



Reach For  
Your Possibilities

## Our Mission

To advance the quality of life, dignity, equality, self-determination, and freedom of choice of persons with disabilities through collaboration, education, advocacy, as well as legal and legislative strategies.

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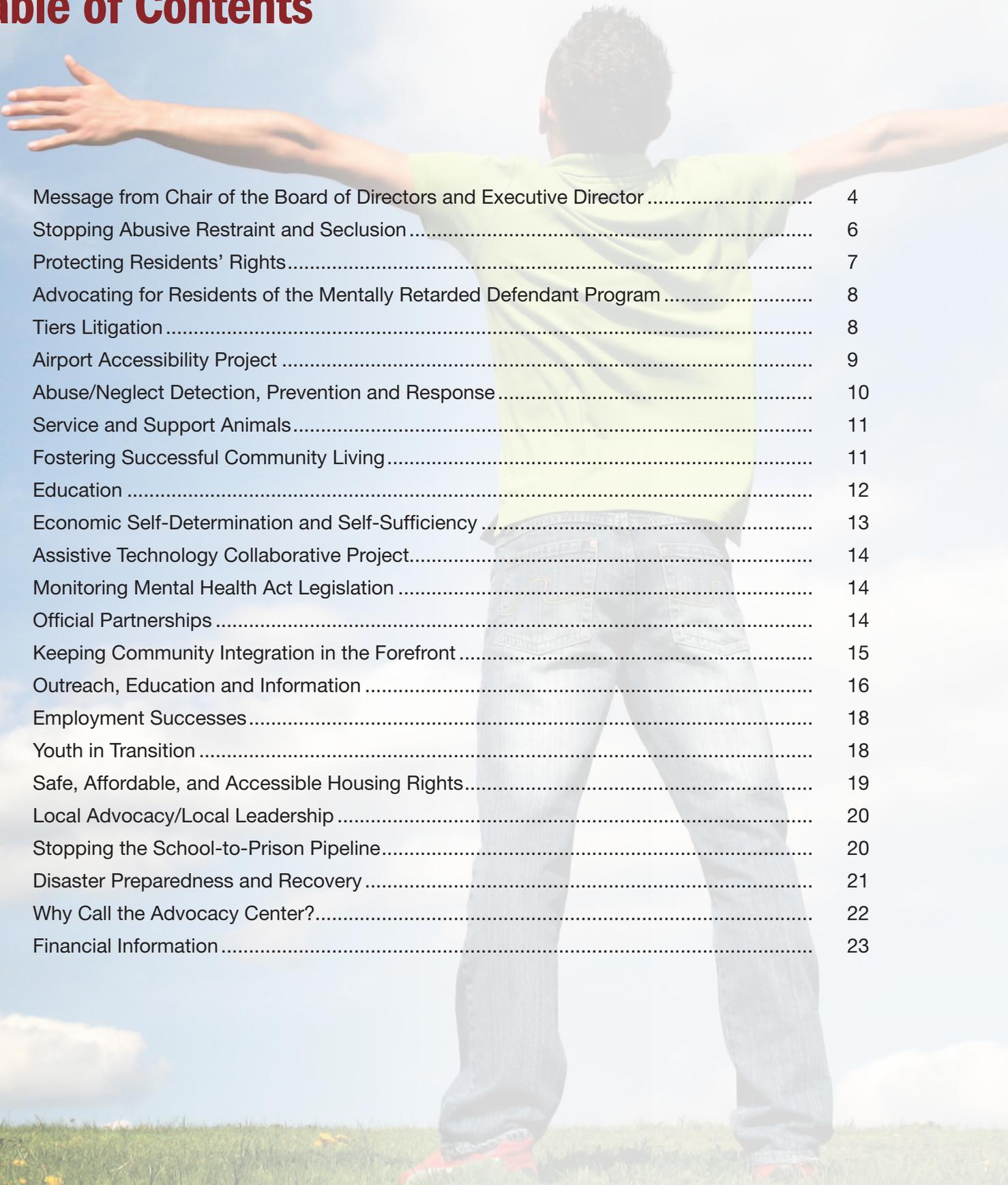
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A person is seen from behind, standing in a grassy field with arms outstretched towards a bright, cloudy sky. They are wearing a light green t-shirt and blue jeans. The image is semi-transparent, serving as a background for the table of contents.

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# Message from Chair of the Board of Directors and Executive Director



**Peter Schoemann**  
*Chair, Board of Directors*



**Robert E. Whitney**  
*Executive Director*

2009 was a successful, yet challenging, year for the Advocacy Center. With the resources available to the Advocacy Center, we were able to work toward the accomplishment of several objectives through legislation, advocacy, and litigation. Because the legal and advocacy needs of people with disabilities greatly exceed the resources of the Advocacy Center, many of our accomplishments were only possible because of collaborations and partnerships designed to jointly address individual and systemic problems.

During the 2009 legislative session, we worked with our partners to educate policy makers. We focused on issues such as the funding and administration of services for mental health, developmental disabilities, juvenile justice and criminal justice diversion. We educated legislators and the public about the benefits of proposed legislation related to mental health parity, rights protection, expansion of housing options, reform of school restraint and seclusion, Medicaid buy-in and election protection. Unfortunately, some proposals we supported, such as the Medicaid buy-in, carried fiscal notes

and therefore did not progress to passage. Even if needed bills did not pass, we take heart in the positive interaction with legislators. We invite you to read about important 2010 legislative session outcomes by visiting our webpage or following the Advocacy Center on Facebook or Twitter.

Our 2009 Board of Directors established goals that included use of several strategies in addition to legislative efforts. One of our most important litigation efforts involved Tier assignments related to the delivery of Home and Community Based Waiver Services to persons with developmental disabilities. This Tiers litigation came to a successful conclusion in August 2009, with the First District Court of Appeals decision in the Moreland case. The First District Court of Appeals held that the rules implementing the Tiers system were invalid. The appeal in Moreland was brought through the collaborative pro bono efforts of several private law firms. New rules have now been promulgated, this time with the combined input of the Advocacy Center, Southern Legal Counsel, Three Rivers Legal Services and others. Currently, previous individual Tiers assignments are under review, but in the interim, persons with developmental disabilities who were impacted by the Tiers process retain their previous level of services.

During 2009, the Advocacy Center expanded outreach and education efforts to youth in foster care and youth transitioning from school to adult life. Our goals were to increase knowledge about employment and postsecondary education. Advocacy Center staff members are currently updating our publication "Transition: The Passage of Youth to Adulthood". This publication will be available on our website during the summer of 2010.

Individual assistance was another effective strategy the Advocacy Center used to assist Floridians with disabilities. We provided:

- information and referral to thousands of people;
- representation to investigate allegations of abuse or neglect, including the abusive use of restraints and seclusion, in a variety of settings;
- support in dispute resolution by encouraging self-advocacy;
- representation in meetings, negotiations or hearings; and
- community outreach, training and educational services.

Now in the days following the 2010 Legislative session, it is apparent that the impact of the financial crisis of the past few years continues to harm state and federal fiscal policies. The state budget process continues to include reductions

to services and programs, which cannot help but take a toll on those who rely on those services. Our efforts will continue to address the unmet needs of persons with disabilities. As our state struggles to allocate dwindling resources between a greater number in need, we intend to challenge ourselves to make the best use of the authority, strategies and tools available to us as the protection and advocacy system for Florida. As you read this report, it will be apparent that we have had great successes supporting the people we serve, but also that there continue to be significant challenges – many directly resulting from budget reductions to services available and increases in the number of people in need of services.



**Peter Schoemann**  
Chair, Board of Directors



**Robert E. Whitney**  
Executive Director



## Visit our website to:

- Read about our Services
- Learn more about how to self-advocate
- Find resources
- Keep up with the Advocacy Center Newsroom
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[WWW.ADVOCACYCENTER.ORG](http://WWW.ADVOCACYCENTER.ORG)

# Stopping Abusive Restraint and Seclusion

On this topic, our work included raising awareness, educating media outlets, briefing policy makers, organizing support coalitions, providing training, investigating allegations, and providing legal and advocacy services.

## In Schools

Of particular concern was the use of restraint and seclusion on students with disabilities in public schools. Restraint and seclusion is only acceptable in an emergency, when an imminent and significant threat to the physical safety of the student or others exists. Unfortunately, restraint and seclusion is routinely used to address challenging behaviors that are not true emergencies. There are many less restrictive alternatives available to more effectively and safely address such challenging behaviors.

In 2009, Florida still had no state law or rule specifically addressing school use of restraint and seclusion. Proposed legislation was filed in early 2009, but did not progress during the legislative session. However, there was movement on other fronts as policymakers, the media, and the public zeroed in on the issue. In April 2009, the Governor added school restraint and seclusion

to his executive order extending the work of the Task Force on Autism Spectrum Disorders. On the national level, congressional hearings were held; the U.S. Government Accountability Office issued a report; and several national organizations, including the Council of Parent Attorneys and Advocates and the Council for Children with Behavioral Disorders, issued position papers calling for change.

We compiled evidence of harmful and inappropriate restraint and seclusion use. We reviewed evidence from individuals we had assisted as well as from investigations by the Department of Children and Families and local law enforcement. We also reviewed media stories and the parent testimonials prepared by Florida Families Against Restraint and Seclusion.

As in past years, we investigated numerous individual complaints and advocated on behalf of children subjected to abusive use of restraint and seclusion at school. In many cases, the children attended segregated classes or schools where we found routine use of restraint and seclusion, out-of-date policies and practices, a lack of training, and other systemic problems.

***We found that children subjected to restraint and seclusion were often not receiving the free and appropriate public education required by the Individuals with Disabilities Education Improvement Act.***

As part of our community education efforts, we developed an intensive two-hour workshop for families about restraint and seclusion and we presented it at the Family Café and other venues. We also worked to raise awareness about the fire safety issues present when rooms used to seclude or isolate a child fail to comply with State Fire Marshall requirements.

## In Department of Juvenile Justice Facilities

The Advocacy Center also worked to ensure that the Department of Juvenile Justice (DJJ) addressed the needs of youth with disabilities. A focus of that work was advocating for limitations on use



*School restraint and seclusion reform bills did not pass in 2009, but Rep. Dorothy Hukill (pictured here) geared up early for 2010 by filing HB 81 in August 2009.*

of restraint and seclusion. The types of limitations sought have proven to improve safety and rights protection for both residents and staff in other settings. Some provisions of DJJ's use of force rule improved because of our advocacy. We then attended DJJ's use of force "train the trainer" events to confirm that the training addressed the need to exhaust verbal de-escalation measures before using force. The combination of DJJ's updated rules and revised training has resulted in lower rates of injuries to both residents and staff.

## **In Department of Children and Families and the Agency for Persons with Disabilities Programs and Facilities**

We remained engaged in Agency for Persons with Disabilities (APD) and Department of Children and Families (DCF) rule-making efforts related to restraint and seclusion. Specifically, we participated in APD's Workshop for the amendment of Rule 65G-8, Reactive Strategies. We renewed our call for stronger and more comprehensive restrictions and limitations on the use of restraint and seclusion. Our work in DCF mental health treatment facilities included alerting individuals about their rights and recommending that administration use alternatives to restraint and seclusion. The rate of known restraint and seclusion related deaths in DCF and APD programs has decreased because of heightened awareness and improved policies and practices. ■

## **Protecting Residents' Rights through Monitoring, Rights Training and Collaboration**

Monitoring and rights training remained a focus of the Advocacy Center's work on behalf of individuals who have mental illnesses. In January of 2009, we began a multi-step review of several state mental health treatment facilities. The first step was to request and review each facility's updated policies as well as data on restraint and seclusion; grievance reports; resident ward government meetings; abuse allegations; event reporting; incident/injury reports; sexual misconduct reports; adverse incident/unusual incident reports; and emergency treatment



orders. We also obtained and reviewed information about wait lists for forensic clients waiting to return to jail and for civil clients waiting for admission. After reviewing each facility's policies and data, we recommended revisions in grievance, restraint and seclusion, and other policies. We also noted any particularly good practices we found. The next step was to make monitoring visits, conduct rights training, and provide facility administrators with complete reports.

To enhance collaboration, we also participated in statewide meetings of the DCF hospital administrators. In 2009, this approach paid off. For example, when we reported violations of civil rights, such as involuntary medication and overuse of restraint/seclusion, facilities moved quickly to implement corrective actions. Results also included physical plant improvements, more accessible grievance procedures, greater telephone privacy, decreased conflicts between residents, and less use of security personnel.

In addition to providing rights training to residents, we worked to increase the knowledge and advocacy skills of residents through direct support to individuals. For example, an adult found incompetent to proceed to trial contacted us from a forensic facility to request assistance with discharge. He believed his time served was more than he would have served in prison if not found incompetent to proceed. We advised him why he was still being deemed a danger to himself or others. We provided information about the right to file a writ of habeas corpus and about resources that might assist him in the future. ■

# Advocating for Residents of the Mentally Retarded Defendant Program

The Mentally Retarded Defendant Program (MRDP) is a secure institution for defendants with developmental disabilities who are incompetent to proceed to trial. Individuals are committed to MRDP pursuant to section 916.302, Florida Statutes. The Advocacy Center has been at the forefront of ongoing efforts to reduce excessive use of restraint and seclusion and to improve behavioral and programmatic support for residents at this facility. MRDP is operated by the Agency for Persons with Disabilities (APD) and is located in Chattahoochee.

A report we issued in January 2009 focused on ten individuals who were experiencing extremely frequent and excessively long restraint or seclusion. The report asserted that restraint and seclusion was implemented inappropriately as a consequence for violating rules, rather than as a crisis intervention. The report also found that when individualized interventions were developed, they were not based on a meaningful understanding of the individual's challenging behavior or the environment.

***Our report noted that APD had failed to monitor the facility's use of restraint and seclusion, provide needed technical assistance, or mandate changes to ensure that MRDP stop violating residents' rights.***

Later, in reaction to our discovery of particularly egregious incidents, we filed individual court actions to challenge the commitment of two individuals. One individual had been subjected to long periods of seclusion and the other showed evidence of physical injuries. Both individuals were successfully placed into step-down programs as a result of our advocacy.

There was one area of positive systemic progress at MRDP in 2009. We worked with MRDP regarding a new resident grievance policy. Because of our input, APD made changes to the policy, the training

schedule, and the procedure residents use to file a grievance. We provided several residents with technical assistance in how to use the new grievance process.

While APD initiated a change in the administration of the program in 2009, the Advocacy Center remains concerned that MRDP fails to provide an appropriate environment. This is a particular concern for individuals who have behavioral health issues in addition to the developmental disabilities that were the basis of their commitment. The Advocacy Center and Florida Institutional Legal Services are working together to encourage APD to voluntarily make reforms at MRDP and reduce the use of MRDP. We continue to investigate complaints and prepare in the event that a broader litigation strategy is needed. ■

## Tiers Litigation

Florida's 2007 redesign of the Home and Community-Based Services (HCBS) Medicaid Waiver system for people with developmental disabilities created severe financial difficulties for many families. This led to collaborative legal responses from the Advocacy Center and other legal service organizations.

The previous system had two waiver levels, one with an annual cost limit of \$14,792 and the other with no annual cost limit. The new system had four tiers. All four tiers had annual cost limits except Tier One. In the fall of 2008, when the Agency for Persons with Disabilities (APD) began assigning individuals to tiers, it became evident that significant cuts in services were coming. Needs were being routinely underestimated, previous service plans ignored, and decisions made based on inaccurate or incomplete information. The Advocacy Center took a leadership role in challenging the new system on behalf of individuals with developmental disabilities.

After APD sent out the initial tier assignments, the agency received thousands of requests for hearings challenging the assignments. APD referred only 700 of those requests to the Division of Administrative Hearings. The remaining individuals, many of whose



## Airport Accessibility Project

The Advocacy Center reviewed the accessibility of nine major Florida airports. Our site reviews focused on parking, service counters, signage, paths of travel, elevators, public telephones, security checkpoints, restrooms, airport shops and restaurants. After sharing our report with each airport, we made recommendations and worked with each airport's Americans with Disabilities Act (ADA) compliance coordinator to ensure improved accessibility.

For example, in response to our recommendations, the Fort Lauderdale-Hollywood International Airport created an ADA Access Committee and invited the Advocacy Center and others from the disability community to participate. Airport management later reported making several modifications, including improving accessibility at rental car counters, adding Braille to courtesy phones in the rental car center, and improving access to concessions in all terminals. The committee specifically suggested that the airport purchase equipment to assist wheelchair users in boarding and disembarking aircraft. Regrettably, the airport cites budget constraints for having not yet made that purchase. ■

medically necessary services were slated for large reductions, were denied a hearing. The Advocacy Center maintained that if services were reduced or terminated, the individual had a right to a hearing.

In August of 2009, the First District Court of Appeal released its decision in *Moreland v. Agency for Persons with Disabilities (APD)*. The court concluded that APD failed to develop valid rules to implement the Tiers system. The Advocacy Center, in collaboration with Southern Legal Counsel, previously challenged these rules in an administrative hearing before the Division of Administrative Hearings (DOAH). The Administrative Law Judge upheld the APD rules as valid. The *Moreland* appeal was brought through the pro bono efforts of private law firms, including Holland & Knight and Allen Dell. If the First District had not reversed the administrative order, the individuals slated for services reductions would have had their benefits reduced on September 1, 2009. APD has since promulgated new rules, but this time it sought the combined input of the Advocacy Center, Southern Legal Counsel, Three Rivers Legal Services and other advocacy groups. Currently, APD is beginning the task of reviewing its previous Tier assignments, but, in the interim, persons with developmental disabilities retain their previous level of services. ■



## Abuse/Neglect Detection, Prevention and Response

Detecting, preventing and responding to allegations of abuse and neglect of people with disabilities are core mission activities of the Advocacy Center. In 2009, the Advocacy Center used several avenues to pursue that mission.

In 2009, the Advocacy Center gained more immediate access to information about allegations of abuse and neglect. The Advocacy Center already had the authority to access records from facilities and from other agencies that investigate allegations of abuse or neglect. However, there was no system in place to promptly alert us of such allegations. In February 2009, the Department of Children and Families (DCF) began routinely notifying the Advocacy Center of allegations of abuse and neglect of adults with disabilities in institutional settings that resulted in serious injuries or death. This direct notice allows the Advocacy Center to evaluate trends and patterns and to act more quickly in certain situations.

The Advocacy Center also participated in DCF's Select Advisory Panel on Adult Protective Investigations. We discovered that although DCF's operating procedures for adult protective investigations included all the requirements of a proper investigation, the procedures document was so long and complex, it was difficult for investigators to use. We recommended that DCF develop a "cheat-sheet" concisely listing the required steps.

***In 2009, we increasingly wove trauma-informed care concepts into our own advocacy, outreach and education.***

The Advocacy Center also participated in the Interagency Trauma-Informed Care Workgroup, which began meeting in early 2009. By year's end, nearly fifty entities were involved. We helped draft a statement about how interventions that promote healing, hope and resilience and environments that ensure sensitivity and responsiveness would be provided in Florida. The multi-agency Florida Children and Youth Cabinet endorsed the effort

and committed to prioritizing adoption of trauma-informed care principles in all state agency work.

Our abuse and neglect detection, prevention and response work also involved several individual situations. For example, we coached an adult with intellectual disabilities on how to file a grievance about alleged attacks by a staff member at a facility. The grievance resulted in an investigation and the removal of the staff member.

We responded to a report that staff in a group home had abused residents and that lax oversight of staff and services in the home had resulted in residents being unnecessarily hospitalized. After investigating, we requested that the Agency for Persons with Disabilities (APD) close the group home. APD increased monitoring of the group home, used a private behavioral specialist to train staff, reduced the staff ratio to 1:1, and required staff to attend additional training on understanding people with disabilities. APD put a request by the owner to open a second group home on hold.

We also helped parents who were concerned their child was overmedicated by a community mental health treatment facility. Our investigation revealed that the facility had medicated the child without proper authority. As a result, the parents filed complaints with the Agency for Health Care Administration (AHCA) and the Department of Health (DOH). When AHCA closed their investigation with a finding of no deficiencies, we urged them to conduct another investigation based on Florida Statute Chapter 394's provision that requires informed consent for all psychotropic medications in non-emergency situations. Consequently, AHCA cited the facility for not abiding by that requirement. AHCA accepted a corrective action plan from the facility that required training for all clinical staff and implementation of a new policy detailing the requirements for administration of psychotropic medication to minors and adults. In response to Advocacy Center intervention, AHCA also agreed to train AHCA investigators on the chapter 394 psychotropic medication informed consent requirement. The complaint to DOH prompted the DOH Probable Cause Panel of the Board of Medicine to send the doctor a Letter of Guidance regarding

the need to obtain informed consent prior to medicating anyone in a non-emergency situation.

We also helped an individual diagnosed with psychiatric disabilities who was in a community mental health receiving facility with allegations about involuntary medication and inappropriate seclusion. We determined that the facility had violated the individual's rights. The facility's corrective action plan included re-education and additional training for staff and requiring nurses to ensure that authorizations for treatment and physician orders were signed.

Moreover, we investigated the suicide of an adult at a forensic state mental health treatment facility. The individual committed suicide just two months after arriving at the facility. In response to our investigation, the facility made significant changes to its Suicide Risk Prevention policy. Staff from several disciplines received additional training, new procedures were implemented, and three major quality improvement measures were developed as part of the facility's response. ■

animal access at a local restaurant. Our intervention resulted in the restaurant management and staff being educated on the ADA and service animals. It also led to the Division of Hotels and Restaurants at the Department of Business and Professional Regulation reviewing and updating training and website materials and better educating licensees on the issue. ■

## Fostering Successful Community Living – Youth and Adults with Mental Illnesses

The Advocacy Center continued to be a resource for individuals with mental illnesses served in the community by Florida Assertive Community Treatment (FACT) teams. One adult who previously complained about his FACT team contacted us again reporting that the team did not timely provide medications. The individual requested our help in transferring to a different FACT team. Although our investigation found that the medication issues were resolved, our intervention with the Department of Children and Families (DCF) led to DCF developing protocols for how individuals request transfer from one FACT team to another.

In another situation, after several calls from an individual regarding disputes with a FACT team, Advocacy Center staff facilitated a meeting between the individual and the FACT team in hopes of improving communications. Several issues were resolved and the individual gained more knowledge of, and more control over, Social Security income and expenditures.



Guide dog Peeper ready to work.

## Service and Support Animals

Issues related to service and support animals arose frequently in 2009. We assisted an individual with disabilities who alleged a Fair Housing Act violation against a condominium association that denied a request for an emotional support animal. Because of our intervention, the condominium association allowed the requested accommodation. Several similar interventions by our staff resulted in equally positive outcomes. In another complaint, an individual with a musculoskeletal disability contacted the Advocacy Center alleging an Americans with Disabilities Act (ADA) violation regarding service



The situation of young adults with mental illnesses who are aging out of foster care was an ongoing concern as well. For one such young adult, we were asked to assist with a special needs trust. The Community Based Care (CBC) provider had several thousand dollars belonging to the young person in a master trust. A staffing took place with the dependency judge and the funds were successfully transferred to a special needs trust. While gathering information needed to assist with the special needs trust, Advocacy Center staff became concerned about the inadequacy of the individual's discharge plan. When we brought these issues to DCF's attention, they successfully intervened and the plan was enhanced to better meet the individual's needs. ■

## Education

### Students with Disabilities in K-12

The Advocacy Center received hundreds of requests for assistance about school districts failing to appropriately evaluate students, failing to develop appropriate Individual Education Programs (IEP) or provide services as indicated on IEPs, or failing to develop and implement appropriate behavior intervention plans.



Our staff advocated for children and families, attended IEP meetings, and helped improve self-advocacy skills.

We assisted a parent who reported that her child was frequently and inappropriately suspended, had no active behavior plan, and never had a functional behavior assessment. The parent believed that the classroom interventions were not helping with the student's challenging behaviors. With our assistance, the student obtained a functional behavior assessment and targeted behavior intervention plan and the parent improved her self-advocacy skills.

We assisted the parent of a teen with hearing impairment and learning disabilities. The issue was whether the teachers were following the teen's section 504 Rehabilitation Act plan. The teen was getting testing accommodations, but was not receiving classroom accommodations or passing classes. Advocacy Center staff helped the parent secure consistent accommodations in all classes to ensure the student a fairer chance at success.

We also helped a parent obtain a 1:1 aide for her child with autism. We helped secure a general education classroom placement and a more appropriate IEP. As a result, the student was included for most of the day in the general education classroom, had 1:1 services, and support from the school behavior specialist.

### Postsecondary Access and Accommodations

Most of the requests for assistance with postsecondary education that we received related to reasonable accommodation denials. One college student contacted us because a request for extended time on assignments was denied by a state university. We secured the accommodation. We also assisted an individual who contacted us about a college that denied access to previously agreed-upon accommodations. The accommodation was a soundproof room where assistive technology could be used. Our intervention resolved the issue. ■



in alleged “overpayments.” Our investigation determined that no work incentives had been applied as an offset against those earnings, and that work expenses related to blindness had not been documented. Because of our assistance documenting these and other mitigating factors, eligibility was re-established without a lapse in payments, and the “overpayment” was cancelled.

We assisted a young adult who received Supplemental Security Income (SSI) benefits as a child. Later, SSDI Disabled Adult Child (DAC) benefits kicked in because of a qualifying event, but SSI benefits and Medicaid coverage were terminated. We demonstrated that the individual was categorically eligible as a DAC beneficiary and Medicaid coverage was promptly restored.

The Advocacy Center also promoted financial literacy and asset development strategies. We were involved in the Asset Development Work Group, assisted with the IRS Volunteer Income Tax Assistance (VITA) program, and promoted the availability of earned income tax credits to individuals with disabilities. ■

## Economic Self-Determination and Self-Sufficiency

Expanding opportunities for economic self-empowerment and helping people exercise more control over public benefits and personal assets were priorities. We helped individuals apply for available Social Security work incentives, employer subsidies, and disability-related work expenses so they could work but keep needed health care and other benefits. We also helped individuals leverage assets to promote self-sufficiency and self-control using special needs trusts and individual development accounts.

An adult with blindness contacted us about a notice that due to excess earnings, Social Security Disability Insurance (SSDI) eligibility was ending. The individual was told to return more than \$12,000



## Assistive Technology Collaborative Project

Assistive technology (AT) gives people with disabilities a new level of access to employment options and opportunities. It also makes it possible for employers to benefit more fully from the skills and abilities of all their employees.

***The Advocacy Center and Hyatt Hotels and Resorts jointly run the Assistive Technology Collaborative project, one of only four funded by the U.S. Department of Labor.***

In 2009, the project expanded to include a new Disability Diversity Initiative. The project promoted AT at 107 U.S. Hyatt locations through corporate-wide webinar training. The goal was to increase Hyatt's overall hiring of employees with disabilities as well as the number of on-the-job training sites. Hyatt used the project video "Imagine the Possibilities" to educate human resources and hiring managers about the role of AT and how AT can help recruit qualified workers with disabilities. Seven Hyatt properties in Florida expanded their focus to additional departments, which opened the door to workers with disabilities in additional fields.



*Ebonee Peete, Jeremy Miller, and Vincent Moss participate in Disability Mentoring Day at a Hyatt location.*

We are actively seeking other partners in the hospitality industry to replicate the Hyatt project and we continue to make presentations to leaders in these fields. ■

## Monitoring Mental Health Act Legislation

The Deputy Anthony Forgione Act, as originally filed during the 2009 legislative session, would have allowed first and second opinions for involuntary inpatient or outpatient placement to be generated from evaluations performed via electronic means. Taken broadly, an opinion to involuntarily confine an individual could have been produced without the mental health professional ever actually meeting and interviewing the individual face to face.

The Advocacy Center worked in coalition with several groups concerned about this language. In response, the bill sponsors addressed our concerns and made changes that allowed second opinions to be done by electronic means only in certain circumstances and in certain counties.

By working in coalition with other concerned parties, we helped mitigate harmful impacts on people with mental illnesses. ■

## Official Partnerships

The Advocacy Center was involved in many partnerships and collaborations, but some were unique because they are created by state or federal law.

- We served on the Accessibility Advisory Council (ACC) of the Florida Building Commission. The ACC reviewed applications for waivers to accessibility requirements and educated architects and builders about how hotels and motels can increase accessibility



*Advocacy Center staff discussed issues with Department of Children and Families Secretary George Sheldon and Chief of Staff Jason Dimitris at an event honoring the CARF certification awarded to the Florida State Hospital in 2009.*

## Keeping Community Integration in the Forefront

During the 2009 legislative session, bills were filed that would have allowed planned unit developments for people with developmental disabilities. The Advocacy Center conducted extensive research on the implications of the proposal. We prepared educational materials and briefings for legislators and staff. We raised policy and legal issues, including possible noncompliance with federal Medicaid waiver guidelines, with the community integration mandate of the Americans with Disabilities Act, and with the Center for Medicaid and Medicare Services' announcement of rulemaking. We urged more study to develop a better understanding of this issue prior to legislative action being taken.

Many families and self-advocates wanted to see stronger assurances that planned residential communities would not be institution-like. At the request of legislators, we drafted two amendments to the bill to add those assurances. In 2009, neither the bill nor the amendments came to a final vote in the House. ■

- We served on the board of the Florida Alliance for Assistive Services & Technology (FAAST) and contributed to the development of its public policy platform.
- We collaborated with the Florida Developmental Disabilities Council (FDDC) in several ways. We served on several FDDC task forces, FDDC's DD Waiver Strategic Planning Workgroup, and worked as project monitors.
- Likewise, we had a presence on the advisory councils of the University Centers for Excellence in Developmental Disabilities (UCEDDs) at the University of Miami's Mailman Center and at the University of South Florida. Like the FDDC, the UCEDDs are sister agencies to the Advocacy Center under the Developmental Disabilities Assistance and Bill of Rights Act. ■



## Outreach, Education and Information

Information and referral, community education, outreach, and media contacts were some of the most reliable tools we used for supporting individuals with disabilities and their families and educating the public and policymakers.

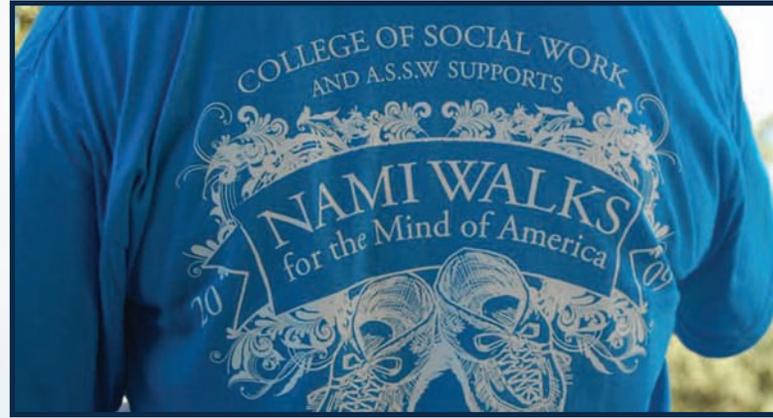
### Outreach

The Advocacy Center engaged in dozens of outreach activities to get the word out about the services offered by the Advocacy Center. For example, we were on the scene at the Sportsability event sponsored by the Florida Disabled Outdoors Association; the Ability 1st Emergency Preparedness Conference for Persons with Disabilities, Seniors, and Caregivers; the Pro Bono Fair at Stetson University and Florida State University; the Youth Leadership Forum; and an assistive technology showcase called Dream Society. During the legislative session, we participated in ARC's Florida Legislative Day, DD Awareness Day, and Behavioral Health Day.

### Education and Training Events

The Advocacy Center offered several trainings on legal rights and best practice topics including:

- DD Tiers litigation strategies
- personal finance and asset building strategies
- tax preparation and assistance with filing tax returns
- guardianship, substitute decision-making, alternatives to guardianship, and guardian advocacy.
- how to advocate for individualized supports and services for students transitioning from school to work.
- addressing students' challenging behaviors.
- understanding and using the SSA Employment Support Programs and Your Ticket to Work.
- post-secondary ADA rights
- voting rights



*Advocacy Center staff members connected with individuals with disabilities at many local events such as the Tallahassee NAMI walk.*

Education and training activities often involved extensive collaboration. One example is our work with the Florida Peer Network (FPN). FPN is the only statewide independent organization for individuals with psychiatric and co-occurring disorders. For the fourth year, we contracted with FPN to deliver education and outreach services. This relationship has proven beneficial for both FPN and the Advocacy Center. Peer run supports are a key focus of FPN's work. Because of the success of FPN's efforts, Florida has more than 700 certified peer specialists and the Florida Certification Board now has a Mental Health Advisory group to address the needs of certified peer professionals. FPN gave presentations on certified peer specialists and self-directed care at the annual Florida Council for Community Mental Health conference and continued to provide technical assistance to drop-in centers about how to become totally peer run.

Another example was our work on the "Lighting the Way" advisory committee. Lighting the Way was a partnership between the Advocacy Center, the Big Bend Office of Public Guardianship, the Agency for Persons with Disabilities, the Florida Developmental Disabilities Council and others. The committee developed training for families of people with developmental disabilities on guardianship. The training focused on the need for substitute decision-making, alternatives to guardianship, and the guardianship process under Florida law. Trainings took place for attorneys and families in Jacksonville, West Palm Beach and Sarasota during the summer of 2009.

In addition, we participated in all aspects of the Family Café - volunteering, staffing exhibits, and offering presentations and training. We informed participants about Advocacy Center services and presented a workshop to raise awareness about dangerous and abusive restraint and seclusion in school. As part of the planning committee, we contributed suggestions for exhibitors, sponsorships, and speakers.

## Information and Referral

We provided over 6,500 high-quality information and referral services in 2009:

- We assisted a caller who was denied services by the Division of Blind Services. We informed the caller about the right to request a written decision and the right to challenge any denial of services. The individual chose to take the next steps independently, but later let us know that the request for the decision in writing led the administrator to reverse the denial and assign a senior counselor to help locate employment.
- An adult with disabilities contacted us from a forensic state mental health treatment facility requesting help ending verbal abuse by a supervisor. We provided comprehensive information about rights, how to contact the Abuse Hotline, how to follow the internal grievance process, and the Prison Litigation Reform Act.
- We assisted the parent of a student with disabilities who reported that the school used facedown restraint on her child contrary to the provisions of the Individual Education



*Advocacy Center Advocate/Investigator Natalie Alden and External Affairs Coordinator Paula Roberts exhibited at the Independence Expo in Orlando.*

Program. Because she had a meeting the next day, we made sure she immediately received the materials she needed to more successfully advocate for her child.

- We provided detailed guidance to a parent applying for crisis services through the Agency for Persons with Disabilities and referred the parent to the local Center for Independent Living and several other agencies. The caller wrote to share that “It brings tears to my eyes to know that there is hope for me and my son.”
- The mother of a young adult with autism contacted the Advocacy Center to determine if obtaining guardianship would benefit or hurt her child. We provided information on several guardianship and alternatives to guardianship.
- We assisted the sibling of an adult who has several mental illnesses. The sibling did not believe her relative was benefiting from current services. The family was planning for employment and daily living supports. We directed them to the Department of Children and Families Mental Health Program Office, the local Center for Independent Living, and the Division of Vocational Rehabilitation. In expressing her thanks, the sister wrote: “This could be the beginning of a new life for my brother!”



*Advocacy Center Senior Advocate/Investigator Dr. Lee Clark presented at the 2009 Family Café.*

We added a dedicated Mental Health Institutional Conditions phone line. Its success was noted in a program review by one of our funders because of how it allows us to give quicker responses to people in psychiatric facilities who call seeking assistance. ■

## Employment Successes

Since its inception, the Advocacy Center has helped hundreds of Floridians benefit from the services of the Division of Vocational Rehabilitation (DVR), the Division of Blind Services (DBS), and other agencies. Sometimes this has meant providing information and referrals or playing the “middle man” in communications between the individual and the agency. At other times, it has meant representing the individual at an administrative review.

For example, an individual with multiple disabilities called us for help with a DVR administrative review hearing. DVR had placed the individual in category three of its waiting list. However, the Advocacy Center negotiated a change to category one due to the severity of the individual’s disabilities. DVR also agreed to specialized medical evaluations to determine treatment options and ability to work.

Another individual contacted us to learn more about services offered by DVR. However, the disabilities were sustained while serving in the United States Army, so we urged the individual to apply instead to the Veterans Affairs Vocational Rehabilitation (VA/VR) program, which has no waiting list. The VA/VR program can immediately serve eligible individuals. The Advocacy Center facilitated a referral that resulted in the provision of employment supports and services through the VA program.

An adult diagnosed with mental illnesses contacted the Advocacy Center for assistance with employment services from the Independent Living Center. The Independent Living Center had closed the referral due to “inappropriate behavior” and refused to let the individual re-apply for services. Our intervention led to an agreement with the Independent Living Center to accept a new request for services and to use a behavioral plan to facilitate any new services and issues.

An individual with multiple sclerosis contacted us about delays in obtaining a wheelchair and a laptop needed for a home-based business. Advocacy Center staff contacted the rehabilitation engineer, and the expedited services that resulted increased the individual’s ability to work as a writer and earn an income.

When the Division of Blind Services (DBS) refused to provide trial work experience with a stipend and threatened to terminate services for an adult with bilateral blindness, our intervention resulted in an agreement with DBS to provide the needed services. ■

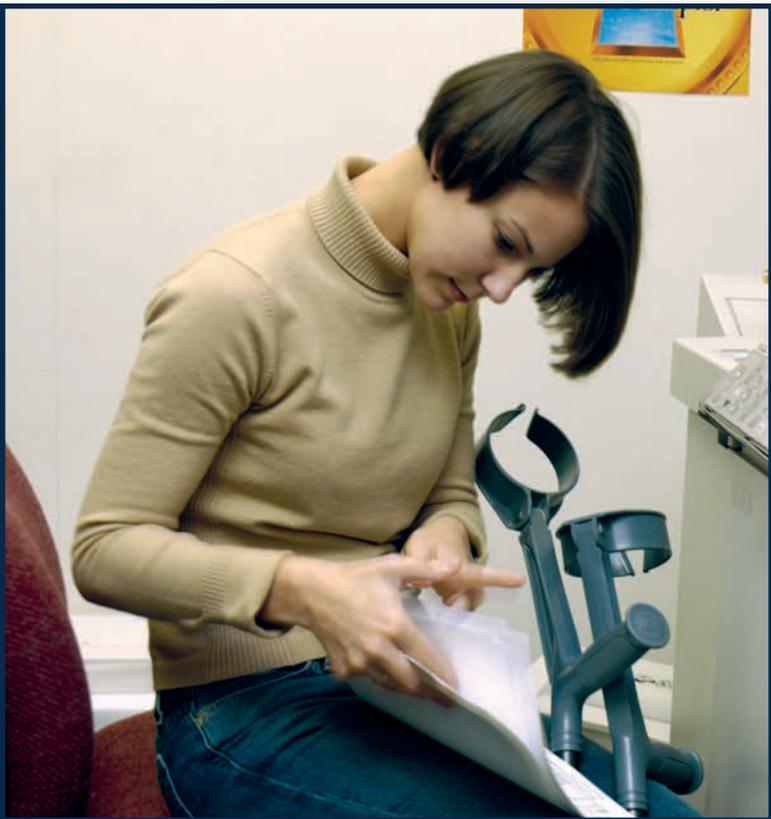
## Youth in Transition

The Advocacy Center focused outreach efforts to youth in foster care and youth in transition from school to adult life. We hosted training for Connected by 25 (CBY25) staff on employment and postsecondary education resources for foster care youth with disabilities, including Vocational Rehabilitation, Ticket-to-Work, Centers for Independent Living, disability resource centers



*Tiffany Clukey talks with Brian Johnson from the Advocacy Center during a job fair for workers with disabilities at Nova Southeastern University.*

*Photo credit: Mike Stocker / Sun-Sentinal*



## Safe, Affordable, and Accessible Housing Rights

The Advocacy Center worked on the individual and policy level to expand options for safe, affordable, and accessible housing and to ensure compliance with the Fair Housing Act, the Florida Building Code, and the Americans with Disabilities Act.

An individual with a disability contacted us about an apartment complex that refused to repair a malfunctioning elevator, thereby trapping the individual in a third floor apartment. The individual had to call the fire department to leave the residence. Our intervention resulted in quick repair of the elevator and a promise to move the individual to a first floor apartment as soon as one becomes available.

On the policy front, we were active in the Florida Supportive Housing Coalition (FSHC) and helped support a pair of bills that would have directed an existing set-aside within the State Apartment Incentive Loan program to include vulnerable and at-risk populations, including persons with disabilities. We were one of several groups who worked to educate legislators about the benefits of the bills. While the bills ultimately failed, they garnered support, a hopeful sign for the future. ■

at colleges and universities, and employment opportunities. We spoke to approximately 15 youth served by CBY25 on understanding their needs, attitudes, strengths, limitations in relation to their disabilities, Social Security benefits for adults and other important topics. We also made a presentation to dependency court judges about the Advocacy Center's initiative to educate child advocates and youth with disabilities transitioning out of foster care about education, training, and employment resources.

As part of our Making Transition a Success Project, we monitored referrals to Division of Vocational Rehabilitation (DVR) to make sure that high school seniors with disabilities had access to appropriate employment services. Advocacy Center staff also processed applications and investigated systemic issues in each region of the state. We educated school contacts about transition services and the need for third-party provider involvement, and we educated DVR transition staff about their legal obligations to focus outreach efforts on youth with disabilities in public schools. ■



## Local Advocacy/Local Leadership

We supported numerous local efforts to improve the lives of people with disabilities. For example, we participated in the City of St. Petersburg's Committee to Advocate for Persons with Impairments (CAPI). CAPI's work focused on accessibility for residents and visitors of St. Petersburg and included providing technical assistance and training to city council members and city staff. In 2009, the group worked on emergency management for persons with disabilities and accessibility issues related to the Mahaffey Theater, Tropicana Field, and the Grand Prix of St. Petersburg.

An Advocacy Center staff member also served as chair of the Jacksonville Mayor's Council on Disabilities. The purpose of the Council is to bring awareness of disability rights issues to city officials.

We also continued to be active in the Tallahassee area. We regularly attended Community Organizations Active in Disasters meetings to monitor and advocate on behalf of people with disabilities. In May, we participated in a review of the response to local flooding and in a hurricane preparedness tabletop exercise. During the hurricane event, community and faith-based organizations demonstrated their ability to work together to meet the disaster-caused needs of the region's residents and visitors.



*Advocacy Center staff supported a local autism awareness walk that began at Florida State University's College of Law in Tallahassee.*

Finally, an Advocacy Center staff member was instrumental in a grassroots group that organized to begin a clubhouse for individuals with psychiatric disabilities in the Big Bend area who want to gain employment. The group began the process of organizing a not-for-profit entity that will be legally responsible for the project. ■

## Stopping the School-to-Prison Pipeline

Last year, the Advocacy Center and Southern Poverty Law Center (SPLC) filed a complaint with the Florida Department of Education (FLDOE) against the School District of Hillsborough County. The complaint alleged that students in special education programs were subjected to harsh and illegal disciplinary techniques, including "cool-off" removals in which students were removed from school grounds without notification to parents. Actions such as these create a school-to-prison pipeline in which children do not get the free and appropriate public education they are entitled to under the law, but instead get fast-tracked into the juvenile justice system after arrests on-campus for behaviors relating to their disabilities.

FLDOE identified numerous corrective actions that the school district was required to implement. However, the investigation was disappointing in that it focused solely on actions related to individuals named in the complaint and did not address the systemic problems in the district. As a result, the Advocacy Center and SPLC staff met with the Governor's office and the General Counsel from FLDOE. That meeting led FLDOE to review their criteria for when a complaint requires a systemic investigation.

The Advocacy Center was also actively involved in a coalition of stakeholders that worked to ensure implementation of the Juvenile Justice Blueprint Commission (BPC) recommendations. Numerous bills were filed during the 2009 session addressing juvenile justice policy issues of priority to the Advocacy Center, including BPC implementation bills and Zero Tolerance reform bills. The bill that passed in 2009 reformed zero tolerance policy



by updating the intent of the law, keeping petty misconduct and misdemeanors out of juvenile court, and directing alternatives to expulsion or referral to the juvenile justice system. ■

## Disaster Preparedness and Recovery

The Advocacy Center was active in a variety of state and national efforts to improve disaster preparedness and recovery services for people with disabilities.

### Special Needs Shelter Interagency Committee of the Florida Department of Health

This committee worked in a consultative role and attempted to resolve problems related to special needs shelters (SpNS) that were not addressed in the state comprehensive plan. It also developed policies and procedures to support sheltering best practices throughout the state.

We continued to raise awareness about the unmet sheltering needs of people with mental illnesses. In the aftermath of Hurricane Katrina, special needs shelters turned away people with mental illnesses because they did not have medical problems, while general population shelters turned them away because Red Cross staff felt untrained and uncomfortable. The Advocacy Center found similar problems with Florida's Red Cross shelters during our own storm events. To ensure that Florida is more prepared next time, we participated in the Vulnerable Populations Subcommittee (VPS) of

the Department of Health's (DOH) Special Needs Shelters Interdisciplinary Team. VPS worked to identify strategies for providing and maintaining resources for vulnerable populations in the event of a disaster. We were also part of the VPS communications subgroup, which investigated best practices in sheltering people with disabilities. The subgroup also developed a reference tool for county emergency management personnel.

Our future strategies to address these concerns will include working with the Shelter Accessibility Workgroup of the Division of Emergency Management to develop a training module for Red Cross volunteers covering ADA accessibility, disability etiquette, and basic mental health education.

### National Homeland Security - FEMA Disaster Preparation Roundtable

The Advocacy Center was asked by the U.S. Department of Homeland Security, Office for Civil Rights and Civil Liberties to participate in roundtable meetings with the Secretary of Homeland Security, the head of the Federal Emergency Management Agency, and representatives from local and statewide disaster organizations in May and June. This was supplemented by a general meeting on emergency preparedness that included representatives of central Florida's public and private sector. The purpose of our participation was to ensure that the needs and rights of people with disabilities were represented. ■



Acting Administration on Developmental Disabilities Commissioner Faith McCormick presented at the World Congress on Disabilities in Jacksonville on disaster preparedness, response and recovery.

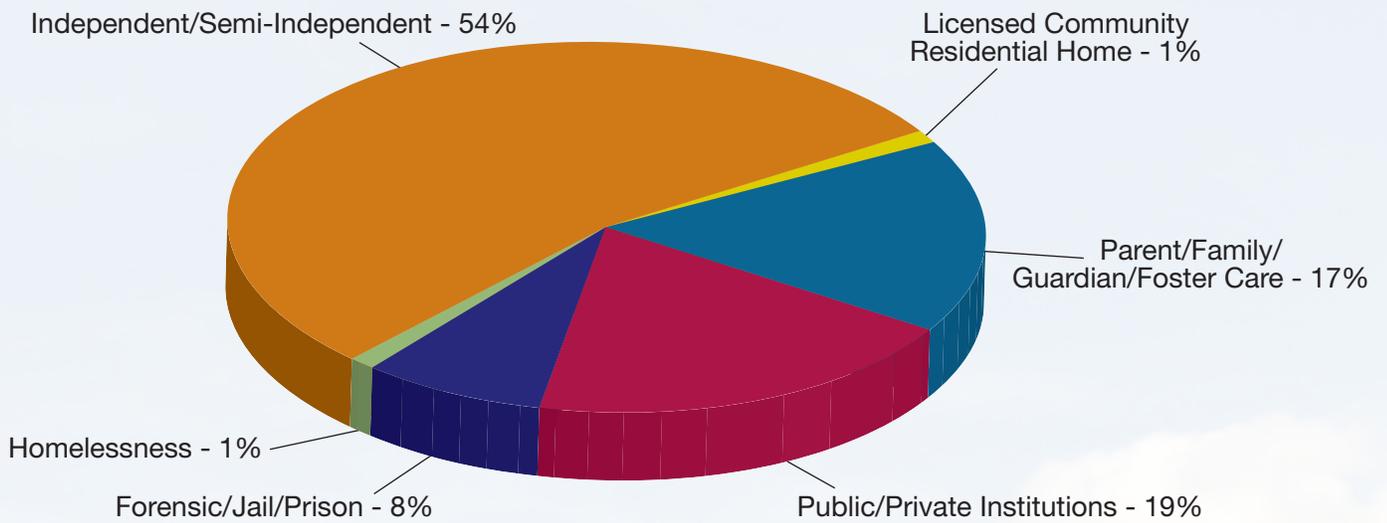
# Why Call the Advocacy Center?

We encourage people with disabilities and others to call us for information, to request assistance or to alert us to systemic problems.

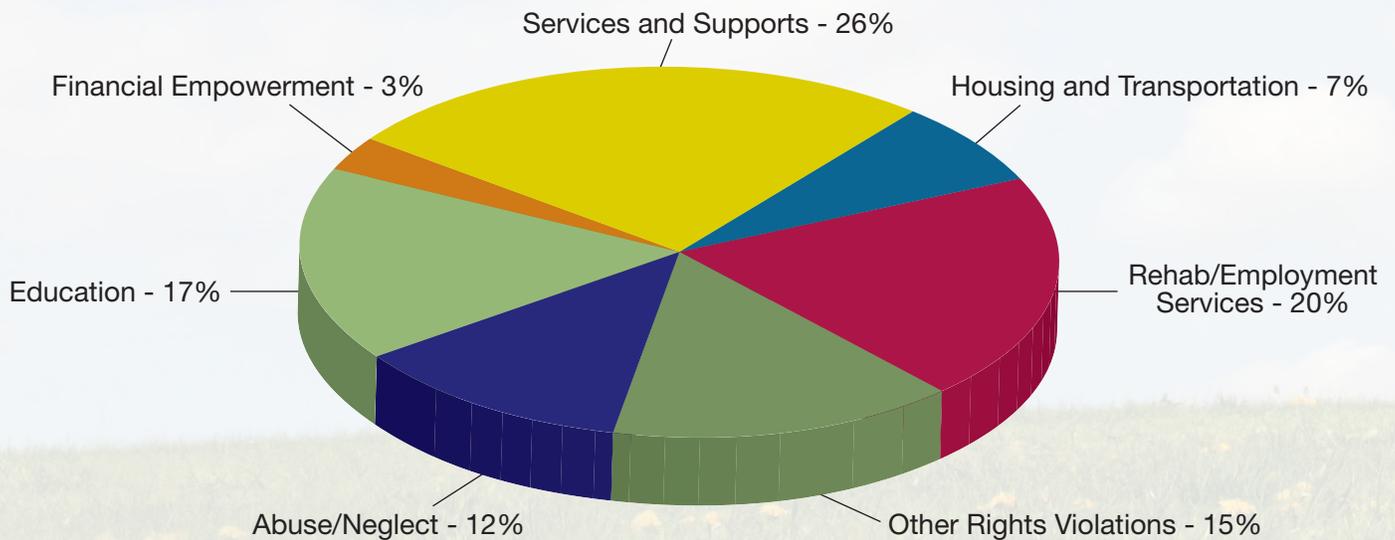
Shown below is information about the approximately 7,500 individuals who contacted us in 2009 requesting assistance. The graphics depict their living arrangements and primary complaints.

These individual complaints helped us select the issues we addressed in our education and systemic work. The results of that work positively impacted the lives of many more Floridians with disabilities.

## Living Arrangement



## Primary Complaints



# Financial Information

## Advocacy Center for Persons with Disabilities, Inc.

### Statement of Activities

Year ended September 30, 2009

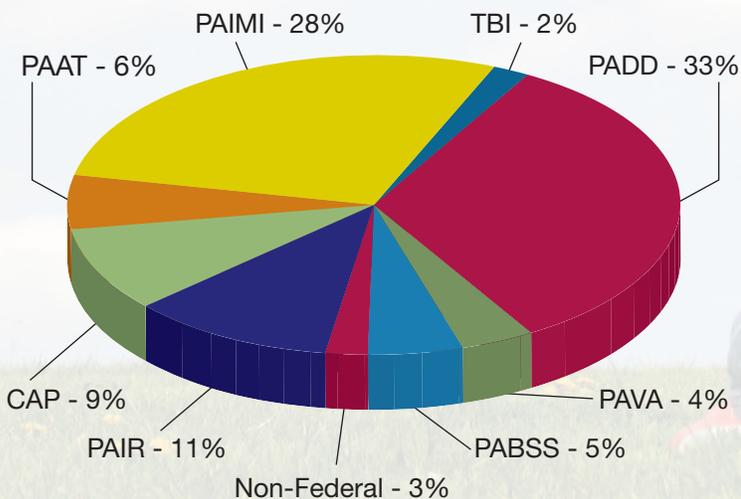
#### Revenue and Support

Program of Protection and Advocacy of Individual Rights - PAIR	\$ 626,764
Rehabilitation Services - Client Assistance Program - CAP	\$ 474,011
Assistive Technology - State Grants for Protection and Advocacy - PAAT	\$ 329,778
Protection and Advocacy for Individuals with Mental Illness - PAIMI	\$ 1,544,774
State Grants for Protection and Advocacy Services - TBI	\$ 104,008
Developmental Disabilities Basic Support and Advocacy Grants - PADD	\$ 1,832,111
Voting Access for Individuals with Disabilities - PAVA	\$ 234,386
Grants for Work Incentives Assistance to Disabled Beneficiaries - PABSS	\$ 300,605
Donations, Other Grants and Program Income - Non-Federal	\$ 113,887
<b>Total Revenues</b>	<b>\$ 5,560,324</b>

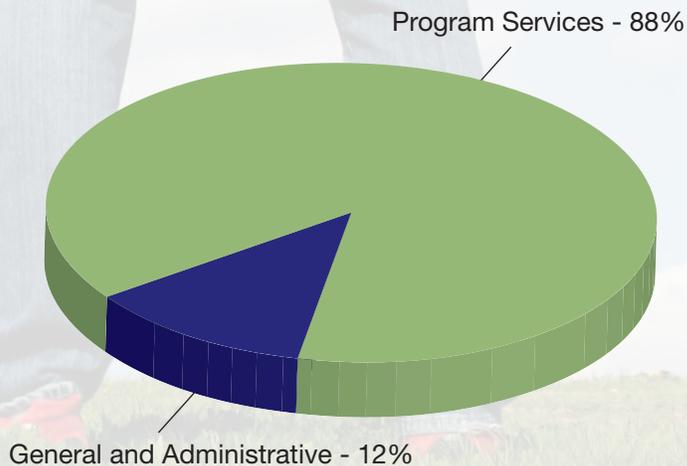
#### Expenses

Program Services	\$ 4,899,857
General and Administrative	\$ 660,981
<b>Total Expenses</b>	<b>\$ 5,560,838</b>
Change in Unrestricted Net Assets	\$ (514)

#### Revenue and Support FY09



#### Program vs. General & Administrative





Advocacy Center  
for Persons with Disabilities, Inc.