



Protection and Advocacy and Client Assistance Program  
Services in the 4<sup>th</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 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<sup>1</sup> estimates the 4<sup>th</sup> District’s total population to be 701,945, with a civilian, noninstitutionalized population of 688,307. Of that total, 135,931 (19.75%) have a disability. In FY2021 (October 1, 2020-September 30, 2021), DRA received 126 new service requests from the 4<sup>th</sup> District, or an average of almost 11 service requests per month.

### **Clients by Age**

While DRA assisted every age demographic in the district, the table below shows that almost 36% of service requests were for clients under the age of 20 and almost 15% 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>	9	7%
<b>10-19 Years</b>	36	28.5%
<b>20-39 Years</b>	31	24.5%
<b>40-55 Years</b>	32	25.5%
<b>56-65 Years</b>	11	9%
<b>66 or Older</b>	7	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 4<sup>th</sup> Congressional District with that of DRA’s requests for services in the 4<sup>th</sup> Congressional District. The district’s Hispanic population of 42,280 comprises 6% 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>	701,945	---	---	---
<b>One Race</b>	688,602	98.1%	---	---
<b>White</b>	519,725	74%	98	78%
<b>Black or African American</b>	136,528	19.5%	25	20%
<b>American Indian and Alaska Native</b>	3,731	0.5%	---	---
<b>Asian</b>	5,026	0.7%	---	---
<b>Native Hawaiian/Other Pacific Islander</b>	1,747	0.3%	---	---
<b>Unknown or some other race</b>	21,845	3.1%	2	1.5%
<b>Two or more races</b>	13,343	1.9%	1	0.5%

<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 126 requests for services in FY2021 from residents of the 4<sup>th</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**

<b>Program Funding Source</b>	<b>CAP</b>	<b>PAAT</b>	<b>PABSS</b>	<b>PADD</b>	<b>PAIMI</b>	<b>PAIR</b>	<b>PATBI</b>	<b>PAVA</b>
<b>Count of Service Requests</b>	2	2	12	44	19	42	5	0

**Problem Areas Covered by Service Requests**

<b>Problem Area</b>	<b>Count of Service Requests</b>
<b>Abuse and neglect</b>	9
<b>Education</b>	29
<b>Home- and community-based services</b>	13
<b>Gov't benefits/financial entitlements</b>	13
<b>Housing</b>	12
<b>Access (architectural and programmatic)</b>	10
<b>Employment</b>	9
<b>Guardianship</b>	8
<b>Rehabilitation Services</b>	6
<b>Assistive technology</b>	2
<b>Other</b>	15

Requests for services in the 4<sup>th</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 4<sup>th</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. Housing and government benefits and financial entitlements are two other areas in which DRA receives a fair number of requests for assistance but provides only information and referral because of a lack of resources and the fact that there are other entities to assist callers. DRA did assist 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; because of the demand and the lack of alternate resources, we are now accepting some Americans with Disabilities Act (ADA) cases.

Whenever possible, DRA seeks to 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 4<sup>th</sup> District**

**Example 1:** The family of a resident at one of the state's human development centers (HDCs) contacted DRA to request we investigate the circumstances of his death. The family stated they had been informed the resident choked on his lunch, and that they would need to contact the area hospital for an update on his condition. When they contacted the hospital, they were told the resident was deceased. When they requested information from the HDC about what happened, they received conflicting accountings of what had occurred. Sometime after his death, the family requested records pertaining to the incident. One report indicated the resident had been restrained prior to his choking, which they had not previously been told; their impression had been that he died at the lunch table after choking on food. By the time the family learned the circumstances surrounding his death, it was too late to request an autopsy. DRA investigators interviewed people involved in the incident and reviewed facility records and incident reports and noted several discrepancies. DRA also discovered information about the restraint was not communicated to the emergency medical services (EMS) team that responded to the incident, the hospital, or the deputy coroner; access to this information could potentially have changed responses to the incident as well as how the death was subsequently handled. Results of DRA's investigation and findings included a change in the HDC's policy concerning facility staff making emergency (911) calls and the development of a behavioral consultation

committee, in which the Arkansas Department of Human Services (DHS) has requested DRA's participation. DRA's goals in participating in this committee include eliminating the use of mechanical restraints in the five HDCs and improving behavior support plans for HDC residents.

**Example 2:** DRA investigated the death of another HDC resident from a pharyngeal abscess. DRA had reason to believe he was not provided adequate dental care, although his active treatment plan specified he would have an intensive dental hygiene program and see a dentist quarterly. A documentation review by a DRA advocate determined the resident's dental hygiene program was never implemented, which resulted in him not receiving timely treatment for an abscess. The client was non-verbal, so he could not communicate that he was having a problem. DHS did not identify any issues with this death, stating "people die from wisdom tooth infections all the time." DRA met with DHS administrators to discuss our concerns and urge them to review this case again. They did investigate approximately one year later, with findings against a facility nurse for failing to monitor for signs or symptoms of an adverse reaction to medication, a lack of documentation of a post-operative assessment, no documentation of a nursing assessment prior to the resident being taken to a hospital for pneumonia, and no documentation to verify the nurse was following doctor's orders for the resident.

**Example 3:** A parent whose son had been languishing in a juvenile detention facility contacted DRA to request assistance with getting him released. She reported a court date was coming up and asked if DRA could join via a Zoom call, with the son's attorney's consent. A DRA advocate attended the hearing and found out there was an open child abuse case against both parents, which was the catalyst for the child's detention. As the judge considered placing him in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), DRA advocated for him to be placed in a less restrictive environment. The judge made the decision to leave him in his mother's care under the supervision of DHS until he could be placed in an alternate support home. He has since transitioned to a support home, where he is making progress.

**Example 4:** An individual with a physical disability who utilized accessible parking spaces requested assistance from DRA with architectural accessibility issues at a county courthouse where she voted. A DRA advocate contacted several county and local officials regarding the need for the accessible aisle of a van parking space to be re-striped, so it was not mistaken for a parking space. The parking space at issue was subsequently re-striped to meet ADA guidelines.

**Example 5:** A former Arkansas Rehabilitation Services (ARS) client contacted the CAP to request assistance with the reopening of her case with the Arkansas Division of Services for the Blind (DSB). The client's case had been closed successfully following DSB's assistance with funding cataract surgery that had allowed the client to maintain employment in the public school system; however, the client needed an additional procedure to resolve cloudiness issues with her implanted lenses. DRA's CAP advocate contacted the DSB area manager and the client's case was reopened to provide post-employment services. The necessary procedure was included in the client's individualized plan for employment (IPE) and the client's medical issue was successfully treated, thereby allowing her to continue in her job with the school district.

**Example 6:** DRA received a request for assistance from the mother of an individual who had sustained a serious traumatic brain injury and resided in an ICF/IID. The mother wanted to both have her discharged from the facility and receive an accounting of her finances. She was

particularly concerned that the facility was allegedly not taking the residents out in public due to the pandemic and was instead giving the residents' money to facility staff to buy clothing for them. She said nothing purchased for her daughter fit her, and she did not think they were spending what they reported they were spending on clothing. She also stated she could not get the facility administrator to complete the paperwork for discharging her daughter because they said they could not discharge anyone during the pandemic. A DRA advocate spoke with the facility administrator, who confirmed the reason for not discharging the resident. DRA then contacted the executive director of the agency that operated the facility and explained the situation. The resident was discharged from the facility later that week, and the resident's mother was advised how to request an accounting of her daughter's finances.

**Example 7:** DRA conducted a secondary investigation into the choking death of a resident at one of the HDCs in the 4<sup>th</sup> District. The facility had conducted a maltreatment investigation and determined a resident was able to gain entry to an office that should have been locked, whereupon he started eating a pound cake, then choked and died. The facility initially placed the staff person who was assigned to watch the resident on administrative leave; she was terminated once the investigation was completed. The facility did notify Adult Protective Services (APS), local law enforcement, and the Office of Long-term Care; they also immediately implemented additional procedures regarding staff breaks, retrained staff on locking doors, and implemented additional supervisory rounds. DRA determined that in this case the facility managed the incident appropriately and we did not recommend any additional actions.

**Example 8:** An individual receiving services from ARS and majoring in early childhood education contacted the CAP after her counselor did not approve payment of tuition in her IPE if the client took less than a full-time course load, despite the client's disability preventing her from successfully managing that many classes. The client also sought a change of counselors and district offices owing to conflicts arising at this field office due to a family member of the client being employed there. The CAP advocate contacted a field services manager, who approved these changes, and the IPE was subsequently rewritten to include continued provision of tuition without the full-time course load requirement.

## PROJECTS

### **Systemic Issues**

Upon reporting to the Division of Developmental Disabilities (DDS) our findings in the restraint related death that occurred at an HDC and recommending several corrective actions, including installation of security cameras in the HDC, modifications to behavior plans, training for staff regarding non-violent crisis intervention, and revisions to the way the state investigates deaths at its facilities, DDS created a behavioral consultation committee and requested DRA's participation. The committee deliberated on how to implement needed changes in facility operations; the result has been a significant commitment by DDS to effect these changes. The facility where the death occurred will soon have surveillance cameras installed, which will significantly aid both DDS and DRA in abuse investigations. DDS will also be modifying their policy that restricted staff from contacting 911 in cases of life-threatening situations. One of the most significant findings of this death investigation involved the length of time between the

individual losing consciousness and the arrival of emergency personnel, which was directly attributable to facility staff's understanding that policy required them to call the facility's nursing staff, who would then decide whether to call 911, thus delaying the deployment of emergency responders. DDS has agreed to begin collecting data uniformly across the five HDCs regarding behavior planning and the use of restraint and seclusion, and to share that data with DRA. This will allow both DDS and DRA to evaluate these practices and will provide not only baseline data on the use of restraint, which we otherwise have no effective way to monitor, but also evidence of the effectiveness of any changes implemented. Finally, DDS agreed to retain a consultant of DRA's choosing to assist them with reviewing policies, procedures, and practices regarding the use of restraint and seclusion in the HDCs. The consultant chosen was instrumental in reducing the institutionalized population in Pennsylvania's ICFs/IID. In addition to working with the state on their facility practices, the consultant will collaborate with DRA to determine what other facility practices are detrimental to the residents of the state's HDCs.

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 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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