**REGIONAL CONSULTATIONS**

“From isolation, invisibility and segregation into inclusion of persons with disabilities in the community. Identifying and overcoming barriers to the successful process of deinstitutionalization”

[*Committee on the Rights of Persons with Disabilities*](https://www.ohchr.org/EN/HRBodies/CRPD/Pages/CRPDIndex.aspx)

**Outcome of regional consultation for the Caribbean and North America**

**BACKGROUND**

On 8 June 2021, the Committee held the online regional consultation for the Caribbean and North America. There were 55 participants in total: 26 speakers and 29 observers, as well as five Committee members, and members of the Secretariat. The Committee received 35 written submissions and 3 videos.

Organizations of persons with disabilities of the following countries were represented: Canada, United States, Jamaica, Barbados, Haiti, Saint Lucia, Belize and Trinidad and Tobago

**Thematic concerns and key recommendations**

The following paragraphs describe the concerns raised and the recommendations (R) proposed by participants.

**Zero draft of the Guidelines requires to be more prescriptive**

(R) General Comment No. 5 goes a long way towards clarity, but it is mostly descriptive, and we need the power of a more prescriptive declaration

**Public commitment (article 4)**

* Lack of will and commitment of public authorities to end institutionalization.
* (R) Implementation of article 19 requires the shift of government policies away from institutions towards home and community-based services.

**Legislation, including implementation (article 4)**

* Though current law recognizes that that unjustified isolation is a form of discrimination and that people with disabilities have a right to services and supports in the most integrated setting appropriate to their needs, too many people are still trapped in institutional settings..
* Laws permitting forced treatment, involuntary commitment on the basis of disability, and plenary denial of legal capacity do not meet standards required by the CRPD.
* amendments to Medical Assistance in Dying (MAiD) and triage protocols in some provinces that put people with disabilities, who are at higher risk of dying, at the end of the treatment queue, provides a very dark backdrop to the well documented and sometimes very public situations that COVID19 has exposed.
* The country has Medical Assistance in Dying legislation that allows people with disabilities to chose death over rehabilitation
* Laws exist on the books that have not been implemented and the need for clear guidelines regarding institutionalization is still necessary
* (R) full implementation and enforcement of laws to protect people and prohibit discrimination, abuse, neglect, and other harmful behaviour directed at people with disabilities.
* (R) Legislation is needed to repeal mental health commitment and compulsory treatment laws and to reform legal capacity, criminal procedure, and other areas
* (R) Legislation that supports the violation of the human and civil rights of nonconforming persons, and those experiencing emotional difficulties, must be eliminated
* (R) We need mental health legislation reform to prioritize our autonomy in making medical decisions

**Policies (article 4)**

* (R) Dismantle the existing institutions and the public policies that sustain them. If institutional care is available, it will be utilized.
* (R) Enact public policies that prohibit the creation of new institutions
* (R) Mental health system should not be put in charge of setting new policy or developing legislation to replace the regime of mental health commitment and involuntary treatment
* (R) federal/provincial/territorial governments must work together to ensure that people recovering from a spinal cord injury are not forced into institutional settings but are provided with a clear pathway to independent living and full community participation in their community of choice.
* (R) Collaboration between Civil Society and Government agencies responsible for disability matters to share ideas and innovations
* (R) Policy commitments to guide services and mechanisms put in place to obtain relevant data at various levels relating to actual implementation based on commitments
* (R) Ensure that mental health services and services for other co-occurring conditions are provided in a coordinated, comprehensive way. Ensure that agencies cannot simply deny responsibility and direct individuals to the other agency. Have a single point of entry for services.

**Funding (article 4)**

* The overall annual cost per person for supported living/personal assistance is 80% less than the average annual cost of all institutional settings
* the absence of a national funding mechanism for providing emergency assistance to people with disabilities does not currently exist and has left the very poorest and most vulnerable in our country, desperate and without hope
* Persons with disabilities rely on financial supports from various levels of government. Most of which have not seen increases near inflation anywhere over the past decade, yet costs of rent, and other goods continually increase
* About 90% of the funding goes toward institutional solutions. We must break this institutional bias
* (R) strengthen publicly funded systems of supports through regulations that prioritize human rights and community inclusion
* (R) System should prioritizes the needs of individuals with disabilities, living independently through person-centered community-based services, over the push to deliver services at the lowest possible cost.
* (R) We need robust, long-term financial supports to ensure a safety net for emergencies and choice for sustainable, individualized services. We need to stop funding institutions and start funding individual people. We need an end to the inaccessible bureaucracy and punitive financial aid systems that keep us in poverty
* (R) We need funding for peer support for survivors of medical ableism, psychiatric abuse, and institutionalization
* (R) Decreasing funding of inpatient psychiatric beds and instead fund alternative modalities to avoid hospitalization by giving people what they think will help with recovery

**Research (article 4)**

* Very little research is conducted on disability issues and persons with disabilities themselves which restrict funding availability, design and implementation of required services and programs

**Participation of person with disabilities (article 4)**

* (R) Value the knowledge of persons with disabilities on how to support people in their communities based upon their preferences, interests, and priorities
* (R) Empowerment of persons with disabilities, including by promoting entrepreneurship, and learning skills
* (R) Empower persons with disabilities, particularly those who are in unbalanced power relationship in coercive mental health systems, to know and exercise their rights
* (R) Empowering people to live life to the fullest — to make choices, live independently, participate in the community, love, work and learn
* (R) disability-led organizations and disabled people are involved in decision making processes including: defining data priorities, identifying data disparities, developing measures, collecting, analyzing, and programing data, and policy development
* (R) advocate for government to include people with disabilities in consultations about services.
* (R) We need organizations and publications dedicated to restoring our lives, our independence and our voices. There is tremendous power in coming together with our fellows, in sharing our experiences of subjugation and overcoming.
* (R) Deepen the role of persons with intellectual disabilities as co-leaders and co-learners
* (R) Strengthen collaboration and build more efficient systems within government and disabled persons organizations and the public and private sectors
* (R) Strengthen learning culture/knowledge transfer across the disability movement
* (R) Building back better following COVID requires the involvement of people with disabilities in all policies and practices that impact us
* (R) Establish regional networks of persons with disabilities.
* (R) We must be agents of change and provide solutions to our problems and work to implement them

**Reparations (article 4)**

* Institutionalization is a gross human rights violation, which causes harm and creates needs in its victims.
* (R) Institutionalization must be abolished through guarantees of non-repetition.
* (R) The mental health system cannot be put in charge of supporting individuals socially, economically, or emotionally, to repair the harm the system itself has caused
* (R) promotion of restorative justice should be extended to also promote disability-inclusive community safety and accountability initiatives as alternatives to policing
* (R) provide financial reparations commensurate with the damages done
* (R) Public apologies from governments to victims
* (R) Acknowledge the right to expunge “mental illness” diagnoses from medical records
* (R) Reparations for historical harms of institutionalization

**Non-discrimination (article 5)**

* disabled people are disproportionately represented in institutions and congregate settings
* Persons with disabilities experienced stigma and discrimination at multiple levels resulting in low self-esteem and resignation to a hopeless existence locked away at home.
* (R) ensure not to leave people with complex support needs behind
* (R) foster acceptance in local communities
* (R) Robust anti-discrimination laws that are regularly enforced and evaluated to mitigate these barriers

**Women with disabilities (article 6)**

* Have the highest rates of poverty, unemployment, gender based violence, a significant over-representation in both the homeless and prison populations and higher rates of Alzheimer’s disease, dementia and brain injury.

**Awareness raising (article 8)**

* Inadequate public awareness focused on the capabilities of persons coupled with perceptions of the limitations associated with the disability remain barriers to their inclusion in communities
* (R) promote positive societal attitudes that support self-determination
* (R) Conduct awareness raising campaign to promote the human rights of persons with disabilities.
* (R) Engage society with the vision and practices of inclusion and relationship
* (R) End the devaluation of disabled life, as governments continue to expand assisted dying legislation, enact discriminatory triage protocols, and allow restraint and seclusion in schools and healthcare, while ignoring the negatively racialized and low-income disabled people such policies disproportionately affect
* (R) we need to be valued as people—whole and complex—who deserve life, safety, and happiness

**Death in institutions during Covid-19 pandemic (articles 10 and 11)**

* people with disabilities living and receiving services in institutions and other congregate settings face high rates of infection and death from the virus
* institutionalization in nursing facilities, group homes, and other congregate settings resulted in the unnecessary death of thousands of people with disabilities
* persons with disabilities died at a rate over three times as high as others
* Large number of persons with disabilities have died in nursing facilities
* Institutionalized disabled people with COVID-19 were dying every minute for weeks, non-stop.
* more than 5000 people with disabilities and the elderly have died in various institutions

**Covid-19 emergency (article 11)**

* Persons with disabilities institutionalized in nursing homes are overly exposed to Covid-19.
* The pandemic left people with disabilities isolated and struggling to understand the situation and the drastic changes to their daily routines. Day program facilities closed, places of employment and community programs. The pandemic created new challenges and amplified cracks in an already fragile system.
* Persons with disabilities were not evacuated when COVID was a known threat to congregate settings.
* People in institutions were isolated, with no way of communicating with outsiders to obtain help in leaving the facilities
* Concerns about workers’ ability to move through communities under curfew presented barriers early in the pandemic. Transition coordinators were treated as visitors in facilities, limiting their access and ability to work with people trying to leave
* The Covid-19 pandemic compounded social isolation and health risks for people in institutions and residential care.
* There wasn’t a lot of plain language, accessible information about COVID-19 and how to keep ourselves safe
* Women with disabilities experienced some of the worst situations from the beginning of COVID19 until now.
* People with disabilities living in institutions were more isolated, many tucked away in their rooms in the name of social distancing. They were separated from their loved ones, and faced and continue to face impacts to their mental health. And yet the outbreaks in some institutions were horrific
* People with disabilities including intellectual disabilities have had to push back against discriminatory triage protocols, to have a support person join them in the hospital, and to be prioritized for a vaccine. They had to wait too long for financial relief
* COVID has since amplified or created additional barriers, bringing us closer or deeper into poverty, threatening both current and previous housing options. With the increased cost of everything due to COVID, our autonomy and independence are at risk.
* Costs of food, gasoline, hydro, heating, clothing and other basic essentials have increased over 20% since the beginning of COVID on top of difficulties acquiring these goods due to scarcity
* COVID has eliminated all predictability and familiarity in our lives
* Children and adults with intellectual disability experienced greater levels of isolation and marginalization due to home schooling, lack of access to devices for engagement and programme closures.
* People have died of thirst or simply lost the will to live through extreme isolation measures
* Under the attempts at preventive measures (“social distancing”), we have seen people with disabilities become increasingly isolated from community and unable to be supported when accessing health care. Those living in nursing homes or group homes were not allowed to leave or to have visitors. Social distancing is the opposite of inclusion, and when strictly enforced for an already marginalized population, it endangers the access to community
* (R) the pandemic unveiled the need deeper investments in community-based providers and direct service professional
* (R) Advocates around the country turned to hotels and dormitories, vacant under pandemic conditions, to offer temporary transitional shelter for people seeking safety
* (R) Creating funding streams to pay for the use of these types of facilities to offer temporary transitional housing would offer immediate emergency relief and safety in future disasters or pandemics
* (R) Those who support transition and long-term services and supports for community living must be recognized as “essential workers”
* (R) As essential workers, direct support workers, including family caregivers, should be prioritized for vaccinations and treatment
* (R) The COVID-19 pandemic has underscored the urgency of stronger international oversight and enforcement of the CRPD and other human rights laws to promote emergency deinstitutionalization and full inclusion in society.
* (R) through emergency procedures, countries can quickly and safely increase access to community-based services for people living in congregate settings if made a priority
* (R) A post-pandemic care system to address the support needs of persons with disabilities.

**Legal capacity (article 12)**

* (R) Support, as necessary, from friends/family/advocates to assist in decision making (Supporting decision making)
* (R) protection of our right to supported decision-making
* (R) Practice supported decision making. With the support of friends, family, and properly trained caregivers, everyone should be able to maintain the right to make choices for themselves

**Access to justice (article 13)**

* (R) With the support of lawyers and social workers, people with disabilities create and lead workshops about human rights

**Persistence of institutionalization (article 14)**

* institutional care model still promoted by jurisdiction, law, institutional care publicly funded
* Persons with psychosocial disabilities still institutionalised in nursing homes.
* The US Supreme Court held in Olmstead vs L.C. that segregation in institutions of people with disabilities constituted discrimination in violation of the Americans with Disabilities Act (ADA). Olmstead was decided over 20 years ago, but tens of thousands of Americans with disabilities languish in institutions
* Persons with disabilities are segregated and isolated because of poor family relationships, unmet needs/low expectations, high unemployment, poor medical services and inaccessible built environment. These issues and circumstances have lead to hundreds of them being institutionalized
* individuals with disabilities are placed in psychiatric or geriatric institutions because of social issues and not medical reasons and the lack of appropriate facilities to cater to their needs
* many people still live in institutions or smaller places that operate like institutions
* We have in many instances merely chosen smaller institutions over large ones. And that despite living in smaller facilities, like group homes for example,, people are no less vulnerable and no more connected to community life than when they were living in large institutions
* When people with spinal cord injury leave a hospital rehabilitation centre, they often are forced to move to congregate nursing home settings
* Persons with Intellectual Disability continue to be isolated, marginalized, segregated and invisible in settings such as segregated schools, detention facilities; mental health facilities and care facilities owned by the State, religious and other organizations.
* Institutionalization was strengthened as a result of the limited day programmes and services available to children and adults, weak family support structures and limited State operated services.
* (R) stop building new institutions and sheltered workshops, and close existing ones

**Violence against persons with disabilities (articles 15, 16 and 17)**

* Mass institutions housed thousands of people with intellectual disabilities in horrific conditions of abuse, with lives that ended too soon, and ended in unmarked graves
* Persons with disabilities living in institutions are victims of violence and abuse, including sexual and psychological abuse, and neglect
* Institutionalization produces harm, including impoverishment, psychiatric drug effects and trauma reactions
* Large numbers of people with disabilities are over-policed and indiscriminately targeted for police violence.
* people are forced into a treatment system that relies on containment and drugging for 95% of the people treated, whereas only 5% so identified may require short term containment
* child welfare researchers has opposed placement in group settings based on scientific research on its “inherently detrimental effects on the healthy development of children, regardless of age”
* electric shock on people with disabilities continues to be a practice.
* People with disabilities in institutions experienced unprecedented loneliness, and concomitant depression and anxiety due to restrictive visitation policies and rules preventing residents from leaving facilities
* person with disabilities are seen as a burden that will not be able to guarantee a future for the family.
* Particular attention must be given to women with disabilities who are considered objects and not subjects, they are only bodies to be used and not people
* “antipsychotic” drugs that are causing visible physical harms (e.g., tremors, muscle spasms, involuntary movements) as well as terrible emotional suffering
* People are detained and drugged by brute force, and may even be subjected to electroshock “therapy”
* We are handcuffed, forced into ambulances, and taken to emergency wards. There, we are stripped naked, put in hospital gowns, shackled, injected with “antipsychotics” and locked into solitary-confinement cells
* the emotional trauma of adjusting to living with a spinal cord injury is exacerbated in nursing home settings due to a lack of connection to family and friends which are integral to an individual’s recovery
* (R) We need to ban restraints and seclusion, and instead implement collaborative strategies for crises based in neurodiversity, anti-racism, and disability justice principles

**Understanding of independent living (article 19)**

* Profit and non-profit organizations are co-opting language around “choice” to create ever-expanding segregated programs and housing
* Persons with intellectual disabilities live in the community yet remain isolated through a system of specialized supports in most aspects of their lives; interactions with people other than family members and paid service providers are virtually non-existent
* Institutions should be understood to be any place in which people who have been labeled as having an intellectual disability are isolated, segregated and/or congregated. An institution is any place in which people do not have, or are not allowed to exercise, control over their lives and their day to day decisions. An institution is not defined merely by its size
* institutionalization is a practice that strips the humanity from people and places them squarely in harm’s way in the name of “protection”.
* (R) empower persons with disabilities, including by creating opportunities for learning living in the community
* (R) Train communities to understand to live along with persons with disabilities.
* (R) building strong relationships which provide support through life and create value and respect within communities
* (R) Relationships are essential to transform the service system and move to more individualized, person-centred supports that promote meaningful inclusion
* (R) Build relationships within the inclusion movement that cultivate authentic conversations, knowledge sharing, and co-generation of innovative solutions to address complex systems barriers
* (R) Share experience and practices as a means for social change across multiple domains of community inclusion (housing, employment, education, health and social services,

**Detrimental impact of institutionalization on choice and self-determination (article 19)**

* Large congregate settings restrict choice opportunities and self-determination through multiple means, from staff density and high staff turnover to high levels of bureaucracy and excessive regulations; all which serve to limit autonomy and choice
* research has found that a lack of choice and limited autonomy is directly related to feelings of hopelessness and dependency of people living in congregate settings
* institutionalization has detrimental impacts on choice opportunities, self-determination, and autonomy
* Segregating individuals with disabilities in institutions deprives them of the chance to participate in their communities, interact with people who do not have disabilities, and make their own day-to-day choices
* Persons with disabilities diagnosed with mental health conditions are stigmatised, and stigma has a heavily impact on their lives
* People see disability as a curse for some fault that one wants to make visible, an action on which nothing can be done but subjected to it.
* When people with disabilities lived in big institutions, they had no right to make their own decisions. The institutions controlled their lives.
* Too often, our self-image has been shaped, and our voices stifled, by the degradations inflicted by psychiatry. Too often, the voices of professionals, family members and others are privileged above our own
* Nursing homes settings are dangerous to avoidable health complications, such as pressure sores which further delays recovery and return to independent living
* (R) Simply providing housing and a living stipend leaves adults with disabilities vulnerable; Young adults need transition programs to maximize their living and social skills
* (R) Services need to be developed around a person’s individual needs, hopes, and dreams, fostering self-determination
* (R) Around the world, many alternatives to psychiatric “help” have been created and practised. Even people in the most extreme states have found real help in small, non-institutional settings that prioritize patience, kindness, listening, dignity and respect, rather than attempts to “fix” us.
* (R) have access to a wide variety of groups and organizations composed exclusively of our peers, and to opportunities for creative self-expression
* (R) research shows that enhanced self-determination is directly related to improved employment and community inclusion outcomes and to higher quality of life and life satisfaction
* (R) much of what we need to do to enable people with disabilities to live self-determined lives is to create environmental contexts that promote choice opportunities, are autonomy-supportive, and enhance self-determination

**No choices for persons with disabilities (article 19)**

* The offer of newly organized institutions is difficult to resist by families, because they are languishing on waiting lists and there are no alternatives available to them
* Many of the individuals that live in the community were told their entire lives that they would not be able to succeed outside of an institution. This is simple not true.
* (R) Empower persons with disabilities through workshops training them to make their own choices
* (R) Create the conditions for kids and youth with disabilities to have healthy and meaningful futures where youth becoming adults with disabilities can live in their chosen communities by keeping independence and have agency over their bodies.
* (R) work closely with policy makers, government, community partners, families and youth to eliminate institutionalization or lose of independence with living arrangements, and control over the use of services and supports, including during emergencies
* (GP) Kids and families received culturally inclusive support prior to entering into adulthood. They learn skills, receive information, support with paperwork and individualized transition plan to make informed decisions and to communicate with their health care and disability service providers
* (R) If we want people with disabilities to be independent, they need have choice and control over their lives, including persons with disabilities with high levels of support.

**Support (article 19)**

* There still remain persons in care facilities who have not been diagnosed and are therefore not receiving appropriate services and support. Limited screening or assessment procedures to determine the specific support required to address the needs of persons with disabilities also contributed to their marginalization
* (R) fostering friendship networks and circles of support
* (R) Supports that emphasize listening with curiosity, empathy and compassion are essential to the development of successful alternatives to institutions
* (R) Provide diversity of Living Supports; graduating into a diverse set of living support options ranging from continued family supports, to independent living or 24 hours supervised community-based settings
* (R) provide training for service providers such as medical personnel, social workers and recreational workers to provide more inclusive and supportive services
* (R) Available supports should include access to safe, secure, affordable housing, nutritious food, and employment; instruction in such disciplines as yoga, tai chi, meditation, breathing techniques and various kinds of body work
* (R) Services/programs should be directed and controlled by the person and should be respectful of that person’s right to make choices and take risks
* (R) increase support programs to help us create routines, and allow us to be fully included within society, living independently
* (R) We need individualized home supports for independent living.
* (R) individualized supports have proven to be the most effective way to help people succeed
* (R) Supporting people through deinstitutionalization over the past decades has required a shift from the medical model of disability to a rights based approach to service provision
* (R) People must be supported through the transition from institutions to the community on an individual basis

**Personal assistance (article 19)**

* (R) allocate sufficient public resources to pay support workers a living wage
* (R) train and provision of good wages for the direct support workforce

**Community services (art.19)**

* Rapid and severe breakdown in essential services that support community living, health, education, employment, during the pandemic.
* lack of full funding for home and community-based services
* Hundreds of thousands of people remain on waiting lists for services across the country — often for years, sometimes for decades
* An ‘institutional bias’ in the law has meant that institutional services (such as nursing homes) are mandatory, while community-based supports and services are optional.
* there are long waiting lists for Home and Community-Based Services
* lack of access to services and programs in the community
* (R) Provide comprehensive funding for home and community-based services.
* (R) monitor and support service providers
* (R) provide training for family and caregivers
* (R) increase services and collaboration across systems
* (R) provide more accessible and affordable transportation
* (R) Services should meet all of needs and should be of high quality, portable and accessible
* (R) Fund transportation services to promote the social connections that are vital to recovery
* (GP) Money Follows the Person demonstration, a federal initiative to “rebalance” and increase the capacity of state systems to serve people in community settings

**Access to information (article 21)**

* We need to make early, affordable communication access, including access to augmentative communication (AAC), a priority for day-to-day and emergency situations. When essential services are incompatible with AAC, we cannot get the help we need.
* We need plain language everything in a diversity of languages, including communication about our legal rights.

**Family (article 23)**

* Long waiting list for community-services, people are not able to pay private services, no public services. Marginalization of families
* many parents are forced to give up their children to residential care because there is no public care available and private health insurance does not adequately cover care at home
* Aging parents have difficulty in caring for their children/adult members thereby leading to challenges to physically , financially and emotionally care for them
* (R) all children should reside with families – their own, whenever possible, or another family when that is not an option
* (R) There are models demonstrating that all children with disabilities can be integrated into families and adults with disabilities can live independent lives in the community
* (R) it is important to invest in the family that takes care of persons with disabilities by guaranteeing help services, moral, educational and economic support.
* (R) strengthening families include educating and supporting families and financial aid
* (R) Continue to support wrap around, community-based supports for children and their families. These include parent mentoring, individual and family therapies, advocacy in schools and the community, and funding for collateral contacts
* (R) In the child welfare and juvenile justice systems, maintain placement with the child’s family whenever possible, support kinship placements as an alternative, support foster parents to extent that service is necessary, and reduce reliance on congregate care
* (R) Prevent institutionalization in orphanage settings, as there was a waiting list of 40 children with disabilities to enter into the orphanage. We opened a new program aimed at empowering families to keep their children with disabilities with them.

**Health (article 25)**

* (R) Disabled people living in the community should have had equal access to vaccinations and treatment.
* (R) We need anti-racist, affordable, accessible mental health services that do not gaslight and abuse us
* (R) Increasing funding for mental health services to maintain people in the community: evening, weekend, walk-in outpatient services; "alternative modalities" of care including art therapy, meditation groups, yoga, exercise, and pet therapy; peer run services such as drop-in centres, crisis services, and respite programs
* (R) People with intellectual and developmental disabilities should have a right to access health care accompanied by a support person who is familiar with their history and communication style

**Work and employment (article 27)**

* People with disabilities were more likely to face the difficult choice of leaving the workplace in order to stay safe at home, or lose vital income
* (R) Encourage employment of persons with disabilities
* (R) Allowing people to live in the community also affords them the opportunity to pursue employment.

**Housing (articles 19 and 28)**

* The lack of sufficient accessible, affordable housing is another continuing and significant barrier to community living
* Lack of affordable and accessible housing in communities has continued to limit opportunities for transition
* (R) provision of integrated, equal education at all levels for people with disabilities, increasing vocational rehabilitation funding, and better enforcement of laws which require reasonable accommodations in the workplace
* (R) Increase rights and access to accessible, affordable, integrated community housing would benefit our entire society. This is especially the case during pandemics which make congregate housing more dangerous.
* (R) promote and provide accessible and affordable housing including transitional housing
* (R) recognize the right to individualized living arrangements and control over the required individualized funding
* (R) Increased accessible and affordable housing, with necessary homecare and personal support workers are urgently needed for individuals to live independently in their community of choice
* (R) the lack of housing that fits our needs must be addressed and services that provide such support are needed now
* (R) Support individualized, integrated housing services that provide both residential placements and support services. Direct future funding for individual apartments and housing over group living environments.

**Poverty (article28)**

* People with disabilities were less able to benefit from protection against Covid-19, because of a higher poverty level and a history of systemic marginalization.

**Data (article 31)**

* There is little consistent or reliable data on COVID-19 deaths in other congregate settings
* data that is collected often employs methodologies that prevent data disaggregation
* (R) develop and implement inclusive strategies for comprehensive data collection of persons living in all congregate settings

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