

**DISABILITIES RIGHTS CENTER**  
**STATEMENT of GOALS/PRIORITIES and OBJECTIVES/STRATEGIES**  
**For October 2010—September 2013**  
**Including 10/10—9/11 Annual Goals/Priorities**

**PART A: INTRODUCTION**

**Background and Purpose**

The Disabilities Rights Center, Inc. (DRC) on a periodic basis reviews its goals, priorities and activities to determine what changes are needed. The DRC is the federally designated protection and advocacy system (P & A) for New Hampshire, and its federal grantors (funders) require that it set priorities. For example, the Developmental Disabilities Assistance and Bill of Rights Act, requires that each P & A “develop, submit to the Secretary [of USHHS], and take action with regard to goals...and priorities, developed through data driven strategic planning.” 42 USC 15043(a)(2)(C). Guidelines issued by the Secretary state that the “objectives and priorities should reflect the general purpose of the [Act]”, which specifically includes promoting “increased independence, productivity and integration into the community...[of people with developmental disabilities].” DRC federal grantors are:

- Protection and Advocacy for Persons with Developmental Disabilities (PADD) (above mentioned)--This was the original P & A grant, dating back to the mid 1970s;
- Protection and Advocacy for Persons with Mental Illness (PAIMI);
- Protection and Advocacy for Individual Rights (PAIR) - to cover all other Persons with disabilities;
- Protection and Advocacy for Traumatic Brain injury (PATBI);
- Protection and Advocacy for Assistive Technology (PAAT) - Small grant to do assistive technology advocacy primarily on system change level;
- Protection and Advocacy for beneficiaries of Social Security concerning employment issues (PABSS); and
- Protection and Advocacy for Help America Vote Act (PAVA)--To address barriers individuals with disabilities face in federal elections. Most recent grant; begun in 2003.

A priority process is, of course, essential for any organization, but particularly for one like DRC in which the resources it receives are not nearly enough to provide individual advocacy for all eligible individuals in the state. It is estimated that 200,000 to 250,000 individuals have a disability in New Hampshire, and it is highly likely that most have legal or related issues pertaining to their disability arising from the actions or inactions of others. Because of the challenges presented by limited resources and based on the mandates and guidance from DRC’s federal grantors, DRC has adopted a multi-faceted approach to advocacy on behalf of and with people with disabilities. DRC offers not only traditional forms of advocacy, such as legal advice and representation, but also information and referral, short term assistance, systemic, legislative

and other policy work, outreach, community and public education, much of which is done in collaboration with consumers and other advocacy, professional, and government organizations. This approach enables the DRC to maximize its resources in order to have a positive and significant impact for as many people as possible, including individuals who are unaware of DRC or who are unable to directly contact DRC. This approach is also consistent with the principle that to bring forward significant and long-lasting change, it is necessary to use multiple methods.

In sum what is the function of the Statement of Goals/Priorities and Objectives/Strategies? As indicated, because DRC has limited resources and cannot serve all individuals with disabilities or address every disability-related issue, the function is to help determine what issues, as well as strategies and activities, should have the highest priority. Concomitantly, the process and statement also define DRC's case acceptance policy. By cases, we mean the types of short-term assistance, full representation and systemic cases DRC will handle. The case selection policy is set out in Part C, below.

As noted above, DRC periodically reviews its goals, priorities and activities (or more precisely strategies). Every three years, DRC utilizes a comprehensive process as described below, to arrive at a three year plan. The process culminates with Board approval after receiving input from key stakeholders, staff, the PAIMI Advisory Council, Board-Council-Staff retreat etc.

Annually, or more often as needed, the goals, priorities, strategies and case acceptance guidelines are reviewed by the board to see if changes are needed based on experience and input from annual client surveys.

### **Method**

The goals/priorities and objectives/strategies were developed with these principles in mind, which was further reinforced by the feedback received during DRC's goal/priority setting process DRC engaged in for this planning. With regard to that process specifically, DRC used a combination of methods to arrive at these goals/priorities and objectives/strategies.

The following were conducted by the DRC:

- Two regional forums, in Bethlehem and Manchester
- DRC Input Survey of clients
- Analysis of client database of the previous year
- Analysis of DRC Client Satisfaction surveys
- DRC Leadership Focus Group in Manchester
- DRC Special Project Teams' input
- Federal Program Performance Reports
- PAIMI Advisory Council input
- DRC Board and staff input, prior to, at, and after an October 2010 retreat.

The DRC Board approved this Statement at its November 2010 Board meeting. The actual statement, which is contained in Part B, is divided into six broad goal or focus areas. However, for operational purposes, the goals were divided into the following six focus areas:

- I. Rights Of Persons With Disabilities To Be Free From Abuse And Neglect, Inappropriate Restraint And Seclusion, And Other Harm;
- II. Discrimination In Public Accommodations, Transportation, Government And Government Funded Services, Voting And Access To Assistive Technology
- III. Access To Necessary Services, Including Health Care In The Least Restrictive, Most Integrated Environment/Community
- IV. Access To Quality Education in Least Restrictive Environment (LRE) and other Comprehensive, Coordinated Quality Services To Enable Children With Disabilities To Lead Healthy, Independent And Productive Lives
- V. PABSS/Employment Goals Advancing The Rights Of People With Disabilities To Obtain Employment Opportunities Of Their Choice
- VI. Outreach, Self-Advocacy, Public Education, Collaboration, and Diversity Goals

### Caveats

This is a statement or a plan about the future. Like all such statements, it is a projection or guide rather than a precise prescription of what DRC may end up doing. In approving this, the Board expressed the principle that the statement or plan, as well as the case acceptance policy, should be applied flexibly. For example, while there are certain priorities or strategies that are expressly contingent on resources being available, in some sense that is a condition that underlies the plan generally. At any given time a small nonprofit agency like DRC may have to further refine its priorities, based on funding cutbacks or unforeseen or emergent issues or increased demands in critical areas. Any one goal, or even objective, could consume most, if not all, of the resources of DRC; so, there is a constant need to re-evaluate and adjust. On the other hand, there may be situations in which goals and priorities are accomplished earlier or with less effort than expected, which would free up personnel to do the resource -contingent priorities or take on issues not listed. The key principle here is flexibility, though as much as possible, it is DRC's intention to work diligently on the goals and strategies in this statement.

### Key Terms

**Focus Areas**—These are the six areas that DRC will focus on over the next three years. They are designated by Roman Numerals, I-VI. They are very much all-inclusive of the disability-related issues people with disabilities face and cover areas that DRC and other P & A's traditionally focus on. While DRC's federal grantors give much discretion to the P & A's to decide on specific priorities, the general subjects in this Statement are generally required areas of focus by one or more of the federal grants. Generally DRC will not accept cases or perform work outside of these areas, but where possible will provide a referral to persons seeking assistance in other areas.

**Goals or Priorities**—These are what they seem to be--goals and priorities of the organization. They are designated with upper case letters, A, B, C, etc. These statements too cover a lot of important ground. It is projected that the vast majority of DRC’s work will be on these goals and priorities.

**Objectives or Strategies**—These are designed to achieve or contribute to the achievement of the goals/priorities. They are designated with numbers, 1, 2, 3, etc, and in some cases broken down further into a, b, c (etc.) and even further into i, ii, iii, etc.

**Direct Advocacy, including full representation**—Direct advocacy as used at DRC generally consists of providing advice to an individual specific to his or her matter, short term assistance or brief service, or full representation in which the client formally retains DRC and signs a retainer agreement. As to the provision of advice, while there is no bright line between that service and information and referral, advice tends to be very specific to the person’s matter. It should provide sufficient guidance to allow the person to make a decision on whether or how to pursue all or a portion of the matter that he or she is calling about. Information, while covering the subject the person is calling about, tends to be far more general. Whether and what cases are accepted for full representation versus other forms of direct advocacy is within DRC’s discretion, but guided by this and by our case selection policy set out in Part C. That policy is based in large part on the goals/priorities objectives/strategies set out immediately below in Part B.

**PADD, PAIMI, PAIR, PATBI, PAAT, PABSS, PAVA**—These are acronyms for DRC’s federal grant programs. Their full names and a brief description of each is provided on page one. For more information on each, see [www.napas.org](http://www.napas.org). You will note that each goal/priority in Part B, below, has assigned to it one or more of these federal acronyms. This means that the goal or priority is applicable to the programs specified. For example the applicable federal programs for I(B)—“Strive to end abuse and neglect for people with disabilities”--is PADD, PAIMI, PAIR, and PATBI. This is because it is very likely that persons in each group covered by these grants may be or will be subject to abuse and neglect and DRC will be taking action as it has in the past. If that is in fact the case we will also be utilizing funds from each of the four grants or fewer if in fact one or more groups end up not benefiting from DRC’s efforts, an outcome which is highly unlikely.

**Other**—Abbreviations or Acronyms – See Part D.

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Note: Because this is a three-year plan, unless specified otherwise, the intention is that each goal and strategy will be worked on and/or accomplished over three years. Many are designated for specific years, e.g. year 2 or 3. However, where a year is not specified, the intention is that approximately one third of the work would be done each year, e.g. taking approximately 5 cases on a certain issue per year, where the overall goal is 15.

**PART B: GOALS/PRIORITIES & OBJECTIVES/STRATEGIES  
For October 2011—September 2014**

**Rights Of Persons With Disabilities To Be Free From Abuse And Neglect,  
Inappropriate Restraint And Seclusion, And Other Harm**

- A. Monitor and review any changes in laws, regulations and policies to safeguard against infringements or cutbacks in the above specified and related rights. (PADD, PAIMI, PAIR, PATBI)**
- B. Advocate to prevent abuse and neglect (A & N) against people with disabilities. (PADD, PAIMI, PAIR, PATBI)**
1. On the system(s) level, continue to make the case for improvement in the quality and independence of state agency A & N investigations, by pursuing at least two of the following objectives:
    - a. Establishment of an agency independent of DHHS (or at the Commissioner level), which conducts investigations of alleged A and N of children or adults with developmental disabilities, mental illness, and physical disabilities committed in facilities or programs, or by paid staff or volunteers, etc. (Note: For children, this may be a new or improved unit/capacity at DCYF.)
    - b. Monitor implementation of the new He-M 202 and 204 regulation regarding rights protection and A and N investigations to determine whether Office of Client and Legal Services should do single investigations for the DHHS or whether BEAS should also do them; and advocate accordingly.
    - c. Address inadequate system at DCYF and generally (including in education and by law enforcement) of investigations of A and N against children in schools, treatment facilities, child care, group homes, etc.
  2. Provide direct advocacy, and where necessary, investigate incidents of abuse and neglect against individuals with disabilities,
    - a. Develop guidelines to determine when to conduct primary or secondary investigations and the scope and purpose of such investigations.
  3. Monitor implementation of the RSA 161-F:49 adult registry to determine effectiveness, including numbers of persons on the registry and process and outcomes of employee challenges.
  4. Continue membership on the Long-Term Care Ombudsman Task Force and DD Quality Council, and Incapacitated Adult Fatality Review Committee.

**C. Strive to end inappropriate use of restraint and seclusion. (PADD, PAIMI, PAIR, PATBI)**

1. Provide direct advocacy (BS & FR) in at least 4-8 restraint and seclusion cases at NHH and Philbrook. This would include use of chemical restraint. Refer others (and assist in the referral where necessary) to state complaint/investigation systems and review outcome.
2. Provide direct advocacy in restraint and seclusion cases in private facilities housing people with disabilities, including full representation.
3. Provide direct advocacy in at least 2-4 restraint and seclusion cases against school districts, including full representation by DRC and/or with other counsel. Refer others to NH Dept. of Education (DOE) or other appropriate complaint system(s) and review outcome.
4. Monitor implementation of SB 396 (law restricting use of restraint in children) and determine objectives and strategies with respect to restraint use reported to DRC. (the latter within 3 months).
5. Track reports to DRC from Center for Medicaid and Medicare Services of deaths related to seclusion and restraint and take action, if necessary. Inform providers of their reporting obligations.

**D. Resources permitting, address bias and stigma against people with mental illness amongst the courts, lawyers, DCYF, CMHCs and related institutions in family law, custody and visitation matters. (PAIMI)**

1. By participation in Access for Justice Commission
2. Continued collaboration with the NH Bar Pro Bono program and NH Legal Assistance.
3. Assisting clients where possible with respect to complaints.

**-II-**

**Discrimination in Public Accommodations, Transportation, Government and Government Funded Services, Voting and Access to Assistive Technology**

**A. DRC will address discriminatory architectural and program barriers in public services<sup>1</sup> and public accommodations,<sup>2</sup> in violation of the ADA and other relevant federal and state law, with particular emphasis on places (i) which are failing to meet the “readily**

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<sup>1</sup>In addition to state, local and county government agencies, entities that provide public services include public transportation services, state post-secondary education in state colleges and state technical colleges in NH.

<sup>2</sup> Examples of public accommodations are businesses, professional offices, entertainment facilities, daycare centers, private schools, colleges, private transportation companies and private hospitals.

**achievable standard” and (ii) which are failing to comply with RSA 155-A:5, which took effect on July 1, 2010. (PADD, PAIMI, PAIR, PATBI, PAAT, PAVA)**

1. Educate people with disabilities and entities providing public accommodations or public services, and their associations (e.g. businesses, chambers of commerce, Main Street programs, hospital & municipal associations) relative to legal obligations and methods to accommodate individuals with disabilities, including by continuing a multi-faceted approach to include television programming, brochures, articles, training as well as awards and other forms of recognition.
2. DRC will provide **direct advocacy** to clients in this area and specifically 8-12 brief service and full representation cases, to include 2-4 impact cases as needed.
3. *In implementing above, consider incorporating or (implementing on a separate track):*
  - (1) The need and desirability for statewide-level-initiatives (e.g. focusing on 1-2 associations) and local-level initiatives (e.g. focusing on 1-2 Main Street communities).
  - (2) Resources permitting, consider addressing some or all of the following issues unique to particular disabilities:
    - Accessibility to telecommunication systems, internet, and private carrier systems like UPS and Federal Express.
    - Need for interpreters, assistive listening to include assistive listening devices in emergency rooms and individualized amplifying systems at theatres, etc. and signs so indicating; WMUR doing more real-time teleprompting on 11:00 pm news; the need for state issued badges or cards for deaf and hard of hearing persons so that they may let others know of their communication needs especially in emergency or high stakes situations; and the obligation of law enforcement to provide interpreters when needed.
4. Resources permitting and in collaboration with GSIL, Gov. Comm. And/or other groups, determine feasibility of starting-restarting grass roots groups to advocate/self-advocate on architectural/program accessibility issues in public buildings, public accommodations, transportation, and/or voting, similar to the RAC's (Regional Action Committees). Based on feasibility determination, engage in needed actions (again resources permitting).

**B. DRC through advocacy and other strategies will strive to ensure full participation of people with disabilities in the electoral process. (PAVA, PADD, PAIMI, PAIR, PATBI)**

1. Address issues with regard to the voting machines that the State of NH selected, both with regard to the need for improved training of poll workers and the appropriateness and

legality of the machines, e.g. the fact that they do not guarantee voting selection confidentiality, particularly in small towns.

2. DRC in collaboration with other groups (e.g. Secretary of State and groups mentioned in II(A)(1), above), should continue to have a role in the education, training and assistance to people with disabilities to promote their participation in the electoral process, to include education on voter registration, actual voting and their legal rights pertaining to voting, and tips to overcoming anxieties or fears about the actual acts of registration and voting. Options will continue to include a direct role, a collaborative role, encouraging other groups to take lead role, or a trainer to trainer model.
4. Continue to participate in the coalition overseen by the Secretary of State to address barriers that people with disabilities encounter in the registration and voting process.
  - a. Advocate for Sec. Of State to provide mandatory hand-outs to registered candidates which includes their and their campaigns obligations under HAVA, ADA, etc.
5. If resources permit, and in collaboration with other organizations, participate in the training of election officials, poll workers and election volunteers.
6. Handle any
  - a. Cases in which it appears that a Probate court unjustifiably took away a person's right to vote.
  - b. Cases in which election or other government officials deprived or discouraged someone from voting.
  - c. As resources permit, undertake administrative appeals representation for voters with disabilities who use the administrative complaint procedure regarding HAVA or other voting rights violations.

**C. Advocate for ensuring availability of assistive technology (AT) and services to children and adults with disabilities who require it. (PAAT, PADD, PAIR, PATBI)**

1. Pursue and provide AT advocacy on AT issues that relate to priorities specified above. See also AT priorities under Section III below for persons with developmental disabilities and Section V for employment.
2. Provision of direct advocacy, handling at least 3-5 brief service or full representation cases per year in this area.
3. Engage in outreach and training strategies to potential users of AT both to encourage individuals to contact DRC when they need DRC's services as well to enable people to successfully advocate for needed assistive technology devices and services.

**D. To address discrimination in and the need for accessible and affordable transportation, DRC shall: (PADD, PAIR, PATBI)**

1. Provide advice, short-term assistance and full representation as needed to individuals whose rights to transportation are being denied because of their disability.
2. In collaboration with other groups advocate for a regional consortium approach to transportation which is user friendly, accessible, and comprehensive and particularly enables people with disabilities to access work and community like all citizens.
3. Review existing local and state government public transportation structure to determine whether changes are needed to ensure priorities in this section are met, e.g. the establishment of a state level agency, authority or coordinating council with necessary and appropriate responsibilities and consider advocating for those changes, e.g. through a change in legislation.
4. Both with regard to existing public transportation and transportation that goes on line in the future, in collaboration with other groups, promote widespread use of transportation by:
  1. Advocating for responsible and appropriate entities on the state and local level (e.g. the Manchester Transit Authority) to engage in effective publicity and outreach activities.
  - b. DRC and/or other groups engage in reinforcing and ancillary publicity and outreach activities.
  - c. To help overcome anxiety and fear about using transportation, get appropriate authorities and entities to:
    - (1) Ensure that accommodations necessary to accommodate physical, sensory or intellectual disabilities are easy to use, highly accessible, continuously functioning and welcoming.
    - (2) Ensure that the publicity and outreach efforts in 4(a) and (b) convey a welcoming and inviting message and how easy it is to use the transportation system.

**E. Continue membership and participation in the Commission on the Deaf and Hard of Hearing, Statewide Independent Living Council, and Disability Law Committee of the Bar. (PAAT, PADD, PAIR, PATBI, PAIMI)**

**-III-**

**Access To Necessary Services, Including Health Care In The Least Restrictive, Most Integrated Environment/Community**

**A. Monitor and review changes to service delivery system, regulations, rights, and funding in areas that pertain to the goals and priorities of this section, to determine the impact**

**on people with disabilities, and advocate accordingly, particularly. (PADD, PAIMI, PATBI, PAAT, PABSS)**

## **PERSONS WITH MENTAL ILLNESS**

1. Initiate systemic strategy, and if necessary systemic class action litigation in FY 2011 to prevent unnecessary admission to and reduce unduly lengthy stays at NH Hospital, Glencliff Home, or other facilities and improve community based services, including independent and supported housing, clinical and other supports and services in accord with best or emerging best practices, the principles of choice, self-determination and independence, freedom from abuse, neglect, coercion, and exploitation.

2. Challenge through litigation the length of civil commitments and consider challenging the basis of conditional discharge revocations when dangerousness is not present.

3. Handle 1-2 mental commitments per year and 1-2 conditional discharge revocations per year, taking cases in furtherance of the above priorities and otherwise in accordance with the PAIMI regulations, 42 CFR 51.7.

### **B. To promote choice and control by mental health consumers DRC will: (PAIMI)**

1. Handle a minimum of 2-3 brief service or full representation cases which enables mental health consumers to change or eliminate representative payees.

2. Handle a minimum of 2-4 other cases which raise other choice and control issues such as overly controlling conditional discharges (CD's) or CD process or unnecessary guardianships.

3. Advocate for policy changes which:

- a. Give mental health consumers choice of service providers and service coordinators
- b. Prohibits a service provider or case manager from being a person's representative payee.

4. Resources permitting (in addition to individual representation), to the extent medical and mental health systems overuse of psychotropic medication in lieu of other more appropriate therapies or services, engage in systemic change advocacy to correct the problem. Overuse could be use of medication when not needed, excessively high dosages, or ill advised polypharmacy.

### **C. To promote provision of high quality services, DRC will handle 2-4 brief service and full representation cases advocating for right to quality services in accordance with needs and wishes of its clients. (PAIMI)**

**D. Continue to disseminate user-friendly information pamphlets informing individuals of their rights relative to mental health system and services. (PAIMI)**

**E. If funding becomes available, provide training to consumers and other stakeholders on how to exercise their rights relative to the mental health system and services. (PAIMI)**

**F. Continue membership on the State Mental Health Commission and the DHHS Children and Adult Mental Health Planning Advisory Committee. (PAIMI)**

## **PERSONS WITH DEVELOPMENTAL DISABILITIES**

**G. Ensure that eligible individuals have timely access to services and monitor compliance with waitlist provisions of the new law.**

1. Handle as brief service or full representation unjustified denial of eligibility cases.
2. At intake/individual case level and at the systemic, budget and legislative level, monitor compliance with waitlist provisions of RSA 171-A (SB 138); and if noncompliance determined, take appropriate action, including litigation if necessary.
  - a. Consider pursuing legal action under RSA 541-A on DHHS's incorporation of provision in He-M 522 regulations, specifying that service availability is contingent on available funding.

**H. Advocate for improvement in the quality of services, to include in supported employment, assistive technology, and communication issues:**

1. Through the Quality Council, or in conjunction with other groups (e.g. DD Council, IOD) by advocating for:
  - a. Improvement of BDS Quality Assurance system as required by RSA 171-A:33
  - b. Implementation of SB 138 Committee recommendations regarding improved workforce and quality services.
2. Monitor and make sure AAs carry out their new responsibilities regarding Assistive Technology Evaluations pursuant to RSA 171-A:6II (Year 2 and 3), as well as provision of AT, when determined needed.
  - a. As needed or requested handle 1-2 brief service or full representation AT cases a year.
3. Through individual cases and on the systemic level advocate for improved services by Area Agency system in addressing clients with significant communication needs.

4. Provide direct advocacy in at least 4-8 cases per year (brief service and full representation) which advocate for employment or other high quality needed service supports or opportunities for persons with developmental disabilities. (PADD)

**I. Pursue funding to conduct a comprehensive program evaluation of an Area Agency, and to the extent deficiencies are found report out to relevant agencies. As part of the evaluation, determine and report out on whether deficiencies were detected by state's quality assurance system (e.g. licensing, surveys, re-designation). Make recommendations accordingly. By year 2.**

**J. Handle as brief service or full representation 2-4 cases in which individuals are unjustly restricted, institutionalized (e.g. SPU, NHH, DRF) or labeled as risk/forensic cases by AA system.**

**K. Monitor, whether and how the recommendations of the SB 112 Commission are being carried out, and advocate accordingly.**

**L. Address issues related to self-directed , consolidated services model, e.g. lack of clarity on ground rules, budget issues, tax issues, administrative fees, forcing models on people. Advocate on policy level and handle 2-4 brief service or full representation cases per year.**

**M. Make changes to DRC information pamphlets to reflect recent changes to DHHS regulations relative to AA services and SB 138 and disseminate them. (PADD, PATBI)**

**N. If funding becomes available, provide systematic training to consumers and families on how to access high quality services related to employment or other meaningful or rewarding opportunities, year 2 and 3. (PADD)**

**O. Continue membership in the DD Policy Group and the DD Council, Quality Council, ABLE-NH. (PADD, PATBI)**

#### **PERSONS WITH TRAUMATIC AND OTHER BRAIN INJURIES**

**P. Carry out all activities listed in H-L, above, with regard to persons on Acquired Brain Injury Waiver (ABI) waiver. (PATBI)**

**Q. Provide direct advocacy in 2-4 cases (if contacted) in which the client on ABD wavier is being denied individualized, quality services.**

**R. DRC staff will continue membership on the NH Brain Injury Association Board. (PATBI, PAIR)**

#### **Cross Cutting Issues**

**S. With regard to people with developmental disabilities, traumatic brain injury or other disabilities who are hospitalized or institutionalized in inappropriate settings for behavioral reasons, provide direct advocacy in a minimum of 4-6 cases. (PADD, PAIMI, PAIR, PATBI)**

**T. Monitor NH Hospital and other selected facilities through site visits and other means, to ensure there is appropriate treatment and services, and individuals are free from abuse, neglect and other forms of harm.**

**U. Advocate for system change and through direct case work improved services from state (and as needed private sector, including insurers), for persons with dual or multiple diagnoses such as mental illness and drug or alcohol addiction, traumatic brain injury, and/or developmental disability. In developing and implementing systemic strategies include consideration of: (PADD, PAIMI, PAIR, PATBI)**

1. Advocating for improved, more comprehensive and flexible services from CMHCs to respond to persons with dual or multiple diagnoses.
2. Better interagency agreements and arrangements on paper and in reality between relevant points of responsibilities, e.g. Area Agencies and CMHC
3. Increased choice for consumer to choose providers outside the state supervised systems.

**V. Advocate for policies and practices to ensure that children and adults with disabilities have access to quality health care, i.e. acute, disability-related care, dental care (for adults), through information and referral and direct advocacy, and resources permitting, systemic advocacy. This could include addressing shortage of health providers willing to take Medicaid. (PADD, PAIMI, PAIR, PATBI, PAAT) [Part of a number of others]**

**W. Advocate directly and in conjunction with other groups, for the proper and effective implementation of the federal Patients Protection and Affordable Care Act as it relates to individuals with disabilities. (PADD, PAIMI, PAIR, PATBI, PAAT)**

**X. To address discrimination in and the need for accessible and affordable housing, DRC shall provide advice, short-term assistance and full representation as needed to individuals whose rights to housing are being obstructed because of their disability. (PADD, PAIMI, PAIR, PATBI, PAAT)**

**Y. Continue membership in the Medical Care Advisory Committee to HHS. (PADD, PAIMI, PAIR, PATBI, PAAT)**

#### **ISSUES CONCERNING CORRECTIONS SYSTEMS AND DISABILITIES**

**Z. Provide (1) direct advocacy in cases involving failure of the state prisons or jails to accommodate individuals with physical or sensory disabilities in their programs and services, including the provision of full representation, (2) direct advocacy or referral to**

**other attorneys on substantial or egregious and clear cut cases of denial of essential medical or mental health care, particularly at the SPU, not covered by Laaman enforcement. (PAIMI, PADD, PAIR, PATBI, PAAT)**

**AA. Consider addressing any systemic special education issues at NH State Prison and County Jails pertaining to enforcement of HB 766. (PADD, PAIMI, PAIR)**

**BB. Resources permitting and in collaboration with NAMI, Consumer Council, and NHPD, NHLA and others, as appropriate, consider, develop and implement strategies to address one or both of the following (year 2 or 3): (PAIMI, PADD, PATBI, PAIR)**

1. Adequacy of parole planning and transition of parolees with disabilities to the community.
2. The need to improve training of law enforcement when interacting and determining appropriate approach to persons with mental illness with the goal of (a) preventing escalation of problematic behavior or de-escalating such behavior and (b) promoting non criminal approaches, solutions or dispositions, whenever appropriate.

**-IV-**

**Access To Quality Education in Least Restrictive Environment (LRE) and other Comprehensive, Coordinated Quality Services To Enable Children With Disabilities To Lead Healthy, Independent And Productive Lives<sup>3</sup>**

**A. Monitor and review changes to laws, regulations, rights, and funding to determine the impact on children with disabilities, and advocate accordingly, particularly in areas that pertain to the goals and priorities of this section. This includes not only in the area of special education, but generic education and related laws e.g. in truancy, bullying, Claremont-related. (PADD, PAIMI, PATBI, PAAT, PABSS)**

**B. Get state and school districts (and where needed USDOE) to fulfill their responsibilities (i) to close the achievement, graduation, and drop out gaps between students with disabilities and all other students (ii) to address unnecessary and unjustified suspensions, expulsions, diversions to the JJ system, segregated classrooms, out of district placements, and or constructively forced home schooling, alternative school placements, or other exclusionary school practices (iii) and to otherwise ensure that students with disabilities make excellent progress on relevant performance and outcome measures in academic and functional life skills. (PADD, PAIMI, PAIR, PATBI, PAAT, PABSS)**

1. Implement Strategies to get NH state government/state educations agency (NHDOE) to carry out its responsibilities for oversight, supervision, and monitoring over school districts to ensure that all children receive FAPE and an adequate education in the LRE as required by IDEA, other federal law (e.g. NCLB) and/or state law (to include Claremont). 9 - 12 months

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<sup>3</sup> This is the only section that applies exclusively to children (up to 21). All the other sections of this document apply to both children and adults.

- a. Monitor and review RSA 186-C:5 Independent Evaluation of NH DOE monitoring responsibilities, and depending on results, use or advocate accordingly.
  - b. Institute action (administrative, state or federal judicial) to get NH DOE to carry out supervisory and monitoring responsibilities with regard to one or more of the areas in B(i)-(iii) within 12 months assuming sufficient resources.
2. Consider other non-litigation strategies to compliment or if necessary, substitute the strategy in B (1) (b).
  3. Monitor NHDOE’s Administrative Complaint Process. Advocate for properly conducted investigations and compliance oversight (in collaboration with other groups).

**C. Determine what if any areas or recommendations in the May 2010 HB661 Commission report DRC wants to prioritize (3 months) and advocate accordingly. Strong consideration to be given to shortage of qualified teachers—the Alt IV problem.**

**D. Handle approximately 15-30 brief service and 3-6 full representation cases<sup>4</sup> each year. Revise brief service and case acceptance guidelines as follows with priority to cases involving students in of 4-5 “targeted districts” in the following subject areas:**

1. Matters which raise issues under (B(i)-(iii) and C, above
2. Inclusion
3. Quality instruction in classroom; best practices in an inclusion and/or universal design framework
4. Positive behavior supports
5. Advocacy against restraint and seclusion
6. Advocacy against suspension and expulsion, and specifically BS and FR at manifestation reviews.
7. Assistive technology
8. Transition and Graduation, including advocating for appropriate credits, competencies and skills
9. Failure to identify completely or appropriately
10. Matters which demonstrate IDEA and Claremont definition of education as including more than academics.

Note - The Ed Team will select the 4-5 target school districts and may change them periodically or as needed. The other purpose in targeting school districts is to determine if there are systemic issues that could be identified and addressed that will benefit a large number of children in that district or statewide and/or particularly help DRC meet its IV B goal(s) above.

**E. To ensure that students with brain injury are identified when they need special education services, by: (PATBI, PAIR)**

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<sup>4</sup> A revision decreasing these targeted numbers may be needed if DRC were to institute major omnibus, systemic or class action strategy per IV(A)(1), unless substantially more funding was obtained.

1. Handling brief service or full representation cases in which school district are unjustifiably refusing or failing to identify child a child as having a traumatic or acquired brain injury. and/or utilize special education pro bono attorneys to handle these cases.
2. Explore with BIA, and resources permitting, develop and implement accordingly, a systemic strategy which will address the under-identification of children with brain injury as needing special education services, giving consideration to:
  - a. Changing statutes or regulations to require that school health screening include screening for brain injury and criteria for referral for special education evaluations;
  - b. Enacting or changing current law, protocol, or practice to promote or require referrals by health facilities as part of discharge and discharge planning of a child who suffered brain injury to the special education department of the child's school district.

**F. Contingent on additional funding or by encouraging other group(s) taking the lead or a primary role, institute a medium or long-term public education campaign, addressing one or more of the following: (PADD, PAIMI, PAIR, PATBI)**

1. Achievement and other gaps and between students with disabilities and other students and reasons therefore and consequences to children and society.
2. Educating the public that students with disabilities with high quality teaching and supports have capacities to learn, perform well, become productive and independent citizens, etc.
3. Debunking the myth of special education funding and specifically that school districts have shouldered virtually all of the funding themselves.

**G. On a policy and systemic level, as well as through individual representation, address issues and needs of children with emotional/behavioral disabilities by:**

1. Following through on recommendations in the Sununu Youth Center (SYC) Investigation.
2. Conducting training for GAL as opportunity arises.
3. Advocate for policies to divert children away from the (SYS) or prevent lengthy stays.
4. Represent children who are diverted to Juvenile Justice to secure appropriate education and treatment.
5. In collaboration with other groups, (e.g. Endowment for Health), advocate for the necessary components to ensure system of care, interagency coordination and wrap-around for children who require multiple agency services, have significant behavioral needs, and/or

are at risk of residential placement, confinement (e.g. SYC) or institutionalization (e.g. Philbrook)

**H. Provide technical assistance to attorneys representing parents in special education, contingent on additional funding and on cooperation with pro bono, increase the number of north country attorneys available to represent parents pro bono**

**I. Continue membership on or participation in: (PADD, PAIMI, PAIR, PATBI, PAAT)**

1. Statewide Advisory Council to the DOE
2. DD Council and subcommittees
3. Suicide Prevention Council, once established

-V-

**PABSS<sup>5</sup>/Employment Goals**  
**Advancing The Rights Of People With Disabilities To Obtain Employment Opportunities Of Their Choice**

**A. Carry out responsibilities under the PABSS grant, including: (PABSS)**

1. Providing advice, short term assistance, and full representation on selected cases to beneficiaries seeking rehabilitation, employment and other support services from employment networks and other service providers. This includes assuring that beneficiaries receive appropriate training from qualified providers of their choice and maintain health coverage when employed, including through the MEAD program.
2. Investigate and review complaints of improper or inadequate services provided to a beneficiary by a service provider, employer or other entity involved in the beneficiary's return to work effort.
3. Provide information and referrals to Social Security Beneficiaries with disabilities about work incentives and employment including:
  - a. Information on the type of services and assistance that may be available to assist beneficiaries in securing or regaining gainful employment.
  - b. Information and technical assistance on work incentives to individuals, attorneys, government agencies, employment networks and other services, providers and advocacy organizations.
4. Provide consultation to and representation of beneficiaries when such services become necessary to protect the rights of such beneficiaries, when the issue is directly related to employment issues.

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<sup>5</sup> PABSS stands for Protection and Advocacy for Beneficiaries of Social Security.

5. Provide education and training to beneficiaries of Social Security and the community providers who are in a position to inform beneficiaries about PABSS.
6. Provide information and referral and brief service assistance on overpayment cases.

**B. Conduct investigations and monitoring as assigned and funded by the Social Security Administration to determine whether employers are representative payees over their employees, and advocate accordingly.**

**C. Address issues in the area of vocational rehabilitation issues. (1, 2, 3, 4 contingent in whole or in part on additional funding; 4 and 5 partially so) (PABSS, PADD, PAIMI, PAIR)**

1. Both in hard copy and/or electronically, develop, maintain, and publicize an entitlement, services and resources directory aimed primarily at consumers of VR and other employment related agency and providers informing them of all their rights, options, services, and what funding is available; and conversely what VR (and other agencies) responsibilities are. (This could be part of or the first stage of a resources directory referenced in Outreach Focus Area, Section VI below.)
2. Where there are overlapping responsibilities between VR and schools systems, area agencies, community mental health centers, Ticket to Work vendors, and other agencies, (a) analyze and chart how the hierarchy or order of responsibilities to the consumer by law and in practice (within 6 months of receipt of funding) and (b) determine and advocate for needed changes in law or practice or both--(within 12 months of receipt of such funding.)
3. Examine training and certification requirements of VR counselors and supervisors to determine whether the requirements are sufficient to ensure the commitment and competencies to address needs of persons with mental illness, developmental or other long term disabilities (within 6 months of receipt of funding); and (b) advocate for needed changes in law or practice or both. (within 12 months of receipt of funding).
4. Identify illegal practices at VR regarding application denial or delays/waitlists, generally, and inadequate services to persons with developmental disabilities and/or mental illness (to include supported employment) and develop litigation or non-litigation strategies.
5. Handle as brief service or full representation 4-5 cases per year (up to and including due process) in subjects covered by B 1-4, above, as well as school transition cases with current funding, and more cases (the number to be determined) if DRC is-designated as the CAP.

**D. Address employment discrimination to which individuals with disabilities have been subjected. (PABSS, PADD, PAIMI, PAIR)**

1. Disseminate rights and informational material.

2. Design and deliver training for consumers concerning their rights and how to exercise them, if designated as CAP beginning during year 2.
3. On employment discrimination matters, (a) directly represent individuals on meritorious cases determined on a case by case basis and (b) on others continue to provide advice on how to file EEOC and HRC complaints

**E. Advocate for the provision of assistive technology when it is necessary for an individual to obtain and retain employment and gain advancement. (PAAT)**

1. Provide information, advice, case advocacy, including full representation where lack of assistive technology is a barrier to employment, selecting if possible larger employers.
2. Advocate to ensure that VR (or other responsible agencies) provides funding or otherwise secures AT devices and services for employment and in regard to school transition clients.

**-VI-**

**Outreach, Self-Advocacy, Public Education, Collaboration,  
And Diversity Goals**

**A. Continue to improve broad collaboration with other disability/advocacy groups and with larger coalition of individuals to, among other purposes:  
(PADD, PAIMI, PAIR, PAAT, PAVA)**

1. Gain increased leverage and impact.
2. Prioritize one or two areas in which to concentrate resources to obtain systemic and widespread change.
3. Promote consistent messages

**B. In collaboration or directly, develop and disseminate rights and informational material in a specified number of subject areas per year in English and Spanish, chosen on the basis of goals and priorities and areas in which there is the most need for such literature. within 12 months. (PADD, PAIMI, PAIR, PAAT, PATBI, PAVA, and/or PABSS)**

1. Determine initial items within 2 months
2. Determine additional items for year 3

**C. Resources permitting, continue efforts to establish an “entitlement service directory” for consumers and other stakeholders to learn what services they are entitled to and how to navigate the system(s). Need to leverage additional funding or collaborate with other groups who have that as a significant responsibility (PADD, PAIMI, PAIR, PAAT, PAVA, PABSS)**

1. As part of this effort or independent from it, provide on the web or in hard copy user friendly form letters, complaint forms and other documents necessary to file grievances or complaints against agencies or its personnel with whom individuals with disabilities interact, with links to pro se court forms.
2. As part of this effort or independent from it, have a page on the web for feedback on agencies/programs/providers/school districts, using a simple anonymous survey form screened for obscenity, inflammatory remarks, etc.
3. Advocate for existing resource directory systems (Servicelink, 211) to improve quality and usability of directories

**D. Continued outreach and direct advocacy to veterans, particularly veterans returning from combat with traumatic brain injuries. Continue to reach out to the Veterans Hospital at White River Junction, and engage in outreach at the Veterans Hospital in Manchester and with at least two veterans groups, on employment discrimination, housing, and the Americans with Disabilities Act. (PATBI, PAIR)**

**E. Marketing campaign and ongoing effort to increase DRC's visibility generally throughout NH. (PADD, PAIMI, PAIR, PAAT, PAVA)**

1. All DRC marketing and outreach literature and in-person presentations should be clear on what DRC does, does not do and refers out, both with regard to case activity and other activities (e.g. training, legislative, etc.)
2. Efforts shall include:
  - a. Continued website improvement with major announcement about new and improved website (resources permitting)
  - c. Pamphlets that explain both the DRC and specific issues
  - d. RAP sheet
  - e. Disabilities Rights Center Presents...on television
  - e. Annual Reports
  - f. Utilizing list serves to disseminate items of interest such as state legal developments
  - g. Media--more news articles, press releases, TV and radio shows, appearances and spots
  - h. Professional Publications, such as Bar News
  - i. Social media (e.g. facebook)

**F. Outreach to underserved populations, including racial, ethnic, and other minority populations, and rural areas, and increased cultural competency of the DRC.**

1. Maintain and expand outreach to, and collaboration with, organizations representing or working with minority populations, such as the EFH's Health Equity Coalition; refugee resettlement organizations, the NH Office of Minority Health and Refugee Affairs, and groups representing specific minority populations (New American Africans, Latin American Center, etc.)
2. Train DRC staff in cultural competence and addressing language barriers
3. Develop protocols to make DRC's services more accessible to minority populations when cultural or language barriers may interfere with access.