



Opportunity & Optimism

BUILDING BRIDGES TO TOMORROW

Peer mentor training for people with I/DD

Dan Ohler, Optum
Kelly Friedlander, Community Bridges Consulting Group

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Today's presenters



Dan Ohler, MBA
Vice President, Public Sector Health Services
Optum

- Focused on behavioral health for state and county government clients as well as I/DD
- Works directly with state and local government leaders and serves as primary liaison with national and state associations
- More than 25 years of service to state and local government in Ohio, including:
 - CEO of UCO Industries, Inc., a non-profit focused on providing integrated employment opportunities
 - Executive Director of the Ohio Association of County Boards of Developmental Disabilities
 - Deputy Director at the Ohio Department of Developmental Disabilities
- Past President of the National Association of County Behavioral Health & Developmental Disability Directors

Optum is part of UnitedHealth Group (NYSE: UNH)



Kelly Friedlander, MSW, MPA
Principal Consultant
Community Bridges Consulting Group

- 15+ years experience in the field of I/DD
- Works with advisory groups, infusing individual and family voices into public policymaking
- Consults on stakeholder engagement, advocacy and managed LTSS; SME and writer for managed care RFPs
- Supported projects for UnitedHealthcare, NASDDDS, RHA Howell, NACDD, Vaya Health and Anthem
- Former Operations and QA Director of Florida's largest day training program
- Provided oversight to the Developmental Services QA Contract at Florida's Agency for Health Care Administration

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Peer support in behavioral health

Dan Ohler, VP, Business Development,
Public Sector Health Services, Optum



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What is peer support?

A definition from the mental health community

Peer support is a range of activities and interactions between people who share similar experiences of being diagnosed with mental health conditions, substance use disorders or both.

This is sometimes called “peerness” — two people a peer support worker and person seeking help — which promotes connection and inspires hope.

Peer support offers a level of acceptance, understanding and validation not found in many other professional relationships. (Mead & McNeil, 2006)

By sharing their own lived experience and practical guidance, peer support workers help people to develop their own goals, create strategies for self-empowerment and take concrete steps toward building fulfilling, self-determined lives for themselves.

Source: SAMHSA. Value of peers, 2017. [samhsa.gov/sites/default/files/programs_campaigns/brss_tacsvalue-of-peers-2017.pdf](https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacsvalue-of-peers-2017.pdf)

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What does a peer support worker do?

- Inspires hope that people can live in the community successfully
- Walks with people on their journeys to explore their community and how to make connections such as find jobs, make friends, get health care and much more
- Dispels myths about what it means to have a disability
- Provides self-help education and links people to tools and resources
- Supports people in identifying their goals, hopes and dreams, and creating a roadmap for getting there



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Peer support programs are prevalent and successful in behavioral health

Adoption

39 State **Medicaid plans** reimburse peer support services for individuals with MI and/or SUD¹

24 **States** where Optum has established behavioral health peer support services



Peer support services are considered **evidence-based** by the Center for Medicare and Medicaid Services

Benefits



Increased self-esteem and confidence^{2,3}



Increased sense of control and ability to bring about changes in their lives⁴



Reduced acute inpatient admissions, length of stay and cost^{5,6}

1. Open Minds. Does peer support pay? openminds.com/market-intelligence/executive-briefings/does-peer-support-pay. March 14, 2018. 2. Davidson L, Chinman M, Kloos B, Weingarten R, Stayner D, and Tebes J. Peer support among individuals with severe mental illness: A review of the evidence. *Clinical psychology: Science and practice*. 1999; 6(2):165-187. 3. Salzer MS (2002). Consumer-delivered services as a best practice in mental health care delivery and the development of practice guidelines. Mental Health Association of Southeastern Pennsylvania Best Practices Team Philadelphia. *Psychiatric Rehabilitation Skills*. 2002; 6(3):355-382. 4. Davidson L, Bellamy C, Guy K, and Miller R. Peer support among persons with severe mental illnesses: a review of evidence and experience. *World Psychiatry*. 2012; 11(2):123-128. 5. Results from an Optum February 2016 analysis of 16 Michigan Medicaid beneficiaries who successfully completed the Optum peer support program between January 1, 2016, and January 31, 2017. 6. Results from an Optum November 2016 analysis of 107 Texas Medicaid beneficiaries who enrolled in Optum peer support services between January 1, 2016, and December 31, 2018.

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Peer support for people with I/DD

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Medicaid managed care for people with I/DD



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More than **7 million individuals** with an intellectual or developmental disability (I/DD) live in the United States.¹

The majority of these people **rely on Medicaid** for their health insurance coverage, and a growing number are in Medicaid managed care.²

1. Larson S, Eschenbacher H, Taylor B, Pettingill S, Sowers M, and Bourne ML. In-home and residential long-term supports and services for persons with intellectual or developmental disabilities: Status and trends through 2017. Minneapolis, MN: University of Minnesota, Research and Training Center on Community; 2. Ervin DA, Merrick J. Intellectual and developmental disability: healthcare financing. *Front Public Health*. 2014; 2:160.

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Daily challenges

Individuals with I/DD, their caregivers, providers and states



Aging population
Aging caregivers and individuals with I/DD with longer lifespans



Use of technology
Increase independence and decrease costs while protecting privacy and safety



Transportation
Accessible transportation enabling independence and employment



Health and wellness
Access to high-quality clinical, behavioral, dental, vision and other specialty health care



Loneliness
Many with I/DD experience loneliness as they transition to independent lifestyles



Community housing
Changes from congregate living to independent living



Amplifying voices
Self advocacy, self determination and providing role models through peers



Community employment
Meaningful competitive employment vs. isolation in ICFs and sheltered workshops



Caregiver and natural supports
Additional sources of services/ supports, natural and funded



Direct service workforce
Providers attracting and retaining qualified workers to provide direct services to individuals with I/DD

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Daily challenges: statistics

“Lots of kids when they transition to adulthood are isolated. Peers can help them to not regress.”
– Employee Advisory Council

Self-determination

27% have attended a self-advocacy event or has had the opportunity to do so¹

Community inclusion

20.2% engage in paid employment in the community¹

48% want help to make or stay connected with friends¹

Independence

58% chose or had input on where they live (if not living in family home)¹

Access to care

3x the physical health issues of the general population²

35% experience mental health challenges³

Navigating the system

41% indicate services and supports change when their family's needs change¹

Support for the family

66 months average wait time for HCBS services⁴

33% of I/DD waivers offer family or caregiver training⁵

1. September 2018 NCI Data Brief. 2018–2019 NCI In-Person Survey; 2019–2020 NCI Family/Guardian Survey. 2. Thomas Cheetham, MD, FAIDD (2015). 3. The NADD. IDDM diagnosis. thenadd.org/idd-ri-diagnosis/. 4. Kaiser Family Foundation. Key questions about Medicaid home and community-based services waiver waiting lists. kff.org/medicaid/issue-brief/key-questions-about-medicaid-home-and-community-based-services-waiver-waiting-lists. April 4, 2019. 5. Rizzolo MC, Friedman C, Lulinski-Norris A, and Braddock D. (2013). HCBS Waivers: A Nationwide Study of the States. Intellectual and Developmental Disabilities 51(1).

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Helping them build, maintain a more colorful life

Effective support in all areas of life results in less focus on paid services and more emphasis on community inclusion.

Hypothetical example shows 7–8%* of dollars converted from paid services to community supports.



*December 2011, NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services, The PBH Managed Care Experience, A Comparison to Non-Managed Care Local Managed Entities.

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Medicaid-funded peer support programs for individuals with I/DD*



Michigan

Mentors are adults with an I/DD and knowledge of Medicaid services who complete Michigan Developmental Disabilities Council training and an internship in order to be certified.

In 2019, there were **57 certified peer mentors** in 11 community mental health services programs.^{1,2}



Philadelphia County

Community autism peer specialists are adults with a diagnosis of autism and/or a co-occurring mental health diagnosis. Peer specialists take a 75-hour training course.

Twenty individuals have graduated the training program and five have become employed CAPS peer specialists. Thirty-eight participants have utilized the program.³



Tennessee

Employment and Community First CHOICES provides peer-to-peer support for person-centered planning, self-direction, integrated employment/ self-employment and independent community living. Individuals with I/DD who have successful experience in one or more of these areas and have completed training in peer support best practices provide the services.⁴

*Select states

1. MDHHS, Peer mentoring, michigan.gov/mdhhs/0,5885,7-339-71550_2941_4869_4897_90800-222317--,00.html. 2. MDHHS, Behavioral Health and Developmental Disabilities Administration Fiscal Year 2020 presentation to appropriations subcommittee on health and human services, michigan.gov/documents/mdhhs/FY20_BHDDA_Budget_Presentation_3-20-2019_650062_7.pdf. 3. Community Behavioral Health, Community Autism Peer Specialist, cbrphilly.org/wp-content/uploads/2019/06/CAPS-Overview-Infographic_Service-Launch_1.pdf. 4. Tennessee State Government, Member benefit table, tn.gov/content/dam/tn/lemcare/documents/memberbenefittable.pdf.

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Medicaid-funded peer support programs, continued*



Family peer support

- **Michigan Parent Support Partners** provide peer-to-peer support within the EPSDT State Plan. The intervention seeks to equip parents with skills to improve outcomes for youth with SED and/or I/DD who are receiving services through a community mental health service provider.¹
- **Tennessee Family to Family Support** within the Employment and Community First CHOICES program provides guidance and support from another parent of a person with disabilities who has experience and training.²



College peer support³

- **North Carolina:** The University of North Carolina Greensboro has been providing Medicaid supported services to students with ID since 2008.
- **Pennsylvania** waiver program includes an Education Support service category, which pays for on-campus peer mentors.
- **Vermont** HCBS waiver's Community Supports services pays for college peer mentors.

*Select programs

1. MDHHS. Children, youth and families. michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_7145_81697--00.html.

2. Tennessee State Government. Member benefit table. tn.gov/content/dam/tn/tennicare/documents/MemberBenefitTable.pdf.

3. Parisi P, Landau J. Use of Medicaid waivers to support students with intellectual disability in college. Boston, MA: University of Massachusetts Boston, Institute for Community Inclusion. Think College Insight Brief. 2019; 40.

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The opportunity: Peer mentors for people with I/DD

Medicaid benefits covering peer support services for individuals with mental illness and/or addiction disorders are well established, and peer mentors have shown positive outcomes.

We believe peer mentors with an I/DD can positively impact the lives of other individuals with I/DD and their families.

To support our overall goal of increasing peer mentor programs for individuals with I/DD, we are developing and testing a peer mentor training curriculum.

Our partnerships



And our pilot student participants

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Sourcing and modifying the curriculum

- Conducted a national environmental scan
- Searched for training/curriculum adaptable to managed long-term supports and services navigation
- Identified curriculum from InReach, a NC I/DD service provider located in Charlotte.
 - Curriculum was developed with assistance of self-advocates
- Community Bridges Consulting Group and Pat Keul of InReach reviewed and modified the curriculum.
- Curriculum currently contains 12 lessons. Each lesson plan includes:
 - PowerPoint presentation overview
 - Chapter narrative and journal writing
 - Art and role-playing activities
 - Pre- and post-quizzes for each chapter



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Peer Mentor Training Program Pilot

Kelly Friedlander, MSW, MPA
Principal Consultant
Community Bridges Consulting Group



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Partnering with NCCDD

The North Carolina Council on Developmental Disabilities (NCCDD) is the partnering Developmental Disability Council for this project.

As a partner, NCCDD will support the project with the following tasks:

- Recruiting, interviewing and assisting in the selection of peer mentor training pilot participants
- Assessing and assisting with accommodation needs for peer mentor training cohort members
- Developing local connections and providing guidance to advance the project

How this relates to NCCDD's 5-year plan:

- Improving financial stability in the I/DD community
- Expanding community living opportunities
- Promoting stronger, more effective advocacy



Kerri Eaker, NCCDD Chair and Talley Wells, Executive Director



The Peer Mentor Training Pilot for People with I/DD

Goals of initiative included:

- Advertising and recruiting a pilot training cohort
- Conducting pilot group training
- Conducting initiative evaluation activities to refine and strengthen the curriculum



Stock photo used for illustrative purposes.

Addressing the COVID-19 curveball

1. Everything virtual

- Advertising
- Recruitment/Interviewing:
 - Application
 - Signing up for interviews
 - Completing and returning participant paperwork

2. Class attendance and participation

3. Pre- and post-class tests and surveys

4. Homework and activities



Stock photo used for illustrative purposes.

Recruiting candidates

Seeking applications

Notice sent March 22, 2021

- NCCDD mailing list
- DD Consortium mailing list
- Stakeholder outreach

Application window

March 22–April 2, 2021

100
applications
received



**Peer Mentor Training Pilot
for People with I/DD**
Applications Now Available
*Expanded Provider for Participants**

IDDPeerMentor.com

The North Carolina Council on Developmental Disabilities (NCCDD) is recruiting approximately 15 individuals to participate in a pilot Peer Mentor training for people with intellectual and other developmental disabilities (IDD). The pilot class will serve as a focus group to evaluate the training curriculum and any employment outcomes that result from the training.

Trainees will learn key concepts to support peers with IDD. All classes incorporate learning activities to be done as a group and individually, as well as knowledge checks. Participants will complete a pre-training and post-training evaluation to provide feedback which will be incorporated to improve the overall curriculum.

Topics include:

- The role of the peer mentor
- Ethics and etiquette
- Self-determination and self-advocacy
- The ADA
- Supporting choices
- Abuse, bullying & neglect
- Mental health and substance abuse
- Detecting scams and fraud

The pilot will begin in May 2021, with classes held weekly. All sessions will be held via Zoom to ensure the safety and health of the pilot participants.

Individuals will receive a stipend of \$300 to participate in the pilot and complete a pre-training and post-training evaluation. Upon completing the course and achieving an 85% proficiency score, individuals will receive a certificate of course completion.

For more information, FAQs, and the application, visit:
IDDPeerMentor.com

Applications due by Friday, April 2nd

If you have any questions, please contact Project Director Kelly Friedlander at Kelly@cc-dd.com

Peer mentor applicants

Diagnosis information



Demographics

| | |
|-----------------------------------|-------|
| White or Caucasian | 62.5% |
| Black or African American | 28.1% |
| Asian or Pacific Islander | 3.1% |
| Multiracial or biracial | 4.2% |
| Native American or Alaskan Native | 1% |
| Prefer not to answer | 1% |

Education level

| | |
|--|-------|
| GED or high school equivalency diploma | 62.5% |
| High school diploma | 28.1% |
| Associates degree | 3.1% |
| Bachelor's degree | 4.2% |
| Master's degree | 1% |
| Other — Write In | 1% |

Community Bridges Consulting Group, Analysis of applicant demographics for the 2021 peer mentor training pilot.

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Why do you want to participate in the Peer Mentor Training Pilot?

Peer mentor applicant responses...

“I want to participate in the Peer Mentor Training Pilot because I want to be a better advocate, not just for myself, but for my community and family.”

“Because I feel like I have a lot to offer. I have been able to accomplish much, I am very independent.”

“I am willing to try new things and I am motivated to do so. I want to be able to help start a program that provides support for other people with I/DD. I have strong social and communication skills that I think would help the program.”



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“Do you have work or life experiences to make you a good candidate to be a peer mentor?”

Peer mentor applicant responses...

“I have lived experience that would make an excellent candidate to be a peer mentor. My lived experience as a person with disabilities and getting appropriate services has been extremely frustrating, usually with little or no support from appropriate staff. I also live with mental illness. This makes me an even better candidate because sometimes I/DD and mood disorders can co-occur. I live with both of these and can better assist my peers in navigating the behavioral health system, making sure they have the right services and supports, empowering them to advocate for themselves.”



“Professionally, I'd be a good candidate because I have office skills, I have great interpersonal relationship skills and know how to build rapport with clients. I have worked in this field for about 15 years. But that isn't why I'd be good at this. I know what a waiting list feels like, I can and will empathize with clients! I know how to advocate, and I want to teach those skills.”

“I graduated from App State scholars with diverse abilities program. I was a paid ambassador for the Riech College of Education. I worked at App State's dining hall, and I worked in a bakery and veggie prep. I'm also a UNC Lend trainee.”

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Interviewing and selection process



- Applicants screened based on minimum requirements
- Applicants blindly scored by NCCDD staff (names/identifying information omitted)
- Top 20 applicants offered interviews
- Three selection committee volunteers per interview
- Standardized questions
- Scores submitted electronically

Peer Mentor Training Pilot Applicant Scoring

PMTMP Applicant Scoring Sheet

1. Name of Selection Committee Volunteer

2. Name of Interviewee

3. Interview Scoring Sheet

| | N/A | Poor | Fair | Good | Excellent |
|------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| LEVEL OF PREPAREDNESS | <input type="radio"/> |
| PROFESSIONALISM | <input type="radio"/> |
| WORK/LIFE EXPERIENCE | <input type="radio"/> |
| VERBAL COMMUNICATION | <input type="radio"/> |
| INTERPERSONAL SKILLS | <input type="radio"/> |
| PROBLEM SOLVING | <input type="radio"/> |
| TIME MANAGEMENT | <input type="radio"/> |
| WORKS WELL AS PART OF TEAM | <input type="radio"/> |
| ATTITUDE TOWARDS OPPORTUNITY | <input type="radio"/> |

4. Select One:
 I recommend this applicant for the Training Pilot
 I do not recommend this applicant for the Training Pilot

5. Any other notes/comments?

Submit

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Creating a pilot evaluation approach

Data collected:

- Pre- and post-testing for each lesson
- Participant interviews
- Training observations
- Pre- post-unit surveying
- Employment outcomes resulting from the training

PMTP: To Do's Before Next Class & Quillo Connect Sign-Up Link Green category

Kelly Friedlander Thursday, June 24, 2021 at 1:20 PM

To: Barton Cutter; Dakota Lanay Wilson; Mollie Rose Tew; Ishan Munshi; Briana Thompson; [+18 more](#)

Hello PMTP Cohort,

Happy Thursday! I hope your week is going well.

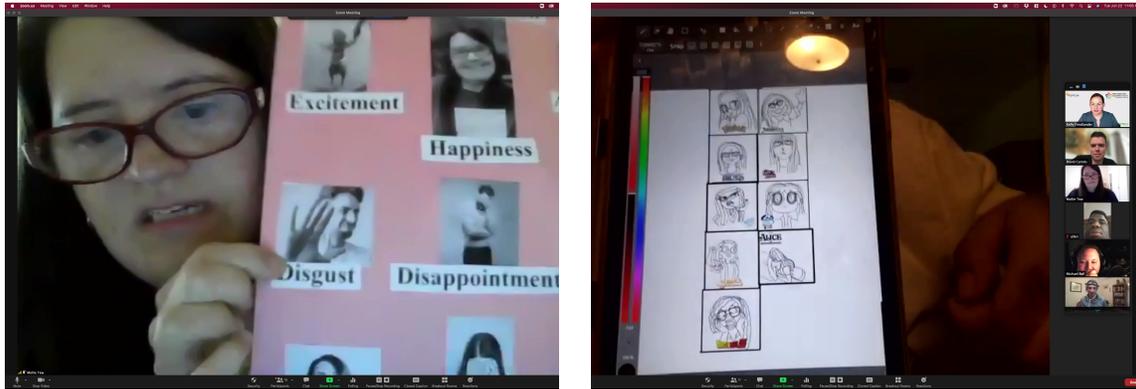
Here is your "to do" list prior to the next class:

| Activity | Link | Completed? |
|------------------------------------|--|---|
| Unit Two Post-Survey | https://delaware.ca1.qualtrics.com/jfe/form/SV_6mcar8T8a5c0u | |
| Unit Four Pre-Survey | https://delaware.ca1.qualtrics.com/jfe/form/SV_9GBiMMITVU7YMKMm | |
| Lesson 7 Post-Test | https://survey.alchemer.com/s3/6406737/Lesson-7-Post-Test | |
| Lesson 8 Post-Test | https://survey.alchemer.com/s3/6406739/Lesson-8-Post-Test | |
| Lesson 9 Pre-Test | https://survey.alchemer.com/s3/6406751/Lesson-9-Pre-Test | |
| Lesson 10 Pre-Test | https://survey.alchemer.com/s3/6406845/Lesson-10-Pre-Test | |
| Homework: Page 196 Journal Writing | Prompt: Write about a time when you disagreed that a choice another person with I/DD was making that was a low-risk choice. How did you support the person, to make their own choices without being dishonest about how you felt about the choice? | Email to kelly@ibis.com once complete |
| Homework: Page 232 | Follow the instructions on page 232 to create an ADA accommodations poster | Email to kelly@ibis.com once complete |

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Homework assignments

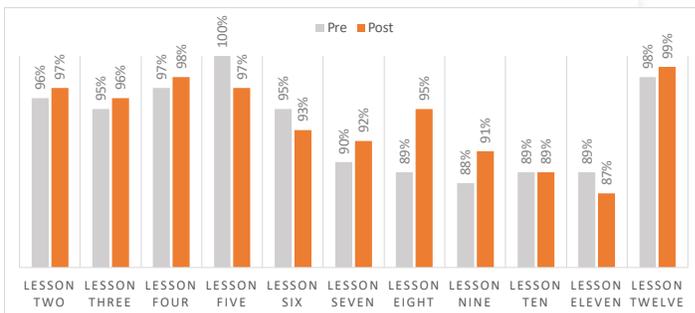


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Data: Impact on per mentor knowledge and skills

Chart 1: Changes in Scores from Pre and Post Tests



“One of the most compelling strengths of the program was the implicit context that people with I/DD have valuable wisdom and great potential to support others in similar situations. There was great emphasis on intellectual accessibility via guiding participants to understand their own experience and how it relates to supporting others in supporting another person’s self-determination and self-advocacy.”

– Pilot group participant

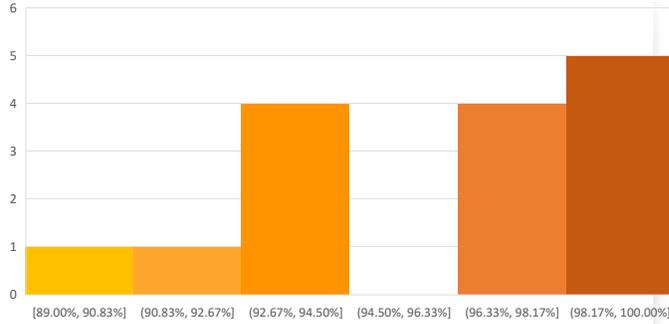
Community Bridges Consulting Group. Summary of class feedback survey, 2021 peer mentor training pilot.

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Data: Objectives and expectations of the training

Chart 2: Distribution of Peer Mentor Scores on Final Test



"I felt the class was very informative and beneficial for my self-advocacy skills and training in providing peer mentor support for other people with IDD's. I was able to draw upon my personal experiences and contribute them to the class discussion, and it was very interesting to learn about other participants' experiences and listen to their insights."

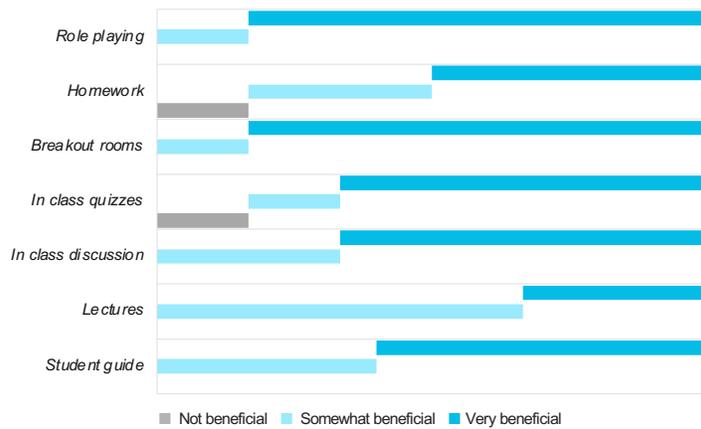
– Pilot group participant

Community Bridges Consulting Group. Summary of class feedback survey, 2021 peer mentor training pilot.

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Data: Benefit of each aspect of the training



"I chose satisfied because I am, I just wish there were more hands-on activities to really work with each of the concepts."

"I was satisfied overall with the training in the course, but it would have been great if the participants had been assigned to an actual mentee following completion of the training."

"I felt that the course discussions were most effective since each participant shared valuable insights about self-advocacy and self-determination, and the role-playing activities were very helpful."

Community Bridges Consulting Group. Summary of class feedback survey, 2021 peer mentor training pilot.

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Next steps: make curriculum modifications

1. Refining the curriculum based on feedback received from pilot:

- More sessions/discussion time for each topic
- More role-playing and breakout activities
- Modify homework assignments



Homework assignment from Briana Thompson

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Two: Engage potential employers and collect data

The Positive:

- People with IDD are interested in becoming peer mentors.
- Individuals with IDD believe there is a benefit of IDD Peer Mentoring.
- Stakeholder organizations (providers, non-profits, LME-MCOs, etc.) are interested in the concept of Peer Mentoring for people with IDD.
- CMS has approved peer mentoring/support service definitions in other states.

The Challenges:

- Currently not enough data/case studies completed/ compiled to advocate effectively for a Peer Mentor service definition.
- Graduates have no clear employment options.
 - Currently no funding stream/service definition.
- Potential employers are hesitant to hire:
 - No revenue stream
 - Concerns about best way to deploy a Peer Mentor role
 - Capacity to integrate and supervise a new position/role

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Three: Recruit and train another cohort



Program and next cohort information can be found at:

iddpeermentor.com

Sign up for the mailing list to receive a notice when the next application window opens!

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What can we do together?



Partner

Work with stakeholders on program development.



Measure

Expand the evidence base of the positive impact of peer mentor programs for people with I/DD.



Communicate

Share tools, best practices and lessons learned. Socialize and advocate for peer mentor programs for people with I/DD.

Want to get involved?

Email Kelly@cb-cg.com or go to iddpeermentor.com to find out more

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Acknowledgements

Our curriculum was based on the InReach peer advocates leadership training curriculum authored by Patricia K. Keul in collaboration with a group of peer mentors with intellectual/developmental disabilities (I/DD). Peer mentors included: Laura Newell, Frank Davis, Chelsea Brantley and Menelik Cannady.

A special thank you goes to the first cohort of students who piloted the adapted curriculum: Brandon Baldwin,

Deja Barber, John Michael Bell, David Camilo, Barton Cutter, Brittany Ellis, Elliott Jacques, Ishan Munshi, Nils Skudra, Essence B. Scott, Mollie Rose Tew, Allen Thomas, Briana Thompson, Dakota Wilson and Kelly Woodall.

We express our gratitude to these individuals for their willingness to share their insights and lived experiences to help others with I/DD to live, work and contribute to their communities as full citizens.

Discussion



A Class Drawing by Briana Thompson