



Protection and Advocacy and Client Assistance Program  
Services in the 3<sup>rd</sup> 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 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. PABSS educates beneficiaries about Social Security's work incentives and provides advice about vocational rehabilitation and employment services. 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<sup>1</sup> estimates the 3<sup>rd</sup> District’s total population to be 829,149, with a civilian, noninstitutionalized population of 822,276. Of that total, 124,486 (15%) have a disability. In FY2021 (October 1, 2020-September 30, 2021), DRA received 147 new service requests from the 3<sup>rd</sup> District, or an average of 12.25 service requests per month, versus 154 requests received in FY2020.

### **Clients by Age**

While DRA assisted every age demographic in the district, the table below shows that 32% of service requests were for clients under the age of 20 and almost 20% of requests were for those ages 56 or older.

<b>Age Group</b>	<b>Number of Service Requests</b>	<b>Percentage</b>
<b>Unknown</b>	---	---
<b>0-9 Years</b>	16	11%
<b>10-19 Years</b>	31	21%
<b>20-39 Years</b>	42	28.5%
<b>40-55 Years</b>	29	19.75%
<b>56-65 Years</b>	19	13%
<b>66 or Older</b>	10	6.75%

### **Clients by Race and Ethnicity**

DRA seeks to provide services to underrepresented groups in our state. The following chart compares demographics for the entire 3<sup>rd</sup> Congressional District with that of DRA’s requests for services in the 3<sup>rd</sup> Congressional District. The district’s Hispanic population of 123,805 comprises 14.9% of the population.

<b>Race</b>	<b>Estimate</b>	<b>As Percentage</b>	<b>DRA SR’s</b>	<b>As Percentage</b>
<b>Total Population</b>	829,149	---	---	---
<b>One Race</b>	799,944	96.5%	---	---
<b>White</b>	695,183	83.8%	140	95%
<b>Black or African American</b>	25,683	3.1%	4	3%
<b>American Indian and Alaska Native</b>	8,771	1.1%	1	0.7%
<b>Asian</b>	25,356	3.1%	---	---
<b>Native Hawaiian/Other Pacific Islander</b>	8,879	1.1%	---	---
<b>Unknown or some other race</b>	36,072	4.3%	2	1.3%
<b>Two or more races</b>	29,205	3.5%	---	---

<sup>1</sup> 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 147 requests for services in FY2021 from residents of the 3<sup>rd</sup> 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	1	7	39	19	71	7	0

### Problem Areas Covered by Service Requests

Problem Area	Count of Service Requests
Abuse and neglect	17
Education	32
Employment	18
Gov't benefits/financial entitlements	17
Housing	15
Access (architectural and programmatic)	13
Home- and community-based services	5
Rehabilitation services	3
Guardianship	3
Assistive Technology	1
Other	23

Requests for services in the 3<sup>rd</sup> Congressional District continue to include issues related to DRA's efforts to tackle abuse, neglect, and exploitation despite restrictions 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 are a major focus of 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 3<sup>rd</sup> 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 clients so they may effectively self-advocate. Empowering an individual to resolve issues for themselves also makes the relationship between the client and the other party less adversarial than when a third party such as DRA intervenes and enables DRA to serve more individuals with fewer resources.

### **Service Requests Specific to the 3<sup>rd</sup> District**

**Example 1:** A parent of an individual receiving services through a Medicaid managed care organization (MCO) contacted DRA to report she was having issues with the care coordinator not being available to assist her with obtaining the services her son needed. She related that the only behavioral health services the care coordinator said were available for her son was "talk" therapy unless she wanted them to make a referral for him to be admitted to a residential facility. This parent stated she did not want her son to go to an institution; she wanted services that would allow him to remain at home. A DRA advocate educated this parent about how the MCO system works, including the providers they contract with for services, and suggested the parent contact some service providers directly to discuss the services they could provide her son under the MCO system. The parent followed through with the advice DRA provided and subsequently was able to secure the services her son needed while allowing him to remain in the home.

**Example 2:** An individual contacted the Client Assistance Program (CAP) regarding a dispute with Arkansas Rehabilitation Services (ARS) over the provision of a computer needed to complete coursework for medical billing certification. This lack of technology would present a barrier to program participation and ultimately a failed attempt at vocational rehabilitation. DRA's CAP advocate contacted the client's counselor to determine the rationale for excluding this technology from the client's plan and requested an assistive technology evaluation be performed by ARS to provide more information about how assistive technology could assist the client in program participation. ARS agreed to refer the client for an assistive technology

evaluation which, upon completion, revealed the client would benefit from a computer to effectively participate in coursework. The assistive technology component was added to the client's plan, and she is set to begin online training for medical billing at a state university.

**Example 3:** A parent requested assistance from DRA when he received notification of the school district's intent to move his son, who has been diagnosed with deafness and autism spectrum disorder, to a different school. The student did not have an appropriate means of communication, which caused an escalation in his behaviors. A DRA attorney called the Arkansas School for the Deaf (ASD) for advice on appropriate services for the student. DRA and an ASD representative attended an individualized education plan (IEP) meeting for the student and made suggestions to the interdisciplinary team about appropriate services and supports. The new school has a speech-language pathologist (SLP) on staff who will use American Sign Language (ASL) with the student to teach him basic signs and progress from there. The parent has since reported the school year is going very well.

**Example 4:** A student diagnosed with autism spectrum disorder (ASD) was allegedly threatened with being tied to a chair because of his behaviors. His parent had encountered difficulties ensuring he had access to appropriate educational services, and the student's behavior had become explosive in response to attending school. A DRA attorney agreed to evaluate whether a due process case would have merit; however, school started the following week, requiring expedited action. The attorney agreed to meet with school district staff and the parent to develop a plan for a smooth transition back to school. The school district agreed to the parent's request to have a board-certified behavior analyst (BCBA) train school staff on behavior intervention strategies and to have a one-on-one paraprofessional aide to assist the student. The school district also agreed to a flexible attendance policy until the student was prepared to attend class regularly, with no pressure on him to be in the classroom if he felt he was not ready. After the initial meeting, the student requested a separate meeting with the school principal; he also requested to meet with the teacher prior to school starting to discuss his apprehension in returning to school. The school district's cooperation and cultivation of the student's desire to self-advocate ensured he enjoyed a smoother transition back to school.

**Example 5:** A child diagnosed with ASD who receives clinic-based applied behavior analysis (ABA) therapy 50 hours per week due to "extreme behaviors" had markedly improved since beginning therapy; however, reevaluations are periodically necessary to compare his adaptive functioning to that of his peers. After mastering some of his goals, the MCO directed a titration of services, reducing the number of hours of therapy by 10 hours every few months until he would be discharged, despite this plan not being recommended by any ABA-certified professional. A DRA attorney assisted the child's parent with appealing the MCO's decision to require titration of ABA therapy services. After preparing for a hearing, the MCO rescinded its decision, and the fully requested number of ABA hours was approved.

**Example 6:** The parent of a student with a syndrome which manifests in multiple disabilities, including ASD and blindness from retinitis pigmentosa, contacted DRA because the student was receiving minimal instruction and support from his school for his visual impairment, specifically braille literacy and orientation and mobility training (OMT). The school district did not retain a teacher of the visually impaired (TVI) or a certified orientation and mobility specialist (COMS);



instead, the district contracted with the state's Educational Services for the Vision Impaired (ESVI) office, which is considered a support service for schools serving students with visual impairments and provides training and braille supplies to educators. The student received minimal monitoring from a TVI/COMS for 30 minutes every two to three weeks, and even that ceased when onsite instruction was suspended because of the pandemic. The parent's goal was for the student to receive regular, direct instruction from a TVI/COMS; the challenge faced by the school district was the lack of availability of educators certified in these areas. DRA staff began working to locate appropriate educational supports for the client. Through contacts with Arkansas Division of Services for the Blind (DSB), DRA was able to identify a private agency that employs TVI/COMSs for private contract services. DRA provided the school district with the information and attended the student's annual IEP meeting, where the school district agreed to provide requested braille and OMT through the private contract agency. This instruction would continue through scheduled school breaks and move into the school setting as scheduling would permit, with ESVI continuing to provide support and equipment.

**Example 7:** An individual with an orthopedic disability received repeated denials from Medicaid regarding several medical services she received, typically involving tests her doctor deemed medically necessary. Each denial indicated that the individual would be responsible for paying the service provider, so she began appealing the denials. In preparing for a hearing, she was unable to obtain evidence she needed from her doctor, so she contacted DRA. A DRA attorney represented her in this Medicaid appeal and, while preparing for the appeal hearing, discovered that the sole issue causing the Medicaid denials was the provider's billing methodology. The attorney collaborated with counsel for Medicaid and other Medicaid staff to resolve the problem prior to the appeal hearing. The hearing was dismissed at the client's request and the client was assured that the provider made policy changes to prevent the issue from occurring again.

**Example 8:** DRA received a request for assistance from a parent stating her son's school district was requesting she homeschool her son because they could not deal with his behaviors. He was already on a truncated attendance plan and attended school only a couple of hours a day two days a week. A DRA advocate attended an IEP meeting for the student and determined no intervention plan to address his behaviors had been developed, and while there were goals in his IEP, no measurable means of tracking progress on the goals existed. DRA advocated for a referral to be made on the student's behalf for a functional behavioral assessment by a BCBA. Following the involvement of a BCBA in developing a behavior plan and training staff on how to implement the plan, the student began attending school five days a week for 3.5 hours a day, to increase 30 minutes a day every 90 days until the goal of attending school full-time is achieved.

## PROJECTS

### **Systemic Issues**

During a monitoring visit in June 2021 to a psychiatric residential treatment facility (PRTF) located in the 2<sup>nd</sup> District but which serves youth from around the state, 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.

In FY2021, DRA opened an investigation at a county detention facility in the 3<sup>rd</sup> District involving the medical administration of Ivermectin to treat and prevent COVID-19, and whether the prescribing physician obtained informed consent prior to administering the drug. While not an illegal off-label use of the prescription medication in formularies designed for humans, we are concerned about whether the individuals in this jail setting understood the risk/benefit of taking this drug for this purpose. We learned from public reports that some individuals claimed that they were told the drug was a “vitamin”, which would make the doctor’s actions illegal, actionable, and the type of exploitation the Protection and Advocacy system was designed to prevent. As of the time this narrative was written, the American Medical Association has declared that physicians should halt any use of this drug for treating or preventing COVID-19. This project will continue into FY2022.

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 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.

### **Contact information:**

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