CONTENTS

BACKGROUND ........................................................................................................................................ 3

CLIENTS .................................................................................................................................................. 4
   Clients by Age and Disability ........................................................................................................... 5

SERVICE REQUESTS ............................................................................................................................. 5
   Service Requests by Program ........................................................................................................... 5
   Priority Areas Covered by Service Requests ................................................................................ 6
   Case Examples of DRA work in 2019 .............................................................................................. 6

PROJECTS ............................................................................................................................................. 10
   Systemic Issues ............................................................................................................................... 10
   Coalition Building ............................................................................................................................ 12
   Veterans’ Issues ............................................................................................................................... 13
   Contact information .......................................................................................................................... 13
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. DRA’s services are offered statewide at no cost to individuals with disabilities.

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. 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 works to ensure that individuals with traumatic brain injuries and their families have access to information, referrals and advice, individual and family advocacy services, legal representation, and support and assistance with self-advocacy. 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.

Strengthening Protections for Social Security Beneficiaries (SPSSB)
SPSSB, also known as the Representative Payee program, serves individuals with disabilities whose social security benefits are managed by a representative payee. DRA coordinates with the Social Security Administration to conduct periodic onsite reviews as well as additional discretionary reviews to determine whether a representative payee is carrying out their duties in keeping a beneficiary safe and ensuring their needs are being met. See the Strengthening Protections for Social Security Beneficiaries Act of 2018, 42 U.S.C. § 405(j).

CLIENTS

Arkansas is known for having one of the highest percentages of residents with disabilities in the country, although because its total population is relatively low, Arkansas is a minimum allotment state for the federal grants that fund DRA’s work. The United States Census Bureau’s 2018 American Community Survey indicates the state’s total population to be 3,013,825 and a Disability Status Report from Cornell University for 2017 (the most recent year available) shows
the overall rate of disability in Arkansas to be 18%. The following chart provides a breakdown of the 1,274 service requests received by DRA in FY2019, by disability and by program.

Clients by Age and Disability

DRA assisted individuals from infant to age 94 in FY2019. A breakdown of the age demographic showed 60.4% of the service requests represented individuals between the ages of 19 and 64, which is often considered “working age”, while 5.6% of the service requests represented individuals 65 and older and 32.4% of the service requests represented individuals 18 and younger (1.6% were of an unknown age).

The following chart shows a breakdown of the service requests by an individual’s disability:

<table>
<thead>
<tr>
<th>Disability</th>
<th>Number of Service Requests</th>
<th>Percentage of Service Requests</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Illness</td>
<td>322</td>
<td>25.3%</td>
</tr>
<tr>
<td>Developmental Disability</td>
<td>318</td>
<td>25.0%</td>
</tr>
<tr>
<td>Physical/Orthopedic</td>
<td>269</td>
<td>21.1%</td>
</tr>
<tr>
<td>Visual/Hearing</td>
<td>88</td>
<td>6.9%</td>
</tr>
<tr>
<td>Brain Injury</td>
<td>39</td>
<td>3.0%</td>
</tr>
<tr>
<td>Learning Disabilities</td>
<td>47</td>
<td>3.7%</td>
</tr>
<tr>
<td>Neurological Disorders</td>
<td>45</td>
<td>3.5%</td>
</tr>
<tr>
<td>Other Disabilities</td>
<td>146</td>
<td>11.5%</td>
</tr>
</tbody>
</table>

SERVICE REQUESTS

DRA received 1,274 requests for services in FY2019, an increase of 19.5% over the 1,026 requests received in FY2018. 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 will usually be provided with information and referral services rather than case-level advocacy.

Service Requests by Grant Funding

<table>
<thead>
<tr>
<th>Program Funding Source</th>
<th>PAIMI</th>
<th>PADD</th>
<th>CAP</th>
<th>PAIR</th>
<th>PAAT</th>
<th>PABSS</th>
<th>PATBI</th>
<th>PAVA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Count of Service Requests</td>
<td>286</td>
<td>311</td>
<td>79</td>
<td>480</td>
<td>17</td>
<td>64</td>
<td>35</td>
<td>2</td>
</tr>
</tbody>
</table>
Priority Areas Covered by Service Requests

<table>
<thead>
<tr>
<th>Priority Area</th>
<th>Count of Service Requests</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abuse, Neglect, and Exploitation</td>
<td>121</td>
</tr>
<tr>
<td>Community Integration</td>
<td>140</td>
</tr>
<tr>
<td>Access</td>
<td>121</td>
</tr>
<tr>
<td>Education</td>
<td>185</td>
</tr>
<tr>
<td>Post-Secondary Education</td>
<td>9</td>
</tr>
<tr>
<td>Employment</td>
<td>170</td>
</tr>
<tr>
<td>Self-Advocacy</td>
<td>6</td>
</tr>
<tr>
<td>Voting</td>
<td>1</td>
</tr>
<tr>
<td>None/Other</td>
<td>521</td>
</tr>
</tbody>
</table>

Some of the requests for services that fell in to the “none/other” category include government benefits and services (107 requests), housing (106 requests), rights violations (80 requests), and healthcare (72 requests). DRA also continues to receive numerous calls related to guardianship, transportation, and home- and community-based services. Information and referral services are provided to clients with issues that do not meet DRA priorities or for which DRA does not have sufficient resources to provide a higher level of assistance.

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 such as DRA intervenes, and is also a means by which DRA can serve more individuals with fewer resources.

Case Examples of DRA work in FY2019

**Example 1:** DRA investigated an allegation of abuse at a juvenile correctional facility. A taser had been used against a resident, as had mace. DRA substantiated the abuse allegations and formally requested the termination of the detention officer involved in these incidents. DRA also made several policy and training recommendations to the Division of Youth Services (DYS) and continued to monitor the client's situation to ensure the threat of charges against the juvenile for assaulting the detention officer was not carried out.

**Example 2:** A youth who had been committed to the Mansfield Juvenile Treatment Center in November 2017 and had been given a length of stay of six to eight months was discharged in February 2019 to a step-down program. This program was subsequently shuttered, and he was transferred back to the Mansfield facility, where he languished. His guardian had passed away
in 2018, and he did not have any family to return to; he was basically continuing to reside at Mansfield because the Division of Children and Family Services (DCFS) had not found an appropriate placement for him. Once DRA intervened on his behalf and brought his situation to the attention of administration officials, placement efforts progressed, and he was discharged from Mansfield to reside with a family who knew him through their friendship with his guardian.

Example 3: DRA received a report that an individual diagnosed with bipolar disorder and post-traumatic stress disorder was mechanically restrained in a chair for 72 hours at a county detention center between May 31, 2019 and June 03, 2019. The prolonged use of restraints can lead to serious medical complications, including blood clots, and can exacerbate mental health conditions. DRA staff investigated the reported incident and determined the restraint was indeed excessive. The client was not allowed access to bathroom facilities as needed, and was not provided with appropriate clothing, leaving him with his buttocks exposed for the length of the restraint. Once the client was calm and no longer posed a threat to himself or others, he should have been released from the chair. Given that the client was calm when placed back in the chair upon returning from the hospital, where he was taken for verbalizing threats of suicide, this restraint was not an appropriate method to prevent self-harm. DRA sent a letter of our findings about this incident to the county sheriff in hopes that this type of incident is not repeated at this facility.

Example 4: DRA received notice of an incident involving a teenager at a residential treatment facility for children and adolescents who attempted suicide by tying a sweater around her neck. Upon investigating this incident, DRA staff determined the facility was negligent in their monitoring of the resident. She said she had told the facility staff that she was feeling suicidal; she informed DRA investigators the facility staff’s response was to tell her to go sit in her bedroom. DRA recommended the facility increase staffing levels for both that specific unit and this client and provide additional training for all staff on how to handle incidents like this one.

Example 5: An individual with a diagnosis of autism who was receiving residential vocational rehabilitation services at our state’s comprehensive rehabilitation facility had always required accommodations for some challenging behaviors, which were previously addressed in a behavior plan implemented in secondary school. The client was not provided with adequate behavior supports at the comprehensive rehabilitation facility, which resulted in his being discharged after facility staff alleged he became so intoxicated off campus that he needed emergency medical treatment from a local hospital. The client maintained he was not intoxicated but was instead having a panic attack. A DRA attorney represented the client in an appeal to the facility administrator, at which time it was determined that medical records had been misinterpreted by unqualified staff and the client was being unfairly discharged. The client was subsequently permitted to return to the comprehensive rehabilitation facility for services.

Example 6: A 43-year-old individual with schizophrenia who is a Social Security beneficiary contacted DRA about removing his guardianship. The client was his own payee, living
independently and participating in mental health treatment. He had credits towards a Heating, Ventilation, and Air Conditioning (HVAC) certificate and wanted to complete his training and return to the workforce. The guardianship that was in place had been a barrier to his becoming employed and ending his reliance on Social Security benefits. The client’s parents/guardians, who were originally not permitting the client to seek employment, were in favor of terminating the guardianship once a DRA attorney explained the process. The client obtained an affidavit from his treating psychiatric advanced practice nurse (APN) in support of removing the guardianship order, and the attorney filed a joint motion to terminate the guardianship. The judge signed the proposed order drafted by the DRA attorney, terminating the guardianship and restoring the client's rights, so he is now free to pursue his HVAC certification and regain employment.

Example 7: An individual with a physical disability benefitted from an accommodation plan that provided flexible work hours; for more than a year, she had been able to request FMLA leave when she either had doctor appointments or was in too much pain to work. Although the client provided the necessary medical documentation to support her accommodation, she was told by her supervisor that other employees were questioning her absences and that the client should be a better example to those she managed. The client subsequently felt harassed regarding her need for a reasonable accommodation; she was also concerned that she would not be approved when the accommodation plan was due for recertification. The client hesitated to be formally represented but requested assistance with self-advocacy in discussing the issues with human resources. A DRA attorney reviewed the issues, researched and provided information to the client regarding relevant law, and suggested strategies to the client on how to discuss the accommodation plan with human resources staff. Ultimately, the client’s accommodation plan providing flexible leave was recertified, and the client reported to DRA a positive change in her relationship with her supervisor.

Example 8: A woman who sustained a traumatic brain injury in 2006 needed a replacement wheelchair, as her current wheelchair provided insufficient support to prevent spinal problems resulting from a progressive decrease in her trunk control. She received a new wheelchair from a medical equipment supplier in 2018; however, it was so unwieldy and complicated that it was of little use. Her father requested the supplier take the chair back; however, they refused to write a proper return receipt because they were in a dispute with Medicare over whether Medicare was entitled to a refund. Meanwhile, Medicare did not update their database to reflect that she was no longer in possession of the chair; as a result, a new chair could not be issued. After DRA intervened with several calls and emails to a possible new provider and Medicare, the status of the client’s wheelchair was updated in Medicare’s database, and she was issued a new wheelchair well-suited to her needs in July 2019.

Example 9: DRA assisted a 94-year-old nursing home resident with dementia who had received a letter of discharge from the nursing home where she resides indicating she would be discharged in thirty days for non-payment. The client’s son, who is also her power-of-attorney, found the letter and contacted DRA for assistance. The client was mistakenly denied approval to participate in the Medicaid program, so the facility had charged her more than $12,000 for
the two months she resided there pending Medicaid approval. A DRA attorney visited the client, investigated the issue, and discussed the proposed discharge with the administrator of the nursing home. Ultimately, the nursing home withdrew the proposed discharge and the nursing home staff assisted the client in rectifying the Medicaid denial.

**Example 10:** An individual eligible for services through the Arkansas Division of Services for the Blind (DSB) who urgently required eye surgery to prevent a total loss of sight was required by the DSB to obtain a denial from her health insurance company before they would agree to cover the cost of the surgery. The client’s insurance carrier would not confirm whether the surgery would be covered until the claim was submitted post-surgery. A CAP advocate contacted the client’s DSB counselor and discussed the conflict between the comparable benefits regulations and DSB’s policy or practice that was prolonging the client’s access to an urgently needed surgery. The DSB counselor agreed that the client’s need for assurance that the DSB would pay for the surgery if her insurance carrier denied the claim in whole or in part was reasonable and agreed to amend the client’s Individualized Plan for Employment (IPE) to ensure the client would not be responsible for the cost of the surgery.

**Example 11:** An individual in a nursing home was denied visitation with her daughter, her fiancé, and the fiancé’s family. Her parents were her guardians, and they had instructed the nursing home to not allow visits that were not approved by them. The individual had suffered an injury that affected her ability to speak; she was able to communicate by nodding her head “yes” and “no” and occasionally would speak one word at a time. DRA attorneys visited the client and asked her if she wanted to visit her daughter, her fiancé, and the fiancé’s family. She nodded her head yes. She also confirmed that she wanted DRA’s assistance in getting her right to visitation reinstated. DRA attorneys met with the nursing home administrator and the guardians/parents of the client and provided them with a copy of the ward’s rights under Arkansas law. The nursing home administrator and the guardians expressed their understanding that visits cannot be restricted, and the client’s visitations were subsequently restored.

**Example 12:** The parent of an 8-year-old student diagnosed with ADHD, PTSD, ODD, and unspecified behavior disorder requested DRA’s assistance with his being suspended from school numerous times. His school district failed to provide supports and services the student needed; as a result, he was noncompliant and engaged in behaviors that were violations of the school district’s conduct policy. The school district subsequently sought judicial involvement via a FINS petition. A petition of this sort will typically result in increased contact with law enforcement and a greater probability of institutionalization or detention. The parent responded by moving to a different school district. The same behaviors occurred, and the new district also filed a FINS petition regarding the child. A DRA attorney intervened and provided technical assistance to the juvenile public defenders, prosecutors, and judges that were assigned to the two FINS cases. The involved parties subsequently determined that the behaviors for which a FINS was requested would be more successfully addressed using an evidence-based behavior intervention plan, rather than routing the child into the juvenile justice system. Both cases were dismissed, and the student’s individual education plan (IEP) was
modified to include appropriate behavior supports. By educating the various legal entities involved in this case, DRA is hopeful other cases like this one will have a more favorable outcome without the need for intervention by DRA.

PROJECTS

Systemic Issues

DRA monitored Division of Youth Services (DYS) juvenile treatment centers (JTCs) across the state for abuse and neglect, rights violations, health and safety issues, and failure to provide services. Monitoring at several facilities uncovered a consistent failure to provide a free, appropriate public education (FAPE) and/or vocational opportunities. DRA has pushed DYS and their contractors to provide meaningful educational and vocational opportunities to all youth in their care. Additionally, DRA has provided individual and systemic advocacy regarding the General Educational Development (GED) program and testing for youth in DYS custody. JTC residents are now able to take GED subject matter tests on-site at two facilities, expediting the GED process and increasing the likelihood of completion. Excessive use of restraints has been a system-wide issue at juvenile treatment facilities that has required individual investigations and advocacy as well as systemic change efforts. DRA conducted investigations into excessive and prolonged use of restraints at three of these facilities. A focused effort at one JTC involved insufficient staffing and a lack of supervision of the residents. This has led to numerous escapes, riots, and overlooked suicide attempts. DRA has engaged in individual advocacy on behalf of youth deemed high risk and has addressed facility-wide staffing and supervision concerns with officials at DYS. A focused effort at another facility uncovered a lack of adequate supervision leading to frequent “consensual” sexual contact among youth, excessive use of restraints, to include chemical restraints, which a clinical director confirmed are used “most days”, a high rate of Staphylococcus infections as a result of the uncleanness of the facility, and up to 24 youth housed on a unit together with little structured or off-unit time. This same facility also relied on a tablet to communicate with non-English speaking youth, with access to the tablet denied as a form of punishment. Monitoring at a correctional facility for youth ages 18-21 years-old revealed a pattern of facility reliance on local law enforcement as internal enforcement, the use of chemical irritants and tasers on youth, and the failure of staff to make reports to the child abuse hotline. DRA has promoted de-escalation techniques to reduce staff reliance on forceful interventions. Both the facility in Colt and the treatment facility in Dermott were closed by DYS in FY2019. DRA continues to participate in various stakeholder collaborations aimed at identifying the issues and compelling the state to address them.

DRA gathered information on the new Provider-Led Arkansas Shared Savings Entity (PASSE) to better assist our clients as questions and concerns arose. A PASSE is a managed care organization responsible for assuming the State’s management and administrative responsibilities for Medicaid programs. In March 2019, each PASSE began receiving monthly global capitation payments from DHS based on a predetermined per-member per-month rate. Shortly thereafter, members began complaining about losing access to their doctors, new co-pays, and uninformed care coordinators. Service providers also began experiencing their own
issues: rejected claims, uninformed customer service, unexpected documentation requirements, and an inability to navigate the various payment websites created by each PASSE. Meanwhile, the issues experienced by providers only exacerbated the troubles of their patients; many providers dropped their Medicaid patients because the chaos of implementing the new system was forcing a choice between helping certain patients or staying in business. While DRA did not receive the anticipated requests for services about problems with PASSE services in FY2019, the system is new and, as beneficiaries encounter more issues and become aware that DRA is taking these cases, we anticipate more requests for assistance in FY2020.

Concerned about our state’s heavy reliance on a comprehensive rehabilitation facility to provide services to individuals eligible for vocational rehabilitation services, DRA dedicated a project to investigating the use and effectiveness of this facility. After a number of targeted Freedom of Information Act (FOIA) requests, conversations with the U. S. Department of Justice (DOJ), DOJ’s Office for Civil Rights, the Rehabilitation Services Administration (RSA), and a subject matter expert who had been retained to assist with closing a similar facility in Maryland, DRA’s Client Assistance Program (CAP) began working on writing and publishing a report regarding our investigation and its findings. Before we could progress to publication, the Governor announced that Arkansas would be discontinuing the residential use of the rehabilitation facility. As a result, the individuals who were housed at the facility, as well as those who would be steered to the facility as they sought services from Arkansas Rehabilitation Services, will now have more opportunities to receive services in their home communities alongside their peers who don’t have a disability.

At the beginning of FY2019 DRA published a report on the physical accessibility of polling sites in Arkansas. We filed a complaint with the State Board of Election Commissioners regarding an inaccessible polling site in Scott county and met with the Secretary of State to discuss the issue. As a result of that complaint, the polling site was closed and moved to an accessible location. DRA has continued to conduct surveys at polling sites throughout the year and monitor polls during both early voting and on election days. DRA also conducted several outreach events to encourage individuals with disabilities to register to vote by providing registration forms and instructional materials. DRA collaborated with other agencies for a series of mock voting events so that individuals with disabilities could familiarize themselves with accessible voting machines being used in Arkansas.

DRA discovered that the DSB failed to obtain the necessary identification number to receive federal funding for its services after it changed divisions through a state government transformation mandated in the last legislative session. As a result of the loss of federal funding, the DSB created a new policy that permitted only nominal tuition assistance for the fall semester for the people they serve. The DSB did not promulgate this policy as a rule, in violation of state law, nor did the Division seek public comment or CAP input, in violation of federal regulations. Further, the limits placed on services did not permit exceptions, and were so low that the limits effectively denied those services to individuals; again, in violation of the federal regulations. We called the DSB to discuss our concerns; they assured us they were working to fix the problem but refused to rescind the policy. While we were preparing to file
suit regarding this issue, the federal government made funds available to the DSB, presumably fixing the problem. To date, all DSB clients who contacted the CAP seeking assistance with tuition as part of their individualized plan for employment (IPE) have had their tuition paid in full. Days after the resolution of the tuition issue it was discovered that, while tuition was being freely paid by the DSB, it decided to terminate orientation and mobility services for individuals who were newly blind; again, without promulgation or consultation with the CAP or the public. DRA was informed by the assistant director at the DSB that there was an ad hoc priority system established wherein tuition payments would receive top priority, followed by emergency services. Every other service available to individuals would be provided only if there were funds leftover in the individual counselors’ budgets. This violates federal regulations by failing to promulgate a rule that substantively affects the provision of services, as noted earlier. DRA immediately filed suit against the DSB on behalf of a client who was unable to work or care for his child due to the lack of mobility services previously promised to him. The day after we filed the lawsuit, the DSB reversed course and began paying for individuals to attend these programs. All CAP clients who were similarly situated were informed that they were again authorized to receive services.

In litigating several guardianship cases, either by seeking termination of unnecessary guardianship orders, by preventing temporary guardianship orders from becoming permanent, or by ending the exploitation of individuals under guardianship, we developed a number of concerns with both the guardianship statutes in our state and the enforcement of those statutes. Accordingly, we convened a group of stakeholders for a series of meetings throughout FY2019 to explore whether our experiences were unique, and/or whether there are problems beyond the scope of the P&A system. We discovered similar issues exist across the state; however, our experiences were anecdotal. As a result of these efforts, we have made strides toward informing and educating policymakers about the problems we have identified. We will continue to work on this project in FY2020.

DRA received several complaints regarding the refusal to provide in-person interpreters to deaf individuals at a central Arkansas hospital. We investigated the policy and practice of using Video Remote Interpreting (VRI) as a first resort regardless of any individualized analysis of a person’s need for in-person interpreting. Some individuals were unable to see the screen due to low vision, their body position, or because of an inadequate Internet connection. In some cases, individuals were required to enlist their companions to interpret for them. As a result of our investigation, we discovered that there was an issue with the hospital’s practice, rather than its policy. We were subsequently informed by clients that, following our inquiries about the circumstances brought to our attention, the interpreting services at the hospital have greatly improved.

**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. The Self-Advocacy Network Development (SAND) initiative described in previous years’ reports continues to be a focused collaborative effort, with a goal of developing a strong self-advocacy network in Arkansas. DRA also continues to collaborate with the Trauma Rehabilitation Resources Program and the Traumatic Brain Injury State Partnership Program at UAMS to work on issues impacting individuals who have sustained traumatic brain injuries. DRA is continuously seeking additional opportunities to develop partnerships with various disability communities in Arkansas to address systemic issues impacting those groups.

Veterans’ Issues

DRA continued in FY2019 to be a primary sponsor of an annual conference for brain injury survivors under our PATBI grant, in collaboration with post-acute TBI rehabilitation programs and the Trauma Rehabilitation Resources Program. 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, conference sponsors continue to look for ways to reach out to veterans to let them know about both this conference and various 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 do not hesitate to reach out to us if we can answer any questions or provide your office 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
501.296.1775
800.482.1174 Toll Free
501.296.1779 Fax
www.DisabilityRightsAR.org