

2023 VOR Report – State of Arkansas
by
Families & Friends of Care Facility Residents (FF-CFR)
Arkansas’ statewide parent-guardian association

I. Arkansas’ ICFs

- a. There are five state-operated intermediate care facilities (brief description below), which are known as human development centers (HDCs).
- b. The state has a policy of open ICF admissions, including admissions for eligible individuals under the age of 18 to Conway HDC, the largest of five facilities, which provides specialized residential care for youth with autism.
- c. Each of the 5 public ICFs is licensed by CMS (Centers on Medicaid & Medicare Services) through annual unannounced state surveys; in addition, each center is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF).

Following description of Arkansas HDCs is from a 2022 submission to a U.S. Senate committee:

Arkansas families of individuals with life-long profound disabilities will forever be grateful for the state’s intermediate care facilities. Most Arkansas ICF residents are non-verbal, or communicate with great difficulty, functioning in the profound range of cognition, with slight or little awareness of danger. The five state-operated human development centers (HDCs) are licensed intermediate care facilities (ICFs) and provide residential training and treatment for over 850 individuals with profound cognitive and developmental disabilities. The HDCs, located in Conway (Faulkner County), Booneville (Logan County), Arkadelphia (Clark County), Warren (Bradley County) and Jonesboro (Craighead County), provide irreplaceable services for vulnerable persons from throughout the state. The HDCs are foundational components of the state’s human service system. In addition to the public ICFs, there are twenty-seven private intermediate care facility (ICF) programs. If any of the ICFs were to be downsized or eliminated, our citizens, current and future, with life-long cognitive and other developmental disabilities would suffer. Further, any closures would be economically devastating to the areas in which the five public centers are located.

II. Arkansas’ parent-guardian association

Families & Friends of Care Facility Residents (FF-CFR) is Arkansas’ statewide parent-guardian association. Most, but not all, FF-CFR members have loved ones receiving residential treatment services in the five HDCs. Among our most active leaders are those whose disabled loved ones are no longer living. FF-CFR advocates for human services policies which support a range of supports and services for individuals living with cognitive and developmental disabilities – home, community-based (HCBs), ICFs (large and small/public and private), competitive

integrated employment and 14-c certificate work programs. In recent years, we have actively joined with private 14-c work programs in advocacy, including conference calls with two congressional offices and also the executive director of Arkansas Council on DD. At our invitation, a 14-c director attended our recent meeting (May 1st) with the Governor's representative.

III. Challenges.

In January, 2023, shortly after her inauguration, Arkansas' new Governor placed a hiring freeze on all state agencies, including the five HDCs. To effectively and safely operate, HDCs must continuously advertise, recruit, interview, train and re-train staff. FF-CFR members worked to inform the legislature of the need to exempt the HDCs and to request their assistance in lifting the hiring freeze. The hiring freeze crippled HDC hiring for three weeks.

IV. Some items which have worked well for Arkansas families.

1. Active statewide parent-guardianship association.

In response to a class action lawsuit, the late Bill Sherman and others formed a statewide parent-guardianship association in 1991, which continues to be the framework for our advocacy, both state and federal. Families & Friends of Care Facility Residents (FF-CFR) Executive Committee is comprised of four officers, the presidents of each of the 5 centers and other members at large. There are 20 members serving on the FF-CFR Board of Directors. At present, we have inactive parents' associations at two of the five centers.

The FF-CFR Board strives to meet quarterly. FF-CFR has not had its annual general membership meeting since COVID.

The FF-CFR Executive Committee maintains an active e-mail conversation about state and federal issues which affect our family members with disabilities.

2. Advocacy work.

In our individual advocacy work, FF-CFR members advocate for:

the intermediate care facility (ICF) system (the 5 centers), rather than our family members' individual ICF and

all eligible individuals (present and future) for ICF programs, rather than for our individual family members.

FF-CFR creates and updates booklets to use as "leave-behinds" in our meetings with policy makers. The most popular section contains the one-page family story-sheets with photographs of members' loved ones with disabilities. We are indebted to former

FF-CFR secretary Jan Fortney for creating the “model” for the booklets.

3. Actions to assist all the centers.

Two of the 5 centers have inactive parent-guardian associations, and the FF-CFR Board has worked to strengthen them by attending their parent-guardian meetings and by advocating for the centers before their communities’ leaders and before state legislative members from the areas. We have worked steadily over 10 years for capital improvement funds for one of the oldest centers, BHDC, and, on May 18, 2022, we attended the ribbon-cutting ceremony of two new living quarters on the BHDC campus. Previously, the center had been targeted by the protection and advocacy system (Disability Rights Arkansas) for closure. In the most recent legislative session, funds were earmarked for extensive capital improvements to a second HDC (JHDC). A long-range plan to address the other centers’ larger capital improvement projects is in place. As we understand, the division has scheduled a new medical facility at CHDC, our state’s largest center (450+ residents) as the next request. Other centers’ medically fragile individuals are offered a transfer to CHDC for specialty medical care when health care needs change.

4. Up-to-date Contact information.

We have collected many e-mail addresses from the five centers’ families. FF-CFR Database Coordinator, Tim Zimmerman, maintains the e-list, which we use in emergency advocacy efforts and to keep members informed. Currently, there are over 500 addresses. We are indebted to Jan and Alan Fortney for their early organizational work on the FF-CFR e-lists.

5. Contacts with the Arkansas General Assembly and the Administration.

FF-CFR strives to attend meetings and to meet with leaders of key legislative committees, House and Senate, which are most likely to address ICF issues. We strive to keep in touch with the Governor’s liaison to the legislature. The Arkansas Division of Developmental Disabilities Services (DDS) is one of many divisions under the Department of Human Services. DDS is governed by a Governor-appointed DDS Board. FF-CFR strives to have representatives at quarterly DDS Board meetings, usually held at CHDC. At the recent (May 3, 2023) DDS Board meeting, FF-CFR representatives provided compelling presentations to counter the Arkansas P&A (Disability Rights Arkansas) executive director’s statement during the public comment period that HDCs will cease to exist in ten years.

6. Awareness of State Policies.

We work to be informed about division policies which might affect the viability of the centers. These policies include (1) steady capital improvement funds for all five centers;

(2) open admissions to qualified individuals, including persons under the age of 18; (3) adequate pay for staff; and (4) properly funded operational budgets.

Respectfully submitted,

ON BEHALF OF FAMILIES & FRIENDS OF CARE FACILITY RESIDENTS

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