



Protection and Advocacy and Client Assistance Program
Services in the 3rd 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 Arkansas Governor's Council on Developmental Disabilities.

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 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 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. PABSS educates beneficiaries about Social

Security's work incentives and provides advice about vocational rehabilitation and employment services. PABSS also assists beneficiaries with understanding their rights regarding representative payees. See the Ticket to Work and Work Incentives Improvement Act of 1999, as amended, 42 U.S.C. § 1320b-21.

Protection & Advocacy for Traumatic Brain Injury (PATBI)

PATBI serves individuals diagnosed with a traumatic brain injury (TBI). PATBI works to ensure that individuals with traumatic brain injuries and their families have access to information, referrals and advice, individual and family advocacy services, legal representation, and support and assistance with self-advocacy. See the Traumatic Brain Injury Act, authorized as part of the Children's Health Act of 2000, 42 U.S.C. § 300d-53.

Protection & Advocacy for Voting Access (PAVA)

PAVA educates and assists individuals with disabilities so they may enjoy full participation in the electoral process. These efforts include ensuring physical accessibility of polling sites and informing individuals about the rights of voters with disabilities. See the Protection and Advocacy for Voting Access program of the Help America Vote Act of 2002, 42 U.S.C. § 15461-15462.

Strengthening Protections for Social Security Beneficiaries (SPSSB)

SPSSB, also known as the Representative Payee program, serves individuals with disabilities whose social security benefits are managed by a representative payee. DRA coordinates with the Social Security Administration to conduct periodic onsite reviews as well as additional discretionary reviews to determine whether a representative payee is performing their duties in keeping a beneficiary safe and ensuring their needs are being met. See the Strengthening Protections for Social Security Beneficiaries Act of 2018, 42 U.S.C. § 405(j).

Arkansas Alliance for Disability Advocacy (AADA)

AADA consists of an alliance of advocacy programs that work in concert to provide self-advocates, parents, peer advocates, and state leaders with the tools they need to be active within the disability advocacy movement. AADA is 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 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. The AADA program was terminated in June 2024.

Arkansas Access to Justice Commission (AAJC)

AAJC awarded DRA a \$17,500 grant last Spring 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 3rd District's total population to be 797,092 with a civilian, noninstitutionalized population of 790,972. Of that total, 111,254 (14%) have a disability. In FY2024 (October 1, 2023-September 30, 2024), DRA worked 58 active service requests from the 3rd 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, the table below shows that 48.3% of service requests were for clients under the age of 20 and 10.3% of requests were for those ages 56 or older.

Age Group	Number of Service Requests (SRs)	Percentage
Unknown	---	---
0-9 Years	7	12.1%
10-19 Years	21	36.2%
20-39 Years	15	25.9%
40-55 Years	9	15.5%
56-65 Years	4	6.9%
66 or Older	2	3.4%

Clients by Race and Ethnicity

DRA seeks to provide services to underrepresented groups in our state. The following chart compares demographics for the entire 3rd Congressional District with that of DRA's requests for services in the 3rd Congressional District. The district's Hispanic population of 139,389 comprises 17.5% of the population, while 5.2% of the service requests worked by DRA were for individuals who identify as Hispanic.

Race	Estimate	As Percentage	DRA SRs	As Percentage
Total Population	797,092	---	58	---
One Race	601,949	75.5%	56	96.6%
White	495,071	62.1%	51	88%
Black or African American	19,552	2.5%	2	3.4%
American Indian and Alaska Native	7,990	1%	3	5.2%
Asian	27,865	3.5%	0	0%
Native Hawaiian/Other Pacific Islander	10,483	1.3%	0	0%
Unknown or some other race	40,988	5.1%	0	0%
Two or more races	195,143	24.5%	2	3.4%

SERVICE REQUESTS

DRA handled 58 requests for services in FY2024 from residents of the 3rd 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 assistance.

Service Requests by Program

Funding Source	CAP	PAAT	PABSS	PADD	PAIMI	PAIR	PATBI	PAVA
Count of Service Requests	9	3	6	22	7	9	2	0

Problem Areas Covered by Service Requests

Problem Area	Count of Service Requests
Education	14
Home- and community-based services	14
Rehabilitation services	9
Employment	5
Post-secondary education	3
Assistive Technology	2
Abuse and Neglect	2
Access (architectural and programmatic)	1
Housing	1
Guardianship	1
Other	6

Service Requests in the 3rd Congressional District continued to deviate from requests in the other congressional districts, which tend to reflect more abuse and neglect occurring in facilities. Anecdotally we feel that this is likely due to the 3rd District hosting fewer residential facilities, one example being that none of the state's five human development centers (HDCs) are located in the 3rd District, and fewer psychiatric residential treatment facilities (PRTFs) are located in the 3rd district relative to other districts. The 3rd District does align with Arkansas' other districts in that issues with educational services for children with disabilities continued to be the most popular request for services we received, followed by issues with home- and community-based services and vocational rehabilitation services, all services that are critical to people with disabilities who wish to remain in a community-based setting versus an institutional placement. 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 to the school-to-prison pipeline. Despite limiting case acceptance to only the most egregious cases, however, almost 25% of the cases DRA worked in District Three involved students with disabilities not

receiving necessary services. In our home- and community-based services work, we focused particularly on cases where a decrease in services authorized through the state's Medicaid managed care system threatened an individual's ability to remain in the community, which could lead to more costly institutional care. Other issues represented in the 3rd District include employment, post-secondary education, and assistive technology; the first two issues often involved a lack of accommodations or modifications, with assistive technology often being the answer to a need for accommodations. DRA staff continued in FY2024 to monitor residential facilities statewide, particularly the HDCs and PRTFs, by reviewing incident reports filed with state regulatory agencies, reviewing surveys conducted by regulatory agencies, and monitoring facilities in person. While there are fewer of these facilities in the 3rd District, individuals who call the 3rd Districts home may nevertheless be housed in one of these facilities on a short- or long-term basis. ADA issues including architectural accessibility and program access issues like effective communication during medical appointments or reasonable accommodations in post-secondary settings continue to be common complaints; housing issues and problematic guardianships remain a focus for callers as well.

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

Service Requests Specific to the 3rd District

Example 1: DRA received an incident report of a PRTF resident being charged with 2nd degree battery for hitting a staff person and attempting to elope. Based on the wording of the incident report and our knowledge that PRTF's are routinely calling police to handle minor incidents, leading to youth being charged with crimes while residing in psychiatric facilities, we decided to investigate this incident. DRA investigators reviewed video and records related to this specific incident and filed requests for information. We held a virtual meeting with facility administrators and corporate staff to discuss the larger issues with how incidents are being handled, to include their policies related to resident behavior management, their use of law enforcement to handle incidents, and their use of chemical restraints; this last issue arising after we determined the resident was given a chemical restraint while calm during this incident. We also reported our findings and concerns to the Placement and Residential Licensing Unit (PRLU), the Office of Long-term Care (OLTC), and the Division of Provider Services and Quality Assurance (DPSQA), emphasizing misrepresentations in the facility's incident report and our contention that the adolescent was not acting sufficiently aggressive to warrant a call to the police and charges being pressed against her. We also shared our alarm about a chemical restraint being administered when the video shows she was calm for 10 minutes preceding the chemical restraint, and the overall handling of this situation in light of the fact that this resident is diagnosed with borderline intellectual functioning. Once the PRLU received notice of the incident, they followed up with the facility to receive the police documentation and ensure precautions were put in place if the child returned to the facility; however, they did not review video, so they did not identify or cite any other issues. Despite receiving the same initial incident report that we received, the OLTC did not act on the report until we reported our concerns to them; they then conducted a complaint investigation in conjunction with the PRLU and cited the facility for numerous deficiencies.

Example 2: A resident of the 3rd District who was a patient at the Arkansas State Hospital (ASH) contacted DRA about medical issues he was experiencing, and ASH staff were ignoring. He stated he had been extremely ill for several days and asked to go to the ER, but ASH's medical staff would not send him. He ended up so sick he could not get out of bed by the time they finally sent him to the emergency department across the street at UAMS. The patient alleged he ended up septic from the colitis that ASH refused to treat. He was also supposed to have a continuous positive airway pressure (CPAP) device when he arrived in June 2023 but could not get one until DRA intervened; he finally received one in November 2023. Upon reviewing his medical records, DRA investigators discovered many failures on ASH's part. We subsequently met with ASH administrators and continually communicated with relevant staff by phone and by email in attempts to improve this patient's care and treatment. ASH staff responded but were reluctant to accept responsibility for their mistakes or implement new policies to prevent similar occurrences. While DRA's actions in this case did not result in hospital policy or procedure changes, we did obtain a CPAP machine for the patient and are confident that the quality of this patient's medical care did improve because of our continued involvement in his case.

Example 3: A five-year-old student who had recently been discharged from a psychiatric hospital was experiencing difficulty in school. The parent requested assistance from DRA when, without meaningful due process, the student's principal unilaterally reduced the student's school day by half and required the student to receive those educational services in a room by himself. After gathering evidence through records requests and discussions with his parent and advocate, a DRA attorney drafted and filed a state complaint on behalf of the student. The Arkansas Department of Education (ADE) responded to our complaint by substantiating four out of six allegations. As a result, the school district was required to provide 25 hours of compensatory services to the student, have staff participate in multiple trainings in the areas the district was found to be deficient, modify its policies relative to functional behavior assessments, and contract with an outside agency to conduct functional behavior assessments for the remainder of the current school year.

Example 4: DRA received a Serious Incident Report from a PRTF alleging facility staff pushed a resident to the floor during an incident on the unit. We requested video of the incident and upon viewing the video identified several issues to address with the facility, despite the perpetrator having been terminated. In the video, another resident can be seen in conflict with several peers. Staff could have removed this particular person from the unit to stop these conflicts but did not. Facility staff failed, in fact, to implement any de-escalation strategies and appeared to display the same disrespectful and antagonistic attitudes as the residents. Meanwhile, other residents were being triggered by the chaos on the unit, with staff never attempting to assist them, counter to procedures appropriate for a trauma-informed environment. DRA staff developed an outline of the issues observed and met with the CEO of this facility. He was open to our suggestions and agreed with our observations; the facility subsequently began implementing changes to their procedures, including designating a sensory room for the residents so they could remove themselves from the environment when needed. Facility administration realized the evening schedules should be revised to add more activities, including structured group meetings with therapists, nurses, and other staff. The CEO implemented trainings with staff on such subjects as boundaries and client interactions and made a switch to more of a medical model of operating, where a nurse is in charge, in hopes it would

increase the professionalism of other staff. The CEO shared that he is now conducting all interviews with prospective employees and is hoping to hire people who exhibit more maturity. DRA is optimistic that these changes will improve the culture at this facility.

Example 5: A parent of a student who was suspended and facing a Manifestation Determination Review (MDR) with an expulsion hearing to follow contacted DRA for assistance. This was a student who had recently spent a year in inpatient psychiatric facilities, including ASH. The only disability the school district was serving him under, however, was his attention-deficit/hyperactivity disorder. A DRA attorney contacted the school to insist all of the student's disabilities be documented in his Individualized Education Program (IEP) so they would all be considered at the MDR; the attorney also attended the MDR with the student and his parent. The behavior in question was determined to be a manifestation of the student's disability, so no expulsion hearing was held. The IEP team determined that a virtual program would be better suited for him, and his mother subsequently reported that he seemed to be doing well with it.

Example 6: The parent of a student requested DRA's assistance when the student's school district set an expulsion hearing due to behaviors they determined were not a manifestation of her disability. The parent wanted DRA to assist them with the denial of an IEP (the student was receiving some services under Section 504 of the Rehabilitation Act), suspensions due to behaviors, and the denial of school-based speech and occupational therapies. The school had also warned the parent that if the student missed school for private therapy sessions, the absences would not be excused, and they were risking court intervention if she received numerous unexcused absences. Although the family had requested an IEP, the school had continuously refused to provide services under IDEA. A DRA attorney attended meetings with the parent but filed for due process when the issues were not resolved. The school subsequently vacated the manifestation determination review (MDR) decision and the expulsion and arranged tutoring for the classes the student failed due to suspensions. The student is now being served under an IEP.

Example 7: An individual contacted DRA because he was experiencing difficulties accessing funding for needed vehicle modifications. A DRA advocate researched various funding avenues to assist the client with paying for the vehicle modifications and determined that Independent Living Services (ILS) at ARS was the best course of action, as this could be accomplished with no financial participation by the client. The advocate further assisted by facilitating communication between the client and his ARS counselor and assisted with issues created by the late arrival of funding; once the funding became available, the client's choice of vendor was notified, the client received a call saying parts would be ordered soon, and the client was able to bring his vehicle in for modifications fairly soon thereafter.

Example 8: An individual who had sustained a traumatic brain injury contacted DRA after his employer fired him, he felt because his traumatic brain injury symptoms were causing a deterioration in work performance. He had attempted to see a provider for cognitive behavioral therapy to mitigate the issues; however, his employer terminated him before he made considerable progress. He had not formally requested accommodations but had had a manager who was working with him; unfortunately, he was assigned to a new department with a new manager and began receiving reprimands about poor job performance as he began showing more symptoms and having more

difficulties in his role as a software engineer. A DRA attorney agreed to assist him through the EEOC process. The employer declined to go through mediation; however, the client accepted a new job and was excited about it. He was taking new medications, and his symptoms had lessened significantly. The DRA attorney advised him about requesting accommodations from this new employer, since he had not understood the accommodations process and had not requested them from the previous employer.

Example 9: An individual who is blind was managing his own appeal of an administrative decision by the Arkansas Division of Workforce Services denying his request for unemployment insurance. In the course of his appeal, he learned that the Administrative Office of the Courts would not be able to send him an electronic copy of the record based on its rules, which permitted viewing of the record only in person, despite his residing nearly 100 miles away from the Courts. In addition to the travel distance, viewing a written record in person is particularly difficult for this client, as he requires large print text or electronic versions of writings. A DRA attorney assisted with requesting a reasonable accommodation from the Clerk of Courts to supply an electronic version of the record on appeal, which ensured the client was given the benefit of having a record he could review in preparation for his appeal.

Example 10: A client who is blind contacted DRA when his girlfriend received a ticket for parking in an accessible parking space on the University of Arkansas, Fayetteville (UA) campus without a school-issued accessible parking permit, although she had parked there while transporting him to his dorm and used his state-issued tag. The UA had no policy in place to assist students who needed to utilize multiple drivers throughout the year to get around campus. A DRA attorney and advocate worked with a UA attorney to devise a plan for this student that would also benefit other similarly situated students. The university ultimately decided to allow four school-issued parking permits to be linked to the client to allow him to ride/park with multiple people throughout the year, a solution deemed satisfactory by the client, and which can be used for other similarly situated students in the future.

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 continue 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 Arkansas State Hospital 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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