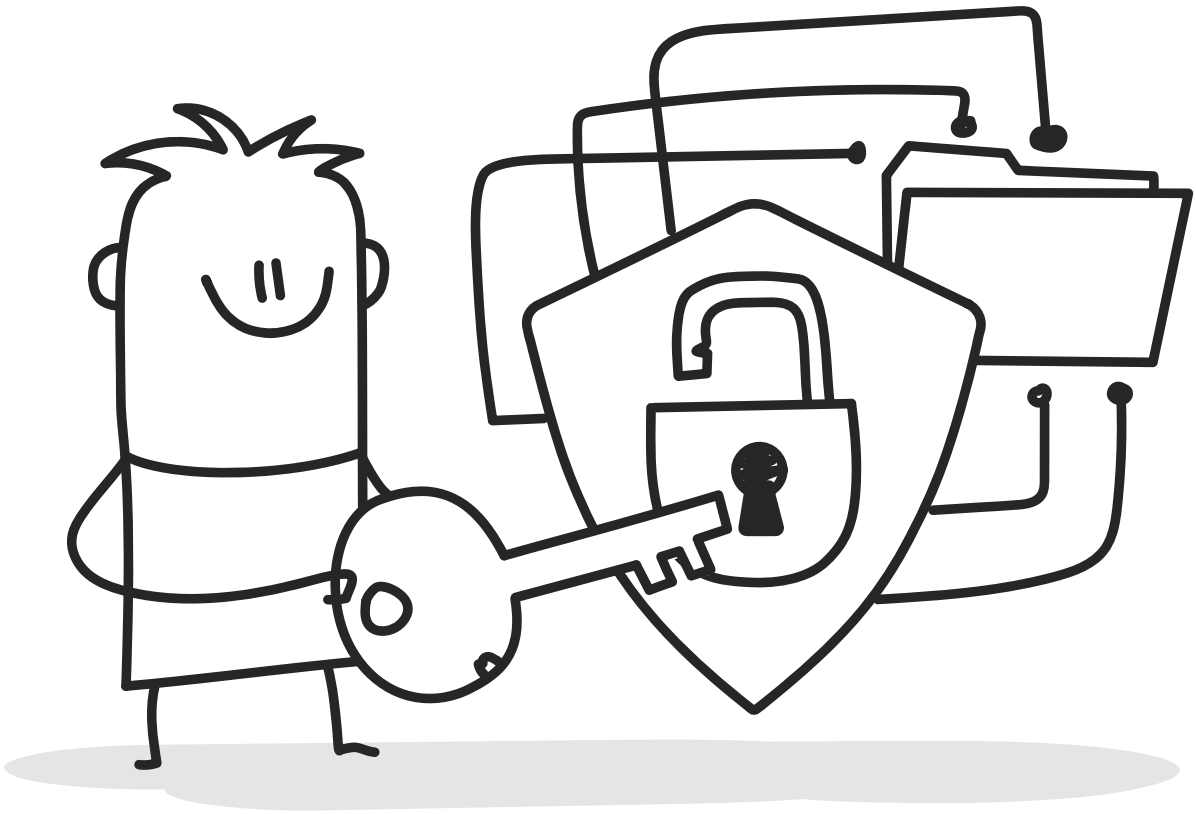
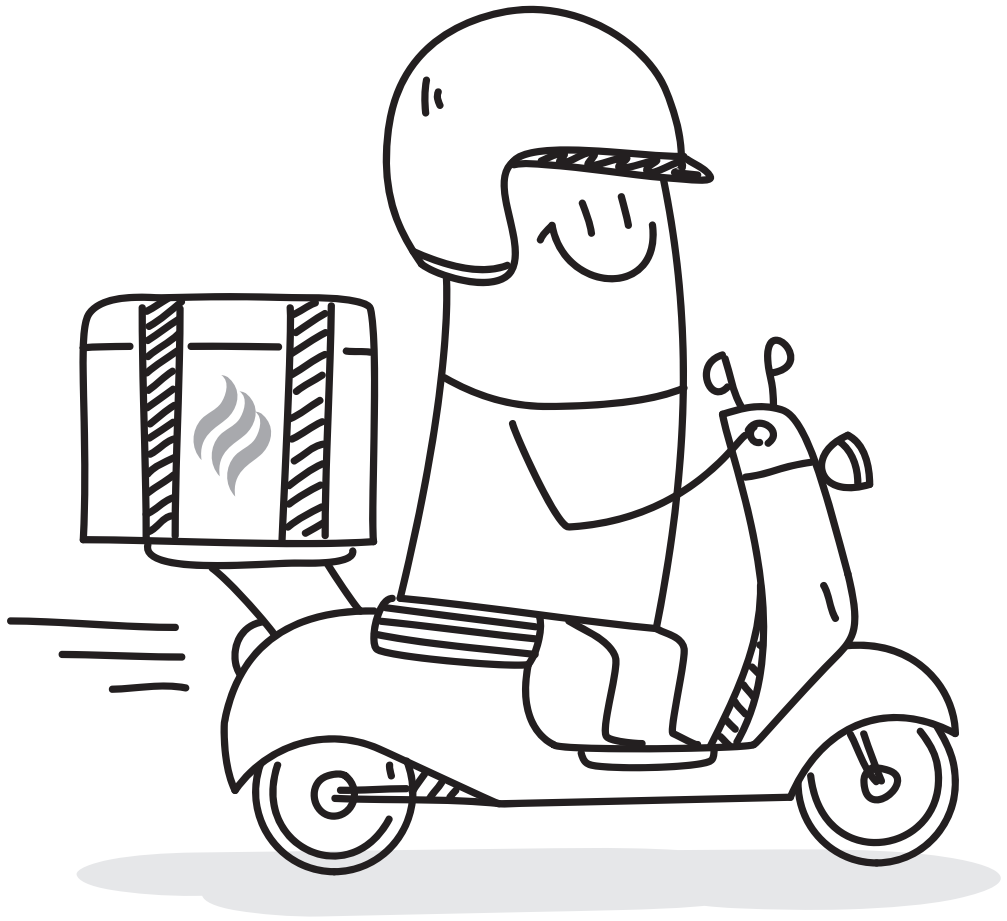


You have the right to have your medical information kept private from unauthorized people.

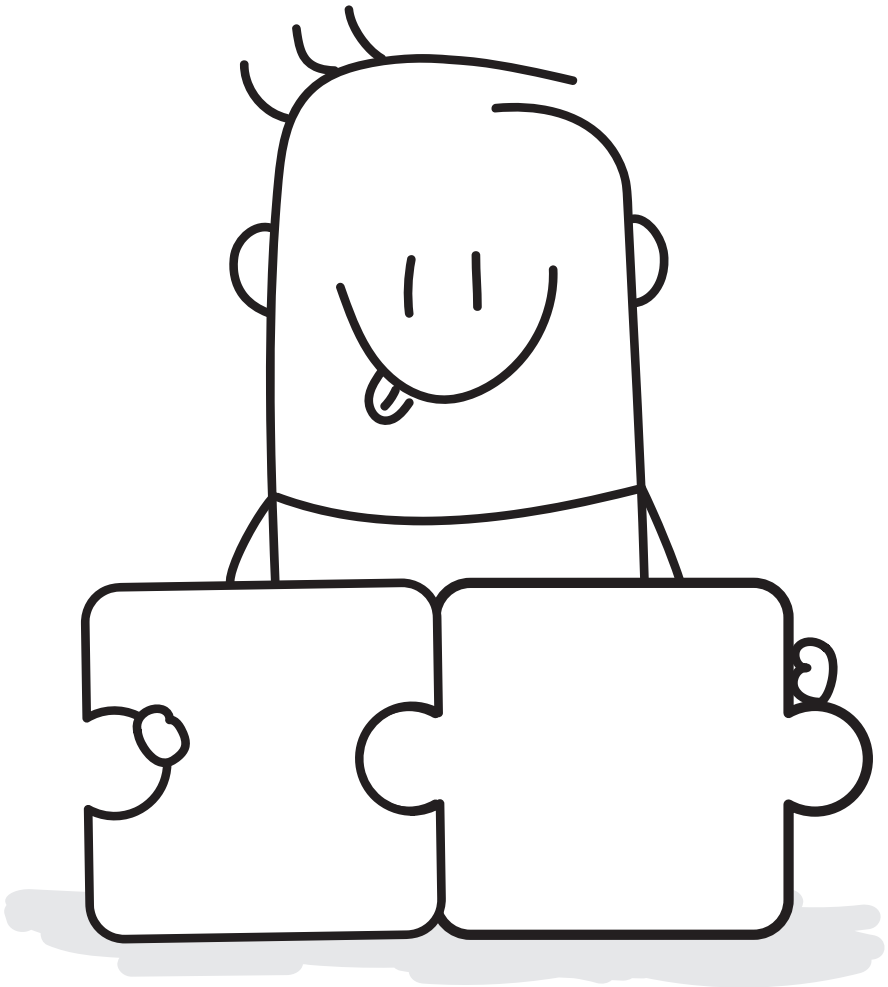
You have the right to ask questions and file complaints with the facility or case manager.



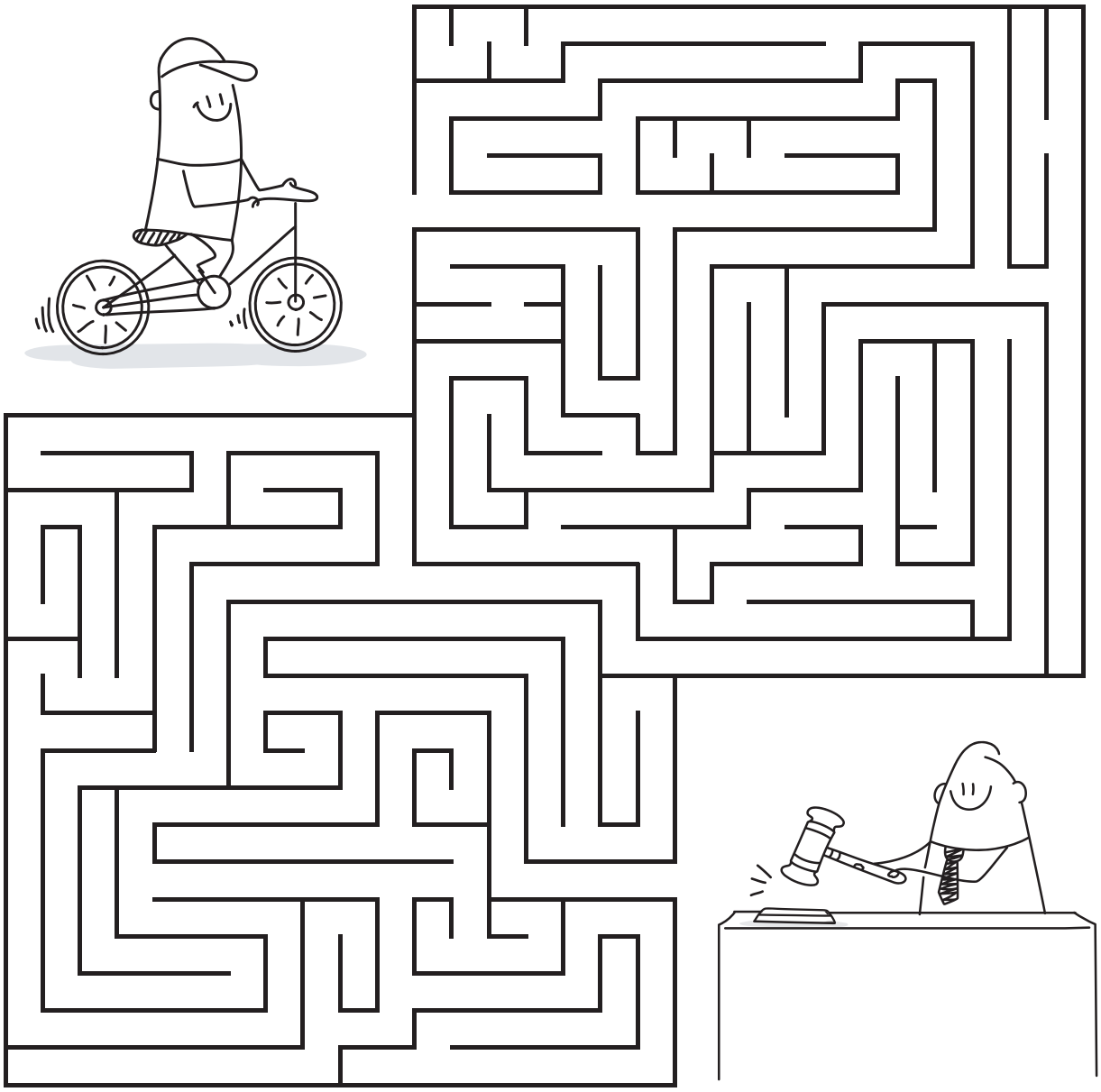
You have the right to contact Indiana Disability Rights if you feel like your rights have been violated.

If you are involved in a legal case, you have the right to be notified about court documents and hearings.

PUZZLES



Going to Court



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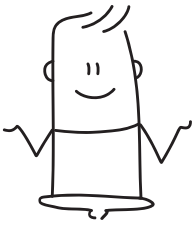
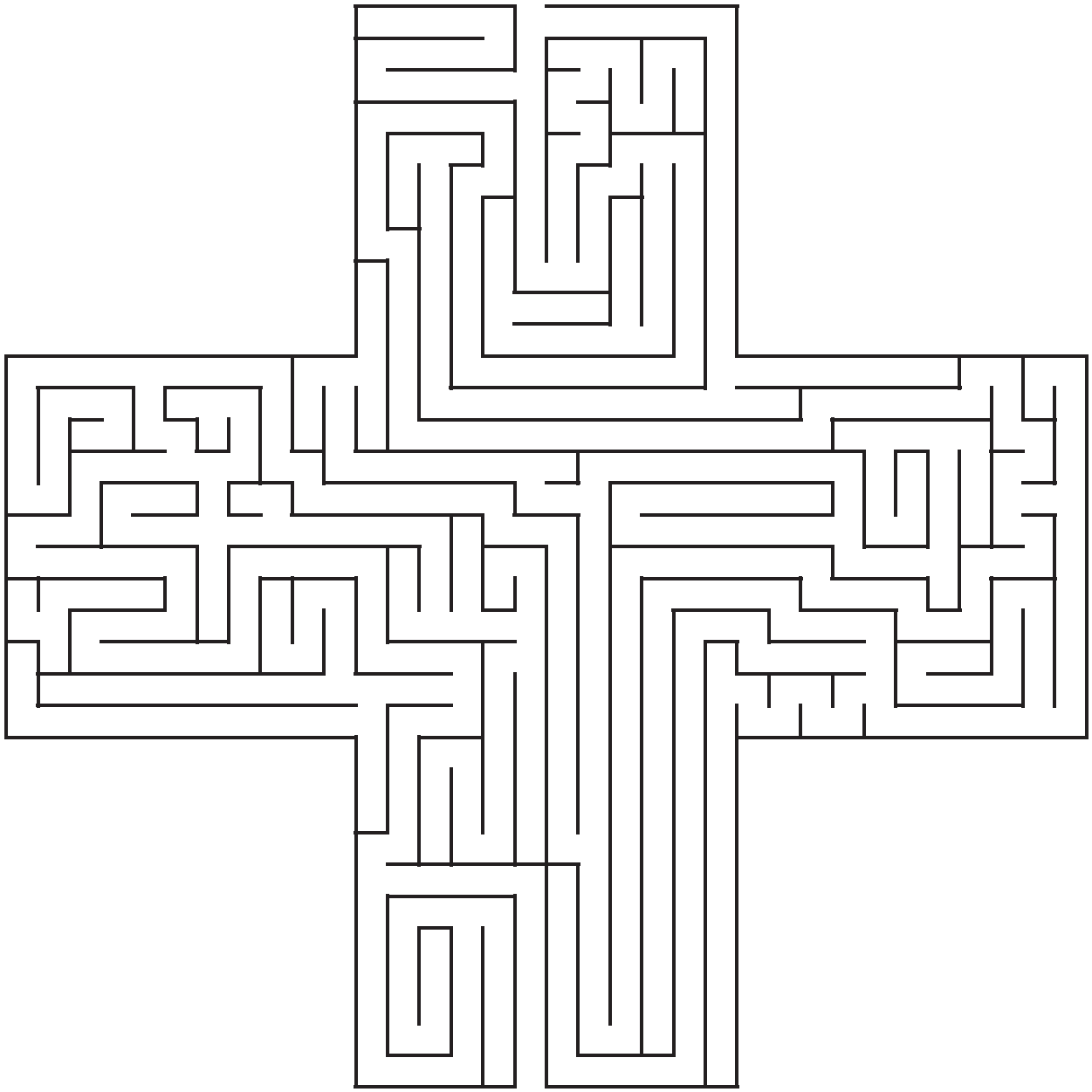
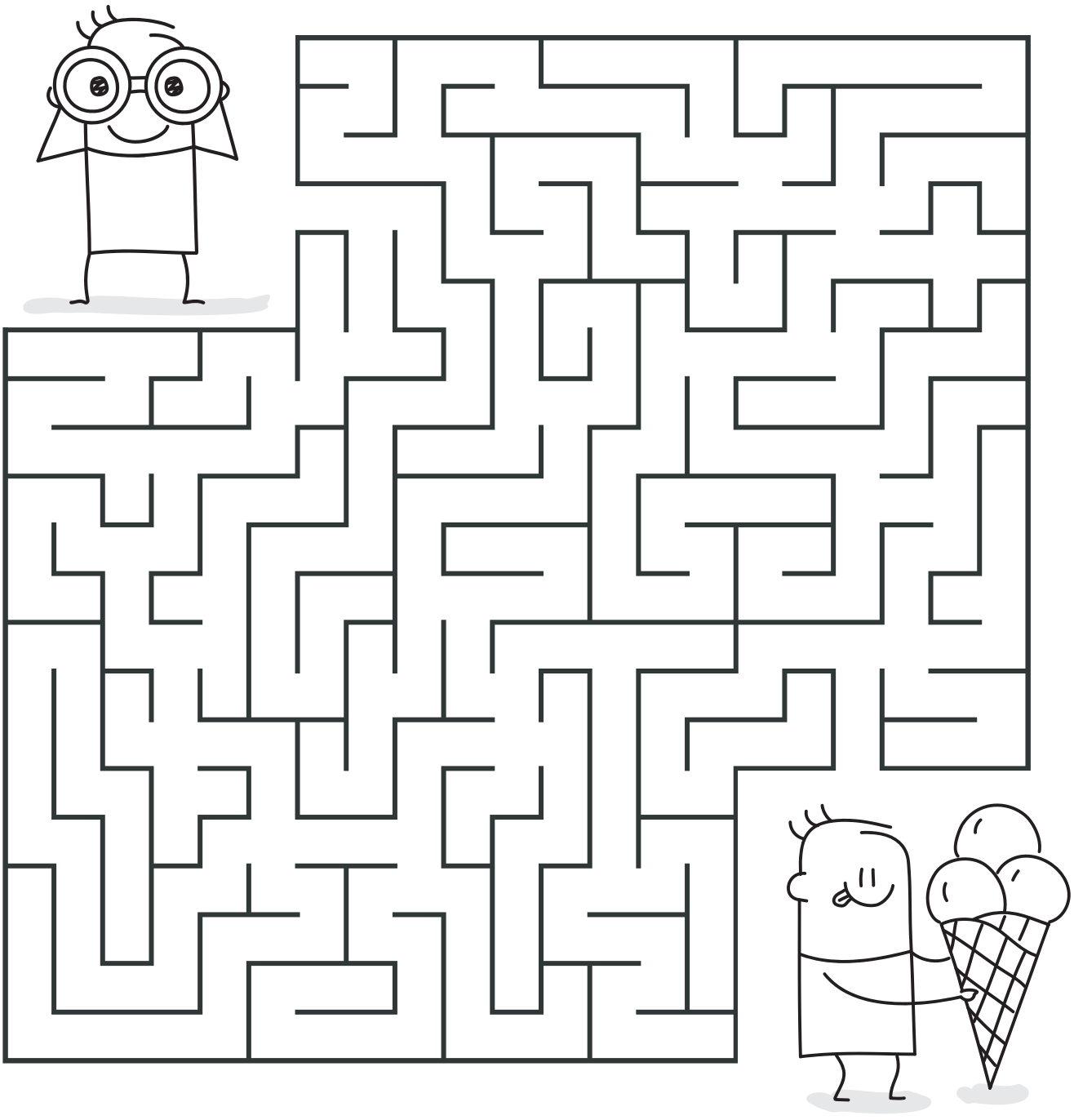
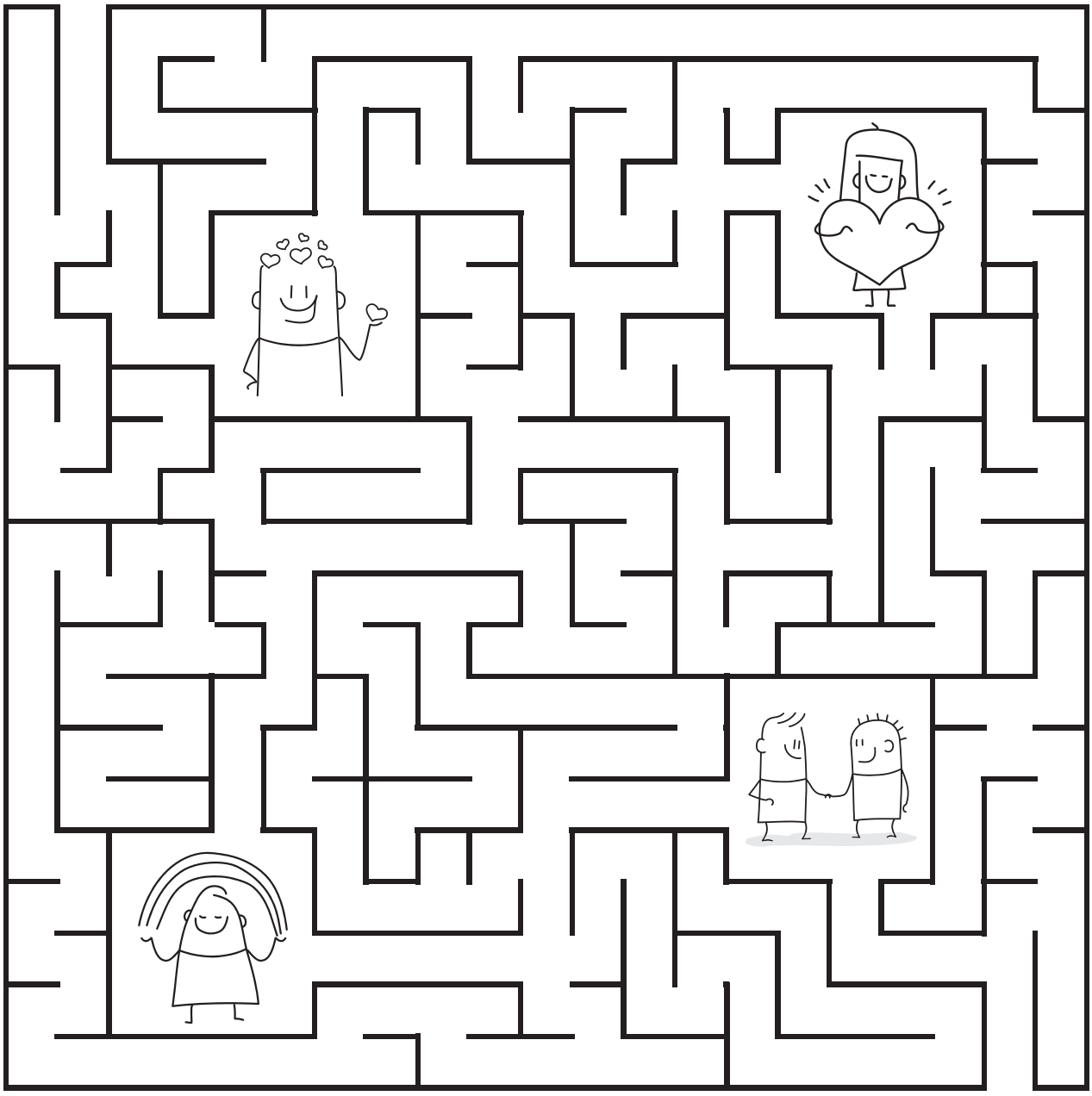




Good Stuff



Friends



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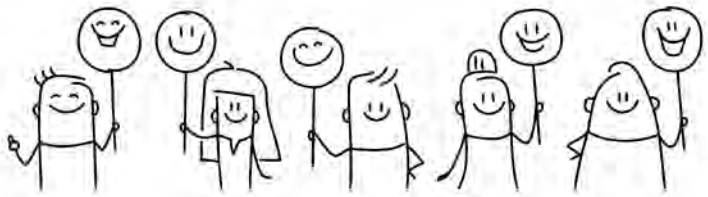

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G	D	A	E	J	R	N	F	C	Y	O	L	H	J	Y
I	Q	U	V	O	I	S	O	L	A	R	P	Q	W	E
R	Q	D	G	H	B	K	U	T	W	S	W	S	N	L
B	P	Q	S	A	E	C	T	G	X	A	J	L	L	L
E	C	N	X	B	M	H	S	R	R	F	V	S	K	O
W	U	D	H	E	C	H	I	M	K	D	F	M	D	W
S	V	S	M	B	U	O	D	S	H	E	Q	I	L	E
P	S	U	G	Y	C	H	E	E	R	F	U	L	S	A
M	H	N	K	D	I	E	O	F	M	C	I	E	A	T
M	E	R	D	J	V	O	O	P	V	G	D	P	R	H
Q	L	I	G	H	T	N	H	F	U	E	V	S	B	E
P	J	S	E	N	T	C	I	S	Y	G	F	J	K	R
J	F	E	J	Y	D	E	N	A	T	N	U	S	X	Y

BRIGHT CHEERFUL HAPPY

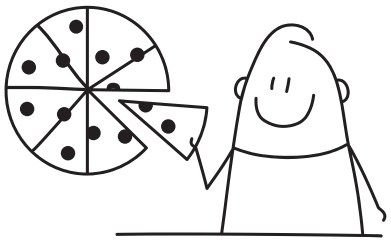
SMILE LIGHT OUTSIDE

RAYS SKY SOLAR

SUNRISE SUNSHINE SUNTAN

WARM WEATHER YELLOW

Delicious



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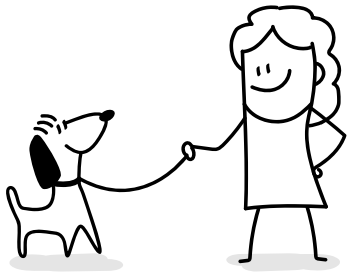
V	M	D	J	F	U	N	O	E	A	V	P	W	F	S
I	C	E	C	R	E	A	M	O	U	S	A	X	P	U
C	M	E	E	W	S	T	W	A	C	X	G	I	S	N
O	G	J	V	Z	R	A	I	H	D	C	H	L	S	D
L	L	A	E	R	E	C	V	P	Q	C	E	Z	S	A
P	Q	F	H	F	G	S	J	O	Q	L	T	B	N	E
I	P	U	G	W	R	C	S	P	Y	J	T	X	O	P
J	E	I	C	T	U	K	H	C	S	R	I	A	D	N
D	A	G	Z	S	B	W	D	O	D	Y	O	J	N	M
X	C	U	K	Z	M	K	Y	R	Y	T	A	V	J	R
Y	H	E	A	O	A	E	Z	N	C	E	R	E	A	L
U	E	M	W	E	H	O	R	T	M	O	Q	X	B	S
M	S	P	R	L	P	R	E	T	Z	E	L	S	T	D

YUM
PIZZA
HAMBURGERS
NUGGETS
PEACHES

CEREAL
FRENCH FRIES
CHIPS
POPCORN
SWEET

ICE CREAM
SAVORY
SPAGHETTI
SUNDAE
PRETZELS

Animals



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K	G	N	U	R	E	T	N	C	J	A	L	Q	O	C
F	T	R	M	O	U	S	E	K	V	L	A	R	S	O
N	I	S	O	G	I	R	A	F	F	E	A	X	O	D
V	G	M	N	A	Y	I	D	G	X	E	Y	B	R	I
J	E	A	D	U	K	J	B	A	T	S	S	E	M	L
D	R	F	G	E	R	D	R	V	K	Y	O	A	E	E
O	G	J	J	Y	Z	E	B	R	A	U	C	R	M	W

HORSE
HIPPOPOTAMUS
GIRAFFE
ZEBRA
MOUSE
GORILLA
ORANGUTAN
PANDA
DOG
TIGER
BAT
BEAR
EAGLE
BEAVER

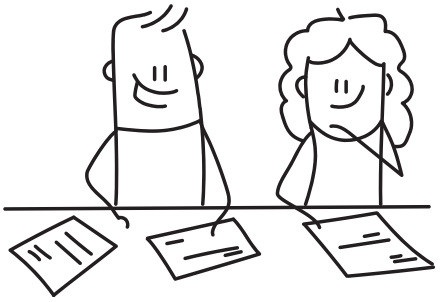
Cities Around the World

M	M	Q	J	T	O	K	Y	O	G	J	U	W	M	S
E	A	X	D	K	G	Y	I	O	C	B	D	M	I	R
X	G	D	S	E	K	M	P	G	N	J	I	R	X	F
I	F	J	R	V	L	J	G	F	E	L	A	E	S	S
C	B	F	K	I	G	H	S	T	W	P	B	U	H	I
O	C	P	X	S	D	X	I	H	Y	A	U	Z	A	Z
C	J	R	Y	T	I	B	F	L	O	N	D	O	N	S
I	Y	A	M	A	C	A	A	H	R	C	A	T	G	H
T	A	G	P	N	P	R	Y	A	K	B	U	S	H	E
Y	N	U	E	B	G	C	L	E	C	C	T	D	A	I
S	C	E	H	U	A	E	R	G	I	O	E	T	I	E
A	M	Y	E	L	T	L	H	E	T	B	R	E	S	T
T	E	A	M	E	V	O	E	R	Y	J	U	I	S	T
A	S	L	O	S	A	N	G	E	L	E	S	K	A	A
N	Y	O	R	E	T	A	H	E	T	E	I	L	L	C

PARIS
CAIRO
BARCELONA
MADRID
DELHI
TOKYO
NEW YORK CITY
ROME
LOS ANGELES
PRAGUE
MEXICO CITY
LONDON
DUBAI
SHANGHAI
ISTANBUL

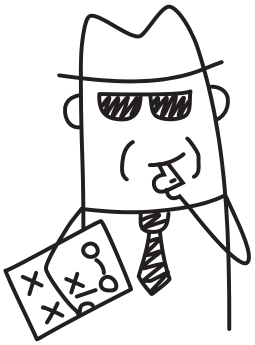
Unscramble the Words

Work



1. EBSANEC _____
2. YAAPDY _____
3. VICETOPRUD _____
4. MTINOOPOR _____
5. SOBS _____
6. MWKOTARE _____
7. TNIVRIEWE _____
8. LNTPEOEHE _____
9. EPIRD _____
10. YPAPH _____

Sports



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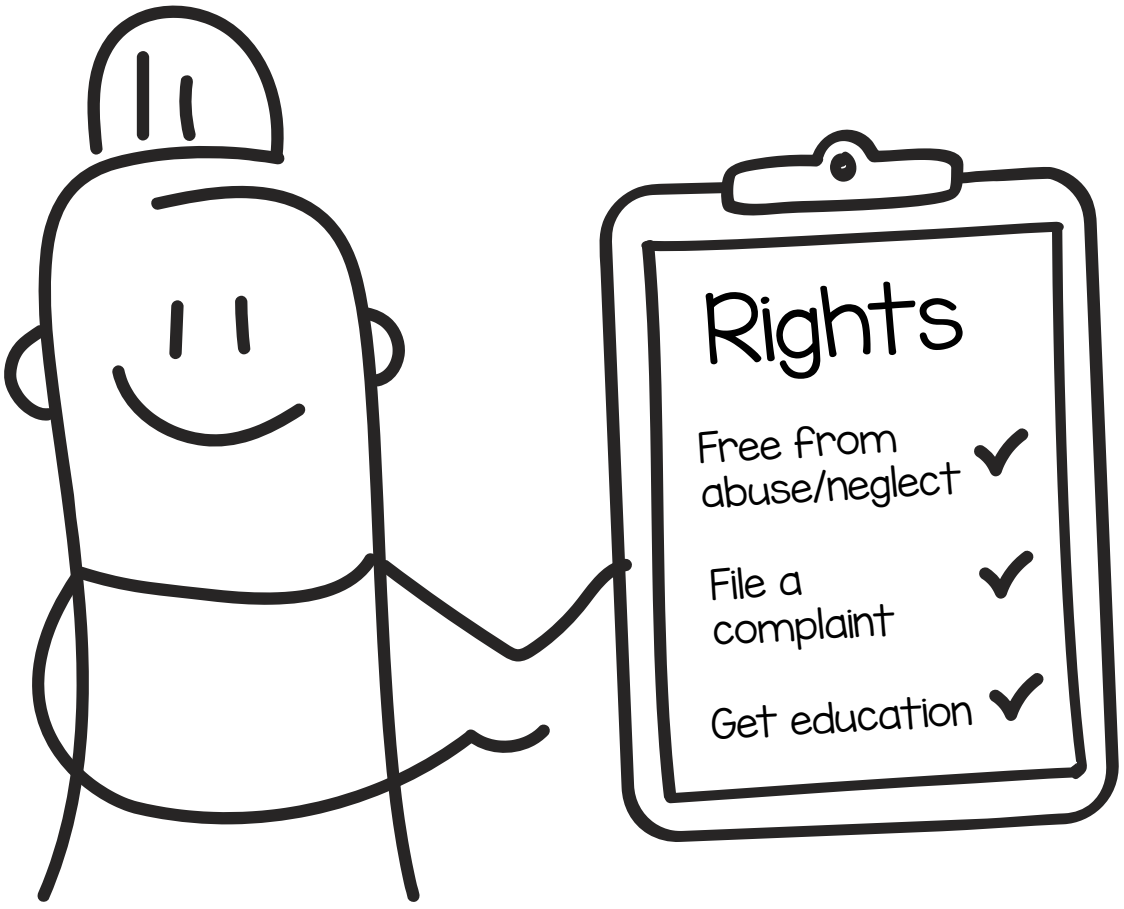
2. FSLBOABLT _____
3. MWIMSIMGN _____
4. LOTBAFOL _____
5. CARGNI _____
6. KEBBLALSTA _____
7. RCOCSE _____
8. LAVBLOLELY _____
9. EHYKOC _____
10. MTNODBANI _____

Notes

Appendices

Appendix A **Rights by Subject Matter**
Appendix B **Glossary of Terms**



Appendix A

Rights for youth in Secure Facilities

Topic Areas and Legal Citations

Topic Area	Right	Citation(s)
Advocacy	To contact Indiana Disability Rights to ask for help or report a rights violation	42 U.S.C. § 483.356(d)
	To file a complaint with, or seek the assistance of, the DCS Ombudsman, if DCS is your placement agency	DCS Bill of Rights
	To be assigned a specific caseworker	465 Ind. Admin. Code § 2-11-66(b)(1)
Communication	To write to others unless a court has ordered otherwise	465 Ind. Admin. Code § 2-11-64(e)
	To send and receive sealed mail unless doing so is unsafe	Ind. Code § 12-27-3-1(2); 465 Ind. Admin. Code § 2-11-64(d)
	To have access to a reasonable amount of writing materials and stamps	Ind. Code § 12-27-3-1(3); 465 Ind. Admin. Code § 2-11-64(d)
	To be visited at reasonable times	Ind. Code § 12-27-3-1(1)
	To make and receive phone calls with people on a call list	Ind. Code § 12-27-3-1(4)
Education	To the same opportunity for education as peers in the community	465 Ind. Admin. Code § 2-11-60(a)
Health Care	To receive humane care	Ind. Code § 12-27-2-1(2); 465 Ind. Admin. Code § 2-11-57(c)
	To be treated as appropriate to your needs using professional standards of practice	Ind. Code § 12-27-2-1(1)

	To have a yearly dental exam	465 Ind. Admin. Code § 2-11-75(c)(2)
	To receive a health exam within two weeks of admission, unless an exam occurred three months earlier	465 Ind. Admin. Code § 2-11-75(b)
	To receive a dental exam within 30 days of admission, unless an exam occurs six months earlier	465 Ind. Admin. Code § 2-11-75(c)(1)
	To receive mental health counseling at least three times each week	465 Ind. Admin. Code § 2-11-66(b)(2)
	To be involved in creating your treatment plan	42 U.S.C. § 441.155(b)(2); 465 Ind. Admin. Code § 2-11-66(f) and (k)
	To be notified of changes to your treatment plan	465 Ind. Admin. Code § 2-11-66(j)
	To have an initial, written treatment plan within 10 days of admission	465 Ind. Admin. Code § 2-11-66(a)
	To have your case reviewed at least monthly to assess whether remaining at the facility is appropriate	465 Ind. Admin. Code § 2-11-66(c)
Judiciary/Court	To receive assistance from an attorney of your choice at your expense	Ind. Code § 12-27-2-1(4)
	To request a CASA or GAL during an active CHINS case, if DCS is your placement agency	DCS Bill of Rights
Property	To wear your own clothing unless doing so is not safe	Ind. Code § 12-27-3-3(1); 465 Ind. Admin. Code § 2-11-56(c)
	To keep and use your personal belongings unless doing so is not safe	Ind. Code § 12-27-3-3(2); 465 Ind. Admin. Code § 2-11-56(f)

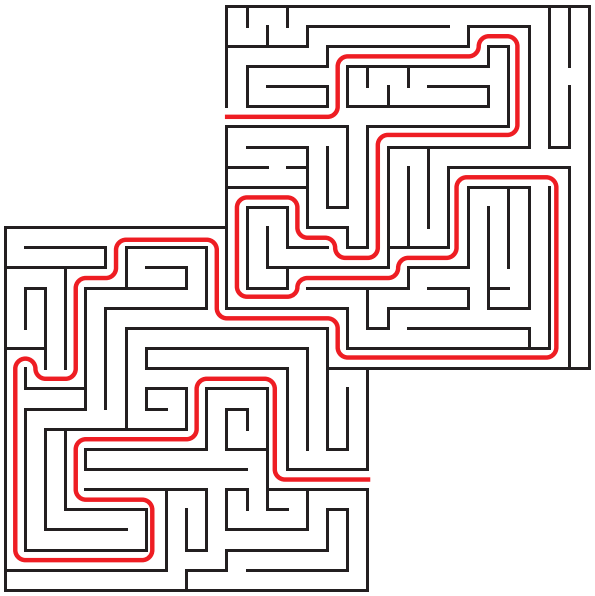
	To have the decision to take away your personal belongings reviewed by direct care staff and a caseworker daily and by the treatment team at least once per week	465 Ind. Admin. Code § 2-11-56(g)
	To keep and spend a reasonable amount of money	Ind. Code § 12-27-3-3(3)
Religion	To practice your religion	Ind. Code § 12-27-2-1(3); 465 Ind. Admin. Code § 2-11-61
Residential Living	To have three healthy meals each day and access to snacks	465 Ind. Admin. Code § 2-11-77(b)(1) and (f)(8)
	To have a daily routine to eat, sleep, and exercise	465 Ind. Admin. Code § 2-11-55(a)
	To have private time to engage in hobbies	465 Ind. Admin. Code § 2-11-55(c)
	To have enough storage space for private use	Ind. Code § 12-27-3-3(4); 465 Ind. Admin. Code § 2-11-56(d)
	To have a bedroom with only one roommate	465 Ind. Admin. Code § 2-11-79(a)
	To receive clean sheets at least once per week	465 Ind. Admin. Code § 2-11-79(f)(3)
	To live in a clean, safe, and well-maintained place	465 Ind. Admin. Code § 2-11-80(a)
Safety	To be free from cruelty, humiliation, and being scared by staff	465 Ind. Admin. Code § 2-11-57(d)
	To be free from restraint and seclusion for punishment or staff convenience	42 U.S.C. § 483.358(a)(1)
	To be free from language that is abusive or degrading or uses curse words	465 Ind. Admin. Code § 2-11-57(e)

Appendix B
Glossary of Terms

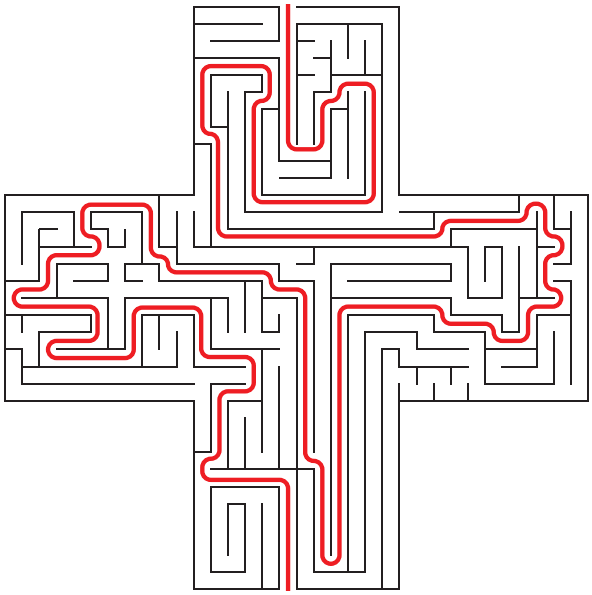
Abuse	Actions or threats that hurt, harm, scare, or manipulate someone. Abuse can be physical, emotional, sexual, or financial.
Humane	Showing care or compassion.
Neglect	The state of being not properly cared for or not receiving enough attention.
Unauthorized person	Someone who does not have legal permission to review your records or receive information about your care. Laws authorize some people, such as your doctor or guardian, to have information about you.
Unlawful discrimination	Different treatment of someone that is not allowed by law. Generally, the law states that people cannot be discriminated against, or treated differently, on the basis of characteristics like race, ethnicity, religion, gender, or disability status. However, some forms of discrimination are legal, such as providing people with disabilities reasonable accommodations.

Maze Answers

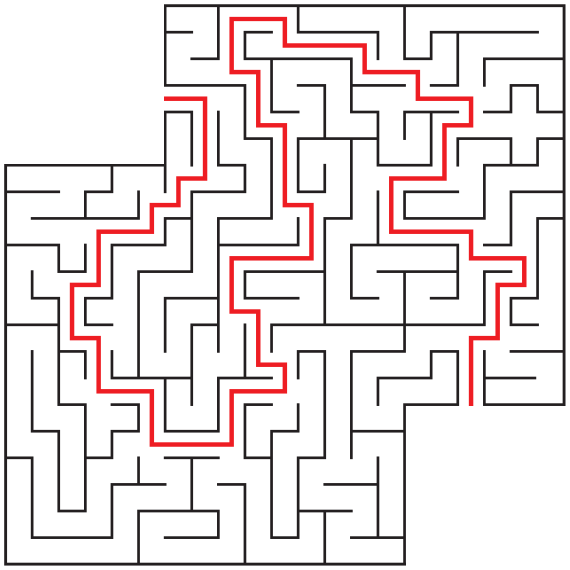
Going To Court



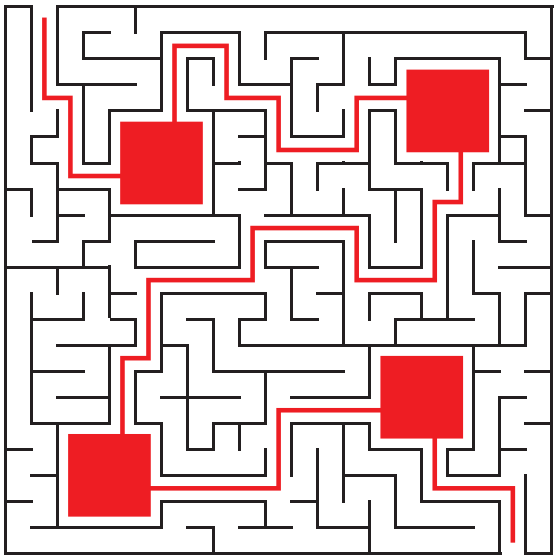
Transition



Good Stuff



Friends



Word Search Answers

Sunshine

T	X	B	U	G	M	G	C	D	C	R	A	Y	S	H
H	A	P	P	Y	Y	F	E	Z	O	H	K	L	E	W
G	D	A	E	J	R	N	F	C	Y	O	L	H	J	Y
I	Q	U	V	O	I	S	O	L	A	R	P	Q	W	E
R	Q	D	G	H	B	K	U	T	W	S	W	S	N	L
B	P	Q	S	A	E	C	T	G	X	A	J	L	L	L
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W	U	D	H	E	C	H	I	M	K	D	F	M	D	W
S	V	S	M	B	U	O	D	S	H	E	Q	I	L	E
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M	H	N	K	D	I	E	O	F	M	C	I	E	A	T
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Q	L	I	G	H	T	N	H	F	U	E	V	S	B	E
P	J	S	E	N	T	C	I	S	Y	G	F	J	K	R
J	F	E	J	Y	D	E	N	A	T	N	U	S	X	Y

Animals

H	I	P	P	O	P	O	T	A	M	U	S	R	S	X
I	O	E	N	D	J	S	L	Z	G	B	W	U	E	Q
F	V	R	B	J	K	E	U	C	V	W	M	Q	A	G
N	E	G	S	V	F	A	R	O	D	O	G	M	G	C
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N	I	S	O	G	I	R	A	F	F	E	A	X	O	D
V	G	M	N	A	Y	I	D	G	X	E	Y	B	R	I
J	E	A	D	U	K	J	B	A	T	S	S	E	M	L
D	R	F	G	E	R	D	R	V	K	Y	O	A	E	E
O	G	J	J	Y	Z	E	B	R	A	U	C	R	M	W

Delicious

G	F	U	D	M	P	Z	D	S	T	E	G	G	U	N
G	F	R	E	N	C	H	F	R	I	E	S	X	C	U
V	M	D	J	F	U	N	O	E	A	V	P	W	F	S
I	C	E	C	R	E	A	M	O	U	S	A	X	P	U
C	M	E	E	W	S	T	W	A	C	X	G	I	S	N
O	G	J	V	Z	R	A	I	H	D	C	H	L	S	D
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P	Q	F	H	F	G	S	J	O	Q	L	T	B	N	E
I	P	U	G	W	R	C	S	P	Y	J	T	X	O	P
J	E	I	C	T	U	K	H	C	S	R	I	A	D	N
D	A	G	Z	S	B	W	D	O	D	Y	O	J	N	M
X	C	U	K	Z	M	K	Y	R	Y	T	A	V	J	R
Y	H	E	A	O	A	E	Z	N	C	E	R	E	A	L
U	E	M	W	E	H	O	R	T	M	O	Q	X	B	S
M	S	P	R	L	P	R	E	T	Z	E	L	S	T	D

Cities Around the World

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X	G	D	S	E	K	M	P	G	N	J	I	R	X	F
I	F	J	R	V	L	J	G	F	E	L	A	E	S	S
C	B	F	K	I	G	H	S	T	W	P	B	U	H	I
O	C	P	X	S	D	X	I	H	Y	A	U	Z	A	Z
C	J	R	Y	T	I	B	F	L	O	N	D	O	N	S
I	Y	A	M	A	C	A	A	H	R	C	A	T	G	H
T	A	G	P	N	P	R	Y	A	K	B	U	S	H	E
Y	N	U	E	B	G	C	L	E	C	C	T	D	A	I
S	C	E	H	U	A	E	R	G	I	O	E	T	I	E
A	M	Y	E	L	T	L	H	E	T	B	R	E	S	T
T	E	A	M	E	V	O	E	R	Y	J	U	I	S	T
A	S	L	O	S	A	N	G	E	L	E	S	K	A	A
N	Y	O	R	E	T	A	H	E	T	E	I	L	L	C

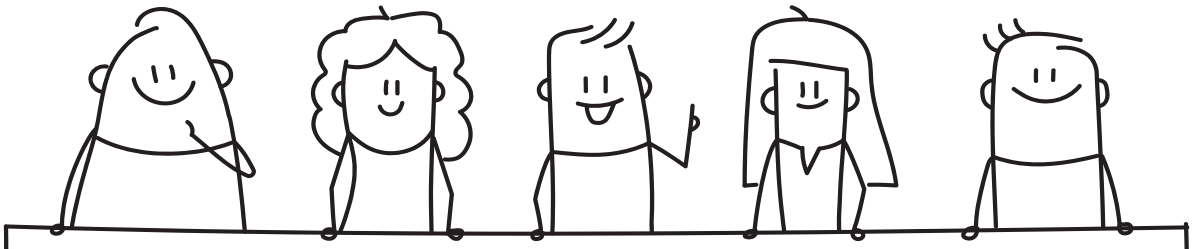
Word Scramble Answers

Work

1. ABSENCE
2. PAYDAY
3. PRODUCTIVE
4. PROMOTION
5. BOSS
6. TEAMWORK
7. INTERVIEW
8. TELEPHONE
9. PRIDE
10. HAPPY

Sports

1. RUGBY
2. SOFTBALL
3. SWIMMING
4. FOOTBALL
5. RACING
6. BASKETBALL
7. SOCCER
8. VOLLEYBALL
9. HOCKEY
10. BADMINTON



If you think your rights have been violated, you may take one or more of these actions:

1. Talk to your Family Case Manager or Probation Officer.

2. File a complaint with the facility or the placement agency.

3. Contact Indiana Disability Rights (IDR).
4755 Kingsway Dr., Ste. 100
Indianapolis, IN 46205
1-800-622-4845

4. Talk to an IDR Advocate during a monitoring visit.

The Protection and Advocacy System for the State of Indiana.

This publication was made possible by funding support from SAMHSA. These contents are solely the responsibility of the grantee and do not necessarily represent the official views of SAMHSA.

Private Secure Facilities Project

Photo tour of residential facilities

May 22, 2024

INDIANA
DISABILITY RIGHTS

Welcome

- “It was scary coming in here.”
- “This building is haunted.”
- “I was dropped off by the sheriff.”
- “I didn’t know anyone.”

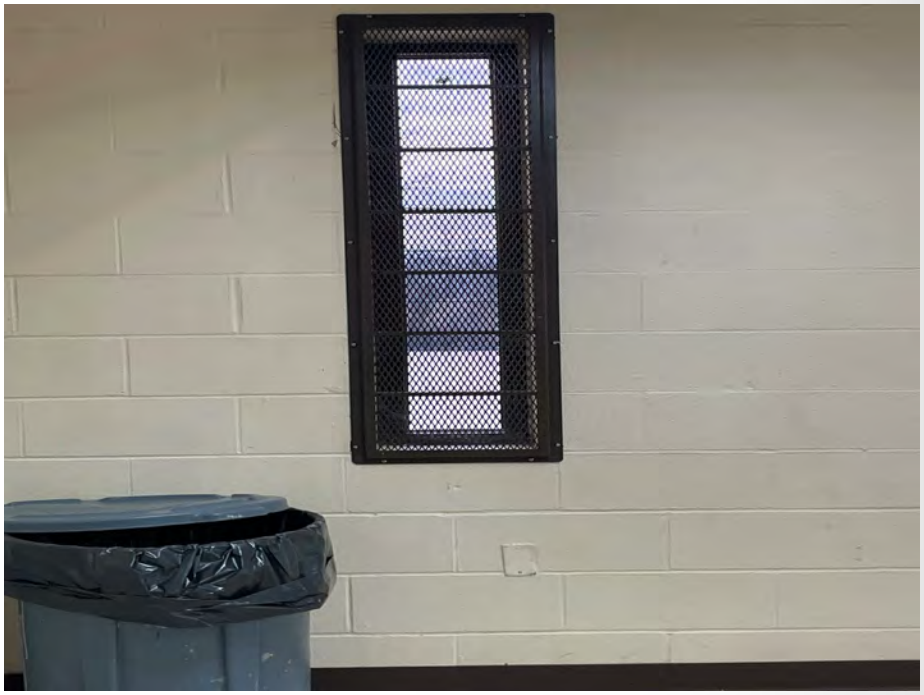
Welcome!

Welcome!

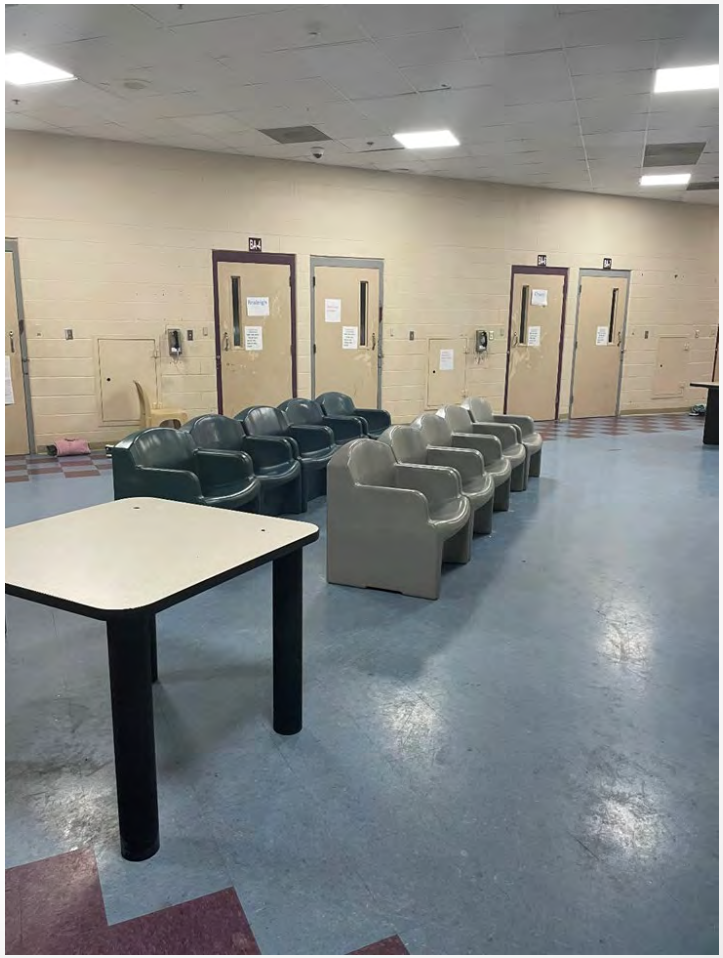
Welcome!

Living Spaces

- “I can’t get away from other kids.”
- “Sometimes I just need it to be quiet.”
- “It is LOUD in here.”
- “The only space we have to get away is our room, and we aren’t allowed to go there.”



Living Spaces



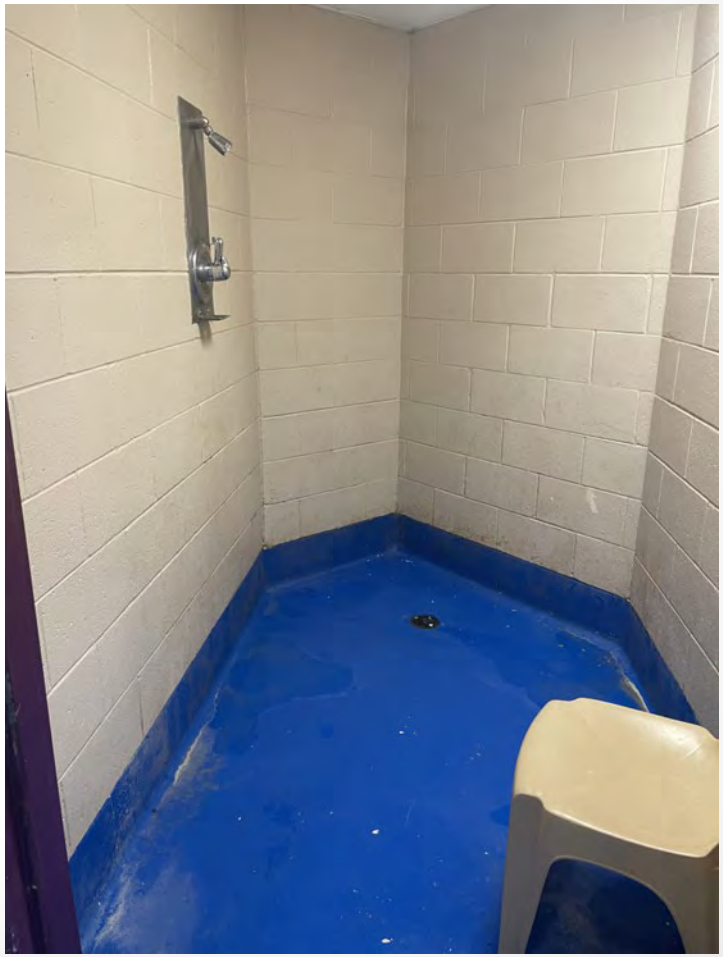
Living Spaces

Living Spaces

Bathrooms

Bathrooms

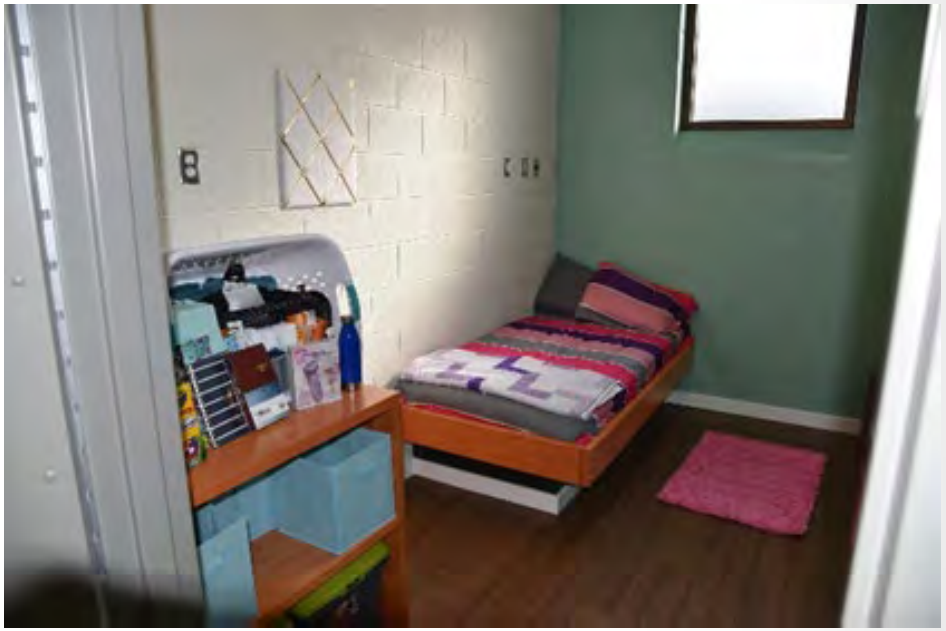
Bathrooms



Bathrooms

Bedrooms

Bedrooms



Bedrooms

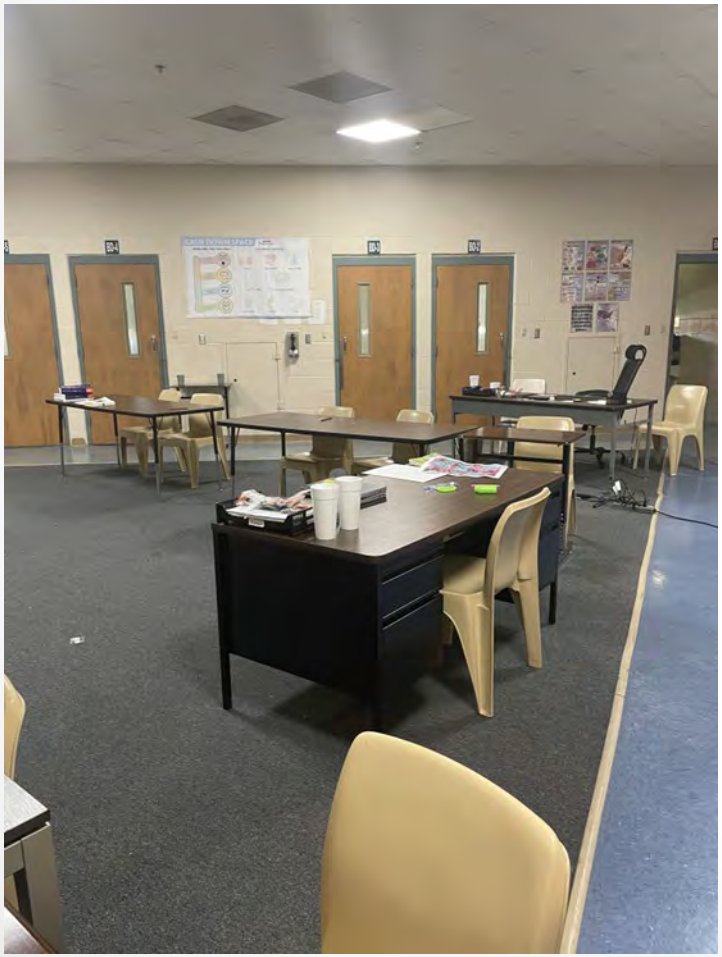
The Food

- “It is terrible.”
- “Food in detention tastes better.”
- “I leave the table still hungry.”
- “We don’t get enough to eat.”
- “We get cold food.”

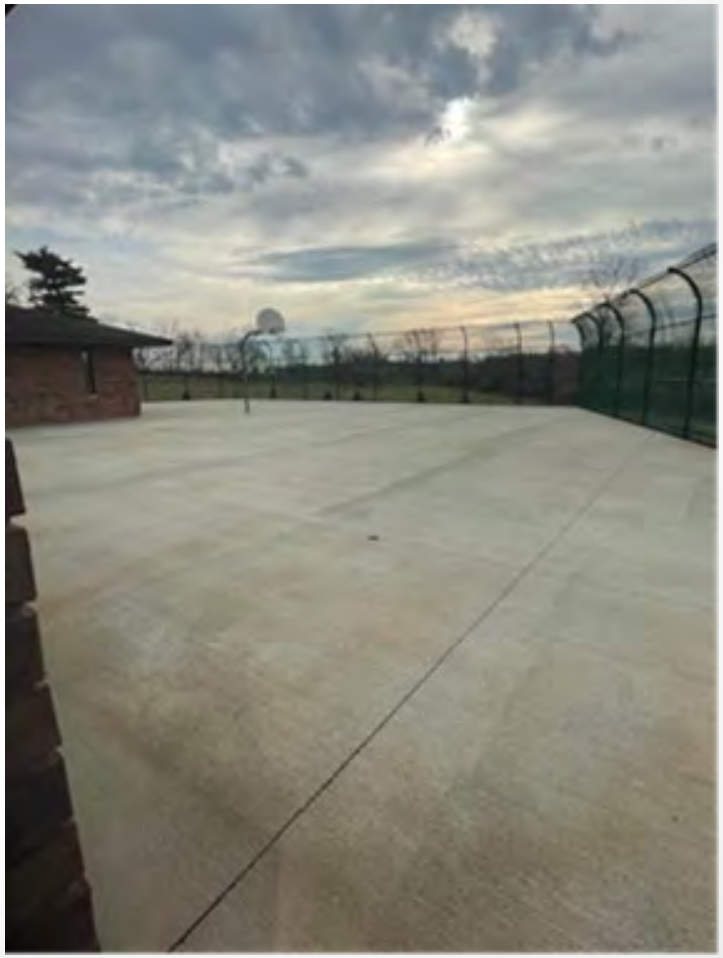
The Food

The Food

Classrooms



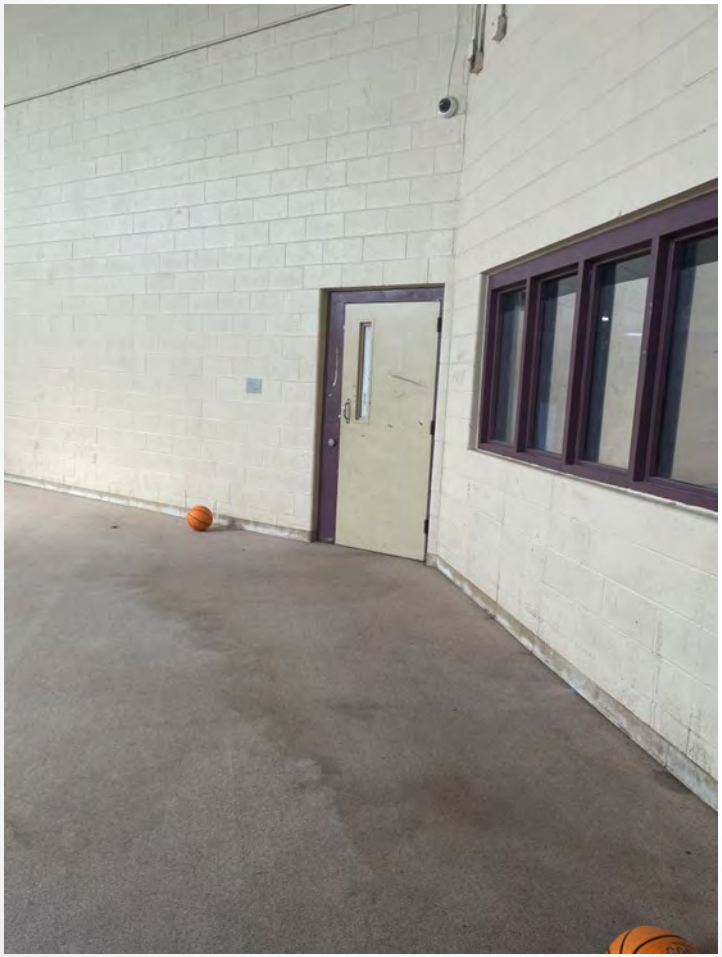
Outside Spaces



Outside Spaces

Outside Spaces

Indoor Recreation Spaces



Outdoor Spaces

INDIANA DISABILITY RIGHTS

June 20, 2024

U.S. Senate Committee on Finance
Attn: Editorial and Document Section
statementsfortherecord@finance.senate.gov
SENT ELECTRONICALLY

Re: Statement regarding Youth Residential Treatment Facilities

Dear Chairman Wyman, Ranking Member Crapo, and Finance Committee Members,

Indiana Disability Rights (IDR) is Indiana's federally mandated protection and advocacy system. IDR upholds the rights of individuals with disabilities through various statutory responsibilities, including activities from informal advocacy and legal representation to monitoring facilities that serve individuals with disabilities. Recently, IDR concluded a five-year project focusing on private secure facilities (PSFs) that serve youth between the ages of six and 21 years. Some of Indiana's 22 PSFs are singularly designated as private residential treatment facilities (PRTFs), while others provide treatment through multiple licenses.

While IDR continues working with state agencies and PSF leadership to improve conditions for youth in these facilities, the information obtained through its project may be of value to the U.S. Senate Committee on Finance. Specifically, IDR offers this statement in response to the Committee's June 12, 2024, hearing, *Youth Residential Treatment Facilities: Examining Failures and Evaluating Solutions*. The statement is organized by five major themes IDR investigators routinely identified at PSFs:

- **Unsafe and unhealthy living environments.** Policymakers could ameliorate this problem by clearly articulating minimum standards for safe and healthy home-like residential treatment facilities, as well as mandate the imposition of sanctions on facilities that fail to comply with these basic standards.
- **Violation of residents' rights, including the improper use of restraints.** Policymakers should consider strengthening the requirement that youth in residential treatment programs receive information about their rights on a single occasion, and instead require rights information to be provided, and reiterated, in various formats, to ensure youth comprehension. Policymakers could also significantly eliminate opportunities for harm by banning the use of prone restraints in youth residential treatment facilities.
- **Insufficient programming, including inadequate educational opportunities.** Policymakers could help ensure that youth at residential treatment facilities receive their right to a free and appropriate public education (FAPE) by enacting a minimum length for daily educational programming and establishing basic standards for the classroom environment that are conducive to learning. It may even be helpful for policymakers to reiterate that school-aged youth are entitled

4755 Kingsway Drive, Suite 100
Indianapolis, IN 46205
IndianaDisabilityRights.org

Phone: 317.722.5555
Toll Free: 800.622.4845
Fax: 317.722.5564

to a FAPE, regardless of their placement in residential programming. Further, policymakers should incentivize community-based (rather than facility-based) programming, as facility-based programs often create barriers that make it difficult for youth to reintegrate in their local community post-treatment.

- **Inadequate staffing and ineffective leadership.** Policymakers could address staffing shortages and improve the quality of direct care by both increasing funding for staff hiring and recruitment and establishing minimum professional qualifications for direct care staff. Similarly, policymakers could meaningfully address ineffective facility leadership by establishing minimum clinical qualifications for the role of residential treatment facility director.
- **Insufficient regulatory oversight.** Policymakers should consider clarifying current laws to ensure that the youth residential treatment facility oversight entity, as well as its responsibilities, are unambiguous to all stakeholders. Policymakers may also consider instituting an automatic and mandatory admission hold on a residential treatment facility during any period that it is subject to sanction(s) imposed by the oversight entity.

Unsurprisingly, these themes largely echo the concerns shared by fellow protection and advocacy systems throughout the country.

The five themes are discussed in greater detail below, based upon information that IDR investigators gathered during the five-year PSF project. Each theme has a designated section within this Statement, identified with bold text. The italicized text within each section indicates IDR's suggestions for policy improvement.

Unsafe and Unhealthy Environments

IDR investigators observed a wide variety of PSF living environments. Nearly all PSFs in the state fail to offer youth a home-like environment. Common areas almost always have hard plastic, weighted furniture, arranged in rows. (See Figure 1.) Twin beds – or smaller – are also made of hard plastic, with a thin, worn pad serving as a mattress. During one visit, a 17-year-old showed IDR investigators how his feet hung over the end of his bed – by almost a foot – and his shoulders spanned its entire width. Many other youth reported discomfort and trouble sleeping to investigators.

Figure 1. Hard plastic chairs arranged in rows.

Instead of a home, many PSFs resemble detention facilities. These PSFs have steel doors with small, narrow windows. Sometimes these doors are locked by keys kept by staff. Other PSFs feature a central command center, from which locked doors throughout the facility can be opened remotely.

Living unit bathrooms feature showers rife with mold and mildew. (See Figure 2.) It was not uncommon for investigators to find exposed electrical and plumbing components. Moreover, many PSF bathrooms posed multiple opportunities for

youth to hang, choke themselves, or otherwise engage in self-harm.

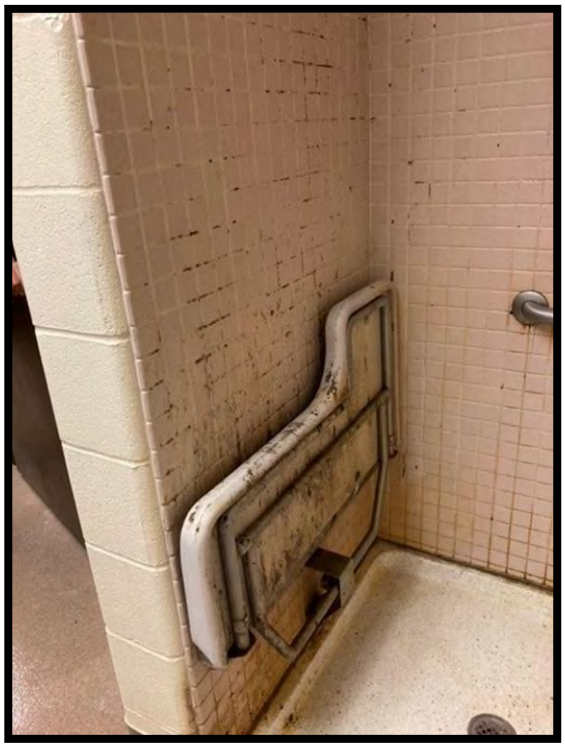


Figure 2. Shower chair covered in mold.

Indeed, safety hazards are a common problem at PSFs. Despite locked, heavy steel doors in some areas, IDR investigators – and youth – found other means for easy elopement from the PSF campus. While the weighted furniture is designed to dissuade its use as a weapon, it conversely creates an unacceptable barrier when located in front of fire exits. In fact, when investigators raised this concern with PSF leadership, it was conceded that the arrangement was intentional, to make it more difficult for youth to escape. Thus, it appears that many PSFs fail to engage in comprehensive safety planning, instead cobbling solutions together as issues arise. This approach may jeopardize safety more than the status quo.

Importantly, Indiana's PSFs are, in general, woefully unprepared for fire emergencies. Some PSFs do not require youth to fully participate in fire drills. Other PSFs feature bedroom units that are (un)locked only from the outside, preventing youth from independently exiting their bedroom during a fire. Some PSFs do not provide fire extinguishers in locked living units. At one PSF, staff could not find the fire extinguisher, nor the key to unlock it, despite having signed an acknowledgment that they received fire safety training the previous day.

IDR suggests the adoption of more explicit mandates for the provision of a home-like environment. Moreover, unless state oversight agencies sanction residential treatment facilities for failing to provide a healthy environment for residents, IDR fears safety lapses will continue to jeopardize youth safety.

Violation of Residents' Rights

Interviews with youth, conducted by IDR investigators during the PSF project, reveal that many lack a basic understanding of their rights. Although PSF administrators stated that youth are given DCS's Bill of Rights for Youth in Residential Treatment upon admission, few youth recalled receiving it. Several of those who remembered receiving the Bill of Rights shared that they did not understand it.

Despite their constitutional and conditional rights, many youth in PSFs lack daily opportunities to exercise autonomy. Clothing choices may be limited; several PSFs require youth to wear uniforms. The PSF schedule dictates when youth go to bed and rise. Many PSFs prepare a single entrée for each meal, leaving youth without nutritional alternatives. Outdoor activities are limited to whatever options the PSF makes available; few PSFs offer playground equipment, walking paths, and sports equipment. Moreover, youths' right to receive visitors and make phone calls is regularly denied by PSF staff, either due to allegations of youth misbehavior or staff inability to assist with the endeavor.

IDR investigators also found that PSFs often have inadequate mechanisms for youth to get their concerns addressed. Resident councils are a rarity at Indiana PSFs but provide a strong opportunity for youth to practice self-advocacy and communication skills. Further, although PSFs are required to have grievance procedures, these procedures are often insufficient to afford youth due process. Many PSFs lack a mechanism for youth to anonymously submit grievances. Some PSFs require youth to submit their grievance to direct care staff, rather than the ultimate recipient. This procedure allows direct care staff, who are occasionally the subject of grievances, to review (and screen) the grievance. Youth told IDR investigators that they had seen direct care staff destroy grievances or route them to parties other than the intended recipient. Youth reported rarely receiving grievance responses and, even then, only a few PSFs provide youth with an appeal procedure. PSFs also tend to only accept written grievances and fail to offer reasonable accommodations to that policy.

IDR suggests strengthening the notification mandates regarding the rights of residents in youth treatment facilities. In addition to providing youth with written information about their rights at admission, when they are likely overwhelmed, facilities should distribute rights information to youth again one week after admission. Providing this information a third time, 30 days post-admission, would reiterate the importance of resident rights, as well as allow youth to consider how those rights apply to their day-to-day experience in the facility. Additionally, because youth have different learning styles, providing rights information in more than one format – including in writing, by video, and through oral instruction – would help ensure that youth understand their rights.

Relatedly, IDR investigators found that many PSFs improperly used restraints, either by overreliance on their use to control youth or by failing to follow relevant procedure in their application. During the project, investigators uncovered numerous youth injuries that were caused by the inappropriate use of restraints. Such injuries included closed head injuries, skull fractures, Salter-Harris Type II limb fractures, lacerations that required sutures, and contusions. Beyond physical harm, youth also reported that restraint sometimes causes humiliation and exacerbates the effects of prior trauma.

Investigators found that many PSFs still allow staff to perform prone restraints on youth, despite serious danger and risk of death. Research shows that prone restraints greatly exacerbate the likelihood of positional asphyxiation. When staff do not execute prone restraints procedures in a particular manner, the likelihood of injury and death are heightened even further.

Moreover, investigators found that direct care staff at most PSFs regularly initiate restraints – as well as seclusion and impose precautions – on youth without approval from a physician, nurse, or other licensed mental health professional. This finding exposes two deeper concerns. First, direct care staff sometimes use restraints in response to non-dangerous behaviors, for example simple verbal outbursts or throwing paper. Second, clinical staff is rarely readily available to youth and direct care staff. Although the law requires that a nurse or therapist observe secure holds within PRTFs, these professionals are often unavailable in the moment that direct care staff determine the need for a secure hold exists. Indeed, IDR investigators were present on multiple occasions during which neither a nurse nor therapist was even on the PRTFs' campus.

IDR suggests that a prohibition on the use of prone restraints in residential treatment facilities that receive federal funding is low-hanging fruit for policymakers. The likelihood of serious harm outweighs the benefit of prone restraints; direct care staff can place youth in less dangerous secure holds. Banning the use of

prone restraints in facilities receiving federally funds would discontinue the practice in most youth residential treatment facilities, as well as likely prompt state oversight agencies to adopt relevant statutory language and apply it statewide.

Insufficient Programming

During the project, IDR investigators determined that education is rarely prioritized by PSF leadership. Generally, to provide education to the children in their care, Indiana's PSFs either partner with a local school corporation or become accredited schools. Unfortunately, these practices typically segregate youth, who are often instructed in or near their living unit and prevented from interacting with peers without disabilities.

IDR investigators also found that PSF administrators and teachers lack critical knowledge about the education programs for which they are responsible. For example, some administrators were unable to tell investigators how their education program was credentialed by DOE. Further, administrators regularly reported difficulty obtaining complete youth education records from their prior school. Although the youth's very presence in a PSF indicates the presence of a disability that would qualify them for an individualized education program (IEP), most PSFs reported that students are not provided with special education services because no IEPs are available. Similarly, teachers shared with investigators that they did not know whether youth had previously received special education services.

In response to the absence of complete student records, some PSFs require youth to wait up to 30 days post-admission before attending academic programming, with the expectation that additional records may arrive within the 30-day time span. Other PSFs integrate access to academic programming within their system of rewards and punishments; when youth fail to abide by the rules, they are prohibited from attending school. Clearly, these practices violate the constitutional right of youth to receive a free appropriate public education.

Before leaving this topic, IDR notes that DOE-placed youth tend to remain in residential programming far longer than necessary. IDR investigators met several DOE-placed youth who remained in residential treatment, despite having lived at the facility for more than a decade. Although their treatment goals had been met, DOE had not worked with the youths' respective support systems to identify an appropriate placement and engage in discharge planning.

IDR suggests that the Committee consider strengthening legal mandates regarding the education of students in residential treatment facilities. Specific items to consider include: setting a minimum length of educational programming each day (as students observed during the project rarely spent more than a few hours on daily academic activities); requiring students to be educated in a setting conducive to learning; and reiterating that special education services must be delivered to students in residential treatment facilities.

Investigators also found that many PSFs fail to meaningfully acknowledge and address the trauma experienced by youth, either individually or programmatically. It is important to remember that youth placed in residential treatment facilities almost always have experienced significant trauma. Some have been subjected to abuse and neglect. Some have been removed from the care and custody of their parents. It is ironic, then, that many PSFs fail to address youth trauma in even the most basic manner. Fundamental

needs – like adequate sleep, nutritious meals, and outdoor play and exercise – are not universal in youth residential treatment programs.

Investigators also discovered that some PSFs practice punitive measures when youth engage in inappropriate behavior. Youth regularly reported that, despite having progressed to the second or third phase of a treatment program, a single indiscretion would delay further progress for up to 21 days. Other PSFs automatically demote youth to the prior treatment phase if youth err. These practices seem to primarily benefit the facility's finances, rather than youth mental health and well-being.

Investigators further witnessed youth get stuck at various places within PSF treatment programming. Because many youth in residential treatment have been removed from parental and/or foster care, they often lack somewhere safe to go when their treatment is complete. Without assistance to find a home, these youth linger in PSFs long after their treatment goals have been achieved, in violation of their rights and unnecessarily costing tax revenue. Moreover, unnecessary delays in residential discharge can prompt symptoms and behaviors to reemerge and, subsequently, extend the rationale for continuing to provide residential care. Indeed, sometimes youth are transferred out-of-state to extend residential treatment, which further removes them from their community and support system, potentially exacerbating misbehavior.

During the project, IDR investigators met one youth, placed at a PSF by Indiana's Department of Child Services (DCS), who had lived there for more than two years, without any discharge discussion or planning, despite having met their treatment goals. Even more alarming, investigators encountered multiple youth placed by Indiana's Department of Education (DOE), who have resided in their respective PSFs for 10 or more years. Clearly, these youth are not receiving the attention they need and deserve.

IDR suggests that the Committee solicit ideas to ensure that youth in residential treatment facilities have every opportunity to progress, as well as avoid barriers in the treatment process where youth may get stuck. Requiring periodic assessment of the need for residential treatment, beyond the single, currently required 30-day assessment, may bring greater attention (and resources) to this issue. Additionally, encouraging and facilitating the development of community-based treatment settings, as opposed to large residential institutions, may help avert the extended stays (and consequent decompensation) of youth placed in residential treatment programs.

Inadequate Staffing and Ineffective Leadership

Each of Indiana's 22 PSFs struggle to hire and retain quality staff. Staff shortages regularly cause PSFs to fall out of compliance with mandatory youth-to-staff ratios. The practical consequences include the inability of staff to safely and effectively supervise youth in their care. IDR has observed that the lack of sufficient staff has resulted in increased injury rates among both youth and staff.

PSF administrators report that they lack funds to hire experienced staff. As a result, the PSF workforce is generally young and inexperienced. It is not uncommon for staff to call in at the last minute, arrive late, and leave early. Staff immaturity also contributes to inappropriate responses to youth behaviors, including name-calling, the inappropriate use of restraints, and physical abuse. In short, the characteristics of certain staff increase the likelihood that youth in treatment will be injured. Further, the ensuing chaos makes it even more difficult for administrators to retain and recruit additional staff.

IDR offers two potential opportunities to ease the staffing burden at youth residential facilities. First, the Committee might consider the effect of increasing reimbursement rates so that higher wages can be offered to more competent candidates for employment as direct care staff. Second, increasing the minimum education or professional experience requirements of direct care staff within residential treatment facilities may preclude the hiring of staff who are unprepared to meet essential responsibilities.

Throughout the PSF project, IDR investigators had to actively seek the attention of the facilities' chief administrator, titled the Chief Executive Officer at some facilities and the Executive Director at others. Through interviews with staff and youth, IDR investigators quickly learned that many interviewees had not met, or could not name, the facility's director. Often staff and youth reported that the director was predominantly involved in fundraising activities or other events involving community participation.

Notably, however, some PSFs were outliers with respect to this topic. Generally, those PSFs whose directors had clinical backgrounds (as opposed to sports coaching backgrounds) fostered greater rapport between direct care staff and administrators. Perhaps even more importantly, these PSFs tended to offer more trauma-informed programming, as well as shorter lengths of stay for youth.

Given the undeniable operational differences – and disparate outcomes – between PSFs headed by clinical mental health professionals and those headed by directors from alternate backgrounds, IDR suggests that policymakers consider mandating that directors of youth residential treatment facilities must have at least a bachelor's degree in a mental health or social services field. Too often, IDR investigators found that leadership experience in any field was accepted by those responsible for hiring PSF directors, leaving the directors unprepared to assist youth with disabilities. Directors from non-clinical backgrounds also tend to lack familiarity with reporting requirements and similar regulatory procedures.

Insufficient Regulatory Oversight

Neither Congress nor Indiana's General Assembly has designated a government agency with ultimate responsibility for the oversight of PSFs. Although DCS, DOE, the Indiana Department of Health, and Indiana's Division of Mental Health and Addiction are all involved, to various degrees, in the licensure or guidance of PSFs, their scope of involvement and level of authority are ambiguous. None of these agencies, for example, claim responsibility for the oversight of youth treatment, compliance with staffing ratios, programming, or the administration of grievances from youth or their families. A 12-year-old's suicide went unreported (and uninvestigated), reportedly because PRTF administrators did not know whom to notify. Neither has Indiana designated an agency to regularly visit and conduct compliance surveys at residential treatment facilities.

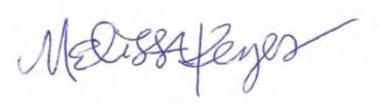
Although, as a direct result of IDR's PSF project, DCS has started visiting PSFs more frequently, it has been reluctant to advocate for the health and safety of youth placed by another entity. (DCS asserts it lacks authority to direct the PSF regarding non-DCS-placed youth.) Further, despite DCS's recent efforts to improve conditions for DCS-placed youth, PSFs throughout the state continue to operate in a noncompliant manner. And, while DCS's actions have led to the closure of a PSF and put other PSF licenses in probationary status in a few unambiguously egregious situations, the agency tends to focus on PSF adherence to the terms of its provider contract rather than consider, more broadly, the daily living conditions of youth. Indiana's tendency to prioritize particular components of youth residential treatment programs, as opposed to managing a comprehensive oversight system, is further evidenced by the fact that state

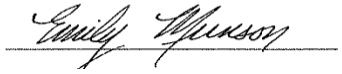
employees conduct routine surveys of PSF kitchens, to ensure proper sanitation and food safety practices, but conduct no surveys regarding PSF treatment conditions.

IDR suggests that the Committee might begin addressing oversight insufficiencies by requiring states that participate in Medicaid to clearly designate an agency with ultimate oversight authority for residential treatment facilities. That agency, among other authorities, would bear responsibility for sanctioning facilities that fail to comply with federal or state mandates. IDR also suggests that the Committee consider recommending the enaction of a law to prohibit residential treatment facilities from admitting patients, regardless of referral source, if the facility's relevant license is in probationary status or the facility is otherwise under a sanction period.

Thank you again for this opportunity to share concerns about the status of youth residential treatment programs, as well as to offer potential solutions for improving the experience of program residents. Should you or your staff have any questions about IDR's statement, please do not hesitate to contact Policy Director Emily Munson at emunson1@indianadisabilityrights.org. We eagerly await the Committee's response to the hearing and related statements.

Sincerely,





Melissa L. Keyes	Emily Munson	Tina M. Frayer
Executive Director	Policy Director	Investigations Coordinator

G. PAIMI Budget - Actual

PAIMI Expenditures and Revenues

PAIMI Expenditures	
1. Does your P&A have an approved Federal indirect cost rate? If yes, what is the approved rate?	○ Yes ◉ No 0.05% %
2. Total indirect costs	$0
3. Total of all PAIMI program costs listed in **I - VIII** in the Budget	$374,960
Total	**$374,960**

Income sources and other resources (PAIMI program only)			
1. PAIMI program carryover of grant funds identified by FY.			
Enter the last two digits of the Fiscal Year	FY	2023	$181,161
2. Program income (PAIMI only)			$0
3. State			$0
4. Other funding sources [identify each source]			
Total of all PAIMI Program resources.			**$181,161**

0930-0169 Approved: 07/27/2023 Expires: 07/31/2026

Footnotes:

H. Statement of Priorities & Objectives

PAIMI Program Statement of Priorities and Objectives - Report

The PAIMI Program Statement of Priorities and Objectives (SPOs) **must be specific** to individuals with significant mental illness (adults) and/or significant emotional impairment (children/youth), as determined by a mental health professional qualified under the laws and regulations of the state in accordance with 42 U.S.C.A. § 10802(4) (A). The SPOs in the PPR **must match** the same format and order approved in the FY 2024 PAIMI Application.

Priority/Goal Description: Prevent, find, and stop abuse, neglect, and exploitation in facilities for PAIMI eligible individuals.

Objective: Conduct systemic investigations for PAIMI eligible individuals at private secured facilities and psychiatric rehabilitation treatment facilities.

Strategies Used: Collaboration,Investigations of Abuse and Neglect,Monitoring,Training/Outreach

Target Measures

Target Population: PAIMI eligible individuals residing in a private secure facility/psychiatric rehabilitation treatment facility.

Expected Target: 2

Expected Outcome: 2

Actual Outcome: 2

Achieved: (●) **Not Achieved:** ( )

Reason why priority/goal was not achieved or was partially achieved:

Results narratives of P&A activities and accomplishments related to above priority:

IDR PAIMI staff monitor and investigate facilities serving PAIMI eligible individuals. One ongoing investigation into a PRTF was prompted due to a high rate of injuries in the past 13 months. Once IDR began investigating, we identified inappropriate use of restraints resulting in head injuries. This is ongoing but has so far resulted in the termination of 30 staff, as of September 30, 2024.

Another example of IDR's systemic investigations is IDR PAIMI staff's monitoring of the Marion CRMNF for the last several years, due to allegations of abuse, unsafe environmental conditions, and rights violations of PAIMI eligible residents. IDR was informed on January 9, 2024, that the facility had given a 60-day notice to BDDS that they intended to close the facility. At the time, there were ten women living in the facility. Seven of those residents moved into waiver apartments with the current provider. All ten individuals moved into less restrictive community-based settings.

The Marion CRMNF monitoring project was completed on March 14, 2024, when the last resident transitioned out of the facility into a community-based placement. IDR is currently evaluating advocacy-based options as IDR's investigators have identified possible disability discrimination for individuals with dual diagnoses of I/DD and severe mental illness. 9 individuals were impacted.

Objective: Investigate for PAIMI eligible individuals suspected abuse, neglect, or exploitation in facilities or by a service provider.

Strategies Used: Investigations of Abuse and Neglect,Monitoring

Target Measures

Target Population: PAIMI eligible individual in facilities or served by a provider in the community.

Expected Target: 15

Expected Outcome: 15

Actual Outcome: 24

Achieved: (●) **Not Achieved:** ( )

Reason why priority/goal was not achieved or was partially achieved:

Results narratives of P&A activities and accomplishments related to above priority:

IDR PAIMI staff served 90 PAIMI eligible individuals during FY 2024. One example of IDR's work is on behalf of "Kevin," a PAIMI eligible individual had 12 incidents of physical aggression and six incidents of restraints by a facility contracted staff member, which resulted in Kevin suffering an arm fracture. Further investigation showed the facility failed to notify Kevin's guardian until 7 days after the events. DCS took action to ensure the staff member was never again contracted to work in the facility. DCS ordered all staff involved in the incidents to receive training in trauma-informed care and therapeutic crisis intervention. In IDR's investigation, it was discovered that not all required staff received the training. The facility said it misunderstood the regulations. Thanks to IDR's advocacy, all contracted safety and security staff received TCI and TIC training, and future staff would receive the same training upon hire, per regulation. IDR staff continue to monitor, to protect the rights of residents like Kevin.

Objective: Monitor facilities for PAIMI eligible individuals to ensure rights are being protected.

Strategies Used: Monitoring

Target Measures

Target Population:	PAIMI eligible individuals residing at facilities or living in a provider owned or controlled setting.
Expected Target:	20
Expected Outcome:	20
Actual Outcome:	100
Achieved: (●) **Not Achieved:** ( )	

Reason why priority/goal was not achieved or was partially achieved:

Results narratives of P&A activities and accomplishments related to above priority:

IDR PAIMI staff have been highly affected by relationships built with PAIMI eligible residents of facilities. "Morgan" spent most of his life in an institutional setting before meeting IDR staff in 2019. Since then, IDR has advocated for Morgan's right to live in a community-based setting. In 2019, with the assistance of IDR, Morgan was discharged from ESH to a CRMNF. At the time of his discharge from ESH, Morgan was 57 years old. He had been institutionalized for a total of 47 years. While at the CRMNF, Morgan had few behaviors, and the Bureau of Disability Services (BDS) provided Morgan's guardians with alternate placement information. The guardians spent the next several years fighting against Morgan's discharge.

IDR PAIMI staff continued to monitor and advocate for Morgan. In early 2023, Morgan was diagnosed with cancer. Guardians refused additional testing and treatment. Though the CRMNF could not meet the inevitable need for hospice care in the facility, the guardians refused to consent to Morgan's discharge. The discharge was further delayed by BDS refusing to invoke their placement authority.

IDR attended discharge meetings and advocated for BDS to move forward with their placement authority. Morgan did not need the highly restrictive environment of the CRMNF and there was a waiting list for individuals needing this level of care.

Finally, in May 2024, three years after meeting discharge criteria, Morgan moved to a community-based placement for the first time in over 45 years. IDR staff visited Morgan in his new home. Although he was not feeling well, he appeared very happy, and he even showed IDR staff around his new home. Unfortunately, Morgan succumbed to his illness 24 hours after being discharged from the CRMNF.

Priority/Goal Description: Breaking down barriers to ensure rights are respected and supports are available for PAIMI eligible persons to participate in an equitable and inclusive society.

Objective: Provide individual legal advocacy to ensure the protection of rights for individuals with mental illness.

Strategies Used: Rights-Based Individual Advocacy Services

Target Measures

Target Population:	PAIMI eligible individuals experiencing rights violations in institutions, community-based services, housing, employment, or schools.
Expected Target:	15
Expected Outcome:	15

Actual Outcome: 18

Achieved: (●) **Not Achieved:** ( )

Reason why priority/goal was not achieved or was partially achieved:

Results narratives of P&A activities and accomplishments related to above priority:

"Terri's" guardian contacted IDR to address concerns that her daughter, who has ADHD, bipolar disorder, and mood disorder, was having at school. IDR immediately contacted the school, and several concerns, including bullying and teacher communication with the guardian, were corrected. IDR successfully advocated on Terri's behalf, to have all concerns addressed in her 504, including extended time, unlimited restroom access, taking breaks when she feels overwhelmed, allowing a snack with medication, daily check-ins with a trusted adult, and monthly check-ins with the school psychologist. The 504 plan was signed and implemented.

Priority/Goal Description: Empower persons with mental illness by serving as a partner in rights issues and supporting self-advocates and disability-led organizations.

Objective: Provide easily accessible and equitable paths for PAIMI eligible people to connect with IDR for advocacy needs, find information, referrals, and resources.

Strategies Used: Rights-Based Individual Advocacy Services,Other Systemic Advocacy,Training/Outreach

Target Measures

Target Population: PAIMI eligible individuals serving as self-advocates

Expected Target: 1

Expected Outcome: 1

Actual Outcome: 1

Achieved: (●) **Not Achieved:** ( )

Reason why priority/goal was not achieved or was partially achieved:

Results narratives of P&A activities and accomplishments related to above priority:

IDR provided rights-based information to peer led groups serving people with serious mental illness about their rights to treatment.

Objective: Advocate for the inclusion of people with mental illness, including those from marginalized communities, to be meaningfully included in policy workgroups at the agency and state level.

Strategies Used: Educating Policy Makers

Target Measures

Target Population: PAIMI eligible people living with mental illness.

Expected Target: 1

Expected Outcome: 1

Actual Outcome: 1

Achieved: (●) **Not Achieved:** ( )

Reason why priority/goal was not achieved or was partially achieved:

Results narratives of P&A activities and accomplishments related to above priority:

IDR PAIMI staff participated in workgroups at the agency, state, and national levels, including the Mental Health, Addictions, and Criminal

Justice Collaboration workgroup. Staff advocated for greater inclusion of people with disabilities in a local advisory group.

As part of the ED's work with the Indiana Advisory Council to the U.S. Commission on Civil Rights, IDR was connected with several national advocacy groups led by and representing marginalized communities.

During the development of the Priorities & Objectives, every IDR monitor spoke to PAIMI eligible residents at all state hospitals, to gather feedback regarding the P&Os being proposed. IDR supported community groups who gathered feedback from PAIMI eligible individuals.

0930-0169 Approved: 07/27/2023 Expires: 07/31/2026

Footnotes:

Advisory Council Report

Advisory Council Report (Required)

Advisory Council Report (ACR)

The Advisory Council Report (ACR) section of the annual PAIMI Program Performance Report, to the Secretary of the U.S. Department of Health and Human Services, **is due by January 1**. The ACR is mandated under the PAIMI Act at 42 U.S.C. 10805 (a) (7). The ACR is the PAIMI Advisory's Council's (PAC) **independent assessment** of their protection and advocacy system's for the previous fiscal year. **The ACR must be prepared by the PAC and signed and dated by the PAC Chairperson.**

Please use the box below to indicate areas of technical assistance needed related to this section.

0930-0169 Approved: 07/27/2023 Expires: 07/31/2026

Footnotes:

OMB Approval: 0930-0169
Expiration Date: 07/31/2026

THE ADVISORY COUNCIL REPORT (ACR) SECTION OF THE ANNUAL PAIMI PROGRAM PERFORMANCE REPORT (PPR)

STATE Indiana	FISCAL YEAR 2024

The Advisory Council Report (ACR) section of the annual PAIMI Program Performance Report, to the Secretary of the U.S. Department of Health and Human Services, **is due by January 1**. The ACR is mandated under the PAIMI Act at 42 U.S.C. 10805 (a) (7). The ACR is the PAIMI Advisory's Council's (PAC) **independent assessment** of their protection and advocacy systems for the previous fiscal year. **The ACR must be prepared by the PAC and signed and dated by the PAC Chairperson.**

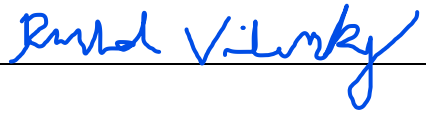
For ACR assistance, please contact the PAIMI Program Coordinator.

Please read and follow the instructions in each section and use the attached glossary in to complete the form.

The ACR Section of the ANNUAL PAIMI PPR

TABLE of CONTENTS

The ACR Section of the Annual PAIMI PPR

SECTION A. GENERAL INFORMATION	
Fiscal Year:	2024
State:	Indiana
Name of P&A system:	Indiana Disability Rights
PAC Report Prepared By: Provide the name [Print First, Middle and Last Name] Title of the Preparer: Phone Number:	Rachel Anne Vilensky Mental Health Advisory Council Chair 317-722-5555
Name of PAC Chair: [Print First, Middle and Last Name] Provide updated contact information if the PAC Chair is different than the person listed on the most recent PAIMI Application.	Rachel Anne Vilensky
Telephone Number:	317-722-5555
E- Mail Address:	Rachel@ChildAdvocates.net
Date Submitted:	December 18, 2024
By signing this document, the Chair certifies that this report reflects the consensus of the PAC members.	

SECTION B. The PAIMI ADVISORY COUNCIL (PAC)		
*Under Primary ID, select *ONLY ONE* (1) primary identity for each PAC member position **[B.1.b. - B.1.h.] that** is mandated per the PAIMI Act & Rules).		**Primary Identification**
B.1.a. The TOTAL number of seats on the PAC.	10	**Total**
B.1.b. Individuals who are recipients/former recipients (R/FR) of mental health services.		4
B.1.c. Family members of individuals who are recipients/former recipients (R/FR) of mental health services.		5
At least one (1) PAC member shall be a B.1.d.		
B.1.d. Family members of a minor child or youth (under 18 years old) who has received or is receiving mental health services.		3
B.1.e. Mental health service providers.		4
B.1.f. Mental health professionals:		4
B.1.f.1. Social Workers		1
B.1.f.2. Psychologists		
B.1.f.3. Psychiatric Nurses		
B.1.f.4. Psychiatrists		

B.1.f.5. Psychiatric Nurse Practitioners	2
B.1.f.5. Peer Support Specialists	
B.1.g. Attorneys.	1
B.1.h. Individuals from the public knowledgeable about mental illness.	6
B.1.i. Others (please identify by position held).	1-mental health advocate
B.1.j. Vacancies as of 9/30. [identify each vacant position & the date it was vacated].	0
B.1.k. TOTAL number of PAC members serving on 9/30.	**Total 10**
B.1.l. Number of PAC members who are either R/FR of MH services or family members of these individuals (count each PAC member only once).	5
B.1.m. Percentage of PAC members who are either R/FR of MH services or family members of these individuals [B.1. k. divided by B.1.l.]	50%

B. 2. REPRESENTATION OF THE PAC CHAIRPERSON		
B.2. Is the PAC Chair an individual who has received or is receiving mental health services, or a family member of an individual who has received or is receiving mental health services?	**Yes** X	**No**

B. 3. PAC TERMS of Appointment	
B.3.a. Term of Appointment (number of years)	4
B.3.b. Maximum Number of Terms a Member May Serve	1
B.3.c. Frequency of Meetings	quarterly
B.3.d. Number of Meetings Held in the FY [3 is the mandated minimum].	4
B.3. e. Number (%Average) of PAC members present at Meeting.	75%

SECTION C. PAC ETHNICITY & RACIAL DIVERSITY

Please refer to the **GLOSSARY** for definitions. The following information is self-reported or self-identified and uses two separate questions. The data on race and ethnicity are collected SEPARATELY; provision shall be made to report the number of respondents in each category who are Hispanic or Latino. Collection of greater detail is encouraged; however, any collection that uses more detail shall be organized in such a way, that the additional information can be aggregated into these minimum categories for data on race and ethnicity.

C. A. ETHNICITY	**Number of PAC Members**
C. A. 1. Hispanic or Latino	0
C. A. 2. Not of Hispanic Origin	10
C. A. 3. Ethnicity Unknown	0
(Add C.A.1 through C.A.3., the total should be the same as the one listed in B.1.k. (members serving as of 9/30).	**Total 10**
C. B. RACE	
C. B. 1. American Indian or Alaska Native	**0**
C. B. 2. Asian	
C. B. 3. Black or African American	1
C. B. 4. Native Hawaiian/Other Pacific Islander	
C. B. 5. White	9

C. B. 6. Two or more races	
C. B. 7. Some other race	
C. B. 8. Race unknown	
C. B. 9. = C.B.1 through C.B.8.	**Total 10**
Members may select as many racial identifications as they want.	
C. C.1. Total Number of PAC member vacancies on September 30.	**Total PAC Vacancies**
	0

SECTION D. Gender of PAC Members	
D.1 FEMALE 8	D.2 MALE 2
D.3 TRANSGENDER (Trans Woman)	D.4 TRANSGENDER (Trans Man)
D.5 TWO-SPIRIT (if AI or AN)	D.6 GENDER NON-CONFORMING
D.7 OTHER (if use a different term)	D.8 PREFER NOT TO SAY
D.3. TOTAL 10	

SECTION E. GOVERNING BOARD INFORMATION		
E. 1. FOR STATE-OPERATED P&A SYSTEMS ONLY:		
E.1.a. Is this a State-operated P&A system?	Yes X	No
E.1.b. Does this State-operated system have a Governing Board/Authority authorized by State statute? If the answer is NO, proceed to Section F.	Yes X	No
E.1.c. If the answer to item E.1.b. is YES, does the PAC Chair sit on the Governing Board/Authority as a full voting member?	Yes X	No
E.1.d. If the answer to item E.1.c. is no, briefly explain (e.g., State statute determines Governing Board/Authority composition, etc.).		
E.2. For PRIVATE, Not-for Profit P&A SYSTEMS only		
E. 2.a. Does the P&A system have a multi-member Governing Board?	Yes	No
If you answered YES to E.2.a., please answer the questions E.2.b. 1. - 3.		
E.2.b.1. Number of Governing Board members.	Total	
E.2.b.2. Is the PAC Chair a full voting member of the Governing Board?	Yes	No

E.2.b.3. If you answered No to E.2.b.2., then explain why the PAC Chair is not a full voting member of the Governing Board as mandated by the PAIMI Rules at 42 CFR 51.22(b)(3).		
E.2.b.4. Do any other PAC members hold seats on the Governing Board? If Yes, how many seats? ____	Yes	No

SECTION F. PAC ACTIVITIES [See, PAIMI Act - 42 U.S.C. 10805(7)]		
F.1. Are P&A program staff invited to attend PAC meetings?	Yes X	No
F.1.a. Did any of the invited program staff attend?	Yes X	No
F.2.a. If the answer to F.1. is Yes, please identify the positions of staff (e.g., PAIMI Coordinator, Mental health advocate, etc.) usually invited to attend. Executive Director, Legal Director, Operations Director, Administrative Assistant, Special Projects Manager, other advocacy staff as interested to share information about various projects.		
F.2.b. If the answer to F.1.a. is Yes, please identify the positions of the program staff in attendance (e.g., one advocate, one attorney) and their role at the meetings, e.g., information sharing, etc. Executive Director (information sharing), Legal Director (information sharing), Operations Manager (information sharing), Administrative Assistant (assistance with meeting minutes), Special Projects Manager (take notes for priorities and objective development), attorneys and advocates to share current projects.		
F.2.c. If the answer to F.1. is No, you *MAY* provide a brief explanation.		
F. 3. a. Were governing board members, excluding the PAC Chair, invited to PAC meetings?	Yes X	No
F.3.b. If you answered Yes to F.3.a., which governing board members were invited, for what purpose (e.g., informational, etc.) and did they attend? All members of the PAC have a standing invitation to attend. The meetings are open to the public. None have attended.		
F.3.c. Did any of the invited governing board members attend?	Yes	No X
F.4. Did the PAC work jointly with the governing board to develop the annual PAIMI priorities? [42 CFR 51.23(a) (2)].	Yes X	No

F.4.a. If Yes, briefly describe these joint activities.

The PAC participated in the process to develop the priorities and objectives, through a process of information gathering by IDR staff through mental health institution monitoring, online surveys, and small group discussions with members of the public and mental health community to develop the priorities and objectives for PAIMI work. The PAC reviewed the priorities and objectives in conjunction with the overall agency priorities drafted by the Governing Board. The PAC voted to adopt the overall agency priorities which were inclusive of PAC priorities. The PAC Chair provided feedback and guidance to the Governing Board.

SECTION F. PAC ACTIVITIES [See, PAIMI Act - 42 U.S.C. 10805(7)]

F.4. b. If No, PAC's affiliated with private, non-profit P&A systems must provide a brief explanation.

F.5. Did PAC members attend any in-state or out-of-state trainings or educational presentations related to PAIMI Program activities? *[42 CFR 51.27 - payments for PAC and Governing board/authority members by a State P&A system are optional].*

F.5.a. In-State Trainings/Educational Activities.	Yes	No
If Yes, list each activity by number and provide a brief description of PAC involvement/ Activity 1 – Attendance at IDR Board Training.	X	

F.5.b. Out-of-State Trainings/Educational Activities.	Yes	No
If yes, list each activity by number and provide a brief description of PAC involvement. Ex. Activity 1 – Attendance at NDRN annual conference.		X

F.6. Does the P&A system have established written policies and procedures for reimbursing PAC members for expenses that takes into account the needs of the individual council members, available resources and applicable restrictions on use of grant funds, including the restrictions cited in and the restrictions in 51.31(e) and 51.6(e)? [See, 42 CFR 51.23 (d) (1)].

F.6.a.1. Yes X	F.6.a.2. No*	F.6.a.3. Don't Know.*

F.6.b. Brief explanation needed for F.6.a.2. or F.6.a.3. responses].

SECTION F. PAC ACTIVITIES [See, PAIMI Act - 42 U.S.C. 10805(7)]

F.7. If the answer to F.6. was Yes, were PAC members reimbursed for expenses incurred for PAIMI Program related activities, consistent with the P&A system's policies and procedures.

F.7.a.	1.Yes	2. No* X	3. Don't Know*

F.7.b. *Brief explanation required for either F.7.a. 2. No *or F.7.a*. 3. Don't Know responses.

PAC members did not request reimbursements for any expenses involved in PAIMI program or training activities.

F. 8. REIMBURSEMENT OF EXPENSES – If PAC member expenses were reimbursed, please complete the following chart. [42 CFR 51.23(d) (1)]. Under the Activity column, list the activity by the number used in above F.5.a. – In-State or F.5.b. – Out-of-State. Example: F.5.b. Out-of-State activity # 1, – 5 PAC members attended the NDRN annual meeting, 2 members reimbursed by the P&A; 2 self-paid, 1 NDRN scholarship.

a. ACTIVITY	b. # ATTENDING	c. P&A	d. SELF	e. OTHER

SECTION F. PAC ACTIVITIES [See PAIMI Act at 10805(7)]

F.9. Did the P&A system provide the PAC with reports, materials, & fiscal data to enable review of the following: [42 CFR 51.23(c)].

F.9.a. Existing program policies, priorities, and performance outcomes.	Yes X	No*
F.9.b. If Yes, were the submissions (of P&A system documents referenced in F.9.a.) made at least annually and (shall) report expenditures for the past two (2) FISCAL *YEARS?*	Yes X	No*
*F.9.c. If the answer to F.9. a. or F.9.b. is 'No", a brief explanation is required.		
F.9.d. If you answered Yes in F.9.a., did the P&A system documents referenced also *INCLUDE THE PROJECTED EXPENSES FOR THE NEXT FISCAL YEAR (FY) IDENTIFIED BY BUDGET CATEGORY*, e.g. salary & wages, contracts for services, administrative expenses, including, the amount allotted for training of the PAC, the governing board and staff?	Yes X	No*
F.9.d.1. If No*, a brief explanation is required].		

SECTION F. PAC ACTIVITIES [See, PAIMI Act at 10805(7)]

F.9.e. The PAIMI Rules mandate that members of the public shall be given an opportunity, on an annual basis, to comment on the priorities established by and the activities of the P&A system. Procedures for public comment must provide for notice in a format accessible to individuals with mental illness, including such individuals who are in residential facilities, to family members and representatives of such individuals with disabilities. [42 CFR at 51.24(b)].

F.9.e. Does the P&A have procedures established for public comment?

F.9.e. 1. Yes X	F.9.e. 2. No*	F.9.e.3. Don't Know*
F.9.e.4. *Brief explanation required for F.9.e.2. No or F.9.e.3. Don't know responses.		
F.9.f. Was the PAC provided a copy of these procedures?		
F.9.f.1. Yes X	F.9.f.2. No*	F.9.f.3. Don't Know*
F.9.f.4. *Brief explanation required for F.9.f.2. No or F.9.f.3. Don't know responses.		

SECTION F. PAC ACTIVITIES [See, PAIMI Act at 10805(7)]		
F.9.g. The PAIMI Rules, at 42 CFR 51. 24(b), mandate that the public shall be given an opportunity, on an annual basis, to comment on the priorities established by and the activities of the P&A system. *WAS THE PUBLIC PROVIDED AN OPPORTUNITY FOR PUBLIC COMMENT?*		
F.9.g. 1. Yes# X	F.9.g. 2. No*	F.9.g.3. Don't Know*
F.9.g 4. #If the answer to F.9.g.1. is Yes, briefly describe activities the P&A system used to obtain public comment. Priorities and objectives were posted for 60 days digitally on IDR's website and links and requests for comments shared on social media platforms. Detailed instructions were shared and multiple methods to share comments were offered, including online surveys in English and Spanish, written comments, in-person through monitors at mental health institutions, focused discussion groups, and at the IPAS Commission and PAC meetings (May and August).		
F.9.g. 5. *If the answer to F.9.g.2. is NO, explain why public comment was not obtained.		
F.9.g. 6. *If the answer to F.9.g.3. is DON'T KNOW, please explain (e.g., PAC needs training, etc.)		
F.10. ***COMPLETION OF THIS SECTION (F.10 a. –e.) IS OPTIONAL.*** However, if you choose to respond, please describe in the spaces below any other PAC activities, *other than* mandated PAC membership meetings.		
F.10.a. Briefly describe, governing board or PAC committee work.		
F.10.b. Briefly describe any training or educational presentations to either constituency groups or the general public.		

SECTION F. PAC ACTIVITIES [See, PAIMI Act – 42 U.S.C.10805(7)]
F.10.d. Briefly describe any special projects (e.g., institutional monitoring).

F.10.e. Briefly describe any other activities, e.g., fund raising, public relations, etc.

SECTION G. PAC ASSESSMENT OF PAIMI PROGRAM OPERATIONS

G.1. ***Please provide a NARRATIVE SUMMARY of the PAC'S ASSESSMENT of the PAIMI priorities (goals) and objectives included in the PPR for this Fiscal Year.***

Include in the narrative an assessment of the following items:

G.1.a. The PAIMI Priorities (Goals) and Objectives selected.

G.1.b. The activities conducted towards achieving these priorities (goals) and objectives.

G.1.c. The outcomes.

G.1.d. Examples of individual or systemic cases, applicable legislative activities, and participation in State mental health planning activities.

G.1.e. Any recommendations regarding future priorities (goals) and objectives.

The Mental Health Advisory Council (MHAC, PAC) has been satisfied with IDR staff's continued focus on ensuring the rights of children, youth, and adults receiving care in mental health facilities are protected. The PAC is confident that examples below illustrate IDR is working to achieve the priorities and objectives.

Example – The Investigations Team conducted site visits to private secure facilities to ensure children were safe and their rights protected. Through their collaboration with the Department of Child Services, they made improvements to facility quality and child health and well-being. One of their projects was the creation of the "Know Your Rights" coloring book, which educates children about their rights in facilities, through fun, engaging activities. This innovative resource has been adopted by twenty other states and territories. The Department of Child Services has printed 1,000 copies of the book to distribute to children in its care in Indiana. Facilities report they are using the book as a learning aid in therapy groups to teach youth about their rights in treatment facilities. This coloring book is accessible anytime on IDR's website at https://www.in.gov/idr/files/Know-Your-Rights-Coloring-Book-2023.pdf This project has been presented to state and federal partners, and the team was awarded the Indiana Governor's 2024 Public Service Award.

Example – IDR staff completed the multi-year monitoring project of private secure facilities and presented its final report to Department of Child Services, the National Disability Rights Network, and the National Association for Mental Illness (NAMI). The results of this investigation were also shared with policymakers at the national level.

Example - A youth residential center closed after their license was revoked on January 29, 2024. The facility had a long history of non-compliance with the DCS licensing contract and state rules. IDR spent several years actively monitoring and investigating the facility due to the high number of complaints of abuse and rights violations. The census at the time of closure was eight youths. Four were discharged to foster care or home. Four probation-placed youth went to other residential placements and possibly detention. IDR conducted follow up interviews with all nine individuals

Example - "Terri's" guardian contacted IDR to address concerns that her daughter, who has ADHD, bipolar disorder, and mood disorder, was having at school. IDR immediately contacted the school, and several concerns, including bullying and teacher communication with the guardian, were corrected. IDR successfully advocated on Terri's behalf, to have all concerns addressed in her 504, including extended time, unlimited restroom access, taking breaks when she feels overwhelmed, allowing a snack with medication, daily check-ins with a trusted adult, and monthly check-ins with the school psychologist. The 504 plan was signed and implemented.

Example - “Virgil” has Schizophrenia and had pending criminal charges which were eventually dropped. He was on the discharge list for ESH for 116 days. IDR talked with Virgil, who said his assigned gatekeeper refused to communicate with him or his care team to move forward with transition planning and discharge to a supported group living arrangement due to his criminal history. With IDR’s advocacy, Virgil was discharged from ESH to a less restrictive supported group living arrangement.

SECTION G. PAC ASSESSMENT OF PAIMI PROGRAM OPERATIONS

G.2. OTHER COMMENTS CONCERNING PAIMI SYSTEM OPERATIONS:

Briefly describe any special initiatives, problem solving techniques, or innovative practices that may help other State P&A systems.

IDR’s diversity and inclusion goals are incorporated into its 2025-2027 priorities and objectives. IDR met its goal to ensure the inclusion of people from racial and language minority groups in the collection of P&O feedback. Thirty-one percent (31%) of respondents identified themselves as from a racial minority and ten percent (10%) identified themselves as from a language minority group.

G.3. Please list any training & technical assistance needs identified by the PAC.

- Additional diversity, equity, and inclusion strategies, with a focus on intersectionality.
- Best practices in supporting inclusion of individuals with severe mental illness.

SECTION H. GRIEVANCE PROCEDURES [42 CFR Section 51.25]

Pursuant to the PAIMI Rules at 42 CFR 51.25, the P&A systems shall establish procedures to address grievances from: individuals at 42 CFR 51.25*(a)(1) – clients or prospective clients . . . ; and systemic complaints at 42 CFR 51.25(a)(2) – individuals who have received or are receiving mental health services in the state, family members or representatives of such individuals . . . .*

H.1. Is the PAC aware of and knowledgeable of the above referenced policies and procedures?	Yes X	No*

H.1.a. If you answered No to H.1. provide a brief explanation.	
H.2. The number of grievances filed by PAIMI-eligible clients, including representatives or family-members of such individuals receiving services during this fiscal year.	Total 1
H.3. The number of grievances filed by prospective PAIMI-eligible clients (those who were not served due to limited PAIMI Program resources or because of non-priority issues).	Total 5
H.4. Add H.2 & H.3 **[42 CFR Section 51.25(a)(1),(2)]**	Total 6
H.5. The Number of Grievances Appealed to:	
H.5. a. The Governing Board (the PAC Chair of a private, non-profit P&A system should have this information).	Total 1
H.5.b. The Executive Director	Total 5
H.5 c. The number of Grievances appealed [H.5.a. + H.5.B = H.5.c.].	Total 6
H.6. The number of reports sent to the Governing Board AND the PAC (*at least one annually*) that describe the grievances received, processed, and resolved.	Total 4

SECTION H. GRIEVANCE PROCEDURES [42 CFR Section 51.25]		
H.7. Please identify all individuals, by name & title, responsible for P&A system grievance reviews. Melissa Keyes, Executive Director Amber O'Haver, IPAS Commission Chair (Board Chair)		
H.8. What is the timetable (in days) used to ensure prompt notification of the grievance procedure process to clients, prospective clients or persons denied representation and ensure prompt resolution. **[42 CFR 51.25(B)(4)]**		Days 5
H.9. Were written responses sent to all grievants?	Yes X	No*
H.9.a. *If you answered No, to H.9, briefly explain.		
H.10. Was client confidentiality protected? ____. If not, explain below. **[42 CFR 51.25(B)(6)]**	Yes X	No*
H.10.a. *If you answered No, to H.10, briefly explain.	Yes	No*

GLOSSARY

Closed Case - is when the advocate/attorney closes the client record or case file after providing advocacy interventions on behalf of a client and determining that the client either has no need of further intervention services or that the agency has no other services available to address the issue(s) or complaint(s) for which the case was initially opened.

Grievance Procedures - are policies and procedures developed by the P&A system to ensure that its clients and prospective PAIMI-eligible clients, their family members, or representatives have full access to the system services and that the system is fully compliant with the provisions of the PAIMI Act and Rules.

Information and Referral (I&R) Services - is the provision of brief written or oral information, such as generic information about the P&A, including information about additional programs and resources external to the P&A that relate to the individual's service needs and statutory or constitutional rights as a person with a disability. I &R services are generally of short duration, typically range from a few minutes to an hour, do not involve direct advocacy intervention by staff, and any type of staff follow-up. I&R services may include mailing generic agency information. Individuals receiving I &R services are not counted as PAIMI clients.

Intervention Strategies:

Abuse/Neglect Investigations - a systemic and thorough examination of information, records, evidence, and circumstances surrounding an allegation of abuse and neglect. Investigations are undertaken to determine if there is a basis for administrative or legal action on behalf of the client. Investigations require a significant allocation of time to interview witnesses, gather factual information, and to issue a written report of findings.

Administrative Remedies - includes the use of any systems for appeal within an agency or facility, or between agencies, which does not involve adjudication by a court of law.

Legal Remedies - the legal representation of clients in litigation in court processes concerned with rights, grievances, or appeals of such rights or grievances.
Legislative/Regulatory Advocacy - activities involve monitoring, evaluating, and commenting upon the development and implementation of Federal, State, and local laws, regulations, plans, budgets, taxes and other actions which may affect individuals with mental illness. [The PAIMI Rules at 42 FCR at 51.24 mandates that legislative activities shall also be addressed in the development of program priorities].

Negotiation/Mediation - is an informal, non-legal intervention by a PAIMI representative, attorney or case manager used to resolve problems with facility staff or other agency representatives; (does not involve a formal appeal).

Objectives - are activities undertaken to achieve annual program priorities (goals). All objectives required to have measurable outcomes and the use of numerical targets is encouraged. Each objective must clearly state why the activity was undertaken, who will benefit from the objective (the target population), how the activity will be accomplished, and what is the expected outcome for the activity? Generally, with the exception of litigation, legislative or regulatory activities, objectives shall be attainable within the fiscal reporting period (within one (1) fiscal year).

Open Case - is when a PAIMI-eligible individual with a complaint is accepted as a client by the P&A system. A case record or case file is opened for that individual. System staff maintain all intervention services provided to the client and other information t are maintained in this case record/file.

Outreach - is an activity that targets information on PAIMI Program activities to specific populations (e.g., cultural, ethnic, and racial minorities, and other underserved or un-served populations, etc. The activity is linked to an objective of a specific annual priority.

PAIMI Clients (for purposes of this report) - are individuals who meet the PAIMI eligibility criteria as defined in the PAIMI Act [42 U.S.C. 10802(4) and its Rules at 42 CFR 51.2 Definitions, who have a complaint, for whom demographic data is collected, and for whom the PAIMI Program, or any of its subcontractors, provides an intervention (as reported under Intervention Strategies in this form).

Priorities (Goals) - are broad general descriptions of short-term activities for the P&A system to accomplish within one (1) fiscal year (FY). [The exceptions are generally regulatory, legislative, and litigation activities]. The priorities must be directly related to the purpose of the enabling Federal legislation and the requirements of the Federal-funding agency and consistent with the priorities included in the PAIMI Application for the same FY. [See PAIMI Act at 42 U.S.C. 10801, PAIMI Rules at 42 CFR 51.24 (a) – Program Priorities, and the Children's Health Act of 2000 at 42 U.S.C. at 290ii-ii-1 and 290jj-jj-2].

Public Awareness Activities - provide general information on disability rights and the purpose and mission of the P&A system. Public awareness activities include public service announcements, newsletters, radio or television, publications in legal journals, web site services, general distribution of agency brochures, etc.

Public Education and Constituency Training - is the dissemination of information to one or more persons through an interactive event, which often promotes a greater understanding of the constitutional or statutory rights of persons with disabilities. Contrasted to Public Awareness Activities, education and training must be specifically targeted to meet the unique need of the group(s) trained.

Racial/Ethnic Background - The following minimum standards shall be used for all federal administrative reporting and grants reporting or record keeping requirements that include data on race and ethnicity [http://www.whitehouse.gov/omb/fedreg_1997standards/].

CATEGORIES AND DEFINITIONS:

Ethnicity:

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American descent.

Not of Hispanic Origin.

Race:

American Indian or Alaska Native (include tribal affiliation for the Alaska native when possible) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

Black or African American - A person having origins in any of the Black racial groups of Africa.

Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific islands.

White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Respondents have the option of selecting one or more racial designations.

Resolution of Complaint/Problem Area – is in a client's favor when (1) the client is satisfied with the result of the intervention or (2) the expressed wish or stated goal of the client is either fully attained or negotiated to an agreeable outcome, or (3) the violation in the stated case complaint/problem area was remedied.

Systemic Advocacy Activities – are the efforts taken to implement changes in policies and practices of systems that impact persons with mental illness. These "systems" include, but are not limited to, State agencies, various public and private residential care and treatment facilities, and other service providers, etc. [The PAIMI Rules at 42 CFR 51.24 (a) PAIMI Priorities state that systemic activities shall be addressed in the development and implementation of program priorities].

Technical Assistance - assistance provided to family members, non-legal guardians, professionals, or other advocates in consultation regarding an area of the law in which the P&A has expertise. It is considered a non-client directed activity.