



Policy Platform

This publication is an overview of the Council's policy and viewpoint regarding issues that concern people with disabilities and their families including:

- Leadership
- Health Care
- Education
- Employment
- Transportation
- Community Supports for Children and Adults
- Legal/Justice

Council Mission Statement

The mission of the Council is to advance independence, productivity, and inclusion of people with disabilities in all aspects of society.

Adopted:
Board of Directors, Indiana
Governor's Council
for People with Disabilities
July 14, 2009

www.in.gov/gpcpd

Policy Statement: Leadership

Adopted:
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POLICY STATEMENT

People with disabilities and their family members are leaders in all aspects of society including in their personal lives, their communities, and at the state and national levels.

BELIEFS AND CONDITIONS

Government by the people includes citizens with disabilities and their families. Citizens with disabilities and their families desire to actively participate in decision making processes that affect their lives. Services and programs supporting people with disabilities are more successful when those being served have the opportunity to participate in the program's governance. There is an increasing effort by some boards, councils and programs to include people with disabilities in leadership roles. Regardless of disability, people strive for and achieve leadership positions that influence all aspects of society, government, and business.

POSITION

The Council supports legislation, policy, and practices that:

- Foster the development of leadership skills.
- Encourage active recruitment of people with disabilities and their families to serve in leadership positions.
- Encourage people with disabilities and their families to take responsibility for engaging in leadership opportunities at the individual, community, state, and national level.
- Prepare children and youth with disabilities to assume leadership opportunities at the earliest age possible.
- Support the right of all people to engage in all aspects of the electoral process.
- Support consumer control of funds expended on their behalf.
- Embrace evidence based governance.

TERMS AND DEFINITIONS

Leadership: The process of social influence in which one person can enlist the aid and support of others in the accomplishment of a common task.

Evidence based governance: The development of policy, rules and regulations in which the underlying rationale is based upon evidence of statistically significant effectiveness through empirical research.

REFERENCES

Developmental Disabilities Assistance and Bill of Rights Act of 2000, Pub. L. No. 106-402, 114 Stat. 1677 (2000).

Policy Statement: Health Care

Adopted:
Board of Directors, Indiana Governor's Council
for People with Disabilities
July 14, 2009

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POLICY STATEMENT

Quality, affordable, accessible health care that meets the needs and choices of people with disabilities and chronic conditions, including home and community-based alternatives in long term care, is an essential ingredient for participating fully in all aspects of life.

BELIEFS AND CONDITIONS

The measures and rewards used for evaluating quality health care should be aligned with health care outcomes. A test of an effective health care system is how well it serves people with disabilities and chronic conditions. A quality health care system focuses on wellness and includes a comprehensive array of services that addresses prevention, health, mental health, dental, vision, hearing, nutrition, rehabilitation, and other specialty needs, delivered through a primary care, medical home model. Many people, including people with disabilities, are uninsured or underinsured. People with disabilities often cannot access health care services and facilities that match their specific needs or are denied services to maintain their health status. Many people are forced to use costly emergency room services as their primary health care resource. People with disabilities often face discriminatory practices due to denial for coverage of pre-existing conditions, the use of confusing and complicated automated communication technologies, the complexity of application for eligibility process, denial for ongoing and specialized services, and complicated billing and explanation of benefits. Health care providers have a lack of knowledge and expertise regarding the health care needs of people with disabilities. People with disabilities often have multiple providers and experience a lack of communication and coordination which potentially jeopardizes quality care.

POSITION

The Council supports legislation, policy, and practices that:

- Provide accessible, affordable health care for all delivered in community based settings.
- Ensure providers are trained to recognize the unique needs of children and adults with disabilities and to refer to specialty providers when needed.
- Promote the health and wellness of all people, including those with disabilities.
- Encourage consumer choice in health care.
- Implement full mental health parity.
- Ensure access and affordability of prescription medications (as well as provision of brand name drugs when medically necessary), durable medical equipment and devices, and other technologies, including repair and replacement.
- Encourage people to make healthy choices.
- Promote a healthy living environment free from pollutants and hazards.
- Expand Medicaid waivers to eliminate waiting lists and ensure home and community-based alternatives in long term care.
- Support research that improves the quality of life of all people including those with disabilities.

TERMS AND DEFINITIONS

Medical home: An approach to providing comprehensive primary care that facilitates partnerships between individual patients, and their personal physicians, and when appropriate, the patient’s family.

Medicaid Waiver: The source of combined federal and state funding for services available to clients who are eligible for Medicaid but choose to remain in the community.

REFERENCES

Families USA, “Americans At Risk: One in Three Uninsured,” (2009), available at <http://www.familiesusa.org/assets/pdfs/americans-at-risk.pdf>

Policy Statement: Education

Adopted:
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POLICY STATEMENT

People with disabilities have access to education and life-long learning opportunities with choices, options and supports in integrated school and community settings.

BELIEFS AND CONDITIONS

People with disabilities, like other citizens, are life-long learners. All students, including those with disabilities, require quality educational experiences in order to reach their life goals. Students with disabilities learn best in integrated settings in their neighborhood schools. Federal law mandates that the educational system serves students in response to their individual educational needs in the least restrictive environment. Students with disabilities often leave school without the skills, experiences and supports they need to live, learn, work and play as valued citizens in their communities. A high proportion of students with disabilities do not graduate high school or pursue higher education.

POSITION

The Council supports legislation, policy, and practices that:

- Fully fund school programs at all levels, with additional consideration for at-risk children and children with disabilities
- Establish an equitable school distribution formula that serves all Indiana public schools while recognizing the individual needs of students
- Promote collaborative planning and instruction between general and special education
- Promote licensed child care and preschool programs
- Expand the number of Head Start and Early Head Start programs

- Promote implementation of full day Kindergarten in all Indiana schools
- Promote staff training and development on education best practices
- Expand and maintain support for parent training and information centers
- Increase opportunities and supports for life-long learning including post-secondary education for students with disabilities
- Promote positive school culture and positive behavior supports
- Assure students with disabilities access all educational programs and activities within their school experience
- Support successful transitions from early intervention to preschool to school to work to community
- Increase the review and expansion of collaborative efforts by the Indiana Department of Education/Division of Exceptional Learners (DOE/DEL), Division of Developmental Rehabilitation Services (DDRS), the Department of Corrections (DOC), the Department of Workforce Development, and Indiana's Higher Education system to strengthen transition-to-work and community living
- Fully implement the Individuals with Disabilities Education and Improvement Act (IDEIA) including the participation of students with disabilities in fully inclusive educational settings, curriculum and assessments

TERMS AND DEFINITIONS

Least Restrictive Environment: The position that a student who has a disability should have the opportunity to be educated with non-disabled peers, to the greatest extent possible.

Transition: Services provided for students with disabilities to help make the transition from school to adulthood.

Parent Training and Information Centers: Federally funded centers that serve families of children of all ages with all disabilities; physical, cognitive, behavioral, social, and emotional.

Positive Behavior Supports (PBS): Considers what is important to the person and for the person and implements those values into a comprehensive plan to address challenging behavior. PBS focuses on valued out-comes such as teaching or strengthening skills, enhancing relationships, and increasing participation in the community.

REFERENCES

Individuals with Disabilities Education Improvement Act of 2004, Pub. L. No. 108-446, 118 Stat. 2647 (2004).

Improving Head Start for School Readiness Act of 2007, Pub. L. No. 110-134, 121 Stat. 1393 (2007).

U.S. Department of Education. *High School Dropout and Completion Rates in the United States: 2007* (IES 2009-064). Washington: GPO, 2009.

Policy Statement: Employment

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POLICY STATEMENT

People with disabilities are employed with fair and equitable wages and benefits, with access to a variety of employment options and upward mobility, and with access to appropriate accommodations and supports.

BELIEFS AND CONDITIONS

People with disabilities want economic self sufficiency in order to fully participate in the community. They possess skills that match business and community needs. People with disabilities are underemployed or unemployed at a disproportionately high rate compared to other Hoosiers. People with disabilities are more likely to be impoverished.

POSITION

The Council supports legislation, policy, and practices that:

- Create and implement workforce development programs, including vocational rehabilitation and work incentives
- Increase school-to-work outcomes
- Increase access to Medicaid waivers for long-term employment supports and outcomes
- Include people with disabilities in community economic development plans and initiatives
- Promote training and learning opportunities for job and career advancement for people with disabilities
- Establish and enhance public transportation systems so people can get to and from work on a timely basis
- Promote full implementation of federal and state legislation that supports employment of people with disabilities

TERMS AND DEFINITIONS

Vocational Rehabilitation: Services offered to individuals with cognitive or developmental disabilities that are designed to enable participants to attain skills, resources, attitudes, and expectations needed to obtain and retain employment.

School-to-Work: Programs that provide ways for students to transition successfully into the economy.

REFERENCES

Americans with Disabilities Act of 1990, Pub. L. No. 101-336, 104 Stat. 327 (1990)

Cornell University. Online Resource for Disability Statistics. *Disability Statistics* [Data File]. Retrieved from <http://www.ilr.cornell.edu/edi/DisabilityStatistics>

Social Security Act, 42 U.S.C. 7

Workforce Investment Act of 1998, Pub. L. No. 105-220, 112 Stat. 936 (1998)

United States Bureau of Labor Statistics. *Local Area Unemployment Statistics* [Data file]. Retrieved from <http://www.bls.gov/Lau>

Policy Statement: Transportation

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POLICY STATEMENT

Freedom of movement is essential for independent living, for engaging in productive self-sustaining activities, and, most importantly, for full participation in the communities of one's choice.

BELIEFS AND CONDITIONS

People with disabilities, like other Indiana citizens, deserve viable options for getting from place to place to live, work and play in their community of choice. All components of a transportation system must meet the needs of all citizens in an accessible and affordable manner. Although some improvements have occurred significant barriers remain. Most Indiana counties are rural and lack accessible, affordable and timely transportation resources. While some urban communities have more transportation options, challenges with accessible, affordable and timely resources remain. Existing systems have restricted hours and days of service options, and lack adequate basic infrastructure including accessible sidewalks and bus stops. Transportation options for traveling from city to city are extremely limited, costly, and difficult to navigate and require unusually long commute times.

POSITION

The Council supports legislation, policy, and practices that:

- Educate transit personnel to sensitize them to the needs of people with disabilities, as well as “user-side training” for people with disabilities to ensure safe and successful utilization of all transportation options.
- Expand affordable, accessible transportation options statewide to include weekend (year round) service, longer hours, and increased routes with more frequent service.
- Coordinate statewide, intermodal transportation systems that are accessible, affordable, and available to all people with transportation needs.
- Utilize all available funding options to expand accessible and affordable public transportation options, including paratransit, for people with disabilities.
- Promote significant expansion of mass transit options statewide that incorporate “green” alternatives such as light rail, hybrid vehicles and other technologies that reduce dependence on fossil fuels.
- Ensure all publicly funded or publicly regulated transportation services are in full compliance with the ADA and must be architecturally, physically (mechanically) and programmatically accessible to people with disabilities.

TERMS AND DEFINITIONS

Intermodal: The combination of more than one mode of transportation.

Green technology: The application of environmental science to conserve the natural environment and resources, and to curb the negative impacts of human involvement.

REFERENCES

Indiana Institute on Disability (2010). [Disability Transportation Survey]. Unpublished raw data.

Policy Statement: Community Supports for Children and Adults

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POLICY STATEMENT

People with disabilities are full participants in their communities based on their desires and choices.

BELIEFS AND CONDITIONS

People with disabilities report their lives are better when they live in their own homes and in communities of their choosing. When supports are needed, people with disabilities prefer a wide array of options in the type, location and provider of services and supports that best meet their needs and desires. However, needed services are often cost prohibitive or simply unavailable. Available public resources are biased to institutional and facility-based care limiting choices to achieve full participation in their community. As a result many people with disabilities and their families are forced to accept unsatisfactory living conditions and to wait years for alternative options. Current community capacity to meet the increasing needs of people with disabilities who desire to live in their communities including those on waiting lists, those living with aging parents and those living in institutions is inadequate. Needed services and supports include, and are not limited to, personal attendant care, housing, transportation, community mental health, health care, recreation, employment, and spiritual.

POSITION

The Council supports legislation, policy, and practices that:

- Support a seamless system of community services and supports for people with disabilities with flexible funding that follows the person giving consumer choice in the selection and location of services as a standard feature of all publicly funded services.
- Increase the availability of waiver slots and expansion of systemic capacity of community based services in order to meet the needs of people with disabilities on waiting lists.
- Eliminate costly and undesirable institutional living environments.
- Expand investments in technology to enhance the independence and productivity of people with disabilities while protecting consumers from faulty assistive technology and predatory practices.

TERMS AND DEFINITIONS

Assistive technology: The use of technology to meet the needs of people with disabilities in all areas of life: education, employment, transportation and community living activities.

Medicaid Waiver: The source of combined federal and state funding for services available to clients who are eligible for Medicaid but choose to remain in the community.

REFERENCES

Braddock, D., Hemp, R. (2008). *Establishing A Tradition Of Commitment: Intellectual and Developmental Disabilities Services in Indiana*. Available at <http://www.in.gov/gpcpd/2404.htm>

Kaiser Commission on Medicaid and the Uninsured, *Medicaid Home and Community-Based Service Programs: Data Update* (Washington, DC: Kaiser Commission, November 2009).

Kaiser Commission on Medicaid and the Uninsured, *Medicaid Facts: State Fiscal Conditions and Medicaid* (Washington, DC: Kaiser Commission, November 2008).

Policy Statement: Legal & Justice

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POLICY STATEMENT

People with disabilities are treated equally, fairly, respectfully, and consistently at all levels in the legal/justice system.

BELIEFS AND CONDITIONS

People with disabilities are law abiding citizens and appreciate safe communities. The treatment of people with disabilities in the Indiana legal/justice system has improved over the past decade.¹ However people with disabilities face greater challenges with the legal system because they frequently have physical and behavioral issues with a lack of services to address their needs. Funding streams do not address dual diagnoses (mental health and developmental disabilities), especially for people in the legal/justice system. People with developmental disabilities charged with crimes can be subject to criminal laws predicated on the assumption that the person charged can be “restored” to competency to stand trial. There remain persistent concerns that incarcerated individuals do not have access to necessary medications to help them attain and retain competency.

¹ Indiana v. Davis, 898 N.E.2d 281, 287 (Ind. 2008)

POSITION

The Council supports legislation, policy, and practices that:

- Train officers of the court, police officers, corrections personnel and others within the legal/justice system on disability issues including identification of disability (including mental illness), maintenance of prescription medications, and successful physical contact and communication strategies for people with disabilities
- Invest in models that promote effective rehabilitation of people with disabilities convicted of crimes
- Assure people with disabilities involved in criminal and civil issues have equal access to legal representation and implementation of their civil rights
- Impose stricter sentences for perpetrators of crimes committed against people with disabilities
- Enforce state and federal Civil Rights legislation such as the Americans with Disabilities Act (ADA)

TERMS AND DEFINITIONS

Dual diagnosis: A term that refers to individuals who have both a mental health and developmental disability.

Developmental Disabilities: Used to describe life-long disabilities occurring before age 22 attributable to a mental or physical impairment or a combination of both.

REFERENCES:

Indiana v. Davis, 898 N.E.2d 281, 287 (Ind. 2008)

Compton, Michael T, Masuma Bahora, Amy C. Watson, Janet R. Oliva. (2008). A Comprehensive Review of Extant Research on Crisis Intervention Team (CIT) Programs. *Journal of the American Academy of Psychiatry and the Law*, 36, 47-55.

Cowell, A., Broner, N. & Dupont, R. (2004). The cost-effectiveness of criminal justice diversion programs for people with serious mental illness co-occurring with substance abuse: Four Case Studies. *Journal of Contemporary Criminal Justice*, 20, 292-314.

Americans with Disabilities Act of 1990, Pub. L. No. 101-336, 104 Stat. 327 (1990)

Civil Rights Act of 1964, Pub. L. No. 88-352, 78 Stat. 241 (1964)

Indiana Civil Rights Law, Indiana Code § 22-9-1-2