



Protection and Advocacy and Client Assistance Programs  
Services in the 1<sup>st</sup> Congressional District

Fiscal Year 2024

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## **BACKGROUND**

**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 Governor's Council on Developmental Disabilities, which ended in June 2024, and a small grant awarded through the Arkansas Access to Justice Commission.

### **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.*

### **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.*

### **Client Assistance Program (CAP)**

The CAP assists individuals with disabilities who have questions about or who have encountered problems with applying for or receiving vocational rehabilitation (VR) services from state VR agencies. CAP also advocates for those who receive services from independent living centers (ILCs), the Division of Services for the Blind (DSB), and for those applying for or receiving services from tribal VR offices. See the Rehabilitation Act of 1973, as amended, Title I, Part B, Sec. 112, 29 U.S.C. § 732.

### **Protection & Advocacy of Individual Rights (PAIR)**

PAIR serves individuals with disabilities who do not qualify for the protection and advocacy services described above. It is not limited to individuals with a specific disability or a particular disability rights 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 consisted of an alliance of advocacy programs that worked 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 was comprised of Partners in Policymaking, a training program focusing on developing relationships with elected officials to influence public policy impacting people with disabilities; Self-Advocate Network Development, which provided advocacy training and leadership development to people with disabilities across Arkansas; and Community of Champions, a community project that provided people the tools to be disability advocates in their everyday life. The AADA program was terminated in June 2024.

### **Arkansas Access to Justice Commission (AAJC)**

AAJC awarded DRA a \$17,500 grant in May 2024 to provide representation to families who are experiencing challenges in accessing special education and related services for their children. This grant has allowed us to help families with children who have significant developmental disabilities and have been removed from school due to inadequate behavior programming, with a goal of ensuring they transition back to school with

ongoing access to behavior support professionals in community settings. This is the only funding DRA receives that is earmarked for the purpose of handling special education work, which is our most requested service.

**CLIENTS**

The United States Census Bureau’s 2023 American Community Survey estimates the 1<sup>st</sup> District’s total population to be 752,628, with a civilian, noninstitutionalized population of 730,448. Of that total, 150,068 (20.5%) have a disability. In FY2024 (October 1, 2023-September 30, 2024), DRA worked 33 active service requests from the 1<sup>st</sup> District. DRA received over 1,200 requests for services statewide, in addition to investigating abuse and neglect and addressing critical systemic issues, including cuts to vital services by Medicaid managed care organizations.

**Clients by Age**

While DRA assisted every age demographic in the district, this table shows that 82% of service requests were for clients under the age of 20 and 3% of requests were for those 56 or older.

<b>Age Group</b>	<b>Number of Service Requests (SRs)</b>	<b>Percentage</b>
<b>Unknown</b>	0	----
<b>0-9 Years</b>	4	12%
<b>10-19 Years</b>	23	70%
<b>20-39 Years</b>	4	12%
<b>40-55 Years</b>	1	3%
<b>56-65 Years</b>	1	3%
<b>66 or Older</b>	0	0%

**Clients by Race and Ethnicity**

DRA strives to provide services to underrepresented groups in our state. The following chart compares race and ethnicity demographics for the entire 1<sup>st</sup> Congressional District with that of DRA’s requests for services in the 1<sup>st</sup> Congressional District. The district’s Hispanic population of 32,717 comprises a little over 4% of the population, while 3% of the service requests worked by DRA were for individuals who identify as Hispanic.

<b>Race</b>	<b>Estimate</b>	<b>As Percentage</b>	<b>DRA SRs</b>	<b>Percentage</b>
<b>Total Population</b>	752,628	---	33	---
<b>One Race</b>	702,075	93.3%	33	100%
<b>White</b>	562,117	74.7%	21	64%
<b>Black or African American</b>	119,445	15.9%	11	33%
<b>American Indian and Alaska Native</b>	2,703	0.4%	0	0%
<b>Asian</b>	5,623	0.7%	0	0%
<b>Native Hawaiian/Other Pacific Islander</b>	985	0.1%	0	0%
<b>Unknown or some other race</b>	11,202	1.5%	1	3%
<b>Two or more races</b>	50,553	6.7%	0	0%

**SERVICE REQUESTS**

DRA handled 33 requests for services in FY2024 from residents of the 1<sup>st</sup> Congressional District. The charts below show the distribution of the requests by grant funding and by issue (problem) area. Callers whose issues do not meet a priority are still provided assistance but will usually be offered information and referral services rather than case-level advocacy or legal services.

**Service Requests by Program**

<b>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>ATJ</b>
<b>Count of Service Requests</b>	1	1	1	10	8	10	0	0	2

**Problem Areas Covered by Service Requests**

<b>Problem Area</b>	<b>Count of Service Requests</b>
<b>Education</b>	16
<b>Abuse/Neglect/Suspicious Death</b>	7
<b>Home- and community-based services</b>	3
<b>Architectural and Programmatic Access</b>	3
<b>Assistive Technology</b>	1
<b>Rehabilitation Services</b>	1
<b>Housing</b>	1
<b>Guardianship</b>	1

Service Requests in the 1<sup>st</sup> Congressional District continued to include issues related to DRA’s efforts to tackle abuse and neglect and accounted for the second highest number of service requests in the 1<sup>st</sup> District in FY2024. DRA staff continued to focus on monitoring residential facilities, particularly the state’s human development centers (HDCs) and psychiatric residential treatment facilities (PRTFs), by various methods, including reviewing incident reports submitted to state regulatory agencies, reviewing surveys conducted by regulatory agencies, and in-person monitoring; In fact, much of DRA’s systemic work focused on issues identified through our monitoring of surveys and incident reports. In our education work, we continued to prioritize issues involving suspension, expulsion, and referral to the justice system related to a student’s disabilities. Although the demand for assistance with less serious education issues is significant, we lack sufficient resources to serve everyone who requests our help and must limit education cases to the most serious issues in our ongoing attempts to stem the flow of students into the school-to-prison pipeline, recognizing not only the benefit to a student when they can stay in school but also the cost benefit of providing services in a school setting versus a residential placement. Despite limiting case acceptance to only the most egregious cases, however, almost 50% of the cases DRA worked in the 1<sup>st</sup> District involved students with disabilities not receiving necessary services. DRA continued to receive requests from clients experiencing cuts to their community-based services, particularly as the result of the Medicaid

managed care system. We have been targeting cases where a decrease in supported living services authorized through managed care threatens an individual's ability to remain in the community, which could invariably lead to 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 discrimination and housing remain a focus for callers as well, even as limited resources curtail the number of cases we can accept.

Whenever possible, DRA seeks to inform and educate clients so they may effectively self-advocate. In addition to empowering an individual to resolve issues for themselves, this serves to make the relationship between the client and the other party less adversarial than when a third party such as DRA intervenes and is also a way for DRA to serve more individuals with fewer resources.

### **Service Requests Specific to the 1<sup>st</sup> District**

**Example 1:** DRA received a Serious Occurrence Report (SOR) stating a resident of a PRTF alleged he was punched in the eye by a staff member during an Emergency Safety Intervention (ESI). DRA staff investigated the allegations by reviewing reports and video of the incident. Prior to our investigators' request for access to the video, this facility had chosen to retrain and retain the perpetrator. After DRA requested the video, the facility decided to terminate the staff member. It seems they either had not previously investigated the resident's allegations and watched the video, or they were hoping the incident would not be investigated and planned to retain the staff member despite video evidence of her punching the resident. This case demonstrates how critical our PAIMI work is; if DRA had not investigated this allegation, the assailant would likely still be employed by this facility.

**Example 2:** DRA investigated a restraint incident at a PRTF in which DRA investigators determined a resident was unnecessarily restrained and was found to have a fractured nose after the restraint. DRA reviewed facility records, outside medical records, and video of the incident, in addition to interviewing the resident. When DRA met with facility administrators, they would not concede that his nose was broken during this Emergency Safety Intervention (ESI) or that the ESI was not necessary. The facility claimed the fracture was an old fracture, although medical records do not support this claim. This restraint incident was reviewed in light of Satori Alternatives to Managing Aggression (SAMA) guidelines, which the facility purports to use, and was reported by DRA to the Placement and Residential Licensing Unit (PRLU) and the state's Office of Long-term Care (OLTC). The PRLU subsequently issued technical assistance after re-reviewing the incident, and the OLTC issued restraint-related citations when they investigated the complaint.

**Example 3:** DRA opened an investigation regarding the assault of a PRTF resident after we received a police report in which facility staff admitting hitting the resident. According to the police report, the staff person involved reported to police that he broke up a fight between residents, when this resident backed him into a corner and "began swinging" at him. The staff person stated he swung back and hit the resident a couple of times, then grabbed him so he could not swing anymore. The police called the child abuse hotline, and DRA investigators asked the facility about the incident,

citing the police report. Facility administrators responded they were not aware of a police report being filed or of a call being made to the child abuse hotline, and that DRA's inquiry was the first they had heard about the staff person admitting he assaulted a resident. They further stated they did not receive any correspondence from the child abuse hotline, and they do not have footage of this incident. Facility administrators decided to terminate the staff member due to his admission; however, without DRA's inquiry about the incident, the facility possibly would never have known the staff person assaulted the resident.

**Example 4:** A parent contacted DRA requesting assistance after their child's school district excluded him and refused to make accommodations for him in kindergarten. The parent had requested an Individualized Education Program (IEP) at the beginning of the year, but the school district delayed initial testing because they wanted to see if the student could be successful without support services. He was excluded from peer activities so often that his parent withdrew him from the school district and placed him in private school. A DRA attorney counseled the parent regarding the Individuals with Disabilities Education Act's (IDEA) evaluation timelines and the student's right to behavioral interventions and supports. DRA's attorney also discussed with the school district's attorney the student's diagnoses, the parent's previous request for an IEP, and the challenges the student experienced during kindergarten. The school district subsequently agreed to provide an IEP to the student, and his parent re-enrolled him in the school district.

**Example 5:** The parent of a 16-year-old student diagnosed with autism spectrum disorder who had recently begun experiencing possible neurological deficits which caused him increased irritability requested assistance from DRA with a delinquency petition. The student had become aggravated with his paraprofessional and slapped him on the shoulder and, although he did not cause injury, school district personnel contacted the police and initiated a delinquency petition against the student. The special education director was not informed of the incident or the involvement of the police. The parent, meanwhile, was uneasy about returning the student to school after he was subjected to law enforcement intervention. A DRA attorney met with school district personnel and successfully resolved the complaint without filing for due process. The school district subsequently agreed to pay for private school over the summer to address the lost time that occurred between the intervention of law enforcement and the end of the school year and the DRA attorney ensured, in concert with the school district's attorney, that the delinquency petition was dismissed.

**Example 6:** An individual contacted DRA requesting assistance with understanding guardianship and potentially seeking termination of her mother's guardianship of her. The client stated her mother has told her she is her guardian, and the client wishes to be able to make her own decisions about how she lives. She reported a complicated relationship with her mother, stating she did not want her mother to know she was considering making this change, which also made it difficult for her to obtain information about the guardianship because she did not feel comfortable asking her mother. A DRA attorney agreed to help her access information about her guardianship and found that there was no record of it in the searchable online court records or when he called the clerk's office in the county where the guardianship was obtained. He then contacted the client's Medicaid managed care entity



using an access authority request. They were able to share information on the guardianship, and once the attorney had the case number, the online system recognized it. The managed care entity reviewed their records on the client to see if there was evidence of neglect and found none. The attorney then advised her on the possibilities for her to move forward in terminating the guardianship, but she is not comfortable doing so at this time because she thinks her mother will react badly. She still wants to achieve more independence, so she and the attorney discussed whether she would like to acquire job skills and enter the work force. She does, so he gave her information about accessing Arkansas Rehabilitation Services (ARS). This case did not assist the client with revoking a guardianship; however, it was successful in confirming that she is under a guardianship and educating her on her rights relative to being under a guardianship.

**Example 7:** A parent contacted DRA after their child, who was being routinely suspended and not provided special education services despite a history of inpatient stays at psychiatric facilities, was placed on homebound services but received only two visits from a teacher. The Individualized Education Program (IEP) team also allegedly informed his mother that they could not provide an IEP because they could not afford to provide services. A DRA attorney attended an IEP referral meeting with the parent, after which the student was evaluated and determined to be qualified for an IEP. He resumed attending school in person, received services through his IEP, and was not suspended again. His mother reported that he began enjoying school and was having a much better year.

**Example 8:** An individual who had previous experience with the Act 911 program requested DRA's assistance when it appeared he might be placed under Act 911 again. He had been evaluated while being held in a county jail and found not fit to proceed, then was subsequently acquitted due to mental disease or defect without any attempts at restoration and without ever being found fit to proceed. DRA investigated how and why the county moved forward with acquittal despite that being contrary to the law, including interviewing the client and several Arkansas State Hospital (ASH) employees. DRA investigators confirmed that the court acquitted this patient prior to finding him competent to stand trial. The patient subsequently decided, however, that he did not want to fight being placed in the Act 911 program, so further action was not pursued on his behalf. Now that we are aware at least one court was willing to circumvent established processes, it is something we will be on the lookout for when receiving complaints from clients with a serious mental illness who find themselves in this legal situation. For this particular client, it was in his best interest to be placed under Act 911 again; however, there may be an individual for whom going through the restoration process would result in a legal outcome that would be less severe than being under Act 911, such as for various misdemeanor charges, and we want to ensure seriously mentally ill individuals do not end up in a restrictive program like Act 911 when the judicial process would result in a lesser restrictive outcome.

**Example 9:** DRA investigated allegations by a youth of a PRTF staff member pushing him and pinching his arm; a bruise on his upper bicep area was visible to DRA investigators who were monitoring the facility. DRA staff interviewed the client, reviewed records and video of the incident, and shared their conclusions with facility administrators that the staff member did pinch the resident

and was otherwise inappropriate in her interaction with him, as evidenced by the video recording. Facility administrators did not agree with DRA's findings, despite DRA investigators reviewing the individual actions that occurred and how they deviated from established procedures and staff training. The Crimes Against Children Division (CACD) of the Arkansas State Police also did not substantiate the allegation, and we discussed with facility administrators the parameters of CACD investigations and that a facility's internal determinations should not hinge solely on CACD findings.

**Example 10:** An individual contacted the CAP when her case was about to be closed at the Arkansas Division of Services for the Blind (DSB) due to her making slower progress than they anticipated towards completing her GED, which she wanted to do before pursuing an associate's degree and then a job. The client also mentioned potentially needing a new prosthetic eye, which DSB was allegedly not receptive to purchasing for her. DRA's CAP advocate assisted the client with communicating her needs to her DSB counselor, including keeping her case open, assisting with obtaining reasonable accommodations during GED testing, and considering the need for a new prosthetic eye. DSB did keep the client's case open and assisted her with obtaining testing accommodations; as a result, communication improved between the client and her DSB counselor. The client has obtained her GED, and DSB will be assisting her with obtaining her associate's degree.

## PROJECTS

### **Achieving impactful systems change for people with disabilities**

DRA continues to conduct investigations at the Arkansas State Hospital (ASH) which, as our only state-operated acute psychiatric inpatient hospital, serves individuals from across Arkansas. These investigations sometimes benefit one individual but often benefit numerous patients, particularly through changes in facility policies and procedures. We continued to launch several investigations based on allegations submitted anonymously to us, which tend to ebb and flow; while not consistently substantiated, they have brought several valid concerns to our attention and have resulted in positive changes at the hospital. Some examples from FY2024 include:

- A patient who was committed to ASH to restore competency; however, due to a language barrier that was not being addressed, he was languishing due to a lack of effective treatment.
- A patient who was repeatedly denied medical treatment until he became septic and required a six-day hospitalization.
- A patient who was assaulted by another patient without hospital staff intervention to prevent or stop the attack.
- A patient who was not allowed to treat his medical condition with a biologic.

DRA's PRTF database continues to be- as far as we know- the largest public collection of videos from inside these types of facilities. In FY2024, we collaborated with P&As in other states to try to make facility conditions more transparent across the nation, particularly in light of how many states send children and youth to Arkansas' facilities. We are grateful for the Senate Finance Committee's interest in the issues that are affecting these children and youth, and we were very proud for our

Abuse and Neglect Managing Attorney to provide testimony about the prevalent, troubling conditions our staff see and learn about through routine requests for incident reports which detail the harm to the health and well-being of these residents that occurs on a frequent basis.

We conducted approximately 20 investigations involving individuals with serious mental illness at the ASH and the state's numerous PRTF's that resulted in policy or procedure changes which impacted not only our client, but everyone on their unit, or even every resident in that facility.

DRA investigators also completed 12 abuse/neglect investigations involving individuals with developmental disabilities in FY2024, with all but one of these investigations involving just two of the state's HDCs. Because of one particularly disturbing case, we expanded our investigation into malnutrition and underweight residents at one of these facilities. Ten residents were identified in FY2024, seven of whom were underweight at the time of their deaths. We have also identified inadequacies in the internal maltreatment investigations conducted at this facility.

By assisting one student in one school district, we impacted an unknown number of students in that school district by getting the school district to agree to modify its policies related to expulsion and Child Find and to receive training related to the Individuals with Disabilities Education Act (IDEA) and Section 504 of the Rehabilitation Act of 1973, which will codify the process for ensuring significant due process for students who are proposed for expulsion, ensuring the school district provides education to children with and without disabilities who are expelled, and specifying the process through which the school district will gather records when it receives a transfer student.

Through DRA's investigation at a PRTF in which we met with the CEO, we obtained significant changes to the operating procedures of this facility. While credit must be given to a CEO who was open to criticism and willing to make changes, these changes may not have occurred had we not conducted our investigation and shared our findings. The CEO agreed to designate a sensory room for residents so they could remove themselves from the environment when needed, revise evening schedules to add more activities, including structured group meetings with therapists, nurses, and other staff, and implement trainings with staff to improve their interaction with the residents and increase their level of professionalism.

Through our investigation and advocacy on behalf of an ASH patient who was not receiving necessary services due to a language barrier, we identified issues with the translation of and lack of necessary context in the Spanish version of the hospital's competency handbook. We also identified issues with the English language version of the handbook, particularly the reading level. These concerns were communicated to ASH administrators, and they are now in the process of revising the handbook. ASH also instituted a policy for limited English proficient (LEP) patients and developed and implemented a training for staff on working with LEP and deaf patients. As for our client, the hospital eventually began providing an interpreter so he could receive competency restoration services. He was restored to competency and then acquitted and was able to be discharged from the hospital.

While DRA continues to obtain quantifiable results in the area of Medicaid advocacy, it is worth noting the strides we continue to make in how we manage cases involving our state's managed care organizations (MCOs), which are referred to as Provider-Led Arkansas Shared Savings Entities (PASSEs). These organizations are obligated to ensure Medicaid services are delivered to two populations: individuals eligible for developmental disability services through our state's developmental disabilities waiver, and individuals with behavioral health needs. DRA attorneys have succeeded in developing precedent at the administrative level that enables us to work on a greater number of cases involving an issue that is affecting all recipients: access to care coordination as defined by federal and state regulations. We have also identified and continue to work toward resolving the issue of a systemic lack of enforcement mechanisms for our state's administrative due process proceedings. While it is a great benefit to our clients that we can expect an administrative order requiring a PASSE to supply care coordination consistent with state and federal regulations, our clients are left with little recourse if the PASSE fails to adhere to the orders, which we have witnessed occurring repeatedly. We anticipate this will be a continuing issue for DRA to prioritize in the coming fiscal years.

Another ongoing endeavor is trying to ensure access to professional educational services for students who are subject to inequitable or illegal discipline in school. We have developed a practice of seeking services for our clients who are also recipients of our state's Medicaid managed care system through that system. In leveraging the obligations of our state's MCOs to enhance the services available to students we serve, we are relieving school districts of a significant financial burden of providing these services. As a result, we have seen school districts utilize those services for students who DRA is not representing; in other words, the school districts are by their own initiative obtaining services for students through the managed care system rather than allowing students to go without services due to the financial strain on the school district to do so. We hope that our continued work in this area will improve access to educational services such as therapies and behavioral analysis and intervention programming statewide.

For the first time in memory, the state of Arkansas promulgated specific regulations regarding providers of supportive living services. We believe our complaints about the inability or unwillingness of the PASSEs to exercise predictable control over their service providers necessitated the State to take a more active role. To the State's credit, many of the regulations meaningfully addressed specific complaints we have repeated to them, both formally and informally. Even so, once the comment period concluded, the State supplied meaningful responses to our comments and even incorporated some changes to the policies based on our suggestions. Overall, we see this as a positive step forward for the individuals we serve, and we appreciate the significance of influencing services at the policy level, as this will impact everyone receiving supported living services in the state.

DRA staff conducted 289 surveys of polling sites in 31 counties in Arkansas in FY2024. Overall, the number of polling sites with accessibility issues seems to have decreased since DRA began surveying sites and bringing accessibility issues to the attention of local election officials. In concert with that effort, our PAVA staff created an online map tool which allows voters and election officials to look up

their polling sites to see if there are barriers to accessibility. Regarding polling site inaccessibility in Newton County, Arkansas, which was identified by both DRA and the U.S. Department of Justice (DOJ) as having significant polling site accessibility issues, Newton County entered into a settlement agreement with the DOJ, and DRA's PAVA staff provided training to election officials and poll workers in accordance with that agreement. DRA did conduct polling site surveys on election day, which will be formally reported in FY2025, but PAVA staff found no access issues in what used to be considered the worst county in Arkansas for polling site accessibility.

While remedying architectural barriers is not a mandated service under the P&A system, and limited resources prevent us from taking on more of these projects, we do try to tackle accessibility issues when we can. One such endeavor involved a popular restaurant in Central Arkansas with an inaccessible patio whose manager did not respond to a customer's bringing the issue to their attention in an informal manner; this customer happened to be a DRA attorney who is a wheelchair user. After initially ignoring their customer's expressed concern about the lack of accessibility and the potential danger when the only means of exit for a wheelchair user is through the restaurant, the customer provided her DRA business card on a subsequent visit and this time received a call from the restaurant's corporate office. Very soon thereafter, this customer visited the restaurant and found her concerns had been addressed with the installation of a wheelchair ramp from the patio to the parking lot as well as the installation of accessible picnic tables. The restaurant's corporate office is adding a crosswalk and accessible parking spaces near the patio area as well. Another effort involved a large, upscale apartment complex in Little Rock; after receiving a complaint from a tenant about the inaccessibility of communal areas, DRA staff conducted an access survey of the communal areas of complex, including the pool, the clubhouse, and an adjacent parking lot. While the pool is a zero-entry pool, we did validate issues with the clubhouse and the parking lot. In response to our access survey, the apartment complex management changed the layout of the furniture in communal areas and restriped the parking lot to include an access aisle for van spaces.

In a goal of being as efficient as possible with limited resources, DRA has pivoted in recent years to providing educational opportunities via online seminars and podcasts. In FY2024, DRA produced an online seminar for parents of students with disabilities about how to advocate for students needing and/or receiving special education services, including reviewing students' rights under the Individuals with Disabilities Education Act (IDEA) and strategies to obtain needed services, including transition services. For little cost, we educated 244 participants. A second online seminar was developed to educate home- and community-based services (HCBS) providers and individuals with disabilities who live in these settings about the new HCBS settings rule. This online seminar focused primarily on the rights of residents and how they can advocate for what they want; 115 individuals participated. DRA produced an employment podcast in FY2024 that was downloaded 77 times; the podcast focused on CAP and PABSS services for individuals with disabilities pursuing employment, and how these two programs can assist them. We also continued to provide information and education on our website and through several social media channels, including Facebook, YouTube, X, and Instagram.

We do, however, still provide in-person training at various conferences and outreach events. A DRA attorney who works in the CAP presented at the Arkansas Trauma Symposium to 230 medical professionals about the importance of and process for returning to work after a traumatic injury or disability. The objectives of the presentation were to help medical professionals understand the impact of a spinal cord injury on the ability to work, to articulate the importance of returning to work, and to identify resources for returning to work after sustaining a traumatic injury or disability. The attorney, who spoke from personal experience about returning to work after a traumatic injury, responded to numerous questions from participants and received several requests to speak to other groups in the future.

### **Coalition Building**

DRA is always exploring opportunities for new collaborations, while remaining committed to numerous long-term collaborations. We continued 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 in FY2024 included the Arkansas Alliance for Disability Advocacy (AADA), which was terminated in June 2024, and the Breakfast Club. The AADA initiative, as a collaboration between DRA and the GCDD, consisted of three components: Partners in Policymaking, Community of Champions, and Self-Advocacy Network Development, and was working to develop the self-advocacy movement in the state as well as developing materials and training courses for parents wanting to be proficient advocates for their children with respect to special education services. DRA continued collaborating with UAMS’ Brain Injury Program (BIP) and held a position on the 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 continued 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 while also monitoring the participating agencies’ efforts to ensure they incorporate the needs of people with disabilities in their planning efforts. This collaboration began in FY2019 and continued through FY2024.

### **Veterans’ Issues**

DRA welcomes the opportunity to serve our 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.

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