

A New Approach to Care in Arkansas: Why the Time Has Come to Close the Booneville Human Development Center

January 2015

Prepared by:

DisabilityRights
ARKANSAS

Acknowledgements

The authors of this report would like to extend their sincere appreciation to the residents of the Booneville Human Development Center (BHDC).

DRA staff members who contributed to this report were Christian Adcock, Christy Furqueron, Cassie Howell, Tom Masseau, Susan Pierce, and Debra Poulin.

Disability Rights Arkansas, Inc. is the federally authorized and funded Protection and Advocacy System and Client Assistance Program for people with disabilities in Arkansas. DRA is authorized to protect human, civil, and legal rights of all Arkansans with disabilities consistent with federal law.

This publication was made possible by funding support from the United States Department of Health and Human Services' Administration for Community Living and Substance Abuse and Mental Health Services. The contents in this report are solely the responsibility of the grantee and do not necessarily represent the official views of the United States Department of Health and Human Services' Administration for Community Living and Substance Abuse and Mental Health Services.

Executive Summary:

In 1999, the Supreme Court ruled in *Olmstead v L.C.* that public entities are required to provide community-based services to individuals with disabilities when: a) such services are appropriate; (b) the affected persons do not oppose community-based treatment; and (c) community-based services can be reasonably accommodated, taking into account the resources available to the entity and the needs of others who are receiving disability services. Yet, in 2015, the State of Arkansas has not fully moved toward community-based services. This report highlights the physical state of the Booneville Human Development Center, the fiscal realities involved in operating the Center, and the use of restraint as a therapeutic and disciplinary tool at the Center.

From January through October of 2014, Disability Rights Arkansas conducted 22 monitoring visits to the Boonville Human Development Center (HDC) campus and we have met many wonderful residents and staff. Using the information gathered during these visits, Disability Rights Arkansas made a number of observations for areas of improvement and has formulated recommendations for the facility and the State of Arkansas.

Currently, the Arkansas Department of Human Services is in the process of seeking state funds in order to renovate and modernize the Booneville HDC. For fiscal year 2014, the Booneville HDC had an operating budget of $16,005,663. This is the second highest operating budget of all the HDCs, behind only the facility in Conway, which houses roughly four times the number of residents. Due to the age of the Booneville HDC, there are numerous physical plant issues that need to be addressed. In addition to the problems one would expect at an older facility, some of the buildings have entire floors dedicated to storage, or floors which are left vacant. Several buildings have been deemed unsafe and have been boarded up completely. These problems exist even though the State has spent $4,460,850 on capital improvements for the Booneville HDC since 2009.

In addition to the deterioration of the physical buildings and the amount of money poured into the facility for its upkeep, Disability Rights Arkansas reviewed the data provided by the Boonville HDC to the state on the number of restraints from June 2014 to September 2014. A comparison of the data on restraints reveals that the use of restraints at the Booneville HDC for disciplinary measure occurs much more often than at any of the other, similarly sized, Arkansas HDCs.

Based on the findings of this report, Disability Rights Arkansas recommends:

- The Boonville HDC should be gradually phased out over the next twelve to eighteen months.

- Admissions to Boonville HDC should be halted immediately.
- The state should begin the process of moving the majority of the residents into supported living with the community, and, if necessary, all other residents should be absorbed by the four remaining HDCs.
- The money saved by the closure of the Boonville HDC should be used to strengthen Home and Community based care throughout the state.
- All unused buildings and portions of building at the Boonville HDC that remain used should be immediately sealed off to prevent residents from accessing them.
- All HDC staff statewide should be retrained in methods to avoid the use of restraints.
- The Department of Human Services should adopt a stricter policy for tracking and monitoring the use of restraints within the HDCs in order to better recognize troubling trends.

Introduction

The Booneville Human Development Center (Booneville HDC) is an Intermediate Care Facility for individuals with developmental disabilities located in Booneville, Arkansas. The Booneville HDC provides residential care consisting of full time custodial care for individuals with physical, mental, or emotional disorders.

The Booneville HDC is one of five Human Development Centers (HDCs) established to care for those with developmental disabilities in Arkansas. The other four HDCs are located in Conway, Arkadelphia, Warren and Jonesboro. There are approximately 925 individuals with developmental disabilities living in these HDCs. The Conway HDC is the largest of the HDCs with approximately 481 residents. The other HDCs have far lower populations, ranging from approximately 90 to 120 residents at each HDC.

The Booneville HDC is located on the grounds of the former Arkansas Tuberculosis Sanatorium. The Sanatorium was originally opened in 1910 and served as a relocation center for tuberculosis patients until 1973.

The Booneville HDC has a licensed capacity of 159 residents. However, as of September 2014, there were only 129 individuals residing there. The residents range in age from 18-68 years old, with an average age of 45. The gender breakdown of the residents is 65 percent male and 35 percent female. In addition to developmental disabilities, 92 percent of the residents have also been diagnosed with some form of mental illness. The State Department of Human Services employs 311 staff members to work at the Booneville HDC.

The living areas for residents at the Booneville HDC consist of several dormitory buildings and the Curtis Circle Apartments. There are four buildings on the campus devoted to "pre-vocational training," where the residents make rugs and participate in recycling programs in exchange for a piece-rate wage. Some residents work in the kitchen of the cafeteria as well. The cafeteria building includes a recreation room, an auditorium, and a small exercise room. A chapel and several administrative and maintenance buildings are also located on the grounds.

Physical Plant Issues

When a person visits the Booneville HDC, they first notice the beautiful old buildings on the grounds. Upon closer inspection, however, it becomes apparent that many of those buildings are falling apart. In some cases, buildings have been condemned and left to slowly crumble due to the cost of proper demolition, including asbestos abatement. The majority of the buildings on campus were constructed in either the 1930s or 1950s, and they show their age. Several buildings on campus are in such poor condition that entire floors are unsafe and not in use. The facilities at the Booneville HDC are outdated at best and dangerous at worst.

One example is the Nyberg Building which was built in 1938. The Nyberg Building houses the main administrative office for the Booneville HDC. The Nyberg Building is a massive building with six floors. The Booneville HDC staff only uses part of the first floor of the building. The rest of the building is empty.



Exterior of the Judge Hill Building Showing Need for Repairs

Another example is the Hamp Williams Building which was built in 1939. This building is used for prevocational training which consists mostly of shredding paper for recycling or separating fabric loops from bundles for use in producing rugs and place mats. There are three floors in the Hamp Williams Building. The first floor and half of the second floor are used for training. The other half of the second floor is used for storage, with one room piled full of trash bags. This half of the second floor is unlit and paint is peeling from the walls. There is no door separating the two halves of the floor.



Trash and Debris on the Second Floor of the Hamp Williams Building



Peeling Paint on the Second Floor of the Hamp Williams Building

The third floor of the Hamp Williams Building is in ruins. Walls are covered in peeling paint. There are holes in the walls, floors, and ceilings. A layer of dust covers every surface, and wires are left exposed and dangling from ceilings and walls. There are remnants of construction or demolition projects that were started and, at some point, abandoned, with fixtures removed from walls and left on the floor. In one area, a toilet has been left sitting in

the middle of a room. This area contains several safety hazards and is consistently left open to any resident who might go up the stairs. Disability Rights Arkansas has repeatedly advised the Boonville HDC staff and administrators of the safety concerns related to the conditions of the third floor and requested that the door be locked to prevent access to the third floor. These concerns and requests have been ignored.



Damaged Walls and Debris on the Third Floor of the Hamp Williams Building



Old Wiring and Debris on the Third Floor of the Hamp Williams Building



Holes in the Floor on the Third Floor of the Hamp Williams Building



Missing Walls and More Debris on the Third Floor of the Hamp Williams Building

The dormitory buildings that are in use at the Booneville HDC are generally clean and well maintained. However, there are two dormitory buildings that have been boarded up and left to collapse. They have massive holes in their roofs. After a storm, debris that has blown off the roofs of those buildings litters the surrounding area. Disability Rights Arkansas has been told that these buildings were left standing due to the high cost of safely demolishing them, specifically with regard to asbestos abatement. These buildings, one of which can be seen on the cover of this report, have been left to slowly fall apart creating a dangerous environment to residents and staff.

There also are "cottages" on the Booneville HDC grounds that are there to provide a more independent living situation for residents by allowing individuals the chance to maintain their own independent homes and develop necessary skills for independent living, such as cooking, cleaning, and doing their own laundry. Unfortunately, the cottages were all built in 1937, and as a result, they are in various states of disrepair, with some boarded up and left

empty. The ones that are still used as residences have many issues, including what looks like mold on the ceiling radiating out from ventilation ducts.



Filth from Cottage Ventilation Duct

There are numerous other physical plant issues and hazards at the Booneville HDC. One concern is a large swimming pool on the grounds that is full of stagnant water and surrounded by a chain link fence. This area is padlocked, but the fence would be easy to scale for some residents and presents a constant safety hazard.

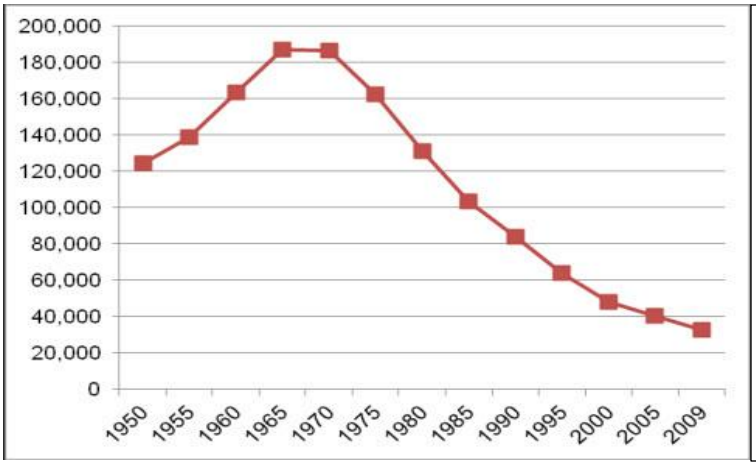
Significantly, the Booneville HDC is largely inaccessible for individuals with mobility impairments due to the hazards created by the deteriorating or condemned structures and the fact that the facility was built on a hill. The facility does not meet minimum architectural requirements that would allow for access for individuals with mobility impairments. Thus, residents who require wheelchairs or walkers or who develop a need for the use of wheelchairs or walkers cannot live at the Booneville HDC.

Fiscal Responsibility and the Booneville HDC

The United States as a whole, over the last several decades, has moved away from the idea of state owned and operated institutions and toward home and community-based services and care for individuals with disabilities. Several states have done away with their institutions entirely in favor of community-based services and care. In their 1999 decision in *Olmstead v. L.C.*, 527 U.S. 581, the United States Supreme Court upheld the integration mandate of the Americans with Disabilities Act. The integration mandate requires that individuals with disabilities be provided services "in the most integrated setting appropriate to the needs of qualified individuals with disabilities." Since the Supreme Court's decision in *Olmstead*, several states have been defendants in costly litigation on behalf of residents of facilities like the Booneville HDC who seek services in appropriate integrated settings.

Arkansas operates 32.8 beds in Intermediate Care Facilities per 100,000 citizens; this is over three times the national average of 9.5 beds. Arkansas refuses to move with the times and instead continues to provide this outmoded form of care in the face of mounting evidence that it is not only less expensive for individuals with disabilities to be supported in the community, but also that the quality of life provided is better for them.

Arkansas has refused to move toward providing community based services and care despite the fact that demand for space in Intermediate Care Facilities has decreased as well, both nationally and in Arkansas. Since 1980, the population in state operated Intermediate Care Facilities has decreased 77% nationwide, and 38% in Arkansas. There are currently 48 individuals on the waiting list for a space at a Human Development Center in Arkansas. By contrast, there are almost 3,000 on the waiting list for community-based services. Half of the individuals requesting a spot at an HDC are also on the list for community-based services; only 24 individuals are exclusively interested in an institutional placement. It is clear that the majority of Arkansas families prefer community-based settings to institutions.



Average Daily Census of People with Developmental Disabilities in Large State Facilities, 1950–2009
Source: National Council on Disability

According to the Arkansas Department of Human Services, the average annual cost to the State to house one individual in a Human Development Center is $117,245. The average annual cost to the State for an individual to live in the community and receive community-based services is $59,126. Institutionalization of an individual costs the State almost twice as much as community-based services and care.

In addition to the over $16 million operating budget, during the next legislative session, the Arkansas Department of Human Services will be asking for 7.7 million dollars for capital improvements at the Booneville HDC. That seven million dollar figure is only the tip of the iceberg, as there are reportedly plans to request well over twenty million dollars throughout the next eight years. The Boonville HDC accounts for 10 percent of the State's HDC population. Yet the facility, has received 30 percent of the total HDC funding for improvement projects and maintenance over the last few years. With the disproportionate cost of maintaining and operating the Booneville HDC and declining enrollment it is not fiscally responsible for our State to put 20 million dollars - or even 7.7 million dollars - into modernizing the outdated and broken down facility.

As of September of this year, there were only 129 residents left at the Booneville HDC, with over 50 percent of them functioning in the mild and moderate categories of intellectual disabilities. These individuals could be moved into the community if they and their families chose to do so. Individuals with developmental disabilities can live and thrive in the community, having more access to their family, activities and opportunities for work. Given the strong interest in community-based services evidenced by the almost 3,000 individuals on the waiting list for those services, as well as the cost of institutional placement, the State Legislature should look into uses for the funding that the Booneville HDC is requesting that would allow individuals to stay in their communities and move Arkansas away from the outdated models of care and treatment that we have clung to for so long. Disability Rights Arkansas would like the legislature to consider shifting some of the money spent serving the relatively small population of individuals in institutional care toward more home and community-based services for the thousands of Arkansans waiting for those services.

Restraint Use

The frequent use of restraints, both mechanical and chemical, at the Booneville HDC is very concerning. A mechanical restraint is any type of device used to restrict movement. At the Booneville HDC mechanical restraints are used frequently, most commonly a restraint board. A restraint board is a device consisting of a board which an individual is laid on and secured by straps restraining the arms, chest, legs, and ankles.



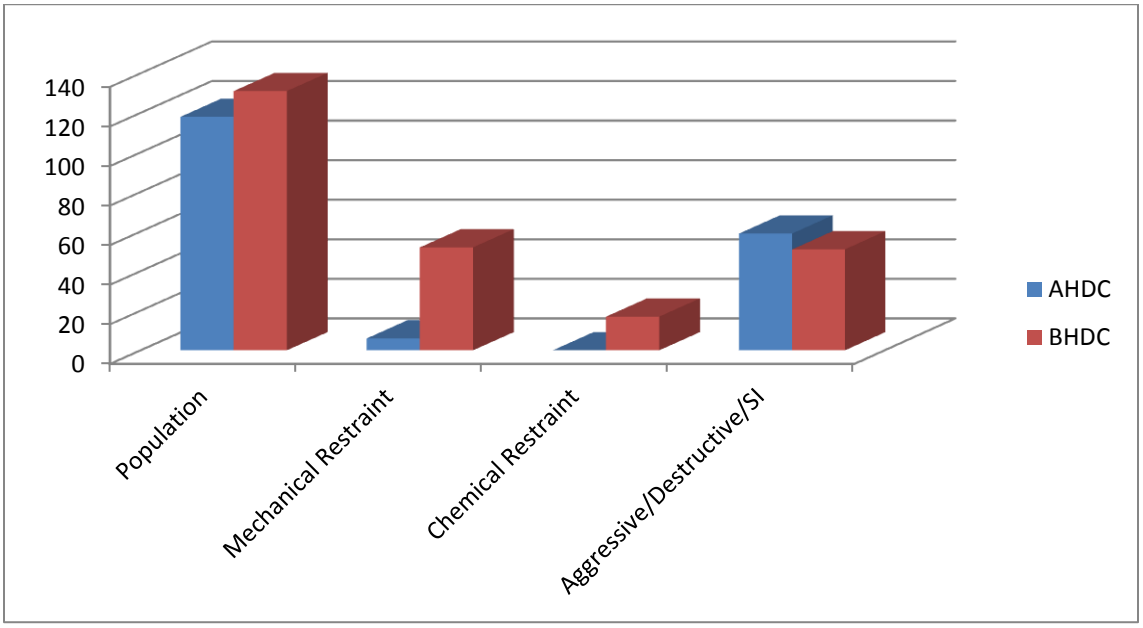
Example of a Six Point Restraint Board

Chemical restraints are pharmaceutical substances used to restrict movement or to sedate. Each type of restraint carries its own inherent dangers. According to a 2011 report published by Equip for Equality, an estimated 50 to 150 fatalities occur nationwide each year due to complications caused by restraint use. Several professional organizations have advocated for the reduction or elimination of restraint use, including the American Psychiatric Association, the National Association of State Mental Health Program Directors, the National Disability Rights Network, and the National Alliance on Mental Illness.

A comparison of the data on restraints reveals that the use of restraints at the Booneville HDC for disciplinary measure occurs much more often than at any of the other, similarly sized, Arkansas HDCs. Those other HDCs are the Arkadelphia HDC, Jonesboro HDC, and the Southeast Arkansas HDC in Warren.

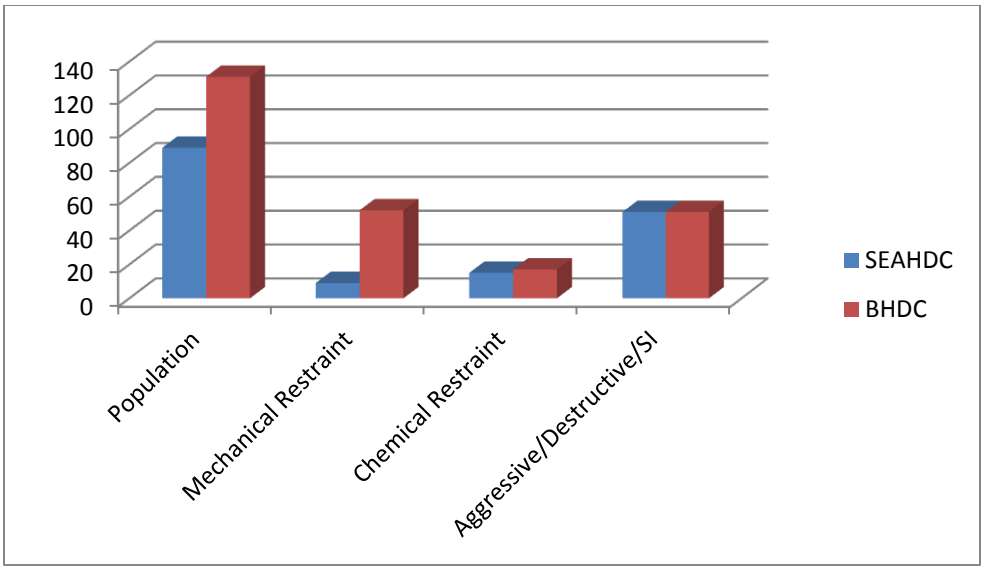
In June 2014, the Booneville HDC had 131 residents and a reported total of 51 Aggressive/Destructive/Self Injurious Behaviors. That month, mechanical restraints were used on residents 52 times and chemical restraints were used on residents 17 times.

By comparison in that same month, there were 118 residents at the Arkadelphia HDC (AHDC) and a reported total of 59 Aggressive/Destructive/Self Injurious behaviors. However, at the Arkadelphia HDC, mechanical restraint was used on residents only six times and chemical restraint was not used at all. There was less use of restraint at the Arkadelphia HDC than at the Booneville HDC in June 2014 even though there were a higher number of problem behaviors at the Arkadelphia HDC that month.



Comparison of Booneville HDC to Arkadelphia HDC Behavior and Restraint Data for June 2014

Similarly, in June 2014, there were 89 residents at the Southeast Arkansas HDC (SEAHDC) in Warren and a reported total of 51 Aggressive/Destructive/Self Injurious behaviors. At the Southeast Arkansas HDC, mechanical restraints were used on residents only 9 times and chemical restraints were used 15 times.



Comparison of Booneville HDC to Southeast Arkansas HDC Behavior and Restraint Data for June 2014

The number of restraint and behavior incidents for all HDCs stayed relatively consistent over the four month period between June and September 2014:

June

	AHDC	BHDC	JHDC	SEAHDC
Population	118	131	104	89
Mechanical Restraint	6	52	16	9
Chemical Restraint	0	17	0	15
Aggressive/Destructive/SI	59	51	66	51

July

	AHDC	BHDC	JHDC	SEAHDC
Population	119	132	105	90
Mechanical Restraint	6	66	19	7
Chemical Restraint	0	27	0	3
Aggressive/Destructive	52	78	34	28
Self-Injurious	25	17	28	29

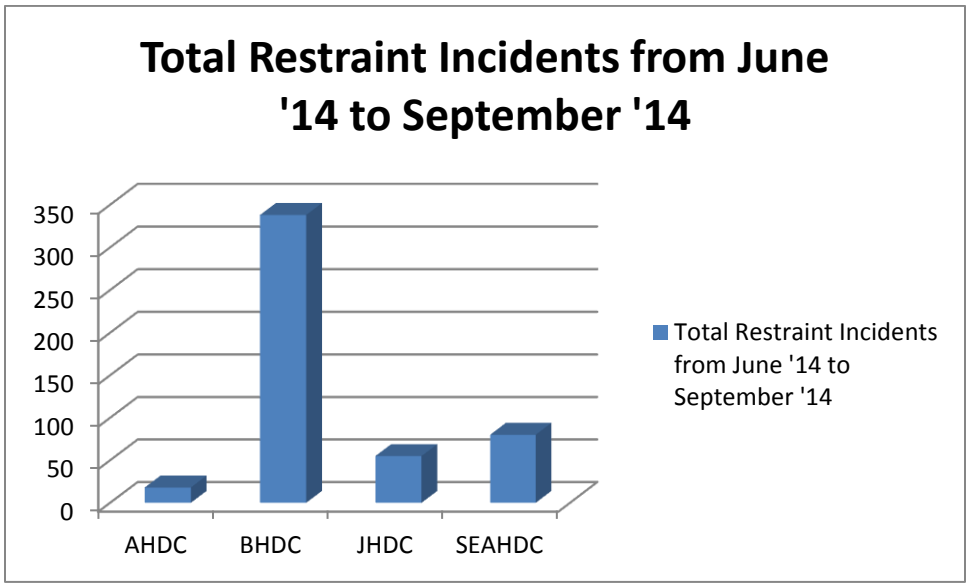
August

	AHDC	BHDC	JHDC	SEAHDC
Population	118	131	105	89
Mechanical Restraint	2	63	8	16
Chemical Restraint	0	44	0	12
Aggressive/Destructive	52	78	34	28
Self-Injurious	25	17	28	29

September

	AHDC	BHDC	JHDC	SEAHDC
Population	119	129	105	90
Mechanical Restraint	4	52	12	10
Chemical Restraint	0	17	0	8
Aggressive/Destructive	52	78	34	unknown
Self-Injurious	25	14	28	unknown

Over the four month period from June through September 2014, there were 18 restraint incidents at the Arkadelphia HDC, 55 at the Jonesboro HDC, 80 at the Southeast Arkansas HDC, and 338 at the Booneville HDC. Booneville's population averaged about 130 residents for those four months, with an average of 84.5 restraint incidents per month. The use of restraints is roughly 18 times higher than the average at the Arkadelphia HDC, six times higher than the average at the Jonesboro HDC, and four times higher than the average at Southeast Arkansas HDC.



In 2009, the Congressional Research Service issued a report on restraint in schools which stated, "[c]hemical and mechanical restraints should never be used in a school setting." If this is the case, then why are these same methods used in our state-run facilities for individuals with developmental disabilities? And why are these methods resorted to more frequently at the Booneville BHDC?

The frequency of restraint use at the Booneville HDC is too high. The Arkansas Department of Human Services, the state agency responsible for oversight of the HDCs, must take steps to determine the root causes of the excessive use of restraint at the Booneville HDC, rethink and improve the behavior plans of those residents who are frequently restrained and retrain staff on methods to avoid the use of restraint. Moreover, as part of this review, the Department of Human Services should investigate the purpose for the use of restraint. If the Department finds that restraint is being used in a punitive manner, then it should take steps to end the practice immediately.

Conclusion

The Booneville HDC has many wonderful residents and, for the most part, a dedicated and caring staff. However, there are several deeply rooted problems with no easy solution. As a result of these problems, Disability Rights Arkansas recommends the facility be gradually phased out. Admissions to the Booneville HDC should be halted as soon as possible and residents who can be moved into the community with supports from Medicaid waiver programs should be transitioned into the community. If necessary, the remainder of the residents should be absorbed by the other four Arkansas HDCs. While this may seem like a drastic step, it is the one that makes the most economic sense for Arkansas and the safety of the residents.

DRA Recommendations:

- The Booneville Human Development Center should be gradually phased out over the next 12 to 18 months and admissions to the Center should be halted immediately.
- The majority of the residents should be moved into supported living within the community and, if necessary, all other residents should be absorbed by the four remaining HDCs.
- The bulk of the money saved by the closure of the Booneville HDC should be used to strengthen home and community based care throughout the state.
- All unused buildings and portions of buildings at the Booneville HDC that remain unused should be immediately sealed off to prevent residents from accessing them.
- All HDC staff statewide should be retrained in methods to avoid the use of restraints.
- The Department of Human Services should adopt a stricter policy for tracking and monitoring the use of restraints within the HDCs in order to better recognize troubling trends.

It is our hope that the State of Arkansas will continue to strive to provide those individuals with developmental disabilities the best and most modern care possible. It is time for Arkansas to move away from the outmoded institutional model of care, as well as reduce the risk of a potentially costly *Olmstead* suit. Though a move toward community-based services would save the State a great deal of money, this is not just about the money. This is about providing Arkansans with developmental disabilities and their families both the freedom and the opportunity to live how they choose and to ensure that the State has the resources necessary to support and make available community-based living to all.