



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

Fiscal Year 2022

CONTENTS

BACKGROUND.....	3
CLIENTS.....	5
Clients by Age	5
Clients by Race and Ethnicity	5
SERVICE REQUESTS	6
Service Requests by Program.....	6
Problem Areas Covered by Service Requests	6
Service Requests Specific to the 2 nd District.....	7
PROJECTS.....	9
Systemic Issues	9
Coalition Building.....	14
Veterans’ Issues.....	15
Contact information.....	15

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, 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 with 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 2021 American Community Survey estimates the 2nd District's total population to be 758,976, with a civilian, noninstitutionalized population of 748,209. Of that total, 118,241 (15.8%) have a disability. In FY2022 (October 1, 2021-September 30, 2022), DRA received 153 new service requests from the 2nd District, or an average of almost 13 service requests per month.

Clients by Age

While DRA assisted every age demographic in the district, the table below shows that almost 52% of service requests were for clients under the age of 20 and 6.5% of requests were for those over the age of 55.

Age Group	Number of Service Requests	Percentage
Unknown	0	---
0-9 Years	27	17.6%
10-19 Years	52	34%
20-39 Years	35	22.9%
40-55 Years	29	19%
56-65 Years	8	5.2%
66 or Older	2	1.3%

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 39,942 comprises 5.2% of the population.

Race	Estimate	As Percentage	DRA SR's	As Percentage
Total Population	758,976	---	---	---
One Race	717,179	94.5%	---	---
White	525,443	69.2%	94	61.4%
Black or African American	159,891	21.1%	48	31.4%
American Indian and Alaska Native	1,441	0.2%	2	1.3%
Asian	11,679	1.5%	1	0.7%
Native Hawaiian/Other Pacific Islander	106	0.01%	---	---
Unknown or some other race	18,619	2.5%	4	2.6%
Two or more races	41,797	5.5%	4	2.6%

SERVICE REQUESTS

DRA received 153 requests for services in FY202 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	25	3	6	43	27	45	3	1

Problem Areas Covered by Service Requests

Problem Area	Count of Service Requests
Education	51
Abuse/Neglect/Suspicious Death	26
Rehabilitation Services	26
Employment	14
Access (architectural and programmatic)	10
Housing	6
Home- and community-based services	4
Guardianship	4
Post-secondary Education	2
Assistive Technology	2
Gov't benefits/financial entitlements	2
Other	5

Service Requests in the 2nd Congressional District continue to include issues related to DRA's efforts to tackle abuse and neglect, including suspicious deaths in facilities, and tied with rehabilitation services issues for the second highest number of service requests in the District in FY2022. Mindful of our mandate to monitor for and investigate abuse and neglect despite the COVID-19 Omicron variant surge in late 2021 and early 2022, as well as lingering concerns about the infectiousness of other COVID-19 variants once the Omicron surge abated, DRA staff continued to monitor residential facilities, particularly the human development centers (HDCs) and psychiatric residential treatment facilities (PRTFs), by various methods. During the surge, we monitored in ways that did not require our staff to potentially expose residents to COVID-19 or vice-versa: we collected voluminous 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. Later in FY2022,

as the Omicron surge abated, DRA advocates did return to limited in-person monitoring, while also continuing to review and analyze facility incident reports and surveys. Meanwhile, the most requested service in not only the 2nd District but throughout the state involves students who are not receiving crucial 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 cases where we might achieve a systemic impact. By focusing on the most serious of cases, we are attempting to staunch the school-to-prison pipeline, recognizing not only how beneficial it is for a student when they can stay in school rather than dropping out or being routed to a juvenile placement, but also the cost benefit of providing services in a school setting versus placement in a residential facility. DRA also assisted clients wanting to work, clients hoping to be released from oppressive guardianships, and clients needing sufficient home- and community-based supports to continue living 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 common complaints; problems with employment and housing remain a focus for callers as well, even as limited resources prevent DRA from prioritizing housing issues and limit the employment cases we can take.

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 51-year-old resident at a large state-operated Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) died at the facility; his causes of death were reported to be aspiration, syncope, vasovagal syncope response, and constipation. He was reported to be at low risk for choking; he also had not been previously diagnosed with a dysphagia disorder. DRA's investigation did not reveal any evidence that staff's actions led to his death; however, his death seems to fit a pattern of aspiration- and constipation-related deaths at this facility, so we will continue to monitor for any indications of systemic neglect with regards to deaths involving aspiration and constipation. As a result of this death, the facility did change their bowel protocol to try to better address constipation issues.

Example 2: A parent contacted DRA when her daughter was about to be discharged from a specialty hospital where she was being treated for Prader-Willi syndrome. The parent requested assistance with getting the school district to fund an out-of-state specialty residential

school program; however, these programs did not accept Medicaid payments and were well beyond what the school district could afford. The client would have also needed the Medicaid managed care system to help fund the living expenses portion of the program, but this too was unavailable as a resource. A DRA attorney participated in meetings with all parties and it was ultimately decided that the client would return to her local school district with a safety plan included in her IEP. The interdisciplinary team met and created a plan that would allow her to be both safe and successful at school. The DRA attorney has since followed up with the parent, who indicated she has been very pleased with the services her daughter is receiving at school. She feels that she is safe and receiving appropriate educational services. The client is now also receiving Medicaid Waiver services that allow her to be safe at home while both parents work.

Example 3: DRA's client was an 18-year-old high school student eligible for home- and community-based services through the state's developmental disabilities waiver; DRA's involvement began when the COVID-19 pandemic impacted the student's ability to attend school in person. He attended virtual school; however, he required supportive living assistance while at home. The Medicaid managed care organization (MCO) evaluated his need for supportive living services and determined they were not medically necessary. Supportive living services are an array of supports necessary to ensure an individual can safely live in a community setting; they are not "medical" in nature. The MCO's have obligated themselves through contract to evaluate necessity for supportive living services based on a standard described as "non-medical community supports and services." A DRA attorney requested a Medicaid administrative hearing on the client's behalf to challenge the standard the MCO applied. The hearing officer agreed that the MCO had failed to consider whether the services were necessary under the standard "non-medical community supports and services" when it made its determination through the standard of "medical necessity." The issue was remanded to the MCO to evaluate the client's need based on a "non-medical community supports and services" standard. The decision in this case was significant in that it should create a systemic impact by preventing the future use of "medical necessity" as a standard (read: barrier) to MCO's providing their clients with adequate supportive living services.

Example 4: An Arkansas Rehabilitation Services (ARS) client called the CAP when his case was closed for not returning paperwork in a timely manner. When he called to follow up, he reported that he had moved and was notified he would need to reapply for services at a different office. He was seeking tuition assistance and needed funding as quickly as possible for the upcoming semester of college. When he called the new office, he was told that his case would be assigned to a counselor, but it might be weeks before the unnamed counselor would get back with him. He requested the CAP assist him with expediting this process so he would not miss a semester of school. The CAP attorney called the previous counselor to see if the case could be reopened and transferred, but this was not possible; however, she did call and explain the situation to the new counselor and informed them that time was of the essence. The new counselor quickly called the client to get the process moving. The CAP attorney followed up with the client, who reported services were expedited as requested.

Example 5: While following up with a patient at the Arkansas State Hospital (ASH) who had casts on both legs after reportedly climbing up into a ceiling and then falling out, the patient revealed to the DRA advocate details of a chemical restraint he had received. The advocate obtained the root cause analysis of the incident from ASH staff and also investigated potentially excessive chemical restraints given to this patient. DRA staff met with state hospital officials about this and similar cases; new policy changes are now being implemented regarding the use of chemical restraints. A staff person involved in the incident was retrained regarding providing therapeutic Interventions prior to resorting to seclusion and/or restraints.

Example 6: A parent of a student contacted DRA after the student's second admission into a private psychiatric hospital's acute care unit. The student exhibited several disability-related behaviors in school, including self-harming, suicidal ideations, and aggression towards his peers. The student had informed the school district staff that he was being bullied, but district staff reportedly did not investigate his allegations. Shortly after the parent contacted DRA, school district staff told the parent they were referring him to a day treatment program. The parent requested an IEP, but the school district allegedly refused to initiate the referral process. DRA then filed a due process complaint against the school district for failing its child-find obligation and failing to provide the student with positive behavioral supports and interventions that would enable him to remain in his least restrictive environment. To settle the complaint, the school district agreed to discontinue its efforts to place the student in a day treatment program and to make appropriate referrals for a functional behavior assessment and a behavior intervention plan; they also agreed to invite the student's therapist to future IEP meetings. The school district asserted it had already started the referral process prior to the filing of the due process complaint and agreed to resume it upon execution of the settlement agreement.

Example 7: An individual who is blind and was moving to Arkansas from out-of-state attempted to use an electric company's website to sign up for service but was unable to do so because the website was not accessible. He contacted customer service, who informed him that she could not assist him with website issues; he would have to make the request for service hookup in person at their office. When he told her he was not yet in Arkansas, she reportedly hung up on him. A DRA advocate contacted a customer service manager and advised that the website was not accessible; the manager responded they were working on the website to ensure accessibility. When he learned the customer service representative (CSR) hung up on the client, he advised the DRA advocate he would meet with the CSRs to train them on handling these types of situations in the future. The client was satisfied with the response from the customer service manager, and that the company will change their website to ensure accessibility.

PROJECTS

Systemic Issues

The PRTF database DRA created in FY2021 was expanded in FY2022 to include additional information on these facilities. Inspection of Care surveys are now part of the database, and DRA also sent out surveys to all PRTFs in the state to collect data on treatment components and

basic facility information we believe would be useful for parents and guardians to know when researching a PRTF, particularly if a family member has been admitted or admission is being considered. This information is now available on the DRA website as we continue to work on the systemic issue of youth in PRTFs not receiving appropriate mental and behavioral health services, in addition to investigating allegations of abuse and neglect. DRA staff worked diligently to create and publicize this database and hopes it can be a model for other Protection and Advocacy Systems. The database is located at: <https://disabilityrightsar.org/prtf/>

DRA investigated an allegation of neglect involving a minor who was abandoned at a children's hospital after being transferred from a psychiatric residential treatment facility (PRTF) without a medically justifiable reason for transfer or a discharge plan. Records indicated the patient had physical aggression issues, which was the reason for her placement in a PRTF, and that she was on assaultive precautions for the majority of her time at the facility. The facility discharged the client by sending her to the emergency room (ER) by emergency medical services (EMS). Her discharge paperwork states that "client was transferred to Children's hospital...due to increasingly aggressive behaviors and homicidal threats." DRA was not able to locate an incident report for the date in the facility records and therefore it remains unclear what prompted the transfer/discharge. The client is in Arkansas Department of Human Services (DHS) custody and DHS was notified by the PRTF that they did not feel they could provide the level of care the client required and she needed to be removed from their program. The 24-hour discharge notice stated a lack of ability to accommodate the necessary one-on-one services the client required. Our investigation concluded the PRTF did transfer a resident to the ER and then refused to accept the resident back into their facility. The precise precipitating event that led to the discharge is not clear in the records as the last incident report documented by the PRTF occurred a week prior, which suggests the discharge could have been delayed until an alternative placement could be found. This case is one in a pattern being reviewed by DRA regarding a lack of appropriate discharge planning and discharge by transfer to acute hospitals and emergency departments of residents who are almost always in DHS custody. DRA has confirmed that DHS is aware of what is occurring but has been unable to confirm what, if any, steps they plan to take to remedy the issue.

In December 2019, DRA began investigating a suicide at a state prison after receiving information from a confidential informant that an individual who had recently taken his own life had been repeatedly removed from his cell and beaten by prison staff. Upon receiving photographs, video, and reports from the Arkansas State Police investigation, we noticed discrepancies among witness statements and a dramatic difference in the amounts of time between checks on the prisoner that were relayed to the media and what the video showed was possible. Further investigation verified that the individual was seen, diagnosed, and treated at the state psychiatric hospital for mental illness, but was considered by the prison to be a "non-mental health inmate." Because of the prison's determination that the individual did not have a disability, they would not permit DRA access to the decedent's records. DRA filed suit in early FY2021 to obtain the prison's records on the decedent, with the next several months spent defending a state motion to dismiss; however, with support from the U. S. Department of Health and Human Services as well as the U. S. Department of Justice, the motion to dismiss

was denied and DRA proceeded in FY2022 to seek a permanent injunction in the case. As the trial approached, DRA was able to resolve the complaint in a way that would not only ensure the relevant investigation would continue, but that future investigations would not encounter the same barriers. Although the claim was made pursuant to our PAIMI grant, the agreement reflects a comprehensive records access agreement applicable to cases across all of our federal grants and was made as part of a stipulated dismissal of our complaint.

A 51-year-old resident at one of the state-operated human development centers (HDC) died at the facility; his causes of death were reported to be aspiration, syncope, vasovagal syncope response, and constipation. He was reported to be at low risk for choking and had not been previously diagnosed with a dysphagia disorder. DRA's investigation did not reveal any evidence that staff's actions led to his death; however, his death seems to fit a pattern of aspiration- and constipation-related deaths at this facility, so we will continue to monitor for any indications of systemic neglect when deaths involve aspiration and/or constipation. As a result of this death, the facility did change their bowel protocol to attempt to better address constipation issues.

The Arkansas State Hospital (ASH) is now implementing policy changes related to chemical restraints after DRA investigated an anonymous report from an ASH employee. This individual alleged the hospital was using chemical restraints excessively, including giving them to calm children. The nurse in charge had previously worked in medical settings and would order a chemical restraint when a behavior incident would occur, rather than implementing de-escalation strategies. Some behaviors automatically led to a chemical restraint regardless of the status of the incident by the time the injection had been prepared, most notably in peer altercations that appeared to be resolved and the aggressive behaviors had subsided. DRA investigators reviewed videos and patient records and interviewed youth at the facility; we were ultimately able to substantiate the allegations made by the anonymous caller, as evidenced by video showing patients willingly being given the injections, placing themselves against the wall to receive the injection, and not resisting when receiving an injection. DRA investigators completed a report upon concluding the investigation and met with hospital administration officials to provide them with recommendations. They acknowledged our concerns, admitting there were legitimate issues with what was occurring, and were open and willing to make changes. Following our meeting, policy changes were developed and implemented, and ASH staff have undergone training, specifically involving the use of therapeutic interventions prior to resorting to seclusion and/or restraints. It has since been determined that DRA's investigations led to a moderate decrease in the use of chemical restraints as well as increased training and internal oversight at the hospital.

DRA continues its focus on problems within the relatively new Medicaid managed care system in Arkansas. In addition to representing clients in appeals, DRA staff continued to gather data regarding the grievance and complaint processes consumers are expected to utilize when they wish to confront issues with their services, which often involve a reduction in services. While we have not publicized the data, we continue to gain insight into which MCOs are struggling with which Medicaid obligations, allowing us to better advise clients regarding the services they should be accessing, as well as strategies to access those services, based on how those services

are usually requested, approved, or denied. We are also concerned that MCOs continue to not understand their obligations regarding the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Medicaid benefit; our data collection seems to confirm our theory 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.

DRA received a complaint alleging a youth was the victim of staff abuse while a resident of a PRTF and that the alleged offender was not being investigated and had not been suspended or removed from working directly with residents. The alleged victim made the disclosure after being transferred to an acute psychiatric facility and, although there was a delay between the report being made and the alleged offender being suspended, DRA investigators did not find any evidence that the facility was aware of the allegations or of the Arkansas State Police (ASP) investigation prior to the day they suspended the alleged offender. The deficiency therefore appears to be with the Crimes Against Children Division (CACD) of the ASP and their notification process rather than with the facility's response. The investigating agency recommended that the referral (for investigation) be determined unsubstantiated. DRA did not necessarily disagree with that determination; however, other information brought forth during the investigation, primarily assertions by the alleged victim and his mother that other residents are also afraid of the alleged offender and that he threatens residents and their families, does not appear to have been investigated due to that information not being shared with the facility or other state agencies. This issue has been added to DRA's list of ongoing concerns about systemic practices that endanger residents of the state's PRTFs. During the course of this investigation, we also discovered a suicide attempt that was not reported, as required, to DRA as the state's Protection and Advocacy system. The facility's failure to notify DRA of the suicide attempt was reported to the state licensing division and the state's Office of Long-Term Care.

Since FY2020, in accepting education cases, we have 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 continue to see many juveniles court ordered to PRTFs prior to schools evaluating them for special education and related services eligibility, which we interpret as a circumvention of the due process rules mandated by the Individuals with Disabilities Education Act (IDEA). In some cases, we have 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 student. In other cases, we have successfully represented juveniles in court to prevent institutionalization in favor of educational advocacy. While difficulties accessing our FY2022 funding negatively impacted our resources to do so, we've determined that educating juvenile probation officers, judicial staff, prosecutors, and public defenders regarding the advocacy that can occur within the public-school setting, and how this can often reduce or

eliminate the need to send students to institutional placements, is incredibly important systemic work that we wish to continue in FY2023.

DRA continued our voter education and outreach in FY2022; early in the fiscal year, we updated and revised all of our voter education materials to better reflect the changes in election law made by our state legislature in 2021. Throughout the year DRA's PAVA program collaborated on voter outreach and discussions of voting issues with several other organizations and coalitions in Arkansas. We also collaborated with partners outside the state, sharing information on poll monitoring and accessibility with the Florida and Tennessee P&As and presenting on the topic of poll monitoring in a session on voting at the P&A membership organization's annual conference. DRA staff also met with representatives from the U.S. Vote Foundation and with election monitors from the Office for Democratic Institutions and Human Rights ahead of the 2022 midterm elections. DRA's voting advocate provided information and education in interviews for print, radio, and podcast media outlets, and we continued to include a voter registration component in all DRA outreach activities as well as conducting a mock voting event for members of the public. So although DRA's PAVA program didn't receive many requests for assistance with voting issues that necessitated case-level work, the PAVA program directed significant efforts to outreach, education, and collaboration with other entities, particularly the Arkansas Alliance for Disability Advocates (AADA) program, which is a network of self-advocates with intellectual disabilities, as well as the Governor's Council on Developmental Disabilities, Partners for Inclusive Communities, the State Independent Living Council, the Arkansas Disability Policy Consortium, and the Arkansas Coalition for Strong Families.

While not quantifiable, we have continued to collaborate with stakeholders, guardians, and legal practitioners to broaden understanding in our state of less restrictive alternatives to guardianship. This has primarily occurred through several trainings geared towards different audiences not only about what alternatives exist to traditional plenary guardianships, but also what requirements currently exist in state law to ensure the observation of individual rights for those under a guardianship. In doing so, we are developing a practice of assisting individuals in bringing claims for violations of the new Wards' Bill of Rights, signed into law in 2021, as well as advocating for limitations to guardianships, particularly with regard to healthcare decisions and voting.

DRA's CAP staff determined in FY2022 that comprehensive post-secondary training programs (CPSTP) were being inadequately funded by vocational rehabilitation services, leading us to try to better understand and advocate for the blending, braiding, and sequencing of services through both CPSTP and Arkansas' Medicaid managed care program, to serve individuals more comprehensively and achieve more positive vocational outcomes. DRA and CAP staff worked to identify cases and coordinate grant work to promote interagency collaborations and increase funding for clients needing intensive community supports. While this work is just beginning and thus has been occurring at case-level, DRA and the CAP are optimistic that this casework can progress to systemic changes, as DRA highlights these individual cases to advocate for the

sequencing of services to become integrated into the policies and practices of both the CPSTEP and Medicaid managed care systems.

Prior to the Rehabilitation Services Administration's (RSA) monitoring of Arkansas Rehabilitation Services (ARS), CAP staff met with RSA's monitoring team to discuss issues of concern, among them the interpretation and application of ARS Form RS-16 for the calculation of consumer financial participation and the arbitrary capping of funding for post-secondary tuition and the subsequent failure of counselors to seek exception to this practice. The results of RSA's monitoring were made available to the CAP by RSA and validated these two concerns. CAP staff also monitored ARS's presentation of the monitoring results to the State Rehabilitation Council (SRC) and sought and received documentation of the corrective action plans ARS provided to RSA.

Coalition Building

DRA is not only committed to numerous long-term collaborations; we also continuously explore opportunities for new collaborations. DRA continues to partner with the Governor's Council on Developmental Disabilities (GCDD) and Partners for Inclusive Communities (Arkansas' UCEDD) on issues impacting the developmental disabilities community. Most of these initiatives are multi-year efforts and focus on achieving impactful, systemic changes in Arkansas. Collaborations active in FY2022 include the Arkansas Alliance for Disability Advocacy (AADA), the Breakfast Club, and Housing Arkansas. The AADA initiative, which is a collaboration between DRA and the GCDD, consists of three components: Partners in Policymaking, Community of Champions, and Self-Advocacy Network Development. The AADA is working to build and develop the self-advocacy movement in the state, and partners with both the PAVA program to educate new self-advocates about voting rights and with the PADD program to develop materials and training courses for parents wanting to be proficient advocates for their children with respect to special education services. DRA continues collaborating with other agencies in the TBI State Partnership Program (SPP) and holds a position on the newly formed Arkansas Brain Injury Council (ABIC), whose mission is "to improve upon Arkansas's TBI infrastructure in an effort to maximize independence, well-being and health of persons living with TBI, their family members, caregivers, and providers". DRA's executive director became involved with Fetal Alcohol Spectrum Disorder (FASD) Arkansas in FY2021 and continued to work with FASD in FY2022; DRA's goal is to advance educational and informational initiatives about FASD. DRA continues collaborating with the Federal Emergency Management Agency (FEMA), the Red Cross, and the Arkansas Department of Human Services (DHS) to ensure that the needs of Arkansans with disabilities are appropriately addressed in emergency preparedness planning. This effort is actually a hybrid of collaborating and monitoring activities, since we are collaborating to develop plans that are inclusive, but we are also monitoring the participating agencies' efforts to ensure they incorporate the needs of people with disabilities in their planning efforts. Prior to and during the pandemic DRA stayed in communication with FEMA and state officials regarding emergency management plans, disability access to services and, later, vaccine access equity. This collaboration began in FY2019 and is now expected to continue as a long-term collaboration.

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 DRA for assistance.

We hope this report has proven beneficial in providing an overview of our programs and services. Please do not hesitate to reach out to us if we can answer any questions or provide your office with further information about our work.

Contact information:

Tom Masseau, Executive Director
Disability Rights Arkansas, Inc.
400 West Capitol Avenue, Suite 1200
Little Rock, Arkansas 72201-3455
tmasseau@disabilityrightsar.org
501.492.5750 Direct
800.482.1174 Toll-free
501.296.1779 Fax
www.DisabilityRightsAR.org