

# **DisabilityRights**



## **ARKANSAS**

Protection and Advocacy and Client Assistance Program  
Services in the 1<sup>st</sup> Congressional District

Fiscal Year 2017

CONTENTS

BACKGROUND..... 3

CLIENTS..... 4

    Clients by Age ..... 4

    Clients by Underrepresented Groups..... 5

SERVICE REQUESTS ..... 5

    Service Requests by Program..... 5

    Priority Areas Covered by Service Requests..... 5

    Service Requests Specific to the 1<sup>st</sup> District..... 6

PROJECTS ..... 7

    Systemic Issues ..... 7

    Coalition Building..... 9

    Veterans’ Issues ..... 9

    Contact information..... 10

## BACKGROUND

**DISABILITY RIGHTS ARKANSAS (DRA)** is a private non-profit agency located in Little Rock, Arkansas. Since 1977, the Governor of Arkansas has designated DRA the independent Protection and Advocacy system for persons with disabilities in Arkansas. DRA operates under authority outlined in federal law, is funded primarily by the federal government and is governed by a Board of Directors. DRA collaborates with other disability rights and civil rights organizations, service agencies, the private bar, and legal services to accomplish identified goals and objectives.

### **Protection & Advocacy for Individuals with Mental Illness (PAIMI)**

PAIMI serves individuals with a diagnosis of serious mental illness. PAIMI prioritizes services to individuals receiving care and treatment in a facility, and has a mandate to investigate complaints of neglect and abuse. See the Protection and Advocacy for Individuals with Mental Illness Act of 1986, as amended, 42 U.S.C. § 10801 *et seq.*

### **Protection & Advocacy for Individuals with Developmental Disabilities (PADD)**

PADD serves individuals with developmental disabilities, including intellectual disabilities, autism, epilepsy, cerebral palsy and neurological impairments. A developmental disability is a mental or physical impairment beginning before the age of 22, which is likely to continue indefinitely, limits certain major life activities and reflects a need for special care, treatment and/or individualized planning. See the Developmental Disabilities Assistance and Bill of Rights Act of 2000, 42 U.S.C. § 15001, *et seq.*

### **Client Assistance Program (CAP)**

CAP assists individuals with disabilities who have questions or have encountered problems while receiving or applying for vocational rehabilitation (VR) services from state VR agencies. CAP also advocates for those who receive services from Independent Living Centers (ILCs), The Division of Services for the Blind (DSB), and for those applying for or receiving services from Tribal VR offices. See the Rehabilitation Act of 1973, as amended, Title I, Part B, Sec. 112, 29 U.S.C. § 732.

### **Protection & Advocacy of Individual Rights (PAIR)**

PAIR serves individuals with disabilities who do not qualify for the protection and advocacy services described above. It is not limited to individuals with a specific disability or facing a certain issue. See the Protection and Advocacy of Individual Rights Program of the Rehabilitation Act of 1973, as amended, 29 U.S.C. § 794e.

### **Protection & Advocacy for Assistive Technology (PAAT)**

PAAT serves individuals with disabilities with issues related to assistive technology devices and services. This includes investigating the denial of, and negotiating access to, assistive technology devices and services, as well as educational outreach efforts. See the Assistive Technology Act of 2004, 29 U.S.C. § 3004.

### **Protection & Advocacy for Beneficiaries of Social Security (PABSS)**

PABSS serves individuals with disabilities who receive Social Security Disability Insurance (SSDI) or Supplementary Security Income (SSI) and who are trying to return to work, obtain employment, or receive certain employment-related training and services. PABSS educates beneficiaries about Social Security's work incentives, and provides vocational rehabilitation and employment services advice.

Additionally, PABSS assists beneficiaries with understanding their rights regarding representative payees. See the Ticket to Work and Work Incentives Improvement Act of 1999, as amended, 42 U.S.C. § 1320b-21.

**Protection & Advocacy for Traumatic Brain Injury (PATBI)**

PATBI serves individuals diagnosed with a traumatic brain injury (TBI). PATBI provides advocacy support to individuals with TBI and their families. See the Traumatic Brain Injury Act, authorized as part of the Children’s Health Act of 2000, 42 U.S.C. § 300d-53.

**Protection & Advocacy for Voting Access (PAVA)**

PAVA educates and assists individuals with disabilities so they may enjoy full participation in the electoral process. These efforts include ensuring physical accessibility of polling places and informing individuals about the rights of voters with disabilities. See the Protection and Advocacy for Voting Access program of the Help America Vote Act of 2002, 42 U.S.C. § 15461-15462.

**CLIENTS**

The United States Census Bureau’s 2016 American Community Survey indicates the 1<sup>st</sup> District’s total population is estimated to be 725,733, with a civilian, noninstitutionalized population of 700,243. Of that 700,243 total, 141,584 (20.2%) have a disability. In FY2017 (October 1, 2016-September 30, 2017), DRA received 210 service requests from the 1<sup>st</sup> District, or an average of 17.5 service requests per month.

**Clients by Age**

While DRA assisted every age demographic in the district, the table below shows that 40% of service requests were for clients under the age of 20 and 11% of requests were for those ages 55 or older.

<b>Age Group</b>	<b>Number of Individuals</b>	<b>Percentage</b>
<b>4 and Under</b>	4	2%
<b>5-9 Years</b>	26	12%
<b>10-14 Years</b>	25	12%
<b>15-19 Years</b>	30	14%
<b>20-24 Years</b>	18	9%
<b>25-34 Years</b>	25	12%
<b>35-44 Years</b>	27	13%
<b>45-54 Years</b>	31	15%
<b>55-59 Years</b>	10	5%
<b>60-64 Years</b>	3	1%
<b>65 or Older</b>	11	5%

### Clients by Underrepresented Groups

DRA seeks to provide services to underrepresented groups in our state. The following charts compare race and ethnicity demographics for the entire 1<sup>st</sup> Congressional District with that of DRA’s clients in the 1<sup>st</sup> Congressional District.

Race	Estimate	As Percentage	DRA Clients	As Percentage
<b>Total Population</b>	725,733	---	---	---
<b>One Race</b>	708,561	97.6%	---	---
<b>White</b>	564,015	77.7%	133	63.3%
<b>Black or African American</b>	128,849	17.8%	70	33.3%
<b>American Indian and Alaska Native</b>	2,177	.3%	---	---
<b>Asian</b>	4,263	.6%	---	---
<b>Native Hawaiian and Other Pacific Islander</b>	270	.04%	---	---
<b>Some other race</b>	8,987	1.2%	2	1%
<b>Two or more races</b>	17,172	2.4%	5	2.4%

### SERVICE REQUESTS

DRA received 210 requests for services in FY2017 from residents of the 1<sup>st</sup> Congressional District. The charts below show the distribution of the requests by grant funding and by priority. The “none” category represents requests for services that did not fall into one of the established priority areas; requests that do not meet a priority are still provided assistance, but usually will be provided with information and referral services rather than case-level advocacy.

#### Service Requests by Program

Program Funding Source	CAP	PAAT	PABSS	PADD	PAIMI	PAIR	PATBI	PAVA
<b>Count of Service Requests</b>	9	4	11	45	53	83	5	0

#### Priority Areas Covered by Service Requests

Priority Area	Count of Service Requests
<b>Abuse, Neglect and Exploitation</b>	49
<b>Community Integration and Access</b>	29
<b>Education</b>	58
<b>Employment</b>	24
<b>None</b>	50

Service Requests in the 1<sup>st</sup> Congressional District continue to include issues involving abuse, neglect, exploitation, and education. Access issues, e.g. interpreters for persons who are deaf and architectural accessibility issues, remain a focus for callers. Assistance was provided for clients wanting to return to work and clients wanting to leave institutions to live in the community. DRA monitored for abuse and neglect at facilities housing individuals with disabilities, and continues to be a primary resource for parents/guardians requesting assistance with special education issues.

### **Service Requests Specific to the 1<sup>st</sup> District**

Example 1: Disability Rights Arkansas (DRA) investigated an allegation involving the prolonged isolation of a PAIMI-eligible client at a youth services facility. DRA requested and reviewed documents, interviewed relevant individuals, and repeatedly raised concerns to the Arkansas Division of Youth Services (DYS) and South Arkansas Youth Services (SAYS), a private provider who had a contract with the state to provide treatment to youth in state custody. DRA subsequently substantiated the claim of abuse and neglect. DRA issued two letters regarding its findings to DYS and SAYS, and met with the DYS to urge the promulgation of formal policies limiting the practice of isolation of minors. While a formal policy has not been promulgated as of the closing of this client's case, the practice of prolonged isolation has ceased at the secure treatment facilities that were operated by SAYS.

Example 2: While monitoring an Arkansas Division of Youth Services (DYS) facility, DRA staff encountered a PAIMI-eligible client who was overdue for release from the facility, according to both the client and facility staff. The client had completed his treatment goals, and was awaiting placement. DRA advocated for the client throughout the process of securing his release from the facility and placement in the community, during which time DRA communicated with the client's public defender with regards to barriers to his release and a lack of treatment at the facility, advocated with the public defender to make a request for an expedited hearing on release, communicated with DYS and the Division of Children and Family Services (DCFS) about the lack of confirmation of placement availability upon release, and drafted a letter for the client to submit to the court to secure his release. The client has been released from the facility and is now living in a group home in the community.

Example 3: A 15-year-old committed to a locked juvenile treatment facility was receiving minimal educational services in his dormitory, rather than in the school building. A Section 504 plan developed by his home school district was not being followed, and no efforts were being made by DYS to evaluate this client for special education eligibility. The client was also engaging in physical self-harming behavior. DRA brought the client's situation to the attention of both DYS and the management staff of the private contractor providing services at this facility. Neither DYS nor the provider took action. DRA then contacted the client's guardian and assisted her in writing a request for an evaluation for special education eligibility. DRA provided continued legal representation and advocacy throughout this process, and the client was subsequently evaluated and identified as a student eligible for special education services. DYS and the provider were compelled to conduct a comprehensive psychological evaluation, a speech-language evaluation, and an occupational therapy evaluation, resulting in an Individualized Educational Program (IEP) and Behavior Intervention Plan (BIP) being developed. The home school district was included in the latter stages of this process, and the client was discharged shortly after the evaluation process. The client has since made a successful transition out of an institutional setting and back into his community.

Example 4: A client from an underserved part of the state wanted to attend Project Search in Little Rock. Project Search is an internship program that defines a successful outcome as employment in an

integrated setting at a minimum of 16 hours a week for minimum wage or higher. The client has an intellectual disability and requires 24/7 attendant care. While the client's vocational rehabilitation counselor advocated for the client to receive needed services, including attendant care, rent and utilities for a living space in Little Rock, and transportation to and from Project Search every day, Arkansas Rehabilitation Services (ARS) refused to provide any rent or utility subsidies, stating the client could reside at the Arkansas Career Training Institute (ACTI) in Hot Springs, which is a residential vocational rehabilitation program an hour away from Little Rock, and receive transportation services to and from ACTI. The client requested an administrative review, whereupon ARS agreed to provide the HUD average rental rate (\$768), but still no utility subsidy or other services. The client then requested DRA's assistance. A DRA attorney attended an (unsuccessful) mediation with the client, then requested a hearing. As a result of DRA's representation at the hearing, the impartial hearing officer ultimately awarded the client a \$1,200/month rental subsidy, a \$500 monthly utility allowance, 24/7 attendant care, transportation, and a food and clothing allowance.

Example 5: A parent contacted DRA about an incident in which their 11-year-old child was restrained at school by two male staff, then handcuffed and taken to the police department. The student did have an IEP and a BIP; however, the parent stated the BIP is ineffective and was not followed for the situation that led to the restraint. DRA assisted the parent by participating in subsequent meetings with the IEP team and school officials to advocate for the development and implementation of an appropriate IEP and BIP. Following the meetings to address this incident and the lack of appropriate programming for the student, more appropriate plans were developed and implemented.

## PROJECTS

### **Systemic Issues**

Arkansas lacks any binding regulation or law on the use of restraint against students with disabilities in the public schools. Although the Arkansas Department of Education issued "guidance" on the use of restraint, the guidance is not binding or mandatory. Many school districts in the state are either unaware of the guidance or refuse to follow the guidance. Thus, students with disabilities continue to be subjected to and at risk of the unsafe, excessive and inappropriate use of restraint at school. This impacts many students with developmental disabilities, particularly those with Autism Spectrum Disorder and other disabilities with behavioral and communication challenges. To address this problem on a systemic level, DRA wrote and published a White Paper to educate the public and advocate for the adoption of binding standards and law related to the use of restraint on students with disabilities in the public school setting. The White Paper was disseminated publicly at the time of its release and continues to be distributed. DRA also met with stakeholders who might be interested in assisting with the development and adoption of the needed binding regulation and law. The release of the White Paper revealed the ongoing need for further education and advocacy around the issue of restraint, reflected in part by some of the public reaction and comments to the White Paper and what is perceived by some in the public as a need to restrain and use corporal punishment for students who have atypical behaviors. The Arkansas Department of Education claims that it is "powerless" to promulgate any regulations, although it had previously done so with respect to time out regulations. DRA intends to use the White Paper as a vehicle to assist in training and raising public awareness and systemic advocacy to obtain the needed enforceable regulations and law.

DRA has continued to monitor and provide public comment on proposed rule changes that impact the education of students with disabilities throughout the state. DRA provided comment on the state's proposed Every Student Succeeds Act (ESSA) plan on two separate occasions and encouraged ADE to review the proposed plan to better reflect the needs of students with disabilities. In addition, DRA attorneys participated in three task forces that ADE organized to address issues of students with disabilities, including a task force charged with reducing the special education paperwork used by school districts across the state and developing a manual to better explain the process to parents. DRA also participated on a task force to address the education needs of students with disabilities in various correctional settings across the State, and a task force meant to reform the dispute resolution process for students with disabilities. At the meetings, needed reforms were identified, including state regulations that differ from federal requirements, process-related discrepancies, and an overall lack of understanding of due process by both stakeholders and parents. Despite identification of these issues, DRA has not seen any meaningful changes to the process. ADE disbanded this task force without resolution, but did retain an expert to address needed changes to state regulations. DRA will continue to monitor these issues and their impact on students with disabilities. DRA also participated in a Youth Justice Reform Board comprised of judges, DYS staff, and other stakeholders to address the overuse of the juvenile justice system for youth, including those with disabilities, across the state. The board identified a number of issues, and has subsequently joined another group that was also tackling juvenile justice reform. This reconstituted board will continue to meet in 2018, and DRA will continue to participate on this board and advocate for needed changes to the juvenile justice system.

DRA engaged in systemic advocacy to address ongoing problems and rights violations in the state-operated juvenile justice system. Although many of the youth in those facilities have serious mental illness, some have co-occurring developmental disabilities. DRA monitored the secure juvenile treatment facilities, met with officials from the State's Division of Youth Services (DYS), engaged other stakeholders, and engaged the media to heighten awareness of problems with the services and treatment provided in the facilities. These problems included a lack of treatment and education services at the facility, as well as upon discharge to the community. The State made some changes to the system, and has represented that it would retain an expert to review its system, improve educational services, and otherwise provide services that will support meaningful transition to the community.

DRA conducted extensive monitoring of settings in which persons with mental illness reside, were placed and/or were committed, including the Arkansas State Hospital (ASH), Psychiatric Residential Treatment Facilities (PRTFs), Juvenile Detention Centers (JDCs), Secure Juvenile Treatment Facilities (SJTFs), Residential Care Facilities (RCFs), and Human Development Centers (HDCs). This monitoring was critical during a time when the Arkansas Department of Human Services (DHS) is undergoing reorganization and there is confusion and a lack of robust oversight by the state. DRA's presence through monitoring and its interactions with clients and facility staff had a positive impact and provided a necessary safeguard/protection against abuse and neglect. DRA followed up with DHS anytime there were concerns in the facilities and with the state's oversight. Over the course of the fiscal year, DRA staff monitored all of the PRTFs in the state, as well as routinely reviewing serious incident reports provided by these facilities, which enabled DRA staff to gain information about practices in these facilities. When a serious incident report raised concerns, DRA would follow up with the facility and with an onsite visit if necessary. Through monitoring, DRA was able to identify concerns with the overmedication of youth in one of these facilities. DRA continues to monitor PRTFs and gather information to develop a systemic strategy to address these concerns.

Throughout the last two years, DRA has engaged in monitoring and data collection at sheltered workshops and DDTCS programs that have a pre-vocational component across the state. DRA monitored these programs to not only ensure the absence of abuse, neglect, and exploitation, but also to ensure that individuals are given meaningful opportunities to obtain competitive, integrated employment. This process began with data collection to better understand the breadth of sheltered workshops in our state, and the effect on our state's disability population, then progressed to collaborating with Arkansas Rehabilitation Services (ARS) to provide guidance to sheltered workshops/DDTCS programs regarding their obligations and restrictions under the new Section 511 regulations. Finally, the sheltered workshops were monitored again to ensure that ARS was fulfilling its obligations under Section 511, and to assist individuals who did not have a relationship with ARS. DRA just released a report of our findings regarding sheltered workshops and DDTCS programs with pre-vocational components in our state, and will include recommendations for future steps the state must take to achieve a more inclusive employment community for individuals with disabilities.

DRA met with Arkansas Rehabilitation Services (ARS) to address a number of topics; chief among them the revision of ARS's policy manual, which requires administrative rule-making. DRA was permitted access to ARS's proposed rules and regulations prior to them being published for public comment, resulting in DRA pointing to a number of problems with the proposed regulations that would require revision to bring the policies into compliance with federal law and regulations. This prevented state rule-making that could have had a detrimental impact on persons with disabilities who could benefit from vocational rehabilitation services.

### **Coalition Building**

DRA is a part of the Developmental Disabilities Network, along with Partners for Inclusive Communities (Partners) and the Arkansas Governor's Developmental Disabilities Council (DDC). DRA also partners with other groups, including the Arkansas Waiver Association (AWA), AARP, the Arkansas Autism Resource and Outreach Center (AAROC) and Arkansas Advocates for Nursing Home Residents (AANHR) to discuss issues impacting the disability community in Arkansas and how we can collaborate to address those issues. DRA works with the Mental Health Consumer Advisory Councils in each district to empower consumers and promote self-determination.

### **Veterans' Issues**

As in 2016, DRA hosted an annual conference in 2017 for brain injury survivors under the PATBI grant. The purpose of the conference is to build a strong self-advocacy and support system within the TBI community. DRA also spearheaded a successful effort for Governor Asa Hutchinson to declare March 2017 Brain Injury Awareness month. An average of almost 21,000 service members annually have been diagnosed with traumatic brain injury since 2000, resulting in traumatic brain injury often being referred to as the signature wound of the Iraq and Afghanistan wars.

We hope this report has been beneficial in providing an overview of our programs and services. Please don't hesitate to reach out to us if we can answer any questions or provide you with further information about our work.

**Contact information:**

Tom Masseau, Executive Director  
Disability Rights Arkansas, Inc.  
400 West Capitol Avenue, Suite 1200  
Little Rock, Arkansas 72201-3455  
[tmasseau@disabilityrightsar.org](mailto:tmasseau@disabilityrightsar.org)  
501.296.1775  
800.482.1174 Toll Free  
501.296.1779 Fax  
[www.DisabilityRightsAR.org](http://www.DisabilityRightsAR.org)