

FY 2022-2024 PROPOSED GOALS & PRIORITIES (10/1/2021-9/30/2024)

GOAL 1: **P**REVENTING, FINDING, AND STOPPING ABUSE, NEGLECT, AND EXPLOITATION OF PERSONS WITH DISABILITIES IN FACILITIES.

PRIORITIES TO ADDRESS:

1. Conduct systemic investigations at private secured facilities and psychiatric rehabilitation treatment facilities.

Activities to Report:

- a. Private Secure Facilities (PSF) Investigation.
- b. Continuation of the Department of Child Services (DCS) litigation.
- c. Outreach to public defenders/advocates (presentations, Child Advocates collaboration, foster parents, etc.)
- 2. Investigate suspected abuse, neglect, and exploitation in facilities or by a service provider.

Activities to Report:

- a. Rep Payee reviews.
- b. Individual investigations.
- c. Continue facility-wide systemic investigation strategy.
- d. Issuing death reports/ public reports making policy recommendations.
- e. Engaging with and provide outreach to state agencies involved, such as APS.
- f. Workgroups
 - i. Bureau of Quality Improvement Services (BQIS) Incident Reporting Process Workgroup
 - ii. Collaborative Workgroup
 - iii. Mortality Review Committee (MRC) workgroup participation

Future Activity:

a. Investigate ESNs

The Protection and Advocacy System for the State of Indiana

4701 N Keystone Ave Suite 222 Indianapolis IN 46205 IndianaDisabilityRights.org 3. Use monitoring authority to ensure appropriate treatment of residents in: children's nursing homes, mental health facilities, nursing facilities, private psychiatric facilities, sheltered workshops, educational settings, waiver settings, juvenile detention centers, and jails and prisons.

Activities to Report:

- a. Continue monitoring of settlement compliance for Department ofCorrection inmates with serious mental illness.
- b. Regular monitoring assignments; follow-up monitoring; and one-time monitoring visits.
- c. Rep Payee monitoring.
- d. Workgroups
 - i. Institutional Modernization Workgroup
 - ii. Facility-based human rights committees
- 4. Investigate instances of discharge delays for individuals dually diagnosed with developmental disabilities and mental illness in mental health facilities.

- a. Regular requesting of discharge logs for possible individual or systemic advocacy.
- b. Advocate attendance at discharge planning meetings, when appropriate.
- c. Engaging with state agencies involved.
- d. Workgroups
 - i. ResCare Marion Bureau of Developmental Disabilities Services (BDDS) Transition Meeting
- e. Research systemic strategy.
 - i. Start with a monitoring project to speak with individuals in the facilities (Similar to My Life My Choice project) to get their voice
 - ii. Olmstead case with associational standing
 - iii. Defendant would be Secretary of FSSA or Governor or both. (DDRS and DMHA)
 - iv. Focus on establishing a process for then dually-diagnosed individuals want to be discharged from the facility.
 - v. Address lack of community services/providers to serve ID/DD/MI dually diagnosed individuals once discharged.
 - vi. Potentially engage with the DOJ for a statement of interest



<u>GOAL 2</u>: BREAKING DOWN BARRIERS TO ENSURE RIGHTS ARE RESPECTED AND SUPPORTS ARE AVAILABLE FOR PERSONS WITH DISABILITIES TO PARTICIPATE IN AN EQUITABLE AND INCLUSIVE SOCIETY.

PRIORITIES TO ADDRESS:

1. Provide individual legal advocacy to ensure the protection of rights for individuals with disabilities in the areas of self-determination, health care, abuse and neglect, discharge from institutions, civil rights, education, employment, justice, and voting.

Activities to Report:

- a. Individual cases; cases and outcomes from each team/area.
- b. Workgroups
 - i. Fair Housing Center of Central Indiana Board of Directors
 - ii. Division of Disability and Rehabilitative Services (DDRS) Advisory Council
 - iii. National Board of Directors for Association of People Supporting Employment First (APSE)
 - iv. Disability Employment Technical Assistance Center (DETAC) Grantee Advisory Workgroup
 - v. RISE Peer Mentor
 - vi. Indiana Association of People Supporting Employment First (INAPSE) Public Policy Committee
 - vii. State Personnel Department (SPD) Employees with Disabilities Workgroup
- 2. *Civil Rights* Improve the accessibility of buildings and public services.

- a. Continue current litigation efforts around American Sign Language (ASL)/effective communication in jails and prisons.
- b. Continue current litigation efforts to expand Americans with Disabilities Act (ADA) applicability in jails.
- c. Continue current litigation regarding state website accessibility.
- d. Workgroups



- i. Paratransit Next Steps Taskforce
- ii. Carmel Advisory Committee on Disability
- iii. Fishers Advisory Committee on Disability
- iv. Indiana Department of Transportation (INDOT) Americans with Disabilities Act (ADA) Community Advisory Working Group
- v. Indianapolis Mayor's Advisory Council on Disability (MAC-D)
- vi. Americans with Disabilities Act (ADA)-Indiana Steering Committee
- vii. Back Home in Indiana Alliance Steering Committee
- 3. *Education* Address education barriers for children in institutions (e.g., juvenile detention, private secure facilities).

- a. Identify who is involved in free and appropriate education (FAPE) for institutions and how IDR can provide advocacy.
- b. Continue investigations of psychiatric residential treatment facilities (PRTF) and include requests for information about education.
- c. Explore systemic strategies.
 - i. Monitoring and Investigations
 - 1. Consider launching a PRTF monitoring project
 - 2. Continue investigations of PRTF facilities and include requests for information about education
 - 3. Complete a monitoring visit to the juvenile justice facility
 - ii. Litigation
 - 1. Administrative exhaustion requirement if we include individual cases
 - 2. Do a single test case for due process
 - 3. Engage with CPR
 - iii. Research
 - 1. Does IDR have access to educational records for kids in facilities?
 - 2. Identify who is involved in FAPE for institutions and how IDR can provide advocacy.
 - 3. Reach out to Dana with DOE to determine/define from DOE perspective who is in charge of these kids' programming?
 - 4. Develop list of all facilities that serve children residentially.
 - iv. Relationships
 - 1. Leverage connection to Rile School (Keith)
 - 2. Engage with DOE and national folks



- v. Policy change strategy?
- 4. *Employment* Advocate for increased VR funding and equitable service prioritization within order of selection.

- a. Develop and provide Vocational Rehabilitation (VR) application toolkits to current and/or potential applicants.
- b. Advocate for Vocational Rehabilitation (VR) to request budget increase.
- c. Workgroups
 - i. Work to INclude Advisory Committee
 - ii. Work to INclude Coalition
 - iii. Vocational Rehabilitation (VR) Commission
- 5. Health Care
 - (1) Provide individual or systemic advocacy relating to policies or practices around COVID-19, including long-term consequences from those policies and practices.
 - (2) Advocate for policy changes to ensure availability and access to Home and Community-Based Service (HCBS) providers.

- a. COVID-19 cases, policy work, etc.
- b. COVID-19 vaccine access monitoring project.
- c. Workgroups
 - i. LifeCourse Ambassador Group
 - ii. LifeCourse Partners in Transformation Chapter Group
 - iii. Waiver re-design workgroups
 - iv. Division of Disability and Rehabilitative Services (DDRS) Advisory Council
 - v. Center for Youth and Adults with Conditions of Childhood (CYACC) Advisory Board
 - vi. Long-Term Care Coalition
 - vii. Health Care Justice Coalition
- b. Explore systemic strategies
 - i. Karen Vaugh Program (Budget Authority)
 - Work with Division of Aging to offer more self-directed care options in this pilot program



- 2. Expand pilot program to other areas
- ii. Research
 - 1. Research stated with budget authority programs
 - 2. Publish white paper on Emily's research
- iii. Policy
 - 1. Quadorah to get FSSA to submit a report about expanding the Karen Vaughn program
 - 2. Push legislature to expand the Karen Vaughn program statewide
 - 3. Monitor HCBS rule changes and state implementation (workgroups, public policy, monitoring)
- 6. *Self-Determination* Expand the knowledge and use of supported decisionmaking/less restrictive alternatives to guardianship.

- a. Work to implement the goals of the Administration for Community Living (ACL) Supported Decision-Making (SDM) State Plan.
- b. Work to implement recommendations from the National Guardianship Summit.
- c. Continue work on policy advocacy to amend Indiana's probate code.
- d. Provide long-term instrument preparation services.
- e. Workgroups
 - i. Indiana Adult Guardianship State Taskforce (WINGS)
 - ii. Administration for Community Living (ACL) Supported Decision-Making (SDM) Indiana State Plan
- 7. Voting Ensure elections are accessible to voters with disabilities.

- a. Provide technical assistance and resources to county clerks regarding polling place accessibility.
- b. Continue current litigation involving accessible absentee voting.
- c. Partner with community groups to support polling place accessibility surveys.
- d. Continue the voter hotline project.
- e. Workgroups
 - i. Indiana Voting Coalition



<u>GOAL 3</u>: SERVING AS A PARTNER IN RIGHTS ISSUES AND SUPPORTING SELF-ADVOCATES AND DISABILITY-LED ORGANIZATIONS.

PRIORITIES TO ADDRESS:

1. Provide easily accessible paths for the public to contact IDR for advocacy needs and to distribute information, referrals, and resources to individuals.

Activities to Report:

- a. Number of information and referral (I/R) calls; presentations per quarter; website hits; events attended.
- b. Develop accessibility checklist for different types of materials.
- c. Complete a website revamp.
- d. Connect with non-disability community groups to broaden referral sources.
- Support the self-advocacy and disability-led movement in Indiana through continued collaboration with self-advocates and disability-led organizations on voting initiatives, supported decision-making and other activities that align with the mission of IDR.

Activities to Report:

- a. Meetings and/or assistance to disability-led organizations.
- b. Partner in the HIV Modernization Movement.
- 3. Increase participation in the local, state and federal policy process including the monitoring of emerging trends in the area of disability rights, the use of strategic collaborations with other organizations, and educating legislators and policymakers regarding the impact of policies on people with disabilities.

- a. Public comments, workgroups attended, and outcomes from IDR participation.
 - i. Catch-All Workgroups
 - 1. Education Dispute Resolution Working Group



- 2. Governor's Council for People with Disabilities
- 3. Helen Keller Advisory Board
- 4. National Alliance on Mental Illness (NAMI)-Indiana Public Policy Committee
- 5. National Disability Rights Network (NDRN) External Relations Committee
- 6. State/Local Education Equity Resource Group
- 7. Training and Advocacy Support Center (TASC) Advisory Group
- 8. Transition Partners of Northeast Indiana
- 9. United Stated Attorney's Office (USAO) Disability Rights Roundtable
- 10. National Disability Rights Network (NDRN) Technical Assistance Advisory Committee
- 4. Ensure IDR's services are inclusive and respectful of the intersectional identities of the people it serves and employs.

- a. Staff professional development, etc.
- b. Track and report on demographics of clients seeking services and clients served.
- c. Workgroups
 - i. Georgetown Community of Practice
 - ii. IDR Diversity and Cultural Competency (DCC) workgroup
 - iii. Diversity Roundtable Participation
 - iv. Ivy Tech Diversity Workgroup
- 5. Advocate for the inclusion of people with disabilities, those from marginalized communities, and people with lived experiences to be meaningfully included in policy workgroups at the agency/state/national level.

- Adopt internal policy regarding IDR participation on workgroups, modify and/or adopt policies for inclusive hiring, workgroup/committee participation, etc.
- b. Advocate for meaningful inclusion/leadership by people with lived experiences, especially from marginalized communities.



6. Generate new partnerships with stakeholders that have not traditionally held a seat at the policy table (e.g., cultural or religious groups, legal or professional groups, community issue groups, e.g., homelessness, Veteran's issues).

- a. Partnerships developed and outcomes.
- b. Partnerships
 - i. Mexican Consulate
 - ii. Immigration Welcome Center