DATE: October 4, 2012

SUBJECT: Meeting Notes: Disability Rights Florida

Attendees

Presenters:
- Linda. J.W. Rollins, Mental Health Coordinator with the intake unit at Disability Rights Florida.
- Ann Robinson, Intake Manager with Disability Rights Florida
- Paul Finch is the Intake Coordinator for the intake unit at Disability Rights Florida

Sara Tribe, Policy Associate, NASUAD
29 Callers representing 12 states and DC

Welcome

Ms. Tribe welcomed the participants, and thanked everyone who attended NASUAD’s HCBS Conference in September. She informed the callers that we have the session presentations available on our website, and that we are adding missing presentations daily, upon receipt from the presenters.

Today’s presentation will be given by staff at Disability Rights Florida, and will focus on the history of the U.S. Protection and Advocacy (P&A) System and Client Assistance Program (CAP), using Disability Rights Florida as an example of one of the country’s largest P&As. The presentation is also designed to increase your knowledge of other key disability resources in each state.

The presenters have provided us with a link to a historical video to save time during the presentation. The video acts as an introduction to disability rights with the intent of explaining why this is such an important issue. Please be aware, this video contains some disturbing images:

Click here to view the video.
Ms. Tribe introduced the Disability Rights Florida co-presenters as follows:

Linda J.W. Rollins is the Mental Health Coordinator with the intake unit at Disability Rights Florida who has worked with the agency in a variety of positions for 29 years. She has been primarily involved for 13 years in the provision of mental health services in various institutional settings. She developed their Rights Training and Monitoring Protocol for all State Civil and Forensic Mental Health Treatment Facilities, and was the Rights Training Presenter for residents and staff while performing the monitoring within most of these facilities.

Ann Robinson has been the Intake Manager with Disability Rights Florida for over 6 years, and is also the grant coordinator for two of the eight federal grants that fund the agency. She is a Certified Rehabilitation Counselor and has her CIRS credential.

Paul Finch is the Intake Coordinator for the intake unit at Disability Rights Florida. He has had his CIRS credential since 2005. In 2012, Paul participated in 6 statewide Alternatives to Guardianship training programs sponsored by Florida Developmental Disabilities Council.

Presentation

35 Years of Rights Protections at Disability Rights Florida (DRF)

Ms. Robinson discussed the learning objectives, including:

- Understanding the history of the Protection and Advocacy (P&A) System and Client Assistance Program (CAP).
- Obtaining a working knowledge of Disability Rights Florida as an example of one of the largest P&A’s (also houses the CAP program).
- Increasing your knowledge of other key disability resources/referrals in each state.

The National Disability Rights Network (NDRN):

- The nonprofit membership organization of the federally mandated Protection and Advocacy (P&A) Systems and Client Assistance Programs (CAP).
- Collectively, the P&A/CAP network is the largest provider of legally based advocacy services to people with disabilities in the United States.

She encouraged participants to visit the following websites for information:
• Locate the P&A in your state: http://www.napas.org/

Ms. Rollins discussed the Mental Health Bell, which is located in the Lobby of the National Headquarters of the Mental Health Association in Virginia, and that it was forged from the shackles that were used on mentally ill individuals in the past.

She provided background information on DRF, including:
• Disability Rights Florida is a member of the National Disability Rights Network, AIRS and the Florida Alliance of Information and Referral Systems (FLAIRS) – a state affiliate of AIRS.
• Headquarters in Tallahassee with offices in Tampa and Hollywood – several telecommuters around the state.

Mr. Finch discussed the mission of the organization, which is “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. To meet our mission, we provide access to education, employment and independence; work to create better laws, policies and practices; and work towards elimination of abuse and neglect. We have the authority to pursue legal, administrative and other appropriate remedies, including class action lawsuits if necessary.

Ms. Rollins discussed their authority to access:
• Facilities, including state hospitals, crisis stabilization units, residential treatment facilities, short term residential treatment centers, group homes, intermediate care facilities for individuals with DD, jails, prisons, and other types of facilities.
• Records, with consent of individual, legal guardian or court order; and in special cases, without consent

Mr. Finch discussed community placement, and alternatives to institutionalization; access to publicly funded benefits and services, particularly home and community based services such as waiver services and Medicaid state plan services. He also
discussed access to vocational rehabilitation and blind services, including integrated/competitive employment opportunities and outreach to private corporations to promote employability and assistive technology. He continued with equal access to public and private programs and services including: businesses, transportation, airports, postsecondary education, recreation, housing and assistive technology.

Ann Robinson discussed:
Assistive Technology, Devices and Services
• “Technology is one of the primary engines for economic activity, education and innovation in the Nation, and throughout the world.” From AT Act of 2001
• Protection and Advocacy for Assistive Technology (PAAT) program specifics.

National Pass It On Center recycles assistive technology and provides to those in need.
• Locations in your state for AT recycling programs -
  http://www.passitoncenter.org/

DRF’s intake operation has a large P&A intake unit for issue based teams, with centralized intake in Tallahassee, an MH/institutional hotline, Spanish line, general intake and online intake.
• DRF receives approximately 7,000 service requests per year
• Staffing includes: 7 FTE’s Certified Information and Referral Specialists (CIRS) and 1 part-time position; 2 bilingual specialists (English/Spanish); Two employees have worked at a 211, and we provide professional and positive customer service.

Florida Experience:
• Benefits of professional Certified Information and Referral Specialist (CIRS) credential for our intake unit.
• Key competencies coincide with P&A intake needs and I&R provision.
• National webinar provided to NDRN August 30, 2011 encouraged connections with AIRS and I&R agencies.

Connection with other I & R Systems:
• Knowledge of general community resources meets a critical need of callers in the current economy.
• People with disabilities may also have other needs.
• Allows us to be a better resource for our clients.
• Benefits of participation in AIRS and FLAIRS training conferences.

Advocacy Now
• Will shape services and opportunities for individuals with disabilities in this century.
• Rapidly changing technology and AT systems will benefit our clients.
• Our systems must continue to evolve and support innovation.

Ms. Tribe thanked the guest speakers and invited the participants to ask questions during the Q & A session.

Q & A

Q: I know many people on the call have been working with the aging network more so than the disability network. What do you think that those of us who have worked more in aging should be aware of as we begin to work more with the younger disabled population?

A: People with disabilities of any age struggle more with access (including due to behavioral issues) than older adults without disabilities. At times, difficulties occur because different people labeled with the same disabilities may present in different ways- someone with a stroke might have difficulties speaking, which is expected due to the stroke. Another may be experiencing cognitive change due to the stroke, but their speech is unaffected. Someone who does not have the technology to communicate, but is very bright might be seen as someone who needs a guardian or supervision.

Q: Have you seen a change in the number of referrals since there has been more crossover between the aging and disability networks?

A: We have been getting the same number of referrals for years now- but as more groups learn about us, or if there is a mention at the legislative level, it might change. During the day, on the phone, callers will have already contacted the Florida Department of Elder Affairs or their local AAA, and been referred to us, and we refer clients to them as well. Some other common referral sources to DRF are Centers for Independent Living (CILs) and Disability Resource Centers.

Ms. Tribe thanked all for participating.