



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

Fiscal Year 2021

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DISABILITY RIGHTS ARKANSAS (DRA) is a private, non-profit agency located in Little Rock, Arkansas. Since 1977, DRA has been designated by the Governor of Arkansas as 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, social service agencies, the private bar, and legal services agencies to accomplish identified goals and objectives. DRA's services are offered statewide at no cost to individuals with disabilities. Following is a description of DRA's nine federal Protection and Advocacy grants, as well as a grant awarded through the Arkansas Governor's Council on Developmental 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 spectrum disorder, 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)

The CAP assists individuals with disabilities who have questions about or who have encountered problems with 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 confronting 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. 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. PABSS also 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 sites 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 performing 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).

Arkansas Alliance for Disability Advocacy (AADA)

AADA consists of an alliance of advocacy programs that work in concert to provide self-advocates, parents, peer advocates, and state leaders the tools they need to be active within the disability advocacy movement. AADA is comprised of Partners in Policymaking, a training program on developing relationships with elected officials to influence public policy impacting people with disabilities; Self-Advocate Network Development, which provides advocacy training and leadership development to people with disabilities across Arkansas; and Community of Champions, a community project that provides people the tools to be disability advocates in their everyday life.

CLIENTS

The United States Census Bureau’s 2019 American Community Survey¹ estimates the 1st District’s total population to be 719,048, with a civilian, noninstitutionalized population of 695,986. Of that total, 135,500 (19.5%) have a disability. In FY2021 (October 1, 2020-September 30, 2021), DRA received 99 new service requests from the 1st District, or an average of 8.25 service requests per month.

Clients by Age

While DRA assisted every age demographic in the district, this table shows that 48% of service requests were for clients under the age of 20 and 13% of requests were for those 56 or older.

Age Group	Number of Service Requests	Percentage
Unknown	0	----
0-9 Years	12	12%
10-19 Years	35	36%
20-39 Years	18	18%
40-55 Years	21	21%
56-65 Years	8	8%
66 or Older	5	5%

Clients by Race and Ethnicity

DRA seeks to provide services to underrepresented 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. The district’s Hispanic population of 24,421 comprises 3.4% of the population.

Race	Estimate	As Percentage	DRA SR’s	As Percentage
Total Population	719,048	---	---	---
One Race	696,990	96.9%	---	---
White	556,680	77.4%	75	76%
Black or African American	126,465	17.6%	20	20%
American Indian and Alaska Native	1,951	0.3%	1	1%
Asian	3775	0.5%	---	---
Native Hawaiian/Other Pacific Islander	1,837	0.2%	---	---
Unknown or some other race	6,282	0.9%	---	---
Two or more races	22,058	3.1%	3	3%

¹ Due to the impact of the COVID-19 pandemic on data collection, the Census Bureau changed the 2020 American Community Survey (ACS) release schedule. While data has been released, it consists of a limited number of data tables for limited geographies; therefore, this report will by necessity utilize the ACS’s 2019 demographic data.

SERVICE REQUESTS

DRA received 99 requests for services in FY2021 from residents of the 1st Congressional District. The charts below show the distribution of the requests by grant funding and by issue (problem) area. Callers with issues that do not meet a priority are still provided assistance, but usually will be offered 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	3	4	3	31	15	42	1	0

Problem Areas Covered by Service Requests

Problem Area	Count of Service Requests
Abuse and neglect	9
Education	36
Architectural Access	7
Home- and community-based services	7
Employment	6
Government benefits and services	6
Assistive Technology	4
Other	24

Service Requests in the 1st Congressional District continue to include issues related to DRA’s efforts to tackle abuse, neglect, and exploitation and again resulted in the second highest number of service requests in the District in FY2021, despite the limitations imposed by the pandemic. Mindful of our mandate to monitor for and investigate abuse and neglect, DRA staff developed ways to monitor residential facilities, particularly the human development centers (HDCs) and psychiatric residential treatment facilities (PRTFs), in a way that did not require our staff to potentially expose residents to COVID-19 or vice-versa: we collected copious amounts of data about these facilities from state regulatory entities that both survey the facilities and receive incident reports from them. Because issues impacting youth through placement in treatment and/or detention facilities continue to be a major focus for our attorneys and advocates, much of DRA’s systemic work revolved around issues identified through these surveys and incident reports. Meanwhile, the most requested service in not only the 1st District but throughout the state involves students who are not receiving needed special education services. DRA continues to prioritize issues involving suspension, expulsion, exclusion from school, and referral to the justice system related to a student’s disabilities. While we understand the need for assistance with less serious education issues is significant, we do not

have the resources to serve everyone who requests our help and must limit education cases to the most serious issues and the cases where we might achieve a systemic impact. By focusing on these most serious of cases, we are attempting to staunch the school-to-prison pipeline, recognizing not only how much better off a student is when they can stay in school rather than dropping out or being routed to a juvenile placement, but also that the cost of providing services in a school setting is significantly cheaper than placement in a residential facility. DRA also assisted clients wanting to return to work and clients needing sufficient supports to continue to live in the community; we have focused particularly on cases where a decrease in services authorized through the state's Medicaid managed care system threatens an individual's ability to remain in the community, which could lead to more costly institutional care. Architectural accessibility and program access issues like effective communication during medical appointments or reasonable accommodations in post-secondary settings continue to be a common complaint; housing issues remain a focus for callers as well, even as limited resources prevent DRA from making housing a priority area.

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 a means for DRA to serve more individuals with fewer resources.

Service Requests Specific to the 1st District

Example 1: The brother of an individual diagnosed with autism spectrum disorder (ASD) who lives independently and is his own guardian contacted DRA regarding his efforts to provide 24/7 staff for his brother. In talking to the client, however, it was apparent to a DRA attorney that the client did not want or need staff to be ever-present. Upon discussing the issue with his service provider, they endorsed the fact the client did not need 24/7 staff; however, he did require assistance with reminders to take his medication daily. DRA connected the service provider and the client to an organization that evaluates an individual's needs and provides assistive technology, such as medication dispensers and reminders, security systems, and other technology aimed at helping individuals who require some support but value their privacy and independence. The client was subsequently able to access assistive technology to ensure his safety and privacy and reduce his reliance on in-home caretakers.

Example 2: The guardian of an adolescent called DRA for assistance when the PRTF where the client had been admitted unexpectedly extended his stay by 14 days after initially informing the guardian of a discharge date and stating the client was ready to go home. The guardian did not agree to this extension but was told if she picked him up without the doctor releasing him, the facility would have to contact the Department of Human Services (DHS) and she might have to reimburse Medicaid for the treatment he received. Notably, this is not the first time DRA staff have heard of these unexpected treatment extensions, with a warning the guardian could be responsible for reimbursing Medicaid for the services already received if they do not comply.

We contacted the facility administrator and expressed our concerns; he responded that he was unaware the guardian had been so advised. The facility subsequently released the client on the initial discharge date.

Example 3: Another adolescent's guardian contacted DRA with her concerns that her great-grandson was being abused at a PRTF and that she had reportedly been warned that if she discharged him before the facility was ready for him to be discharged, the client could potentially be removed from her care. A DRA investigator determined the facility appeared to be under the impression that the client was court-ordered into treatment and could not be released to his guardian. A juvenile probation officer (JPO) was involved with the client due to a Family in Need of Services (FINS) petition being filed by the school district, and it appeared to the DRA investigator that the JPO was coercing treatment. An accelerated discharge date was agreed upon and the FINS petition was dismissed.

Example 4: A recipient of rehabilitation services contacted the Client Assistance Program (CAP) when she was denied certain services through Arkansas Rehabilitation Services (ARS). She had requested ARS pay her mortgage and other bills following a tornado that caused damage to her home, and she also requested new tires and oil changes for her car, citing her work commute. Her counselor never gave her a firm denial but was non-responsive to her questions and did not otherwise proceed with her case. DRA's CAP attorney consulted with the client about the services available to her as outlined in the ARS policy manual, and about reasonable expectations for services. She called the client's ARS counselor regarding the lack of response to the client's requests and not otherwise progressing with the client's case. The CAP attorney also participated in conference calls with the client and her counselor regarding the requested services being (appropriately) denied; however, it was determined that mental health counseling and a weight loss program would benefit this client and would be covered by ARS. The client expressed appreciation for the CAP attorney reviewing ARS policy with her to help her understand the types of services she could reasonably expect and assisting her in obtaining services that would be both beneficial to her and accessible through ARS.

Example 5: A student's guardian called DRA for assistance when the student was being repeatedly suspended from school and there was a Family in Need of Services (FINS) case with a high probability that he would be taken from their home and placed in a PRTF. The child was seven years old, had a history of trauma, and had been placed in at least seven homes before he came to live with his current guardians. He had diagnoses of ADHD and a conduct disorder and was being evaluated for ASD and Fetal Alcohol Spectrum Disorder (FASD). The student had moved to a new school district with his guardians at the beginning of the school year and they had immediately requested that he receive special education services but were denied, despite his exhibiting a wide variety of behaviors that were caused by his disabilities, including a tendency to elope. He was also suspended multiple times for aggressive behavior, which resulted in the FINS case. The school attended the court hearings and testified in support of placing him in a PRTF for at least six months. A DRA attorney reviewed the records and advised the guardian that a due process complaint would be the most appropriate action. The attorney filed the complaint and attended meetings with the student's interdisciplinary team (IDT) and

opposing counsel to develop an appropriate plan for this student. It was determined that the school needed to hire a board-certified behavior analyst (BCBA) to create an appropriate behavior plan with necessary supports implemented immediately. DRA urged the IDT to provide a one-on-one paraprofessional aide for the student at least until a BCBA could examine the situation. The provision of this aide drastically changed the behaviors of the student; his elopements decreased dramatically, and he self-regulated his emotions better. He started making friends and his teachers' attitudes toward him improved. When the BCBA conducted the functional behavior assessment, she determined the supports that had been implemented were effective and should remain in place. DRA's involvement and the notice to the judge that a due process complaint had been filed, as well as the school's subsequent testimony that the student was doing much better caused the judge to reconsider the potential PRTF placement.

Example 6: The parent of a student diagnosed with ASD, ADHD, neurological disorders, and other emotional disorders who had attended an alternate learning environment (ALE) for the previous seven years was scheduled to return to school as the pandemic appeared to abate; however, his mother felt it was unsafe to send him back. She had participated in a facilitated individualized education program (IEP) process and agreed on homebound placement for the current school year, with an instructor scheduled to come to their home two days a week for two hours each day. The parent requested that this instruction be provided during school hours but was denied. The student was provided a Chromebook, but it was not set up for educational instruction, and the parent was told there were no individual Wi-Fi hotspots available for him. And while his IEP included therapy services, he was not receiving them. The parent requested DRA's assistance, and an advocate contacted the school to seek a resolution to these issues. The school subsequently arranged for the Chromebook and a Wi-Fi hot spot to be set up and found a teacher willing to work with the student during the day instead of after school. He also started receiving his therapies through telehealth and is now receiving all appropriate services.

PROJECTS

Systemic Issues

During a monitoring visit in June 2021 to a PRTF located in the 2nd District but which serves youth from around the state, several residents indicated they had received chemical restraints prior to DRA's arrival that day. They all stated that they were calm when they were given the chemical restraints. Previously, we had received information that four residents who eloped in April 2021 received chemical restraints upon their return to the facility. This information led to an investigation of chemical restraints administered at this facility in April and June 2021. Our investigation concluded that only one of the nine incidents could be justified as an intervention in response to a resident being a danger to themselves or others. Additional instances of chemical restraints being administered inappropriately were also identified. Among DRA's findings were that chemical restraints were being used punitively and in lieu of appropriate interventions, chemical restraints were being used simultaneously with seclusion, and restraints were not properly documented, including the staff members involved, assessments,

and debriefings. Notably, DRA has determined there are likely issues with physical restraints at this facility as well. DRA's investigative findings regarding this facility's use of chemical restraints as a discipline tool and not exclusively to prevent harm were outlined in a report and accompanied by over 200 pages of documentation. This report was shared with the facility and all relevant state regulatory agencies. In response to our investigation and report, the facility did institute a few quality-control measures. They were also subsequently investigated and placed under a plan of correction by the Placement and Residential Licensing Unit of the state's Office of Long-Term Care.

Between August and October of 2020 three residents of a PRTF suffered broken bones during restraints. DRA's investigation into these incidents combined with ongoing monitoring efforts revealed an alarming increase in incidents that led to a broader review of this facility. Our investigation consisted of reviewing facility records, Arkansas State Police Crimes Against Children Division (CACD) investigations, Little Rock Police Department (LRPD) reports, Arkansas Children's Hospital (ACH) records, prior medical and placement records for select residents, and other relevant documentation. Interviews were conducted with current and former facility residents and video of incidents was reviewed when available. Our investigation uncovered incidents of staff abuse, staff-on-resident and resident-on-resident sexual abuse, nineteen elopements with three residents remaining missing at the time of our report, inadequate suicide precautions, the use of police to intimidate and charge residents, delayed and inadequate medical attention, a lack of medication administration policies, failure to adequately document or report incidents, and the use of dangerous restraint techniques that are improperly initiated and applied. In fact, our investigation revealed concerning practices at every stage of a restraint incident, from the reason restraints are initiated to the medical and emotional response to residents following a restraint incident. The facility subsequently discontinued the use of the Handle With Care behavior management system and is now using Crisis Prevention Institute (CPI) protocols to manage disruptive and assaultive behaviors by residents. The facility also dramatically reduced their census and have only recently resumed admissions. While there continues to be a lack of accountability with this facility, our efforts have led to increased public scrutiny through an investigative series published in Arkansas' statewide newspaper and increased regulatory scrutiny that resulted in a plan of correction and a letter of reprimand from the Child Welfare Agency Review Board.

As in FY2020, in accepting education cases this year we focused on representing juveniles who were at risk of institutionalization through our state's juvenile courts and Family in Need of Services (FINS) petitions, which are a means for school districts to access court intervention for juveniles with serious behavioral health needs. Whether through the truancy process or through anecdotes of "uncontrollable behavior," we observed many juveniles court ordered to PRTFs prior to schools evaluating them for special education and related services, which we interpreted as a circumvention of the due process rules mandated by the Individuals with Disabilities Education Act (IDEA). In some cases, we simply contacted courts with active cases for a juvenile to let them know we were providing advocacy or representation within the educational realm and asked them to stay any effort to institutionalize the child. In other cases, we successfully represented juveniles in court to prevent institutionalization in favor of

appropriate education services. As a result, we have developed a particular interest in educating juvenile probation officers, judicial staff, prosecutors, and public defenders regarding the advocacy that can occur within the public-school setting with the goal of preventing institutionalization of these youth, and we will continue to seek opportunities to do so in FY2022.

A mom who uses a power wheelchair took her child to a little league baseball game at a new local ballpark in the 1st District. The ballpark did not have any accessible parking spaces by or near the field, so she was forced to park about two blocks from the field entrance and maneuver her power chair behind parked cars while avoiding traffic and ensuring her 5-year-old child was safe. She had to do the same thing after the game, by which time it was dark. This posed a dangerous situation because there was additional traffic from several games being played that evening. A DRA advocate viewed a satellite image of the park on Google, copied the image, drew a circle around the area where the parking spaces should be placed, and emailed it along with an ADA fact sheet on parking to the city's director of parks and recreation. DRA received a quick response from the director and the accessible parking spaces were installed within two weeks.

In addition to major investigations into abuses at two PRTFs, a death investigation at a state prison, and the off-label use of a medication/lack of informed consent at a county jail, we furthered our efforts to improve transparency of all the state's PRTFs. When individuals are seeking placement at a facility, they will often have information available to them in the form of state inspections, facility surveys, and/or quality scores, such as the Centers for Medicare and Medicaid Services provides on nursing homes. None of those metrics existed for PRTFs operating in Arkansas, so individuals from in and out-of-state were placed at facilities in Arkansas with little to no information about the quality of care or the safety of youth at these facilities. DRA made numerous requests under Arkansas' Freedom of Information Act for police reports, long-term-care inspections, childcare licensing reviews, and other relevant documents and published that information on our website for public viewing. These documents were already publicly available but reports and surveys from various regulatory agencies were located in different places; there was no single website that provided comprehensive information about PRTFs. As a result of our initiative, individuals now have easy access to substantial amounts of information relative to each PRTF in the state to better inform their decision regarding potential placement. Moreover, in the process of collecting and publishing this information, we were able to identify incidents that were reported to some agencies but not others, which exemplified the problem of a lack of communication between our state's monitoring and enforcement agencies. DRA has recommended that these regulatory and enforcement agencies speak with each other on a regular basis regarding information they each may receive from these facilities, to ensure all of them are receiving consistent, relevant information about the care and treatment of the residents.

DRA's focus on the Medicaid managed care system in Arkansas, in addition to representing clients in appeals, continued in FY2021 with the gathering of data regarding the complaint and grievance processes consumers are expected to utilize when they wish to address issues with

their services, which usually involves a reduction in services. While we have not publicized the data, we have gained insight into which managed care organizations (MCOs) are struggling with which Medicaid obligations, allowing us to better advise clients regarding the services they should be able to access, as well as strategies to access those services, based on how those services are usually requested and approved or denied. We are concerned that MCOs continue to not understand their obligations regarding the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) component of Medicaid, which was but a theory when we established our FY2020 priorities. Our data collection continues to confirm our theory about EPSDT and has informed our individual representation about this relatively unknown obligation under Medicaid. It has also led us to advise beneficiaries and their caregivers to specifically reference EPSDT when requesting services, which we hope will advance the issue and result in a broader availability of services to children and adolescents under this Medicaid mandate.

Adults with disabilities, particularly individuals with intellectual disabilities, are often affected by a loss of autonomy owing to the imposition of guardianships. While DRA continued to work individual guardianship cases in FY2021, we also collaborated with other interested parties to educate legislators on the concept of supported decision-making as an alternative to guardianship during the 2021 legislative session. A supported decision-making bill was introduced and, while there appeared to be no opposition to this bill prior to it appearing on the House floor for a vote, we learned that the Families and Friends of Care Facility Residents of Arkansas (FFCFRA) group adamantly opposed it. FFCFRA's membership primarily consists of individuals whose loved ones reside in one of the state's five human development centers, and their opposition was primarily due to their mistakenly interpreting the bill as a means to eliminate existing guardianships. The bill did not pass; however, DRA will continue to educate the public about and advocate for alternatives to guardianship in FY2022.

Coalition Building

DRA is not only committed to numerous substantive, long-term collaborations, we openly seek opportunities for new collaborations. DRA continues to partner with sister agencies the Governor's Council on Developmental Disabilities (GCDD) and Partners for Inclusive Communities (Arkansas' UCEDD), to work on issues impacting the developmental disabilities community in Arkansas. Most of these initiatives are multi-year efforts and focus on achieving impactful, systemic changes. Collaborations active in FY2021 include the Breakfast Club, Housing Arkansas, and the Arkansas Alliance for Disability Advocacy (AADA). One component of this new AADA initiative, which is a collaboration between DRA and GCDD, is a continuation of the Self-Advocacy Network Development (SAND) project, which concluded in September 2021. DRA continued collaborations 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 and also partnered with Arkansas Advocates for Children and Families (AACF) on working to address problems with fees and fines in the state's juvenile justice system. DRA is a founding member of the Arkansas Coalition for Southern Values, whose goal is to be "united for the safety, dignity, and belonging of all Arkansans. We organize and take collective action to build and sustain a strong, long-term,

progressive movement in Arkansas." The coalition is interested in advancing ideals of inclusion and equality; DRA will ensure people with disabilities are represented in this group's endeavors. DRA's executive director became involved with Fetal Alcohol Spectrum Disorder (FASD) Arkansas in FY2021; DRA's goal is to collaborate on educational and informational initiatives about FASD. DRA participated in the development of an online seminar in May 2021 and was involved during FY2021 in the planning of an FY2022 FASD educational conference.

Veterans' Issues

DRA welcomes the opportunity to work with veterans; we occasionally receive requests for assistance from veterans, typically involving an accommodation they need on the job or at a business or some other public venue because of a traumatic brain injury or PTSD. Should your offices receive requests for assistance from veterans regarding these types of issues, we would encourage your staff to refer them to us for assistance.

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.

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