Indiana

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

FY 2025
PROTECTION AND ADVOCACY FOR INDIVIDUALS WITH MENTAL ILLNESS
Short Title: 2025 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	
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	Jalyn Radziminski
Mailing Address	4755 Kingsway Drive, Suite 100
City	Indianapolis
Zip Code	46205
County of Residence	Marion
Email Address	IPASCommission@indianadisabilityrights.org
Current Term Started	2/24/2021 12:00:00 AM
Current Term Expires	2/24/2027 12:00:00 AM

7. PAIMI Advisory Council President/Chair Name

Name	Ryan Wilson
Mailing Address	4755 Kingsway Drive, Suite 100
City	Indianapolis
Zip Code	46205
County of Residence	Marion
Email Address	rlwilson1201@gmail.com
Current Term Started	8/20/2025 12:00:00 AM
Current Term Expires	5/31/2026 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	Dr. Gloria Sachdev
Official Title	Secretary of Health and Family Services
Mailing Address	200 W. Washington St.
City	Indianapolis
Zip Code	46204
County of Residence	Marion
Phone Number/Extension	317-232-4567
Email Address	gsachdev@gov.in.gov

10. Commissioner/Director of the State Mental Health Agency

Name	Sarah Sailors
Mailing Address	402 W. Washington St. Room W353
City	Indianapolis
Zip Code	46204
Phone Number/Extension	317-232-7800
Email Address	Sarah.Sailors@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	0	4
	Non-Hispanic/Latino	7	7	20
	Ethnicity Unknown	4	2	4
Race				
	American Indian/Alaska Native	0	1	0
	Asian	0	0	0
	Black/African American	2	1	4
	Native Hawaiian/Pacific Islander	0	0	0
	White	7	7	20
	Two or more races	2	0	4
	Some other race	0	0	0
	Race Unknown	0	0	0
Sex				
	Female	8	8	19
	Male	3	1	9

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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 9/30/2025	11
Total vacancies on 9/30/2025	2
Term of appointment (number of years)	3
Term maximum	5
Meeting Frequency	4
Number of meetings held this fiscal year (2025)	4
Percentage of members present at meetings during the 2025	83 %

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.	5
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	2
Total	**7**

Footnotes:

A. PAIMI Program Information

Executive Director

Intial Appointment Date	11/15/2019 (mm/dd/yyyy)
Recent performance evaluation completed	11/21/2025 (mm/dd/yyyy)
Date of previous performance evaluation	11/22/2024 (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:

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:

1 in Other category is a "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	08/20/2025
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	2	2	2	0	0	2
Non-Hispanic/Latino	5	5	0	3	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	2	2	0	1	1
Native Hawaiian/Pacific Islander	0	0	0	0	0	0	0	0	0	0
White	5	5	0	3	2	12	12	0	4	8
Two or more races	2	2	0	0	2	2	2	0	0	2
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:

B. Demographics - Interventions on Behalf of PAIMI Individuals

Population Information

Age of PAIMI-eligible Individuals Served

Age	Number
0-2	0
3-5	0
6-10	1
11-22	16
23-64	60
65+	6
Prefer not to say	0
Total	**83**

Sex of PAIMI-eligible Individuals Served

Sex	Number
Female	26
Male	57
Total	**83**

Ethnicity and Race of Individuals Served

Ethnicity	Number	PAIMI %	State %
Hispanic/Latino (of any race)	0	20.00	8.00
Non-Hispanic/Latino	83	80.00	92.00
Ethnicity Unknown	0	0.00	0.00
Total	**83**		

Race	Number	PAIMI %	State %
American Indian/Alaska Native	0	0.00	0.00

Asian	1	1.00	3.00
Black/African American	15	18.00	10.00
Native Hawaiian/Other Pacific Islander	0	0.00	0.00
White	66	80.00	77.00
Two or more races	1	1.00	6.00
Some other race	0	0.00	4.00
Race unknown	0	0.00	0.00
Total	**83**		

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Footnotes:

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.		49
2. Number of new PAIMI-eligible individuals served during the reporting year.		34
3. Total number of PAIMI-eligible individuals served during this FY (Add lines 1 and 2).		83
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).		9
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.	1
7. Individuals served as of September 30 and will be carried over to next reporting year (This should equal ≤ item 3 above).		47

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Footnotes:

B.1 2025 data pull showed 44. 2024 data pull carried forward was 49. This difference was based on the open/close date of the inquiry. The accurate count is 49. B.2 was adjusted to ensure individuals served were not counted twice. Total individuals served in this FY, B.3, totals 83.

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.	4
Community Residential Home for Adults	1
Non-Medical Community-Based Residential Facility for Children/Youth	2
Foster Care	0
Nursing homes, including skilled nursing facilities	1
Intermediate care facilities	1
Public and Private general hospitals including Emergency Rooms	1
Public Institutional living arrangement	0
Private Institutional living arrangement	0
Psychiatric Hospitals (Public or Private) a. Public/State b. Private	 11 3
Jails	1
State Prison	24
Federal Detention Center	0
Federal Prison	0
Veterans' administration hospital/Clinic	0
Other Federal Facility	0
Homeless	0
Independent (in the community & PAIMI-eligible)	23
Parental or Other Family Home & PAIMI-eligible	11
Unknown	0
Total	83

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	0	0	0	0	1	0	0	0	0	0	0	1
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	0	0	0	0	0	0	0	0	0	0	0	0
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	1	0	0	0	0	0	0	0	0	0	1
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	1	0	0	0	0	0	0	0	1
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	0

B. Number of complaints/problems withdrawn or terminated by client	1
C. Number of complaints/problems resolved in the client's favor	0
D. Number of complaints/problems not resolved in the client's favor	1
E. Other Indicators of success or outcomes that resulted from P&A involvement	1
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	**3**

At least 1 case required.

Case of Alleged Abuse

IDR investigated on behalf of "Ammon," a PAIMI eligible individual, who reported physical and emotional abuse by his supported group living house supervisor. IDR found that staff failed to report the allegation of abuse to BDS within the required timeframe, failed to thoroughly investigate the allegation of abuse, failed to adhere to their investigation policies, and failed to provide the required training for staff. IDR filed a complaint with IDOH, which found numerous failures that required a plan of correction. IDR reported these failures to BDS and the provider and requested the concerns be addressed, for the benefit of all residents.

Case of Alleged Abuse

IDR received a report of physical abuse by provider staff resulting in injuries to a PAIMI eligible individual, “Mona.” A police report was made. Mona was treated at the hospital for injuries and was required to wear a pulmonary vest. Reports were made to Bureau of Disability Services (BDS) who failed to include the physical abuse allegations in their investigation. A second report was made to BDS regarding the abuse reports. IDR sent follow up to the provider requesting they update their investigation policy to include timelines. IDR also notified them of their failure to meet statutory compliance. BDS was also notified of their lack of updated complaint policy, which continues to include outdated information, and their failure to include the physical abuse allegation in their initial investigation.

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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.	0	0	0	0	0	0	0	0	0	0	1	1
b. Failure to provide necessary or appropriate mental health treatment, including access to prescribed medication	0	1	1	0	0	0	0	0	0	0	0	2
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	0	1	0	0	0	0	0	0	0	0	1
e. Mental health diagnostic or other evaluation (does not include treatment)	0	0	0	0	0	0	0	0	0	0	0	0
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	1	0	0	0	0	1
Other in Column G is "person safety issues" (unsecured access to facility, resident rooms, patient abuse).												

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	0
B. Number of complaints/problems withdrawn or terminated by client	1
C. Number of complaints/problems resolved in the client's favor	2
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	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	1

Total number of Neglect complaints/problem addressed from closed cases	**5**

Case of Alleged Neglect

"Clarence," a PAIMI eligible individual, was ready to be discharged from SPH, but his gatekeeper, a staff member at his assigned community mental health center (CMHC), blocked his discharge, due to "criminal charges." IDR's investigation showed no current charges and advocated for Clarence's discharge to a home and community-based setting. The gatekeeper made additional accusations against him, which were subsequently debunked. IDR demanded Clarence be assigned a new gatekeeper, and he was then successfully discharged. While investigating Clarence's case, IDR discovered at least five other individuals whose discharges were delayed by this gatekeeper, for various reasons. IDR staff continued to monitor to ensure PAIMI eligible individuals are discharged appropriately and not unnecessarily institutionalized.

Case of Alleged Neglect

IDR investigators revealed serious lapses in care by residential provider staff, including their failure to implement "Barbara's" Behavior Support Plan (BSP) during a June 2024 incident. Thanks to IDR's thorough advocacy, the incident was addressed, and Barbara, a PAIMI eligible individual, regained her place in a supportive community-based setting.

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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	2	0	0	0	0	0	0	0	0	2
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	0	0	0	0	1	0	0	0	0	0	1
h. The denial of rights protection information or legal assistance, including adequate and appropriate representation during commitment hearings	0	0	0	0	0	0	0	0	0	0	0	0
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)	1	0	0	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	0	0	0	0	0	0
p. The denial of parental/family rights	0	0	0	0	0	0	0	0	0	0	0	0
q. Housing Discrimination	1	0	2	0	0	0	2	0	2	0	0	7
r. The denial of access to administrative or judicial process	1	0	1	0	0	0	0	0	0	0	0	2
s. Failure to provide educational services in the least restricted environment for PAIMI-eligible individuals	2	0	5	0	0	0	0	0	0	0	0	7
t. The denial of access to community-based rehabilitation services and/or treatment	0	0	2	0	0	0	0	0	0	0	0	2

u. The denial of access to transportation	0	0	0	0	0	0	0	0	0	0	0	0
v. Employment Discrimination	4	1	0	1	0	0	0	0	0	0	0	6
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].*	0	0	1	0	0	0	0	0	0	0	0	1

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	9
B. Number of complaints/problems withdrawn or terminated by client	1
C. Number of complaints/problems resolved in the client's favor	13
D. Number of complaints/problems not resolved in the client's favor	1
E. Other Indicators of success or outcomes that resulted from P&A involvement	0
F. Other Representation found	1
G. Services not needed due to client death or relocation	2
H. P&A withdrew due to conflict of interest or other reasons	0
I. Lost Contact	2
J. Outcome Unknown	0
K. Lack of Resources	0
Total number of Rights Violation complaints/problems addressed from closed cases	**29**

Cases of Alleged Rights Violations

Despite having approval for an emotional support animal for ten years, “Beatrice,” a PAIMI eligible individual, faced non-renewal of her lease due to the absence of a formal accommodation request. With IDR’s guidance, Beatrice filed a Reasonable Accommodation request, prompting her landlord to renew her lease. Thanks to IDR’s intervention, Beatrice was able to keep her emotional support animal and retain her home

Cases of Alleged Rights Violations

Because of IDR’s advocacy, “Connie,” a PAIMI eligible individual, was able to receive ASL interpretation when communicating with the Noblesville Police Department, allowing her to submit a complete and accurate police report. As a result of IDR’s intervention, the Noblesville Police Department now has a list of certified ASL interpreters available when residents request an interpreter.

Footnotes:

The one listed under "z. Other" is service-animal related.

C. Complaints/Problems of PAIMI Individuals

Reasons for Closing Individual Advocacy Case Files

	Number
1. Client's objective was partially or fully met.	16
2. Case or investigation lacked merit.	9
3. Case withdrawn or terminated by the client.	3
4. Issue favorably resolved.	0
5. Issue not favorably resolved.	2
6. Other success or outcomes due to P&A involvement (i.e., provided self-advocacy assistance)	0
7. Other representation found.	2
8. Services not needed due to client's death or relocation.	3
9. P&A withdrew due to conflict of interest or other reasons (i.e., client would not cooperate).	2
10. Appeal(s) unsuccessful.	0
11. Other appropriate entity investigating.	0
12. Lost Contact.	0
13. Lack of Resources.	0
Total	**37**

At least 1 case required.

Case of Closing an Individual Advocacy Case File

"Brynlee," a PAIMI eligible student, and her guardian, contacted IDR for help after Brynlee was persistently bullied due to her DMDD and ADHD. At the guardian's request, and with IDR's help, Brynlee was able to transfer to a different school where the bullies would not attend. Thanks to IDR's advocacy at the Case Conference, the Case Conference Committee made appropriate changes to Brynlee's IEP, including putting mechanisms in place to monitor daily for any bullying issues. Brynlee and her guardian reported no further issues, and the case was closed.

Case of Closing an Individual Advocacy Case File

"Cassandrah," a PAIMI eligible student, was struggling in a large high school setting. Cassandrah and her guardian requested placement in a smaller school in the district, but district officials refused. With IDR's support at the Case Conference, the Committee agreed to enroll Cassandrah in the smaller school. IDR monitored Cassandrah's case, and when the new placement proved successful, IDR closed her case.

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	0	0	0	0	0	0	0	0	0	0
2. Limited Advocacy	0	1	0	1	1	0	0	0	0	0	0	3
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	**0**	**1**	**0**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**3**
Neglect	**A**	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**	**J**	**K**	
1. Self Advocacy Assistance	0	1	0	0	0	0	1	0	0	1	0	3
2. Limited Advocacy	0	0	1	0	0	0	0	0	0	0	0	1
3. Administrative Remedies	0	0	0	0	0	0	0	0	0	0	0	0
4. Litigation	0	0	1	0	0	0	0	0	0	0	0	1
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	**0**	**1**	**2**	**0**	**0**	**0**	**1**	**0**	**0**	**1**	**0**	**5**
Rights Violations	**A**	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**	**J**	**K**	
1. Self Advocacy Assistance	5	1	1	0	0	2	2	0	0	0	0	11
2. Limited Advocacy	4	0	7	0	1	0	0	0	0	0	0	12
3. Administrative Remedies	0	0	0	1	0	0	0	0	0	0	0	1

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	2	0	0	0	0	0	0	0	0	2
7. Negotiation	0	0	3	0	0	0	0	0	0	0	0	3
Total	**9**	**1**	**13**	**1**	**1**	**2**	**2**	**0**	**0**	**0**	**0**	**29**

At least 1 case required.

Case of Intervention

A PAIMI eligible individual, a patient at an SPH, reported he had been placed in mechanical restraints in a restraints chair for 48 hours, followed by ankle and wrist restraints for ten days. IDR staff immediately investigated, and the hospital substantiated the patient's allegations. A review of hospital records and policies found that staff acted within current policies. IDR's investigation led to administrative and policy changes. IDR's advocacy also resulted in the hospital addressing other safety concerns and possible rights violations.

Case of Intervention

For PAIMI eligible patients, personal items may provide comfort, connection to the person's history or family, and symbolize their identity. After over a year of advocating for the return of "David's" personal items, which were being held at the county jail, IDR staff was successful in retrieving the items and returning them to David, a PAIMI eligible individual, at the SPH where he became a patient after leaving the jail. When the items arrived, a nurse attempted to throw out the items, without requesting David's permission to do so. IDR staff immediately reported the situation to hospital administrators, and the issue was addressed. As a result of IDR's advocacy, state hospital staff were retrained to follow proper procedures before discarding patients' belongings, ensuring other patients' rights to access their belongings will be respected.

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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	1
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	**1**

If the information requested in this section was not available please explain

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.).	1
e. Death investigations with a finding of determination.	0
f. Provision in policy added or prevented as a result of a death investigation.	1
Total Number of deaths investigated [Sum of 9b 1-6]	**2**

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.

"Timothy," a PAIMI eligible individual, was attacked by another patient, "Joe," and died of his injuries. A death investigation and root cause analysis were performed. Joe held the door open for patients who to exit the dining hall. When only Timothy and one staff were left, Joe closed the badge-locked door and elbowed Timothy in the face, pushed the staff down, and while Timothy was down, Joe kicked him and stomped on his head. Joe was escorted to the living unit, where he attacked another patient, "Oscar." Oscar suffered no major injuries. Timothy suffered head trauma, brain bleeding, and intracranial pressure, and was intubated. Timothy died two weeks later. Joe was arrested by ISP. IDR's review showed: Staff followed hospital policy which required 3 staff members with patients when moving from dining hall to unit. The three staff were situated at the beginning, middle and end of the line, per hospital policy. Joe was in the appropriate unit, with "no active charges, regular commitment, stepped down from any more restrictive unit where patients are continuing to build skills and continue stabilization working towards the transition services unit" where they would go prior to discharge. According to hospital staff, Joe did not have an overly aggressive history on the unit. He had been restrained once for attacking staff but was on a stepdown unit, progressing towards discharge. IDR supported the hospital's root cause analysis and mortality review, which led to the following changes: Patients must have a medical or behavioral need to eat in their room. Dietary staff will deliver meals for those eating on the unit, which allows attendant staff to remain in formation with patients. Clear information and regular communication are provided to all staff regarding patient trends and behaviors. Previously, information gathered at morning meetings between RNs, clinical staff, and department heads, was not made available to all staff.

That meant that staff did not know that Joe and Timothy had been at odds with each other, arguing and name calling, in the days leading to the tragedy. Now, morning meeting minutes are made available to all staff and written in plain language, so that all staff have notice of situations that may trigger violence. There is no camera with a view of the door where the incident took place. A 2019 request to place a camera in that location was still open, never approved by the state. Hospital staff say the state would not approve funding for it. IDR continues to monitor to ensure the changes were implemented successfully and support patients on the unit, hospital staff, and others affected by Timothy's passing. IDR continues to monitor the legal case of Joe, who has been charged with murder and other charges. IDR is monitoring the possibility of Joe's competency to stand trial coming into question, and the possibility of Joe returning to the SPH network, specifically back to this hospital. IDR is monitoring this situation to help avoid future abuse and neglect and patient-on-patient violence

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Footnotes:

Under B., both d. and f. are true regarding this one case. However, the total field says two cases. This was one case.

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, 2023 to 2024. (Carried over from prior FY (s))	10
2. New group cases/projects opened during the year.	20
3. Total group cases/projects worked on during the year (Add lines 1 & 2)	30
4. Total group cases/projects as of September 30, 2024 to 2025. (Carry over to next FY)	6
5. Group cases/projects targeted at serving the following special populations:	
a. Ethnicity	0
b. Racial Minorities	2
c. Homeless	2
d. Veterans	0
e. Urban	1
f. Rural/Frontier	1
g. Older Adults/geriatric	1
6. Total # of individuals potentially impacted by line 3	3,312

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)	8	1	0	0
Abuse and Neglect Investigations (non-death related)	1,679	2	0	5
Facility Monitoring Services	1,619	21	0	0
Community Based Monitoring Services	0	0	0	0
Court Ordered Monitoring	0	0	0	0
Systemic Litigation	0	0	0	0

Educating Policy Makers	0	0	0	0
Other Systemic Advocacy	6	0	0	1
Total	**3,312**	**24**	**0**	**6**

In the second form, the Potential # of Individuals Impacted should match the number for Question 3. Total group cases/projects worked on during the year (Add lines 1 & 2). The total number of cases Concluded Successfully, Concluded Unsuccessfully, and On-going should match the number for Question 6. Total # of individuals potentially impacted by line 3.

Case of Intervention on Behalf of a Group

Before IDR's advocacy, PAIMI eligible patients at SPHs were only allowed to use a crayon for completion of legal documents. Thanks to IDR's advocacy, the Department of Mental Health and Addiction (DMHA) revised its policy to allow PAIMI eligible patients to access a flex (safety) pen for the purpose of filling out legal documents. This policy change has the potential to affect all patients at SPHs. At one SPH, the new rule for patients on pod observation states that flex pens can be used to complete state forms, legal documents, and communications.

Case of Intervention on Behalf of a Group

IDR Investigated ongoing environmental issues at a SPH, regarding fire doors not shutting properly. IDR reported the findings to the Fire Marshal, which resulted in repairs and policy changes. This situation was an opportunity for IDR staff to learn more about fire safety, to incorporate fire safety inspection into monitoring visits. IDR applied for and received a grant from NDRN to train investigation and monitoring staff on how to monitor fire safety conditions at SPHs, which could affect all PAIMI eligible patients.

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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;	3
b) PAIMI-eligible individuals who access benefits or services or are better able to advocate to do so;	6
c) PAIMI-eligible individuals who live in a healthier, safer, improved, or more integrated settings or are better able to advocate to do so;	3
d) PAIMI-eligible individuals are able to stay in their own home or better able to advocate to do so;	4
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;	3
g) PAIMI-eligible individuals who go to school in safe and more humane conditions;	2
h) PAIMI-eligible children (individuals) who receive appropriate services in the most integrated settings;	3
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	7
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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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.	274
2. State Mental Health planning activities	
None. IDR's Executive Director meets with the state's Director of Department of Mental Health Services to address systemic concerns, as needed. IDR's Executive Director also began participating in the Mental Health Justice Work Group (made up of providers and state agency policymakers) which convened ten times during the reporting period.	
3. Education, Public Awareness Activities, and Events	
1. Number of public awareness activities or events.	0
2. Number of education/training activities undertaken.	15
3. Number (approximate) of persons trained in 2.	550
4. Technical Assistance	
Provide the number of PAIMI Program TA services.	96

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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	0
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)	4
4. The number of grievances appealed to : a. The Governing Authority/Board b. The Executive Director	 1 3
Total 4.a & 4.b	4
5. The number of reports sent to the Governing Board **and** the Advisory Board. Total	4
6. Please IDENTIFY ALL INDIVIDUALS, by name & title, responsible for grievance reviews (maximum 5): Name:Melissa Keyes Title:Executive Director Name:Jalyn Radziminski 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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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.
Priorities and objectives are posted digitally on IDR's website in English and Spanish. Links to these pages and requests for comments regarding the priorities and objectives are shared via social media platforms. Staff and partners share. IDR monitoring staff provide in-person notice to PAIMI eligible individuals receiving care in 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. (●) If **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, where individuals may provide public comments. Surveys were available to collect written comments electronically. Public comments could be received by email. Public comments could be submitted by mail. The link to contact IDR was posted on the IDR website, shared with partners, and shared on social media during the public comment period. In addition, the survey and instructions for offering public comments regarding the priorities and objectives of IDR were translated into Spanish and available in other languages as requested. Individuals could call to share their comments with an advocate. Spanish speakers could speak with a Spanish-speaking advocate. Additionally, 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, Spanish, English Large Print, 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)]
NAMI Indiana; the Indiana Chapter of Mental Health America; the Indiana Statewide Independent Living Council; National Disability Rights Network; SAMHSA; Department of Mental Health and Addiction (DMHA)

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's ED met with twelve individuals, organizations or entities including six that are led by people with disabilities or people from marginalized communities. The purpose of these meetings is to build meaningful relationships and look for opportunities for collaboration. PAIMI staff hosted an information table at the statewide NAMI conference, where they interacted with over 400 attendees, some of whom were PAIMI eligible individuals. At this event, PAIMI staff disseminated 150 print resources. PAIMI staff presented twice to SAMHSA audiences, approximately 200 staff from across the country, on IDR's multi-year investigation and monitoring of PRTFs. Officials from SAMHSA praised IDR's work for truly implementing the spirit of the PAIMI program. PAIMI staff presented at the NAMI Mental Health and Criminal Justice Summit on the value of plain language resources, specifically the Know Your Rights Coloring Book. In addition to providing a link to the free digital version of the coloring book on IDR's website, over 150 printed copies of the coloring book were distributed during the reporting period to PAIMI eligible youth receiving inpatient care. During the reporting period, PAIMI staff developed the newly published adult rights resource, Know Your Rights: Adults Receiving Inpatient Mental Health Treatment in Indiana. PAIMI staff surveyed PAIMI eligible individuals during monitoring visits at state psychiatric facilities, to gather feedback on draft versions.

Feedback was also sought from judges, facility staff, family members, and other P&As, to ensure the resource would meet the needs of PAIMI eligible individuals. PAIMI staff educated attorneys about Indiana's psychiatric advanced directives, equipping attorneys to better advocate for their clients. PAIMI staff presented an NDRN webinar for 161 advocates from 38 states about the development of plain language resources. PAIMI staff developed relationships with organizations serving underserved populations throughout the year and offered IDR print and digital materials to those organizations. In all outreach activities, an effort was made to increase awareness of the PAIMI program by individuals from underserved populations. All outreach was designed to educate PAIMI eligible youth and adults and to promote self-advocacy and legal advocacy.

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.
10.a No staff were hired. 10.b No new appointments were made to the Advisory Council (Mental Health Advisory Council). 10.c No Governing Board (IPAS Commission) appointments during the reporting period. 10.d This question is answered below. Hispanic population - As a percentage of total population served, in FY2024, 4% (4/90) of individuals clients served identified as Hispanic/Latino. In FY2025, 0% (0/83) of individual clients served identified as Hispanic/Latino. NO, IDR efforts did not increase the number of cases for PAIMI eligible individuals who identify as Hispanic/Latino. Minority population – As a percentage of total population served, in FY2024, 20% (18/90) of individual PAIMI eligible clients served identified as being part of a minority population. In FY2025, 20% (17/83) of individual PAIMI eligible clients identified as being part of a minority population. This percentage stayed exactly the same year over year.

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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.

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.).
Several entities that serve PAIMI eligible individuals had relevant records relating to improper seclusion, restraint, or serious injury, which they failed to retain, refused to provide, or failed to provide in a timely manner. These refusals and delays impeded investigations and advocacy activities.
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, as an Indiana state government agency, faced a budget shortfall due to the state's 2023 employee compensation changes. IDR, which was never included in the state's biennial budget, requested to be added to the state budget, to be approved during the 2025 Legislative Session. IDR's budget request was denied. Due to uncertain 2026 federal funding for the PAIMI program, IDR was forced to limit acceptance of cases funded through the PAIMI program. This means people with serious mental health conditions had less access to advocacy resources. This situation puts the Congressionally mandated work of IDR and other Protection and Advocacy organizations around the country at risk, but even more importantly, this puts the disability community at risk. Budgetary uncertainty resulted in staff losses, which reduced IDR's ability to undertake monitoring and investigations. IDR's newest resource, Know Your Rights: Adults Receiving Inpatient Mental Health Treatment in Indiana, is designed to be physically printed and used by PAIMI eligible individuals as they receive inpatient mental health treatment. Funding challenges have prevented IDR from printing this resource. Instead, facilities have been asked to provide the resource to their patients.

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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 Know Your Rights Coloring Book continues to inform youth in residential facilities about their rights in clear language through fun educational activities. The book inspired one facility manager to integrate it into staff orientation for regular use with patients. IDR staff continued to present to professionals on the value of plain language resources, garnering such feedback as, "This was the best session at the conference." IDR presented to 161 advocates from 38 P&As on the value of plain language resources. One attendee commented, "We (attorneys) need training on plain language!" Another said, "I plan on taking this to my executive director to discuss the way we approach outreach and education…" Five P&As requested editorial access to adapt the coloring book.
Because of the impact of IDR's multi-year investigation of PSFs and the impact of the Know Your Rights Coloring Book, IDR PAIMI staff were honored

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)].

The requirement of a guardian to consent for IDR to offer advocacy services to a PAIMI-eligible individual has at times prevented the PAIMI program from providing services.
Stable PAIMI funding is needed to continue to investigate alleged instances of abuse and neglect.

Training Needs

Please identify any training and technical assistance requests. [42 U.S.C. 10825]

IDR is committed to the development of plain language self-advocacy resources. Training for attorneys and advocates on the use of plain language resources would benefit the PAIMI program.

Upload supporting documents for Accomplishments here
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Footnotes:

INDIANA
DISABILITY RIGHTS

Equality Through Advocacy

Know Your Rights

Adults Receiving Inpatient Mental Health Treatment in Indiana

Date: 10.31.2025

Additional Space

Mission

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

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.

Indiana Disability Rights is the service arm of the Indiana Protection & Advocacy Services (IPAS) Commission.

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Image 1 by Keenyam via Pixabay

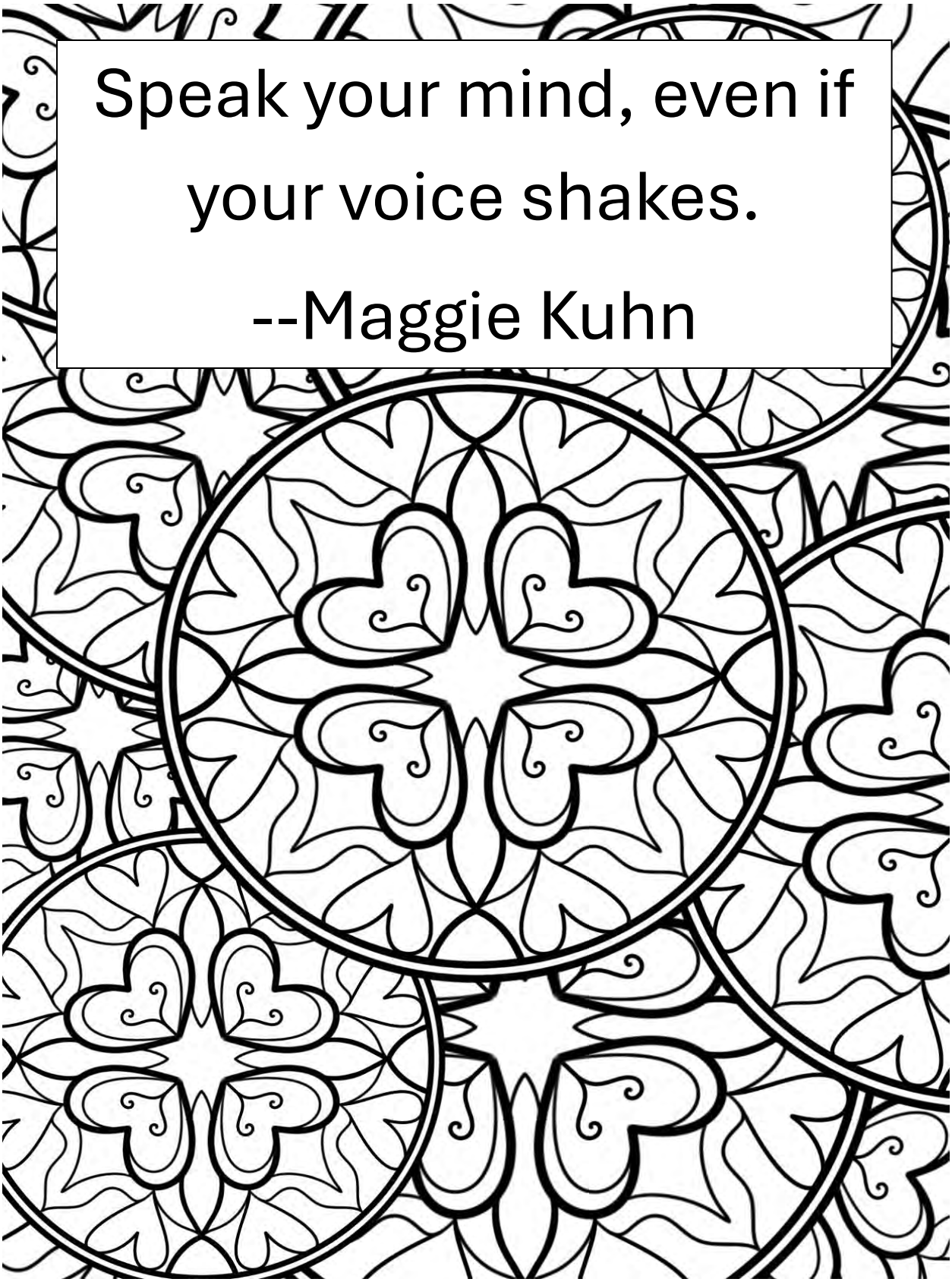

Image 2 by Thai Three Studio / Teachers Pay Teachers

Our Goal for this Book

It is our goal to provide adults receiving inpatient treatment with information about their rights. We hope this book will be a useful resource to help you advocate for yourself.

The information contained in this book does not include all the rights of adults receiving treatment.

If you have further questions about your rights, you may contact Indiana Disability Rights for additional information. The phone number is (800) 622-4845.

While this book provides basic information, it is not legal advice, nor is it intended to substitute talking to an attorney. While every attempt has been made to ensure the information is accurate, you should direct questions concerning your specific situation to an attorney of your choice. This book does not provide an exhaustive list of your rights and does not cover everything the previous “Purple Book” addressed. For more information on your rights, please visit our website at https://www.in.gov/idr/rights-handbooks/.

Throughout this book, look for the magnifying glass icon for helpful hints on where to learn more about each topic. **Bold words** or phrases are found in the glossary.

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This book belongs to

_____

My Treatment Team

	Name	Phone Number
Hospital		
Social Worker		
Doctor		
Psychiatrist		
Psychologist		
Nurse		
Attorney		
Other		
Other		

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Individual Rights

Individual rights are rights for all people.

Right to File a Complaint

You have the right to advocate for yourself. Every hospital has a process or way to file a grievance or complaint. You can talk to direct care staff, a social worker, or your treatment team to learn how to do this.

If you have a grievance, you should try to resolve the issue with the staff. If you are unable to resolve the issue or are unhappy with the result, follow the steps on the "How to File a Grievance" Flow Chart on the following page.

To learn about agencies you can contact for help filing a grievance, please see page 59.

Staff cannot punish you or give you consequences for making a complaint. If you feel that a staff member has punished you for filing a complaint, you can file another complaint regarding the retaliation or contact IDR for help.

Information to include in your grievance

☐Name
☐Your Unit/Room Number
☐Date
☐Summary of events

Include as much information as possible like:

- Who was involved
- Where it happened
- What happened
- Who you reported it to
- Any actions that were taken when you reported it

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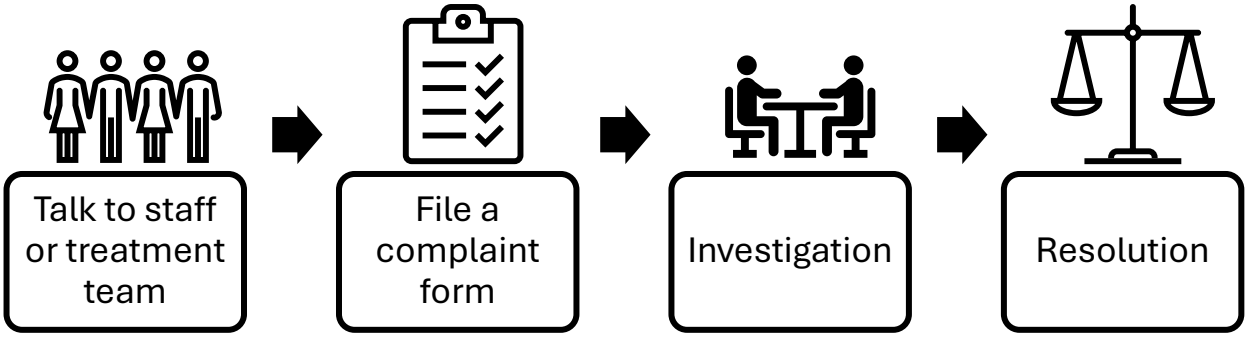
How to File a Grievance



Complaint or Grievance Tracker		
Date of complaint	Notes	Date of response

To continue tracking complaints and grievances please see page 53.

Treatment Rights

Appropriate Mental Health and Health Care Services

You have the right to receive mental health and health care services according to a set standard of professional practice. Professional practice means individualized and appropriate care based on your needs.

Participation in your Treatment Team

You have the right to attend and participate in your treatment team meetings. Your **treatment plan** may be drafted, updated, or changed during your treatment team meetings.

My next team meeting is: _____

I Want to Talk About:

_____

_____

_____

_____

_____

_____

_____

_____

_____

To track more team meetings please see page 54.

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Treatment Plan Word Search

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

ALTERNATIVES
DISCHARGE
EFFECTS
GATEKEEPER
GOALS
LIMITATION
MEDICATION
NOTIFIED
PLANNING
PROGRESS
RESTRICTIONS
REFUSAL
THERAPY
TREATMENT
TYPE

Notes

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Additional Space

Notes

Protection from Harm

You have the right to be free from mental or physical harm caused by abuse or neglect by staff or peers.

If you would like more information about agencies where you can report abuse or neglect, please see page 59.

Dignity and Respect

You have the right to be treated kindly and with respect. Staff should not, among other things:

- Curse at or insult you.
- Harass you or single you out.
- Mock or be rude to you.
- Humiliate or pick on you.

Religion

You have the right to practice your religion.

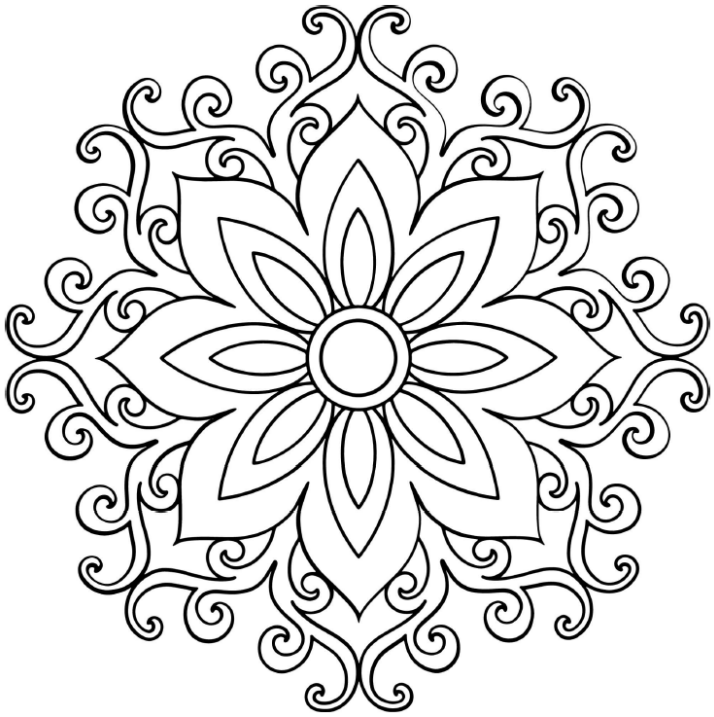

Image 3 designed by Freepik

Dignity and Respect Word Search

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

APPRECIATE
ASSIST
COMFORTING
CONSIDERATE
ENCOURAGE
FRIENDLY
GRACE
HEARTFELT
HOPEFUL
INSPIRE
POLITE
RESPECTFUL
SUPPORTIVE
WORTHY

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Restraint and Seclusion

You have the right to be free from **restraint** or **seclusion** except:

- When you are an **immediate danger** to yourself or others; or
- When it is part of your **treatment plan**.

If necessary, a hospital may use **restraints** or **seclusion** to prevent injury to you or others.

Restraint

There are three types of **restraint**: **chemical, physical, and mechanical**. These can only be used if you are a threat to yourself or others. Other options must be attempted before using a **restraint**. There are time limits on **restraints**. Some examples of **restraint** are:

- Someone holding your arms, legs, midsection, or upper body;
- Being kept in a chair or bed where you are unable to move your arms or legs; or
- Masks or other items of clothing that prevent or restrict your movement.

Restraint may be used as a part of therapeutic treatment. **Restraint** must be conducted using safe techniques and in the least restrictive manner.

Seclusion

Seclusion is the use of a space where you are prevented from leaving. You may only be placed in **seclusion** if you are a danger to yourself or others. Staff must check on you while you are in **seclusion** and there are time limits on how long you can be in **seclusion**.

Notes

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Time limits for restraint or seclusion

Restraints or **seclusion** may be ordered for up to four (4) hours. If you continue to be unsafe, a physician or licensed practitioner may write a new order for an additional four (4) hours. If you are restrained or secluded:

1. You must be seen and evaluated by a physician or licensed practitioner like a psychiatric nurse practitioner within one (1) hour of the start of the **restraint** or **seclusion**.
    a. If you are released from the **restraint** or **seclusion** before the end of the order, you must be evaluated by a physician or licensed practitioner in-person within one (1) hour.
2. After assessing you, a physician or licensed practitioner can issue a new order after the initial four (4) hours to continue the **restraint** or **seclusion** if you are still not safe.

You have a right to file a grievance or complaint if you feel you were improperly put in a **restraint**, **seclusion**, or injured during the **restraint**.

If you would like to learn more about how to file a grievance/ complaint, please see page 10.

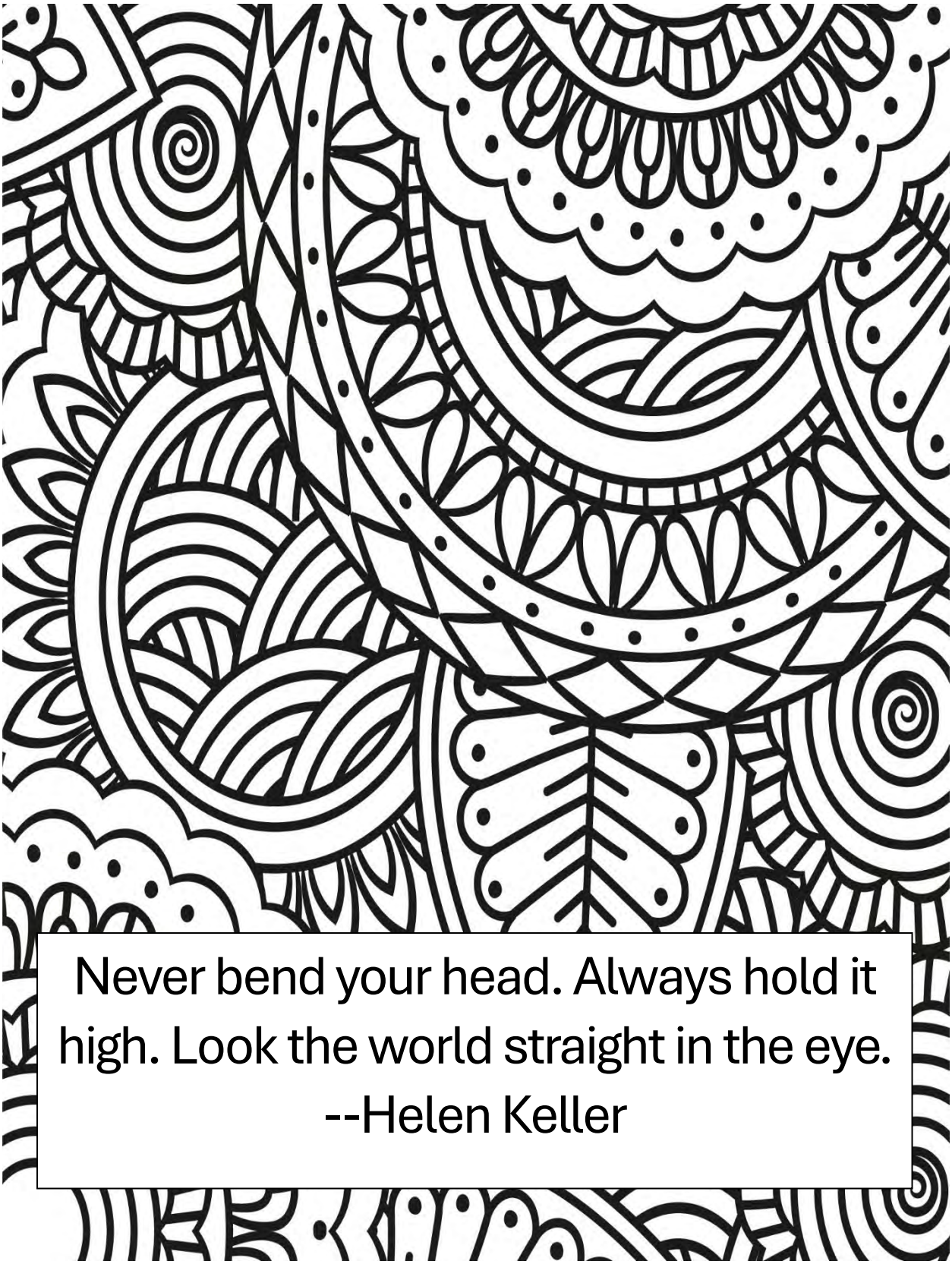


Image 4 designed by Freepik

Civil Rights

Freedom from discrimination

You have the right to be free from **unlawful discrimination**. This means you cannot be discriminated against based on your race, color, national origin, disability, age, religion, and **sex**.

Rights information

You should receive information about your rights when you are admitted to the hospital. This information should be given in a way you understand and should be reviewed with you throughout your stay.

Confidentiality

You have the right to keep your medical information private. Information about you and your treatment cannot be given to others except as required by law.

You or your **legal representative** (example: **guardian**, **health care representative**, **attorney-in-fact**) can consent (give permission) in writing to share your information with others.

If you would like to learn more about legal representatives, please see the glossary on page 50.

Professional consultation

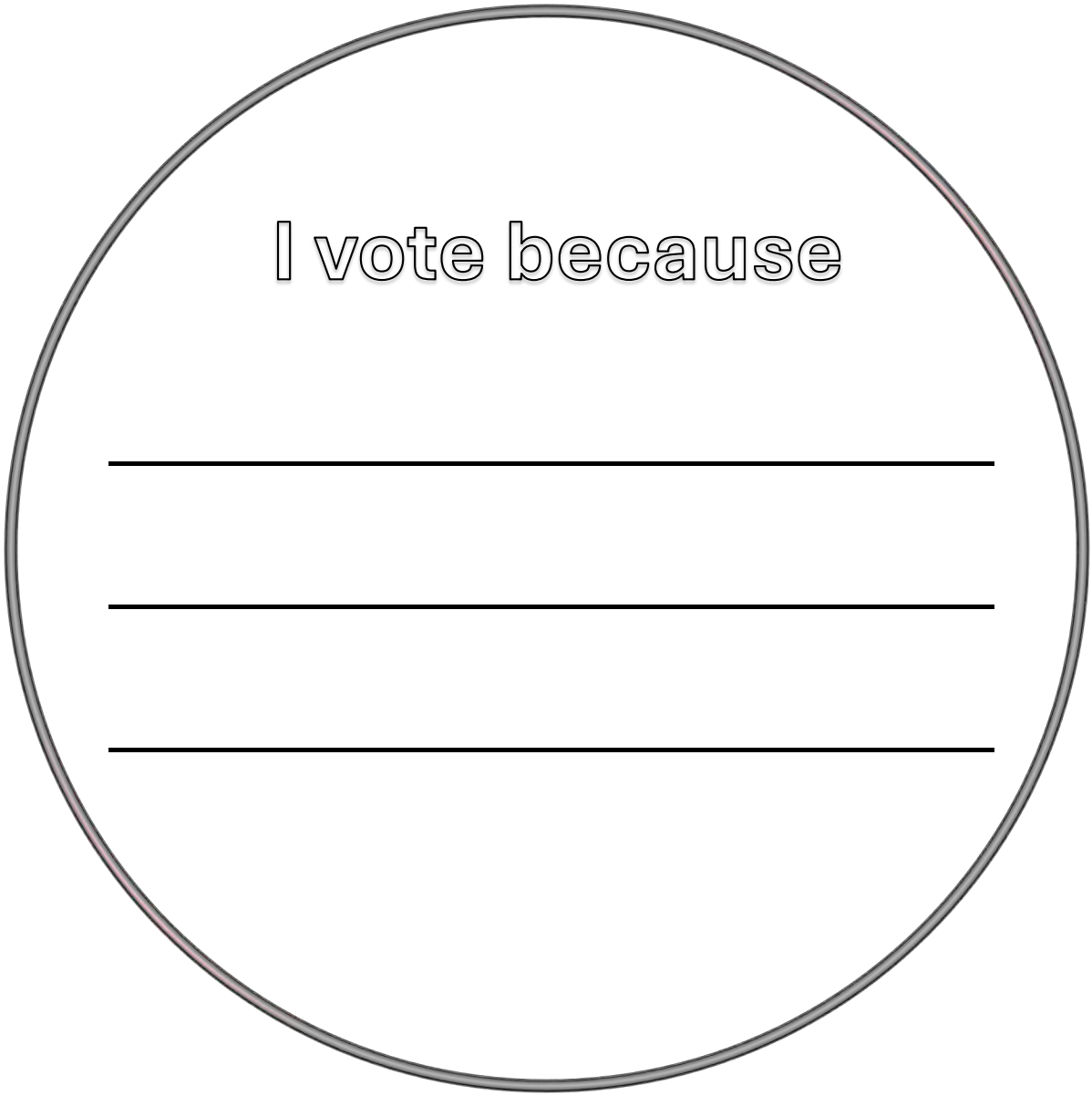
You have the right to see a doctor of your choice at your own expense.

You have the right to seek services from an attorney at your own expense unless a court has ordered that one be provided to you.

Voting

You have the right to vote if you are a registered voter unless you are currently serving a sentence for a felony conviction. You have the right to vote even if you have a **guardian** or a **legal representative**. You have the right to use the hospital address or your permanent address as your location for purposes of registering to vote. Your treatment team can help you update your registration. If you want to register or want to check your registration status, your treatment team can help you.

You have the right to vote for the candidate(s) you want.



Freedom from discrimination word search

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

RACE

SEX

COLOR

NATIONAL ORIGIN

DISABILITY

PREGNANCY

AGE

RELIGION

Conditional Rights

Conditional rights may be restricted (limited or taken away) if you become unsafe.

Conditional rights can, however, only be restricted for good cause and when defined in the **treatment plan**.

You must be notified when your rights are limited.

Personal items

You may be restricted on what you can have at the facility based on the safety needs of yourself and others. See your patient handbook for items that might be restricted at admission and items that you are allowed to bring. In general, unless your right has been restricted:

- You have the right to wear your own clothing.
- You have the right to keep and use personal possessions.
- You have the right to keep and use personal money.
- You have the right to store a limited amount of personal items.

Employment

You may be able to work while receiving treatment.

If you want to work, the hospital may have a **vocational rehabilitation** program to help you.

If you choose to work at the facility, you must be paid. The money you earn cannot be used toward the cost of your treatment.

Communication

You have the right to a reasonable means of communication with people outside the hospital.

Mail

You have the right to receive and send unopened mail. At your request, the hospital staff can provide you with a reasonable amount of writing materials and postage.

Your mail may be screened by staff if it is a part of your **treatment plan**.

Telephone

You have the right to make phone calls at your own expense.

In-person visitors

You have the right to visit with family and friends at reasonable times. Restrictions on who may visit you and when should be part of your **treatment plan**.

Privacy

You may request to communicate privately by talking to your social worker.

Internet

Internet access may not be available to you while receiving inpatient treatment. The hospital is not required to provide you with internet access.

Types of Commitment

There are two primary ways that people can be admitted to a mental health hospital: voluntary admission and involuntary commitment. A commitment may also be the result of involvement in a criminal case. It is important to understand that the type of commitment can change during your stay at a hospital.

Voluntary Admission

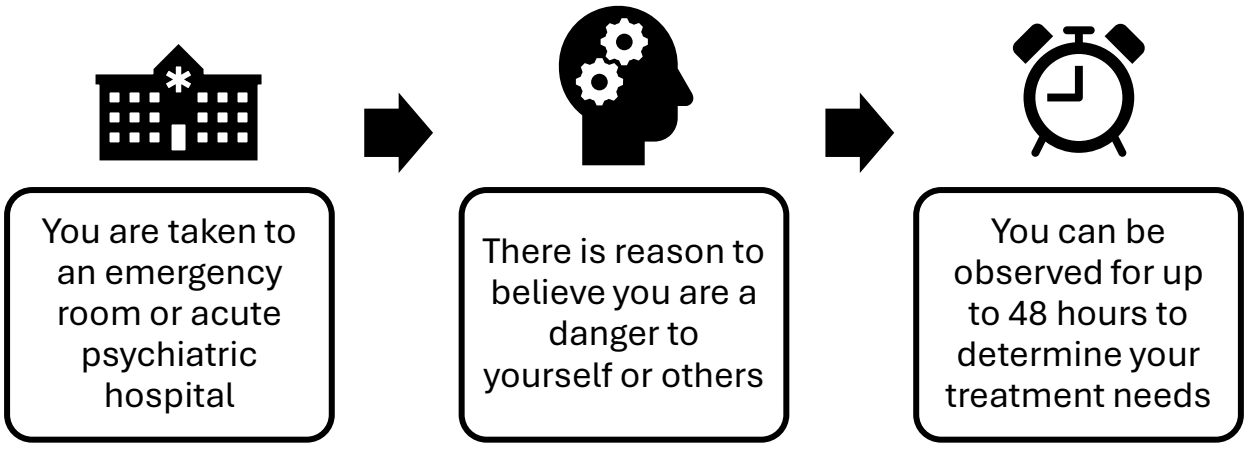
You sign a consent for treatment indicating your willingness to be in the hospital.

Involuntary Commitment

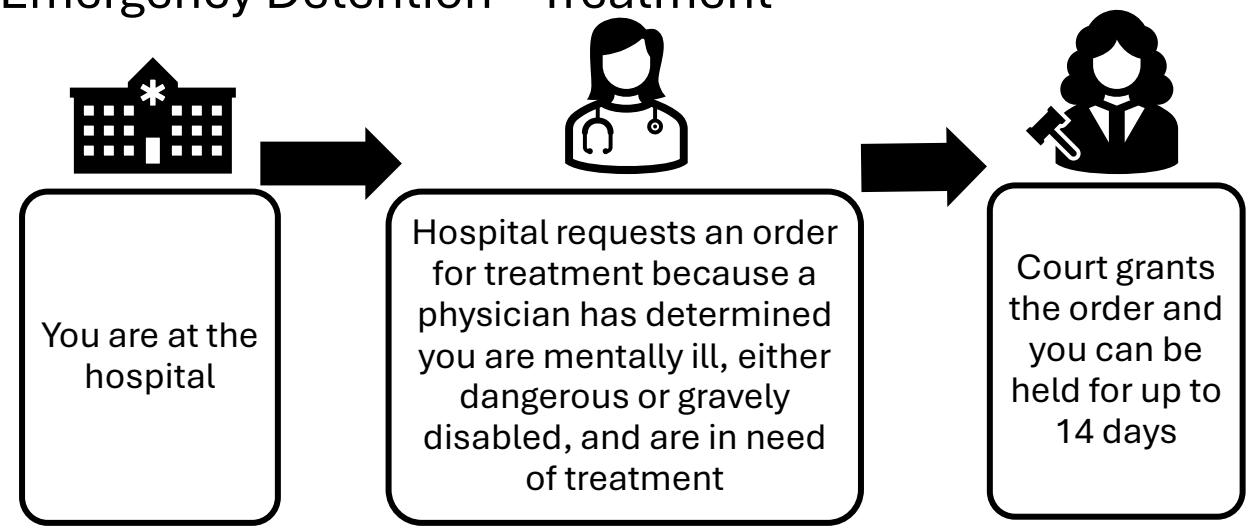
A law enforcement officer, mental health professional, or a court has ordered you to receive treatment in a hospital. You are not able to leave treatment without the approval of your treatment team or a court order.

There are four types of involuntary commitment:

Emergency Detention - Observation

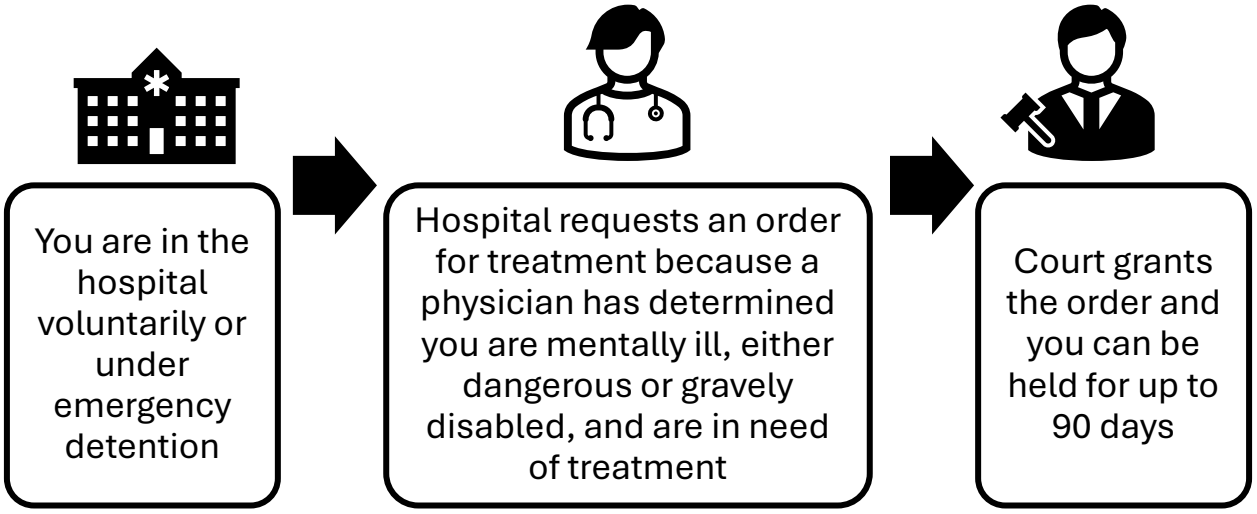


Emergency Detention – Treatment

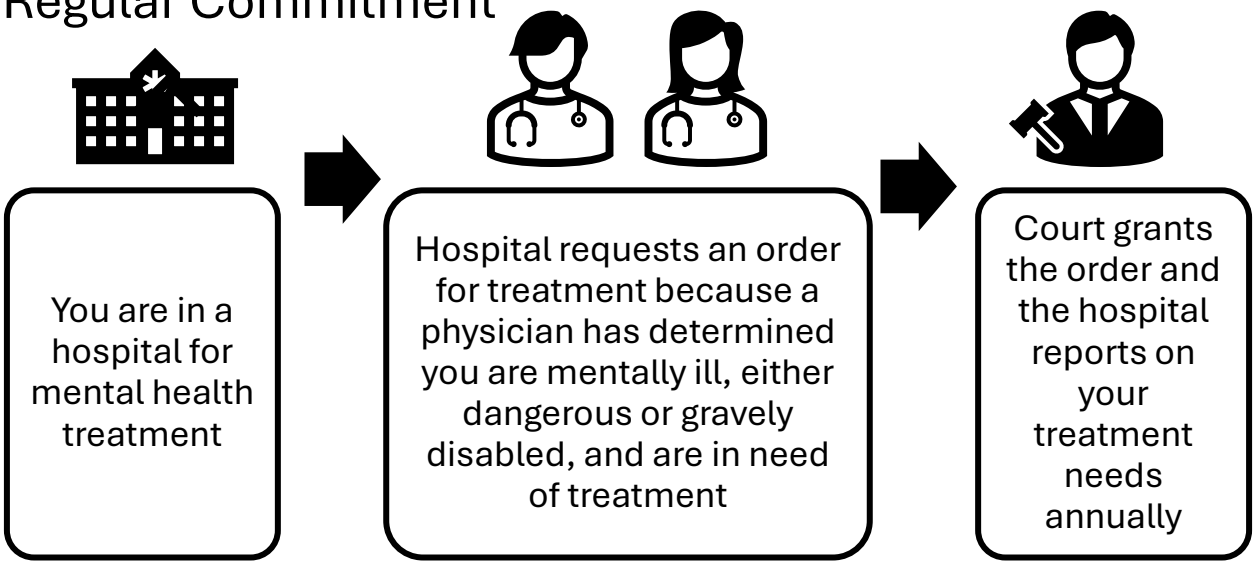


You have the right to legal counsel. If you are unable to get an attorney, you may request representation by a public defender. However, you cannot choose which public defender is assigned to your case. During an emergency detention, a court may order that you must receive treatment, including medication.

Temporary Commitment



Regular Commitment



For more information about the detention procedures, please talk to your attorney.

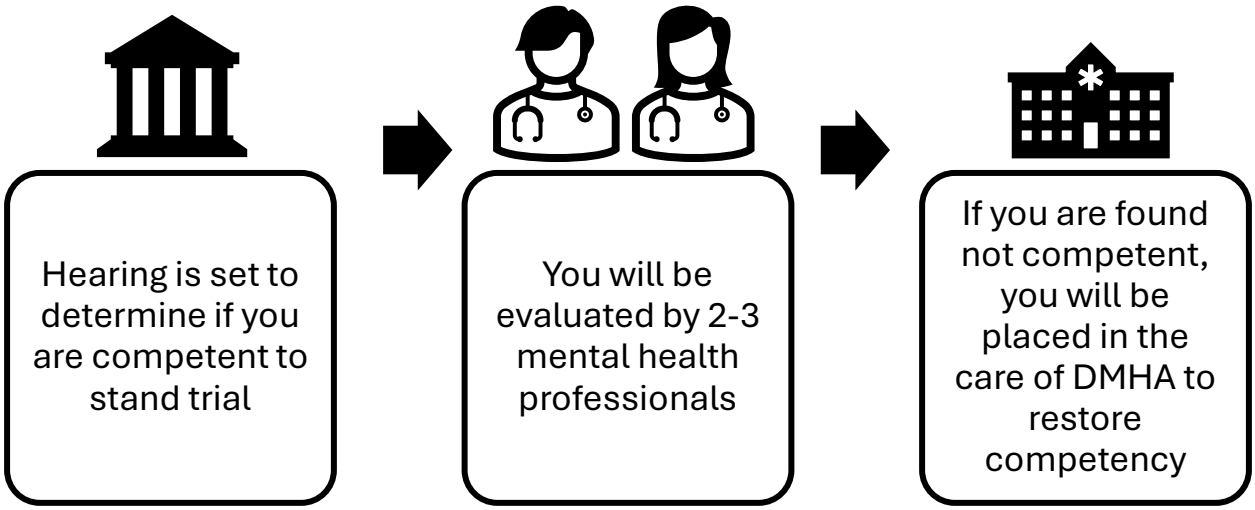
Criminal Justice Commitment

Incompetent to Stand Trial (ICST)

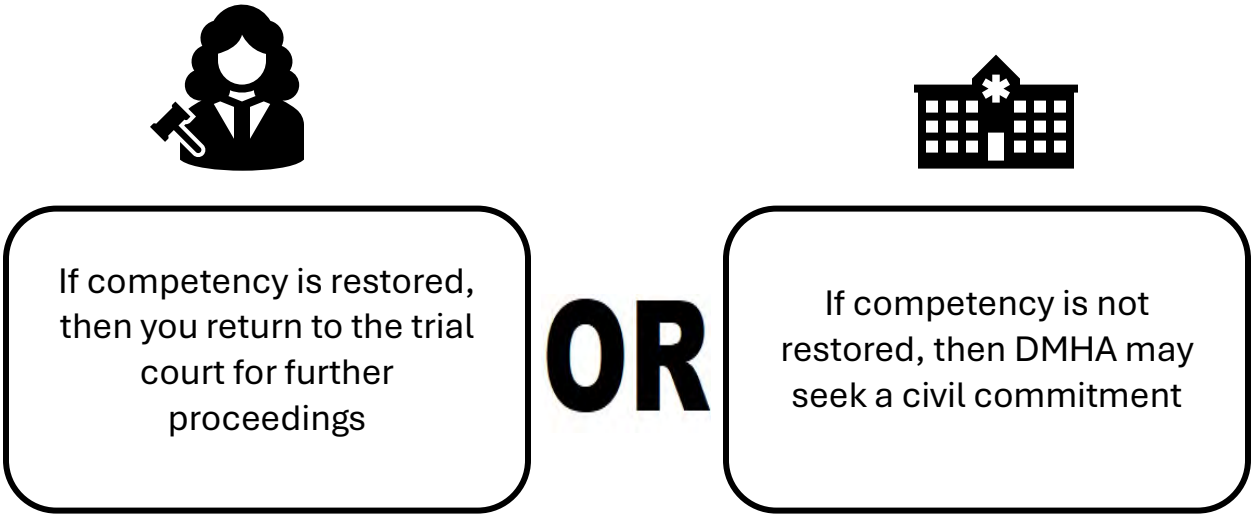
You may be receiving treatment at a mental health hospital because a court reasonably believes you will not be able to understand the proceedings or help with your defense, and you were found ICST.

If you cannot stand trial, the trial will be delayed, and you will be placed in the care of the **Division of Mental Health and Addiction (**DMHA) until you have the skills necessary to stand trial at a later date. The services you receive are paid for by the county.

If you are not restored to competency after six (6) months, DMHA may file for regular commitment. If you are restored to competency, your criminal case will resume.



Competency Evaluation



For more information on ICST contact your attorney or social worker.

Not Guilty by Reason of Insanity (NGRI)

If you were charged with a crime and found not guilty by reason of insanity (also known as not responsible by reason of insanity) at the time of the crime, you are likely under a regular commitment. The prosecuting attorney for your case requested a commitment hearing and a court followed regular commitment rules.

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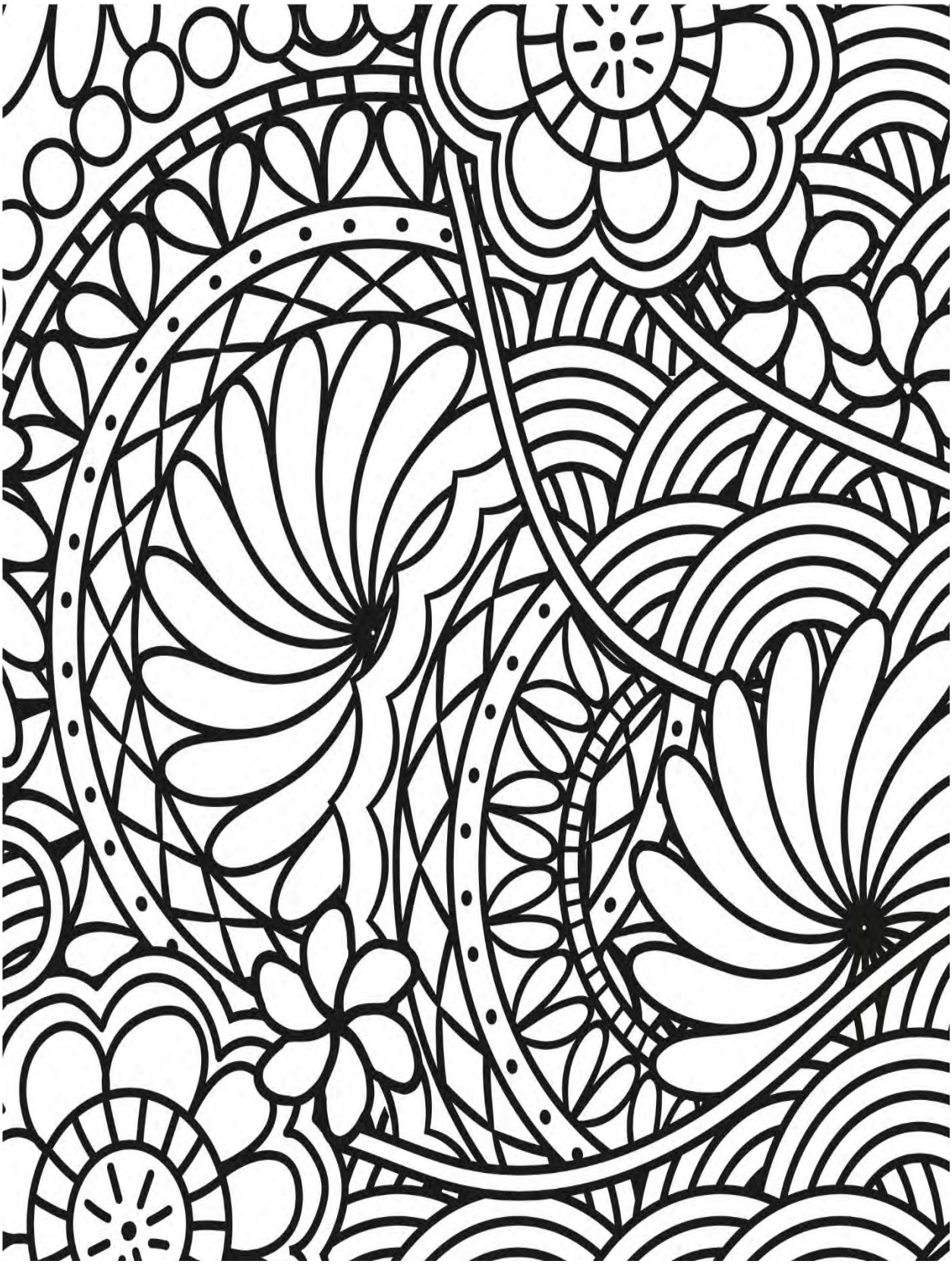

Image 5 designed by Freepik

Outpatient Commitment

You may be under an outpatient commitment upon discharge from an inpatient treatment program or as an alternative to inpatient treatment. This will allow you to live in the community, as long as you follow any restrictions and requirements placed on you by the court.

Assisted Outpatient Treatment (AOT) Program

AOT is a type of court-ordered civil commitment to help people with serious or severe mental illness maintain and engage in treatment. An AOT program is built around a court order, which includes having an active and involved treatment team and additional court monitoring of your treatment progress. AOT programs offer additional monitoring, support, and resources. Not everyone is eligible for an AOT Program so you should talk to your treatment team about whether it might be an option for you.

If you would like to learn more about court ordered outpatient treatment, please go to page 40.

Important Things to Know About Commitment

- An emergency detention can become a temporary or regular commitment after you have seen a judge. Based on the information given at a hearing, the judge may decide that it would be best to issue a temporary or regular commitment.
- A voluntary admission can become an emergency, temporary, or regular commitment if you want to leave the hospital but your treatment team believes you need additional treatment and a judge agrees.
- Weekends and holidays do not count toward the 48 hours, 72 hours, or 14 days of emergency detention.
- If you have health insurance, companies, including those that cover Medicaid participants, must pay for medical services that you receive while under emergency detention or regular commitment, provided the services are considered medically necessary.

Notes

Right to Refuse Treatment

Your right to refuse treatment depends upon your commitment status.

For more information on types of commitment, please see page 27.

Voluntary Admission

If you are voluntarily admitted, meaning a judge has not ordered you to be at the hospital, you have the right to refuse treatment, including medication.

Involuntary Commitment

Emergency Detention

If you are under an emergency detention, you have the right to object to treatment to the court that granted the emergency detention order. However, once the court has ordered treatment, you cannot refuse treatment. Once you have contacted the court to object to treatment, your treatment team will decide whether it is appropriate to continue treatment until the hearing on your objection.

I am under this type of admission/commitment:

☐Voluntary ☐ Involuntary

My next hearing date is: _____

NOTES

_____

_____

_____

_____

_____

Regular and Criminal Commitment

If you are involuntarily committed and a court has ordered medication or treatment, you do not have the right to refuse that treatment.

If you are involuntarily committed, meaning that a court has ordered you to stay at the hospital, and your treatment team proposes a medication or treatment not included in the court's order, then you have the right to refuse that treatment. If your treatment team requests that a court include a specific medication or treatment in your **treatment plan**, then you cannot refuse the medication or treatment.

You have the right to contact the court and ask that a specific treatment or medication be removed from your **treatment plan**. Your social worker is the person responsible for helping you with contacting the court.

Asking the Court to Change Your Treatment Plan

You have the right to ask the court to consider removing a treatment or medication from your **treatment plan**. Use the example below to help you get started.

Case Number:

Name:

Motion for Treatment Exception

I, _____, am committed for treatment at _____ under a/an ☐voluntary commitment/ ☐involuntary commitment.

My treatment team is currently providing me (name of treatment or medication):

_____

_____

I would like this treatment to discontinue because (reasons you want the treatment to stop):

_____

_____

_____

I request that this court order a treatment exception that discontinues the above-mentioned treatment and orders my treatment team to remove it from my treatment plan.

Sincerely,

_____

Signature

Date:

A blank Motion for Treatment Exception letter is on page 55.

Discharge

Information on discharge process

You and your treatment team will establish discharge criteria at the beginning of your treatment. Before you are eligible for discharge, you must meet the discharge criteria in your treatment plan. Your discharge criteria can change depending on your current needs.

You are not allowed to leave the hospital unless you meet discharge criteria, your treatment team believes you can be discharged, and your **gatekeeper** believes you can be discharged.

You may have to wait until appropriate community services are available before you are discharged.

My Discharge Criteria:

_____

_____

_____

_____

_____

_____

_____

Annual review

You have the right to an **annual review** of your commitment by the court each year. You can request one (1) additional review of your commitment by the court each year.

You can be discharged before your annual review if you meet discharge criteria.

Voluntary request for discharge

If you meet discharge criteria and are waiting on the “discharge ready” list, you can request the court order your discharge from treatment. However, your assigned **gatekeeper** should still locate appropriate community services for you.

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Gatekeeper

While receiving treatment at a State Psychiatric Hospital, you will be assigned a **gatekeeper** – a Community Mental Health Center, the Bureau of Disability Services, or the **Division of Mental Health and Addiction** – that will work with your treatment team to find appropriate community services once you are ready for discharge.

If you are unable to work with your current **gatekeeper**, you have a right to request a change in your **gatekeeper**. However, your current **gatekeeper** and potential **gatekeeper** must both agree to the change for it to move forward.

If you have any concerns about your **gatekeeper**, you can reach out to IDR for help.

My Gatekeeper's Information

Organization: _____

Name: _____

Phone Number: _____

Meeting Dates: _____

Questions for my gatekeeper

_____

_____

_____

_____

_____

_____

Outpatient Commitment and Assisted Outpatient Treatment (AOT) Programs

Upon discharge, you may be ordered into **outpatient treatment** in the community. This may include Outpatient Commitment or Assisted Outpatient Treatment (AOT) orders to take certain medications or participate in counseling or therapeutic programs, or substance abuse programs. The order may state how long you must follow it and what monitoring or follow up is necessary. If you do not follow the terms of this order, you may be involuntarily committed to inpatient treatment.

Some courts have AOT programs. AOT programs differ from Outpatient Commitment by the types of services and supports that are available and the level of court-monitoring involved. Not everyone is eligible for an AOT program so it is important to discuss your options for treatment after discharge with your treatment team.

ICST Discharge

If you are restored to competency, you will be returned to jail or the Department of Corrections to continue your criminal case.

If you are not restored to competency within six (6) months, the hospital may pursue an involuntary commitment for treatment.

Other Information

You can find information on guardianship, commitment, and social security on the following pages.

Image 6 designed by Freepik

Guardianship

Even if you have a court appointed **guardian**, you can still have a voice in the decision-making process for your care.

The court can grant one of the following types of guardianship:

1. Limited guardianship: A court can specify what your **guardian** may decide. There are two common types of limited guardianships: Guardian of the Person and Guardian of the Estate. However, a court can specify what a guardian is and is not allowed to oversee.
    a. **Guardian** of the Person: Your **guardian** handles your living, medical, and other treatment decisions.
    b. **Guardian** of the Estate: Your **guardian** handles your money, assets, and property.
2. **Full Guardian**: Your **guardian** handles living, medical, and other treatment decisions AND your money, assets, and property. This might also be called a guardianship of the person and estate or a plenary guardianship.
3. Temporary guardianship: In an emergency, a court can appoint a **guardian** who may consent to appropriate care and services. This lasts no more than 90 days or, with a court's permission for good reason, no more than 180 days.

You have the right to be informed of limitations placed on your decision-making ability.

You have the right to participate in a hearing to appoint a guardian unless your treatment team and the court agree it is not safe for you to participate.

You have the right to object (disagree) with the appointment of a guardian. You have the right to be represented in a hearing to appoint a guardian. You can request that the court appoint an attorney for you, however, there is no requirement that an attorney be provided to you at no cost.

Supported Decision-Making

What is it?

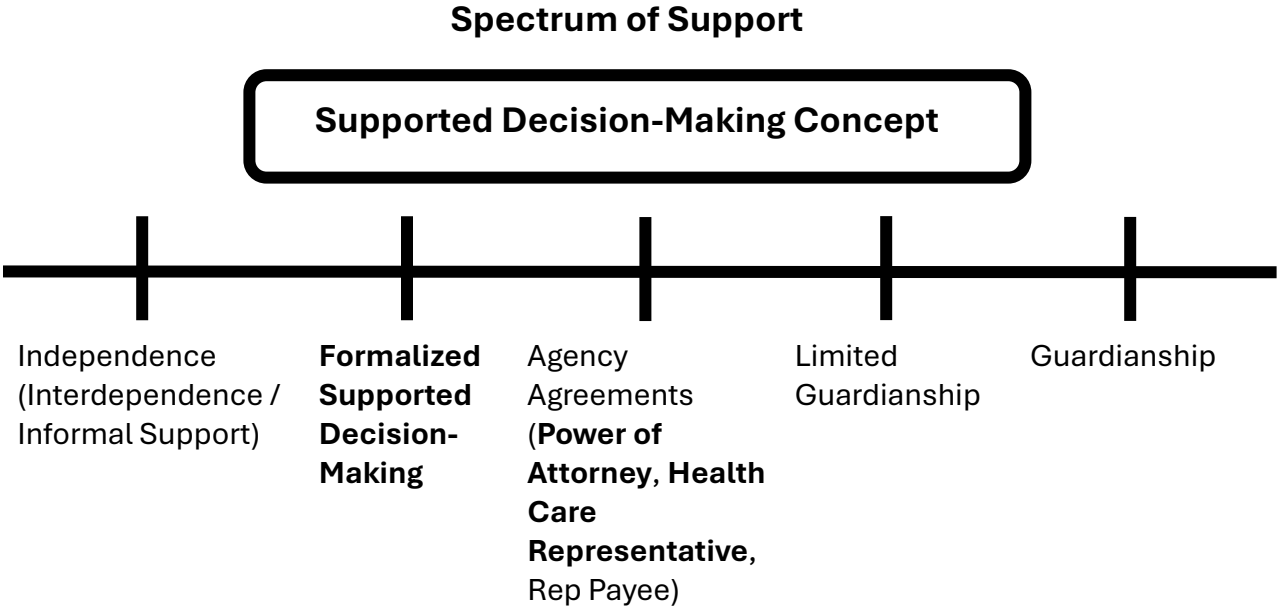
Supported Decision-Making (SDM) is a way to support and accommodate the decision-making process. In SDM, you choose supporters to help you make decisions, but you make the final decision. Your supporters and the type of support you need are included in a **supported decision-making agreement** (SDMA).

How does SDM differ from guardianship?

Guardianship requires a court order, but SDMA does not need court approval. You can change a SDMA at any time to promote your own independence, support your goals, and express your wishes. A guardianship transfers your right to make decisions to another person. With SDM, you have the ability to make decisions yourself using the supports you need.

How can I learn more?

Contact Indiana Disability Rights to learn more about SDM.



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Psychiatric Advanced Directive

A **psychiatric advanced directive** (PAD) is a tool you can create when you are no longer receiving court ordered inpatient treatment. Your treating physician must follow your PAD provided your treatment preferences are in your best interest, and you are not involuntarily committed.

You can create a PAD if you have a serious mental health condition. This document expresses your preferences for mental health treatment when you are declared incompetent by a physician. To create a PAD, as a first step you must speak with your treating physician to start the process, you will need to designate a **health care representative** who will carry out your decisions or preferences that are in your best interests.

Your PAD can include your preferences regarding:

- Admission to a hospital;
- Use of **restraint** or **seclusion**;
- Electroconvulsive therapy; or
- Mental health counseling.

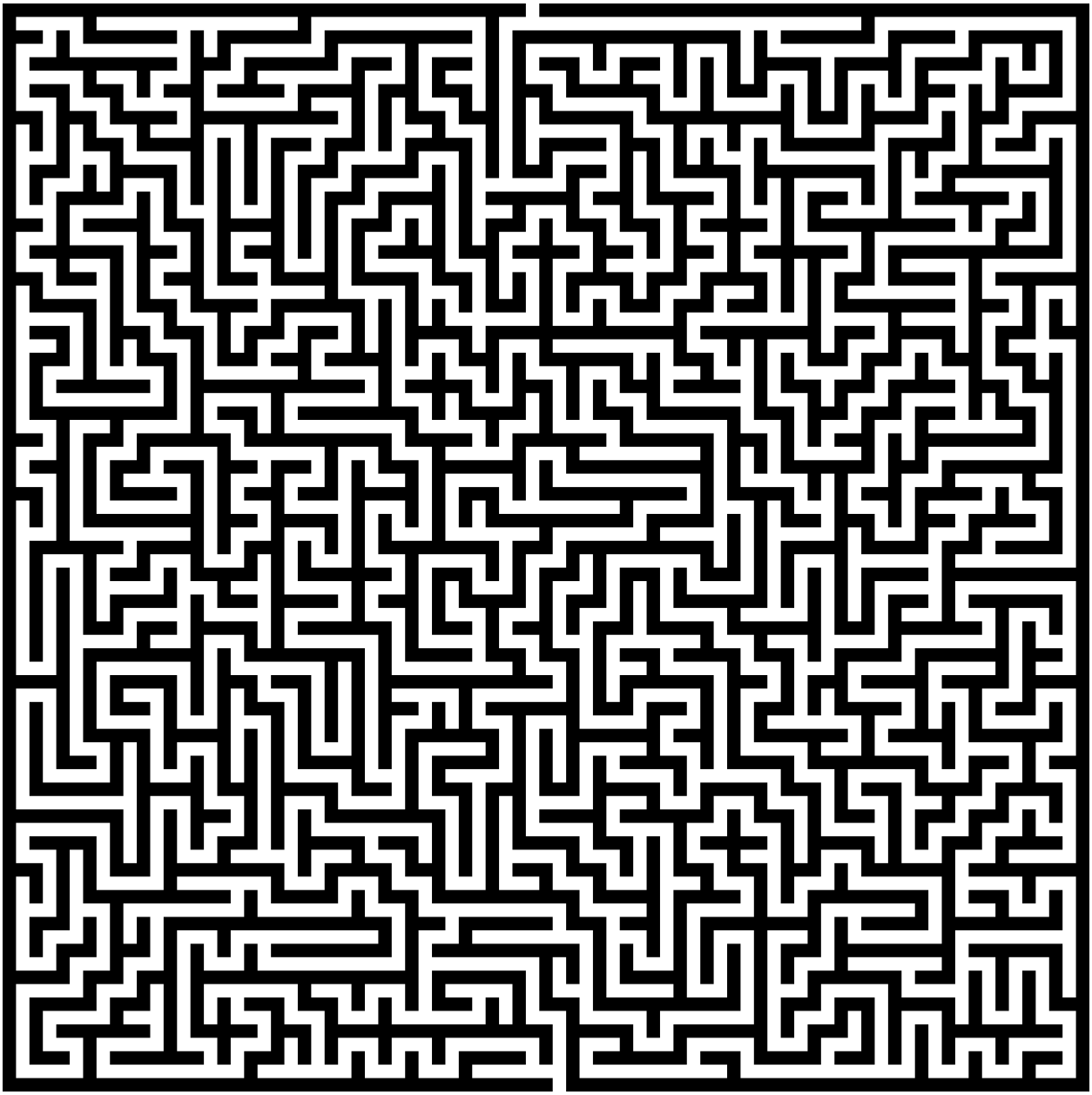
You must work with your psychiatrist, and you may work with an attorney to create a PAD.

Your treating physician determines if your treatment preferences are in your best interest. If they are not in your best interest or you are involuntarily committed, they are not required to follow your PAD.

Social Security

If you have received Social Security benefits in the past, you can get more information by calling Social Security at (800) 772-1213 or by speaking with your social worker.

Start



Finish

Appendices

Appendix A	Topic Area and Legal Citations
Appendix B	Glossary
Appendix C	Forms
Appendix D	List of Resources
Appendix E	Puzzle Answer Key

Image 7 - Designed by Freepik

Appendix A: Topic Areas and Legal Citations

Section	Rights / Topic Area	Citation(s)
Treatment Right	Right to file a complaint	Ind. Code § 12-27-9-5; 42 U.S.C. § 10841
Treatment Right	Right to receive mental health and health care services according to a set standard of professional practice.	Ind. Code § 12-27-2-1(1); 42 U.S.C. § 10841
Treatment Right	Right to attend and participate in your treatment team meetings.	Ind. Code § 12-27-2-1(1); 42 U.S.C. § 10841
Treatment Right	Right to refuse treatment	Ind. Code § 12-27- 5-1; Ind. Code §12-27-5-2; 42 U.S.C. § 10841
Treatment Right	The right to contact the court to ask if a specific or medication to be removed from the treatment plan.	Ind. Code §12-27-5-2; 42 U.S.C. § 10841.
Treatment Right	Right to be free from mental or physical harm caused by abuse or neglect by staff or peers.	Ind. Code § 12-27-2-1(2); 42 U.S.C. § 10841
Treatment Right	Right to be treated kindly and with respect.	Ind. Code § 12- 24-17-3; 42 U.S.C. § 10841
Treatment Right	Right to practice your religion.	Ind. Code § 12-27-2-1(3); 42 U.S.C. § 10841

Section	Rights / Topic Area	Citation(s)
Treatment Right	Right to be free from restraint or seclusion.	Ind. Code § 12-27-4-1; 42 U.S.C. § 10841; 42 U.S.C. § 482.13
Civil Right	Right to freedom from unlawful discrimination.	29 U.S.C. § 794; 42 U.S.C. § 2000d, 6101, 12182, and 18116
Civil Right	Right to keep information confidential.	Ind. Code § 12-27-9-2
Civil Right	Right to see a doctor of your choice at your own expense.	Ind. Code § 12-27-2-1(4); 42 U.S.C. § 10841
Civil Right	Right to seek the services of an attorney at your own expense.	Ind. Code § 12-27-2-1(4); 42 U.S.C. § 10841
Civil Right	Right to vote.	Ind. Code § 12-26-2-8(a)(1)(F); 42 U.S.C. § 10841
Conditional Right	Right to wear your own clothing.	Ind. Code § 12-27-3-3(1)
Conditional Right	Right to keep and use your personal belongings.	Ind. Code § 12-27-3-3(2)
Conditional Right	Right to keep and use personal money.	Ind. Code § 12-27-3-3(3)
Conditional Right	Right to store a limited amount of personal items.	Ind. Code § 12-27-3-3(4)
Conditional Right	Right to reasonable means of communication.	Ind. Code § 12-27-3-3(5)

Section	Rights / Topic Area	Citation(s)
Conditional Right	Right to send and receive unopened mail.	Ind. Code § 12-27-3-1(2)
Conditional Right	Right to make phone calls at your own expense.	Ind. Code § 12-27-3-1(4)
Conditional Right	Right to visit with family at reasonable times.	Ind. Code § 12-27-3-1(1)
Discharge	Right to have court review care and treatment annually.	Ind. Code § 12-26-15-1
Discharge	Gatekeeper responsibilities to clients	440 Ind. Adm. Code § 4.1-3-2; 440 Ind. Adm. Code § 5-1-3.5; 440 Ind. Adm. Code § 9-2-6
Discharge	Court's authority to order outpatient therapy for you	Ind. Code § 12-26-14-1
Discharge	DMHA's duty to start involuntary commitment if you cannot be restored to competency and are receiving treatment at a state psychiatric hospital	Ind. Code § 35-36-3-4
Other Information	Requirements to create a supported decision-making agreement	Ind. Code § 29-3-14
Other Information	Requirements to create a psychiatric advanced directive	Ind. Code § 16-36-1.7

Appendix B: Glossary

Annual Review	Each year the superintendent or attending physician of the hospital must files a review of your care or treatment. A court can order reviews be given more often.
Conditional Rights	A right or privilege that can be legally limited or restricted for safety or to support recovery goals
Division of Mental Health and Addiction (DMHA)	DMHA operates all state psychiatric hospitals and sets care standards for mental health and addiction services to Hoosiers. DMHA also certifies all community mental health centers and addiction treatment services providers
Gatekeeper	The community mental health center that facilitated your entry into a state psychiatric hospital
Gravely Disabled	Because of a mental illness you are in danger of harm because you are unable to get food, clothing, shelter, or otherwise provide for your needs; or you have a serious mental illness leading to poor judgement, reasoning, or behavior resulting in the inability to care for yourself
Guardian	A person appointed by a court to make decisions for you when you are not able to make them for yourself
Health Care Representative	A person you designate to assist you in making health care decisions or to make those decisions if you are unable to do so

Immediate Danger	A substantial likelihood that harm to you or another will occur
Mental Health Crisis	An event where your mental health impairs your thinking, feeling, behavior, and ability to function, making you unsafe
Outpatient Treatment	An order by the court for you to get mental health or medication treatment in the community
Power of Attorney	A document that specifies a person as your "attorney-in-fact" and can make health care decisions you included when you created this document and that are in your best interest
Psychiatric Advanced Directive	A document of your preferences and consents for treatment of specific mental health conditions when you are unable to make decisions or become incapacitated that must be signed by your treating psychiatrist
Restraint	A medication, physical hold, or device that restricts your freedom of movement for the purpose of keeping you and others safe
Chemical restraint	A medication used to restrict your freedom of movement or for staff convenience which is prohibited if it is not a part of your treatment plan
Physical restraint	Another person uses their hands, arms, and/or body to restrict your freedom of movement
Mechanical restraint	A mechanical device, material, or equipment used to restrict your freedom of movement
Seclusion	Confinement to a room or area alone and you are physically prevented from leaving

Sex	Discrimination based on your sex, such as treating men differently than women. Not intimate activity
Supported Decision-Making Agreement	A legal document that allows you to make choices about your own life with support from a team of people you choose. A less restrictive alternative to guardianship
Treatment Plan	A guide to your treatment that is created by you and your treatment team based on your individual needs and goals.
Vocational Rehabilitation	A program that helps people with disabilities overcome barriers to accessing, keeping, or returning to employment

Appendix C: Forms

Patient rights complaint or grievance tracker		
Date of complaint	Notes	Date of response

Team Meeting Notes

My next team meeting is: _____

I Want to Talk About:

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Motion for Treatment Exception

Case Number:

Name:

Motion for Treatment Exception

I, _____, am committed for treatment at _____ under a/an ☐voluntary commitment/ ☐involuntary commitment.

My treatment team is currently providing me (name of treatment or medication):

_____

_____

_____

I would like this treatment to discontinue because (reasons you want the treatment to stop):

_____

_____

_____

_____

_____

I request that this court order a treatment exception that discontinues the above-mentioned treatment and orders my treatment team to remove it from my treatment plan.

Sincerely,

_____

Signature

Date:

Court Hearing Notes

I am under this type of admission/commitment:

☐Voluntary ☐ Involuntary

My next hearing date is: _____

NOTES

_____

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My Discharge Criteria

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My Gatekeeper's Information

Organization: _____

Name: _____

Phone Number: _____

Meeting Dates: _____

Questions for my gatekeeper

_____

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Appendix D: State and Advocacy Organizations

State Psychiatric Hospitals

Name (Former Name)	Phone	Address
Evansville State Hospital	812-469-6800	3400 Lincoln Avee Evansville, IN 47714
Logansport State Hospital	574-722-4141	1098 S State Road 25 Logansport, IN 46947
Madison State Hospital	812-265-2611	711 Green Rd Madison, IN 47250
NeuroDiagnostic Institute and Advanced Treatment Center (LaRue Carter)	317-941-4000	5435 16th St Indianapolis, IN 46218
Richmond State Hospital	765-966-0511	498 N.W. 18th St Richmond, IN 47374

Community Mental Health Centers

Name (Former Name)	Crisis (C) Phone Office (O) Phone Website	Counties Served
4C Health (Four County Comprehensive Mental Health Centers)	800-552-3106 (C) 574-722-5151(O) 4chealthin.org	Cass; Fulton; Miami; Pulaski
Adult & Child Mental Health Center, Inc.	877-882-5122 (C) 317-882-5122 (O) Adultandchild.org	Johnson; Marion
Aspire Indiana, Inc.	800-560-4038 (C) 317-574-1254 (O) Aspireindiana.org	Boone; Hamilton; Madison; Marion
Bowen Health Clinic (Bowen Center)	800-342-5653 (C) 574-267-7169 (O) Bowenhealth.org	Huntington; Kosciusko; Marshall Wabash; Whitley
Centerstone of Indiana, Inc.	800-832-5442 (C) 877-467-3123 (O) Centerstone.org	Bartholomew; Brown; Decatur; Fayette; Jackson; Jefferson;

Name (Former Name)	Crisis (C) Phone Office (O) Phone Website	Counties Served
		Jennings; Lawrence; Monroe; Morgan; Owen; Randolph; Rush; Union; Wayne
Community Fairbanks Recovery Center	800-777-7775 (C) 800-225-4673 (O) Ecommunity.com/locations/community-fairbanks-recovery-center	
Community Health Network Behavioral Health Clinics	317-621-5700 (option 1) (C) 800-777-7775 (O) Ecommunity.com/services/mental-behavioral-health/locations-clinics	Hancock; Marion; Shelby
Cummins Behavioral Health Systems, Inc.	888-714-1927 (Ext. 1501) (C) 888-714-1927 (O) Cumminsbhs.org	Hendricks; Putnam
Edgewater Health (Edgewater Systems for Balanced Living)	219-240-8615 (C) 844-433-4392 (O) Edgewaterhealth.org	Lake
Family Health Center	812-882-5220 (C) 812-494-9501 (O) Yourhfc.org	
Gallahue Mental Health Center	800-621-7600 (C) 317-621-7600 (O) ecommunity.com/	Madison
Hamilton Center, Inc.	800-742-0787 (C) 800-742-0787 (O)	Clay; Greene; Parke; Sullivan; Vermillion; Vigo

Name (Former Name)	Crisis (C) Phone Office (O) Phone Website	Counties Served
INcompass Healthcare (formerly CMHC)	877-849-1248 (C) 812-532-2595 (O) Incompasshc.org	Dearborn; Franklin; Ohio; Ripley; Switzerland
Knox County Hospital Samaritan Center	800-824-7907 (C) 812-886-6800 (O) Gshvin.org	Daviess; Knox; Martin; Pike
LifeSpring Health Systems, Inc. (Southern Hills Counseling Center now operated by LifeSpring)	812-280-2080 (C) 812-280-2080 (O) Lifespringhealthsystems.org	Clark; Crawford; DuBois; Floyd; Harrison; Orange; Perry; Scott; Spencer; Washington
Meridian Health Services Corp.	800-333-2647 (C) 866-306-2647 (O) Meridianhs.org	Delaware; Henry; Jay
Northeastern Center, Inc.	800-790-0118 (C) 260-347-2453 (O) Nec.org	DeKalb; LaGrange; Noble; Steuben
Oaklawn Psychiatric Center, Inc.	574-533-1234 (C) 574-533-1234 (O) Oaklawn.org	Elkhart; St. Joseph
Parkview Health (Park Center, Inc.)	260-471-9440 (C) 260-481-2700 (O) Parkview.com	Adams; Allen; Wells
Porter-Starke Services, Inc.	219-476-4523 (C) 219-531-3500 (O) Porterstarke.org	Porter; Starke
Radiant Health (Cornerstone Mental Health)	9-8-8 (C) 765-662-3971 (O) Getradiant.org	
Regional Health Systems (Regional Mental Health Center)	219-769-4005 (C) 219-769-4005 (O) Rhs.care/psychiatry/	Lake

Name (Former Name)	Crisis (C) Phone Office (O) Phone Website	Counties Served
Sandra Eskenazi Mental Health Center (Eskenazi Health Midtown MHC)	317-880-8485 (C) 317-880-0000 (O) Eskenazihealth.edu/mental-health	Marion
Southwestern Behavioral Health (Southwestern Indiana Mental Health Center)	812-422-1100 (C) 812-423-7791 (O) Southwestern.org	Gibson; Posey; Vanderburgh; Warrick
Swanson Center	855-325-6934 (C) 219-879-4621 (O) Swansoncenter.org	LaPorte
Valley Oaks Health (Wabash Valley Alliance)	800-859-5553 (C) 765-446-6578 (O) Valleyoaks.org	Benton; Carroll; Fountain; Jasper; Montgomery; Newton; Tippecanoe; Warren; White

Indiana Advocacy Resources

Name of Organization	Phone	Description
2-1-1 Partnership	2-1-1 or 866-211-9966	Connects to essential community resources.
9-8-8 Suicide and Crisis Lifeline	9-8-8	Helps with mental health or substance use-related distress.
Adult Protective Services	800-922-6978	Call to report suspected abuse, neglect, or exploitation of disabled or elderly adults.
ACLU of Indiana (American Civil Liberties Union of Indiana)	317-635-4059	Advocates for Indiana residents whose constitutional rights have been violated by governmental agencies.
The Arc of Indiana	800-382-9100	Helps navigate government programs, healthcare coverage, transition to community living and more.
Crisis Text Hotline	Text HOME to 741741	This is a 24-hour mental health crisis chat line.
Disability Information Access Line (DIAL)	888-677-1199	Provides information about local resources that support independent living.
Division of Mental Health and Addiction (DMHA) Consumer Service Line	800-662-4357	This 24-hour help line sends reports about public mental health facility concerns to DMHA and the involved facility. DMHA responds to all callers.
Indiana Civil Rights Commission (ICRC)	800-628-2909	Call ICRC to report discrimination due to disability, race, sex, religion, or national origin in education, employment, credit, public accommodations, or housing.

Name of Organization	Phone	Description
Indiana Disability Resource Finder	https://indianaresourcefinder.org	Helps you find community resources.
Indiana Disability Rights (IDR)	800-622-4845	IDR protects the rights of people with disabilities. IDR is the Protection & Advocacy system for Indiana. IDR produced this book.
Indiana Legal Services (ILS)	844-243-8570	ILS is a not-for-profit law firm offering free civil legal help to eligible low-income Hoosiers.
Indiana Long-Term Care Ombudsman	800-622-4484	Advocates for residents of long-term facilities, including nursing facilities and assisted living facilities.
Indiana Public Defenders Council	317-232-2490	A professional organization for Indiana Public Defenders.
Mental Health America of Indiana (MHAI)	800-555-6424	Offers mental health screenings, education, recovery, counseling, legal services, and more.
Mental Health Ombudsman	800-901-1133	You can ask DMHA staff to connect you with the mental health ombudsman.
National Alliance for the Mentally Ill, Indiana (NAMI Indiana)	800-677-6442 (Indiana)	Dedicated to providing support, education, and advocacy for consumers of mental health services and their families.
National Suicide Prevention Hotline	9-8-8 or 800-273-8255	Provides 24/7 free, confidential emotional support to people in suicidal crisis or emotional distress.
Social Security Administration (SSA)	800-772-1213	Federal agency that administers the Social Security program.

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Name of Organization	Phone	Description
Veterans Crisis Hotline	800-273-8255 (Option 1)	Provides 24/7 free, confidential support to veterans, service members, reserve members and their families experiencing crisis.

Appendix E: Word Search Answer Key

Treatment Plan Answer Key

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

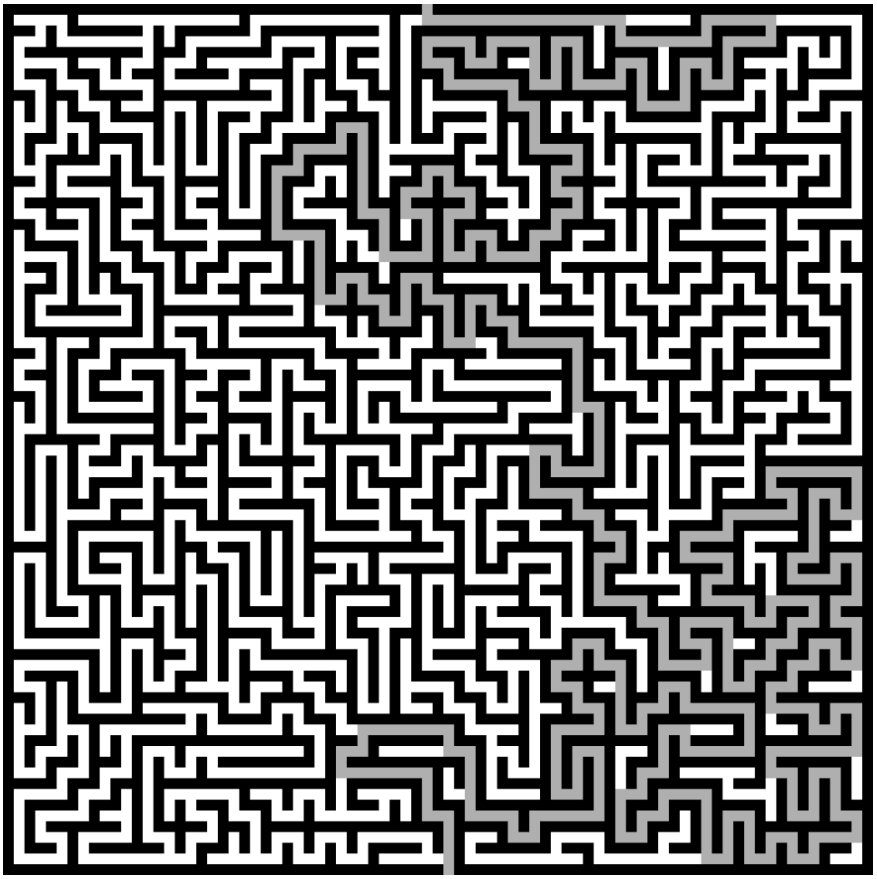
Dignity and Respect Answer Key

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

Discrimination Answer Key

D													N		
I											A	I	O		
S			R	A	C	E					G		I		
A										I	E		G		
B									R				I		
I					C	O	L	O	R				L		
L							L						E		
I						A							R		
T	P	R	E	G	N	A	N	C	Y						
Y				O											
			I										S		
		T											E		
	A												X		
N															

Maze Solution



If you think your rights are being violated, you may contact Indiana Disability Rights.

While you receive services from this hospital, you have the right to:

- Be treated appropriately and humanely.
- Be free from abuse and neglect.
- Receive appropriate services.
- Make your own decisions whenever possible.

CONTACT US

Phone	317-722-5555 800-622-4845
Fax	317-722-5564
Email	info@IndianaDisabilityRights.org

WRITE US

Indiana Disability Rights
4755 Kingsway Drive, Suite 100
Indianapolis, Indiana 46205

Scan to download this book

Visit our website www.IndianaDisabilityRights.org.

Indiana Disability Rights is the Protection and Advocacy system for 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. The percentage and dollar amount of the total cost of this project, as financed by federal funds, are available by contacting Indiana Disability Rights.

INDIANA
DISABILITY RIGHTS
Equality Through Advocacy

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	$446,105
Total	**$446,105**

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	2024	$414,118
2. Program income (PAIMI only)			$0
3. State			$0
4. Other funding sources [identify each source]			
Total of all PAIMI Program resources.			**$414,118**

Please note in the second form that Question 2. Program Income (PAIMI only) is not the current FY PAIMI allotment. Program income is defined as gross income earned that is directly generated by a federally supported activity or earned as a result of the federal award.

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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 2025 PAIMI Application. The strategies used for each Objective must be completed. The reason why priority/goal was not achieved or was partially achieved must be completed.

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

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:	19
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 opened an investigation at a PSF, after receiving reports involving 11 PAIMI eligible youth residing at the facility, who suffered serious injuries including broken bones and head injuries. The investigation determined that the most pressing issue was injuries occurring during restraints. IDR's investigation uncovered several incidents of restraints resulting in injuries to residents, including, but not limited to, a broken arm, a skull fracture, head injuries, and a broken jaw. IDR PAIMI staff interviewed residents, who corroborated the reports while also revealing constant peer-to-peer fights, and injuries resulting from restraints. In some instances, there was also a concern for immediate and proper medical intervention after injuries. PAIMI staff addressed the abuse of individual incidents, such as two residents whose improper restraints were visible on video surveillance footage. PAIMI staff continued to monitor the PSF throughout the reporting period, intensely overseeing the restraints conducted within the facility. The results of IDR's investigation and monitoring were a reduction in restraints and reduced reports of injuries, leading to a resolution of these concerns. While investigating the serious injuries at the PSF, IDR expanded the investigation and reviewed over 600 incidents of restraint in a one-year period. IDR examined all restraint incidents for 79 youth (past and present placements) for appropriateness of the use of restraint. In 47 incidents of restraint of 32 youth, investigators found 18 head injuries, 40 abrasions, cuts, bruises or rashes, 6 complaints of arm, leg, or joint pain, and 2 incidents of a bloody nose or ear. IDR found that 16 incidents were unjustified (according to policy and code), 15 due to lack of imminent danger. IDR filed 11 complaints to DCS regarding the execution of restraints. IDR met weekly with DCS to review incident reports. DCS issued one work standard letter preventing at least six staff from being hired by any DCS licensed facility. DCS issued numerous plans of corrections based on IDR reports and issued a referral hold for several months. DCS placed the facility in probationary status following IDR's investigation. Nearly all staff involved in these inappropriate restraints were terminated for failing to follow agency policy rather than abuse/neglect.

Other qualitative narrative related to above priority (significant activity for which there were no quantifiable results go here):

At two facilities, during monitoring visits, IDR PAIMI staff participate in new employee orientation, to offer an overview of the rights of PAIMI eligible patients. In this reporting period, IDR staff instructed 78 new staff at two facilities serving PAIMI eligible patients. These trainings are designed to prevent abuse, neglect, and rights issues, by ensuring facility staff understand the rights of those they serve.

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: 21

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:

In FY2025, IDR PAIMI staff conducted 117 monitoring visits at 42 facilities. Advocates were able to identify and address risks such as inadequate staffing, unsafe environments, and lapses in care standards because of these visits.
Through regular monthly monitoring at a PSF, IDR PAIMI staff identified environmental concerns with the facility's pool, neglected and unused for years. IDR PAIMI staff reported the concerns and advocated on behalf of PAIMI eligible youth, for repairs and maintenance, to allow youth to use the pool, creating a safe environment for physical activity and recreation. Thanks to consistent advocacy and monitoring, the facility repaired and opened the pool for residents for the first time in years.
Monitoring visits to SOFs uncovered environmental issues (asbestos, broken fire doors, broken locks, broken bathtubs, broken washing machines, broken furniture), allowing the issues to be addressed, ensuring safer environments for PAIMI eligible individuals residing in those facilities.
IDR monitors observed three residents who showed signs of poor hygiene. The situation was immediately addressed with staff, and resulted in a new procedure for addressing hygiene concerns. This work fulfills IDR's priority to investigate and monitor facilities for rights violations, including abuse, neglect, or exploitation.

Other qualitative narrative related to above priority (significant activity for which there were no quantifiable results go here):

IDR PAIMI staff's regular monitoring visits to facilities serving PAIMI eligible individuals resulted in four reports sent to IDOH, DCS and CPS for possible abuse, neglect and exploitation of PAIMI eligible individuals in a PRTF, a supported group living facility and a long-term care facility. Monitoring efforts included delving into reports of individuals being discharged from SPHs to homeless shelters with outpatient commitments vacated and no wrap-around services provided. During monitoring visits IDR PAIMI staff were made aware of two SPHs allowing such placements. IDR staff followed up with both hospitals, and several area homeless shelters to ensure PAIMI eligible individuals, upon discharge, would receive all the services and supports they may need. PAIMI staff research showed that while the specifically reported homeless shelters do, in fact, offer what may be adequate services for a discharging individual, no one had recently been discharged there

Priority/Goal Description: Ensure PAIMI-eligible individuals can access the services and supports they need to participate in an equitable and inclusive society.

Objective: Provide individual legal advocacy to ensure the protection of rights for individuals with significant 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: 29

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 gained a positive outcome for "Aleksa," a PAIMI eligible youth living in a group home. IDR found that the group home was calling the police to manage behaviors. An Immediate Jeopardy finding was issued to the group home due to lack of appropriate care and treatment of Aleksa. Thanks to IDR's advocacy, DCS removed Aleksa from the provider, found her a new provider, and Aleksa is now doing well.

IDR PAIMI staff intervened on behalf of a PAIMI eligible individual in a SPH, who reported that she had been discharge ready for many months, but was not moving toward discharge. IDR conducted follow up with the treatment team, and learned that she had not been released due to waiting for bed to open up. IDR followed up, and she was discharged.

"Betsy," a PAIMI eligible individual, was ordered to remove her emotional support dog from her apartment because of its breed. IDR intervened, clarifying that the Fair Housing Act (FHA) protects tenants' rights to keep emotional support animals, regardless of breed. Through IDR's advocacy, Betsy was able to keep her home and her valued emotional support animal.

"Bella" resides at an assisted living facility. In connection with some alleged incidents at the facility, staff recommended Bella be placed in an inpatient mental health treatment facility. Bella's guardian contacted IDR for help. IDR conducted fact-finding and prepared for a hearing, but thanks to IDR's advocacy, shortly before the hearing, the facility rescinded the notice of involuntary discharge, ensuring Bella can stay in her current home.

After local university refused to provide reasonable accommodations to "Mandy," IDR PAIMI staff assisted Mandy to negotiate with the university, which then provided Mandy with the accommodations she needed for her classes.

Other qualitative narrative related to above priority (significant activity for which there were no quantifiable results go here):

During the reporting period, PAIMI staff monitored several facilities for discharge issues, including long-term process, discharge to homeless shelters, discharge to appropriate community setting, and a gatekeeper who was blocking discharges. IDR worked to address the issues at each facility, while supporting PAIMI eligible individuals to prepare for discharge.

Priority/Goal Description: Empower persons with significant 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:

In FY2025, IDR met the objective to provide easily accessible and equitable paths for PAIMI eligible people to connect with IDR. IDR developed several self-advocacy tools, including fact sheets about service animals and emotional support animals. IDR resources are shared with advocacy groups in digital file format and available on the IDR website in regular and large print. IDR PAIMI staff distributed the Know Your Rights Coloring Book to over 150 PAIMI eligible youth receiving inpatient care, some of whom used the language from the coloring book to advocate for their rights.

IDR provided a session called Advancing Children's Rights at the NAMI Criminal Justice Summit in March 2025, to probation officers, re-entry officers, administrators of acute hospitals and residential facilities, social workers, and family services workers. The session resulted in a facility administrator's decision to change their staff orientation to include the use of the coloring book, due to the attention-grabbing graphics and plain language format. Another attendee described the session as, "the best of the conference."

IDR disseminated over 800 print resources during the reporting period. IDR informational resources were downloaded from IDR websites 8,037 times.

Other qualitative narrative related to above priority (significant activity for which there were no quantifiable results go here):

D. IDR developed and recently published the new resource, titled, Know Your Rights: Adults Receiving Inpatient Mental Health Care in Indiana. The outcome of this resource is pending, because it was just recently published. However, during the development of the resource, IDR PAIMI

staff took the drafts on monitoring visits and got feedback from PAIMI eligible patients to ensure the resource meets their needs. Judges, mental health professionals, advocates, and even the Indiana Secretary of Health were able to offer feedback during development. All SPHs have a link to the digital version, and staff have been encouraged to print the book for their patients and staff. IDR PAIMI staff conducted nine training sessions for new employees at two PRTFs serving youth, allowing IDR PAIMI staff to develop strong working relationships with facility staff. IDR PAIMI staff further promoted children's rights during treatment and explained the power of plain-language resources at the Heart-to-Heart Conference for self-advocates and families.

Objective: Advocate for the inclusion of people with significant 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 achieved the priority to serve as a partner in rights issues faced by individuals with significant mental illness and educated policymakers by submitting formal public comments regarding proposed rule changes being considered by DMHA. These changes would have affected mental health referrals. Specifically, IDR recommended DMHA require the programs to post their guidelines online. DMHA acknowledged that this may be burdensome for some smaller programs but agreed that it is appropriate and will require programs to do so. IDR also recommended that DMHA require programs to post complaint and grievance procedures. DMHA is now requiring the guidelines (referenced above) to include a complaint and grievance procedure. A second public comment period was called due to the changes DMHA made based on IDR's comments.

IDR's Executive Director serves on an advisory committee for the Office of Court Behavioral Services to assist with projects like expansion of problem-solving courts and assisted outpatient treatment. IDR's Executive Director recommended several PAIMI-eligible individuals for inclusion on this work group, one of whom was appointed.

During the reporting period, IDR PAIMI staff presented outcomes of the multi-year PSF monitoring project to 108 attendees at the Indiana Public Defenders Council. A public defender praised the presentation for helping guide arguments in juvenile cases where probation officers favor residential placements. A guardian ad litem highlighted its value in assessing facility impacts on ACES scores when making recommendations for children. Attendees appreciated the critical role of the P&A for PAIMI eligible youth. "I am grateful for the invaluable accountability mechanism IDR can provide for our clients."

Other qualitative narrative related to above priority (significant activity for which there were no quantifiable results go here):

IDR PAIMI staff educated policymakers by serving on several work groups focused on protections and services needed for individuals with significant mental illness. IDR PAIMI staff serve as an advisory member on the Human Rights Committee at every SPH. IDR's ED was active in the Mental Health, Addictions, and Criminal Justice Collaboration Workgroup. IDR's ED also served on the Mental Health Justice Workgroup, made up of providers and state agency policymakers, which convened 10 times during the reporting period.

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:

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

STATE Indiana	FISCAL YEAR 2025

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 Officer.

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:	2025
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:	Ryan Wilson 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.	Ryan Wilson 1107 Hideaway Dr Auburn, IN 46706 260-570-8079
Telephone Number:	317-722-5555
E- Mail Address:	rlwilson1201@gmail.com
Date Submitted:	12/09/2025
By signing this document, the Chair certifies that this report reflects the consensus of the PAC members.	Ryan L Wilson (Electronally Signed)

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.		1

B.1.c. Family members of individuals who are recipients/former recipients (R/FR) of mental health services.	1
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.	1
B.1.e. Mental health service providers.	1
B.1.f. Mental health professionals:	0

2

B.1.f.1. Social Workers	1
B.1.f.2. Psychologists	0
B.1.f.3. Psychiatric Nurses	0
B.1.f.4. Psychiatrists	0
B.1.f.5. Psychiatric Nurse Practitioners	1
B.1.f.5. Peer Support Specialists	0
B.1.g. Attorneys.	1
B.1.h. Individuals from the public knowledgeable about mental illness.	1
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].	1-member, August 20, 2025
B.1.k. TOTAL number of PAC members serving on 9/30.	**Total 9**
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).	8
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.]	89%

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.	72%

SECTION C. PAC DATA ON ETHNICITY & RACE

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	9
(Add C.A.1 & C.A.2., the total should be the same as the one listed in B.1.k. (members serving as of 9/30).	**Total** 9
C. B. RACE	
C. B. 1. American Indian or Alaska Native	1
C. B. 2. Asian	0

C. B. 3. Black or African American	1
C. B. 4. Native Hawaiian/Other Pacific Islander	0
C. B. 5. White	7
C. B. 6. Two or More Races	0
C. B. 7. = C.B.1 through C.B.6.	**Total**
Members may select as many racial identifications as they want.	9
C. C.1. Total Number of PAC member vacancies on September 30.	**Total PAC Vacancies**

		1

SECTION D. Sex of PAC Members	
D.1 FEMALE 8	D.2 MALE 1
D.3. TOTAL 9	

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 needed to share information about ongoing 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 objectives development), attorneys and advocates (project update sharing)		
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	
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 PAC members have a standing invitation to attend. The meetings are open to the public.		
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	

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

The PAC participated in the development of the priorities and objectives, through a process of information gathering by IDR staff during mental health institution monitoring, online surveys, and small group discussion with members of the public and mental health community to develop the priorities and objectives for PAIMI-focused 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 included the PAC priorities. The PAC Chair provided guidance and feedback 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 X
If Yes, list each activity by number and provide a brief description of PAC involvement, e.g., Activity 1 – Attendance at local NAMI training.		
F.5.b. Out-of-State Trainings/Educational Activities.	Yes	No X
If yes, list each activity by number and provide a brief description of PAC involvement, e.g., Activity 1 – Attendance at NDRN annual conference.		
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 incurred in PAIMI program activities 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 are posted digitally on IDR's website in English and Spanish. Links to these pages and requests for comments regarding the priorities and objectives were shared on social media platforms. Detailed instructions were shared, and multiple methods were offered to share comments, including via written comments, in-person through monitors at mental health institutions, through focused discussion groups, and at the IPAS Commission and PAC meetings.		

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 monitored and found satisfactory evidence of IDR staff's compliance with PAIMI goals and objectives. The PAC can attest that IDR staff have consistently worked to protect and advocate for the rights of children, youth, and adults receiving care in mental health facilities. The PAC is confident the examples below demonstrate IDR staff's achievement of the priorities and objectives.

Example – IDR Investigation Finds Hospital Kept a Patient in Restraints for Twelve Days A patient at a state hospital reported he had been placed in mechanical restraints in a restraints chair for 48 hours, followed by ankle and wrist restraints for ten days. IDR staff immediately investigated, and the hospital substantiated the patient's allegations. A review of hospital records and policies found that staff acted within current policies. IDR's investigation led to administrative and policy changes. IDR's advocacy also resulted in the hospital addressing other safety concerns and possible rights violations.

Example – Discharge Advocacy Allows Individuals to Move to Less Restrictive Settings IDR staff continue to monitor discharges from state hospitals and CRMNFs to ensure individuals are given timely consideration for discharge. During this reporting period, IDR staff monitored the discharge of eight adults, who are all now living in less restrictive settings.

Example – IDR Reviewed 377 Death Records and Opened Ten Investigations in FY2025
During the fiscal year, IDR staff reviewed a total of 377 death reports from BDS. Ten reports showed possible abuse and neglect, resulting in IDR conducting ten investigations. This work directly fulfills IDR's goal to prevent, find, and stop the abuse and neglect of people with disabilities by service providers.

Example – IDR Protects "David's" Right to Restoration of Personal Belongings For patients, personal items may provide comfort, connection to the person's history or family, and symbolize their identity. After over a year of advocating for the return of "David's" personal items, which were being held at the county jail, IDR staff was successful in retrieving the items and returning them to David at the state hospital where he is now a patient. When the items arrived, a nurse attempted to throw out the items, without requesting David's permission to do so. IDR staff immediately reported the situation to hospital administrators, and the issue was addressed. As a result of IDR's advocacy, state hospital staff were retrained to follow proper procedures before discarding patients' belongings, ensuring other patients' rights to access their belongings will be respected.

Example – Investigation Leads to Plan of Correction
IDR investigated "Ammon's" allegation of physical and emotional abuse by his supported group living house supervisor. IDR found that staff failed to report the allegation of abuse to BDS within the required timeframe, failed to thoroughly investigate the allegation of abuse, failed to adhere to their investigation policies, and failed to provide the required training for staff. IDR filed a complaint with IDOH, which

found numerous failures that required a plan of correction. IDR reported these failures to BDS and the provider and requested the concerns be addressed, for the benefit of all residents.

Example – IDR Presentations Reach 201 SAMHSA Staff Around the U.S.
In October, IDR staff presented to Substance Abuse and Mental Health Services Administration (SAMHSA), "A Photo Tour of Indiana's Residential Facilities." Forty-five people attended from across the U.S. In December, Executive Director Melissa Keyes presented at the SAMHSA All Hands meeting to 156 SAMHSA staff. Officials praised IDR's work for truly implementing the spirit of the PAIMI program.

Example – Emotional Support Animals in Fair Housing
IDR staff successfully resolved two important cases involving emotional support animals (ESA) during the reporting period. "Beatrice" faced non-renewal of her lease due to the absence of a formal accommodation request. With IDR's guidance, she filed a Reasonable Accommodation request, prompting her landlord to renew her lease. "Betsy" was ordered to remove her emotional support dog because of its breed. IDR intervened, clarifying that the Fair Housing Act (FHA) protects tenants' rights to keep emotional support animals, regardless of breed. Through IDR's advocacy, both individuals retained their homes and their valued emotional support animals.

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.

Plain-Language Rights Resources Empower Patients
IDR's **Know Your Rights** coloring book continues to inform youth in residential facilities about their rights in clear language through fun educational activities. The book inspired one facility manager to integrate it into staff orientation for regular use with patients. IDR staff continued to present to professionals on the value of plain language resources, garnering such feedback as, "This was the best session at the conference." IDR presented to 161 advocates from 38 P&As on the value of plain language resources. One attendee commented, "We (attorneys) need training on plain language!" Another said, "I plan on taking this to my executive director to discuss the way we approach outreach and education…" Five P&As requested edit access to adapt the coloring book.

To build on the success of the coloring book, this year IDR developed a plain language resource for adults receiving inpatient mental health treatment. To ensure the resource met the needs of patients, IDR advocates gathered valuable feedback from patients on draft versions. Fourteen patients found the draft engaging and useful while three others were so impressed they asked to keep the draft copy! The workbook-style resource, now in publication, is titled **Know Your Rights: Adults Receiving Inpatient Mental Health Treatment in Indiana.** It offers blank forms, check lists, and other tools to support patient self-advocacy. This digital resource is free to download, print, share, and an editable version is available to P&As who wish to adapt it.

G.3. Please list any training & technical assistance needs identified by the PAC. None identified by the PAC members.

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 0	
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 3	
H.4. Add H.2 & H.3 **[42 CFR Section 51.25(a)(1),(2)]**	Total 3	
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 0	
H.5.b. The Executive Director	Total 3	
H.5 c. The number of Grievances appealed [H.5.a. + H.5.B = H.5.c.].	Total 3	
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 Jalyn Radziminski, 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)]**		5 Days
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. 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.

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 2025

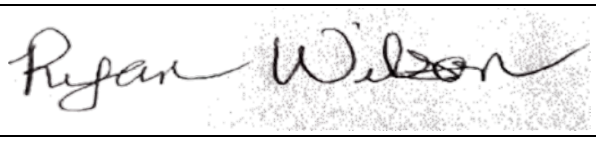
The Advisory Council Report (ACR) section of the annual PAIMI Program Performance Report, to the Secretary of the U.S. Department of Health and Human Services, **is due by January 1**. The ACR is mandated under the PAIMI Act at 42 U.S.C. 10805 (a) (7). The ACR is the PAIMI Advisory's Council's (PAC) **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 Officer.

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:	2025
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:	Ryan Wilson 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.	Ryan Wilson 1107 Hideaway Dr Auburn, IN 46706 260-570-8079
Telephone Number:	317-722-5555
E- Mail Address:	rlwilson1201@gmail.com
Date Submitted:	02/25/2026
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.		1
B.1.c. Family members of individuals who are recipients/former recipients (R/FR) of mental health services.		1
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.		1
B.1.e. Mental health service providers.		1
B.1.f. Mental health professionals:		0

B.1.f.1. Social Workers	1
B.1.f.2. Psychologists	0
B.1.f.3. Psychiatric Nurses	0
B.1.f.4. Psychiatrists	0
B.1.f.5. Psychiatric Nurse Practitioners	1
B.1.f.5. Peer Support Specialists	0
B.1.g. Attorneys.	1
B.1.h. Individuals from the public knowledgeable about mental illness.	1
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].	1-member, August 20, 2025
B.1.k. TOTAL number of PAC members serving on 9/30.	**Total 9**
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).	8
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.]	89%

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.	72%

SECTION C. PAC DATA ON ETHNICITY & RACE

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	9
(Add C.A.1 & C.A.2., the total should be the same as the one listed in B.1.k. (members serving as of 9/30).	**Total** 9
C. B. RACE	
C. B. 1. American Indian or Alaska Native	1
C. B. 2. Asian	0

C. B. 3. Black or African American	1
C. B. 4. Native Hawaiian/Other Pacific Islander	0
C. B. 5. White	7
C. B. 6. Two or More Races	0
C. B. 7. = C.B.1 through C.B.6.	**Total**
Members may select as many racial identifications as they want.	9
C. C.1. Total Number of PAC member vacancies on September 30.	**Total PAC Vacancies**
	1

SECTION D. Sex of PAC Members	
D.1 FEMALE 8	D.2 MALE 1
D.3. TOTAL 9	

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 needed to share information about ongoing 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 objectives development), attorneys and advocates (project update sharing)		
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 PAC members have a standing invitation to attend. The meetings are open to the public.		
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 development of the priorities and objectives, through a process of information gathering by IDR staff during mental health institution monitoring, online surveys, and small group discussion with members of the public and mental health community to develop the priorities and objectives for PAIMI-focused 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 included the PAC priorities. The PAC Chair provided guidance and feedback 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 X
If Yes, list each activity by number and provide a brief description of PAC involvement, e.g., Activity 1 – Attendance at local NAMI training.		
F.5.b. Out-of-State Trainings/Educational Activities.	Yes	No X
If yes, list each activity by number and provide a brief description of PAC involvement, e.g., Activity 1 – Attendance at NDRN annual conference.		

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 incurred in PAIMI program activities 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 are posted digitally on IDR's website in English and Spanish. Links to these pages and requests for comments regarding the priorities and objectives were shared on social media platforms. Detailed instructions were shared, and multiple methods were offered to share comments, including via written comments, in-person through monitors at mental health institutions, through focused discussion groups, and at the IPAS Commission and PAC meetings.		
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 monitored and found satisfactory evidence of IDR staff's compliance with PAIMI goals and objectives. The PAC can attest that IDR staff have consistently worked to protect and advocate for the rights of children, youth, and adults receiving care in mental health facilities. The PAC is confident the examples below demonstrate IDR staff's achievement of the priorities and objectives.

Example – IDR Investigation Finds Hospital Kept a Patient in Restraints for Twelve Days
A patient at a state hospital reported he had been placed in mechanical restraints in a restraints chair for 48 hours, followed by ankle and wrist restraints for ten days. IDR staff immediately investigated, and the hospital substantiated the patient's allegations. A review of hospital records and policies found that staff acted within current policies. IDR's investigation led to administrative and policy changes. IDR's advocacy also resulted in the hospital addressing other safety concerns and possible rights violations.

Example – Discharge Advocacy Allows Individuals to Move to Less Restrictive Settings
IDR staff continue to monitor discharges from state hospitals and CRMNFs to ensure individuals are given timely consideration for discharge. During this reporting period, IDR staff monitored the discharge of eight adults, who are all now living in less restrictive settings.

Example – IDR Reviewed 377 Death Records and Opened Ten Investigations in FY2025
During the fiscal year, IDR staff reviewed a total of 377 death reports from BDS. Ten reports showed possible abuse and neglect, resulting in IDR conducting ten investigations. This work directly fulfills IDR's goal to prevent, find, and stop the abuse and neglect of people with disabilities by service providers.

Example – IDR Protects "David's" Right to Restoration of Personal Belongings
For patients, personal items may provide comfort, connection to the person's history or family, and symbolize their identity. After over a year of advocating for the return of "David's" personal items, which were being held at the county jail, IDR staff was successful in retrieving the items and returning them to David at the state hospital where he is now a patient. When the items arrived, a nurse attempted to throw out the items, without requesting David's permission to do so. IDR staff immediately reported the situation to hospital administrators, and the issue was addressed. As a result of IDR's advocacy, state hospital staff were retrained to follow proper procedures before discarding patients' belongings, ensuring other patients' rights to access their belongings will be respected.

Example – Investigation Leads to Plan of Correction
IDR investigated "Ammon's" allegation of physical and emotional abuse by his supported group living house supervisor. IDR found that staff failed to report the allegation of abuse to BDS within the required timeframe, failed to thoroughly investigate the allegation of abuse, failed to adhere to their investigation policies, and failed to provide the required training for staff. IDR filed a complaint with IDOH, which

found numerous failures that required a plan of correction. IDR reported these failures to BDS and the provider and requested the concerns be addressed, for the benefit of all residents.

Example – IDR Presentations Reach 201 SAMHSA Staff Around the U.S.
In October, IDR staff presented to Substance Abuse and Mental Health Services Administration (SAMHSA), "A Photo Tour of Indiana's Residential Facilities." Forty-five people attended from across the U.S. In December, Executive Director Melissa Keyes presented at the SAMHSA All Hands meeting to 156 SAMHSA staff. Officials praised IDR's work for truly implementing the spirit of the PAIMI program.

Example – Emotional Support Animals in Fair Housing
IDR staff successfully resolved two important cases involving emotional support animals (ESA) during the reporting period. "Beatrice" faced non-renewal of her lease due to the absence of a formal accommodation request. With IDR's guidance, she filed a Reasonable Accommodation request, prompting her landlord to renew her lease. "Betsy" was ordered to remove her emotional support dog because of its breed. IDR intervened, clarifying that the Fair Housing Act (FHA) protects tenants' rights to keep emotional support animals, regardless of breed. Through IDR's advocacy, both individuals retained their homes and their valued emotional support animals.

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.

Plain-Language Rights Resources Empower Patients
IDR's **Know Your Rights** coloring book continues to inform youth in residential facilities about their rights in clear language through fun educational activities. The book inspired one facility manager to integrate it into staff orientation for regular use with patients. IDR staff continued to present to professionals on the value of plain language resources, garnering such feedback as, "This was the best session at the conference." IDR presented to 161 advocates from 38 P&As on the value of plain language resources. One attendee commented, "We (attorneys) need training on plain language!" Another said, "I plan on taking this to my executive director to discuss the way we approach outreach and education…" Five P&As requested edit access to adapt the coloring book.

To build on the success of the coloring book, this year IDR developed a plain language resource for adults receiving inpatient mental health treatment. To ensure the resource met the needs of patients, IDR advocates gathered valuable feedback from patients on draft versions. Fourteen patients found the draft engaging and useful while three others were so impressed they asked to keep the draft copy! The workbook-style resource, now in publication, is titled **Know Your Rights: Adults Receiving Inpatient Mental Health Treatment in Indiana.** It offers blank forms, check lists, and other tools to support patient self-advocacy. This digital resource is free to download, print, share, and an editable version is available to P&As who wish to adapt it.

G.3. Please list any training & technical assistance needs identified by the PAC. None identified by the PAC members.

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 0	
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 3	
H.4. Add H.2 & H.3 **[42 CFR Section 51.25(a)(1),(2)]**	Total 3	
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 0	
H.5.b. The Executive Director	Total 3	
H.5 c. The number of Grievances appealed [H.5.a. + H.5.B = H.5.c.].	Total 3	
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 Jalyn Radziminski, 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)]**		5 Days
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. 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.