



2013 Annual Report

The Disability Rights Center is a private non-profit organization, incorporated in Maine, governed by a volunteer board of Directors and designated by the Governor of Maine to serve as Maine's independent advocacy agency for people with disabilities.

Our mission is to enhance and promote the equality, self-determination, independence, productivity, integration, and inclusion of people with disabilities through education, strategic advocacy and legal intervention.

DRC Board and staff believe that people with disabilities must:

Be free from abuse;

Control the decisions that affect their lives;

Receive the services and supports necessary to live independently;

Have the opportunity to work and contribute to society; and

Have equal access to the same opportunities afforded all other members of society.

The Disability Rights Center is supported by grants from the Administration on Intellectual and Developmental Disabilities, the Center for Mental Health Services, the Rehabilitation Services Administration, the Social Security Administration, the Health Resources Services Administration, the State of Maine, Acadia Hospital, the Civil Legal Services Commission, and private donations. Report contents are solely the responsibility of DRC and do not necessarily represent the official view of any of these agencies.

our programs

PADD: Protection and Advocacy for Developmental Disabilities

is funded by the Administration on Developmental Disabilities (ADD) and serves persons who have a severe, chronic disability as a result of a "physical or mental impairment" that arose prior to age 22, is likely to continue indefinitely, and causes substantial functional limitations in three or more areas of life activity, such as self-care, mobility, language, learning, self-direction, capacity for independent living and economic self-sufficiency.

PAIMI: Protection and Advocacy for Individuals with Mental Illness

is funded by the Center for Mental Health Services (CMHS) and serves persons who have a diagnosis of a serious mental illness with priority given to persons residing in facilities.

PAIR: Protection and Advocacy for Individual Rights

is funded by the Rehabilitation Services Administration (RSA) and serves persons who have a disability and who are not eligible for either the PADD or PAIMI programs. PAIR focuses on civil rights violations.

PAAT: Protection and Advocacy for Assistive Technology

is funded by the Rehabilitation Services Administration and serves persons who have a disability and who need assistance in obtaining assistive technology devices or equipment in order to live more independently, work, attend school, or meet medical needs.

PABSS: Protection and Advocacy for Beneficiaries of Social Security is funded by the Social Security Administration (SSA) and serves individuals who have a disability and who receive Social Security Disability Income (SSDI) or Supplemental Security Income (SSI) and who want to work, return to work, or are working and need assistance with respect to benefits.

PATBI: Protection and Advocacy for Traumatic Brain Injury is funded by the Health Resources Services Administration (HRSA) and serves individuals who have a brain injury.

PAVA: Protection and Advocacy for Voting Access

is funded by the Administration on Developmental Disabilities (ADD) through the Help America Vote Act (HAVA). The role of DRC is to increase access to voting for Maine citizens with disabilities.

EA: Educational Advocacy is funded by the State of Maine and provides representation to parents of children with disabilities in accessing appropriate special education services.

Contract Mental Health Advocacy is funded by the Maine Department of Health and Human Services and Acadia Hospital and provides advocacy to residents of Riverview and Dorothea Dix Psychiatric Centers and Acadia Hospital.

DSA: Developmental Services Advocacy is funded by the Maine Department of Health and Human Services (DHHS), Office of Aging & Developmental Services. With this funding, DRC provides legally based advocacy to persons with intellectual disabilities and autism from offices in Augusta, Bangor, Caribou, Lewiston, Portland, and Rockland.

a message from the ed

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Dear Friends and Colleagues;

I am delighted to share the Disability Rights Center's 36th Annual Report, which highlights a few examples of the important casework and systemic advocacy undertaken by DRC during the fiscal year.

DRC is a small organization with a very large mandate, but we are fortunate to have partners with whom we collaborate in pursuing public policy reform and systemic change.

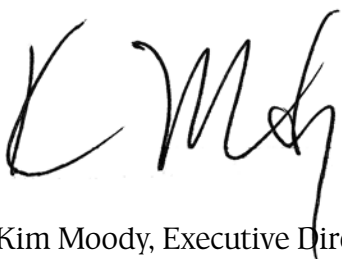
The protection of disability rights is more difficult and critical now than it has been at other times during my tenure at the Disability Rights Center. At particular risk are the rights of people with psychiatric labels and mental illness, so we must work even more closely with our partners, and with even greater vigilance, to ensure that people with disabilities are not only safe and free from discrimination and abuse, but are full and equal partners in our communities.

Children with disabilities continue to be excluded from appropriate and adequate public education. Adults with disabilities continue to face discrimination in housing, employment, education, transportation, health care and access to goods and services. People with disabilities still reside and work in more restrictive settings than they want or need.

DRC's commitment to Mainers with disabilities is to continue to work hard to enforce and advance disability rights and to ensure that our advocacy and legal work is of the best possible quality and available to the greatest number of people. Our promise is to use our resources wisely to continue the fight to end discrimination.

I am thankful to my coworkers and to the clients we serve, both of whom continue to awe and inspire me every single day with their commitment to justice, dedication to creating a better society and passion for disability rights. And, I am thankful to our financial contributors, our volunteers, our interns and externs; all who graciously provide public and outspoken support for the important work of the Disability Rights Center.

Respectfully,



Kim Moody, Executive Director



Left: Senator Angus King, here with Kim Moody, delivered the keynote address at DRC's 13th Annual Membership Dinner | Middle: Gil Broberg, 2013 Access for All Award Recipient | Right: Lydia Richard, 2013 Helen M. Bailey Advocacy Award Recipient



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To protect the confidentiality of our clients, pseudonyms have been used. The pictures are stock photos and are not actual DRC clients with the exception of cover story photos and photos below.

Available in alternative formats upon request

For the first forty-three years of her life, Myrtilla Laieski enjoyed the use of her hands. But

after a serious infection related to the treatment of pneumonia, Myrtilla's life changed dramatically: she underwent several operations resulting in the amputation of both arms and both legs. Following these surgeries, Myrtilla was fitted with leg and arm prosthetic devices.

As Myrtilla began to work toward regaining some of her functioning and her independence, it became clear that the cable operated prosthetic system for her arms was not adequate. It did not allow her to utilize the hooks that were meant to function in place of her hands for any activities above her shoulders or below her waist. As a result, Myrtilla could not wash her face, comb her hair, brush her teeth or engage in other basic activities of daily living. In addition, since the cable system is operated by shoulder movements, using her arms at all while standing on prosthetic legs would cause her to lose her balance.

Myrtilla worked with her

cover story: Myrtilla

medical providers to find a solution and was prescribed a myoelectric prosthesis for her right arm. Unlike the cable system, which requires the movement of the opposite shoulder to control the hook, the myoelectric system is controlled by contracting muscles in the residual limb, allowing the user to manipulate the terminal hook or hand with very little movement. Myrtilla presented her prescription and all other required supporting documents to MaineCare for prior authorization of this medical equipment.

MaineCare denied Myrtilla's request, claiming that because the prosthesis contained a microprocessor, it was considered "deluxe" and therefore not eligible for reimbursement. Upon receiving the denial notice, which listed the Disability Rights Center's contact information, Myrtilla called DRC to ask about her right to appeal. She was referred to work with attorney

Atlee Reilly. After researching the issue and reviewing the documents that supported Myrtilla's request, Atlee filed a MaineCare appeal on her behalf.

Under Medicaid, states are not allowed to have absolute prohibitions on specific types of durable medical equipment. Atlee argued that MaineCare's position – that prostheses with microprocessors were

... she underwent several operations resulting in the amputation of both arms and both legs ...

not reimbursable – was in violation of Medicaid program requirements. He also argued that because of this blanket prohibition, MaineCare had

not adequately considered Myrtila's individual need for the requested medical equipment. The hearing officer accepted these arguments and concluded that there cannot be an absolute prohibition on any type of Durable Medical Equipment.

Further, the hearing officer determined that in Myrtila's specific case, if she were outfitted with the requested myoelectric prosthesis, her ability to live more independently would be greatly increased. The prosthesis would enable her to, among other things, wash her face, brush her hair, button her shirt and do other dressing activities, bathe, use eating utensils, prepare light meals, and put on and take off her prostheses. The hearing officer determined that "there is no alternative, less expensive

system that can provide Myrtila Laieski with the ability to live as independently as she could with the requested myoelectric controlled below elbow prosthesis."

“I was nervous about whether it would be approved or not because it had never been done...”

As a result, MaineCare was required to fund, for the first time, a myoelectric controlled below elbow prosthesis. Myrtila said recently, "I was nervous about whether it would be

approved or not because it had never been done [before]. When it happened, I was amazed."

While Myrtila is still working with her medical providers to tweak the settings on her new prosthesis, she believes her quality of life is already much improved. "I'm able to pick up larger items and really hold onto them. It's really nice that I can pick up a cup of coffee and drink it without using a straw." When asked what she would tell others facing a similar situation, Myrtila replied, "I would tell people to not give up. If it's something you really need, something that is going to drastically improve your life, fight for it."

In a separate case, DRC recently won a hearing involving burdensome requirements that effectively denied a person an above the knee prosthesis with a microprocessor. Taken together, these decisions make clear that individuals seeking medical equipment are entitled to an individualized determination of medical necessity, based on their own particular circumstances. DRC is committed to ensuring that these individualized determinations are actually taking place.



MYRTILLA AND HER DOG DELILAH
(COURTESY OF KAREN FARBER)

employment




After Vocational Rehabilitation (VR) closed her case, Jenny's mother reached out to DRC. VR claimed that Jenny, who has an intellectual disability and Pervasive Developmental Disorder, was not ready to work. This was despite the fact that she previously had a successful work evaluation. DRC assisted Jenny and her mother with filing an appeal of the case closure decision. As a result of the appeal request, VR offered Jenny the opportunity to re-apply for VR services and select a new job developer. Jenny agreed and started the process of interviewing several possible job developers, including the individual who had worked with her during her initial, successful work evaluation.

advocacy successes

DRC is participating in a work group to draft regulations governing the use of severely intrusive behavior plans for children who engage in challenging behavior and who have an ID, Autism, or

mental health diagnosis. Using the draft adult behavior three person committee regulations as a model, the group is drafting regulations that will govern when the "three person committees" can



DRC strives to promote equal access to employment opportunities, necessary workplace supports, and discrimination-free workplaces for Maine citizens with disabilities.

Angela, who is blind, worked in a supermarket for over twenty years. Because she had some issues with getting around at work, her employer believed Angela's disability presented a safety risk and therefore placed her on unpaid leave. She was also instructed to not return to work until she obtained a report from her eye doctor stating that there was no safety risk. Unfortunately, Angela could not obtain this documentation because her doctor stated that it was not his role to evaluate safety risks. Facing termination, Angela contacted DRC. A DRC attorney spoke with Angela and contacted Vocational Rehabilitation who set up a time to conduct a work evaluation, which ultimately concluded that she could do her job with

reasonable accommodations. DRC negotiated with the employer to allow Angela to return to work with reasonable accommodations.

When Joe's employer denied him an accommodation to seek mental health treatment, his parents called DRC on his behalf. Joe was in a mental health crisis, but rather than allow reasonable leave, his supervisor immediately demoted him from a supervisory position and reduced his hours to part time. Two weeks later, Joe was terminated. DRC assisted him in filing a complaint with the Maine Human Rights Commission, and later represented Joe in mediation. As a resolution, Joe was offered reinstatement. The employer also agreed to provide ADA

training, pay compensatory damages and back wages to Joe, as well as attorneys' fees to DRC.

Fred contacted DRC after his employer informed him that he could not be trained on forklift operation, which offered him job advancement and increased pay, because of his tremors. Fred's employer made this decision without any objective, medical information. DRC worked with Fred to get medical clearance from his doctor and, once this was obtained, request that the employer reconsider its earlier determination. After his employer overturned the initial decision, Fred passed the forklift operation safety test and he will soon begin necessary training to operate the equipment.

approve behavior plans that minimize the risk of injury to the child and others and also restrict the use of severely intrusive behavior management techniques that otherwise might be employed.

DRC's Executive Director met with Maine's Governor at the request of Maine's Commissioner of Health and Human Services to discuss employment issues regarding people with disabilities.

They talked about the efficacy of the clubhouse model, the importance of employment in people's lives, the desire of people with disabilities to work, and customized employment.

housing




Kyle's family had a Section 8 voucher that was good for a two bedroom apartment. However, due to Kyle's increasing aggressiveness and other disability related behaviors, it was not safe for him to share a room with his siblings. With clinical support from Kyle's physician, his mother requested a voucher for a 3 bedroom home, so that he could have his own room. Despite her many repeated requests, the housing authority was unresponsive and did not approve it. Kyle's mother contacted DRC when her lease was nearing expiration and the family was facing homelessness. Without the accommodation, Kyle was at risk for institutionalization because of his potentially unsafe behaviors. DRC contacted the housing authority, reiterated Kyle's right

advocacy
successes

Before the last national election for the open Maine seat in the US Senate, candidate Angus King announced that, if elected, he would create a Disability Advisory Council and that he had asked

DRC's Executive Director to chair the council. After the election, the ED identified individuals with disabilities, who are also leaders in the disability movement, to come together and



DRC fights so that people with disabilities can live in the community of their choosing, independently, and free from discrimination.

to reasonable accommodation, and requested that they provide their answer immediately. Soon thereafter, the housing authority granted Kyle's mother's request for a 3 bedroom voucher as a reasonable accommodation.

Ruby was a tenant in a building owned by an agency that simultaneously provided services to her. Ruby was given a notice terminating her tenancy after she informed the agency she wanted to discontinue services with them. DRC contacted the agency and advised that it could not terminate tenancy on the basis of refusal of services. The agency thereafter rescinded the eviction notice.

Omar received a notice terminating his tenancy on the basis of poor housekeeping. DRC contacted his mental health service providers and obtained assurances that Omar would receive services going forward that would address the housekeeping issues. DRC sent a letter to the landlord seeking a reasonable accommodation whereby they would withdraw the notice to quit and allow Omar to access services that would address the issue. The apartment was thereafter cleaned and the landlord conducted an inspection. Omar's apartment passed the inspection and the landlord rescinded the eviction notice.

Frankie has physical disabilities and resides in a HUD subsidized apartment complex. She contacted DRC because the building's electric door opener had been inoperable for about three months. The door is quite heavy, making it extremely difficult for people who use wheelchairs and walkers to enter and exit. The management company previously informed Frankie that the door opener would not be repaired for a year or more due to the lack of funds. DRC contacted the housing authority and reiterated its legal obligation to ensure safe access for residents and visitors with physical disabilities. Thereafter, the housing authority replaced the electronic door openers and buzzers, and now individuals with disabilities can independently access the building.

discuss broad disability issues. To date, the council has convened on two occasions and Senator King's staff attended both meetings.

In November 2012, Maine's Governor appointed DRC's Public Policy Director to the Board of the Kim Wallace Adaptive Equipment Loan Program (mPower). This program provides Maine

citizens and businesses with affordable loans to create access or buy equipment to achieve independence, life enrichment and/or community participation.

rights violations



Monica is a young adult with an intellectual disability who is under full guardianship. Prior to DRC intervention, Monica's guardian restricted her ability to attend a church of her choosing. The guardian insisted that she only participate in the guardian's chosen religion. DRC successfully negotiated with the guardian to not restrict Monica's ability to attend a church of her choosing. As a result, DRC was able to assist in preserving Monica's constitutional right to freedom of religion.

advocacy
successes

DRC worked with a diverse set of stakeholders to respond to calls for major changes to Maine's new regulations governing the use of restraint and seclusion in schools. The resulting

changes included the broadening of the definition of physical escort and lowering the threshold for a permitted use of seclusion or restraint to "risk of injury or harm". In reaching this compromise,



DRC's legal advocacy enforces the rights of Maine citizens with disabilities to be free from abuse and neglect.

DRC attended the planning team meeting for Nina, a young woman with an intellectual disability. At the meeting, Nina's team discussed the benefits of a medical procedure that would result in her sterilization. DRC educated the team and advocated for Nina's due process rights when undergoing such a procedure. As a result, Nina's rights were protected.

Carl was an involuntary patient at a psychiatric hospital as a result of a court commitment order. The hospital received approval from a clinical review panel to involuntarily administer psychotropic medications. DRC appealed this order to the Superior Court and sought a stay of the order on

the basis that the proceedings of the clinical review panel violated Carl's constitutional right to due process. The Superior Court found that Carl's right to due process had been violated and issued an order prohibiting the hospital from forcibly medicating him. This stay order remained in effect until the expiration of the commitment order.

Esther was admitted to a hospital emergency department (ED) after a car accident. While there, the hospital made a determination that she met the standard for emergency involuntary hospitalization. The law allows the emergency department to hold patients for up to 24 hours pending transfer. The ED claimed that there

were no beds available at any receiving mental health hospital, and therefore did not transfer Esther. Instead the ED re-certified every 24 hours that she met the clinical criteria to be held in the emergency department. DRC contacted the hospital and asserted that this procedure violated Esther's procedural due process rights because she could be kept in the hospital indefinitely without being afforded a court hearing. The DRC contacted the hospital's attorney and representatives from the Maine Department of Health and Human Services regarding this problem. Esther was subsequently transferred from the emergency department to a mental health hospital, as required under the law.

some of the most concerning aspects of the proposed changes were avoided, including a provision allowing parents to waive their child's rights under the regulations. Another change that was

avoided was a provision that allowed for the use of restraint in cases of property destruction or disruption of the environment. These determinations would have been left up to the discretion

of individual teachers and, as a result, students could potentially have been restrained for behaviors where there was no risk of injury or where no emergency existed.

education



Ethan's mom contacted DRC after she was told that the school would not provide appropriate educational services to her son, who is Deaf. The school informed mom that no interpreter services would be available, that Ethan would not receive any instruction from a Teacher of the Deaf (TOD), and no IEP meeting would be held before the beginning of the school year. DRC contacted the special education director who agreed to convene an IEP meeting prior to the start of the school year. DRC also assisted Ethan's mom with advocating for his needs and Ethan is now receiving interpreter services and instruction from a TOD.

Davey is a high school student with cerebral palsy, visual impairment and a seizure disorder. Despite no medical

advocacy
successes

DRC's Executive Director and Advocacy Director serve on Maine's Employment First coalition. DRC's ED took the lead on submitting and working toward successful legislation making Maine a

formal "Employment First" state, one of only a handful of states to have both policy and legislation in place supporting EF activities. DRC's ED put together a team that approached the President of



DRC advocates for appropriate education for Maine students with disabilities.

recommendation to do so, the school staff required him to wear a helmet when they determined it necessary or thought his balance was unsafe. DRC attempted to resolve the matter at the IEP Team meeting level, but was unsuccessful. DRC then wrote to the special education director outlining the lack of medical justification for the protective helmet and the complete absence of a policy or procedure defining measurable criteria for determining any student's need for protective headgear at school. DRC also noted that subjecting only Davey to a helmet requirement was discriminatory based on disability. Promptly thereafter, the district rescinded this requirement.

DRC was contacted after Will, who has Autism, was given a certificate of completion, but no provision was being made for his continued education or transition planning. DRC reviewed records and assisted Will and his family with obtaining an independent educational evaluation, with a focus on transition needs. A DRC attorney attended an IEP Team meeting and the school district agreed to provide Will with a program that focuses on developing employment and independent living skills and allow for additional years of educational programming that include job placement in the community. The district also agreed to continue to engage the independent consultant to provide support as needed to the IEP Team.

When Casey was suspended from school and told to stay home until a reentry meeting, his parents called DRC. A due process hearing request was filed on behalf of his parents and Casey was ultimately allowed to return to school. DRC also secured an independent educational evaluation, which provided significant guidance for the IEP Team in educational planning. The district agreed to ongoing consultation from the expert who conducted the independent evaluation, including developing a positive behavior support plan, supporting the transition to the middle school, providing staff training as needed, observing and meeting 1:1 with the student, and participating in IEP meetings. Finally, selected staff would receive training on special education discipline.

the Senate, asking him to be the prime sponsor on the bill. This organizing effort was successful and the informal coalition appeared before the legislature, where more than 40 people testified in favor of

the bill. The coalition has been formally established and includes wide, cross-disability membership, as well as full involvement of multiple state agencies. Work groups have been created,

focusing on business and employer relations, best practices and capacity building, and youth and transition, among other issue-areas.

community integration



Rosa contacted DRC due to her limited ACCESS to effective communication while in the hospital. During her stay, Rosa, who is Deaf, only had access to interpreters during certain times of the day. Although a TTY was made available, Rosa was not able to communicate with others outside of the facility at the same level as patients who were not Deaf. However, a video phone would have provided her equal access to make private calls during regular hours and at the time of her choosing. DRC contacted the hospital and was able to negotiate a resolution whereby the hospital agreed to purchase and install a video phone.

training+
outreach

DRC staff conducted 102 trainings for 2,076 people.

DRC's developmental services advocates provided rights training to a total of 739 individuals with disabilities, family

members, guardians, and providers statewide.

DRC's General Counsel conducted two training sessions at Acadia Hospital on inpatient commitment law. One session



DRC fights to ensure that people with disabilities have the opportunity to live, work, and participate in our communities.

Steven has Spina Bifida and uses a wheelchair. After a transportation company refused to provide him with rides to his medical appointments, Steven called DRC. The transportation company stated that because he had a bus pass, he could use public transportation to get to his appointments. Even after Steven explained that he was unable to access the bus safely during inclement weather, the company still refused to provide him transportation. DRC contacted the transportation company and requested an accommodation under the ADA so that Steven can use their services when weather conditions make it impossible to access the bus. The company agreed to the accommodation request.

Stephanie, a young girl with mental illness and an intellectual disability, had been living in a staff intensive residential treatment facility (RTF) for over a year. She was under public guardianship, but was unsure of what the guardian was doing to place her with a family. An investigation revealed that the guardian had not included Stephanie in any planning for a more permanent place to live. DRC advocated that she be involved in the discharge planning process. After DRC intervened, the guardian began searching for a family for Stephanie. In addition to her participation in planning for a more permanent place to live, Stephanie was recently placed with a foster family who wishes to eventually adopt her.

Jeffrey uses a wheelchair and has limited use of his arms. After being admitted to the local hospital for inpatient care, Jeffrey learned that the facility did not have the appropriate equipment to meet his needs. He contacted DRC. He reported that the hospital did not have adequate shower chairs – some were broken, some had no railings – and there was no transfer bench. DRC contacted the hospital and requested that they purchase an appropriate transfer bench and shower chair. The hospital agreed to purchase the equipment and sought Jeffrey's guidance before placing the order. The hospital also repositioned the mirror so that it is accessible to people who use wheelchairs.

was for nurses and clinicians, while the second was for physicians and physician assistants. As a result of these trainings, nurses, clinicians and medical staff have additional knowledge regarding

commitment laws and procedures.

DRC's Executive Director provided training at the statewide Consumer Council System of Maine meeting. The ED spoke about lessons learned

in the psychiatric survivor movement in Maine over the past 25 years, discussed internalized repression and in-fighting in the movement and suggested ways to avoid or to deal with such conflict.

healthcare




Elise, a young girl with a rare developmental disability, was denied Katie Beckett MaineCare coverage allegedly because she did not have a disability. DRC reviewed the denial notice and determined it was legally deficient and did not meet due process standards because the notice indicated that Elise was denied benefits based on her ability to do “work”. DRC requested a pre-hearing conference on this matter and the hearing officer required that the State consult with the Attorney General’s office to fix the notice. Ultimately, the State reconsidered its earlier decision and found Elise eligible for MaineCare Katie Beckett benefits.

training+
outreach

DRC was invited by the CASA (Court Appointed Special Advocates for Children) Program Manager, part of the Family Division of the Maine Judicial Branch, to develop and deliver a presentation on

special education law and protections for students with disabilities as part of a training program for new advocates. The DRC attorney trained 13 individuals who are now working as CASA advocates.



DRC works to ensure people with disabilities access the crucial care and services they need.

Lucy has an intellectual disability and lives with her parents. She receives in-home support services and after a reassessment, her hours were reduced. Her guardian appealed the reduction and contacted DRC for assistance with the appeal. DRC determined that Lucy's Medicaid and MaineCare due process rights were violated. Under the law, if an individual appeals a proposed reduction of services within ten days, DHHS must continue services until the outcome of the appeal. Although the assessing agency acknowledged that Lucy had appealed within ten days, it immediately reduced her services. DRC negotiated to reinstate Lucy's services and, ultimately, her in-home supports were fully restored.

Patty's mother, who is also her legal guardian, contacted DRC concerning her daughter's dental care. Per a settlement agreement with the State, Patty was to receive quarterly dental care. This agreement originated from when Patty was in a state-run facility and fell down several flights of stairs, sustaining a serious mouth injury. Unfortunately, Patty, who required IV sedation, was only receiving sporadic dental services from the local clinic. DRC reviewed the settlement agreement and negotiated with the dental clinic to work with Patty's home provider to provide consistent quarterly dental appointments, as directed by the settlement agreement.

When Mark turned 21, DHHS proposed reducing his round the clock nursing care to 23 hours per week. DRC filed an administrative appeal, but the hearing officer upheld the Department's decision; the Commissioner affirmed. DRC filed an appeal in Superior Court and also filed an Olmstead case in Federal District Court alleging that Mark could live in the community, but if he received only the 23 hours per week of in-home supports (which were necessary due to his diagnoses of cerebral palsy and other disabilities), he would be at risk of institutionalization. The State attempted to have the federal case thrown out of court, but was unsuccessful. When the Superior Court ruled in Mark's favor, however, the federal case was dismissed.

DRC's Employment Attorney and PABSS Advocate conducted 4 trainings for individuals with intellectual and developmental disabilities, as well as consumers of mental health services.

These trainings covered such topics as vocational rehabilitation services, SSA work incentives, reasonable employment accommodation requests and resources, including assistive technology available

to help individuals overcome barriers to employment.

patient advocacy

As part of its mental health advocacy work, the Disability Rights Center conducts regular monitoring visits of psychiatric units at hospitals throughout Maine. In addition, DRC has contracts to provide on-site advocacy services at both state operated psychiatric facilities, as well as the privately operated Acadia Hospital in Bangor.

A full-time advocate is based at Dorothea Dix Psychiatric Center (DDPC), a 51-bed state-run hospital in Bangor, while one full-time and one half-time advocate work at Riverview Psychiatric Center (RPC), the 92-bed state-run hospital in Augusta. The patient advocates work to ensure the protection of the human, civil, legal, financial and other rights of patients and to assist them with self-advocacy. More recently, the DDPC and RPC advocates' work has been expanded to include representing individuals who are within 120 days of discharge, when there are issues that threaten their safe and continued community

tenure, including the denial or termination of services, eviction from housing, or denial or termination from employment.

The advocate at the Acadia Hospital, a 68-bed private psychiatric hospital in Bangor, provides services similar to those at DDPC and RPC, but patient advocacy is limited to only those individuals who are currently inpatient. Because Acadia hospitalizations are generally for shorter periods of time [than stays at DDPC and RPC], the advocate also conducts weekly trainings and group meetings on each unit, so that all patients are educated about their rights while in the hospital.

Employing advocates directly inside the psychiatric facilities enables DRC to promptly address critical issues as they arise. Further, the advocates are able to identify larger systemic issues as they arise and work with hospital administration to resolve these concerns. DRC's advocates at Acadia, DDPC and

RPC work with patients on a wide array of issues, including:

- Assisting individuals with registering to vote and casting their ballots on Election Day;
- Facilitating communication between patients and their private attorneys;
- Assisting patients with filing grievances on the failure to comply with regulations governing the use and administration of seclusion, violations of the right to be treated with dignity and respect, denial of access to personal property, denial of access to the outdoors and violations of individual privacy rights;
- Advocating on behalf of patients who face punitive action when they exercise their right to refuse medication; and
- Providing information on advance directives, guardianship, employment rights, credit/bankruptcy issues, and more.

our clients

In fiscal year 2013, DRC provided direct representation to 1089 clients for 1427 cases. Information and referral services were provided to an additional 1894 individuals.

Client Age		Client Disability	
4 and under	13	Physical Disability, Health Impairment, Chronic Illness	86
5 to 12	114	Developmental Disability	518
13 to 18	108	Brain Injury	20
19 to 25	181	Deafness/Hard of Hearing	6
26 to 64	654	Learning Disabilities	27
65 and over	19	Mental Illness	419*
		Blindness/Visual Impairment	13

* Includes RPC/DDPC/Acadia clients

Clients by County		Case Problem Area	
Androscoggin	97	Abuse/Neglect	271
Aroostook	59	Architectural Accessibility	5
Cumberland	186	Education	90
Franklin	25	Employment	48
Hancock	29	Financial Entitlements	1
Kennebec	183	Government Benefits and Services	7
Knox	19	Guardianship/Conservatorship	9
Lincoln	19	Healthcare	131
Oxford	38	Home and Community Based Care	19
Penobscot	146	Housing	39
Piscataquis	15	Non-Government Services	16
Sagadahoc	21	Recreation	1
Somerset	38	Rehabilitation Services	9
Waldo	21	Rights Violations	534
Washington	18	Transportation	9
York	109	Voting	1
Unknown	66	Acadia Hospital, Dorothea Dix, and Riverview Psychiatric Centers	237

financial summary

Year Ending September 30, 2013

REVENUE AND SUPPORT

Federal Grants	\$1,190,140
State Grants	\$612,508
Contributions	\$10,665
Other Revenue	\$211,084
Temporarily Restricted	\$(4,278)
TOTAL REVENUE	\$2,020,119

EXPENSES

PADD	\$346,631
PAIMI	\$394,495
PAIR	\$185,771
PAAT	\$46,657
PABSS	\$56,105
PATBI	\$59,533
PAVA	\$64,303
EA	\$112,549
Psychiatric Ctr Adv	\$152,325
Maine Civil Legal Svc	\$8,090
Acadia	\$54,841
Rep. Payee Reviews	\$1,520
Developmental Svc Adv	\$303,408
Management and General	\$206,312
TOTAL EXPENSES	\$1,992,540

staff

board of directors

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Penny Plourde, Vice President
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