Disability Rights Arkansas

Protection and Advocacy and Client Assistance Program Services in the 4th Congressional District

Fiscal Year 2024

CONTENTS

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 though 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. 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 4th District's total population to be 743,985, with a civilian, noninstitutionalized population of 727,963. Of that total, 153,424 (21%) have a disability. In FY2024 (October 1, 2023-September 30, 2024), DRA worked 77 active service requests from the 4th 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 61% of service requests were for clients under the age of 20 and 9.1% of requests were for those over the age of 55.

Age Group	Number of Service Requests (SRs)	Percentage
Unknown	---	---
0-9 Years	10	13%
10-19 Years	37	48%
20-39 Years	12	15.6%
40-55 Years	11	14.3%
56-65 Years	6	7.8%
66 or Older	1	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 4th Congressional District with that of DRA's requests for services in the District. The district's Hispanic population of 58,218 comprises 7.8% of the population, while 2.6% of the service requests worked by DRA were for individuals who identify as Hispanic.

Race	Estimate	As Percentage	DRA SRs	As Percentage
Total Population	743,985	---	77	---
One Race	690,344	92.8%	72	93.5%
White	527,320	70.9%	56	72.7%
Black or African American	139,143	18.7%	15	19.5%
American Indian and Alaska Native	4,627	0.6%	1	1.3%
Asian	5,272	0.7%	0	0%
Native Hawaiian/Other Pacific Islander	2,498	0.3%	0	0%
Unknown or some other race	11,484	1.6%	0	0%
Two or more races	53,641	7.2%	5	6.5%

SERVICE REQUESTS

DRA handled 77 requests for services in FY2024 from residents of the 4th 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 will usually be offered information and referral services rather than case-level advocacy or legal services.

Service Requests by Program

Funding Source	CAP	PAAT	PABSS	PADD	PAIMI	PAIR	PATBI	PAVA
Count of Service Requests	4	1	4	42	13	9	4	0

Problem Areas Covered by Service Requests

Problem Area	Count of Service Requests
Home- and Community-based Services	26
Abuse/Neglect	19
Education	15
Rehabilitation Services	5
Guardianship	3
Access (architectural and programmatic)	2
Healthcare	2
Access to Administrative/Judicial Processes	1
Assistive Technology	1
Employment	0
Other	3

Requests for services in the 4th Congressional District continue to include issues related to DRA's efforts to tackle abuse and neglect, which came in second only to home- and community-based services issues. FY2024 contained an interesting deviation in that education issues were the third most-requested service, when they have traditionally been the most requested service. The deluge of requests DRA is receiving to assist people whose Medicaid Waiver services are being cut by managed care organizations (MCOs), as well as the resources DRA is concentrating on abuse/neglect work are bearing out in the data above more in the 4th District than anywhere else in Arkansas. DRA continued to focus on monitoring residential facilities, particularly the state's human development centers (HDCs)- three of which are located in the 4th District- and psychiatric residential treatment facilities (PRTFs), by various methods, including reviewing incident reports submitted to state regulatory agencies, reviewing surveys conducted by credentialing entities such as the Office of Long-term Care, and monitoring facilities in person. In fact, much of DRA's systemic work revolved around issues identified through these surveys and incident reports. Meanwhile, there has been a great demand to assist individuals living in the community who are seeing their services decreased by MCOs. These cuts to services, resulting in short-term savings to the state, are in reality likely to result

in increased institutionalization, as people who cannot access sufficient services in the community will be forced to move to long-term care facilities. 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, which not only keeps students in school, but provides a cost benefit to Arkansas taxpayers by providing services in a school setting versus a residential placement. Issues for clients receiving rehabilitation services are critical; when rehabilitation services are denied or capped, this potentially limits an individual's employment opportunities, which can leave them dependent on entitlement programs. Individuals under guardianship are increasingly reaching out to DRA for assistance so they can maintain their independence. Architectural accessibility and program access issues like effective communication during medical appointments and reasonable accommodations in post-secondary settings continue to be a common complaint; because of the need and the lack of alternate resources, we are now accepting some Americans with Disabilities Act (ADA) cases.

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

Service Requests Specific to the 4th District

Example 1: DRA staff conducted a secondary investigation into allegations of sexual and physical abuse of a youth by a staff member of a PRTF after receiving a "Notice of Incident" report in response to our routine requests for these reports. We reviewed facility records, investigatory agency records, and video from both the local police department and the state's Placement and Residential Licensing Unit (PRLU), the agency responsible for enforcing the Child Welfare Agency Licensing Act 1041 of 1997. We visited the facility, met with the onsite facility director, met with the program administrator for the corporation that operates this and other PRTF's, and spoke with the resident's guardian. We identified a lack of safeguards that may have prevented this abuse from occurring as well as significant deficiencies in the facility's response to the allegation. We also identified a much larger issue with this corporation's overall approach to maltreatment allegations across their facilities. Our investigation allowed us to validate the victim's experience through substantiation of the abuse allegations and by sharing pertinent information with the victim's guardian. We confronted this corporation's administrators and their legal counsel with numerous deficiencies we identified through our investigation, and they agreed to review their insufficient internal processes for documenting and investigating maltreatment allegations, and to implement policies and procedures to address deficiencies.

Example 2: DRA investigated a report of an attempted suicide by a youth in a PRTF and determined there were deficient practices that contributed to this incident that needed to be addressed to help ensure the safety of all residents at this facility. DRA's investigation included

reviewing records and video, corresponding with the facility, and communicating with the PRLU and other service providers. We were able to able to determine through a review of records from an outside service provider that the resident used underwire from a bra to "unlock" the paper towel dispenser and use the dispenser's blade to self-harm. Further investigation revealed the wire was accessed through ineffective wall repairs that allowed the resident to access the interior of a wall where she discovered the underwire. DRA reported both the deficient practices that contributed to this resident being able to access items to harm herself and the facility not accurately reporting the incident to the PRLU. Based on DRA's continual monitoring of and familiarity with this facility, we were aware that repairs of similar and insufficient integrity are commonplace at this facility and are therefore jeopardizing the safety of residents. This information was reported to PRLU to alert them to the danger of and to reinforce that this facility is not reporting pertinent facts, as well as not adequately addressing and rectifying issues identified after an incident has occurred that results in an injury to a resident. Upon receiving our complaint, the PRLU revisited the facility and identified at least one other issue with repairs that they required be remedied.

Example 3: DRA received an anonymous complaint that patient-on-patient abuse was occurring on a unit at the Arkansas State Hospital (ASH), with hospital staff complicit in what was occurring. DRA staff investigated the allegation that staff observed one patient "whaling" on another patient's head, and that the victim, a resident of the 4th District, was passing in and out of consciousness. The complainant further stated, "I was afraid he would die. No neuro checks were done, and he was never sent out" DRA investigated specifically the allegations that the client had been hit in the head repeatedly, that no neurological examinations were completed, and that he was in and out of consciousness by reviewing records and reports ·and speaking to the alleged victim and witnesses. We substantiated the allegation of the victim being assaulted; further, while it was recorded on the patient event form for the assailant, it was not recorded on a patient event form for the victim. We were unable to substantiate the allegation that the victim was in and out of consciousness, and one witness stated hospital staff did check the victim's vitals and did what was needed for him at the time. DRA did relay the allegation to the hospital's ombudsman for further review and intervention.

Example 4: DRA investigated an incident report involving a failure to protect in which a resident of an HDC was able to flee a vehicle on an interstate highway and run from facility staff, whereupon he was arrested and held in a county detention center overnight. DRA reviewed the facility investigation and continued to track additional police involvement in incidents involving residents. The charges from the original incident were dropped; however, he was charged with terroristic threatening and assault against a staff member during a later incident. He was found not fit to proceed in June 2024 on the subsequent charges, and although he was committed to ASH for restoration in June 2024, the ASH administrator informed DRA in July 2024 that he is receiving restoration services through the community mental health center while residing at the HDC and there are no plans to transfer him to ASH. This client had been at ASH for an extended period prior to being placed at the HDC and remaining at the HDC while receiving additional mental health supports is likely a better option for him than returning to ASH. Also, the one police report that was filed since he was found not

fit to proceed was for documentation purposes only, indicating at least a slight change and de-escalation in how the facility is responding to his behaviors.

Example 5: Through an incident tracking system DRA investigators have developed, we noticed that an HDC had submitted multiple incident reports on a resident who was non-verbal, and ascertained this resident had not received any augmentative communication devices or assistive technology (AT) services, including an evaluation, since she was admitted to this facility. The client previously resided at one of the other HDC's and had not received any AT devices or services there either. A DRA attorney investigated the failure of the state-operated institutional system to ensure this resident had access to adequate augmentative communication. DRA was able to secure assurances through demand to the state's Division of Developmental Disabilities Services (DDS) that the resident's guardian could choose a service provider to evaluate the resident's assistive technology needs at the state's expense. Unfortunately, the resident experienced a serious illness requiring lengthy hospitalizations and an elevated level of care, which DRA is also monitoring; however, this series of events precluded her evaluation until she can safely discharge from her current intensive level of care.

Example 6: A parent of a student contacted DRA requesting assistance when the student was discharged from an extended mental health inpatient program and his high school was refusing to reenroll him in school. A DRA attorney contacted the principal of the school, whereupon they allowed the student to return to school; however, they were refusing to provide him with a needed Individualized Education Program (IEP). The attorney requested a referral conference and attended the conference with the student and his parent, where district personnel agreed to evaluate him for services and also began implementing an interim plan. An IEP was created for this student, who started doing much better in school and is now excited to be on track to graduate with his peers.

Example 7: Parents of a student requested DRA's assistance with their child not receiving appropriate services in school; they alleged school staff initiated two of the student's three inpatient psychiatric admissions thus far and were not providing him appropriate educational services when he was in school. The student was being sent home from school due to behaviors, but he was not always being suspended, so the school district was not conducting manifestation determination reviews (MDRs) or functional behavior assessments (FBAs), and they were not updating his behavior intervention program (BIP). A DRA attorney initially consulted with his parents to address the informal suspensions, whereupon the school district changed his placement to homebound services. The DRA attorney then filed a due process complaint on the student's behalf regarding inappropriate change of placement, failure to conduct MDRs, failure to conduct proper FBAs and/or update the BIP, and the inappropriate use of Family in Need of Services (FINS) petitions and the Division of Child and Family Services (DCFS) involvement to address school issues. The school district subsequently agreed to transition the student back to in-person instruction starting at four hours a day and gradually increasing his time with recommendations by a Board-Certified Behavior Analyst (BCBA); the school district also agreed to provide compensatory education.

Example 8: The parent of a nine-year-old with significant cognitive delays and orthopedic issues affecting his mobility and who was on the Medicaid Waiver waiting list contacted DRA and requested assistance with a reduction in services. He had been approved to receive 24/7 personal care services, although his mother noted the service provider never billed that much for him; the MCO was allowing for maximum billing without reference to actual need, so there were no issues of overbilling. The parent had received a notice, however, that the MCO was cutting the client's approved direct care services down to approximately 11 hours daily. His mother contended that he needed approximately 16 hours of services daily, so a DRA attorney agreed to represent the client to appeal the reduction and submitted a Level One appeal, which is an MCO internal appeal. The MCO issued a resolution letter stating their medical reviewer determined the client to be eligible for 16 hours daily of supportive living services, which will allow him to get all of the care he needs.

Example 9: An individual who had sustained a traumatic brain injury was reportedly happy living with his aunt; however, his son went to court to obtain guardianship of him and tried to force the client to move in with him. Adult Protective Services and law enforcement became involved and determined the client was happy where he was and should not be forced to move in with his son. The client's aunt contacted DRA to request assistance in fighting the guardianship. A DRA attorney confirmed through talking to the client that he did want to continue living with his aunt and he felt he was capable of making his own decisions and did not want a guardian. The DRA attorney then represented the client before the circuit court to seek termination of the guardianship. The court ordered the client to be evaluated; the guardian did not seek to ratify the guardianship following the evaluation, so DRA moved for the court to terminate the guardianship, which the court did. The client is no longer under a guardianship and is living with his aunt, as is his preference.

Example 10: DRA investigated a Serious Occurrence Report (SOR) from a PRTF in which the local police department was called to assist with the elopement of a resident. The resident alleged that the police slapped him in the face several times after they placed him in a patrol car. DRA reviewed body camera footage from officers and reviewed the Arkansas State Police's Crimes Against Children Division (CACD) report and local police reports of the incident. We also interviewed the police chief, the resident's out-of-state case worker, and relevant facility staff. Video footage does substantiate the resident being struck in the face several times by a particular police officer. DRA submitted a letter to the police chief outlining DRA's concerns related to the actions of the officer, including the officer's failure to turn on his body-worn camera (BWC) initially, the lack of candor and misinformation provided by police officers to the CACD, the police department's failure to report allegations of child abuse, and the overall handling of the situation by the local police department. DRA also spoke with facility administrators about the incident and provided a copy of the letter detailing DRA findings in an effort to help facility staff understand the implications of calling the police and encouraging them to reach out to local law enforcement to educate them about the PRTF's population so that in the event they are requested to respond in the future they might be more sensitized to the population and respond more appropriately. DRA investigators spoke with and forwarded

the letter to the resident's case manager in Ohio, validating the resident's experience and alerting his guardian to the traumatic event in the hope it can be addressed through services in his home state, and we filed a complaint against the offending police officer with the Arkansas Office of Law Enforcement Standards.

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 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. We hope that our 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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