

**Protection and Advocacy for Individuals with  
Developmental Disabilities  
(PADD)**

Annual Statement of Goals and Priorities (SGP)

Annual Program Performance Report (PPR)

**WISCONSIN - Disability Rights Wisconsin**

**FY 2016 [10/01/15 - 09/30/16]**

**Submitted 12/31/2015**

# Part I: Demographics

## Interventions on behalf of individuals

### A. Individuals Served

What to Count	Number
1. Individuals served as of October 1 (Carried over from previous FY).	0
2. Additional individuals served during the year.	0
3. Total individuals served during the year (Add lines A1 and A2).	0
4. Individuals with more than one (1) intervention opened/closed FY.	0
5. Individuals served as of September 30 (Carry over to next FY; ≤ A3).	0

### B. Problem Areas/Complaints of Individuals Served

Problem Area/Complaint	Number
1. Abuse (total)	0
1. Inappropriate Use of Restraint & Seclusion	0
2. Involuntary Treatment	0
3. Physical, Verbal, & Sexual Assault	0
4. Excessive medication	0
5. Financial exploitation	0
6. Other	0
2. Access to Administrative or Judicial Processes	0
3. Access to Records	0
4. Advance Directives	0
5. Architectural Accessibility	0
6. Assistive Technology (total)	0
1. Augmentative Comm. Devices	0
2. Durable Medical Equipment	0
3. Vehicle Modification/Transportation	0
4. Other	0
7. Aversives (including ECT)	0
8. Civil Commitment	0
9. Criminal Justice	0
10. Custody/Parental Rights	0
11. Education (total)	0
1. FAPE: IEP/IFSP Planning/Development/Implementation	0

2. FAPE: Discipline/Procedural Safeguards	0
3. FAPE: Eligibility	0
4. FAPE: Least Restrictive Environ.	0
5. FAPE: Multi-disciplinary Evaluation/Assessments	0
6. FAPE: Transition Services	0
7. Other	0
12. Employment Discrimination (total)	0
1. Benefits	0
2. Hiring/Termination	0
3. Reasonable Accommodations	0
4. Service Provider Issues	0
5. Supported Employment	0
6. Wage and Hour Issues	0
7. Other	0
13. Employment Preparation	0
14. Financial Benefits (total)	0
1. SSDI Work Incentives	0
2. SSI Eligibility	0
3. SSI Work Incentives	0
4. Social Security Benefits Cessation	0
5. Work Related Overpayments	0
6. Welfare Reform	0
7. Other Financial Entitlements	0
15. Forensic Commitment	0
16. Government Benefits/Services	0
17. Guardianship/Conservatorship/Substitute Decision maker	0
18. Home and Community Based Services including discharge planning transition follow-up	0
19. Healthcare (total)	0
1. General Healthcare	0
2. Medicaid	0
3. Medicare	0
4. Private Medical Insurance	0
5. Other	0
20. Housing (total)	0
1. Accommodations	0
2. Architectural Barriers	0

3. Landlord/Tenant	0
4. Modifications	0
5. Rental Denial/Termination	0
6. Sales/Contracts/Ownership	0
7. Subsidized Housing/Section 8	0
8. Zoning/Restrictive Covenants	0
9. Other	0
21. Immigration	0
22. Juvenile Justice	0
23. Neglect (total)	0
1. Failure to Provide Necessary or Appropriate Medical Treatment	0
2. Failure to Provide Necessary or Appropriate Mental Health Treatment	0
3. Failure to Provide Necessary or Appropriate Personal Care & Safety	0
4. Other	0
24. Post-Secondary Education	0
25. Non-Medical Insurance	0
26. Privacy Rights	0
27. Public Accommodations	0
28. Rehabilitation Services (total)	0
1. Communications Problems (Individuals/Counselor)	0
2. Conflict About Services To Be Provided	0
3. Individual Requests Information	0
4. Non-Rehabilitation Act	0
5. Private Providers	0
6. Related to Application/Eligibility Process	0
7. Related to IWRP Development/Implementation	0
8. Related to Title I of ADA	0
9. Other Rehabilitation Act-related problems	0
29. Suspicious Death	0
30. Transportation (total)	0
1. Air Carrier	0
2. Paratransit	0
3. Public Transportation	0
4. Other	0
31. Unnecessary Institutionalization including identification and assessment	0

32. Voting (total)	0
1. Accessible Polling Place / Equipment	0
2. Registration	0
3. Other	0
33. Other	0
<b>TOTAL</b>	<b>0</b>

### C. Gender of Individuals Served

Gender	Number
1. Female	0
2. Male	0
<b>TOTAL</b>	<b>0</b>

### D. Living Arrangements of Individuals Served

Living Arrangement	Number
1. Independent	0
2. Parental or other family home	0
3. Community Residential Home for Children/Youth (0-18 Yrs.)	0
4. Community Residential Home for Adults	0
5. Non-medical community base residential facility for children and youth	0
6. Foster care	0
7. Nursing homes, including Skilled nursing facilities (SNF)	0
8. Intermediate Care Facilities (ICF)	0
9. Public and private general hospitals including emergency rooms	0
10. Public Institutional Living Arrangement	0
11. Private Institutional Living Arrangement	0
12. Psychiatric wards (public or private)	0
13. Jail	0
14. State Prison	0
15. Federal Detention Center	0
16. Federal Prison	0
17. Veterans Administration Hospital	0
18. Other Federal Facility	0
19. Homeless	0
20. Unknown	0
<b>TOTAL</b>	<b>0</b>

## E. Reasons for Closing Individual Intervention Files

Reasons for Closing Individual Advocacy Case File	Number
1. Number of Closed Cases in which Client's Objective Was Partially or Fully Met	0
2. Other Representation Found	0
3. Individual Withdrew Complaint	0
4. Services Were Not Needed Due To Client's Death or Relocation	0
5. P&A Withdrew Because Individual or Client Would Not Cooperate	0
6. Individual's Case Lacked Merit	0
7. Individual's Issue Not Favorably Resolved	0
8. Appeal(s) Unsuccessful	0
<b>TOTAL</b>	<b>0</b>
Reason for Closing Individual Investigation File	Number
1. Complaint was Withdrawn	0
2. Other Appropriate Entity Investigating	0
3. P&A withdrew because Individual or Client Would Not Cooperate	0
4. Investigation Completed	0
<b>TOTAL</b>	<b>0</b>

## F. Intervention Strategies Used in Serving Individuals

Individual Advocacy Service	Number
1. Self-Advocacy Assistance	0
2. Limited Advocacy	0
3. Administrative Remedies	0
4. Negotiation	0
5. Mediation/Alternative Dispute Resolution	0
6. Litigation	0
<b>TOTAL (1-6)</b>	<b>0</b>
Individual Investigation Service	Number
7. Individual Investigation	0
<b>TOTAL (1-7)</b>	<b>0</b>

## G. Age Range of Individuals Served

Range	Number
1. 0 - 2	0

2. 3 - 5	0
3. 6 - 10	0
4. 11 - 22	0
5. 23 - 64	0
6. 65 & Over	0
<b>TOTAL</b>	<b>0</b>

## H. Primary Disability of Individuals Served

Primary Disability	Number
1. Absence of Extremities	0
2. Acquired Brain Injury	0
3. ADD/ADHD	0
4. AIDS/HIV Positive	0
5. All Other Disabilities	0
6. Autism	0
7. Auto-immune (non-AIDS/HIV)	0
8. Blindness (Both Eyes)	0
9. Cancer	0
10. Cerebral Palsy	0
11. Deaf-Blind	0
12. Deafness	0
13. Diabetes	0
14. Digestive Disorders	0
15. Epilepsy	0
16. Genitourinary Conditions	0
17. Hearing Impaired (Not Deaf)/Hard of Hearing	0
18. Heart & Other Circulatory Conditions	0
19. Intellectual Disability	0
20. Mental Illness	0
21. Multiple Sclerosis	0
22. Muscular Dystrophy	0
23. Muscular/Skeletal Impairment	0
24. Neurological Disorders/Impairments	0
25. Orthopedic Impairments	0
26. Other Emotional/Behavioral	0
27. Other Visual Impairments (not blind)	0

28. Respiratory Disorders/Impairments	0
29. Skin Conditions	0
30. Specific Learning Disabilities (SLD)	0
31. Speech Impairments	0
32. Spina Bifida	0
33. Substance Abuse (Alcohol or Drugs)	0
34. Tourette Syndrome	0
35. Traumatic Brain Injury (TBI)	0
<b>TOTAL</b>	<b>0</b>

## I. Racial and Ethnic Diversity of Individuals Served

Race/Ethnicity	State %	Individual Advocacy #	Individual Advocacy %
1. Hispanic/Latino (of any race)	0.00%	0	0.00%

Race/Ethnicity ( <i>NOT Latino/Hispanic</i> )	State %	Individual Advocacy #	Individual Advocacy %
2. American Indian/ Alaskan Native	0.00%	0	0.00%
3. Asian	0.00%	0	0.00%
4. Black/African American	0.00%	0	0.00%
5. Native Hawaiian/Other Pacific Islander	0.00%	0	0.00%
6. White	0.00%	0	0.00%
7. Two or more races	0.00%	0	0.00%
8. Race/Ethnicity Unknown	0.00%	0	0.00%
<b>TOTAL</b>	<b>0.00%</b>	<b>0</b>	<b>0.00%</b>

## Intervention Benefitting Groups

### J. Groups Served

What to Count	Number
1. Group cases/projects still open at October 1. (Carried over from prior FY(s))	0
2. New group cases/projects opened during the year.	0
3. Total group cases/projects worked on during the year. (Add lines J1 and J2)	0
4. Total group cases/projects as of September 30. (Carry over to next FY)	0
5. Group cases/projects targeted at serving racial/ethnic minority(ies).	0
6. Total # of individuals potentially impacted by the line I.J.3 projects/cases.	0



## K. Problem Areas/Complaints of Groups Served

Problem Area/Complaint	Number
1. Abuse	0
2. Access to Administrative or Judicial Processes	0
3. Access to Records	0
4. Advance Directives	0
5. Architectural Accessibility	0
6. Assistive Technology	0
7. Aversives (including ECT)	0
8. Civil Commitment	0
9. Custody/Parental Rights	0
10. Education	0
11. Employment Discrimination	0
12. Employment Preparation	0
13. Financial Benefits	0
14. Forensic Commitment	0
15. Government Benefits/Services	0
16. Guardianship/Conservatorship/Substitute Decision Maker	0
17. Home & Community Based Services including Discharge Planning Transition Follow-up	0
18. Healthcare	0
19. Housing	0
20. Immigration	0
21. Neglect	0
22. Post-Secondary Education	0
23. Non-Medical Insurance	0
24. Privacy Rights	0
25. Rehabilitation Services	0
26. Suspicious Death	0
27. Transportation	0
28. Unnecessary Institutionalization including Identification and Assessment	0
29. Voting	0
<b>TOTAL</b>	<b>0</b>

## L. Living Arrangements Targeted by Groups Interventions

Living Arrangement	Number
1. Independent	0

2. Parental or Other Family Home	0
3. Community Residential Home for Children/youth (0-18 yrs.)	0
4. Community Residential Home for Adults	0
5. Non-Medical Community Base Residential Facility for Children and Youth	0
6. Foster care	0
7. Nursing Homes, including Skilled Nursing Facilities (SNF)	0
8. Intermediate Care Facilities (ICF)	0
9. Public and Private General Hospitals including Emergency Rooms	0
10. Public Institutional Living Arrangement	0
11. Private Institutional Living Arrangement	0
12. Psychiatric Wards (Public Or Private)	0
13. Jail	0
14. State Prison	0
15. Federal Detention Center	0
16. Federal Prison	0
17. Veterans Administration Hospital	0
18. Other Federal Facility	0
19. Homeless	0
20. Not Applicable – Intervention not Focused on a Particular Living Arrangement	0
<b>TOTAL</b>	<b>0</b>

### M. Reasons for Closing Group Cases/Projects

Reason	Number
1. Concluded Successfully	0
2. Concluded Unsuccessfully	0
3. Other	0
<b>TOTAL</b>	<b>0</b>

### N. Intervention Strategies Used in Group Cases/Projects

Intervention Strategy	Number
1. Abuse and Neglect Investigation	0
2. Systemic Litigation	0
3. Educating Policymakers	0
4. Other Systemic Advocacy	0
<b>TOTAL</b>	<b>0</b>

### O. Age Ranges Targeted by Interventions for Groups

Focus	Number
1. Group Cases/Projects Focused on Children Approximately 0-2 yrs. old	0
2. Group Cases/Projects Focused on Children Approximately 3-5 yrs. old	0
3. Group Cases/Projects Focused on Young People Approximately 6-10 yrs. old	0
4. Group Cases/Projects Focused on Young People Approximately 11-23 yrs. old	0
5. Group Cases/Projects Focused on Adults Approximately 24—64 yrs. old	0
6. Group Cases/Projects Focused on Seniors Approximately 65 yrs. & older	0
7. Not Applicable – Intervention Not Focused on Any Particular Age Range Grouping	0
<b>TOTAL</b>	<b>0</b>

### P. Race/Ethnicity of Groups Served

Race/Ethnicity	Number
1. Hispanic/Latino (of any race)	0
2. American Indian/ Alaskan Native	0
3. Asian	0
4. Black/African American	0
5. Native Hawaiian/Other Pacific Islander	0
6. White	0
7. Two or more races	0
8. Unknown	0
<b>TOTAL</b>	<b>0</b>

## **Part II: Statement of Goals and Priorities**

### **A. Report on FY 2016 [10/01/15 - 09/30/16] Statement of Goals and Priorities (SGP)**

## B. Priority Setting Process

### 1. Means by which the P&A conducted data-driven strategic planning, including formal public input

Public Hearing	Public Comment	Experience	Focus Groups	Advisory Council(s)	Monitoring Visits	Research/Data
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Narrative (describe how the P&A conducted data driven strategic planning):

Because we were not fully trained on the new strategic planning process envisioned by AIDD until most of FY 2015 was over, we did not engage in as robust a process of data gathering as we expect to in the future. We expect to engage in a significantly enlarged process in 2016 as part of our first "5 year" planning process. However, the process we did engage in during 2015 was considerably more transparent than any process we had engaged in previously and we were especially pleased with the number and quality of the comments we received on our Draft Statement of Goals and Priorities. The process we engaged in is summarized below.

STEP1: DRW Board conducted listening sessions in conjunction with board meetings throughout 2015.

STEP 2: Reviewed data on employment of people with intellectual and developmental disabilities and survey data provided to us by the Wisconsin Independent Living Centers.

STEP 3: The School & Civil Rights and Community & Institutions teams met in September to review team goals and priorities. DRW Board president Ted Skemp participated in the team planning. Since the teams have multiple funding sources, this process included discussion of, and adoption of, goals and priorities for DRW clients with physical disabilities or mental illness in addition to people who have intellectual or developmental disabilities. Following the meetings the PADD Coordinator reviewed the notes from the meetings and identified which particular goals and priorities were aimed in whole or in part at people with IDD. The PADD Coordinator then drafted an initial group of PADD Goals and Priorities.

STEP 4: The initial draft was then circulated to all employees who are supported by PADD funding or who regularly work with PADD eligible clients with the support of other funding (Public Policy Director, FCIO program staff, our Training Specialist and the SSI Managed Care Program Manager). Their comments were incorporated into the "Draft SGP" which would be made available to the public for comment.

STEP 5: On October 6, 2015 we presented our "Draft SGP" to the University Center for Excellence Developmental Disabilities consumer advisory committee. Consensus was that the Draft SGP was good and the committee supported it as written. Individual advisory committee members were also encouraged to comment on the document.

STEP 6: Our "Draft SGP" was formally released for a 45 day public comment period on October 16, 2015. It was posted to our website on that date. The document included instructions for how people could provide comments and the deadline to insure that their comments would be considered (November 30, 2015). In addition, we sent the document to the Board for People with Developmental Disabilities, the membership of the Survival Coalition (statewide coalition of disability organizations) and the Independent Living Centers.

STEP 7: Presented our Draft SGP to the Board for People with Developmental Disabilities (Wisconsin's CDD) at its November meeting (November 19th). BPDD strongly endorsed the Draft SGP.

STEP 8: Reviewed all comments timely received and made changes to Final Draft of our SGP.

STEP 9: Board approved Final SGP.

### 2. Number of days for public comment: 45

**3. Describe efforts to assure diversity (disability, geographic, racial, etc.) in the data-driven strategic planning process**

Board listening sessions occurred in both urban and rural locations in order to encourage participation from all parts of the state and by people representing racial and ethnic minorities. The Survival Coalition is a statewide coalition of disability organizations and includes groups that represent ethnic and racial minorities.

**4. A copy of the proposed SGP for comment was provided to the:**

**State Council on Developmental Disabilities:** Yes

**The University Centers for Excellence in Developmental Disabilities Education, Research and Service:** Yes

**5. Summary of Findings**

In general, we learned that our Statement of Goals and Priorities was comprehensive and supported by the vast majority of people and organizations that reviewed it. The BPDD was enthusiastic in its support as was the UCEDD Advisory Committee. The only priority that generated any significant division of opinion was the one related to integrated and sheltered employment. The comments we received and our response to them is summarized in response to the next question.

**6. Summary of How Data was used to Develop P&A Goals and Priorities (include how priority input used, including input from the DDC and UCEDD)**

In addition to the oral feedback received from UCEDD and BPDD, we received a total of 38 comments from 26 sources. Because some commenters commented on more than one goal and/or priority, the number of comments received exceeded the number of people who commented. The lion’s share of the comments related to Goal 3, priority 2-our goal related to integrated and sheltered employment.

One commenter felt that the term “restraint” is inappropriately used to describe conduct by a teacher that is legitimately protective of other children, other people or property. We do not believe that the term is typically used to prohibit such interventions by teachers. If teachers perceive that they cannot act protectively without being accused of illegal restraint then there needs to be better training for teachers so that they have a better understanding of the term and what constitutes “illegal restraint.

One comment requested adding assistive technology and home modifications to the access to services goal. Both of these areas of advocacy are well-funded for people with IDD through our PAAT grant. Thus it is unnecessary to include them in the PADD SGP. The goal as written does not prohibit us from accepting cases with AT and home mods as the subject and, when appropriate, we can still consider cases for representation that would not fall under our PAAT funding.

A comment related to lack of access to dental providers raises a legitimate concern. Unfortunately, we have been unable to devise a focused advocacy tactic that would address this problem and cause it to be singled out for specific attention. It is our expectation that if an opportunity arose during FY 2016 to address this issue that we would seize it. Such advocacy would be covered under goal 2 generally, and arguably under

priorities 1 and 2.

Three comments (all from the same commenter) expressed the concern that our use of the term “limited” to describe the amount of representation we could engage in could be interpreted as “no representation.” We generally use the word “limited” to modify “representation” when we are trying to focus our limited resources on cases where we think we can accomplish a systemic response as well as a good result for an individual. When we say “limited representation” it is our goal to get at least one individual case that meets those criteria. It is not our intent to engage in no representation on the issue.

One commenter requested that we add “increasing provider reimbursement” as a goal. While we agree that provider reimbursement has a direct correlation to both access to and quality of long term support services, it cannot be a specific goal for the P&A. Having said that, when representing individual clients we may advocate for a higher reimbursement rate for particular services. In addition we can and often do advocate for provider rate increases in our systemic advocacy when we believe provider access is limited or provider quality is compromised because of a depressed reimbursement rate.

One comment advocated broadening the role DRW plays in school discipline by monitoring all instances of school discipline of students with disabilities. Expanding our involvement to that extent is beyond what DRW has the resources to accomplish. The same commenter generally thought that DRW’s special education advocacy should be more targeted at “underrepresented, underserved/minority groups.” We agree with the comment and, in fact, do target our efforts at such groups by virtue of the significant resources we devote to the Milwaukee public school system and the Milwaukee school choice program. The same commenter advocated allocating more DRW attorney resources to special education advocacy. DRW has recently added an attorney to our Schools and Civil Rights Team and a substantial part of her time will be spent on education issues.

One commenter suggested that we include community death investigations to Goal 1, priority 2. We agreed with the comment and it reflects actual practice at DRW. Goal 1, priority 2 was updated to reflect that we investigate all deaths of adults in the community that are reported to us. The same commenter felt that congregate settings should be considered the “least restrictive” setting depending on the person and that our advocacy on behalf of people leaving institutions should include protection of that right. In our experience a guardian’s choice to relocate a person from one congregate setting to another is universally accepted and additional advocacy by DRW is unnecessary. The same commenter suggested that “abuse from government” be included in our goal related to abuse and neglect. The “abuses” the commenter identified are actually rights violations and systemic problems that DRW advocates against in all of its goals.

One comment noted the necessity of having law enforcement officers trained in communicating with people with disabilities. We intend to work on this within goal 1, priority 2 as we investigate deaths of children in the community service system.

As noted above, the priority related to integrated and sheltered employment generated the most comments. It reads:

"Expose the lack of opportunity provided to people with IDD who are placed and maintained in sheltered employment through monitoring, systemic advocacy and individual case representation. Work to increase opportunities for competitive integrated employment through systems advocacy."

We received 18 comments on this issue. Seven comments could be categorized as supporting the priority and eleven could be categorized as objecting to it. The commenters who expressed concern with this goal perceived it to be a call to end all sheltered employment. The priority is more nuanced than that. It allows us, through monitoring in particular, to gather the data necessary to inform our advocacy regarding whether people have made an informed choice regarding sheltered employment and whether they would choose that option if they had an actual community job available to them. While ending sheltered employment entirely may be a priority at some time in the future, it is not the goal or priority in this SGP. Based on anecdotal information we have received from people with IDD who have experience in both sheltered and community employment it is our belief that a large percentage of people in sheltered employment are not there as a result of an informed choice, but because they had no other realistic alternatives or were not adequately supported when they had employment in the community. This priority is designed to shine a light on a system that has been shielded from in depth scrutiny for too long and which continues to consume a large portion of public financial resources devoted to employment for people with I/DD. We note that several of the comments suggested that we visit facilities that engage in sheltered work so that we could see what goes on in them. We regard those comments as supportive of our plan to engage in monitoring of facility based employment in 2016. Under all these circumstances we declined to change this priority.

#### **7. List of topic areas of additional priorities that would be listed but are not due to lack of resources**

We feel that our priorities are comprehensive and address the areas of most concern to people with IDD. Because we have aggressively sought and obtained non-PADD funding, a significant component of our individual advocacy on behalf of people with IDD, particularly in the areas of public benefits and long term services and supports is being done by DRW staff who are not funded by PADD. As an example, DRW's Family Care and IRIS Ombudsman Program represented 223 people with IDD in cases involving eligibility for, or services provided by, Wisconsin's principal HCBS Waiver programs for adults with disabilities. These additional advocacy resources free up DRW PADD funding to focus on more areas. One priority that we would like to assist people with IDD in is the area of child custody disputes involving parents with IDD. Our lack resources (these types of cases are resource-intensive) make it impossible for us to do more than give very limited advice.



## C. FY 2017 [10/01/16 - 09/30/17] Statement of Goals and Priorities (SGP)

There are no changes to the SGP from prior year       There are changes to the SGP

**1. Goal Number: 1 Goal Statement:** Decrease the risk of abuse and neglect of people with IDD in institutions, schools and the community.

### 2. Priorities:

#	Priority
1	Reduce the use of seclusion and restraint in schools by publicizing DPI data on restraint and seclusion incidence and investigating and reporting on incidents of seclusion and restraint. Pursue policy changes to improve monitoring of seclusion and restraint.
2	Monitor all deaths of people with IDD in state centers and state mental health facilities, and reported deaths of children and adults with IDD in the community service system, for evidence of abuse or neglect as a factor in death and investigate when abuse or neglect appears to be a factor.
3	Reduce, through community education and individual case advocacy, instances of abuse and neglect in cases where surrogate decision-maker unlawfully decides to withdraw or withhold life-sustaining medical treatment from a person with IDD who is not in a persistent vegetative state, is not actively dying and for whom treatment is still an option.
4	Respond, through community education and individual case advocacy, to instances of abuse and neglect of people with IDD in cases where the protective service system has not responded adequately.
5	Expand, through provider and caregiver training, the understanding of access to include support and services that are trauma aware and power aware that always take into account the point of view of the person with IDD who is receiving support

### 3. Strategies Used to Implement Goal and Address Priorities

<input type="checkbox"/> Collaboration	<input type="checkbox"/> Systemic Litigation
<input type="checkbox"/> Rights-Based Individual Advocacy Services	<input type="checkbox"/> Educating Policy Makers
<input type="checkbox"/> Investigations of Abuse and Neglect	<input type="checkbox"/> Other Systemic Advocacy
<input type="checkbox"/> Monitoring	<input type="checkbox"/> Training/Outreach

### 4. Rationale for Adding/Changing Goal

### 5. Rationale for Adding/Changing Priorities

**1. Goal Number: 2 Goal Statement:** Ensure that people have access to high quality community based Medicaid services and a long term support system that promotes self-direction and care in the least restrictive, most integrated setting.

### 2. Priorities:

#	Priority
1	Ensure that people with IDD continue to have the opportunity to self-direct their long term support services and have access to quality services by engaging with policy makers and managed care agencies as Wisconsin transitions to an integrated, managed long term care system.

2	Ensure, through monitoring, individual case advocacy and technical assistance, that people with IDD applying for HCBS are not inappropriately denied eligibility through use of the computerized long term care functional screen and that their services are not wrongfully denied, terminated or reduced.
3	Improve outcomes, through technical assistance and individual case advocacy, for children with IDD seeking prior authorization of physical, speech and occupational services and autism services, using EPSDT when appropriate, and monitoring implementation of new “Children’s Community Options Program.”
4	Ensure, through technical assistance and limited individual case advocacy, that children with IDD and “challenging” behaviors receive all necessary services (from CLTS waiver, FSP, Wraparound, etc.) in order to live safely in the community.

**3. Strategies Used to Implement Goal and Address Priorities**

<input type="checkbox"/> Collaboration	<input type="checkbox"/> Systemic Litigation
<input type="checkbox"/> Rights-Based Individual Advocacy Services	<input type="checkbox"/> Educating Policy Makers
<input type="checkbox"/> Investigations of Abuse and Neglect	<input type="checkbox"/> Other Systemic Advocacy
<input type="checkbox"/> Monitoring	<input type="checkbox"/> Training/Outreach

**4. Rationale for Adding/Changing Goal**

**5. Rationale for Adding/Changing Priorities**

**1. Goal Number: 3 Goal Statement:** Reduce discrimination against people with IDD in employment and housing, promote accessibility in facilities and programming, and ensure that employment for people with IDD occurs in the most integrated setting possible.

**2. Priorities:**

#	Priority
1	Educate people with IDD (and others) on their rights under the ADA to expect reasonable accommodation of their disabilities in both employment and housing. Engage in limited representation of people with IDD who have experienced housing or employment discrimination.
2	Expose the lack of opportunity provided to people with IDD who are placed and maintained in sheltered employment through monitoring, systemic advocacy and individual case representation. Work to increase opportunities for competitive integrated employment through systems advocacy.
3	Respond and provide technical assistance to complaints of inaccessibility to people with IDD in transportation, housing and public accommodations.

**3. Strategies Used to Implement Goal and Address Priorities**

<input type="checkbox"/> Collaboration	<input type="checkbox"/> Systemic Litigation
<input type="checkbox"/> Rights-Based Individual Advocacy Services	<input type="checkbox"/> Educating Policy Makers
<input type="checkbox"/> Investigations of Abuse and Neglect	<input type="checkbox"/> Other Systemic Advocacy
<input type="checkbox"/> Monitoring	<input type="checkbox"/> Training/Outreach

**4. Rationale for Adding/Changing Goal**

**5. Rationale for Adding/Changing Priorities**

**1. Goal Number: 4 Goal Statement:** Improve the special education system’s response to children with IDD by reducing the incidence of segregated educational experiences, increasing availability of adequate mental health services and ensuring meaningful, most integrated transition experiences for all students with IDD.

**2. Priorities:**

#	Priority
1	Decrease the provision of education to students with IDD in segregated settings (including at Choice schools) and classrooms through individual case advocacy, technical assistance, training and monitoring.
2	Increase availability of adequate mental health services and supports to students with IDD in order to reduce expulsion, suspension and law enforcement intervention through individual case advocacy, technical assistance, training and monitoring.
3	Ensure that transition planning requirements for children 14 and over are implemented and community vocational and other age appropriate, integrated, independent living experiences are part of the available curriculum in all districts through individual case advocacy, technical assistance, systemic advocacy, training and monitoring.

**3. Strategies Used to Implement Goal and Address Priorities**

<input type="checkbox"/> Collaboration	<input type="checkbox"/> Systemic Litigation
<input type="checkbox"/> Rights-Based Individual Advocacy Services	<input type="checkbox"/> Educating Policy Makers
<input type="checkbox"/> Investigations of Abuse and Neglect	<input type="checkbox"/> Other Systemic Advocacy
<input type="checkbox"/> Monitoring	<input type="checkbox"/> Training/Outreach

**4. Rationale for Adding/Changing Goal**

**5. Rationale for Adding/Changing Priorities**

**1. Goal Number: 5 Goal Statement:** Increase likelihood that people with IDD will receive services and supports in the least restrictive, most integrated setting and with the least imposition of their liberty as possible.

**2. Priorities:**

#	Priority
1	Serve on all facility closing teams to ensure that people moving from institutions and community based residential facilities are going to less restrictive, more integrated, quality community settings appropriate to the individual and provide individual advocacy to any person with IDD in a facility that is closing who requests assistance with individual relocation planning.

2	Ensure that guardianship and protective services are being provided with the least restrictive conditions possible taking into account the person’s cognitive functioning. Provide outreach and training and continue in leadership role in Wisconsin’s Working Interdisciplinary Networks of Guardianship Stakeholders (WINGS) group. Provide limited case representation in cases of extreme rights violations.
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**3. Strategies Used to Implement Goal and Address Priorities**

<input type="checkbox"/> Collaboration	<input type="checkbox"/> Systemic Litigation
<input type="checkbox"/> Rights-Based Individual Advocacy Services	<input type="checkbox"/> Educating Policy Makers
<input type="checkbox"/> Investigations of Abuse and Neglect	<input type="checkbox"/> Other Systemic Advocacy
<input type="checkbox"/> Monitoring	<input type="checkbox"/> Training/Outreach

**4. Rationale for Adding/Changing Goal**

**5. Rationale for Adding/Changing Priorities**

## D. Description of P&A Operations

**1. Provide a description of how the P&A operates. Include information on how the P&A coordinates the PADD program with other Protection and Advocacy programs administered by the State Protection and Advocacy System. This description must include the System's processes for intake, internal and external referrals, and streamlining of advocacy services.**

DRW has three offices serving distinct areas of the state. Our Milwaukee office provides advocacy to clients living in the 6 counties in the southeastern corner of the state. Our Rice Lake office serves clients in the 18 counties of the northwest section of the state. Our Madison office serves clients in the 48 remaining counties. We have one 800 number for all three offices. When a client calls the DRW 800 number the call is automatically routed to the appropriate office based on where the call originates from. This system is not foolproof. Callers who are routed to the wrong DRW office are transferred to the correct office.

Each DRW office has an intake specialist. Intake specialists are trained in DRW's goals and priorities and the specific P&A employees who have expertise in them. They are also trained in the external resources that are available to people whom DRW cannot serve. Intakes that fall within DRW's goals and priorities are routed to the appropriate P&A employee for follow-up. Callers requesting assistance with issues that do not fall within our goals and priorities are provided information or are referred to agencies that can serve them better.

DRW's P&A staff (for all P&A grants-including PADD, PAIR, PAIMI, PAAT, PAVA and PATBI) are divided into two internal teams. The "Community and Institutions Team" is responsible for long term care, guardianship and supported decision-making, and abuse and neglect of people with disabilities that occurs in institutional or residential settings. The "School and Civil Rights Team" is responsible for education issues, employment and housing discrimination, accessibility issues, voting issues and abuse and neglect that occurs in educational settings. Each team meets weekly to discuss that week's intakes. At these weekly meetings the team decides which cases to accept and what level of assistance DRW can provide (i.e. technical assistance, brief service, full representation). The decision of the team is communicated to the client after the weekly meeting. In some cases the staff member handling the case will be asked to gather additional information before the team can decide on the disposition of a request for assistance. In a small number of cases the staff member who initially interviewed the client will not be the staff member that will handle the ongoing case, if there is one. This happens when the client interview reveals a different issue than the issue initially identified by the client or because the staff person initially assigned the case does not have available time to provide the assigned level of service.

Because DRW is organized around substantive areas rather than the nature of the client's disability or the P&A funding source, internal referrals between P&A grants are seamless. For example, if the parents of a child with a disability complain about their child being denied eligibility for the HCBS program that serves children, it does not matter whether the child has an IDD, a physical disability or a mental illness. The case will be assigned to a staff person who has knowledge and expertise in the substantive area of the dispute. Likewise, if a person with an IDD is denied a specialized wheelchair by Medicaid the case will be assigned to a person with extensive knowledge of durable medical equipment and the Medicaid prior authorization system. The staff member's advocacy on behalf of the client will be funded under either PAAT or PADD. Our advocacy is streamlined by this method of operation because it allows staff members to concentrate on fewer substantive areas.

**2. Will the System will be requesting or requiring fees or donations from clients as part of the intake process?** No

**3. Collaboration and Coordination:**

**a. Describe how the P&A is collaborating with others in the State, including the DDC and UCEDD.**

DRW has a long, productive and collaborative relationship with the Wisconsin Board for People with Developmental Disabilities (Wisconsin's CDD). We have regular meetings on myriad of substantive topics of interest to people with IDD, including long term care, guardianship and supported decision-making, education policy and integrated employment. A DRW staff member is on the BPDD's board of directors. DRW regularly reports to BPDD on the work we are doing that is of interest to BPDD. BPDD, together with other disability groups, filed amicus curiae briefs in the Wisconsin Court of Appeals and Supreme Court in the litigation between DRW and a group of University of Wisconsin physicians. Staff members from BPDD and DRW work together as active members of the IRIS Advisory Committee, Wisconsin WINGS (Working Interdisciplinary Network of Guardianship Stakeholders) and as co-chairs of the Survival Coalition, a statewide coalition of disability organizations that works on policy issues related to people with disabilities and mental illness. DRW and BPDD regularly work together to provide information to legislators and administrative agencies on the effect proposed legislation or policy might have on people with IDD. On virtually all matters of substance related to people with IDD, DRW and BPDD speak with a united, and therefore more effective, voice.

DRW also has a constructive and burgeoning relationship with the UCEDD. In 2015 DRW, UCEDD and BPDD teamed up to prepare a survey of long term care consumers with IDD. The purpose of the survey is to gather data from current participants in Wisconsin's two main HCBS programs (Family Care and IRIS) and then resurvey the same people once the new integrated long term care system is operational and they are participants in it. DRW, the UCEDD and BPDD are working collaboratively to design the survey. The survey itself will be done by the UCEDD. In addition, our staff consult with UCEDD researchers when questions arise relating to research support for various treatments that are being considered by the Department of Health Services' Treatment Intervention Advisory Committee.

DRW regularly collaborates with other state-based consumer and advocacy agencies. This is done principally, though not entirely, through our leadership role in the Survival Coalition. Staff members may also collaborate with other public interest law groups to coordinate a specific legal strategy. For example, we have worked with Legal Action of Wisconsin (Wisconsin's principal Legal Services Corporation provider) on legal strategies to challenge specific aspects of the HCBS functional eligibility process.

**b. Describe how the P&A is reducing duplication and overlap of services and sharing of information on service needs.**

Our organizational structure described above (organized around substantive areas rather than purely by funding source or type of disability) assures that there is little or no duplication or overlap of service occurring. In addition because all staff participate in the weekly team group case meetings, all staff are aware of what other team members are doing. The group case meetings allow staff members to contribute knowledge and expertise to the representation of clients other than the ones specifically assigned to them. In addition, because of the nature of their work (individual representation of people in the IRIS and Family Care HCBS waivers), the FCIOOP team also participates in the weekly Community and Institutions Team group case meetings. The cases FCIOOP staff members discuss help inform our systemic advocacy on long term care and HCBS issues. In turn, P&A staff provide useful case handling advice to FCIOOP staff. We also have a "public policy committee" which coordinates our non-case related advocacy. That committee is composed of members from both P&A teams and representatives from our non P&A funding sources. The committee provides guidance and substantive support to DRW's Public Policy Director, who is the principal spokesperson for DRW on issue advocacy.

Because of our organizational structure, sharing of information on service needs happens naturally, typically during the group case process. In our Rice Lake and Milwaukee offices both teams participate in a single weekly group case meeting. In Madison, due to their size, the C&I and S&CR Teams meet separately. In Madison if an issue arises which is out of a particular team's focus area, the staff member assigned the case is instructed to consult with the other team before deciding on a final course of action. Finally, even though we have three offices, our staff works cooperatively and supportively. Advocates in all three offices interact regularly with one another in pursuit of client goals.

# Part III: Results of P&A Activity

## Overarching Outcome Statement:

*People with disabilities exercise their civil, human and legal rights.*

### A. End outcomes related to P&A activities

Performance Measurement	Number
1. People with disabilities who are provided with appropriate community based services resulting in community integration and independence.	0
2. People with disabilities who accessed benefits.	0
3. People with disabilities who live in a healthier, safer or otherwise improved environment.	0
4. People with disabilities who were able to stay in their own home.	0
5. People with disabilities who work in safer and more humane conditions.	0
6. People with disabilities who go to school in safer and more humane conditions.	0
7. Students with disabilities who stayed in school.	0
8. Children with disabilities receiving appropriate services in most integrated settings.	0
9. People with disabilities who had their other rights enforced, retained, restored and/or expanded.	0
10. Public and private places/services made more accessible.	0

### By Intervention Type

End Outcome	Technical Assistance	Individual Advocacy	Abuse & Neglect Investigations	Systemic Litigation	Educating Policy Makers	Other Systemic Advocacy
1	0	0	N/A	0	0	0
2	0	0	N/A	0	0	0
3	0	0	0	0	0	0
4	0	0	N/A	0	0	0
5	0	0	0	0	0	0
6	0	0	0	0	0	0
7	0	0	N/A	0	0	0
8	0	0	N/A	0	0	0
9	0	0	N/A	0	0	0
<b>Total</b>	0	0	0	0	0	0
10	0	0	N/A	0	0	0

### B. Overview of how many people with disabilities served



<b>Performance Measurement</b>	<b>Number</b>
1. People with disabilities receiving individual advocacy services to exercise their civil, human and legal rights.	0
2. Abuse and neglect investigations to protect people with disabilities from abuse and neglect.	0
3. People with disabilities receiving information, technical assistance and referral services.	0
4. People with disabilities trained to become active participants in making decisions that affect their lives.	0
5. People whose rights were advanced through class and/or systemic impact litigation.	0
6. People with disabilities whose rights were enforced, protected or restored as a result of non-litigation group advocacy.	0
7. People with disabilities who received a lower level of services due to lack of P&A resources.	0
8. People with disabilities impacted by one or more provision(s) in law modified or prevented.	0

### **C. Rights-Based Individual Advocacy Services**

#### Outcome Statements

- People with disabilities exercised their rights because of access to rights-based and/or legal advocacy services.
- The P&A protected rights of individuals with disabilities through legal and rights-based advocacy in accordance with the retainer agreement or similar agreement between the client and the P&A.
- The P&A took action to protect the rights of people with disabilities to be free from abuse, neglect or discrimination.

<b>Performance Measurement</b>	<b>Number</b>
1. People with disabilities who had their rights enforced and/or restored.	0
2. People with disabilities who were assisted in obtaining access to administrative or judicial processes.	0
3. Closed cases in which client objective was met or partially met.	0

### **D. Investigations of abuse and neglect**

#### Outcome Statement

- The P&A takes action to protect the rights of people with disabilities to be free from abuse and neglect.

<b>Performance Measurement</b>	<b>Number</b>
1. Investigations (not death related).	0
2. Investigations of abuse and neglect completed with a finding or determination (not including death investigations).	0

3. Death investigations.	0
4. Death investigations completed with a finding or determination.	0
5. People with disabilities who benefitted from the findings of investigations of abuse and neglect.	0
6. Provisions in policy added or prevented.	0

### Other Qualitative Results

Report additional information related to investigations not already reported in Part II.

## E. Monitoring

### Outcome Statements

- People with disabilities live, work and go to school in safe and humane conditions.
- People with disabilities are provided with appropriate community-based services so that they can live as independently as possible.

### Facilities/Programs Monitored

Performance Measurement	Number
1. People with disabilities whose living, working and/or other circumstances were monitored by P&A.	0
2. Cases opened for health and safety issue investigation.	0
3. Health and/or safety violations validated by the P&A.	0
4. Rights violations (not health or safety and including quality of life) identified and addressed as a result of P&A monitoring.	0
5. Complaints referred to regulatory agencies or investigative organizations.	0
6. Times P&A access was denied during a monitoring/access attempt.	0
7. Times denial of P&A access was successfully resolved.	0

### Other Qualitative Narrative

Describe P&A's overall approach and strategy for monitoring activities

## F. Systemic Litigation

### Outcome Statements

- Rights of individuals with disabilities are advanced through class and/or systemic and/or systemic impact litigation.
- Through systemic or class litigation, obtain changes in policy, regulations and law that will benefit individuals with disabilities and/or prevent creation or implementation of policy, regulations or law that would harm individuals with disabilities.
- Settlements or judgments resulting from P&A systemic litigation positively impact the rights and interests of people with disabilities.

<b>Performance Measurement</b>	<b>Number</b>
1. Systemic or class action lawsuits handled for the benefit of people with disabilities.	0
2. Provisions in policy modified or prevented.	0
3. Provisions in regulation modified or prevented.	0
4. Provisions in law modified or prevented.	0
5. Lawsuits addressing systemic issues resolved by settlement.	0
6. Lawsuits addressing systemic issues resolved by judgment.	0
7. Amicus briefs signed onto or filed.	0
8. People with disabilities whose rights were advanced as a result of amicus participation.	0

## **G. Educating Policymakers**

### Outcome Statement

- Statutes, ordinances and regulations will benefit individuals with disabilities.

<b>Performance Measurement</b>	<b>Number</b>
1. Communications to people with disabilities explaining a policy initiative.	0
2. People with disabilities supported in expressing their own viewpoint on a policy related matter.	0
3. Times written comments were submitted regarding proposed legislation or regulations.	0
4. Times testimony was provided at a legislative public hearing.	0
5. Provisions in regulation modified or prevented.	0
6. People with disabilities impacted by the regulation provision(s) modified or prevented.	0
7. Provisions in law modified or prevented.	0
8. People with disabilities impacted by one or more provision(s) in law modified or prevented.	0
9. Provisions in ordinances modified or prevented.	0

## **H. Other Systemic Advocacy**

### Outcome Statement

- The rights of individuals with disabilities are advanced through non-litigation group advocacy.

Performance Measurement	Number
1. Changes in practices made or prevented.	0
2. Provisions in policy modified or prevented.	0

## I. Information, Technical Assistance and Referrals

### Outcome Statement

- People with disabilities, family members and others will receive basic disability related information and referral services.

Performance Measurement	Number
1. People receiving information and referral services.	0
2. People receiving technical assistance.	0
3. Self-advocacy materials published or revised.	0
4. Self-advocacy materials distributed.	0

## J. Training

### Outcome Statements

- People with disabilities have the skills necessary to conduct effective self-advocacy.
- People with disabilities have knowledge necessary to be an effective self-advocate.
- Family members and additional groups are provided information about laws and policies affecting individuals with disabilities as the P&A determines useful.

Performance Measurement	Number
1. People who report the training enhanced their knowledge and/or skill (was beneficial) at the completion of the training.	0
2. People with disabilities who received advocacy skills training.	0
3. People with disabilities who received rights training.	0

## K. Public Relations and Outreach

### Outcome Statements

- The public will become more aware of the existence and mission of the P&A.
- The public will become more aware of the content of disability rights laws and regulation and of disability rights issues.

Performance Measurement	Number
1. Press releases issued.	0

2. Times a P&A representative was interviewed or featured on TV or radio.	0
3. Articles about the P&A or its work in external mass media such as newspapers, radio, podcasts, blogs or television.	0
4. Social media followers.	0
5. Absolute unique visitors to blogs/web pages where information about the P&A is posted.	0
6. Circulation of the P&A's newsletter and/or listserv updates.	0
7. Articles by the P&A about disability rights issues published in newspapers, books, journals or magazines.	0
8. Links to other disability rights related information sources published on the P&A website.	0
9. Times the P&A exhibited at conferences, community fairs, etc.	0
10. Presentations made to community groups.	0

Describe any innovative or significant P&A activity related to public relations and/or outreach (to include unserved and underserved populations/communities, and outreach to self-advocates)

## Part IV: Collaborations

*Use the boxes below to report on collaborative and coordination efforts with the following client assistance program (unless housed within the P&A), long term care ombudsman (unless housed within the P&A), developmental disabilities council, center(s) for excellence (university affiliated program) and any parent training centers. This is another place to describe collaboration with unserved/underserved communities/groups/populations and discuss collaboration with self-advocates. Optional: Add boxes to report on other major collaborations.*

*Check one or more of the following boxes if the P&A houses any of these programs.*

<input type="checkbox"/> Client Assistance Program	<input type="checkbox"/> Long Term Care Ombudsman	<input type="checkbox"/> Parent Training Center
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# Part V: Governance and Compliance

## A. Board and staff race and ethnicity

Race/Ethnicity	Board	Employees
1. Hispanic/Latino (of any race)	0	0

Race/Ethnicity <i>(NOT Latino/Hispanic)</i>	Board	Employees
2. American Indian/Alaskan Native	0	0
3. Asian	0	0
4. Black/African American	0	0
5. Native Hawaiian/Other Pacific Islander	0	0
6. White	0	0
7. Two or more races	0	0
8. Race/Ethnicity Unknown	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>

## B. Consumer involvement in P&A governance

	Board
PADD Eligible Primary Consumers	0
PADD Eligible Secondary Consumers	0
Other Eligible Primary Consumers	0
Other Eligible Secondary Consumers	0
<b>TOTAL Membership</b>	<b>0</b>

# Part VI: General Program Information

## A. P&A Identification

Name of state, territory or jurisdiction	WI
Name of P&A system	WISCONSIN - Disability Rights Wisconsin

## B. Main Office

Mailing Address of Main Office	131 W. Wilson Street Madison, WI 53703
Phone Number of Main Office	608-267-0214

## C. Satellite Offices

## D. CEO Contact Information

Name of P&A CEO	Dan Idzikowski
Phone Number of P&A CEO	608-267-0214
Email Address of P&A CEO	dan.idzikowski@drwi.org

## E. PPR Preparer Contact Information

Name of Preparer	Mitchell Hagopian
Title of Preparer	DRW PADD Coordinator
Phone Number of Preparer	608 267-0214
Email Address of Preparer	mitchh@drwi.org