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Role/Purpose/Philosophy of Service

In our present human service system in this country, there are important values which provide a foundation for supporting people who have intellectual and developmental disabilities (I/DD) and mental illness (MI). History has not been kind to these populations; in some cultures people with disabilities have been killed or abandoned because of their disabilities. Some cultures feared the disability was contagious, while others viewed people with disabilities as unworthy of the benefits of society. The result of this historical behavior has been that people with disabilities have been pushed aside, or marginalized.

Historical prejudices resulted in poor models of service delivery. People lived in large group homes or institutions where they received little, if any, treatment. They were often over-medicated or physically restrained in order for staff to maintain control and domination. When services were provided, it was often through the medical model which defined ways to “fix” or “cure” the person, rather than providing supports to help the person live life with personal choices and necessary supports. Many people were routinely abused – sexually, physically, medically, and emotionally. People were denied access to the services they needed to live successfully in the community. Prejudices limited the places people with disabilities could live, work, play and worship. Access to community resources and community involvement were often restricted.

People with I/DD also had few opportunities to learn and practice normal social interactions, so resulting inappropriate behaviors only enhanced their differences. Prejudices made people feel unwelcome, insecure and unsafe. Feelings of rejection and low self-esteem often resulted in increased behavior problems and more intense symptoms of mental illness. Prejudices also limited opportunities to learn appropriate ways to communicate, to express frustration and to manage the symptoms of their mental illness.

Today, we need to recognize and understand that some behaviors of people we support are a direct result of the isolation, rejection and marginalization they have felt throughout their lives. We need to show people we support that they have value and deserve respect. We need to be aware of our own prejudices and try to limit them. We need to be aware of the prejudices of others, and help undo those prejudices. Prejudice is experienced when people make assumptions about what a person can and cannot learn without attempting to teach the skill. Sometimes professionals believe that a person cannot make certain decisions or should not be allowed to do something simply because the person has a disability. It is our professional responsibility to acknowledge that all people who have developmental disabilities or mental illness are entitled to respect, treatment, and the chance to participate in the full range of life experiences.

How do we undo prejudices against people with I/DD?

- Acknowledge and demonstrate that the value of the person is not dependent upon things the person does or cannot do, but on the inherent value of just being a person.
- Teach and demonstrate the concept of reciprocity so that the person with a disability gives back in a style similar to what was given, thus earning social value. The exchange may be in

actual items, as in a gift exchange, or in emotions, friendship or even a tangible service of some kind.

- Consistently express value for the person through respectful person-centered language and respectful non-verbal (physical) communication.
- Consistently seek positive engagement with the person through regular, genuine conversation or activities which involve positive interaction.
- Accept and encourage cultural difference among people so they may live as they want to live, even if it is different from your own values and beliefs.

Interactions that promote and teach meaningful engagement with the person can be demonstrated in several ways, including:

- Providing opportunities for physical and emotional closeness of the person with others who are not paid to be involved with the person.
- Participating in shared tasks and activities.
- Helping the person develop and express interests and talents through involvement in community groups, clubs, organizations or activities.

There is great benefit in community **inclusion** for people who have I/DD. Support staff may take an active role in assisting people who have been “marginalized” to become a part of the community. Through this inclusion, people with I/DD will be seen as having valued roles, and they will have more options for choosing where they want to work, live, learn, play and retire.

Interdependence is the concept that people have a need for feelings of relatedness, belonging, and feeling comfortable with others. Staff need to directly foster interdependence for the people they support. Ways to create a sense of interdependence:

- Foster feelings of safety through consistent unconditional valuing of the person.
- Engage in activities with the person and work together as equals.
- Address problems in a positive manner.
- Encourage healthy personal care routines so the person is accepted by others.
- Provide reliable companionship and predictable support in all situations, and with all staff if more than one person is providing supports.

There is a difference between being a paid companion or support person and being a friend. The primary difference is that friends will be there even if they are not paid to be there. If the person sees a staff person as a friend and not someone there to help him/her, there may be expectations of things that the staff person cannot ethically or legally do, such as loaning money. Being friendly and helping the person to feel secure with you and your support should not be mislabeled “friendship” unless it really is friendship. If it is really friendship, care should be taken that professional expectations are not compromised in order to maintain the friend relationship. When employment ends, staff must be careful about explaining the loss of time together if the person believes the staff person is a friend. If the situation is not managed well, the person may feel like another promise has been broken, and the person is let down. This results in disappointment and a feeling of rejection, making it harder for the person to trust the next staff person employed. It is best to be honest about the staff role and relationship at all times.



Code of Ethics

The Arc of the Triangle's Code of Ethics is built on a foundation of values that are widely shared in the nonprofit sector. These include:

- Commitment to the public good;
- Accountability to the public;
- Commitment beyond the law;
- Respect for the worth and dignity of individuals;
- Inclusiveness and social justice;
- Respect for pluralism and diversity
- Transparency, integrity and honesty;
- Responsible stewardship of resources; and,
- Commitment to excellence and to maintaining the public trust.

Personal and Professional Integrity

All staff, board members and volunteers of The Arc of the Triangle act with honesty, integrity and openness in all their dealings as representatives of the organization. The Arc promotes a working environment that values respect, fairness, and integrity.

Mission

The Arc of the Triangle has a mission statement and purpose, approved by the Board of Directors, in pursuit of the public good. All of its programs support that mission and all who work for or on behalf of the agency understand and are loyal to that mission and purpose. The mission is responsive to the constituency and community served by the agency and of value to society at large.

Governance

The Arc of the Triangle has an active governing body, the Board of Directors, that is responsible for setting the mission and strategic direction of the agency and for the oversight of the finances, operations, and policies of the agency. The Board of Directors:

- Ensures that its board members have the requisite skills and experience to carry out their duties and that all members understand and fulfill their governance duties acting for the benefit of the organization and its public purpose;
- Has a conflict of interest policy that ensures that any conflicts of interest or the appearance thereof are avoided or appropriately managed through disclosure, recusal or other means; and
- Is responsible for the hiring, firing, and regular review of the performance of the chief executive officer/executive director, and ensures that the compensation of the CEO/ED is reasonable and appropriate;
- Ensures that the CEO/ED and appropriate staff provide the governing body with timely and comprehensive information so that the governing body can effectively carry out its duties;
- Ensures that The Arc of the Triangle conducts all transactions and dealings with integrity and honesty;



- Ensures that The Arc of the Triangle promotes working relationships with board members, staff, volunteers, and program beneficiaries that are based on mutual respect, fairness and openness;
- Ensures that The Arc of the Triangle is fair and inclusive in its hiring and promotion policies and practices for all board, staff and volunteer positions;
- Ensures that policies of the organization are in writing, clearly articulated and officially adopted;
- Ensures that the resources of The Arc of the Triangle are responsibly and prudently managed; and,
- Ensures that the agency has the capacity to carry out its programs effectively.

Legal Compliance

The Arc of the Triangle is knowledgeable of and complies with all laws and applicable regulations.

Responsible Stewardship

The Arc of the Triangle manages its funds responsibly and prudently. The agency demonstrates this in the following ways:

- It spends a reasonable percentage of its annual budget on programs in pursuance of its mission;
- It spends an adequate amount on administrative expenses to ensure effective accounting systems, internal controls, competent staff, and other expenditures critical to professional management;
- It compensates staff, and any others who may receive compensation, reasonably and appropriately;
- It has reasonable fundraising costs.
- It does not accumulate operating funds excessively;
- It ensures that all spending practices and policies are fair, reasonable and appropriate to fulfill the mission of the organization; and,
- It ensures that all financial reports are factually accurate and complete in all material respects.

Openness and Disclosure

The Arc of the Triangle provides comprehensive and timely information to the public, the media, and all stakeholders and is responsive in a timely manner to reasonable requests for information. All information about the organization will fully and honestly reflect the policies and practices of the organization. Basic informational data about the organization, such as the Form 990 and audited financial statements, will be posted on the organization's website or otherwise available to the public. All solicitation materials accurately represent the agency's policies and practices and reflect the dignity of program beneficiaries. All financial, organizational, and program reports are complete and accurate in all material respects.

Program Evaluation

Revised 6/21



The Arc of the Triangle regularly reviews program effectiveness and has mechanisms to incorporate lessons learned into future programs. The organization is committed to improving program and organizational effectiveness and develops mechanisms to promote learning from its activities and from best practices in the field of developmental disabilities. The organization is responsive to changes in its field of activity and is responsive to the needs of its constituencies.

Inclusiveness and Diversity

The Arc of the Triangle has a policy of promoting inclusiveness. Its staff, board and volunteers reflect diversity in order to enrich its programmatic effectiveness. The organization takes meaningful steps to promote inclusiveness in its hiring, retention, promotion, board recruitment and constituencies served.

Fundraising

The Arc of the Triangle is truthful in its solicitation materials. The agency respects the privacy concerns of individual donors and expends funds consistent with donor intent. The agency discloses important and relevant information to potential donors.

In raising funds from the public, organizations will respect the rights of donors, as follows:

- To be informed of the mission of the agency, the way the resources will be used and the agency's capacity to use donations effectively for their intended purposes;
- To be informed of the identity of those serving on the agency's governing board and to expect the board to exercise prudent judgment in its stewardship responsibilities;
- To have access to the organization's most recent financial reports;
- To be assured their gifts will be used for the purposes for which they were given;
- To receive appropriate acknowledgement and recognition;
- To be assured that information about their donations is handled with respect and with confidentiality to the extent provided by the law;
- To expect that all relationships with individuals representing organizations of interest to the donor will be professional in nature;
- To be informed whether those seeking donations are volunteers, employees of the organizations or hired solicitors;
- To have the opportunity for their names to be deleted from mailing lists that an agency may intend to share; and,
- To feel free to ask questions when making a donation and to receive prompt, truthful and forthright answers.'

' These ten points are taken from A Donor Bill of Rights, developed by the American Association of Fund Raising Counsel, the Association for Healthcare Philanthropy, the Council for the Advancement and Support of Education, and the Association of Fundraising Professionals, and endorsed by INDEPENDENT SECTOR.

About CQL

For more than 40 years, CQL | The Council on Quality and Leadership, has been a leader in working with human service organizations and systems to continuously define, measure and improve the quality of life for all people.

CQL offers training, accreditation, consultation and certification services to organizations and systems that share our vision of dignity, opportunity and community.

CQL assists communities, systems and organizations to help people discover and define their own quality of life, measure personal quality of life for individuals, organizations and systems and improve the quality of life for people with disabilities, people with mental illness and older adults — and the people, organizations and communities that support them.

VISION: A world of dignity, opportunity and community for all people

MISSION: CQL is dedicated to the definition, measurement and improvement of personal quality of life for people receiving human services and supports.

BASIC ASSURANCES:

- Rights and Protection and Promotion
- Dignity and Respect
- Natural Supports Networks
- Protection from Abuse, Neglect, Mistreatment and Exploitation
- Best Possible Health
- Safe Environments
- Staff Resources and Supports
- Positive Services and Supports
- Continuity and Personal Security

PERSONAL OUTCOME MEASURES

My Self	My World	My Dreams
People are connected to natural support networks	People choose where and with whom they live.	People choose personal goals.
People have intimate relationships.	People choose where they work.	People realize personal goals.
People are safe.	People use their environments.	People participate in the life of the community.
People have the best possible health.	People live in integrated environments.	People have friends.
People exercise rights.	People choose services.	People are respected.
People are treated fairly.	People perform social roles.	
People are free from abuse and neglect.	People interact with other members of the community.	
People experience continuity and security.		
People decide when to share personal information.		

National Culturally and Linguistically Appropriate Services Standards

The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to:

Principal Standard

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

Governance, Leadership and Workforce

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Engagement, Continuous Improvement, and Accountability

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.

12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

For more information please see <https://store.samhsa.gov/system/files/sma14-4849.pdf>

<https://thinkculturalhealth.hhs.gov/about>



Notice of Privacy Practices of The Arc of the Triangle, Inc.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Our Legal Duty

The Arc of the Triangle, Inc. is required by law to protect the privacy of health information about you, to provide this notice about our privacy practices, and to follow the practices described in this notice.

The Arc of the Triangle, Inc. reserves the right to change the terms of this notice and to make the new notice provisions effective for all protected health information that we maintain. A copy of the revised notice will be available in our offices and can be mailed to you or provided to you directly by a staff member. You can also request a copy of the notice at any time.

Uses and Disclosures of Health Information

Under the Federal Standards for Privacy of Individually Identifiable Health Information (45 CFR Parts 160 and 164), The Arc of the Triangle, Inc. is permitted to use and disclose written information without your written consent for the purposes stated below. In instances where the North Carolina Statutes on Confidentiality (122C-51 through 56) prohibit the release or disclosure of confidential information without your consent, The Arc of the Triangle, Inc. is required to follow the more stringent requirement.

The Arc of the Triangle, Inc. may use or disclose protected health information about you ***to provide treatment services*** for you. We may use and disclose protected health information to provide, coordinate or manage your services. This may include consulting with other health care providers regarding your services. For example, we may discuss your services with your case manager at Wake County Human Services or with your residential support staff.

We may use and disclose protected health information about you ***to obtain payment for services***. This means that we may use information about you to bill to obtain payment for the services we provide to you. For example, we may submit protected health information to Wake County Human Services or to EDS to get approval and reimbursement for the retirement and leisure services we provide to you.

We may also use and disclose protected health information about you ***for our health care operations***, including our administrative, financial, legal, and quality improvement activities. We are also required to inform you that you may be contacted for appointment reminders or to provide you with information about services or resources that may be of interest to you. We may also use your demographic information (name, address, phone number) to contact you for our own marketing or fundraising purposes. All fundraising materials will include a description of how you may let us know that you do not wish to receive any further fundraising communications.

We may use and disclose protected health information ***under other circumstances*** without your consent or authorization, including those circumstances in which the use or disclosure is:

- required by law
- for public health activities
- about victims of abuse, neglect or domestic violence



- for health oversight activities
- for judicial or administrative proceedings
- for law enforcement purposes
- related to death of participant (to coroners, medical examiners, funeral directors)
- related to national defense and security
- to correctional institutions or other law enforcement custodial situations
- for workers' compensation

You can agree or object to certain uses and disclosures of your protected health information. Unless you object, we may use or disclose health information about you in the following situations:

- We may share with a family member, relative, friend, or other person identified by you protected health information that is directly related to that individual's involvement in your health care or in payment for your care.
- We may share with a family member, personal representative, or other person responsible for your care protected health information necessary to inform them of your location, general condition, or death.
- We may also use or disclose protected health information to a public or private agency authorized to assist in disaster relief efforts. Even if you object, we may still share the information if necessary in an emergency situation.

When you are not present or are incapacitated, the three uses and disclosures described above are permissible using professional judgment to determine if such is in your best interest.

ANY OTHER USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION WILL REQUIRE A WRITTEN AUTHORIZATION FROM YOU.

In any situation other than those described above, we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization in writing to stop any further uses and disclosures based on that prior authorization.

Your Rights

1. You have the right to request restrictions on certain uses and disclosures of protected health information. A request for restriction must be provided in writing to the RLSS Program Director. The request should be dated and should include the specific information to be restricted, the person or entity to be restricted from receiving the information, and the length of time you would like for the information to be restricted. We will consider your request but are not legally required to agree to it. The Program Director will respond to your request in writing within 10 working days and will document all agreed upon restrictions in your record. The Arc of the Triangle, Inc. will not use or disclose agreed upon restricted information except in emergency situations or as required by law.
2. You have the right to receive confidential communication of protected health information You have the right to request how and where we contact you about your protected health information. Your request must be in writing to the Program Director. We are required to accommodate reasonable requests, but you must specify an address, phone number or e-



mail address through which we can contact you. When applicable, the request must also include information about how billing will be handled.

3. You have the right to see and get a copy of the protected health information used to make decisions about you. Your request must be in writing to the Program Director. Within 30 days of the receipt of the request, you may have access to review or obtain copies of information in your record. We will charge you \$0.05 (5 cents) per page for copies. The Program Director or Qualified Professional must be present during the review to protect the record and to explain or interpret information generated by The Arc of the Triangle, Inc. . In some circumstances, we are not required to comply with your request to see and get a copy of your protected health information. In those situations, we will respond to your request in writing, tell you why we will not comply with your request, and let you know any rights that you may have to request a review of our denial. If you have a question on information created by another entity, we will refer you to the source of that information.
4. You have a right to request that we amend protected health information about you. If you believe that the information in your record is incorrect or that important information is missing, you have the right to request that we correct the existing information or add the missing information. Your request must be in writing to the Program Director and must explain why you believe the changes are needed. We will act on your request and respond in writing within 60 days. Under certain circumstances, we may deny your request to change the protected health information. In these situations we will respond to your request in writing, tell you why we will not comply with your request, and tell you about your right to give us a written statement disagreeing with your decision. If you do not submit a statement of disagreement, you may request that a copy of your amendment request and the denial be included with any future disclosures of the information. If we accept your request to make changes in your protected health information, we will make reasonable efforts to inform and provide the amendment to people you identify who have received protected health information about you and need to know about the changes.
5. You have the right to a listing of the disclosures we have made about your protected health information. Upon receipt of your written request, we are required to provide you a written list of our disclosures about your protected health information, except for disclosures:
 - that were made before April 14, 2003
 - that were made to carry out treatment, payment, and health care operations
 - that were made to you
 - that were requested and authorized by you
 - that were incidental to a permitted use or disclosure
 - that were made to individuals involved in your care
 - that were part of a limited set of information not containing information which would identify you
 - that were to correctional institutions or law enforcement officials under certain circumstances
 - that were for national security or intelligence purposes



The list of disclosures we provide will include the date of the disclosure, the name and address (if known) of the person or organization receiving the information, a brief description of the information disclosed, and the reason for the disclosure.

The request for a list of disclosures must be made in writing to the Program Director. You may ask for disclosures made up to six (6) years before your request (but not before April 14, 2003).

6. You have a right to a copy of this notice. You have a right to request a paper copy of this notice at any time by contacting the Program Director. Beginning April 14, 2003, we will provide a copy of this notice no later than the date you first receive service from us.

Complaints

If you are concerned that we have violated your privacy rights or you want to complain to us about our privacy practices, you have the right to file a complaint directly with The Arc of the Triangle, Inc. or with the U.S. Department of Health and Human Services. If you file a complaint, we will not take any action against you or change our treatment of you in any way.

Procedures for filing a complaint with The Arc of the Triangle, Inc. about your privacy rights:

A complaint must be submitted in writing, either on paper or electronically, and must describe the acts or omissions believed to be in violation of the Privacy Rule. The complaint must be filed within 180 days of when you knew or should have known the act or omission that is the subject of the complaint occurred. The complaint should be sent to:

Executive Director
The Arc of the Triangle, Inc.
1709 Legion Road, Suite 100
Chapel Hill, NC 27517
(919) 942-5119

Procedures for filing a complaint with the U.S. Department of Health and Human Services (HHS)

The complaint must be submitted in writing, either on paper or electronically, and must name the agency that is the subject of the complaint. The complaint must describe the acts or omissions believed to be in violation of the Privacy Rule and must be filed within 180 days of when you knew or should have known that the disputed act or omission occurred. (The Secretary of HHS may waive this time limit if you can show good cause.) The complaint should be sent to:

Office of Civil Rights
U.S. Department of Health and Human Services
Atlanta Federal Center, Suite 3B70
61 Forsyth Street, S.W.
Atlanta, GA 30303-8909
(404) 562-7878 (phone); (404) 562-7881 (fax)

Effective Date of Notice: July 1, 2014

If you have questions about The Arc of the Triangle's privacy practices or about how to complain, please contact the Executive Director using the information provided above.

Intellectual Disabilities and Developmental Disabilities

What is Intellectual Disability?

Intellectual Disability occurs when a person has the following:

- **A low level of intellectual functioning** (IQ below 70–75).
- **Significant limitations in two or more adaptive skill areas**, which include:
 1. Communication – ability to understand language of others and the ability to express ideas through language: spoken, written, sign language or gesturing
 2. Self-care- daily activities which satisfy personal needs for food, hygiene, safety, and appearance, such as eating, washing, bathing, dressing and toileting
 3. Home living – ability to maintain a household, including cleaning, cooking and utility services
 4. Social skills – ability to appropriately interact with and maintain relationships with other people
 5. Leisure – ability to pursue recreational activities
 6. Health and safety ability to maintain good health habits, to take care of medical problems, and to recognize personal safety
 7. Self-direction – ability to make decisions about what, how and when to perform activities
 8. Functional academics – reading, writing, basic math
 9. Community use – utilizing resources such as libraries, community centers, parks, police and fire officers, and other public agencies or services
 10. Work – ability to earn a living wage
- And the **condition is present from childhood, defined as age 18** or earlier.

What is a Developmental Disability?

The term “developmental disability means “a severe, chronic disability of a person which is attributable to:

- **A mental or physical impairment or combination** of mental and physical impairments
- **Substantial functional limitations in three or more of the following areas** of major life activity:
 1. Self Care – daily activities which satisfy personal needs for food, hygiene, safety, and appearance, such as eating, washing, bathing, dressing and toileting
 2. Learning – understanding information, reasoning, use of abstract thought, academic and other educational skills
 3. Receptive/Expressive Language – understanding language of others and communicating ideas through language
 4. Mobility – ability to negotiate a distance using his/her own power or personally controlled device
 5. Self-direction – ability to manage his/her personal and social behavior
 6. Economic Self- Sufficiency – financial resources available for basic life support and recreational needs
 7. Capacity for Independent Living – ability to maintain a full and varied life in the community with little or no regular outside intervention--including money management, leisure time activities, budgeting and purchasing

- Is manifested **before the person attains age 22**, unless the disability is caused by a traumatic head injury and manifested after age 22
- Is likely to **continue indefinitely**
- Reflects the person's need for a **combination and sequence of special, interdisciplinary or generic care, treatment, or other services which are of lifelong or extended duration** and are individually planned and coordinated.

What are the levels of intellectual disabilities?

Mild: The effects of intellectual disabilities vary considerably among people, just as the range of abilities varies considerably among people who do not have intellectual disabilities. About 85% of people with intellectual disabilities have mild intellectual disabilities and may be only a little slower than average in learning new information and skills. Mild intellectual disabilities is often not recognized until school, when the person learns at a slower rate than his peers, often to about the sixth grade level. As an adult, however, many people with mild intellectual disabilities can lead independent lives in the community and may no longer be viewed as having intellectual disabilities.

Moderate: People who have IQ's between 35 and 50 are in the moderate range of intellectual disabilities, and this is about 10% of all people with intellectual disabilities. They can generally learn self-care, social and vocational skills, demonstrate functional language and achieve at least partial independence. They may achieve some functional academic skills to about the second grade level, but they will probably need assistance with most tasks involving reading, writing or math. People with moderate intellectual disabilities usually need a system of supervision and supports, but they can adapt well to live in the community, to travel to familiar places, to hold semi-skilled or unskilled jobs and to participate in social, recreation and leisure activities.

Severe: People with severe intellectual disabilities make up about 4% of the group, and their IQ scores are from 20 to 35. People in this range generally have little speech communication in early childhood. They may learn basic self-care skills, learn simple language and read a few sight words. As adults, these individuals can manage simple tasks, but may require careful supervision. Language ability may be limited, but the person probably understands more than he or she can express. These individuals may also adapt well to life in the community, but probably need extensive supports.

Profound: Profound intellectual disabilities occurs in about 1-2% of all people diagnosed as having intellectual disabilities. People who have this level of intellectual disabilities score below 20-25 on IQ tests. They frequently have a neurological impairment, resulting in limitations of sensori-motor functioning. As a result, a system of supports in a highly structured environment and full-time supervision are needed. The ability to learn self-care tasks and to use language is generally limited, although basic likes, dislikes and needs may be communicated through sounds, gestures, facial expression and body language.

Intellectual Disabilities and Mental Illness

There continues to be confusion about the distinction between developmental disabilities and mental illness. Mental illnesses include brain disorders such as schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorder, obsessive-compulsive disorder, panic and other severe anxiety disorders, and others. These disorders can profoundly disrupt a person's thinking, feeling, moods, ability to relate to others, and capacity for coping with the demands of life. People who have developmental disabilities can also have co-occurring mental illness. Although mental illness is more common in persons with developmental disabilities than in the general population, most people with developmental disabilities do not have mental illness.

Defining a System of Supports

People with intellectual disabilities and/or developmental disabilities can make significant improvements in their life functioning if they are provided appropriate supports, individualized to their needs. Detailed assessments of physical health, psychological and emotional health, the person's living situation and factors which would improve the person's life need to be done. The person's level of functioning in specific environments determines the level of supports needed to promote improvement in those areas. Questions of the capabilities, environments and functioning are investigated:

- 1) What are the individual's capabilities or competencies? These include both intelligence and adaptive skills.
- 2) What are the individual's preferences for places in which to live, learn, play, work, socialize, worship and interact with others?
- 3) How well does the person use his or her capabilities and competencies to currently function in all of the community environments?

Staff working with people who have intellectual disabilities can provide valuable information to other caregivers, clinicians, or program staff to assist with the individual's diagnosis, plan for supports and support implementation. The information support staff provides may include the following sources:

- A. Background history and informational reports
- B. Information about recent changes in relationships, services, environments, supports, etc.
- C. Recent changes in the individual's physical or mental health, including details of medications and the impact of health issues on the person's life
- D. Recent contacts with other service providers and knowledge of circumstances relating to any behavioral difficulties
- E. Details of any other assessments or skill performance tools

Once this information is gathered, the amount of support the person needs in each situation can be determined. The four levels of support are:

- Intermittent – the person does not require constant support, but may need support on a short-term basis for specific needs at various times



- Limited – certain supports will be consistently required over time (such as money management) or the person will need more intensive supports for a specific need (such as time-limited job training)
- Extensive – the person needs daily support in some aspects of daily living (such as meals and medication)
- Pervasive – the individual requires constant and high intensity support for virtually all areas of life

People who have mild, moderate or severe disabilities should have assistance in becoming as independent or self-reliant as possible in each living environment. With increased independence, the need for supports may be reduced, and the person can feel a sense of accomplishment. For years, many people with significant disabilities have been excluded from full participation in their communities, and they are therefore seen as outsiders. By isolating them in this way, they have been denied the opportunity to build and secure the relationships and support systems they need to be fully integrated members of a community. Inclusion depends upon deliberate efforts to welcome and accommodate individuals with disabilities in all facets of community living. Additionally, since society tends to value people for their productivity, it is important to recognize each person's strengths, and to foster his or her ability to be a productive, useful, contributing citizen. Promoting independence, productivity, integration and inclusion in the community should be important elements of any person-centered plan.



Brief History

For over 65 years, The Arc has been the voice for children and adults with intellectual and developmental disabilities. 1954 was a time when most children with disabilities were ignored by society, and often institutionalized. Parents of these very special kids got organized, formed The Arc and began advocating to keep their children at home, send them to public school, and to educate the community about what it means to have a disability. A national movement was started.

Sixty years ago, The Arc chapters in Durham and Wake were instrumental in not only starting many of the programs available for our children and loved ones, but also taking the lead on developing advocacy and awareness. The Arc of Orange County started its chapter in the 1960s.

For the last 60+ years, The Arc has been a major resource for individuals and families seeking support, services, and opportunities to make the communities of Wake, Durham and Orange Counties more understanding, accepting and supportive of people with intellectual and developmental disabilities. Through The Arc, families have gained information, training, inspiration, and strength to pursue their dreams and those of their family members. The Arc of Wake County (originally the Association for Retarded Children (A.R.C.) of Raleigh incorporated in 1974. The Arc of Durham (originally Durham Association for Retarded Children) incorporated in 1961.

The Arcs of Wake, Durham and Orange merged July 1, 2014 to form The Arc of the Triangle, Inc.

The first six decades have included:

Education in the Public School System - The Arc worked for the establishment of the first classes for children with developmental disabilities in Wake County in the 1950's and for the passage of state and national laws to guarantee a free and appropriate public education for all children, including those with disabilities. In Durham County, the first special education class was started in 1960.

Recreational, Summer & Afterschool Programs - Arc members helped in the development of a summer day-camp for children with special needs (now operated by Raleigh Parks & Recreation), an afterschool program and Friday Night Fun for teens and young adults at the YWCA, and various recreational programs and events in the community.

Preschool Programs & Early Intervention Services - Arc members were involved in the founding of Frankie Lemmon Memorial School & Developmental Center, Shelley School, and Tammy Lynn Center for Developmental Disabilities. In the 1960s, The Arc of Durham's very first program was a daycare program for children with special needs.

Group Homes - The Arc was instrumental in the purchase and establishment of the first four group homes in Wake County for adults with developmental disabilities. (These homes are now run by Residential Support Services.) In Durham, the first group home was developed in 1974, and the later became its own non-profit agency. In 1994, The Arc of Durham provided supports for adults living in the community through state funding called "At Home in the Community".



Spiritual Programs – Arc members have worked with many area houses of worship to develop or modify programs to meet the spiritual needs of children and adults with special needs. An education class began in 1973 at St. Paul’s Lutheran Church in Durham.

Respite Care – In 1983, with a grant from the Council on Developmental Disabilities, The Arc established a county-wide respite care program. The program is now a service of the Tammy Lynn Center for Developmental Disabilities. The program hires and trains care providers to give parents occasional respite from the daily demands of caring for a child or adult with special needs. Durham began its first respite program in 1985. The Drop In Program was held at the Sara Barker Center and became a contract program in 1988.

Employment Services – In 1987, The Arc of Durham won a private contract to begin The Arc Employment and Training Program. In 1980, a group of parents started a summer work program for high school students. The Arc of Wake County was asked The Arc adopted Project SEE [Supported Employment Experiences] in 2000.

Transition Services – In 1987, The Arc negotiated the first interagency agreement between three public agencies (Wake County School System, Durham County Public Schools, Chapel Hill Public Schools, Vocational Rehabilitation, Area Mental Health/Developmental Disabilities/Substance Abuse Service) to ease the transition of students with developmental disabilities into employment and adult services after graduation from Wake County Schools. The schools are now required by federal law to provide transition services. In Wake County, VR, MH/DD/SAS and The Arc continue to advise and collaborate with the school system in the provision of transition services. In Durham in 1984, four students were the first to move on to high school after middle school to complete their education.

Self-Advocacy – In 1988, Common Ground, Durham’s first self-advocacy group was started by Sharon Youse. Wake’s People We Are Group was founded in 1987. Original members Jeff Smith and Robert Gillis still attend.

Past Presidents

- 2014–2015..... Michael Madden
- 2015–2018..... David Woody
- 2018–2021.....Christine Ryan
- 2021–2021.....Maia Keller (Interim)
- 2021–2023.....Laura Alden



The Arc: Six Decades of Action for Children and Adults with Intellectual and Developmental Disabilities

The Arc has a rich history spanning 60 years and marked by accomplishment. We continue to carry out the mission and vision of people with intellectual and developmental disabilities, as well as their parents and siblings.

In 1950, a small group of parents and other concerned individuals came together to act as voices for change. At the time, little was known about the condition of intellectual disability (at the time referred to as 'mental retardation') or its causes. There were virtually no programs and activities in communities to assist in the development and care of children and adults with intellectual disability or to support families. It was common at that time for doctors to tell parents that the best place for their child was in an institution. Emboldened by their collective desire to raise their children in the home and their stubborn refusal to accept that institutionalization was the only option, The Arc's founders fought even harder.

Like every parent of any child, they wanted more for their children. They wanted their children to lead fulfilling lives out in the community and not shuttered away in dark institutions. It was in that spirit that The Arc was born.

The early days

At the outset, the organization was committed to altering perceptions of children with intellectual and developmental disabilities and to educate parents and others regarding the potential of people with intellectual and developmental disabilities.

The Arc also worked to procure services for children and adults who were denied an education, the right to attend day care and preschools, and the right to work.

Growing with the times

Over the last 60 years, The Arc has grown and adapted to the changes that people with disabilities face across their life span. Through the decades, The Arc has seen several [name changes](#), advocated for the passage of state and federal legislation on behalf of people with disabilities and established a broad network of [state and local chapters](#) that range from small voluntary groups to large, professional organizations.

1950s

- Parent groups throughout the country meet in Minneapolis in 1950 to organize The Arc.
- The Arc becomes the first organization to put money into research on intellectual and developmental disabilities.

1960s

- The Arc helps expose the link between lead poisoning and brain damage in infants and children.
- The Arc opens a Governmental Affairs Office in Washington, DC.

1970s

- The Arc's memberships are key players in the enactment of P.L. 94-142, the Education for All Handicapped Children Act which guarantees a free appropriate public education for all children with disabilities.
- The Arc advocates for the creation of the Supplemental Security Income program to provide income for persons with severe disabilities who have little or no income.
- The Arc helps pass a national housing law that established the Section 8 Assisted Housing program to meet the housing needs of low income families and individuals with disabilities.



- The Arc funded Dr. Robert Guthrie who found a treatment for phenylketonuria (PKU).
- Large numbers of people begin to leave institutions as services for people with disabilities emerge within communities.
- The Arc works with other organizations to push for the establishment of the Medicare and Medicaid programs and passage of the Developmental Disabilities Act.
- The Arc publishes a groundbreaking study about infant under-nutrition as a cause of developmental disabilities and holds a major conference on the links between poverty and developmental disabilities.
- The Arc launches a national campaign to support research in the area of prevention and the detection of preventable causes of Down syndrome.
- With research funding from The Arc, Kenneth Jones, M.D., defines the disorder Fetal Alcohol Syndrome.

1980s

- The Arc helps create the Civil Rights for Institutionalized Persons Act which gives the U.S. Justice Department statutory authority to protect the rights of institutionalized individuals.
- The Arc helped create the Supported Employment program within the Rehabilitation Act.
- The Arc champions the "Baby Doe" Amendment to protect newborns with disabilities from being denied life saving medical treatment.
- The Arc presses the Congress to allow home and community based waiver options under Medicaid.
- The Arc helps negotiate a deal with school authorities to amend the Education of the Handicapped Act to provide services to infants and toddlers and preschoolers with disabilities.
- The Arc works to pass legislation to authorize courts to award reasonable attorney fees to parents who prevail in special education due process.
- The Arc is involved in creating several work incentives in the Social Security Act to allow more individuals with disabilities to work.
- The Arc advocates for the passage of the Technology-Related Assistance Act to develop state wide assistive technology programs to serve individuals with disabilities.
- The Arc successfully pushed the Congress to add disability as a protected class under the Fair Housing Act.
- The Arc plays an instrumental role in the creation of Medicaid's Early and Periodic Screening, Diagnosis and Treatment program.
- The Arc sponsors a national prevention campaign and convenes a national conference on prevention of intellectual and developmental disabilities.
- Advocacy by The Arc's Government Affairs Office results in the establishment of the Disabilities Prevention Program at the Centers for Disease Control.

1990s

- The Arc is a leader among national disability groups to advocate for the landmark Americans with Disabilities Act.
- The Arc helps create a Medicaid buy-in option for families whose income is somewhat higher than the basic eligibility ceiling.
- The Arc hosts a Summit on Fetal Alcohol Syndrome in Baltimore with support received by The Arc of



Maryland from the U.S. Department of Health and Human Services

- The Arc launches a national media and advertising campaign to raise awareness about the dangers of alcohol consumption during pregnancy. As a result of these efforts, the Fetal Alcohol Syndrome Prevention and Education Act is passed by Congress.
- A new publication, *Genetic Issues in Developmental Disabilities*, is initiated as part of The Arc's Human Genome Project.
- The Arc was involved in drafting the first national family support legislation in 1994.

So far this decade

- The Arc worked to assure that students with disabilities were covered within the educational accountability system under the No Child Left Behind Act.
- The Arc advocated for the Help America Vote Act to create better access to voting by people with disabilities.
- The Arc supported the passage of the Americans with Disabilities Act Amendments which restore lost protections stemming from recent Supreme and lower court decisions.
- The Arc participated at key points in the drafting of the United Nations Convention on the Rights of Persons with Disabilities.
- The Arc and ArcLink launch the National FindFamily Registry, an online database that will help families reconnect with formerly institutionalized family members who they lost touch with long ago.
- The Arc played a key role in stopping huge Medicaid cuts and worked to expand Medicaid supports for low and middle-income families.
- The Arc won expanded provisions in the Individuals with Disabilities Education Act and the Higher Education Act that will help students move from public schooling to higher education, employment and adult life.
- The Arc established the National Housing Trust Fund to provide over 50,000 new public housing vouchers for people with disabilities.
- The Arc, in collaboration with the American Association on Intellectual and Developmental Disabilities, published National Goals and Research for People with Intellectual and Developmental Disabilities, a book highlighting challenges to achieving government's promise to people with disabilities.
- The Arc leads a national effort denouncing the negative portrayal of people with intellectual and developmental disabilities in the feature film, "Tropic Thunder." Thousands of self-advocates, disability rights activists and families joined The Arc's Rally for Respect campaign in demonstrations across the country to fight hate speech. The Arc continues to work to ensure that children and adults with intellectual and developmental disabilities are accurately and fairly portrayed in the media so that they can continue to live their lives with dignity in the community.

Taken from The Arc of the United States' website



Affiliation

The Arc of the Triangle is affiliated with The Arc of North Carolina & The Arc of the US.

Through our affiliation, we support:

- Research in the field of developmental disabilities
- Publication of public awareness materials
- Influence and shape policy
- Monitoring of governmental and judicial affairs
- Efforts to educate legislators
- Resource development
- Media campaigns

Through our affiliation we receive:

- Member and chapter services
- Networking with other chapters of The Arc
- Training opportunities for members, officers, directors and staff
- Up-to-the-minute information on legislative and judicial issues

Nationally, The Arc has about 1,000 chapters and more than 140,000 members, making it the largest American volunteer organization dealing with issues related to developmental disabilities. The Arc of the Triangle has more than 300 members who are parents and siblings of persons with developmental disabilities, self-advocates, professionals, community leaders, and interested friends.

The Arc of the US Mission

The Arc promotes and protects the human rights of people with intellectual and developmental disabilities and actively supports their full inclusion and participation in the community throughout their lifetimes.

Core Values

The Arc believes in:

People First The Arc believes that all people with intellectual and developmental disabilities have strengths, abilities and inherent value; are equal before the law; and must be treated with dignity and respect. The Arc represents, supports and acts on behalf of individuals and their families regardless of level of disability or membership in The Arc. The Arc believes in self-determination by empowering people with the supports needed to make informed decisions and choices.

Democracy A democratic process involving members, through affiliated chapters, is utilized to take positions on important issues, policies and programs.

Visionary Leadership The Arc leads by promoting the mission core values and position statements. We lead with integrity, accountability, and by open, honest and timely communication. We work with individuals, organizations and coalitions in a collaborative



fashion. There is a valued partnership with volunteer and staff leadership at all levels of the organization that provides mutual support for their respective roles.

Community Participation The Arc works toward and believes in the community imperative: that all people have the fundamental moral, civil and constitutional rights to live, learn, work, play and worship in safe and healthy communities of their choosing. The Arc has responsibility to ensure the safety and well being of individuals.

Diversity The Arc values and insists upon diversity in its leadership and membership. The Arc actively pursues and welcomes diverse groups (including but not limited to race, ethnicity, religion, age, geographic location, sexual orientation, gender & level of disability).

Integrity and Excellence The Arc conducts its business with integrity. The Arc reflects quality and excellence in all its work.

Local chapters, state chapters and The Arc of the United States:

While independent entities, are also interdependent and commit to work together to further the democratically approved objectives of The Arc. All components acknowledge the importance of providing the highest quality in existing services and supports while moving towards fulfillment of the promise in The Arc's Core Values, position statements and legislative goals.

- A. All three components referenced above agree to share the following responsibilities
 - 1. Advocacy
 - 2. Service/assistance (to members/chapters/constituents)
 - 3. Promotion of The Arc
- 4. Partnership with all components within the organization and with related organizations

Responsibilities agreed to by the Local chapters

- A. Advocate for children and adults with developmental disabilities and their families, whether or not these individuals are members or are served through programs of the chapter, by:
 - 1. Assisting individuals and families in their area to achieve a better quality of life.
 - 2. Influencing public opinion, through individual and systems advocacy, education, public awareness and other methods appropriate for this purpose.
 - 3. Serving as a source of information, referral and guidance to individuals and families.
 - 4. Advocating for services and supports that bring together people with and without disabilities in valued roles in the community. .
 - 5. Creating awareness on the local level in order to prevent the causes and effects of intellectual disabilities and related disabilities.
 - 6. Encouraging and supporting local self-advocacy organizations and activities.
- B. To support its state affiliate and The Arc in their advocacy efforts by:
 - 1. Complying with all affiliation requirements contained in this agreement and the affiliation agreement with the state chapter.
 - 2. Educating legislators and other elected officials as well as local government human services and health agencies, housing authorities, school boards and others.



3. Responding to requests for communicating positions to government officials.
4. Supporting and striving toward implementation of the mission, core values, legislative goals, policies and position statements of The Arc.
5. Taking public positions that are consistent with the mission, core values, legislative goals, policies and position statements of The Arc.
6. Remitting affiliation fees and dues, where required, when due.

C. To create an effective local chapter by:

1. Building and serving a substantial, committed and informed membership and report all members to The Arc. The local chapter is committed to reflecting the racial, social, economic, cultural and demographic diversity of the local community. Thus it includes families of both younger and older individuals with varied levels of need, people served by the chapter and self-advocates. The board of directors works to reflect this diversity. Families of constituents and/or self-advocates shall have significant and effective representation on the board of directors.
2. Educating the officers, board of directors and members of the chapter about best practices and local, state and national activities by distributing information and ensuring participation of chapter representatives at state and national conventions, seminars and other functions.
3. Comprising boards exclusively of members of The Arc.
4. At the chapter's option, providing community-based direct services and supports. These services and supports must work to include constituents in the community.
5. Engaging in other activities, at the option of the chapter, consistent with the mission, core values, policies, legislative goals and position statements of The Arc.

D. To operate an effective local chapter by:

1. Training officers, board members and staff for the performance of their roles.
2. Complying with IRS and other applicable federal and state regulations for not-for-profit organizations.
3. Maintaining licensure for services provided by the chapter or affiliated organizations as required by local, state and federal authorities. Beginning January 1, 2006, the chapter will demonstrate progress toward accreditation from either The Council on Quality and Leadership in Supports for Persons with Disabilities (The Council) or the Commission on Accreditation of Rehabilitation Facilities (CARF), or through a peer review process to be developed by The Arc. Other accrediting bodies with specific standards for people with disabilities may meet these requirements upon review of the board of directors of The Arc.
4. Evolving toward best practices consistent with the mission, core values and position statements in advocacy, public awareness, governance and service provision.
5. Working with local organizations to build the capacity of the community to implement the mission, core values, position statements, bylaws and legislative goals of The Arc.
6. Providing a mechanism for members to annually assess the local chapter.

E. To maintain organizational links with The Arc of the United States by:

1. Identifying its affiliation with The Arc and its state affiliate in appropriate identifying materials, such as brochures and letterhead.
2. Providing feedback and comments on proposed policies, position statements and other materials requested.
3. Submitting to The Arc changes in leadership, articles of incorporation and constitution and/or bylaws



within 30 days of occurrence.

4. Paying affiliation fees and remitting dues for individuals when due.
5. Cooperating with resource development initiatives that benefit state and local chapters and The Arc.
6. Maintaining the minimum number of members required by the bylaws of The Arc.
7. Submitting required financial information annually.

Responsibilities agreed to by the state chapter

A. To advocate for children and adults with intellectual disabilities and related developmental disabilities and their families, whether or not these individuals are members or are served through programs of the chapter's affiliates, by:

1. Formulating policy initiatives in cooperation with others.
2. Working with legislative, executive and judicial branches of state government.
3. Influencing public opinion in the state through advocacy, education, public awareness and other methods as appropriate.
4. Supporting and working to create awareness on the state level in order to prevent the causes and effects of intellectual disabilities and related disabilities.
5. Working with state-based affiliates of national organizations to expand understanding and implementation of The Arc's mission, position statements, core values, legislative goals and best practices in the field.

B. To support The Arc of the United States in its national advocacy efforts by:

1. Educating the state's Congressional delegation and state-level policymakers.
2. Responding to requests for communicating positions to federal and state government officials.
3. Endorsing the mission and core values of The Arc and striving toward implementation of the position statements of The Arc.
4. Taking public positions that are consistent with the mission, core values, position statements, legislative goals and policies of The Arc.

C. To create an effective state chapter by:

1. Assisting, building and serving a membership that reflects the diversity of the state including families of both younger and older individuals with varied levels of need, self-advocates, racial and ethnic minorities and people from low-income communities. The board of directors reflects this diversity. Families of constituents and self-advocates should have significant representation on the board of directors.
2. Educating the officers, board members, members and staff throughout the state about best practices and about national activities through distribution of information and through attendance by leaders at national conventions, seminars and other functions.
3. Ensuring that all board members are members of The Arc.
4. Encouraging and supporting statewide self-advocacy organizations and movements.
5. Providing support to existing local chapters and working to develop new or expanded chapters to serve areas of the state without existing chapters.
6. Defining the relationship between the state chapter and local chapters through a formal affiliation agreement.
7. Providing a mechanism for affiliated local chapters to annually assess the state chapter.



D. To operate an effective state chapter by:

1. Training officers, board of directors and staff for the performance of their roles.
2. Complying with IRS and other applicable federal and state regulations for not-for-profit organizations
3. Maintaining licensure or certification for services provided as required by local, state and federal authorities, and beginning January 1, 2006.
4. Striving toward best practices in advocacy and service provision statewide.

E. To maintain organizational links with The Arc by:

1. Identifying their affiliation with The Arc in appropriate identifying materials, such as brochures and letterhead.
2. Submitting to The Arc changes in leadership, articles of incorporation and constitution and/or bylaws within 30 days of occurrence.
3. Paying affiliation fees and remitting dues when due.
4. Submitting required financial and other information on a timely basis. Pursuing appropriate grant funding opportunities to improve and support chapter best practices.
5. Cooperating with resource development initiatives that benefit state and local chapters and The Arc.

Responsibilities agreed to by The Arc of the United States

A. To advocate nationally for children and adults with intellectual disabilities and other developmental disabilities and their families and for programs and research that prevent the causes and effects of intellectual disabilities and related developmental disabilities by:

1. Initiating and formulating, in cooperation with other, related organizations or by itself, responses to policy initiatives.
2. Working with the legislative, executive and judicial branches of the federal government.
3. Working with other national organizations to develop and improve programs for The Arc's constituents.
4. Influencing public opinion, through advocacy, education, public awareness and other methods as appropriate.
5. Providing information and referral and educational materials, both web-based and printed to members and to the public.
6. Developing and proactively advancing positions on important issues for the constituent group.
7. Building and serving a substantial, committed and informed membership that shall reflect the racial, social, economic, cultural and demographic diversity of the United States. The board of directors reflects this diversity. Families of constituents and self-advocates shall have significant representation on the board of directors.

B. To assist state and local chapters in their advocacy and service provision by:

1. Identifying advocacy and programmatic "best practices" and strategies and encouraging their use through education, technical assistance and training.
2. Creating and sharing a strong national identity through use of The Arc's name, logo and other identifying information.
3. Developing and sharing public awareness materials and public relations/media support.
4. Working with other national organizations and leaders to expand understanding and implementation of The Arc's position statements, core values and best practices in the field.
5. Responding to the needs of chapters promptly, professionally and effectively.



6. Providing technology linkages among leadership, membership representatives, development professionals and other volunteers and professionals.
 7. Developing an effective quality management assistance system for chapters, so that quality improvement can be conducted effectively and economically.
 8. Creating a vision for the future of The Arc and its constituents.
 9. Laying the groundwork with other related national disability organizations and organizations that serve the public, so that similar partnerships can be achieved at the local and state level.
 10. Pursuing appropriate collaborative grant funding opportunities to improve and support chapter best practices.
 11. Implementing and maintaining cooperative resource development programs that benefit state and local chapters and The Arc.
- C. To encourage participation of state and local chapters in policy formulation and implementation by:
1. Holding biennial meetings of the National Congress of Delegates.
 2. Holding open meetings of the board of directors and encouraging members and chapters to attend and participate in those meetings.
 3. Soliciting input on major issues being considered by the National Congress of Delegates, the board of directors, committees or task forces and allowing adequate time for chapters to respond.
 4. Making available copies of board minutes to affiliated chapters.
 5. Establishing and utilizing communications systems with state and local chapters.
- D. To assist state and local chapters in efficient and effective operations by providing exemplary membership services, including:
1. Frequent and meaningful communication concerning issues and programs.
 2. Staff and volunteer training.
 3. Technical assistance.
 4. Public policy materials tailored to national, state and local levels.
 5. Mass purchasing, volume discounts and development of other benefits and services directly to individual members.
- E. To provide accessible training for officers, board members and staff for the performance of their roles.
- F. To comply with IRS and other required federal and state regulations for not-for-profit organizations.
- G. To maintain fiscal integrity and function effectively in administrative operations.
- H. To work nationally with media to make The Arc and its constituents more visible in all areas of the United States.
- I. To provide a mechanism for affiliated chapters to annually assess The Arc.