

DisabilityRights



ARKANSAS

Protection and Advocacy and Client Assistance Program
Services in the 1st Congressional District

Fiscal Year 2018

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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 who have encountered problems while applying for or receiving 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 particular 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. PABBS 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 2017 American Community Survey indicates the 1st District’s total population is estimated to be 722,287, with a civilian, noninstitutionalized population of 697,533. Of that 697,533 total, 144,750 (20.8%) have a disability. In FY2018 (October 1, 2017-September 30, 2018), DRA received 175 service requests from the 1st District, or an average of 14.6 service requests per month.

Clients by Age

While DRA assisted every age demographic in the district, the table below shows that 40.5% of service requests were for clients under the age of 20 and 17.2% of requests were for those ages 55 or older.

Age Group	Number of Service Requests	Percentage
Unknown	1	0.6%
4 and Under	2	1.1%
5-9 Years	23	13.1%
10-14 Years	22	12.6%
15-19 Years	23	13.1%
20-24 Years	7	4.0%
25-34 Years	23	13.1%
35-44 Years	22	12.6%
45-54 Years	22	12.6%
55-59 Years	7	4.0%
60-64 Years	8	4.6%
65 or Older	15	8.6%

Clients by Underrepresented Groups

DRA seeks to provide services to under-represented groups in our state. The following chart compares race and ethnicity demographics for the entire 1st Congressional District with that of DRA’s requests for services in the 1st Congressional District.

Race	Estimate	As Percentage	DRA SR’s	As Percentage
Total Population	722,287	---	---	---
One Race	697,380	96.6%	---	---
White	557,968	77.3%	117	66.9%
Black or African American	123,723	17.1%	51	29.1%
American Indian and Alaska Native	2,531	0.4%	---	---
Asian	5,015	0.7%	---	---
Native Hawaiian and Other Pacific Islander	250	0.03%	---	---
Unknown or some other race	7,893	1.1%	5	2.9%
Two or more races	24,907	3.4%	2	1.1%

SERVICE REQUESTS

DRA received 175 requests for services in FY2018 from residents of the 1st 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; callers with issues 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
Count of Service Requests	9	3	6	46	30	74	7	0

Priority Areas Covered by Service Requests

Priority Area	Count of Service Requests
Abuse, Neglect and Exploitation	21
Community Integration	19
Access	29
Education	49
Employment	16
None	41

Service Requests in the 1st Congressional District continue to include issues involving abuse, neglect, and exploitation. Access issues, such as architectural accessibility and interpreters for persons who are deaf, 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 monitors 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.

Whenever possible, DRA seeks to inform and educate clients so they may effectively self-advocate. In addition to empowering an individual to resolve issues for themselves, this serves to make the relationship between the client and the other party less adversarial than when a third party becomes involved, and also is a means for DRA to serve more individuals with fewer resources.

Service Requests Specific to the 1st District

Example 1: A child maltreatment hotline was contacted about the parents of an eight-year-old child with autism spectrum disorder (ASD) because they questioned a psychiatrist's recommendation to put the child on psychiatric medications. The parents had previously discussed medications with the specialists at a hospital-affiliated developmental program who diagnosed him, as well as his primary care physician. Both advised that medications were not used to treat behaviors related to ASD. When the Department of Human Services (DHS), Division of Children and Family Services (DCFS) family service worker came to the elementary school to evaluate the child, she gave the parents an ultimatum: either place the child in acute inpatient psychiatric treatment immediately or she would place a 72-hour hold on him and place him in the facility herself. The parents had the child admitted to the acute psychiatric facility for fear that he would be taken into state custody if they did not comply, and the child was placed on multiple psychiatric medications during his stay at the facility. A DRA attorney submitted a formal complaint to DCFS, and two DRA attorneys subsequently met with the director of DCFS, a deputy director of DHS, the privacy officer of DHS, and legal counsel for DCFS. During the meeting, the director of DCFS admitted that DCFS was wrong for giving the parents an ultimatum of either placing their child in acute psychiatric treatment or placing him in DCFS custody. She assured the DRA attorneys that DCFS did complete an internal investigation and addressed the issues that led to this situation.

Example 2: The parents of a child with agenesis of the corpus collosum requested DRA's assistance with his services being reduced. The client is nonverbal, blind, cannot walk, and experiences seizures as a result of his disability. He is a recipient of the Arkansas Department of Human Services (DHS) Division of Developmental Disabilities Services (DDS) home- and community-based services waiver for individuals with developmental disabilities. He has been receiving a pervasive level of care his entire life, due to the scope of his needs. As a result of the new assessment implemented by DDS during FY2018, he was assigned to a lower level of care than required to meet his significant needs. A DRA attorney appealed the assessment through the independent hearing process and, through discovery, learned that nearly half of the assessment was incomplete. The assessment determined that the client was able to complete nearly all of his activities of daily living with minimal assistance, and there was no information regarding the level of care he was receiving at the time the assessment was performed. While the assessment typically takes a number of hours to complete, the client's parents reported that it was finished in fewer than thirty minutes. Once a DRA attorney learned all of the information related to the client's case, he contacted the attorney for DDS, who immediately agreed to a reassessment, which resulted in an assignment to the highest level of care available under the program.

Example 3: An individual contacted DRA about a restaurant without accessible parking. The client had requested the business add accessible parking spaces and was told they were “working on it”; however, the parking lot was restriped, and no accessible spaces were added. DRA contacted the owner of the business and explained that the Americans with Disabilities Act (ADA) requires two accessible spaces be added, based on the number of available spaces in this particular parking lot. The owner subsequently restriped the parking lot and added two accessible spaces.

Example 4: DRA was contacted by the wife of a deaf individual who was in the hospital, requesting DRA’s assistance with securing an interpreter for the client. A DRA advocate contacted the client through his son, and then contacted hospital staff to request that an interpreter be provided for the client. The client was provided an interpreter on the day of his surgery, and then was provided an interpreter for two hours a day post-surgery. The client and his family was not satisfied with that amount of time, so DRA contacted the hospital's director of case management about the amount of time an interpreter was being provided. The hospital then increased the interpreter services to eight hours a day for the client.

Example 5: An individual who possesses a service animal to assist her with retrieving objects from the floor to ameliorate the painful effects of her osteoarthritis and rheumatoid arthritis contacted DRA after she was notified that animal control would apprehend her service animal and euthanize it if she did not remove it from the city limits. The client’s animal is a Staffordshire terrier, which is a breed that is prohibited in the city in which she lives. When she informed the city attorney that her dog was a service animal, he reportedly stated that he did not care and the animal would be euthanized, regardless of its status as a service animal. Once the client requested DRA’s assistance, a DRA attorney prepared to seek an injunction and temporary restraining order from federal court, while trying to speak to the city attorney. The day before the deadline, DRA was able to speak to the city attorney, who agreed to instruct the animal control officers to drop the issue and return the service animal to his owner.

Example 6: A parent contacted DRA about their child’s suspension from daily transportation to and from school; the child was not receiving any specialized services. DRA requested and reviewed the student’s records, provided the parent with DRA’s Guide to Special Education, and assisted the parent in the development of strategies and talking points in advance of the referral conference that had been requested by the parent. The parent was subsequently able to successfully navigate the referral process, and evaluations were to be conducted to determine if the child has a disability and is eligible for special education and related services.

PROJECTS

Systemic Issues

DRA participated in the State’s Youth Reform Board, which has advocated for legislative changes that promote more community-based services in lieu of secure residential treatment. This board played an important role in initiating systemic change to address problems related to the confinement and treatment of youth in the state’s juvenile justice system, a number of whom have mental illness or serious emotional disorders. DRA met regularly with the state Division of Youth Services (DYS) officials, collaborated with the juvenile public defender ombudsman, monitored secure juvenile treatment facilities, and sought correction by DYS of problematic conditions related to facilities and treatment. The

collective efforts of DRA and other stakeholders led to the State bringing in several national experts to assess treatment facilities and policies, and to make recommendations for change that included, among other things, closing at least two of the secure facilities with demonstrated records of problematic conditions.

DRA continued to participate in a task force created to address the need for reform of the juvenile justice system in Arkansas. DRA was particularly interested in the task force addressing the following: living conditions in several facilities, a lack of adequate treatment, including mental health and educational services, abuse and neglect that occur in these facilities, and the school-to-prison pipeline. Several member organizations, including DRA, Arkansas Advocates for Children and Families, and the Division of Youth Services, collaborated to strategize and present a united front on these major issues. This collaboration is continuing into FY2019.

DRA has been reviewing the issues with the Provider-Led Arkansas Shared Savings Entity (PASSE), both current and prospective. PASSE is the new service delivery system for people who receive ID/DD and behavioral health services in the state, and is a managed care system. Currently, DRA is accepting cases for individuals who disagree with their tier assignment resulting from the Arkansas Independent Assessment (ARIA). So far, DRA has handled seven cases for individuals who dispute whether the ARIA correctly assigned them to Tier 2. In doing so, DRA was able to obtain all of the scoring logic and algorithms necessary to validate the individuals' responses. In every case, DRA found that the ARIA questions were either incorrectly explained to the respondents or the respondents' responses were incorrectly recorded. In every case, DRA concluded that the individuals evaluated by the ARIA should have been assigned to Tier 3. Two of the seven cases are still pending, but in the five other cases, the individuals have been voluntarily reassessed and, with a better understanding of the questions, have been re-determined as requiring a Tier 3 assignment. DRA anticipates the remaining cases will be no different.

Following two years of monitoring and information gathering, DRA published a report entitled, "Sheltered Workshops in Arkansas: Moving from Segregated Work to Integrated Employment" in March 2018. This report summarized the findings of the agency's sheltered workshop monitoring efforts and provided recommendations for increasing competitive, integrated employment in Arkansas. DRA presented the report at the state Association of People Supporting Employment First (APSE) conference and discussed issues raised in the report with policy makers and others.

With assistance from the Employment First State Leadership Mentoring Program (EFSLMP), a project of the U.S. Department of Labor's Office of Disability Employment Policy, Arkansas is developing a strategic plan aimed at moving the state toward more robust employment first practices. DRA participated in the initial planning meetings, which have discussed priorities for the strategic plan, to include: emphasizing the development of potential employers, transitioning students from high school to adult services, and addressing funding issues. The EFSLMP group will reconvene throughout 2019.

DRA staff conducted accessibility surveys at 1,110, or 90%, of the polling sites in Arkansas. The results of these surveys were collected and letters were sent to county clerks and county election commissioners to notify them of any deficiencies. The information gathered was also used to prepare a public report about the issue, which was released in the first quarter of FY2019.

Coalition Building

DRA is a part of the Developmental Disabilities Network, along with Partners for Inclusive Communities (Partners) and the Governor's Council on Developmental Disabilities (GCDD), which continues to collaborate on issues impacting the developmental disabilities community in Arkansas. One such collaborative effort resulted in the Self-Advocacy Network Development (SAND) initiative. A self-advocate coordinator was hired for this initiative, with a goal to develop a strong self-advocacy network in Arkansas. DRA also partners with other groups, including the Arkansas Waiver Association (AWA) and the Arkansas Autism Resource and Outreach Center (AAROC) to discuss issues impacting the disability community in Arkansas and how like-minded agencies can collaborate to address those issues.

Veterans' Issues

DRA continues to be a primary sponsor of an annual conference for brain injury survivors under the PATBI grant, in collaboration with post-acute TBI rehabilitation programs and the Arkansas Trauma Rehabilitation Program (ATRP). This conference is designed specifically for people who have sustained brain injuries, their family members, and their caregivers, and focuses on various aspects of healing and recovery. The purpose of the conference is to build a strong self-advocacy and support system within the TBI community. While few of the conference attendees are veterans, the conference sponsors continue to look for ways to reach out to veterans and let them know about both this conference and monthly TBI support group meetings held around the state.

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 your office with further information about our work.

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