

Arkansas Disability Policy Summit 2016

“Turn Up the Heat”

Policy Briefing



The Arkansas Disability Policy Consortium is grateful to the following organizations for their support through donations and Board representation:

- Association of Programs for Rural Independent Living
- Arkansas State Independent Living Council
- Arkansas Rehabilitation Services
- Disability Rights Arkansas
- Mainstream, Inc.
- Parent Advisory Council, Inc.
- United Cerebral Palsy
- University of Arkansas at Fayetteville – Partners for Inclusive Communities and Partners Community Advisory Committee
- University of Tennessee – The Boling Center for Developmental Disabilities
- Department of Human Services - Division of Children Medical Services
- Department of Human Services - Community Service and Nonprofit Support
- Department of Human Services - Services for the Blind.

Executive Summary:

Arkansas Disability Policy Summit 2016



The Arkansas Disability Policy Consortium is a non-profit organization of volunteers who work to ensure the meaningful participation of individuals with disabilities and their families in determining policies that will empower them to work towards a stronger, more inclusive and economically independent existence. The board is made up of individuals from organizations, self-advocates, and parents of individuals who have a disability. Every biennium, the Consortium holds a policy summit allowing individuals with disabilities, their families, and organizations serving people with disabilities to come together to discuss and learn about policies impacting their daily lives.

The summit was held on August 24th 2016 at Comfort Inn and Suites Presidential in Little Rock with approximately 130 individuals. The Centers for Disease Control and Prevention (CDC) Disability and Health Data System reports there are over 500,000 adults in Arkansas who have a disability, which is 8.6% higher than the national average. Candidates Connor Eldridge (United States Senate), Susan Inman (Arkansas House of Representatives, District 32), Mark West (United States House of Representatives, District 1) and Kathy Watson of Senator John Boozman's office were in attendance to discuss their policy issues related to disabilities.

This year, the keynote speaker was Aaron Bishop, Commissioner of Administration on Disabilities, within the United States Department of Health and Human Services. Mr. Bishop spoke to participants about the challenges his office faces on developing policies related to disability issues. Commissioner Bishop spoke on the importance of self-advocates and having your voice heard. Speaking out on issues helps his office on determining policies that are needed to assist individuals with disabilities. In Arkansas and across the country, individuals with disabilities experience high rates of social and health disadvantages.



The summit addressed several issues impacting the disability community in Arkansas such as education, employment, healthcare, housing and transportation. Speakers included:

- Diana Varady, parent of a teen with a disability and an advocate for education and disability related issues, spoke about educational issues people with disabilities face and the importance of having an integrated and inclusive environment.
- Nick Stanford and Corey Kimbrough spoke about barriers to employment and provided resources on job training and assistive technology.
- Sherice Smith, self-advocate, spoke about many issues people with disabilities face when trying to access healthcare from inaccessible medical equipment to lack of training for medical professionals on disability issues.
- Vanessa Smith, Program Director for the Arkansas Disability and Health Program, talked about housing issues and shared a video of Vicky Johnson a woman who uses a wheelchair and continues to struggle to move around and live independently in her HUD accessible apartment.

- Billy Altom, the Executive Director of the Association of Programs for Rural Independent Living (APRIL) and Jarod Varner, Executive Director of Rock Region Metro spoke about transportation resources and the Metro's current transportation services and plans on expanding some services beyond the Little Rock area. Billy spoke to the summit about the transportation policies that effect people with disabilities in Arkansas and in rural areas.
- Tia Nelis, President of Self Advocates Becoming Empowered (SABE) and Julie Petty, self-advocate, spoke on self-advocacy and the importance of speaking out.

Through the discussions on each topic, individuals and family members of the disability community formulated policy suggestions they would like to see pass in the upcoming legislative session.

Policy Brief: Education for Children with Disabilities

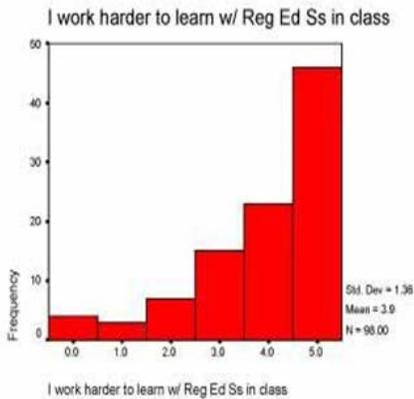


Figure 2. Ratings for Students with Disabilities to the item, "I work harder to learn when I am included with my regular education peers."

The Problem: The national average of children who participate in school under the Individuals with Disabilities Act (IDEA) is 13%; in Arkansas its 13.3%. However, Special Education students graduate at a lesser rate than the overall graduation rate at 80% and 85% respectively. The National Center for Education Statistics reports that 95% of students with disabilities ages 6-21 attend their local school and spend part of all of the day in a regular education setting. When placed in regular education class rooms, children with disabilities develop friendships, increase social and behavior skills, increase academic skills and are motivated to work harder (National Association of Special Education Teachers). Inclusive classrooms are essential for them to gain acceptance in their community, be exposed to appropriate behavior and learn more ways to communicate. Children with disabilities should be able to participate

and learn together in the same classrooms as children without disabilities. An environment should be created so all students have the opportunity to achieve a common education. Regular education students learn acceptance, tolerance and compassion when they are in inclusive classrooms.

Summit Participant Concerns: During the summit parents shared the importance of their children being educated side by side with children who do not have a disability. One parent stated "The children educated with my son are the future business owners, doctors, educators, bus drivers, etc. If they learn alongside children with disabilities this will make them better adults who will be better at their jobs." Inclusive schools lead to inclusive communities.

Another identified issue was the lack of daycares and after school programs that could meet the needs of children with disabilities. Participant's state there is a huge issue of programs refusing to accept their children because they are not adequately prepared to meet these needs.

Facts:

- Since the ADA was passed 1991, all schools should be accessible and inclusive for students with disabilities. Many schools in Arkansas are not accessible and do not provide inclusive settings.
- Educators, support staff and daycare staff need training in the area of inclusive education and adapting curricula for students.

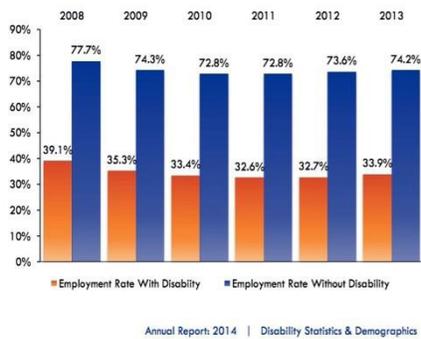


Recommendations:

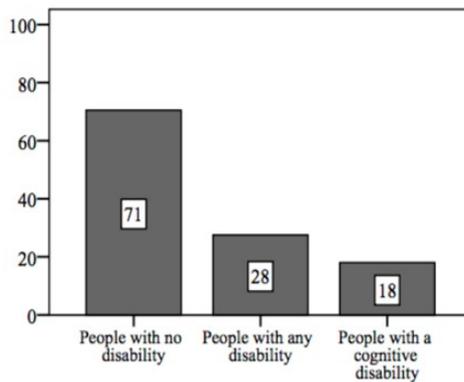
- Arkansas must pass a law prohibiting the use of seclusion and restraint in schools.
- Arkansas needs to adopt positive behavior supports.
- The Arkansas Department of Education must have the power to investigate complaints and assure schools are complying with IDEA requirements.
- The Arkansas Department of Education needs to monitor and review Alternative Learning Environments to determine the length of placement of students and quality of education.
- Federal special education dollars must be spent on providing inclusive, quality special education to students with disabilities.

Policy Brief: Employment for Adults with Disabilities

FIG 26. Employment Percentage, with and without Disability, 2008-2013



The Problem: 74.2% of employed people (between the ages of 18-64) compared to 33.9% of those without disabilities. This is a large segment of our society's potential that is going untapped. People with disabilities have the ability and desire to work, but are not even being considered because of their disability. There are barriers preventing people with disabilities from gaining employment. There is a significant gap in the pay and compensation for people with disabilities compared to people without disabilities. The median earnings for people with disabilities are two-thirds of the median earnings people who do not have a disability. For the reasons stated above almost 30% of people with disabilities in the US who are employed are living in poverty. The rate of people with disabilities living in poverty in Arkansas is 17% to 25% compared to the national rate of almost 30%.



Summit Participant Concerns: During the summit participants expressed they want to work in the community alongside people without disabilities allowing them to earn competitive wages. There are not enough employment opportunities available for them allowing them to earn competitive wages. Participants stated they want to be considered for "regular" jobs and participate in training if needed to gain employment. Participants stated they just want to be given a chance. People with disabilities should be allowed to work in the community and earn enough income to afford to live on their own. Participants are concerned about the difficulty in finding employment even after they have participated in vocational training.

Facts:

- It is imperative that Arkansas increases employment for people with disabilities.
- An increase in employment for people with disabilities will have a positive impact on the State budget.

Recommendations:

- Arkansas must pass an Employment First law.
- The state must create new incentives through the Arkansas tax code to employ individuals with disabilities in integrated employment environments at comparable wages.
- The state must look at providing additional training and supports for individuals with disabilities entering the workforce.

Policy Brief: Health Care for People with Disabilities



The Problem: The World Health Organization report the rates of disability are increasing due to population aging and increases in chronic health conditions. Additionally, it is reported that people with disabilities experience unmet health care needs due to having less access to healthcare services. The Centers for Disease Control (2014) found nearly 50% of people who have disabilities report having fair or poor health, 22% do not have a personal doctor and 62% have not had a routine checkup. 31% of Arkansans over the age of 18 living in the community report a disability compared to the national average of 22%

It is legally required that healthcare facilities are accessible for individuals with disabilities. According to the Americans with Disabilities Act, medical providers are to provide full and equal access to their health care services and facilities. Reasonable modifications must be made to assure health services are

fully available, unless the modifications would fundamentally alter the nature of the services.

The U.S. Department of Justice reported due to barriers individuals with disabilities is less likely to get routine preventive medical care than people without disabilities. The Centers for Disease Control lists the following programmatic barriers making it difficult or impossible for people with disabilities to access healthcare services: Inconvenient scheduling; Lack of accessible equipment (such as mammography screening equipment); Insufficient time set aside for medical examination and procedures; Little or no communication with patients or participants; and Provider's attitudes, knowledge, and understanding of people with disabilities.

Summit Participant Concerns: During the summit, participants stated physical access to health care facilities and equipment, attitudes, and doctors who are not knowledgeable about their disabilities are some of the main issues they encounter. The participants stated the healthcare system and even most insurance policies work against them. They reported the tiered medication approval process of the insurance companies forces them to take medications they know are not effective or causes adverse reactions. Since medications have to be approached on a tier basis, as in they must be tried and eliminated before moving to the next tier. Participants report having to go through these ineffective or harmful medications over and over, because changes in policies or insurance carriers. The past experiences with a medication are not being taken into account. One participant reported this process caused her to miss more days of work threatening her job and impacting her income. This process is more expensive and more dangerous to the lives of people with disabilities.

One participant stated when she went for her mammogram the machine was too high and the table wouldn't lift or lower. It took twice as long for her exam and was one of the most painful experiences for her. Another example is many family doctors or clinics do not have accessible scales. In order to get weighed, people with disabilities have to locate a facility which has an accessible facility with a scale separate from their healthcare facility. These barrier cause problems with medications required to be prescribed being dependent on weight. Not only is lack of access a tremendous burden and inconvenience, but with transportation problems scheduling is difficult at best.

Other concern expressed was care providers lack of knowledge of their disabilities and not acknowledging them during the visit requiring constant educate of their healthcare providers about their disabilities. The doctors educated on certain disabilities do not accept Medicaid or Medicare. Participants stated during appointments the providers do not communicate with them, but with the person who attends the appointment with them. Feeling like the doctor didn't "see" or respect them as an adult responsible for their own healthcare.

Key Facts:

- Healthcare facilities should comply with the Americans with Disabilities Act.
- Insurance should focus more on the individual rather than a one-size-fits-all policy.

Recommendations:

- Policymakers must ensure all health care delivery systems are prepared to accommodate the individual needs of persons with disabilities for physical access, sensitivity and effective communication.

Policy Brief: Housing Concerns for People with Disabilities

The Problem: People with disabilities face a number of social and economic issues restricting many aspects of their lives and challenge their independence. According to the latest data, The Centers for Disease Control and Prevention (CDC) 2014 Disability and Health Data System (DHDS) estimates there are approximately



1 in 5 people in Arkansas have a mobility disability.

Home ownership is important to the well-being of individuals as it represents status, success, and offers one control over their environment and provides a sense of community. For people with disabilities finding affordable accessible housing whether seeking a home with no accessibility needs or with minimal accessibility is difficult. Most people with disabilities have to retrofit the home adding accessibility features on their own once they rent or buy a home. If renting they are required to reinstate the home to the original plan before leaving.

The CDC's DHDS 2014 data reports 31% of Arkansan adults with a disability make less than \$15,000 compared to only 8% of adults without a disability. The ARC reports Arkansas adults with a disability will spend 36 - 43% more than the recommended 30% of their monthly income on housing. Not only is it required by federal law that government funded housing be accessible for individuals with mobility disabilities, but it is within a person's civil rights to have an environment where they can live independently without any barriers to their basic needs.

Summit Participant Concerns: During the summit, participants spoke about physical and financial accessibility as a major issue. Vicky Johnson from Benton, AR spoke of her experience living in a HUD accessible apartment where barriers still exist for getting around the bathroom, kitchen, front and back doorways. She requires a personal care attendant for daily personal hygiene and cooking which could be addressed by home modifications. Other participants discussed trouble finding accessible housing and if they did, it was outside of public transportation routes.

Key Facts:

- Encourage the use of Universal Design in all new multi-dwelling housing.
- Create one door into all Medicaid waiver programs structuring services individually by what the person needs and the most cost effective, least intrusive way to meet those needs.

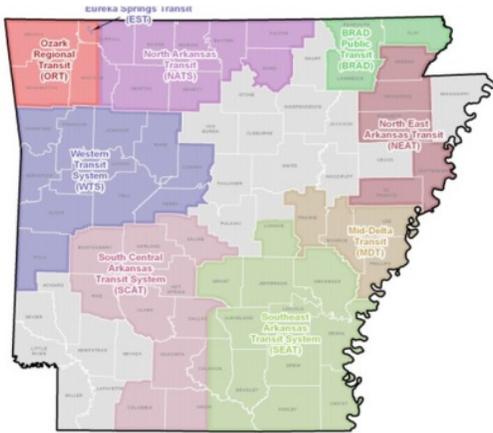
Recommendations:

- The Arkansas state legislature needs to fully fund the Arkansas Housing Trust Fund.
- Increase the number or percentage of HUD housing that must be accessible from 5% to 10% to better meet the needs of the 31% of Arkansans who have a disability.

Policy Brief: Transportation Concerns for People with Disabilities

The Problem: Transportation allows Arkansans with a disability access to employment, education, healthcare, and community life just as it does with the rest of the population. Arkansans with disabilities are more likely to rely on public transportation requiring them schedule their lives around available transportation which is a barrier to independence.

According to the 2014 CDC's Disability and Health Data Systems, 1 in 5 people in Arkansas have a disability, which is 9% higher than the national disability data rates. There are 9 rural transit agencies that cover 56 out of the 75 counties in Arkansas. Many of these transportation companies require individuals to schedule their rides 24 or 48 hours in advance. This does not even address route limitations. The state also offers 8 urban transit agencies located in all major cities in Arkansas. These urban transit agencies offer fixed routes within city limits, which is a barrier for those who live outside of those fixed routes. This brings up the additional concern for people with disabilities of finding affordable, accessible housing and employment within transportation limits. See the Housing Brief from the 2016 Disability Policy Summit for more information.



This map shows all of the rural transit companies in Arkansas. Most of these companies are funded through the 53-11 programs which are rural transportation programs limited to fixed routes or trip specific.

Summit Participant Concerns: During the summit, participants identified transportation as a major issue with barriers to lead independent lives. Some mentioned having trouble scheduling a ride on the day or time they need. Participants identified the lack of Medicaid transportation in rural communities as an issue. If they schedule a doctor's appointment, the Medicaid transportation programs will only pick up people from their house and take them to their doctor's appointment. The transportation company will not make stops to the pharmacy after the appointment to pick up medications. Another area of concerns is individuals are picked up sometimes 3 hours early and forced to sit in the doctor's office until their appointment, which could be a health hazard for some.

Rock Region Metro was in attendance at the summit and addressed the issue of accessibility being an issue for their services stating, "We are trying to make more, because there is not enough". Rock Region Metro alone services over 100,000 people with disabilities.

Facts:

- Economic independence is a significant aspect of personal independence, and car ownership can be the solution to many transportation challenges.
- Transportation Network Companies (Uber, Lyft, etc.) must provide accessible options.

Recommendations:

- Invest in the exploration of starting a voucher program in Arkansas. Voucher programs use tickets or coupons that eligible riders give to participating transportation providers in exchange for rides. These programs are already operational in many rural areas like Alaska, Georgia, Illinois, Kansas, Montana, and Utah.
- Encourage nonprofit organizations that takes donated cars to repairs them for redistribution.
- Transportation companies at the local level must coordinate with each other and develop memos of understanding that allow cross county/city service.
- Create a statewide transportation advisory council to pursue funding opportunities and ways to increase transportation.

**Arkansas Disability Policy Consortium
Board of Directors**

Judy Brooks - Chair
U. T. Health Science Boling Ctr. for Dev. Disabilities
711 Jefferson Ave.
Memphis, TN 38105
870-733-4845
jbrooks@uthsc.edu

Linda White - Member at Large
United Cerebral Palsy
9720 No. Rodney Parham Rd
Little Rock, AR 72227
501-228-3833
linda@ucpcark.org

Saundra Harris - Member at Large
Mainstream, Inc.
300 S. Rodney Parham Rd #5
North Little Rock, AR 72205
501-280-0012 Ext. 124
mainstream.sharris@sbcglobal.net

Eric Munson
Governor's Council on Developmental Disabilities
PO Box 8022
Little Rock, AR 72205
682-2897
ddcstaff@dfa.arkansas.gov

Vanessa Smith
Partners for Inclusive Communities
322 Main Street, Suite 501
Little Rock, AR 72201
501-301-1100
vanessas@uark.edu

Sha Stephens
Arkansas State Independent Living Council
10 Corporate Hill Drive #240
Little Rock, AR 72205
501-372-0607
sstephensarilc@att.net

Dale Turrentine - Treasurer/Co-Chair
AR Rehabilitation Services
525 W Capitol Ave.
Little Rock, AR 72201
501-296-1620
Dale.Turrentine@arkansas.gov

Eric Treat
APF- Arkansas People First
1709 Hutto
Conway, AR 72032
501-517-5006
eric.treat@swbell.net

Rodney Farley
Parent Advisory Council, Inc.
110 Louise St
North Little Rock, AR 72118
501-682-1461
Rodney.Farley@dhs.arkansas.gov

Tom Masseur
Disability Rights Arkansas
400 West Capitol Avenue, #1200
Little Rock, AR 72201
501-296-1775
tmasseur@disabilityrightsar.org

Jackie Stubblefield
DHS - Division of Community Service
and Nonprofit Support
PO Box 1437 Slot S230
Little Rock, AR 72203
501-682-7540
jackie.stubblefield@dhs.arkansas.gov

Mary Edwards
10903 Vernon Drive
Little Rock, AR 72209
501- 568-1220
mary.edwards1@yahoo.com

Michael Thornton
6516 Medford Lane
North Little Rock, AR 72117
501-712-9088
mikethornton1971@gmail.com

Ron DeVinney
1 Newberry Dr., Apr L2
Lonoke, AR 72086
501-438-2883
rondevinney@att.net

Ex-officio - David Deere
Partners for Inclusive Communities
322 Main Street, Suite 501
Little Rock, AR 72201
501-301-1100
deere@uark.edu