

# 2017 Targets and Monitoring Work

Each year, Disability Rights North Carolina adopts a plan to focus its work on the greatest threats to the independence of people with disabilities and the most prevalent violations of disability rights laws. The plan includes Targets.

## What Is a Target?

Our targets are the goals we work every day to reach. To achieve full equality and justice for people with disabilities, we need to accomplish many different goals. But we do not have the resources necessary to tackle all of the issues facing people with disabilities at one time.

Through public input and our work with clients, we identify problems that are widespread or pose the greatest threat to the independence of people with disabilities. Then we develop Targets to address those problems.

## Why Do We Need Targets?

Disability Rights NC is the federally mandated protection and advocacy (P&A) system in North Carolina. We receive most of our funding from the federal government. Targets guide the work of our legal teams and provide the structure within which we can spend our limited resources.

## Does Disability Rights NC Do Work Outside of the Targets?

Yes! Please see page 12 for information on our core functions and other work.

Disability Rights North Carolina is a federally mandated protection and advocacy system with funding from the US Department of Health and Human Services, the US Department of Education, and the Social Security Administration.

We are an independent 501(c)(3) nonprofit organization. Our team of attorneys, advocates, paralegals, and support staff provide advocacy and legal services at no charge for people with disabilities across North Carolina.

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## Keep students with disabilities in school.

Students with disabilities are excluded from school more often than students without disabilities. Schools may use suspensions, homebound placements, modified-day schedules, and other practices to keep students with disabilities out of the classroom. This often results in months and sometimes years of lost instructional time.

Students with disabilities make up less than 13% of North Carolina's student population, but they received more than 35% of the long-term suspensions and removals to alternative schools in 2013.

### What We Will Accomplish in 2017

- ➡ Assist 40 individual students with disabilities who have been excluded from school for reasons related to their disabilities.
  - Provide legal representation, advocacy, or technical assistance.
  - Secure their return to school and obtain appropriate compensatory education, special education services, and behavior intervention plans to reduce the likelihood of future exclusion from school.
- ➡ Investigate and, if appropriate, pursue legal remedies that deter individual and/or widespread use of exclusionary practices for students with disabilities.
- ➡ Publish three articles or presentations in visual or auditory formats to educate stakeholders.
- ➡ Provide three trainings to stakeholders about special education law.
- ➡ Educate policymakers at the state and local levels about the prevalence and illegal nature of exclusionary practices and offer proactive solutions to end such practices.

### Who Will Benefit

Our efforts will benefit students with disabilities who are excluded from school for reasons related to their disabilities.

Schools with high populations of students who are minorities, are from low-income families, or live in rural areas are more likely to exclude students with disabilities and not provide required services due to limited resources. In addition, families with those characteristics have limited access to services and resources that support self-advocacy.

Therefore, students with those characteristics will likely benefit from our work.

### Why It Is Important

Schools often remove students with disabilities who have behavior challenges. They may do this by placing students on homebound instruction or modified-day schedules, sending them home before the end of the school day, or otherwise removing them from the educational setting before attempting appropriate behavioral interventions. These students are effectively suspended from school.

These practices occur even though the Individuals with Disabilities Education Act (IDEA) prohibits the suspension of students for behaviors related to their disabilities. IDEA also mandates that schools appropriately educate students with disabilities regardless of the severity of their disabilities or behaviors, or the intensity or expense of the services they need to make progress. Title II of the Americans with Disabilities Act and Section 504 of the Rehabilitation Act provide similar, though not identical, protections for students with disabilities.

IDEA prohibits schools from suspending a student for longer than 10 days if the behavior was related to his or her disability or caused by the school's failure to follow the student's Individualized Education Program (IEP)—except in cases where the acts involve weapons, drugs, or serious bodily injury. Even when the IEP team finds that the conduct is unrelated to the student's disability and the suspension stands, the school must provide the special education services in the student's IEP during the suspension. IEP teams also must address the student's behavior through a Behavior Intervention Plan (BIP) to help prevent recurrence, regardless of whether the conduct is found to be a manifestation of the student's disability.

**Funding: PAIDD, PAIR, IOLTA, PAIMI**

## Ensure appropriate transition planning for meaningful post-secondary outcomes for students with disabilities.

People with disabilities have the highest rate of unemployment of any group. Quality transition planning, evaluations, and services improve post-secondary outcomes for students with disabilities.

Such training and support, provided in schools and through the Division of Vocational Rehabilitation (VR), help to combat seclusion, poverty, illiteracy, and unemployment in the disability population. Without appropriate transition services, students and young adults with disabilities are likely to be unemployed and have severely limited community involvement.

### What We Will Accomplish in 2017

- ➡ Provide legal representation, advocacy, or technical assistance for 15 students who are age 14 and older, have Individualized Education Programs (IEPs), and are not receiving appropriate transition services.
  - Secure appropriate services, including compensatory services.
  - Increase the likelihood of meaningful post-secondary outcomes.
- ➡ Investigate and, if appropriate, pursue systemic legal remedies to ensure that school systems uphold the transition services requirements of the Individuals with Disabilities Education Act (IDEA).
- ➡ Publish and widely distribute a Transition Services Handbook for students, parents, school personnel, VR personnel, policymakers, and other stakeholders about IDEA's transition requirements and locally available resources to facilitate transitions and meaningful post-secondary opportunities.
- ➡ Participate in stakeholder groups with the NC Department of Public Instruction and the Division of Health and Human Services to educate policymakers about the laws applicable to transition services, common violations, and opportunities for effective remedies.

### Who Will Benefit

Our efforts will benefit all students who qualify for transition services.

Students who currently do not receive appropriate transition services are more likely to be minorities, live in rural areas, and come from low-income families. Students with those characteristics have less access to resources that support self-advocacy and often attend schools with limited resources that do not prioritize transition services. They also are more likely to live in resource-deprived communities that struggle to support adequate post-secondary opportunities for people with disabilities.

### Why It Is Important

The IDEA requires schools to begin providing transition services to students with IEPs no later than age 14. IDEA defines transition services as a coordinated set of activities focused on improving the academic and functional achievement of the student to facilitate the transition to post-school activities. Transition services must be based on the student's individual needs and goals, and they can include instruction, related services, community experiences, daily living skills, and vocational evaluations.

We routinely encounter violations of IDEA's transition requirements when we attend IEP meetings on behalf of students or provide self-advocacy and technical assistance to parents. Our contacts with coalition and advocacy groups who also work on behalf of students with disabilities tell us they see violations as well.

**Funding: PAIDD, PAIR, PABSS**

## Advocate for the employment of people with disabilities in competitive, integrated jobs.

People with disabilities are more likely to live in poverty due to unemployment or under-employment. Many are in sheltered settings and are working subminimum-wage jobs due to poor planning for life after high school. Because they are denied competitive wages, individuals may not have the opportunity to build assets and achieve economic stability.

### What We Will Accomplish in 2017

- ➔ Ensure that people with disabilities are employed in competitive, integrated jobs earning minimum wage or higher.
- ➔ Enforce the rights of workers with disabilities to work free from disability-based discrimination.
- ➔ Work with state and local officials to ensure that transition-age youth receive Pre-Employment Transition Services, as required by the Workforce Innovation and Opportunity Act.

### Who Will Benefit

Our efforts will benefit individuals with disabilities who desire to work. Based on state demographic

information, we expect this work will impact individuals living in rural areas and individuals with intellectual disabilities.

### Why It Is Important

The Americans with Disabilities Act became law in 1990. However, the promise of an “ADA generation” has not been borne out. People with disabilities continue to face barriers in finding work and staying on the job.

Being able to reach financial independence through employment is essential to empowering people with disabilities so they can design the communities of their choice.

**Funding: PAIDD, PAIR, PATBI, PABSS, PAAT**

## Enforce the right of people with disabilities to have equal access to their community and fair housing.

People with disabilities are regularly denied full and equal access to housing, higher education, and the goods and services offered in their communities. We receive countless calls about such discriminatory practices.

### What We Will Accomplish in 2017

- ➔ Ensure that individuals with disabilities have full use and enjoyment of the physical features of their home and are not subjected to policies that deny them such use and enjoyment.
- ➔ Ensure that housing plans include provisions to increase accessible, affordable, integrated housing opportunities for people with disabilities.
- ➔ Work with community colleges and universities to create policies and procedures that help students with disabilities successfully complete their education programs.
- ➔ Ensure that individuals with disabilities who have service animals in training are not denied access to public and private accommodations under state law.
- ➔ Provide assistance to parents with disabilities to ensure that they remain united with their children and receive supports when needed.
- ➔ Ensure that individuals interacting with DHHS and its constituent divisions receive prompt resolution of disability discrimination complaints through robust ADA/Rehabilitation Act grievance procedures.

### Who Will Benefit

Our individual clients will benefit from our representation, and many more individuals with disabilities will benefit from the systemic policy changes we will achieve.

## Why It Is Important

While discrimination against people with disabilities in housing and community access is widespread, few (if any) private attorneys in North Carolina handle these cases, and most state and

local government agencies do not have federally required ADA coordinators. As a result, there is a void in enforcement outside of our work.

**Funding: PABSS, PAIR, PAAT, PAIDD, PATBI**

**Promote that individuals from birth to age 21 who have complex mental health needs and co-occurring intellectual and/or developmental disorders receive medically necessary, high-fidelity, community-based mental health services and supports in their homes, family setting, or the most home-like setting appropriate to their needs.**

This target focuses on children and adolescents who are Medicaid-eligible and who have developmental disabilities (including Autism Spectrum Disorder) and chronic mental health conditions or behavioral problems. In North Carolina, hundreds of these children are losing their homes, losing educational opportunities, experiencing cyclical hospitalizations, being segregated at school, and interfacing with the juvenile justice system. They are involved in multiple agencies, but no one is coordinating their care.

## What We Will Accomplish in 2017

- ➡ File complaint in federal court on behalf of children with complex needs.
- ➡ Monitor implementation of a settlement, if an agreement is reached.
- ➡ Provide technical assistance, self-advocacy assistance, advocacy, and direct representation to 20 children and adolescents with dual diagnoses who have been denied the medically necessary services to correct or ameliorate their physical and mental illnesses or conditions.
- ➡ Provide training and outreach to families and community stakeholders.

## Who Will Benefit

Our work will benefit all Medicaid-eligible children and adolescents under the age of 21 who have complex mental health needs and co-occurring intellectual and/or developmental disorders who are having problems accessing or have been denied medically necessary mental health services to keep them out of institutions.

In addition, our efforts will create a model so parents, children, and adolescents will have access to medically necessary services and supports when they need them and in the right settings.

## Why It Is Important

Intensive care coordination is insufficient in North Carolina. The term means something different to each of the state's seven Local Management Entities/Managed Care Organizations. Currently, intensive care coordination fails to provide the level of service necessary to ensure that these children receive adequate and appropriate care.

Currently, the state fails to provide these children with appropriate behavioral health services to screen, diagnose, and treat their conditions. Such services are required under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) provisions of the federal children's health mandate of Medicaid.

These children and adolescents need adequate, effective and appropriate services to correct or ameliorate their conditions. Those services include comprehensive assessments, home and community-based behavioral support services, psychiatric and other clinical services, and crisis and case management services. The goal of EPSDT is to "assure that individual children get the health care they need when they need it—the right care to the right child at the right time in the right setting."

**Funding: PAIMI, PAIDD**

## Advance the right of people with disabilities to community-based services and supports that allow them to remain in their homes and community settings.

North Carolina is denying many people with disabilities their right to access appropriate community-based services. The system is biased toward putting these individuals in institutions rather than serving them in appropriate home and community-based settings.

This bias for institutionalization persists primarily because of an inadequate provider network and North Carolina's failure to proactively enforce federal, state, and contractual obligations of the Local Management Entities/Managed Care Organizations (LME/MCOs) that operate the behavioral health system.

### What We Will Accomplish in 2017

- ➔ Provide advocacy for individuals who are not receiving appropriate services or are not being served in the most integrated setting.
- ➔ Address systemic issues through litigation or other forms of advocacy.
- ➔ Monitor the legislative process regarding any changes to service delivery.
- ➔ Continue discussions with DHHS to improve the service delivery system and Home and Community-Based Services (HCBS) implementation.
- ➔ Monitor the *Pashby* settlement for compliance.

### Who Will Benefit

Our work will benefit individuals with disabilities facing drastic service cuts or due process violations. To achieve systemic change, we will select cases where the issues raised are relevant to

a large number of Medicaid recipients or where the challenged policy or practice results in a significant risk of institutionalization.

### Why It Is Important

Many people with disabilities who could successfully live in the community if they had sufficient services and supports instead are forced into institutions. This is a violation of their right to receive services in the least restrictive setting. This right is established by the Americans with Disabilities Act and the *Olmstead* decision, which held that unjustified segregation of persons with disabilities constitutes discrimination.

Individuals with significant disabilities cycle in and out of institutions due to gaps in North Carolina's service delivery system. The system is biased toward institutionalization, to the detriment of those who could live at home or in community settings with appropriate services.

**Funding: PAIDD, PAIR, PATBI**

### Funding Acronyms

The funding for most of our work comes from seven federal grants and one grant from the NC State Bar. At the e  
The grant amounts in fiscal year 2016 ranged from \$35,000 to \$1,088,462. Each year, we carefully plan the expense

IOLTA — North Carolina State Bar Plan for Interest on Lawyers' Trust Accounts

PAAT — Protection and Advocacy for Assistive Technology

PABSS — Protection and Advocacy for Beneficiaries of Social Security

PAIDD — Protection and Advocacy for Individuals with Developmental Disabilities

## Advance the rights of people with disabilities to transition out of institutions and into the least restrictive community setting appropriate for their needs.

Many people with disabilities are stuck in institutions, even though they could successfully live in the community with sufficient services and supports. This is a violation of their right to receive services in the least restrictive environment under the Americans with Disabilities Act and the *Olmstead* decision, which held that unjustified segregation of persons with disabilities constitutes discrimination.

### What We Will Accomplish in 2017

- ➡ Provide advocacy to individuals who are not receiving appropriate services in the most integrated setting.
- ➡ Initiate enforcement of *Olmstead* with regard to individuals who are inappropriately institutionalized.
- ➡ Monitor the legislative process and continue advocacy at the state level to improve access to community-based services.

### Who Will Benefit

Our work will benefit individuals with significant mental illnesses or intellectual and developmental disabilities who can be successfully served in the community but are unnecessarily institutionalized.

### Why It Is Important

North Carolina's system for delivering services to people with disabilities has severe gaps and

provides no meaningful way for people to navigate the system. The system is biased toward institutionalization in how the funding is allocated and in its failure to provide meaningful access to informed choice and person-centered planning. For individuals in institutions, the lack of robust discharge planning and an inadequate provider network combine to push community integration out of reach.

Under the Americans with Disabilities Act and the *Olmstead* decision, people with disabilities have a right to the services they need to live in their homes or communities. Instead, many of them are stuck in state psychiatric hospitals, adult care homes, skilled nursing facilities, and developmental disability centers, or they are boarded in hospital emergency departments. The barriers to integration include, among other things, the lack of sufficient discharge planning, uncooperative guardians, and an inadequate provider network.

**Funding: PAIDD, PAIMI, PAIR, PATBI**

end of each Target section in this document, you will see acronyms for the grants that fund the work.

tribution of the grant funds across the Targets and our Investigations and Monitoring work.

PAIMI — Protection and Advocacy for Individuals with Mental Illness

PAIR — Protection and Advocacy for Individual Rights

PATBI — Protection and Advocacy for Traumatic Brain Injury

PAVA — Protection and Advocacy for Voting Access

## Investigate and report on the safety of people with mental illness in jails.

Jails are neither designed nor funded to provide mental health treatment. But because of the erosion of public mental health services, jails have increasingly become *de facto* mental health facilities. Detention facilities are not equipped to provide the support and services that this population needs. As a result, inmates with mental illness decompensate, are vulnerable to abuse, and are disproportionately segregated in solitary confinement.

Tragically, suicides are common in North Carolina jails. Our preliminary research indicates suicide is the leading cause of death in jails throughout the state. From January 1, 2013 through June 30, 2015, there were at least 58 deaths in North Carolina jails, and at least 26 of the deaths (44.8%) were the result of suicide. This number is higher than the national average (31.3% in 2012).

### What We Will Accomplish in 2017

- ➡ Identify coalition partners to advocate for a requirement that jails conduct a mental health screening when an individual is admitted.
- ➡ Hold jails accountable for implementing effective suicide prevention programs.

### Who Will Benefit

Our work will benefit people with mental illness who become confined in jails in North Carolina, as well as their families and their communities. It will also benefit sheriffs, sheriffs' deputies, and people who work in jails.

### Why It Is Important

The law is clear that every person in jail with a "serious medical need" has a right to appropriate medical care, including mental health care.

In North Carolina, 24 counties are participating in an initiative called the Stepping Up Campaign, which seeks to raise awareness of the issue of people with mental illness in jails. We will leverage the attention raised by this campaign to increase the impact of our work.

**Funding: PAIMI, PAIDD, PATBI, PAAT, PAIR**

## Ensure appropriate treatment for people with disabilities in state prisons.

There are more North Carolinians with severe mental illness in prisons and jails than in psychiatric hospitals. For those with mental illness in prison, the outcome is usually harmful and sometimes tragic. Disability Rights NC has identified significant deficiencies in the mental health service system in prisons, which has resulted in on-going harm to people with mental illness.

### What We Will Accomplish in 2017

- ➡ Secure the adoption of a new prison disciplinary policy that does not punish inmates for manifestations of their mental disabilities.
- ➡ Ensure that the prison Crisis Intervention Team initiative is adequately staffed and operates in partnership with statewide stakeholders.
- ➡ Advocate for additional funding for prison mental health services.

- ➡ Ensure that each inmate with mental illness is not held in segregation for more than 30 days in a year.

### Who Will Benefit

Our efforts will ensure that people with mental illness who are in or will enter prison receive appropriate mental health care and treatment. It is estimated that 17% – 20% of the 37,000 people in North Carolina prisons need mental health treatment (6,000 – 7,000 people).



## Why It Is Important

Along with our coalition partners, we are impacting how people with mental illness are treated in our correctional facilities and increasing the chances that they can be successful upon release.

Due in part to our advocacy, the NC Department of Public Safety (DPS) made substantial reforms to its policies in 2016, including a limit on days in segregation for inmates with mental illness. Also, NC DPS opened four therapeutic units to provide

an alternative to segregation for inmates with mental illness.

More reforms are needed. We will continue to hold DPS accountable for reforms initiated or promised, and we will ensure that the state undertakes any additional actions necessary to safely and humanely care for inmates with mental illness.

**Funding: PAIMI, PAIDD, PATBI, PAAT, PAIR**

## Protect the right of people with disabilities to self-determination.

Self-determination—the ability to make decisions and take actions to shape one’s own life—is a fundamental human right. However, many people with disabilities are under guardianship, which means someone else makes important life decisions for them.

Guardianship can be the most egregious denial of self-determination. People under guardianship lose the power to control the most important decisions about their lives. People with disabilities who have institutional or public guardians disproportionately are relegated to institutional living, are subject to unnecessary restrictions on their freedoms, and are otherwise subject to neglect.

## What We Will Accomplish in 2017

- ➡ Publish a report on guardianship that uses client stories to illustrate problems in the existing guardianship system and proposes solutions.
- ➡ Educate policymakers and others about the problems with guardianship and how the system can be improved to preserve self-determination.
- ➡ Conduct trainings and provide technical assistance.

## Who Will Benefit

North Carolinians under guardianship will benefit from improvements in the exercise of guardianship.

However, our goal is for many more to avoid ever being placed under guardianship. Therefore, our work will benefit all people with disabilities in North Carolina.

## Why It Is Important

We regularly see the negative consequences of guardianships that are more restrictive than necessary. For example, some individuals may require support with decision-making, but they are placed under full guardianship, which robs them of self-determination in virtually all aspects of their lives. Often, limited guardianship and other decision-making supports are never considered.

We also see cases where individuals are institutionalized because their guardians prefer it—even though the individuals would rather live in the community and are capable of doing so. We see this issue arise most often with public guardianships.

Increasingly, service providers view public guardians as a resource for case management for people being discharged from community hospitals and other settings. Public guardians, confronted with trying to meet needs that were previously met by the behavioral health system, look to institutional placements as the answer.

**Funding: PAIDD, PAIMI, PATBI**

## Keep people safe in facilities by investigating deaths and allegations of abuse and neglect.

Along with monitoring, conducting investigations is a core function of a protection and advocacy system. The protection and advocacy system was created in the 1970s as a result of systemic, horrific abuse and neglect of people with intellectual and developmental disabilities in a New York state-operated facility called Willowbrook. People with disabilities who live in facilities are particularly vulnerable to the risks of abuse and/or neglect.

### What We Will Accomplish in 2017

Investigations in facilities are opened in response to specific reports of abuse, neglect, and/or death in a specific facility. Each year, we investigate as many reports as our resources will allow. We use the following criteria to determine which reports we will investigate:

- ➡ Nature and pervasiveness of the problem, including location, whether there is a death or serious injury, what triggered the allegation, how long the problem has persisted, the impact on other people with disabilities in the same or similar environments (whether the problem is indicative of a larger systemic problem), and whether accepting the case for investigation presents the opportunity for systems reform.
- ➡ Description of the individual(s) about whom the allegations are made.
- ➡ Whether this is a primary or secondary investigation, potential policy violations and implications, and the potential relief sought.

### Who Benefits

Our work will benefit hundreds of people with disabilities living in facilities whose rights must be

identified and protected to ensure they are safe and free from abuse, neglect or exploitation.

### Why It Is Important

Cuts to services in the community result in more institutionalization of people with disabilities at a time when providers are paid less for those services. This impacts both the quality and level of care provided to residents of these facilities, increasing the risks of abuse and neglect.

Our monitoring efforts can and do reveal the need to conduct investigations, but we also initiate investigations based upon complaints we receive. This means investigations are more reactionary, providing us less ability to predict or control the work except by adjusting other investigations and other team work so that we can take on extremely compelling cases even when we are at full capacity.

When deciding whether to undertake an investigation, we always conduct a deliberative review of whether any possible outcome will result in systemic change for people with disabilities.

### Funding: PAIDD, PAIMI, PAIR and PATBI

## Keep people safe in facilities through monitoring efforts.

Along with conducting investigations, monitoring is a core function of a protection and advocacy system. Consistent with our federal mandate, Disability Rights NC monitors facilities where people with disabilities live or receive services to prevent, detect, and address instances of abuse, neglect, or exploitation.

We also want to ensure appropriate services are provided, that the environment is safe for the individuals, and that individuals are provided opportunities to participate in activities and work that are important to them. Finally, we want to identify people who could live in the community if they had the proper supports. In short, we monitor to ensure compliance with respect to the rights and safety of residents.

## What We Will Accomplish in 2017

- ➡ Monitor at facilities, including large adult care homes and state-operated facilities. The state-operated facilities include three psychiatric hospitals, three Intermediate Care Facilities for Individuals with I/DD, two neuromedical centers (also known as nursing homes), and two residential schools for students who are deaf.
- ➡ Regularly attend the Human Rights Committee or Residents' Rights Council meetings at facilities in order to empower committee/council members and their work, and in the case of state-operated facilities, to hear executive and advocacy staff report on their work for the previous month so that it may inform our work moving forward.
- ➡ Monitor at specific state-operated facilities, based upon particular needs we have identified at each of these facilities. Some examples of this individualized, focused work in specific facilities include:
  - Decrease the use of restraint and seclusion through promotion of trauma-informed care and person-centered approaches that include addressing communication needs as a means to prevent behavioral crises.
  - Promote the development of resources, training and outreach to substantially increase the facility's efforts to transition residents into homes in their chosen communities.
  - Monitor for the inappropriate/illegal use of restraints to ensure patients are kept safe and the facility understands the appropriate

and legal ways in which restraint can be used.

- Ensure patients on a specific facility's Deaf Unit are able to fully access communication devices in a way that protects their right to privacy/confidentiality.
- Ensure the State is implementing discharge efforts in accordance with the settlement with the US Department of Justice.
- Ensure staff are strictly following supervision requirements of residents as ordered by the resident's physician and that the supervision is reflected in the individual's treatment plan.
- Ensure patients have access to their bedroom and belongings by stopping the routine locking of patient bedrooms from 3:00-8:00 p.m. on weekdays.
- Ensure the state provides regulatory oversight.
- Ensure students fully understand their rights, both while in school and after they graduate and transition from school into the community.

### Who Benefits

Our work will benefit hundreds of people with disabilities living in facilities whose rights must be identified and protected.

### Why It Is Important

We monitor to ensure compliance with respect to the rights and safety of residents.

**Funding: PAIDD, PAIMI, PAIR, PATBI**

## What It Means to be a P&A

The federal government mandates that every state have a protection and advocacy (P&A) system. We are the P&A for North Carolina. As a P&A, our responsibilities include the following:

- Ensuring that people with disabilities live in safe and humane conditions
- Informing individuals about their legal rights and how to enforce them
- Ensuring that people with disabilities are not unnecessarily institutionalized
- Enforcing the rights of all North Carolinians with disabilities under federal and state law

Congress gave P&As **extraordinary investigative authority** so we can prevent the abuse and neglect of people with disabilities. For example, we have routine access to all individuals with disabilities who are in facilities that provide services. The facility must give us access to all records of individuals with disabilities as well as any records relevant to our investigation. A facility also must give us immediate access to all records related to the death of an individual living there, or any records in a case where we have found there is "probably cause to believe that the health or safety of an individual is in serious and immediate jeopardy."

## Disability Rights NC's Four Core Functions

### Information, Referral, and Training

Knowing about their rights and how the system works can empower people with disabilities to get the help they need. For this reason—and because we do not have the resources to represent everyone who contacts us—we provide information, advice, and/or written materials to every eligible caller. We also provide trainings on a wide range of topics, including special education, guardianship and rights restoration, resident/patient rights in facility settings, anti-discrimination laws in housing and employment, mental health laws, voting rights, and self-advocacy.

### Monitoring

We monitor facilities where people with disabilities live or receive services to prevent, detect, and address instances of abuse, neglect, or exploitation. Our primary goals are to ensure that residents' rights are protected, they are living in a safe environment, and they have opportunities to participate in activities important to them. During our monitoring visits, we also identify individuals who could live in the community if they had the proper supports and services.

### Investigations

We conduct an investigation when we believe serious abuse or neglect may have occurred. The investigation is a systematic and thorough examination of information, records, evidence, and circumstances surrounding the allegation of abuse or neglect. Because of our limited resources, we focus on investigations where the outcomes will be systemic change and will result in better care for large groups of people with disabilities.

### Legally-based Advocacy, including Individual and Systems Advocacy

We represent the interests of people with disabilities both individually and systemically in the courts and other legal tribunals. This is the work tied to our Targets.

### Public Policy and Legislative Advocacy

In addition to our core functions, we pursue system change through policy advocacy, including lobbying. We cannot and do not use federal funds to conduct lobbying activities.

Legislative and regulatory advocacy is a critical piece of our work. Laws and regulations are often the underlying cause of the problems people with disabilities face. We also focus on public benefit programs because they are often the only way people with disabilities can get the services they need.

**DISABILITY RIGHTS**  
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