Advocacy.

Equality.

Dignity.
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New Name.  
Same Protection and Advocacy.

The Advocacy Center for Persons with Disabilities, Inc. is now:

Disability Rights Florida

Our Mission
To advance the quality of life, dignity, equality, self-determination, and freedom of choice of persons with disabilities through collaboration, education, and advocacy, as well as legal and legislative strategies.
Message from the Chair of the Board of Directors and Executive Director

As you likely noticed, we have a new name - Disability Rights Florida. Our new name better describes the focus of our work. The change in name also more closely aligns us with our national organization – the National Disability Rights Network. The change in name also better aligns us with other state protection and advocacy systems that have adopted similar new names in recent years. While our name has changed, our mandate to protect and advocate for the rights of people with disabilities in Florida remains the same.

We are pleased to report that our work during 2010 resulted in positive outcomes in a number of areas that we focused on with our partners and stakeholders. For example, legislation to reform the use of restraint and seclusion on students with disabilities in public schools finally became law. The bill, while not containing all that we desired, represents a significant step forward in protecting students with disabilities and keeping their parents informed of what happens to their children while at school. Employee background screening laws were also modernized. Among the new changes is a requirement that new hires pass the check prior to beginning work. Additional changes require that everyone who volunteers more than 10 hours per month must also pass the check. We assisted policy makers in their efforts to modernize these screening requirements and thus positively affect numerous care giving settings.

We committed substantial effort to addressing the issues associated with insufficient funding for home and community based services for Floridians with disabilities desiring to leave institutions or avoid institutionalization. Because of limited and ever shrinking funding for home and community based services, this is a continuing priority.

We celebrated the 20th anniversary of the Americans with Disabilities Act in 2010 through staff participation in community events across the state. Recognition of this landmark legislation served both as a reminder of the rights of those for whom the law was enacted and an opportunity to renew our dedication to ensure implementation of its mandates.

These are just a few examples of our work and accomplishments during the year. Many more are described in detail in the following pages.

We began our new fiscal year on October 1, 2010 well aware of the many changes that were about to take place in Florida and nationally with our upcoming gubernatorial election, state general election and federal mid-term elections in early November. Our 45th Governor took office on January 4, 2011 with the promise of getting Florida back to work. At about the same time, many new state legislators were working in preparation for the 2011 legislative session beginning on March 8, 2011. We look forward to working with these dedicated elected officials as they confront the issues that face all Floridians, including those with disabilities.
Many of the issues included in our goals and priorities for 2011 are not new. They are the same challenges that we have focused on for a number of years. For example, the wait list for home and community based waiver services for individuals with developmental disabilities, lack of adequate community based mental health services to support adults and children with mental illnesses, and inappropriate restraint and seclusion of residents in institutional settings are matters that will continue to occupy our attention during 2011.

The economic crisis of the past two years has had a very serious effect on our state. Unemployment in Florida is at record levels and above the national average. Our state revenues continue to decline while the demand for limited resources continues to increase. The projected shortfall for next year’s state budget is substantial. Our state legislators are faced with making difficult budgetary decisions, some of which will further affect people with disabilities. We will provide our perspective and expertise to assist legislators in understanding the pressure on persons with disabilities and to encourage creative solutions.

Our work will continue to be directed to assisting people with disabilities to live independently and to participate fully in the community.

Peter Schoemann  
Chair, Board of Directors

Robert E. Whitney  
Executive Director

Visit our website to:
• Read about our services
• Use our online intake system to request services
• Learn more about how to self-advocate
• Find resources
• Keep up with the Disability Rights Florida Newsroom
• Follow us on Facebook and Twitter
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www.DisabilityRightsFlorida.org
Empowerment & Self-Advocacy

RIGHTS WORKSHOPS

Rights training events for adult residents of Florida’s civil and forensic mental health treatment facilities were a priority in 2010. In addition to conducting training at all eight state facilities, we produced a DVD of our presentations, that was posted on our website and distributed to other facilities.

FLORIDA PEER NETWORK

For the fifth year, we contracted the Florida Peer Network (FPN) to deliver education and outreach services. FPN is the only independent statewide advocacy organization of individuals with co-occurring psychiatric and substance use disorders. FPN continues to lead the effort to increase the training and employment of Certified Peer Specialists. Successful outreach to veterans in 2010 resulted in Certified Peer Specialists working in Veterans Affairs settings. FPN also worked with the Department of Children and Families to facilitate the statewide trauma-informed care training initiative.

ELECTION 2010

Ahead of the August primary elections, Disability Rights Florida staff traveled to over 200 early voting sites in 36 counties. Overall, poll workers were cooperative and the sites in good working order. It was especially encouraging to notice improvements in sites we had surveyed in 2008. We followed up with specific Supervisors of Elections where new or recurring accessibility problems were noted. We also wrote over 8000 disability related institutions and service providers and urged them to support and assist individuals with voter registration and voter participation.

REPRESENTATIVE PAYEE PROJECT

Millions of people who get monthly Social Security or Supplemental Security Income (SSI) benefits need help managing their money. In those instances, the Social Security Administration (SSA) appoints a relative, friend or other interested party to serve as the “representative payee.” SSA delivers the beneficiary payment to the representative payee and holds the representative payee responsible for utilizing the benefits on behalf of the beneficiary.

Rights training events were held at eight facilities including West Florida Community Care Center and the Florida State Hospital.
Disability Rights Florida Senior Advocate-Investigator Christie O’Brien meeting with Florida State Hospital staff.

In 2009, Congress and the SSA became concerned about an organizational representative payee that was employing beneficiaries with developmental disabilities. The payee was accused of serious labor and housing law violations. The SSA began a project to investigate a sample of organizational employer-payees nationwide. The SSA contracted with the National Disability Rights Network (NDRN) and individual protection and advocacy organizations like Disability Rights Florida. Upon successfully completing screening and training, our staff conducted ten on-site investigations. We interviewed beneficiaries, looked at housing and work conditions, and reported our findings to NDRN and the SSA.

FREEDOM OF CHOICE

Our empowerment and self-determination work often focuses on choice and control issues involving guardianship, alternatives to guardianship and other forms of assisted decision making. For example, we were contacted about a resident of a nursing home who had physical and psychiatric medical issues, and whose health care surrogate was limiting visitation, community outings, discharge to an Assisted Living Facility (ALF), and choice of physician. We intervened by educating the nursing home social worker about the resident’s rights and the duties of health care surrogates. We facilitated a meeting between facility staff, the facility physician, the resident, and a service provider. It was agreed that an ALF would be better for the resident’s health and well-being. We supported self-advocacy and choice of placement. The resident moved and once again was able to access treatment from a trusted physician of choice.

FREEDOM TO EARN

We assisted many individuals with benefit challenges related to employment. The issues included maintaining Medicaid for crucial health care coverage and using SSI work incentives to save money for a work goal. We assisted a man with developmental disabilities, whose complex medical needs meant that Medicaid coverage was essential. This young man was bagging groceries and concerned about losing Medicaid coverage. We assisted the family to better understand how much income could be earned. We also assisted a man with a sensory disability with his Social Security Disability Insurance (SSDI) benefits. The Social Security Administration was erroneously asserting that SSDI had been overpaid during a period of employment. We investigated and assisted at an administrative hearing. The overpayment was cancelled and the individual maintained full benefits.

REAL ECONOMIC IMPACT TOUR / LEON COUNTY VITA TAX PREPARATION

We participated in the Florida Prosperity Partnership (FPP) and the Real Economic Impact Tour sponsored by the National Disability Institute (NDI). NDI works with FPP to raise awareness about asset building and financial literacy. We hosted a Volunteer Income Tax Assistance (VITA) Income Tax preparation site to assist people with disabilities claim earned income tax credits and child tax credits. We received a mini-grant from NDI to support our collaboration with VITA and as a result, over 70 people were assisted.
Employment

Our employment work included individual services, policy and rule development activities and systemic projects focusing on a smooth transition for youth with disabilities from school to employment. We continued to serve as members of the Florida Rehabilitation Council and Division of Blind Services Council. We also continued to collaborate with the hospitality industry promoting the use of assistive technologies.

Our employment outreach efforts were focused on youth with autism and youth in transition. We promoted our employment services through collaborations with self-help, faith based and community service groups.

SUPPORTING PEOPLE WHO WANT TO WORK AND LEARN

We assisted several individuals to resolve disputes with the Division of Blind Services (DBS). For example, we assisted an individual after DBS refused to provide appropriate assistive technology to support an approved employment goal. The employment goal was to become an attorney in private practice. Our intervention resulted in DBS agreeing to purchase an appropriate mobile reader. We then assisted an individual who has a traumatic brain injury who also had an issue with DBS involving assistive technology. DBS believed that the individual already had access to appropriate equipment. We explained how the existing equipment did not perform the tasks needed at school. DBS agreed to first loan and then purchase more appropriate assistive technology. We also assisted a young person who needed a workplace accommodation by emphasizing that DBS was required to assist with services both before and after job placement.

We also assisted several individuals who were seeking services from the Division of Vocational Rehabilitation (DVR). For example, an adult with a developmental disability had been directed to use a bus, but disabilities prevented access to the closest bus stop. We demonstrated that DVR should provide transportation services. DVR also agreed to provide rehabilitation technology and a vehicle modification.

MAKING TRANSITION A SUCCESS

In 2010, we completed an investigation into how effectively DVR was providing transition services to young people preparing to leave high school. Based on our findings, we recommended that DVR develop programs to increase the number of Individualized Plans for Employment (IPEs) prepared for eligible transition aged youth. We also recommended that they train staff to begin the transition process by age 16, and attend Individual Education Plan (IEP) meetings when requested by parents or school officials. DVR agreed to specific action steps to improve services. For our part, we focused outreach efforts in counties where we found that students were not accessing DVR at the same rates as their peers in other parts of the state.
PUSHING DVR TO WRITE RULES IN THE SUNSHINE

Our work with individuals often paves the way toward broader systemic change. In 2010, we represented a young woman with disabilities in a dispute with the Division of Vocational Rehabilitation (DVR) over their refusal to pay her tuition. We informed DVR that their basis for denying the request for tuition was wrong, had no basis in Florida statute or rule, and was not mentioned in the DVR handbook. DVR responded by refusing again to authorize the tuition funds and denying that they needed to promulgate rules. We then filed a petition with the Division of Administrative Hearings (DOAH) seeking an administrative determination. In a separate proceeding, we also challenged DVR’s individual administrative determinations in this dispute.

After DOAH scheduled a hearing on our petition challenging the agency statement as an unpromulgated rule, DVR filed a notice of rulemaking. A satisfactory settlement was ultimately negotiated and this young woman was able to continue her college education with DVR assistance.

To support DVR’s rulemaking effort, we followed up with a public awareness campaign. We worked to encourage stakeholder participation in the rule development workshops DVR was conducting in six areas of the state. DVR had not adopted new rules since their prior rules were repealed several years ago. We promoted the public’s interest and increased participation in this key policy making process by spreading the word about how to access and comment on the draft rules. The draft rules address informed choice, application processes, assessments for eligibility and priority, individualized plans for employment, confidentiality, case closure, and procedures for the right to administrative review.
Special Initiatives/Special Partnerships

**VETERANS WITH TRAUMATIC BRAIN INJURIES**

Official nationwide estimates are that over 175,000 occurrences of traumatic brain injury (TBI) have been experienced by individuals in the military (or by veterans) since 2000. Other sources cite figures as high as 360,000. TBI is defined as a blow or jolt to the head or a penetrating head injury that disrupts the function of the brain. Injuries range in severity. Our military service members in combat now face greater risks of experiencing TBIs caused by blast exposures than ever before. They also experience TBIs in non-combat situations. In 2010, our staff, including staff members who are military veterans, initiated a significant effort to improve the networking and collaboration between facilities serving veterans and our agency. The goal is to increase awareness about our mission and services and increase the numbers of veterans with TBI that we assist each year. We can assist veterans with TBI (as well as veterans with other disabilities and non-veterans with TBI) with a myriad of disability related concerns related to housing, transportation, education, employment, health care or other aspects of civilian life. Outreach was conducted in person and by mail to over 70 facilities around the state.

**JUDICIAL EDUCATION PROJECT**

A highlight of our collaboration with community partners is our participation in a group developing a judicial education program about psychiatric and developmental disabilities. The program will serve judges, state attorneys, public defenders and the private bar. The project is led by Florida Partners in Crisis (FPIC) with funding from the Florida Bar Foundation, Bristol Myers Squibb and Eli Lily and Company. The judicial education work group also includes the NAMI Florida, the Louis de la Parte Florida Mental Health Institute at the University of South Florida, the Florida Psychiatric Society, Florida Institutional Legal Services, and the judiciary.

**DEVELOPMENTAL DISABILITIES NETWORK AGENCIES**

The Developmental Disabilities (DD) Act not only creates our largest program, but also establishes an official Network of DD programs. The DD Network in Florida consists of the Florida Developmental Disabilities Council (FDDC) and two University Centers for Excellence in DD. We collaborated extensively with our DD Network partners in 2010. We worked with the FDDC to present five Special Education Training workshops throughout Florida. We collaborated with the entire network to co-produce a webinar about school restraint and seclusion and to exchange information and perspectives on a variety of policy issues.

**FLORIDA INSTITUTIONAL LEGAL SERVICES**

Florida Institutional Legal Services (FILS) is a statewide non-profit law office that focuses on the conditions of incarcerated individuals, including individuals with disabilities. Our collaboration with FILS has focused on the unique problems facing people with developmental and psychiatric disabilities in the criminal justice system. Among our joint efforts are projects aimed at improving conditions at the Mentally Retarded Defendant Program and training public defenders. Activities have included assisting FILS with the publication of a Handbook for Florida Defense Attorneys as part of a project funded by the Florida Bar Foundation and co-counseling an amicus brief. Our brief opposed the Agency for Persons with Disabilities’ attempt to reverse a circuit court’s finding of eligibility for forensic competency training.
Systems Change in Education

STOPPING ABUSIVE RESTRAINT AND SECLUSION USE IN SCHOOLS

After years of effort by Disability Rights Florida and countless others, Florida has a powerful new law.

This new law:

• Establishes standards and procedures for the use, monitoring, documentation, and reporting of seclusion and restraint on students with disabilities.

• Prohibits school personnel from using a mechanical or manual physical restraint that restricts a student’s breathing.

• Prohibits school personnel from closing, locking, or blocking a student in a room that violates State Fire Marshal rules governing seclusion time-out rooms.

• Requires schools to prepare incident reports within 24 hours and to provide notification to a parent or guardian.

• Requires schools to send the incident reports to the parent or guardian, principal, district special education director, and state special education bureau chief for monitoring purposes.

The effort to pass this legislation was led by Senators Gardiner and Storms and Representatives Hukill and Llorente. Reforming restraint and seclusion use will require participants at multiple levels to bring vision, skills, incentives, resources and actions forward to help create effective and lasting change. We conducted several training events to start the process of teaching families about the new law. We also began meeting with parent leaders as well as key stakeholders to discuss how to support implementation at the state, local and school level.

PARAPROFESSIONALS IN THE CLASSROOM – WORKING TO IMPROVE LOCAL POLICY AND PRACTICE

A good example of our systems change work at the local level was a project we pursued in Pinellas County. We received and investigated numerous complaints from parents of children with developmental disabilities about how the county was using paraprofessionals in the classroom. Parents felt that the level of paraprofessional support provided in the classroom was neither adequate nor the level agreed to at the child’s Individual Education Program (IEP) meeting. We reviewed the district’s manuals and other materials. We met with the district to discuss our concerns and share perspectives. The district felt that to help solve the problem, IEP teams needed to be more specific about what skill level of paraprofessional they were planning for each child. It was agreed that better documentation would make each child’s need, and the level of support appropriate and agreed upon in the IEP, clearer to teachers and families. The district also agreed to work directly with families to resolve their concerns and we facilitated that follow up. The district revised its policies and procedures on paraprofessionals and on how IEP teams must clearly document children’s needs and agreed upon services.
Title II of the Americans with Disabilities Act (ADA) requires states to make health and long term care services available to people with disabilities in integrated rather than institutional settings.

Florida’s Medicaid budget pays for services in institutional settings and through various home and community based services programs. Unfortunately, despite the ADA and the United States Supreme Court’s Olmstead decision in 1999, the desires of individuals with disabilities to leave institutions for alternative community services are frustrated by insufficient funding for home and community based services. This remains true regardless of disability or the specific waiver or funding needed to provide the community alternative. Once again our work focused on the rights of individuals with developmental and intellectual disabilities to receive services in the community as an alternative to institutionalization.

WAITLIST FOR SERVICES

Over 19,000 individuals with developmental and intellectual disabilities are waiting for home and community based Medicaid waiver services. We provided the Agency for Person with Disabilities (APD) with comments as they wrote the 2010 Waitlist Prioritization Rules. These rules, which went into effect on October 24th, now govern how APD places people from the waitlist into one of seven categories. We urged that short term general revenue services not be reserved for selected categories of waitlisted individuals, but be available to everyone on the waitlist. Our input also addressed topics such as the priority level that should be given to individuals living in a facility who seek discharge to the community.

CRISIS SITUATIONS

We also assisted individuals seeking Crisis/Category 1 eligibility as the process is complex and families often need support. For example, we aided an 18-year-old foster child diagnosed with cerebral palsy and intellectual disabilities. While living with a foster parent, this child was on the waitlist and had been waiting for three months for an answer on a crisis application. Our assistance sped up the review and approval. In another situation we assisted a youth with intellectual disabilities, who was in a public Baker Act receiving facility. He had called us seeking help with discharge planning. Prior to hospitalization, he had been receiving homebound special education services. There were little to no school or community supports in place. Adding to the family’s desperation was the fact that they had lost their home and had moved in with extended family in a somewhat dangerous neighborhood. We helped secure appropriate behavior support during the remaining days of hospitalization and worked with the facility on
a discharge plan. Our assistance sped up the approval of crisis eligibility and resulted in a return to school with much needed behavioral support services. Finally, to address the family’s housing needs, we found a Section 8 housing waitlist for them to join in their area.

**TIER IMPLEMENTATION AND RULEMAKING**

After the First District Court of Appeals invalidated the rules implementing the Tiers in 2009, the rulemaking process began anew in 2010. We provided oral and written input to APD throughout the formal rulemaking process as well as in meetings with counsel for APD. Several of our suggestions were adopted in the final rule that went into effect on March 7, 2010. For example, we suggested that if a tier assignment results in a reduction of more than 5% of a person’s current cost plan, APD should review the plan and reconsider the interaction of the services that promote health and safety and the client’s needs and hold harmless the services that are key to health and safety.
THE AUTISM SPECTRUM AND DEVELOPMENTAL DISABILITIES SERVICES

We believe that eligibility for home and community-based services under the Florida developmental disabilities waiver programs should extend to all individuals who have developmental disabilities (as defined by the federal DD Act), so long as they would otherwise meet the eligibility requirements for an institutional program as outlined under federal law. Yet, certain groups of people are categorically overlooked and excluded. In 2010, a policy of excluding people with Autism Spectrum Disorder was challenged in court. The petitioners were represented by attorneys and students from Florida State University’s College of Law Children’s Advocacy Clinic. We intervened in the litigation and challenged the eligibility processes and criteria. Thereafter the Agency for Persons with Disabilities initiated rule making, which remains ongoing.

PERSONAL CARE ASSISTANCE FOR CHILDREN WITH AUTISM

In late 2009, as part of the transition of personal care assistant (PCA) services for children from the Developmental Disabilities Waiver to the Medicaid state plan, the Agency for Health Care Administration (AHCA) assigned a peer review organization called KePRO to conduct its prior service authorizations. Families soon began receiving notifications that their PCA services were being reduced or terminated. There seemed to be a disproportionately high number of children with autism whose services were negatively impacted.

In response to this pattern of reductions and terminations, we filed a class action lawsuit in March 2010. The lawsuit was successfully mediated between the parties. Florida agreed to identify any child whose PCA services had been reduced. The definition of Personal Care Assistant (PCA) Services in AHCA’s Home Health Services Handbook was also clarified. Florida agreed to reinstate each child’s PCA services pending review under the revised standard. We continue to represent children and monitor the review process.

To support families impacted, we explained to families that the Centers for Medicare and Medicaid Services’ (CMS) describes PCA in broad terms. PCA incorporates not only the basic activities of daily living (ADLs) but also instrumental activities of daily living (IADLs). CMS defines ADLs as including eating, bathing, dressing, toileting, transferring, and maintaining continence and IADLs as more complex life activities including personal hygiene, light housework, laundry, meal preparation, transportation, grocery shopping, using the telephone, medication management, and money management.

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In 2010, Disability Rights Florida placed a high priority on evaluating state agency implementation of the restraint and seclusion (R/S) reforms passed by the legislature in 2006. We turned our attention to evaluating agency progress with rulemaking, reporting, data collection, monitoring and other mandates.

By law, the use of restraint and seclusion on individuals with developmental disabilities within APD’s programs is justified only as an emergency safety measure or when necessary to protect the client or others from imminent injury. APD moved forward with rule making efforts, however three key provisions of the rule were not enforced until August 2010. Among those was the requirement that staff be trained using an authorized curriculum. APD appears to have been receiving reports of R/S use from most providers, however not from Intermediate Care Facilities for the Developmentally Disabled.

DEPARTMENT OF CHILDREN AND FAMILIES

The Florida legislature also expressed its intent to reduce the use of seclusion and restraint in programs and facilities serving persons with mental illnesses by prohibiting use except as an emergency safety measure used in response to imminent danger to the client or others. Florida Statute specifies that seclusion or restraint may not be used for “punishment, to compensate for inadequate staffing, or for the convenience of staff.” DCF has adopted rules to ensure compliance and implemented facility specific initiatives. Disability Rights Florida was an active participant in DCF’s rule development addressing children in residential treatment facilities and adults in civil and forensic state mental health treatment facilities.

In 2010, we met with then DCF Secretary George Sheldon to express concern that DCF was not receiving all restraint and seclusion reports on a monthly basis. DCF’s Director of Mental Health has no access to trend data to insure compliance or monitor progress within facilities or across the state. We will continue to press the urgent need for better data collection, reporting and monitoring. DCF did follow through on our long standing request to send a memo to providers explaining the new requirements.

AGENCY FOR HEALTH CARE ADMINISTRATION

Disability Rights Florida has urged AHCA for several years to promulgate rules governing restraint and seclusion use in the Intermediate Care Facilities for Developmental Disabilities. When the legislature mandated this rulemaking in 2006, we had hoped for action by AHCA. However, to date, AHCA has yet to promulgate sufficient guidelines for these facilities. This remains a concern.

DEATHS

The rate of R/S related deaths appears to have dropped substantially since passage of the 2006 reforms.
Equal Access

AIRPORT PROJECT

We began this project in 2008. Over the next two years, Disability Rights Florida’s staff surveyed the Tallahassee Regional Airport, Panama City-Bay County International Airport, Jacksonville International Airport, Gainesville Regional Airport, Pensacola Gulf Coast Airport, St. Petersburg/Clearwater Airport, Sarasota/Bradenton Airport, Tampa International Airport, Miami International Airport, Ft. Lauderdale International Airport and West Palm Beach International Airport.

Our inspections focused on the accessibility of shops, service counters, rental car areas, parking lots, signage, and restrooms. We met with airport officials responsible for compliance with the Americans with Disabilities Act (ADA), who then made meaningful improvements based on our findings.

The project raised the awareness of airport staff, particularly of the ongoing obligation to maintain ADA compliance. The project also fostered working relationships between Disability Rights Florida and airport management. We now serve on several airport advisory councils, have conducted personnel training on ADA issues, and are routinely contacted by airport personnel for guidance on particular access issues.

GAINING A UNIVERSITY EDUCATION AGAINST THE ODDS

At 18 years old, a young man contacted us because he was frustrated by obstacles with achieving his long held goal of attending an intensive program at a private university that specializes in entertainment, media and the arts. The challenges included how to get the university to agree to provide legally required accommodations, how to deal with the differences between what high schools and colleges and universities must provide, and how to secure the assistance of the Division of Vocational Rehabilitation (DVR) to bridge that gap.

Because of his genetic muscle and joint disorder, this young man had been provided assistance in high school for things like doors, lunch, and the physical act of taking notes and carrying books. These accommodations and supports had made it possible to attend honors classes and earn a regular Florida high school diploma.

A fall visit to the university in 2009 had been extremely discouraging – the university said it would not be able to provide the same accommodations and verbally discouraged him from applying by saying that the program would not be “appropriate” for him. The university persisted throughout 2010 to dissuade him from applying and told him his application would be denied. During 2010, we advised him on each step of the process. After the university accepted the application, it then became equally difficult to get DVR to correctly complete their part of the process and provide the needed accommodations and supports. Moreover, the university waited until just days before orientation in August to finally agree to permit implementation of needed accommodations and supports. Again, we provided advice and guidance at each step of the long process. We also assisted with accessible housing. It took tremendous fortitude and commitment from this young man and nearly a year of support from our agency for his dream to come true. He is now attending the university, receiving needed accommodations and doing well.

PSYCHIATRIC SERVICE DOGS

We receive many inquiries about how the law handles the issue of psychiatric service dogs. Our staff members have developed considerable expertise to share with individuals with psychiatric disabilities as well as condominium associations, landlords, schools and others. In one situation, we were contacted by a middle aged woman who has psychiatric and neurological disabilities and hearing loss. The condominium association where this individual lived had denied her request for a psychiatric service dog. Our intervention resulted in her request for reasonable accommodation under the Fair Housing Act being appropriately documented, reconsidered and approved.
Health, Safety and Rights Protection - Individuals in Institutional Settings

CHILDREN AND YOUTH

We focused on services provided in facilities that are funded by the Statewide Inpatient Psychiatric Program (SIPP). SIPP funding supports some of the most restrictive psychiatric placements for children in Florida’s system of care. There are 14 SIPP facilities with over 400 beds available for children and youth.

We learned in 2010 that the Agency for Healthcare Administration (AHCA) had issued a corrective action plan at Manatee Palms Youth Services. Our staff was sent to monitor compliance with the plan. At this Level IV Intensive Residential Treatment Facility and SIPP provider, we focused on use of restraint and seclusion. We noted several deficiencies which demanded further investigation.

Our intervention resulted in the facility establishing a special team to address reduction of restraint and seclusion, enhanced staff training on restraint and seclusion, assessment of the “reward” system, and the need for increased activity options. We supplemented AHCA’s work with our special expertise in restraint and seclusion and our particular interest in child-centered services. In subsequent visits, the facility staff impressed us with their responsiveness and commitment to positive change.

ADULTS

In adult facilities, highlights of our systemic reform accomplishments include the South Seminole Hospital and the Treasure Coast Forensic Treatment Center.

During a site visit to the South Seminole Hospital, we discovered obsolete mental health rights posters and several policies that failed to meet current legal requirements. We found outdated communication policies, grievance procedures, and practices involving restraint and seclusion. We worked collaboratively with the facility to correct these issues.

At the Treasure Coast Forensic Treatment Center (TCFTC), we responded to a complaint that the Martin County Sheriff’s Department was not responding to allegations of resident-on-resident assaults. We met with law enforcement to learn about their practices first hand. As a result of our intervention, the facility administrator and local law enforcement representatives agreed to establish a more meaningful system to address resident-on-resident assaults. The facility agreed to provide residents who needed to report an alleged crime more assistance with the process. It was a positive outcome that helped the facility, local law enforcement and residents, work together to better protect the rights and safety of all involved.
BACKGROUND SCREENING REFORM

New protections for vulnerable children and adults became law in 2010. We were proud to support and assist policy makers with this effort to modernize background screening requirements. Among the many improvements in the law is that no one can begin work until their potential employer has received screening results. Also volunteers who work more than 10 hours a month must now be screened and volunteers working less than 10 hours per month must be in the line of sight of a screened employee.

INDIVIDUALS AT RISK

A few highlights of our work on behalf of individuals are as follows:

- An individual contacted us from a state developmental disability forensic facility about being classified to a behavioral ward and being subjected to frequent use of restraint and seclusion. An extensive investigation revealed that the person’s behavior failed to warrant placement in the behavior ward and moreover, it was unlikely that the person would ever reach competency to proceed to trial. We collaborated with the treatment team, teacher, resident advocate, administration, and defense attorney to identify more appropriate settings for placement. As a result of our intervention, this individual was transitioned to a group home and is now working, attending classes and looking forward to ultimately returning to the family home.

- We were contacted by the parents of a young child who needed assistance transitioning their son from a medical facility to an appropriate residential setting. The child had complex psychiatric and physical health problems which required extensive pharmacological support. We assisted the family and facility to bring private insurance and public benefits together to meet these complex treatment needs. We advocated over many months to ensure appropriate services and an eventual return to the community with the supports necessary for a successful transition.

SYSTEMIC CHANGE

We discovered confusion about the administration of emergency treatment orders (ETOs) at state mental health treatment facilities. In one instance, the facility was in violation of state law governing ETOs. ETOs are to be used only in response to a person presenting an imminent danger to self or others. The order can only authorize the least restrictive use of a specific treatment intervention, including the emergency administration of psychotropic medications. We recommended corrective actions and retraining of staff on all current legal requirements. Administrators have been cooperative in responding to our concerns. In addition, DCF has committed to revising the administrative rule at the earliest opportunity to help eliminate the confusion.
Information and Referral

Our intake and information and referral services supported over 6500 individuals in 2010. We improved ease of access to our services by installing a new phone system, opening a secure on-line intake system, and generally continuing to refine our methods.

Intake is how we gather general information about an individual’s reason for contacting us. Professional staff gather relevant information from callers in order to ascertain the appropriate information and referral services needed by the caller. Several of our staff members are internationally certified information and referral specialists. The following are examples of information and referral services provided to persons with disabilities:

- We assisted an adult who has psychiatric disabilities and lives in the family home with information about assistance for home repair. We also provided referrals to the area weatherization program and HUD Community Development Block Grant.

- We referred an adult with a psychiatric disability who was new to the state to a supportive clubhouse, the DCF Substance Abuse & Mental Health Program Administrator, and the local I&R agency to obtain information about the Coalition for the Homeless program and other community resources.

- We assisted a mental health counselor whose client with a disability was being called by the state attorney as a witness in a serious criminal case. Both were concerned and confused about the process. We instructed the counselor and client about the need to consult with the prosecutor. The information put things into perspective for the caller and they updated us later that a victim’s advocate from the state attorney’s office had become involved to assist the individual with preparation for trial.

- We assisted a family of a child newly diagnosed with blindness with information about available services. The child was having difficulty adapting to the disability. We referred the family to the Division of Blind Services, the Florida Association of Agencies Serving the Blind, EyeCare America, and the National Federation of the Blind.

- We assisted the parent of a child with developmental delays by providing resources and referrals to assist the family to remain independent during home foreclosure. Referrals included Florida Coalition for Children, Family Network on Disabilities, Florida Institute for Family Involvement, Parent Helpline, Children’s Medical Services, Elks-Therapies for Children, and United Healthcare Foundation. We also provided the family the toll-free hot-line for Homeownership Preservation and Florida Attorneys Saving Homes.

- We assisted an adult with a substance abuse disorder information about where to file abuse and licensing complaints.

- We assisted an individual who has physical disabilities and needed an electric wheelchair. The individual did not have any insurance or money. We referred the individual to the local Center for Independent Living’s loan program. The individual called back to report receiving an electric wheelchair.
Positive Outcomes – One Child At a Time

We often assist youth in foster care, particularly in transition. For example, we helped a young adult diagnosed with psychiatric disabilities who was attending a segregated school. Her guardian ad litem needed help advocating for an appropriate individual educational plan (IEP). We assisted her to advocate for placement at a home-zone school. We helped develop an appropriate behavior intervention plan. We successfully represented her at a manifestation determination hearing. Working with us boosted her self-advocacy skills. Our collaboration with the local community based care organization continued as we provided information and training.

We worked with the parents of an 8th grader with multiple disabilities who needed an independent education evaluation (IEE). The district filed a Petition for a Due Process Hearing when the parents requested the IEE. We assisted by bringing several counterclaims. The claims included denial of 1:1 aide, that the reevaluation lacked meaningful recommendations and that those who conducted and interpreted the reevaluation had not participated meaningfully in the IEP. We also raised that the goals and benchmarks were not appropriate and that the district failed to facilitate the participation of the Division of Vocational Rehabilitation in the Transition IEP process. The dispute was favorably resolved at mediation.

We worked with parents who were denied an opportunity to meaningfully participate at an IEP meeting where a change of placement had been predetermined. The student had intellectual and other disabilities. We filed a due process complaint and invoked “stay put.” The parents later decided that the current placement was no more appropriate than the proposed placement, so we assisted with locating a better private school. The final agreement resolved both McKay Scholarship and transportation issues.

Some children we assist face what would be insurmountable obstacles but for the availability of our support. A student with learning disabilities, left school at 17 with a special diploma. He had been told that because he had “graduated,” he could not return to school. This was inaccurate. We explained the student’s rights under the law to attend school until age 22 or receipt of a regular diploma. We advocated successfully for an appropriate plan, evaluations and vocational rehabilitation services. Because of subsequent violations, we filed a complaint with the Florida Department of Education (FLDOE) against the school. Based on its findings of legal violations, the FLDOE issued a corrective action plan. Unfortunately another round of formal dispute resolution was required when efforts to negotiate the school’s obligation to provide the student with compensatory services were unsuccessful. We filed an administrative due process action which was ultimately settled. As a result of our intervention, the student is now making progress and his parents have reported that for the first time he is actually reading.
Outcomes of Services Beyond Information & Referral

In addition to the systemic work of the Disability Rights Florida staff, in 2010 our staff also actively supported over 1200 people who needed individualized services beyond information and referral. With these individuals, we engaged in investigations, negotiations, and mediations. We offered advice and counsel. We assisted with problem solving. We travelled to meetings and hearings. A quantitative representation of our successes with these individuals is provided in the data below:

- All issues resolved in favor: 70%
- Some issues resolved in favor: 9%
- Disability Rights Florida or individual withdrew: 9%
- Issue lacked merit: 8%
- Other (death, relocation, other representation found, etc.): 4%

Toll Free 800.342.0823
TDD 800.346.4127
Online at www.DisabilityRightsFlorida.org
# Financial Information

## Revenue and Support

<table>
<thead>
<tr>
<th>Program Service</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protection and Advocacy of Individual Rights - PAIR</td>
<td>$757,297</td>
</tr>
<tr>
<td>Client Assistance Program - CAP</td>
<td>$604,141</td>
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<tr>
<td>Protection and Advocacy for Assistive Technology - PAAT</td>
<td>$232,692</td>
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<tr>
<td>Protection and Advocacy for Individuals with Mental Illness - PAIMI</td>
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<tr>
<td>Protection and Advocacy for Persons with Traumatic Brain Injury - PA TBI</td>
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<tr>
<td>Protection and Advocacy for Persons with Developmental Disabilities - PADD</td>
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<tr>
<td>Protection and Advocacy for Person with Traumatic Brain Injury - PA TBI</td>
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<tr>
<td>Protection and Advocacy for Beneficiaries of Social Security - PABSS</td>
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<tr>
<td>Attorney Fees, Donations, Other Grants and Program Income</td>
<td>$142,151</td>
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**Total Revenues**

$5,422,389

## Expenses

<table>
<thead>
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<th>Category</th>
<th>Amount</th>
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<tr>
<td>Program Services</td>
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<tr>
<td>General and Administrative</td>
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</tbody>
</table>

**Total Expenses**

$5,340,945

**Change in Unrestricted Net Assets**

$81,444

## Revenue and Support FY10

- **PAIR** (14%)
- **CAP** (11%)
- **PADD** (31%)
- **PAIMI** (28%)
- **PATBI** (2.5%)
- **PAAT** (4%)
- **PABSS** (4%)
- **Other** (3%)
- **PAVA** (2.5%)

## Program vs. General & Administration

- **Program Services** (89%)
- **General and Administrative** (11%)