

Disability Rights Wisconsin uses both individual advocacy and system change tools to accomplish its goals of ensuring the rights of citizens with disabilities. DRW's Public Policy Principles provide a framework for the agency's work and public policy agenda. These principles are constructed to support DRW's federal charge to educate policymakers and to engage in advocacy, capacity building, and systemic change activities (including policy reform) on behalf of individuals with disabilities and their families, including individuals who are traditionally unserved or underserved.

While grounded in civil rights and other laws upholding the essential rights of individuals with disabilities, the principles articulate the aspirational goals of the organization and provide a basis upon which to take public policy action and positions at the local, state and federal level. The principles also further define DRW's mission and values and communicate to the public the core identity of DRW and its vision for the future.

Specifically, DRW's Public Policy Principles will be cited when supporting or opposing proposals, signing on to initiatives or coalition objectives and when guiding the organization's planning. The principles are dynamic and will be updated as necessary.

DRW has developed Public Policy Principles in the following areas:

- Principles for Developing Public Policy
- Principles for Inclusion of People with Disabilities
- Principles for Education of Students with Disabilities
- Principles for Long-Term Services and Supports for People with Disabilities
- Principles for Long-Term Services and Supports for Children with Disabilities
- Principles for Employment of People with Disabilities
- Principles for Transportation for People with Disabilities
- Principles for Mental and Behavioral Health Policy
- Principles for Voting for People with Disabilities
- Principles for Health Care for People with Disabilities

1. Stakeholders with disabilities, and when warranted, family members, must be included in policymaking decisions to develop the rationale and goals for proposed policy and develop methods of administration and accountability. In addition, stakeholders must be present in development of policies to ensure that initiatives conform to best practices and relevant evidence to meet the needs of individuals with disabilities and their families.
2. Policies must account for the unique strengths, resources, priorities, concerns, abilities, and capabilities of each person with a disability, including individuals with significant disabilities.
3. Policies and procedures foster the empowerment of persons with disabilities, to make real and informed choice, and actively participate in the decision-making process at the individual and system level.
4. Policies and procedures foster the ability and capabilities of individuals with disabilities to live independently with appropriate supports.
5. Outcome measures for public programs must address issues of specific relevance to persons with disabilities.
6. Policies for public programs must include relevant and adequate data measures, including necessary disaggregated data about disability, to ensure a program is meeting the needs of persons with disabilities or persons with specific categories of disabilities as part of a process of continuous improvement.

General Principles

1. Individuals with disabilities should have equal opportunities to live, learn, work and play as those without disabilities.
2. Individuals with disabilities should have the opportunity to work in competitive wage jobs in integrated work settings, have a place to call home, contribute to their communities, control personal resources and be engaged in the community with family and friends.
3. Supports must allow a person with a disability to achieve full access to the greater community.
4. Families with children with disabilities should be able to participate in their communities like all other families. They should be able to plan and live a life, with supports where necessary, that is consistent with their vision for their entire family, including the member with a disability.
5. Individuals with disabilities should have control over their own day, including which job or educational or leisure activities they pursue.
6. Individuals with disabilities should have control over where and how they live, including the opportunity to live in their own apartment or home with supports. Living situations that require conformity to a collective schedule or that restrict personal activities limit the right to choose. Individuals with disabilities should get to decide where they live, with whom they live, when and what they eat, and who they invite as guests.
7. Families should be supported at the earliest possible stages to understand and envision the benefits of an independent, integrated life, with supports where necessary, for their child with a disability.
8. Parents of children with disabilities should be supported in their role as parents.
9. Communities should be universally designed to be accessible for people of all abilities (taking into account physical, cognitive and social differences) so activities and programs that are available to the general public are inclusive and welcoming to all.
10. Systems should be designed and funded in such a way to support the ability of people with disabilities to live an integrated life to the fullest extent possible.
11. The disability service system must provide services in manner that is culturally and linguistically appropriate, and respectful and inclusive of people of diverse identities. Diverse identities refers to people of various races, cultural and ethnic heritages, genders, gender identities, gender expressions, sexual orientations, ages, and religions.

Housing

12. Individuals with disabilities should have access to affordable, accessible housing other than group homes, congregate arrangements, and multi-unit buildings or complexes that are primarily for people with disabilities. They should have access to housing throughout their community, with ownership or control of a lease. Housing should not be conditioned on compliance with treatment or with a service plan.
13. Families should have access to the necessary supports to raise their minor children at home.

Choice

14. Individuals with disabilities should have the meaningful opportunity to make informed choices. They must have full, unbiased and accurate information about their options, including what services and financial support are available in integrated settings. They should have the opportunity to visit integrated settings and talk to individuals with similar disabilities working, living, and recreating in integrated settings. Their concerns about integrated settings should be explored and addressed.
15. Individuals with disabilities should have access to a person-centered planning process that provides necessary information and support to ensure that the individual directs the process to the maximum extent possible, and is enabled to make informed choices and decisions. Individuals should be informed of all the possibilities from which they may choose, as well as the consequences of those choices, in a manner that is meaningful to the recipient and easily understood.

Public Funding

16. Entitlement and other disability benefit programs are essential lifelines and safety nets for people with disabilities who also experience poverty at significantly higher rates than the general population. Supports and services that are critical to the well-being of people with disabilities (including income, housing and food supports) must be protected and improved while ensuring meaningful programmatic access and preserving the principles of independence, choice and self-determination. Examples of some programs which need to be maintained or expanded include: SSI, SSDI, TANF, Housing Assistance and FoodShare.
17. Government funding for services should support implementation of these principles, supporting and encouraging individuals with disabilities to age in place and remain in their communities and to support families in raising their children with disabilities.

1. Students with disabilities have the right to an equal education opportunity.
2. Students with disabilities and their families have the right to culturally and linguistically appropriate education supports.
3. Education agencies have an affirmative duty to do outreach and to identify children with disabilities.
4. Students with disabilities have a right to be free from discrimination, harassment and bullying.
5. Policies should encourage and facilitate participation of students with disabilities in general extra-curricular or nonacademic activities with peers without disabilities.
6. Policies should increase families' and students with disabilities' access to trained and qualified advocacy assistance and other resources so they can adequately understand their rights and receive the special education and related services they need.
7. Parents of children with disabilities are full partners in education planning and should be supported to participate meaningfully.
8. Students with disabilities have the right to remain in school with appropriate services and supports. Policies must not result in school exclusion or limit access to education in any form or require a student to "earn their way back" into the classroom.
9. Students with disabilities should be supported to the greatest extent to participate and self-determine their educational plan and goals.
10. Education practices and policies should promote the fact that all students with disabilities, including those with significant disabilities, can make progress in the general education curriculum.
11. Education investments and policies must promote Universal Design for Learning (UDL) principles to increase access to programming by all students with diverse learning needs.
12. Students with disabilities have the right to be free from seclusion, restraint and other aversive behavior interventions.

Students Eligible for Individual with Disabilities Education Act-IDEA:

13. Students with disabilities have a right to a free appropriate public education and to access the general education curriculum to the same extent as their non-disabled peers. This includes the right to an up-to-date Individualized Education Plan (IEP), quality special education evaluation and receipt of transition services.
14. Policies, programs or services must promote the right of a student with a disability to be educated and have access to the general education curriculum alongside students without disabilities.
15. Students with disabilities must have access to effective and appropriate supplementary aids and services, including assistive technologies, to achieve meaningful benefit from general education.
16. Access to general education curriculum for students with disabilities must assure effective and meaningful opportunity to participate and make measurable educational gains, including for students with the most significant with disabilities.
17. Students with disabilities have the right to remain in school with appropriate services rather than be excluded or expelled for conduct that is a manifestation of their disabilities or the result of inappropriate services, supports or implementation of behavioral plans from the school district.
18. Students with disabilities have the right to appropriate, evidence-based positive behavioral intervention services that are proactive in addressing behaviors that effect learning.
19. Children with disabilities have the right to appropriate early intervention services prior to the age of three and to appropriate transitions from early intervention to preschool settings.
20. At all times parents of students with disabilities should have an opportunity and formal process for complaint and remedy when there is disagreement. Students with disabilities and their families have the right to expect effective, fair, and competently administered due process procedures.
21. Policies should ensure a student's right to placement in the early childhood natural environment, neighborhood school and class he/she would otherwise attend, but for his/her disability.
22. Students with disabilities residing in institutional or correctional settings have a right to an appropriate education, including special education supports.

Transition:

23. Students with disabilities have the right to appropriate transition services that:
- a) allow for exploration of individual interests;
 - b) are individualized;
 - c) are based in informed choice;
 - d) are community-based;
 - e) lead to outcomes that promote self-sufficiency, independence and competitive employment.
24. Transition programs, supports and policies should emphasize post-secondary training and competitive employment as the preferred outcome for students exiting public school.
25. Transition practices and policies should be based upon best-practice research and evidence, with an emphasis on research that indicates all students with disabilities, including those with significant disabilities, can achieve competitive integrated employment.

Students Eligible for Section 504:

26. Students with disabilities who qualify for Section 504 services have a right to adequate planning and supports to benefit from education. Students with disabilities have a right to be evaluated for Section 504 eligibility.

Education Professionals:

27. Students with disabilities, including those with significant disabilities, have the right to be taught by educators and other professionals who have the skills and knowledge necessary to meet the needs of children with disabilities.
28. Policies and funding must support a comprehensive system of personnel development to ensure that personnel providing services to students with disabilities are trained in best practices related to the position in which they serve.

Education Funding:

29. Education funding and policies that allocate funding must provide an equal educational opportunity for students with disabilities. Funding at the local level must be sufficient to meet the needs identified in a student's Individualized Education Plan (IEP).

Accountability:

30. Education accountability systems must include disaggregated data and performance targets for categories of students with disabilities.
31. Education policies must require accountability by the agencies responsible for monitoring compliance with state and federal special education laws. Accountability measures must be driven by measureable results.
32. Accountability systems must apply to all students with disabilities, including those with significant disabilities, and all educational settings that receive public funding.

1. Regardless of the complexity of an individual's needs, a person with a disability must have access to customized community-based supports and comprehensive planning in order to support full success in a community setting and reduce the risk of institutionalization or segregated living or working.
2. People with disabilities should be informed of and have immediate access, without waiting, to high quality community supports that allow them to achieve their individual objectives, maintain their health and participate to the fullest degree in their communities.
3. High quality Long-Term Services and Supports are those that:
 - a) Foster independence and maximize interaction with people without disabilities;
 - b) Support self-determination and self-direction by the individual;
 - c) Are preferred by the individual with the disability (or for a child, their family) after making an informed choice from a variety of options;
 - d) Are available for as long as the person needs;
 - e) Include supports and services necessary for integrated, competitive employment for all people with disabilities of working age;
 - f) Are culturally competent;
 - g) Are of consistent quality and availability statewide;
 - h) Determine eligibility for services and supports in a manner that is transparent, comprehensive, unbiased and consistent;
 - i) Are individualized, comprehensive and address physical, behavioral and mental health needs as well as personal interests and vocational needs;
 - j) Support an individual with a disability to have a full life
 - k) Are based upon a full and flexible funding system (including an adequate capitated rate in managed care systems) that allows for a range of quality community services and removes incentives for institutional and congregate care;
 - l) Provide a choice of residence with a priority of living in the least restrictive integrated community setting with high quality wrap-around supports to meet needs. In contrast, every effort should be made to support people with disabilities to move out of restrictive institutional settings;
 - m) Provide people with disabilities (and for children, their families) a choice of providers to meet their goals and support needs;
 - n) Provide access to specialists, behavioral supports, assistive technology and other customized community-based services in order to maximize potential of an individual with disabilities to live successfully in a community setting and to reduce the likelihood and overuse of costly institutional care;
 - o) Provide comprehensive, recovery-oriented quality mental health services to address the mental health needs of individuals, including children. Mental health care for individuals must be coordinated across systems;
 - p) Support an individual with a disability in maintaining connections with family and friends.

4. Long-Term Services and Supports systems must allow for and incentivize opportunities to maintain and build natural supports that lead to increased community participation. Natural supports should be an encouraged but voluntary component of an individual's plan. Natural supports should not be a substitute for a necessary paid support.
5. Quality assurance in Long-Term Services and Supports systems must go beyond health and safety measures to include measures of quality community participation, independent living, competitive, integrated employment and overall quality of life.
6. People with disabilities (and for children, their families) must have a transparent timely and meaningful opportunity to contest the quality and provision of Long-Term Services and Supports. This includes:
 - a) Consistent, understandable notices of action issued whenever an action impacts a member or potential member;
 - b) Denials that set out the legal and factual grounds for denial;
 - c) Prompt resolution of complaints;
 - d) Grievance systems that comply with basic principles of due process and offer legitimate opportunities for a consumer to challenge actions or inactions;
 - e) Adequate consumer protections including access to a state fair hearing process to address disputes related to eligibility, service planning, services access and other matters;
 - f) A fair hearing process that complies with federal and state regulations;
 - g) Assurance of participation by individuals who have the power to require corrective action.
7. People with disabilities (and for children, their families) enrolled in any Long-Term Services and Supports program must have access to an independent, external advocacy program, ombudsman or advocate that is adequately funded and enabled to provide objective and effective advocacy on behalf of an individual.
8. State level administration of Long-Term Services and Supports programs must ensure protection of consumer rights, improve access to services and promote delivery of quality services through rigorous oversight of contractors and service providers.
9. Long-term Services and Supports programs and related providers must operate in a manner that is free from disability discrimination. This includes:
 - a) Providing all materials and policies related to an individual's care in formats accessible to people with disabilities;
 - b) Ensuring eligibility processes are equitable and fair regardless of disability;
 - c) Ensuring accessible facilities and related equipment;
 - d) Basic training of providers in disability awareness.

10. Individuals with disabilities and advocacy organizations must be consulted and have sufficient and meaningful opportunity to provide input to any change in Long-term Services and Supports practice, policy, regulation or statute that significantly impacts the lives of individuals with disabilities. Processes for input must be fully accessible to people with disabilities and of sufficient notice and duration to ensure meaningful input.
11. Efforts to engage people with disabilities and solicit public input on changes to Long-term Services and Support systems must ensure diverse representation that includes input from all types of disability, geographic, racial, ethnic and cultural groups.
12. When long-term services and supports are provided through a managed care system the following unique principles apply:
 - a) Enrollment is optional. All individuals with disabilities must be able to choose an alternative to managed care, including a self-directed option, no matter where they live;
 - b) The state and relevant contractors engage in regular, independent assessment of quality that includes assessment of consumer satisfaction. The public must have access to the results of system quality review and assessment;
 - c) Definitions, policies and protocols enhance and do not prohibit the authority of a care manager to support the self-determination of an individual or a plan that best meets the unique needs of an individual with a disability;
 - d) Programmatic and policy changes that are put into place as a means to find cost savings or efficiencies are carefully designed with prior analysis and focus on avoiding duplicative services and reducing administrative expenses without compromising the level and quality of service experienced by an individual;
 - e) Rates paid to Managed Care Organizations and providers are sufficient to maintain a high quality network of providers and ensure choice of providers for individuals with disabilities within all regions of the state;
 - f) Rates paid to providers are considered “reasonable” based upon an individual’s needs and goals. Rate setting is transparent with a focus on provision of quality supports to individuals with disabilities.

1. Families have a right to high quality Long-term Services and Supports that allow them to raise their child with a disability at home. Long-term Services and Supports systems must be responsive to families' needs before they are in crisis.
2. Children and their families should be informed of and have immediate access, without waiting, to high quality community supports that allow them to achieve their individual objectives, maintain their health and participate to the fullest degree in their communities.
3. Children with disabilities should be included with their peers without disabilities. Systems should be flexible to uniquely plan for the individual supports that are necessary to ensure a child can participate to the greatest degree with peers in all community activities and settings with a goal of building toward a life of full community participation and integrated, competitive employment.
4. Children with disabilities should not be raised or spend significant time in institutional settings. Funding systems should incentivize community-based supports for children with disabilities while also decreasing incentives for institutional or segregated supports.
5. Parents, providers and LTSS professionals must receive support, information and training to understand how to develop a plan that fosters equality of opportunity, full participation, independent living, and economic self-sufficiency.
6. Families of children currently receiving or eligible for Long-term Services and Supports should be consistently sought out to provide input and quality assurance feedback to the Children's LTSS system. Accommodations should be made to ensure public input processes are accessible to ensure meaningful family participation in public input processes.

1. People with disabilities have the right to access competitive, community-based employment, with sufficient supports to succeed.
2. People with disabilities have the right to be paid for employment at minimum wage or higher and at the same market wage as employees without disabilities.
3. Workers with disabilities should have equal access to employer benefits and other employee supports to the same extent as employees without disabilities.
4. Federal and state laws, policies and practices should promote integrated, competitive employment as the first and preferred outcome for people with disabilities of working age.
5. People with disabilities, including youth, should not be limited to employment options such as sheltered work, day treatment, clubhouses, and other segregated programs. They should have the same options for employment and access to a variety of careers as people without disabilities.
6. When people with disabilities are not working, they should have access to choices of community-based activities that align with their interests and skills and allow them to make contributions to their communities.
7. People with disabilities have a right to employment services and supports that help them reduce their reliance on public benefits and support their self-sufficiency.
8. People with disabilities and their families must have access to accurate and comprehensive information, provided in a way they understand, about available work incentives and the effects of working while receiving government benefits.
9. State agencies, programs and services must ensure equal opportunity to access employment supports for individuals with the most significant disabilities and the most significant barriers to employment.
10. Employment programs and services must provide meaningful individualized opportunities for all people with disabilities to achieve competitive, integrated employment.
11. Federal, state and local government policies and funding should promote the hiring and retention of people with disabilities.
12. The private sector should be supported and encouraged to promote the hiring and retention of people with disabilities.

13. Youth with disabilities should be supported to achieve competitive, integrated employment or post-secondary training/education as the preferred and primary post-school outcome.
14. Public systems should be adequately funded to provide the appropriate employment supports to increase the number of persons with disabilities, including those with significant disabilities, to achieve competitive, integrated employment.
15. Public and private employers must provide people with disabilities the same opportunities as people without disabilities in hiring, advancement and all other terms, conditions and privileges of employment.
16. Private and public employers must provide reasonable modifications and accommodations for workers with disabilities.
17. Training and other publicly funded work programs must provide services and supports targeted at people with disabilities so that they have meaningful access to and participation in these programs.

1. People with disabilities of all ages need access to timely, reliable, accessible and affordable transportation services in rural, urban and tribal areas. Transportation is essential to independent living, to access services, and to work.
2. People with disabilities should be able to choose from a continuum of transportation services to meet diverse mobility needs including:
 - a) Fixed route services and other public transportation services that are fully accessible;
 - b) Training and support to inform and educate people with disabilities on using public transportation;
 - c) Paratransit services for people who are functionally unable to use fixed-route service;
 - d) Other specialized transportation services such as: volunteer driver programs, voucher programs, fare subsidy, carpool/vanpools, vehicle loans, travel training, one-call centers, shared ride taxis, intercity buses and employment or aging program vehicles/buses.
3. Transportation policies must take into account the unique needs of families with a member with a disability.
4. Transportation systems must be flexible to cross municipal and county borders and account for communities of different sizes.
5. People with disabilities must have the flexibility to travel throughout the region where they live to get to work, medical appointments, visit family, pursue individual interests and participate fully in their community in activities enjoyed by people without disabilities.
6. Public entities must ensure independent oversight of transportation systems that support people with disabilities to ensure quality, accessibility, and safety. Oversight should include a robust complaint process which is easily accessed by riders and is overseen by an independent entity.
7. Medicaid agencies and providers must ensure the quality and adequate funding for transportation provided through long term care services and non-emergency medical transportation (NEMT).
8. Government funding should be adequate to meet the needs of individuals who depend on public transit and specialized transportation and be seen as an equal priority to other competing items in transportation budgets. As demographic changes indicate growing need for transit services funding should reflect this need.
9. Local governments must have flexibility to generate funding to support local transit.

10. Communities must analyze and address concerns about how cuts to transit routes and hours will impact the ability of people with disabilities to fully participate in their communities and ensure that essential ADA rights are not violated.
11. Government agencies with responsibilities for funding transportation needs for people with disabilities (e.g. DOT, DHS, DPI, Veterans Affairs, DWD, DVR) must have formal structures in place to facilitate inter-agency coordination. Coordination of transportation available through various programs supports more efficient and effective service delivery.
12. Reliable and predictable funding is critical to public transit's role in meeting the mobility needs of older citizens and individuals with disabilities who rely on public transportation to maintain their independence and quality of life.
13. Transportation systems and governing bodies must encourage and support innovative solutions and use of new technologies to address transit needs.

Caring for the Whole Person

1. Mental illness can have a powerful effect on the health of individuals, their families, and their communities. It is important to view mental health as an essential element of an individual's overall health. This integrated approach should permeate all aspects of the human services system to ensure that behavioral health is consistently viewed and incorporated within the context of health promotion and health care delivery and financing, and be fully integrated with the other health and social services that the individual and family receive.
2. Services and supports should not be limited to those traditionally thought of as falling under the medical model and should include access of other supports as needed including psycho-social rehabilitation, benefits counselling, housing, transportation, and employment services. The state, county and managed care organizations must assure the availability of a seamless array of flexible, quality services should be available on a voluntary basis that help people maintain homes, jobs, and family and community ties encourage people to seek the assistance they need.

Choice

3. Consumers must be given real choices about the services they receive and who delivers those services, as well as flexible budgets which put control of some of the resources in the hands of consumers to spend on services they choose. For choice to be real, systems must offer a wide array of interventions and supports, and consumers must understand their benefits and risks. A flexible, creative approach to funding fosters development of individualized services that build on an individual, family and enable individuals and families to meet their needs, hopes and desires. In the case of children and adolescents, families must be involved in the mental health service system and recognized as key decision-makers in the treatment process.

Recovery-based, Quality Services

4. Individuals with mental illness should have the knowledge and belief that anyone can recover and/or manage their conditions successfully. The value of recovery and recovery-oriented behavioral health systems is widely accepted. A person's recovery is built on his or her strengths, talents, coping abilities, resources, and inherent values. It is holistic, addresses the whole person and their community, and is supported by peers, friends, and family members.

5. Because recovery is a highly individualized process, recovery services and supports must be flexible to ensure cultural relevancy. What may work for adults in recovery may be very different for youth or older adults in recovery. In order for mental health services to meet consumer needs they must be recovery-based, trauma-informed, culturally appropriate and respectful of the person receiving services. A flexible, creative approach to funding fosters development of individualized services that build on an individual, family and enable individuals and families to meet their needs, hopes and desires.

Least Restrictive Appropriate Treatment

6. People with mental illness should live and receive services in the least restrictive setting appropriate to meet their needs and consistent with their choice. Community supports should be focused on helping an individual to live as fully and independently as possible with the same opportunities and quality of life afforded to all citizens.

Voluntary Engagement

7. Coercive systems with a limited menu of medications, office-based therapies and institutional care often result in poor outcomes and discourage help-seeking. Forced mental health treatment is never appropriate, except when there are immediate and serious safety risks. Even then, listening to consumers and respecting their choices is essential to designing service plans that succeed. Involuntary commitment and placement in a secure civil treatment setting must not be done absent a significant safety concern and never for punishment. It must be for the shortest time necessary and require frequent reassessment and due process protections.

Criminal Justice Involved Juveniles and Adults

8. People with mental illness are both over-represented and under-served in the criminal justice system. Most people with mental illnesses are not violent, and most violent crimes are not committed by people with mental illnesses. Finding their way to treatment services can be difficult for any individual, but it is especially difficult for those arrested and entering the criminal justice system. DRW promotes early intervention and treatment as better alternatives to detaining people with behavioral health conditions in the justice system. Diversion into treatment alternatives to incarceration and post-release support services have been proven to improve the lives of offenders with mental illness and reduce recidivism.

9. Unfortunately, our jails and prisons have been forced into being the largest institutional provider of mental health services. Intersection of behavioral health and criminal justice, trauma is a key component. Increased availability of mental health services and an understanding of traumatic responses is required to assist justice system personnel to better respond to both adults and juveniles in the justice system.
10. Upon release from incarceration, individuals with behavioral or mental health issues face many barriers to successful reentry into the community, including poor connections and waiting periods which may jeopardize their recovery and increase their probability of relapse and re-arrest.

Restraint and Seclusion (includes chemical restraint)

11. DRW is committed to eliminating the use of seclusion and restraint in all its forms for people with mental and/or substance use disorders. In mental health systems, the use of seclusion and restraint on previously traumatized individuals can revive memories of trauma and these methods should only be used as a last resort when less-restrictive measures have failed and safety is at severe risk. The goal of all treatment services and settings should be to create coercion- and violence-free treatment environments governed by a philosophy of recovery, resiliency, and wellness.

Abuse Neglect

12. Experiences of abuse and neglect can have a lifelong impact on an individual's health and opportunity. Abuse and neglect can never be justified or condoned. Unfortunately, many systems that are designed to help individuals and families can actually cause trauma. Sufficient oversight and training must exist throughout the service system in order to reduce and eliminate instances in all settings and when it does occur there must be accountability at all levels from line staff to oversight agencies. In the case of peer-on-peer situations, sufficient scrutiny must be given to services system responsible for oversight and treatment planning.

Peer-directed / Peer-support

13. DRW supports increased availability of peer-directed services and supports that help prevent relapse and promote sustained recovery. A "peer" is an equal, someone who has faced similar circumstances or challenges. In peer support, the people involved have had some sort of similar experience, such as being given a psychiatric diagnosis and receiving behavioral health services. That is one of the key differences between peer support and professional services and treatment. Peer support should be voluntary, respectful, and strength focused.

14. Research has shown that peer support facilitates recovery and reduces health care costs. Because peer support differs substantially from the roles within the traditional workforce, providers and HMOs/MCOs need training to support them to understand and put into practice the philosophy and values of recovery and trauma-informed peer support. Without shared vision, values, and understanding, peer delivered services are at risk of being misunderstood, misused, and ineffective.

Employment and Housing Supports

15. Employment can play an important role in recovery, however, for some individuals mental illness can present a significant barrier to employment. Supported employment can help people with the lived experience of mental illness to participate in the competitive labor market by helping them find meaningful jobs and providing ongoing support from a team of professionals in the most integrated and competitive setting possible. Supported employment is more effective than traditional vocational rehabilitation services, where individuals with mental illness work in isolation from the mainstream of their communities in special sheltered work settings. There must be a reallocation of funding away from isolating and non-competitive settings into evidence-based, supported employment programs targeted to adults with serious mental illness.
16. Good supportive housing programs must give participants immediate, permanent housing in their own apartments or homes with the same rights and responsibilities as any other tenant. Treatment compliance should not be a prerequisite to obtaining housing. Individuals in supportive housing should be able to access a comprehensive array of services and supports, as needed to ensure successful tenancy and to support the person's recovery and full integration into community life.

Discrimination and Stigma

17. Discrimination and stigma can make it difficult for people with mental illnesses to find and keep a job, get stable quality housing, receive government benefits and participate as full members of their communities. State and federal laws outlawing discrimination and promoting social inclusion in employment, housing, government services and public accommodations provide fundamental tools in addressing these problems by prohibiting governments and business from treating people differently simply because they have a mental illness. They also require governments and businesses to make changes to how they operate in order to reasonably accommodate people with mental illness so that they get the same access and the same benefits as other people.

1. People with disabilities have the right to vote independently and privately on secure accessible voting systems.
2. People with disabilities have the right to vote whether they live independently, in group living arrangements or in institutions.
3. People with disabilities under guardianship retain their right to vote unless a court, using the correct legal standard, determines that the person does not have the capacity to vote.
4. People with disabilities under guardianship who have lost their right to vote must know that they have the right to request reinstatement of this right and understand how to make the request.
5. People with disabilities should be free from discriminatory policies and practices that restrict their access to voting.
6. People with disabilities should be free from interference or coercion when exercising their right to vote, including registering to vote and casting their vote.
7. People with disabilities have the right to vote on accessible voting systems that provide assistive technology, alternative formats and other reasonable modifications and accommodations when exercising their right to vote.
8. People with disabilities have the right to full and equal access at polling places and the right to reasonable accommodations and modifications.
9. People with disabilities should have access to nonpartisan information about the voting process, parties, issues and candidates that they can understand and is available in alternative formats.
10. People with disabilities have the right to reasonable modifications in voting policies, practices and procedures in order to exercise their right to vote.

People with disabilities need access to disability-informed acute and primary health care but may experience many barriers to accessing appropriate care. As a result, there exist significant disparities in non-disability related health conditions for people with disabilities compared to the general population. A comprehensive health care system has many discrete components (acute and primary care, urgent care, emergent care, inpatient, dental, preventive health care, etc.). When these components are “disability-informed” and combined with quality health and wellness efforts, treatment of health conditions, and a focus on social determinants of health - a person’s health outcomes are enhanced – regardless of disability status.

Thus, the following principles will guide DRW’s health care advocacy:

Available

1. People with disabilities must have a level of access to the health care system that is at least equal to if not greater than the general population. Access includes the same types of services, comparable costs, locations, providers, consumer communications, and treatment availability.
2. Health care services should be delivered in the way the person with a disability wants and needs – to the same degree as the general population.
3. People with disabilities must have access to a comprehensive array of health care, benefits, services and supports to meet the needs of both their disability and general health conditions, including prevention.
4. Health and wellness efforts must incorporate and address the needs of people with disabilities.
5. People with disabilities must have access that is equal to or greater than the general population to quality dental care, including prevention, across the lifespan.
6. People with disabilities must have access that is equal to or greater than the general population to mental health services.
7. The health care field must be trained and prepared to support and understand the health care needs of people with disabilities of all ages in order to ensure quality, culturally competent prevention and care. People with disabilities must be meaningful partners in training efforts.

8. High quality care for people with disabilities includes continuity and coordination of care across providers and systems and across the age span, particularly for people with complex health care needs. Coordination across systems can include systems outside of health care – incorporating schools, workplaces, housing providers, long-term care, etc. – to the degree necessary and desired by the person with a disability.

Affordable

9. People with disabilities must have greater access to affordable health care that does not burden them with additional costs.
10. Public health care programs, like Medicaid and Medicare, must be available to people with disabilities as they may have less access to employer-sponsored health insurance. Access to Medicaid may be preferable to private insurance benefit plans, as such plans generally do not offer the array of services that people with disabilities may need such as personal care, employment services, or psycho-social rehab.
11. Employer-sponsored health insurance and other private insurance benefit plans should offer an array of services and benefits to the degree necessary and at a cost that allows people with disabilities to remain healthy and living in their communities. Public health care programs should not be the only option for someone with a disability.
12. People with disabilities have the right to know how coverage and payment decisions are made and how they can be fairly and openly appealed

Accessible

13. Health care providers and facilities must offer care to people with disabilities in a physically, linguistically, and programmatically accessible manner.
14. Health care policies must be provided in accessible formats and be culturally competent. Policies must include treatment concerns of people with disabilities with attention to equal access.
15. People with disabilities should be meaningful partners in the development of all aspects of the health care system, including development of policies and programs.
16. Medicaid reimbursement rates must be sufficient to ensure general access to medical providers and services, including specialty providers and services.

Appropriate

17. Public health care systems like Medicaid should be focused on supporting people with high quality health care in their homes and communities and with adequate funding to do so.
18. People with disabilities must not face discrimination of any kind in the health care system due to their disabilities or pre-existing conditions.
19. People with disabilities of all ages and conditions must have access to comprehensive rehabilitation and habilitation supports, in the amounts required, to assist them in maintaining and improving their overall health.

Autonomy and Choice

20. People with disabilities should be in control of and able to direct their own health care decisions to the same degree as others.
21. People with disabilities have the right to informed consent in treatment decisions, timely access to specialty care, and confidentiality protections.
22. People with disabilities have the right to a reasonable choice of providers and to easy to access information about provider options.
23. People with disabilities should have the right to opt out of managed care.