Disability Rights Arkansas

Protection and Advocacy and Client Assistance Program Services in the 2nd Congressional District

Fiscal Year 2021

CONTENTS

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 though 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, 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 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 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. PABBS 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 Survey[1] estimates the 2nd District's total population to be 767,662, with a civilian, noninstitutionalized population of 756,027. Of that total, 123,177 (16.3%) have a disability. In FY2021 (October 1, 2020-September 30, 2021), DRA received 287 new service requests from the 2nd District, or an average of 24 service requests per month.

Clients by Age

While DRA assisted every age demographic in the district, the table below shows that almost 34% of service requests were for clients under the age of 20 and 17.5% of requests were for those over the age of 55.

Age Group	Number of Service Requests	Percentage
Unknown	1	0.5%
0-9 Years	36	12.5%
10-19 Years	60	21%
20-39 Years	73	25.5%
40-55 Years	67	23%
56-65 Years	29	10%
66 or Older	21	7.5%

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 2nd Congressional District with that of DRA's requests for services in the 2nd Congressional District. The district's Hispanic population of 41,445 comprises 5.4% of the population.

Race	Estimate	As Percentage	DRA SR's	As Percentage
Total Population	767,662	---	---	---
One Race	748,665	97.5%	---	---
White	543,432	70.8%	167	58%
Black or African American	178,792	23.3%	108	38%
American Indian and Alaska Native	2,763	0.4%	1	0.4%
Asian	11,921	1.5%	---	---
Native Hawaiian/Other Pacific Islander	366	0.05%	---	---
Unknown or some other race	11,391	1.5%	5	1.5%
Two or more races	18,997	2.5%	6	2.1%

[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 287 requests for services in FY2021 from residents of the 2nd 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	22	5	14	64	35	133	12	2

Problem Areas Covered by Service Requests

Problem Area	Count of Service Requests
Abuse and neglect	20
Education	65
Housing	34
Gov't benefits/financial entitlements	29
Access (architectural and programmatic)	25
Rehabilitation services	25
Employment	24
Home- and community-based services	17
Assistive Technology	4
Guardianship	6
Transportation	8
Other	30

Service Requests in the 2nd Congressional District continue to include issues related to DRA's efforts to tackle abuse, neglect, and exploitation in a variety of settings, despite the limitations on facility monitoring 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 2nd 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 (rehabilitation services) 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 callers 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 aggrieved individual and the other party less adversarial than when a third party such as DRA intervenes and is also a means for DRA to serve more individuals with fewer resources.

Service Requests Specific to the 2nd District

Example 1: A care coordinator for one of the state's Medicaid managed care organizations (MCOs) contacted DRA on behalf of a person with a profound intellectual disability residing in a 10-bed Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID). This individual has severe respiratory difficulties and requires the daily use of a BiPAP (a type of ventilator) that she frequently refuses, which often leads to hospitalizations. The facility determined it could not continue to safely care for her and decided to discharge her. The care coordinator could not find another facility that would accept her because she was her own guardian, and the Office of Public Guardian (OPG) refused to accept her because she had a safe place to live. Once the discharge notice was sent to the individual, the OPG refused to assist the resident until the care coordinator could ensure safe placement. DRA's Director of Legal and Advocacy Services decided to reach out to all parties simultaneously (the facility, the MCO, the OPG, and the state's Division of Developmental Disabilities Services, or DDS) to express his concern about the resident, and his willingness to represent her should the facility move forward with their attempt to discharge, presumably to a homeless shelter. The facility subsequently agreed to permit her to continue living at the facility until such time as a skilled nursing facility would accept her, and the OPG agreed to assist with a guardianship if it were required for her to access a higher level of care.

Example 2: A client who was involuntarily admitted to a psychiatric unit at a local hospital under a 72-hour psychiatric hold was delusional but was not a danger to herself or others. After she was admitted, the treating psychiatrist filed a motion for involuntary commitment. A DRA attorney reached out to the Mental Health Court public defender regarding our concerns that the client did not meet the criteria for involuntary commitment. The Court dismissed the petition for involuntary commitment and the client was released from the hospital. DRA's attorney met with counsel for the hospital and explained why the 72-hour hold and involuntary commitment were not in compliance with Arkansas law and were a violation of the client's civil rights. The hospital's attorney agreed to address DRA's concerns with hospital administration to ensure an understanding of the statute's requirements regarding 72-hour involuntary admissions and ensure that its policies would reflect these requirements.

Example 3: A parent contacted DRA seeking assistance with a school district's reluctance to provide her daughter with an assistive augmentative communication (AAC) device. The student receives instruction in a special education classroom with occupational, physical, and speech-language therapies as part of her IEP. The parent was concerned that although the student participated in speech-language therapy, her expressive language skills remained in the bottom 2% for her age and she utilized only short unintelligible phrases. The parent stated she had advocated for years for acquisition of an AAC device, but the school district expressed concern that the student would cease to progress verbally or would become distracted by the device. The catalyst for the parent contacting DRA involved an incident where the student could not effectively communicate about a minor exchange that occurred with her caregiver, which left the student distraught and resulted in a misunderstanding that led to an investigation that included a rape examination for the student. This experience was related to the student's inability to communicate clearly and effectively, so a DRA advocate contacted the school and requested an assistive technology evaluation by a third-party entity, to which the school district agreed. The evaluation supported the student learning to communicate with an AAC device that could be purchased through the student's Medicaid insurance; the student now has the device and is able to communicate better at school.

Example 4: A parent sought DRA's assistance with obtaining proper supports for his son to stop his school district from repeatedly suspending him for minor behaviors and threatening to move him to a different school. Once DRA became involved, the school provided a one-on-one paraprofessional aide and ceased suspending the student. When the pandemic hit, the parent decided virtual school was a better option for him. The school district continued to provide the aide and other supports that were promised during this time, and the parent eventually made the decision for him to go back to in-person learning. The school district has been incredibly supportive, continuing to provide all the programming outlined in the student's individualized education program (IEP), including compensatory education in the form of summer school.

Example 5: A client with low vision contacted the CAP to seek assistance with receiving vocational rehabilitation services through the Arkansas Division of Services for the Blind (DSB). The client reported difficulty communicating with her vocational rehabilitation counselor about establishing para-transit approval and requesting job search assistance. DRA's CAP

advocate contacted the DSB area manager, who immediately assigned a new counselor to the client's case. This counselor assisted the client with applying for para-transit services, which were approved. This approval made it possible for the client to participate in assistive technology training at the DSB technology lab. Meanwhile, the CAP advocate learned the client was unable to pay for prescriptions that treated a mental illness. As this was a significant barrier to the client participating in vocational rehabilitation, DSB included the cost of prescription medications in the client's individualized plan for employment (IPE). The new counselor also assisted the client with job applications and job searches, traveled with the client for job interviews, and helped her purchase work clothing. The client was ultimately successful in obtaining employment in a restaurant utilizing magnifiers provided by DSB.

Example 6: DRA investigated an instance of an individual being held against his will at a psychiatric hospital due to claims that he was a danger to himself. He was pitched the idea of hospitalization by a hospital assessor who explained that it would be like a retreat where he could participate in activities like birdwatching. Once he arrived at the facility and saw his accommodations, he was informed that he would either have to sign himself in voluntarily or the hospital would institute a 72-hour hold. We informed the hospital of our findings after interviewing hospital staff and substantiating our client's claim; however, instead of committing to making changes to their policies and/or practices, they sought to disparage DRA's investigator. We have sent our findings to the U. S. Department of Justice, who expressed interest in this case.

Example 7: DRA was contacted by the parent of a second-grade student diagnosed with autism spectrum disorder (ASD) who was not allowed to attend school because of behavioral issues. He was placed on a homebound program but was receiving virtual learning in lieu of any in-person instruction. The goal of the parent was for the student to spend a few hours each day at school and to have a functional behavior assessment (FBA) conducted. A DRA attorney attended an IEP meeting where the FBA was discussed and a behavior intervention plan (BIP) was developed, including a plan for the student to return to school by slowly increasing the amount of time spent in school each day. He has done well with the behavior plan and is now able to attend school full-time, with his parents receiving few phone calls for behavioral issues.

PROJECTS

Systemic Issues

During a monitoring visit in June 2021 to a psychiatric residential treatment facility (PRTF) located in the 2nd District, several residents indicated they had received chemical restraints prior to our arrival that day. They all stated that they were calm when they received 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.

DRA began an investigation in FY2021 into a public-school system in the 2nd District regarding their alleged overuse of alternative learning environments (ALEs) for children with disabilities. During our investigation we learned of several injuries that occurred because of restraints, as well as insufficient staffing that led to the use of administrative staff as ad hoc one-on-one aides for children who require a certain level of supervision. We are continuing this investigation into FY2022 as we continue to receive calls regarding this specific school district's ALE practices.

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 FASD educational conference that took place in FY2022.

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 due to a traumatic brain injury or PTSD. Should your office receive requests for assistance from veterans regarding these types of issues, we would encourage your offices 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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