

Arkansas
2016 Report to VOR
June, 2016

1) Publicly operated and owned ICFs.

Arkansas has 5 large publicly-operated ICFs, which are called HDCs (human development centers). Conway HDC is the largest of the five and also the longest serving. Conway HDC is centrally located and cares for over 400 residents; the other 4 centers are scattered across the State with an average of 90 - 120 residents. Conway HDC is the only center of the 5 which provides residential treatment services to eligible persons under the age of 18. In addition to licensure from the Office of Long Term Care, each of the centers has another accreditation from a national/international organization, CARF, an important achievement to cite when defending our centers.

(2) ICF Admissions and discharges.

In 2011, with very little Notice or in-put from our families, the Department of DDS led an effort to close admissions to persons 18 years of age or younger; and to transition all school-aged children from Conway. Our statewide parent-guardian association led an effort to reverse these policy decisions and today I am delighted to say, there are open-admissions policies at all the HDCs, and that Conway HDC is once again permitted to admit eligible persons under the age 18 and that families of children and youth under age 18 may choose to remain at the center. Our state's discharge policies have been influenced by federal incentive grants which reward states for moving persons from institutions to community placements (Money Follows The Person grants in particular have been used in Arkansas to downsize our centers).

(3) Statewide parent-guardian association.

Our statewide parent-guardian association - Families & Friends of Care Facility Residents (FF-CFR) is 20 years old. FF-CFR meets quarterly and has a 21- member Board comprised of representatives from all HDCs. Two (2) active ex-officio members (past presidents) serve on the board also. We advocate for all 5 centers and for the health and safety of all of the HDC residents, present and future. One of the Arkansas centers - the smallest - has an inactive family association and that is a concern. FF-CFR is the framework for our on-going advocacy work. We try to have someone in attendance at monthly meetings of the legislative Public Health committee. We review documents and submit comments, objections and requests on issues which affect our HDCs. Through a large e-mail data base, maintained by the association's secretary and treasurer, we inform HDC families of issues which affect the centers and their family members.

(4) Legislative Health Reform Committee.

For over one year, FF-CFR members have attended monthly meetings (sometimes twice-monthly) of a 16 member legislative committee which was formed to study the state's Medicaid programs and to make recommendations to the Governor and General Assembly on cost-savings measures and other reforms. The Committee hired an outside consultant which has recommended Managed Care for the high-cost populations, those with mental illness and developmental disabilities. Our association worked hard to prepare a power-point presentation in opposition to managed care for the HDC residents which was presented last fall to the Health Reform Committee. The Governor embraced the consultants' recommendations but, to our relief, the HDCs were "carved out" of the Governor's proposed bill to

implement Managed Care for both the DD population and the population with mental illness. At a recent session of the legislature, there was no consensus on managed care and the Governor pulled his bill which would have introduced it.

A sub-committee was appointed from the Health Reform Committee to review our HDCs. The group will meet on June 14. We are apprehensive over recommendations of this group which might involving one of our five centers (Booneville) because

- 1) in recent times, the legislature has not approved large capitol improvement projects at the center which occupies older buildings (it was once a t.b. sanitarium);
- 2) the center has been targeted in partisan advocacy activities by the protection and advocacy program, including releasing misleading, false information to the media and
- 3) the center is in a remote part of the state which is scarcely populated and so a community support group for the center has been particularly difficult to convene.

(5) DD Act programs, Arc, Private Providers and DOJ.

At present we do not have aggressive advocates working against our centers as we are aware is the case in other states. An exception is the state's DD Act protection and advocacy program now called Disability Rights Arkansas. We have pushed back against DRA which has denigrated the Booneville Center, released two misleading and inaccurate reports about the center and whose executive director testified before a legislative committee against additional capitol improvements. Last summer the DRA representative told a work group that she would like all HDCs closed.

(6) Olmstead and ADA.

Arkansas had a federal Olmstead lawsuit and our state was successful in defending our HDCs against the Civil Rights Division of DOJ. Although it was absolute misery at the time, we are fortunate because DOJ or the DRA cannot now threaten an Olmstead lawsuit - we've already won one.

(7) Actions of FF-CFR - state and federal.

We routinely meet with the Governor's staff, with members of the legislature, with public officials in the towns where our centers are located and with members of our small (6 member) Congressional delegation. Most of the HDCs have Volunteer Councils comprised of members of the community at large and we participate in activities with those groups. We are keenly aware of the siege-actions against other states' programs and we feel a bond with all of you. We have worked to better articulate our objections to federal programs which use public funds in advocacy activities to downsize and eliminate public ICFs. Federal programs and policies affect state programs and policies which is the reason for our participation in VOR – to join our voices with yours.

Working together we make a difference.

Respectfully submitted,
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