Maine 2010 Annual Report
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contents

Forward
[A letter from our ED] 3
Our Programs 4
Our Clients 5
2010 Successes:
To protect the confidentiality of our clients, pseudonyms have been used. The pictures are stock photos and are not actual DRC clients.*

PADD 6
PAIMI 8
PAIR 10
PAAT 12
PABSS 14
PATBI 16
PAVA 18
EA 20
SMHA 22
Financial Summary 23

Available in alternative formats upon request

*with the exception of the cover and back cover

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.
Dear Friends and Colleagues;

I am pleased to present the 2010 Annual Report of the Disability Rights Center (DRC), which highlights examples of the important casework and systemic advocacy undertaken by DRC during the last fiscal year.

For over 30 years, DRC has been the place where Mainers with disabilities can turn when they have a problem that is related to their disability. And our commitment to Mainers with disabilities is to continue to work hard to enforce and advance disability rights, to continue to ensure that our advocacy and legal work is of the best possible quality and to continue to reach out to all Mainers so more people will know about our services.

Despite difficult financial times resulting in the loss of a third staff position in 2010, DRC is proud to report that we have provided direct legal or advocacy representation to 1,006 Mainers and provided telephone information and advice to another 1,379 people. Additionally, DRC staff provided 73 trainings to 2,372 people, including people with disabilities, supporters, family members, service providers, case managers, social workers, lawyers and policy makers.

DRC’s systemic advocacy efforts, in concert with our many partners, especially the self and peer advocacy networks, have resulted in great successes in improving, downsizing and even closing institutions, reducing abuse and neglect, improving services, increasing access and including people with disabilities in our communities.

But we still have a long way to go.

Adults with disabilities continue to face discrimination, violations of basic rights and exclusion. Children with disabilities continue to be excluded from appropriate and adequate public education. People with disabilities still reside and work in more restrictive settings than they want or need.

DRC’s promise to Mainers with disabilities is to continue to address these issues through advocacy, legal representation and public policy reform.

Thank you to our supporters and partners.

Kim Moody, Executive Director

DRC, and the national network of Protection and Advocacy (P&A) organizations of which we are a part, was created by Congress in the mid-1970’s, in response to deplorable conditions in facilities housing people with labels of mental retardation and other developmental disabilities. Our job at that time was to ensure that people living in institutions were safe, warm, fed and clothed.

During the 1980’s and 1990’s, Congress recognized that the problems faced by people with disabilities were broader and deeper; that children and adults with psychiatric labels, mental illness, mobility impairments, other physical disabilities were also subject to abuse, neglect and rights violations in facilities, schools and the community and were also often subject to discrimination in housing, employment, education, transportation, health care and access to goods and services. So Congress enacted more expansive disability legislation, allowing us to serve many more people on a wide array of issues.

In 1990, President George Bush signed the American’s with Disabilities Act (ADA) into law, giving disability advocates and attorneys a powerful tool to address discrimination. During the ensuing 18 years, however, court interpretations across the country weakened the protections contained in the ADA. Congress recognized that its intent had been undermined and in 2008 passed the ADA Amendments Act which restored civil rights protections for Americans with disabilities.

The Disability Rights Center and other Protection and Advocacy organizations today use the legal tools we have to enforce and advance the rights of people with disabilities to live, be educated and work in the communities of their choice.
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.

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

SMHA: State Mental Health Advocacy is funded by the Maine Department of Health and Human Services and provides advocacy to residents of Riverview and Dorothea Dix Psychiatric Centers.

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.

Individuals Served Statewide in 2010

<table>
<thead>
<tr>
<th>Program</th>
<th>Individuals</th>
<th>Cases</th>
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<tbody>
<tr>
<td>PADD</td>
<td>225</td>
<td></td>
</tr>
<tr>
<td>PAIMI</td>
<td>306</td>
<td></td>
</tr>
<tr>
<td>PAIR</td>
<td>102</td>
<td></td>
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<tr>
<td>PAAT</td>
<td>49</td>
<td></td>
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<tr>
<td>PABSS</td>
<td>60</td>
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<tr>
<td>PATBI</td>
<td>39</td>
<td></td>
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<tr>
<td>PAVA</td>
<td>10</td>
<td></td>
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<tr>
<td>EA</td>
<td>28</td>
<td></td>
</tr>
<tr>
<td>SMHA</td>
<td>187</td>
<td></td>
</tr>
<tr>
<td><strong>Totals:</strong></td>
<td><strong>1379</strong></td>
<td><strong>1084</strong></td>
</tr>
</tbody>
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Individuals 1006
Cases 1084
In fiscal year 2010, DRC provided direct representation to 1006 clients for 1084 cases. Information and referral services were provided to an additional 1379 individuals.

### Client Demographics

#### Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Count</th>
</tr>
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<tbody>
<tr>
<td>Male</td>
<td>589</td>
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<tr>
<td>Female</td>
<td>417</td>
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#### Age

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Count</th>
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<tbody>
<tr>
<td>4 and under</td>
<td>20</td>
</tr>
<tr>
<td>5 to 12</td>
<td>117</td>
</tr>
<tr>
<td>13 to 18</td>
<td>129</td>
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<tr>
<td>19 to 25</td>
<td>112</td>
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<tr>
<td>26 to 64</td>
<td>603</td>
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<tr>
<td>65 and over</td>
<td>25</td>
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#### Ethnicity

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Count</th>
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</thead>
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<tr>
<td>American Indian</td>
<td>13</td>
</tr>
<tr>
<td>Asian</td>
<td>3</td>
</tr>
<tr>
<td>Black</td>
<td>13</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>7</td>
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<tr>
<td>Multi-Ethnic/Multi-Racial</td>
<td>23</td>
</tr>
<tr>
<td>Unknown</td>
<td>53</td>
</tr>
<tr>
<td>White</td>
<td>894</td>
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### Client Disability

<table>
<thead>
<tr>
<th>Disability</th>
<th>Count</th>
</tr>
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<tbody>
<tr>
<td>Absence of Extremities</td>
<td>2</td>
</tr>
<tr>
<td>AIDS/HIV</td>
<td>1</td>
</tr>
<tr>
<td>Autism</td>
<td>90</td>
</tr>
<tr>
<td>Blindness/Visual Impairment</td>
<td>15</td>
</tr>
<tr>
<td>Brain Injury</td>
<td>48</td>
</tr>
<tr>
<td>Cerebral Palsy</td>
<td>41</td>
</tr>
<tr>
<td>Deafness/Hard of Hearing</td>
<td>5</td>
</tr>
<tr>
<td>Epilepsy</td>
<td>2</td>
</tr>
<tr>
<td>Heart and Other Circulatory</td>
<td>5</td>
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<tr>
<td>Intellectual Disability</td>
<td>85</td>
</tr>
<tr>
<td>Learning Disabilities</td>
<td>44</td>
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<tr>
<td>Mental Illness</td>
<td>542*</td>
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<tr>
<td>Neurological</td>
<td>14</td>
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<tr>
<td>Physical/Orthopedic</td>
<td>80</td>
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<tr>
<td>Respiratory Disorders</td>
<td>6</td>
</tr>
<tr>
<td>Spina Bifida</td>
<td>3</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>1</td>
</tr>
<tr>
<td>Tourette Syndrome</td>
<td>7</td>
</tr>
<tr>
<td>Multiple Sclerosis</td>
<td>2</td>
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<tr>
<td>Muscular Dystrophy</td>
<td>4</td>
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*Includes RPC/DDPC clients

### Case Problem Area

<table>
<thead>
<tr>
<th>Area</th>
<th>Count</th>
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</thead>
<tbody>
<tr>
<td>Abuse/Neglect</td>
<td>209</td>
</tr>
<tr>
<td>Architectural Accessibility</td>
<td>10</td>
</tr>
<tr>
<td>Assistive Technology</td>
<td>49</td>
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<tr>
<td>Education</td>
<td>105</td>
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<tr>
<td>Employment Discrimination</td>
<td>49</td>
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<tr>
<td>Financial Entitlements</td>
<td>26</td>
</tr>
<tr>
<td>Government Services &amp; Public</td>
<td>35</td>
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<tr>
<td>Guardianship/Conservatorship</td>
<td>4</td>
</tr>
<tr>
<td>Healthcare</td>
<td>84</td>
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<tr>
<td>Housing</td>
<td>38</td>
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<tr>
<td>Rehabilitation Services</td>
<td>21</td>
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<tr>
<td>Rights Violation</td>
<td>147</td>
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<tr>
<td>Transportation</td>
<td>4</td>
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<tr>
<td>Voting</td>
<td>10</td>
</tr>
<tr>
<td>Riverview &amp; Dorothea Dix</td>
<td>292</td>
</tr>
<tr>
<td>Psychiatric Centers</td>
<td></td>
</tr>
</tbody>
</table>

### Distribution by County

<table>
<thead>
<tr>
<th>County</th>
<th>Count</th>
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<tbody>
<tr>
<td>Androscoggin</td>
<td>38</td>
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<tr>
<td>Aroostook</td>
<td>25</td>
</tr>
<tr>
<td>Cumberland</td>
<td>105</td>
</tr>
<tr>
<td>Franklin</td>
<td>12</td>
</tr>
<tr>
<td>Hancock</td>
<td>11</td>
</tr>
<tr>
<td>Kennebec</td>
<td>367</td>
</tr>
<tr>
<td>Knox</td>
<td>16</td>
</tr>
<tr>
<td>Lincoln</td>
<td>14</td>
</tr>
<tr>
<td>Oxford</td>
<td>24</td>
</tr>
<tr>
<td>Penobscot</td>
<td>232</td>
</tr>
<tr>
<td>Piscataquis</td>
<td>9</td>
</tr>
<tr>
<td>Sagadahoc</td>
<td>15</td>
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<tr>
<td>Somerset</td>
<td>18</td>
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<tr>
<td>Waldo</td>
<td>14</td>
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<tr>
<td>Washington</td>
<td>13</td>
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<tr>
<td>York</td>
<td>48</td>
</tr>
<tr>
<td>Unknown</td>
<td>45</td>
</tr>
</tbody>
</table>
After a court denied his application to become his own guardian and appointed his estranged mother guardian instead, “Kyle,” a 21-year-old young man diagnosed with Asperger’s Syndrome, asked DRC to advocate on his behalf. We determined the client did not meet legal definitions of incapacitation, discovered procedural errors in the prior proceeding, and successfully petitioned the court to end the guardianship.

“Betsy,” a 60-year-old woman with cerebral palsy, called DRC because her provider agency had disregarded her care plan and hired support staff without Betsy’s participation in the interview, hiring and training processes. As a result, Betsy felt unsafe—especially in personal care and physical transfer situations. Our advocate worked with the agency to make sure her plan was followed correctly. Betsy is now happy to be working with the agency and with Speaking Up For Us, Maine’s self-advocacy network, to provide experiential training to staff providing personal care.

To protect the confidentiality of our clients, pseudonyms have been used. The pictures are stock photos and are not actual DRC clients.
case snapshots

Sarah
After “Sarah” had been sexual assault by support staff working in her home, the guardian of this 34-year-old woman, with an intellectual disability and mental illness, contacted us. Her DRC advocate found that while police and Adult Protective Services had handled the incident well, the provider agency had violated its own policies, DHHS’ policy, and failed to follow state regulation and law during the investigation. The advocate pointed out violations and suggested remedies to DHHS and to the agency, and ensured that the agency followed through on needed corrections. The agency also provided the proper training for its staff on client rights, abuse reporting procedures and responses, and agreed to a less-restrictive support plan for Sarah.

Jason
DHHS contacted DRC about “Jason,” a man with an intellectual disability who was admitted to a hospital suffering with incontinence and who had become unable to walk. Doctors were unable to determine the cause of the issue, but believed it may have been caused by side effects from his medication. DHHS contacted us because the state felt Jason may have been receiving inadequate treatment, and we pressed the hospital to provide Jason with a full medical workup. The successful back surgery which resulted, relieved the pressure causing his incontinence, and Jason has since regained his ability to walk.

Linda
The mother and guardian of “Linda,” a 45-year-old woman with autism, contacted DRC about discriminatory treatment of her daughter and two friends by a retail store owner who denied them entry. After the store owner ignored our invitations to redress the matter, we filed suit in federal court. Soon after, the business owner agreed to pay attorneys’ fees, put in place a nondiscrimination policy and training for his employees, and apologized to Linda and her friends.

in 2010, DRC …

– conducted extensive outreach to persons receiving developmental services, focusing on DRC services and client rights.
– successfully challenged the policy that prevented three to five year-olds from receiving medically-necessary services from Child Developmental Services during school breaks. Now such services are being billed through MaineCare and are available year round.
– helped create a fully-accessible rights manual for people with intellectual disabilities, using art by Maine artists with developmental disabilities (for which the artists were compensated by DRC).
– trained nearly 100 individuals with disabilities and their supporters on the rights of people under guardianship, how to challenge a guardianship, court proceedings for awarding and removing a guardian, and alternatives to guardianship.
– trained 100 case managers to reduce and encourage alternatives to unnecessary guardianship.
– participated in the rewriting of Maine’s behavior regulations with a focus on reducing systemic use of restraint and making positive supports the default for all care plans.
Serves persons who have a diagnosis of a **serious mental illness** with priority given to persons **residing in facilities**.

**Taylor**

DRC successfully assisted “Taylor”, a 33-year-old woman with mental health diagnoses to **negotiate with her regional transit provider**. Taylor had been suspended from the service because of repeated “no shows,” and had missed medical and other important appointments as a result. Our investigation found that the transit service had been arriving at the wrong address. Taylor’s ridership was reinstated.

**Mike**

“Mike,” a man with mental illness, and a veteran of 20-years’ continuous employment with a Maine business, had been **forced to go out on disability leave after a reassignment to a new position** left him unable to perform all of his duties. DRC was confident Mike’s seniority should have allowed him to move to a different position, and we worked with his union representative and the company to get Mike back to work. A position was found for Mike that fit both his needs and the company’s requirements, very similar to the one he had successfully performed for so many years.
DRC’s PAIMI Advisory Council designed a colorful informational piece for distribution to individuals when discharged from psychiatric facilities that outlines the services and supports available through Maine’s 211 network.

DRC has found instances of individuals whose hospitalizations were unnecessarily prolonged because case workers and others were not aware of their rights to housing resources. We have collaborated with DHHS to create a three hour training for social workers, designed to help them find their clients the housing assistance they may need, and to familiarize them with client rights after housing is obtained. Available to 200 social workers, the training was held in Bangor, Augusta, and South Portland, and was approved for three continuing education credits by the state board of social work.

### Richard

During a monitoring visit to a private psychiatric hospital, a DRC advocate met “Richard,” a 16-year-old young man who said he had been **expelled from school when he was 12**. Despite his parents’ efforts to readmit him several times, and despite his likely eligibility under Section 504 or IDEA, Richard told us he had received no formal education in four years. We helped his family make a referral for identification for special education services and negotiated with the school district that expelled him for readmission. Richard is currently attending public high school and receiving the services he needs to help him succeed.

### Elaine

“Elaine,” a 20-year-old woman diagnosed with mental illness and substance abuse issues, had received a notice that her **Medicaid-funded therapeutic services were scheduled for termination**. Without continued services or a discharge plan, Elaine would likely be forced into homelessness and doing without services of sufficient intensity to meet her needs. She contacted DRC, and we represented her at an administrative hearing, where it was determined that Elaine could continue with services until appropriate discharge and alternative services could be arranged.

### Terry

“Terry,” a 43-year-old man with mental illness, called DRC when he felt his **provider was resisting his wishes to move from his small group home to his own apartment**. Terry was wait-listed under the lowest priority, which meant a long wait before obtaining the subsidy needed to transition from the group home. Although his application for a priority change was initially denied, we successfully appealed, arguing that such a change would benefit not only Terry, but also facilitate the discharge of hospital patients into integrated and clinically appropriate environments. Terry received his voucher and soon found supported independent community housing.

### Jordan

DRC helped “Jordan,” a 28-year-old woman, **avoid homelessness after a period of hospitalization** lasting several months, during which she had stayed current with her rent payments. Jordan’s landlord chose to remove all her belongings from her apartment and put them in storage just one day after the rent was due, denied the client her security deposit, and would not allow Jordan to retrieve her belongings until she paid storage fees. As a result of having no apartment to return to, no belongings, and her security deposit withheld, her discharge from the hospital was unnecessarily delayed. We advocated successfully for Jordan, enabling her to move into a new apartment upon discharge from the hospital with her belongings and security deposit rightfully returned to her.
Elizabeth

The parents of “Elizabeth” contacted DRC after the Maine summer camp she was hoping to attend failed to make accommodations for her severe food allergies. Camp officials also insisted that Elizabeth’s parents waive all camp liability if the girl ingested potentially life-threatening food at camp. Since we were unable to persuade the camp to eliminate the waiver and accommodate Elizabeth before the first day of camp, we assisted her parents in filing a complaint with the Maine Human Rights Commission. Through mediation, the camp agreed to put in place policies to allow all children to attend camp, prohibited such discriminatory waivers, and paid a modest amount in damages to Elizabeth and her family.

Gerard

Thanks to DRC, police department who had failed on two occasions to obtain an interpreter for “Gerard,” who is Deaf, now has policies in place for communicating with the Deaf or hearing impaired. Conciliation efforts were unsuccessful after the Maine Human Rights Commission found reasonable grounds for discrimination, so we filed suit. Parties agreed to settle the case before it was heard in federal court.
case snapshots

Cathy
When "Cathy" sought accommodations at a Maine motel for herself, her family, and her service animal, she was told she would have to pay an extra $100 fee for the dog. Although Cathy explained that such fees are illegal, the motel owner refused to rent her a room. DRC represented Cathy and her family before the Maine Human Rights Commission and later in Superior Court. The court ordered the motel owner to pay Cathy $20,000 in damages, plus DRC's attorney fees.

Jeannie
"Jeannie," a woman with multiple sclerosis, was refused transport by a towing company after her car broke down because the driver would not allow Jeannie's service dog in the cab of his truck, leaving her and her car by the side of the road. DRC represented Jeannie before the Maine Human Rights Commission, where the towing company agreed to changes in policy, employee training, and a donation to an organization that trains service animals.

advocacy successes

More than 100 Maine State Employees Association union stewards were trained by DRC on the rights of individuals with disabilities in the workplace.

With the Maine Human Rights Commission and Pine Tree Legal Assistance, DRC participated in a panel called "Maine Human Rights Act, Fair Housing Seminar. Service Animals in Housing" presented to Maine landlords.

ongoing successes

DRC works closely on an ongoing basis with the Department of Health and Human Services, the Department of Education, the Secretary of State, and provider organizations to develop or revise policies that impact the lives of Mainers with disabilities.

PAIR attorneys offer technical support to lawyers throughout Maine on disability discrimination claims, including the requirement of law enforcement to provide necessary communications assistance to people who are Deaf, awards of attorney fees to prevailing parties in discrimination cases, damage awards in public accommodation discrimination cases and proving disability under the law.

DRC is a primary resource for individuals with disabilities, landlords, legislators, and media for information about service animals.

DRC staff and families created this award-winning float entered in the 2010 Old Hallowell Days parade to commemorate the 20th anniversary of passage of the Americans with Disabilities Act.
PAAT
Protection and Advocacy for Assistive Technology

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.

Ben
"Ben," a 13-year-old with traumatic brain injury and ADHD, had his IEP (Individual Education Program) revised to reflect TBI, and specialized instruction—with necessary assistance technology—was put in place when his parents called DRC because they were concerned about his limited academic gains.

Shawna
DRC helped the parents of "Shawna," a five-year-old with multiple disabilities, including Blindness and cerebral palsy, ensure that she received all of the assistive devices she needed to keep from impeding her education. Shawna’s IEP was correctly implemented and the parents have been kept up to date.

PAAT is funded by the Rehabilitation Services Administration (RSA).

To protect the confidentiality of our clients, pseudonyms have been used. The pictures are stock photos and are not actual DRC clients.
Kevin
DRC brought in a learning disability specialist to evaluate the reading skills of “Kevin,” a 10-year-old fifth-grader with severe ADHD and learning disabilities, when his teachers refused to acknowledge test results that showed him reading at a second-grade level. Because of DRC’s intervention, Kevin’s IEP was overhauled and he now receives specialized instruction and assistive technology.

Carl
“Carl” received an above-the-knee amputation after an automobile accident. He had been fitted for a computer-assisted prosthetic leg that compensated for the effects of brain injury and made walking safer. After four years, at the end of the device’s useful life, the state refused to either repair or replace the prosthetic. Carl asked DRC for help with his administrative appeal, and later received his replacement prosthetic leg.

Lisa
“Lisa,” a four-year-old with brain injury and vision impairment, had her Individualized Education Program (IEP) updated and, because of DRC’s intervention, now receives needed services from a teacher for the visually impaired, an orientation and mobility instructor, and necessary assistive technology.

Jaime
“Jaime,” a 19-year-old college student enrolled as part of his rehabilitation and employment plan, had asked that the university allow him to use a computer while taking exams to compensate for certain learning disabilities. Despite extensive documentation in support of it, school officials denied his request. A DRC attorney intervened and negotiated a settlement that allowed Jaime use of his computer during testing.

Hassan
DRC represented “Hassan,” a 16-year-old whose request for a new wheelchair had been denied by MaineCare. Hassan’s old chair had been repaired and modified nearly 40 times in three years, due to inherent flaws for which the manufacturer was responsible. He had also outgrown it. DRC sought assistance from the state attorney general in declaring the chair a “lemon,” and MaineCare agreed to provide Hassan with the new chair he needed.
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.

Sherry

When MaineCare threatened to discontinue coverage for *Sherry,* a 36-year-old woman with mental illness, under the Workers with Disabilities Option, DRC intervened on Sherry’s behalf. In addition to reinstating her MaineCare coverage, we also clarified Sherry’s eligibility for certain Medicare benefits that now pay for gaps in her coverage.

PABSS is funded by the Social Security Administration (SSA).

To protect the confidentiality of our clients, pseudonyms have been used. The pictures are stock photos and are not actual DRC clients.
advocacy successes

Because DRC’s PABSS advocate served in 2010 as chair of Maine’s Commission on Disability and Employment, DRC was a lead advocate for a transfer of employment-related funding from DHHS to the Department of Labor that maximized federal funding and prevented the loss of up to $1,000,000 in employment and rehabilitation funding from the federal government.

The Council of Disability and Employment also received one of only nine federal grants distributed nationally to extend an existing disability employment initiative.

ongoing success

DRC continues to meet regularly with Work Incentives Planning and Assistance (WIPA) project staff to improve employment prospects for individuals with disabilities. WIPA is an initiative of the Social Security Administration. DRC and WIPA project staff are working together to address disparities in waiver options and cost-of-care issues for Maine people with disabilities.

Kendra

DRC worked with “Kendra,” a 49-year-old woman with mental illness, to help her revise her plan of employment with Vocational Rehabilitation Services and better meet her goal to become employed.

Eric

“Eric,” a 50-year-old man with vision impairment and diabetes, was prohibited by his employer from keeping his cane and diabetes medication at his workstation, citing workplace safety regulations. DRC negotiated an arrangement with the employer that now allows Eric convenient access to his necessary personal support items.
To protect the confidentiality of our clients, pseudonyms have been used. The pictures are stock photos and are not actual DRC clients.

PATBI is funded by the Health Resources Services Administration (HRSA).

Serves individuals who have brain injuries.

Jack

“Jack” is a 53-year-old man who worked as a medical coder until his doctor recommended he stop working because of difficulties performing certain tasks. In rehabilitation, Jack learned skills to mitigate the effects of his disability, and looked forward to returning to work. When it came time to request some specific accommodation from his employer, DRC helped him with his negotiations. When the employer indicated Jack’s position would be reduced to part time, we pointed out there was no medical evidence to prevent full-time employment, and Jack went back to work five days a week with all required accommodations.
DRC coordinated with DHHS, OACPD (Office of Adults with Cognitive and Physical Disabilities), and providers and advocacy groups statewide to organize a Brain Injury Information Network (BIIN) to share non-confidential data, develop best practices, develop a resource manual, and collaborate on trainings. With State funding from OACPD in 2010, DRC hired a BIIN coordinator to develop and grow the network. BIIN has a Facebook page and a website at www.biin.org featuring a calendar of brain-injury related events.

DRC met with more than 100 individuals at seven brain-injury rehabilitation programs throughout Maine and in New Hampshire to solicit opinions on strengths and weaknesses of Maine’s brain-injury service systems and DRC priorities.

DRC is participating in a legislative panel focused on returning Maine residents with brain injuries who are placed in out-of-state facilities back to Maine. Currently, 12 Maine residents are placed out of state.


DRC’s BIIN coordinator has been working with the Maine Concussion Management Initiative to expand awareness of sports-related concussion and brain injury among youth, parents, coaches, teachers, healthcare providers, and the community.

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**Kenny**

DRC advocated for “Kenny” when his service provider tried to discharge him from a residential program specifically designed for persons with brain injuries. The provider argued that Kenny required more intensive services than they could offer him, and that Kenny’s behavior posed a threat to other residents. We successfully argued that the provider ought to reasonably accommodate Kenny. As a result, Kenny now receives improved rehabilitation services and threats to other residents are minimized.

**Chet**

“Chet,” a 59-year-old man with traumatic brain injury and very limited income, visited a dentist to see about getting his dentures reground to alleviate the irritation they caused him. Instead, the dentist persuaded Chet to sign for a $2,500 line of credit he could not afford in order to purchase a new set of dentures he did not need. DRC negotiated on Chet’s behalf for withdrawal of the credit line and for a cessation of collection efforts by the dentist. A complaint against the dentist was also filed with the state.

**Wendy**

“Wendy,” a 9-year-old girl with mental illness resulting from brain injury, was denied placement by the state at a neuro-rehabilitative facility because the state’s provisions for residential services for children with mental illness or developmental disabilities are reserved for children without brain injuries. DRC challenged the decision, and the state placed Wendy in a treatment facility for persons, including children, with brain injuries.
The role of DRC is to **increase access to voting** for Maine citizens with disabilities.

Tommy

Town election staff refused to allow *Tommy’s* caregiver to accompany him into a voting booth to assist Tommy with his ballot, as he had done in past elections. Instead, election officials insisted Tommy use a voice-recording voting machine that afforded him no privacy. When Tommy and his caregiver both objected, the clerk took Tommy into another room, where he was helped with filling out an absentee ballot. While voting access laws are often unclear with regard to persons with intellectual disabilities, DRC intervened to ensure improved access and procedural clarity for voters like Tommy.

PAVA is funded by the Administration on Developmental Disabilities (ADD) through the Help America Vote Act (HAVA).
In 2010, DRC sent voter-registration cards to the 2400 individuals with disabilities, or the persons who called us on their behalf.

More than 150 individuals attended a gubernatorial candidates’ forum hosted by DRC in collaboration with 12 other disability-related organizations that allowed Mainers with disabilities to pose questions directly to the gubernatorial candidates who attended.

DRC and Maine’s self-advocacy network, Speaking Up For Us, were awarded a grant from the National Technical Assistance Center for Voting and Cognitive Access for a three-day “train-the-trainer” workshop for those interested in helping shape public policy. DRC and Speaking Up For Us also conducted two successful voter-rights trainings and created a 2010 candidates’ questionnaire regarding disability issues.

DRC distributed 500 voting rights pamphlets to individuals throughout the state and to all residents of state psychiatric facilities.

All residents of Maine’s state mental health institutions received a copy of DRC’s voting guide, “People with Disabilities VOTE: How to Vote and Your Rights in the Process.”

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Katherine

“Katherine,” a woman with intellectual disabilities, was denied access to her community’s accessible voting system. DRC assisted her in filing a complaint with the Maine Secretary of State.

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Randy

“Randy,” a young man in a wheelchair, found he could not access his town hall polling place on Election Day. In addition to election services, the town hall also houses other important services, so Randy asked DRC for assistance in filing a discrimination complaint with the Maine Human Rights Commission.

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Rosemary

When she was told by her town clerk that it’s too expensive to use the vote-by-phone system for midterm elections,” Rosemary,” a woman who is Blind, asked DRC for assistance. We intervened for her, and the system was properly set up for her, and others, to use.
Provides representation and training for parents of children with learning disabilities through the process of obtaining appropriate special education services.

Cody

“Cody” is an eight-year-old boy with pervasive developmental disorder and PTSD. Before DRC intervened, Cody’s school days were subject to frequent and excessive use of restraint and seclusion. Our review and a functional behavioral assessment by a PTSD specialist showed that Cody was not progressing toward his educational goals, and that the therapeutic recommendations of a prior evaluator had not been implemented. We successfully negotiated Cody’s placement in a therapeutic day treatment program and for extended school year services. We also filed a complaint with the Department of Education on Cody’s behalf regarding potential illegal use of restraint and seclusion.

Christian

Officials sought to remove “Christian,” a nine-year-old boy with autism, from public school and recommended a more restrictive private day-treatment setting. DRC successfully negotiated comprehensive and on-going evaluation for Christian that allowed him to continue his education in a familiar and less-restrictive public school environment with the behavioral supports he needs.

EA is funded by the State of Maine.

To protect the confidentiality of our clients, pseudonyms have been used. The pictures are stock photos and are not actual DRC clients.
DRC trained 25 adult and child case managers on DRC resources and advocacy, special education and 504 eligibility in schools and dispute resolution.

DRC filed a complaint arguing against an unofficial policy that suggested public school students must give up IDEA eligibility when entering an alternative school. The state Commissioner of education has since clarified to all districts that this practice is illegal.

DRC successfully pressed the Maine Department of Education to devise an effective systemic complaint procedure, and then successfully used that new procedure to address statewide failures to provide appropriate services to children who are blind or have visual impairments. Maine DOE has since issued a plan to correct the shortcomings.

DRC investigated 25 reported cases of unlawful restraint in Maine public schools, filed four formal complaints, and met with several district superintendents regarding non-compliance with existing state restraint laws. Legislation banning prone restraint was introduced before the legislature, but failed to pass; however, the DOE commissioner directed all Maine school districts to prohibit prone restraint.

Matthew
DRC helped “Matthew,” a 13-year-old boy with developmental disabilities, return to school for a full-day program after school officials had limited his in-school time to just a few hours a day due to past behavioral problems. We advocated for Matthew as part of his IEP (Individualized Education Program) team and helped develop a reintegration plan for him. By the end of the school year, Matthew was a full-time student again attending a mix of regular education, pre-vocational, and specialized classes.

William
“William,” a 12-year-old boy with Deafness attending the Maine Educational Center for the Deaf and Hard of Hearing, was receiving no direct instruction from his teacher for the Deaf, and only limited interpreter services in his mainstream classes. DRC educated William’s parents about their son’s rights under the Individuals with Disabilities Education Act, and helped them negotiate with the school for a comprehensive evaluation and the direct instruction William required. William is now making more appropriate educational progress in all his classes.

Justin
When a school district failed to implement a detailed transition plan devised by an IEP team for “Justin,” a 15-year-old boy with mental illness and autism, Justin wound up in prone restraint and then back in private day treatment after only two weeks in public school. Justin’s parents contacted us for help and we asked the Commissioner of education to investigate possible excessive use of restraint by the district. The Commissioner found numerous violations, including insufficient documentation and staff training, and restricted free movement of Justin’s chest and diaphragm. While Justin has not yet been able to transition out of his day treatment setting, the district now trains staff in proper use of restraint within 30 days of hire.
DRC provides advocacy services to patients at the two state psychiatric hospitals operated by the Maine Department of Health and Human Services: the Dorothea Dix Psychiatric Center, formerly known as Bangor Mental Health Institute, and Riverview Psychiatric Center, a 100-bed facility for both civil and forensic patients formerly known as the Augusta Mental Health Institute.

DRC advocates work to ensure prompt patient access to rights information, and assistance with enforcing those rights when necessary, on issues pertaining to medication, the right to refuse treatment, informed consent, treatment plans, advance directives, complaints and grievances, and discharge planning.

DRC also conducts regular outreach to—and rights education for—hospital staff and administration.

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**STATEMENT OF FINANCIAL POSITION**

**ASSETS**

Current Assets:
- Cash & Equivalents $673,415
- Accounts Receivable 5,154
- Grants Receivable 157,655
- Employee Loan 3,952
- Prepaid Expenses 8,012

Total Current Assets $848,188

- Property & Equipment 1,026

**TOTAL ASSETS** $849,214

**Liabilities and Net Assets**

Current Liabilities:
- Accrued Expenses $21,939
- Accrued payroll and w/h 41,553
- Accrued Absences 42,836
- Deferred Revenue 461,174

Total Current Liabilities $567,502

- Unrestricted Net Assets 281,712

**TOTAL LIABILITIES AND NET ASSETS** $849,214

**STATEMENT OF ACTIVITIES**

**REVENUE**

- Federal Grants $1,325,755
- State Grants 416,931
- Fiscal Agent Fees 10,957
- Other Revenues 97,698

**TOTAL REVENUE** $1,851,341

**EXPENSES**

- PADD 355,900
- PAIMI 425,557
- PAIR 216,596
- PAAT 41,141
- PABSS 110,585
- PATBI 89,272
- PAVA 59,688
- EA 105,753
- SMHA 194,077
- Supporting Services 229,190

**TOTAL EXPENSES** $1,827,759

**NET INCOME (LOSS)** $23,582

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2010 Revenue by Program

2010 Expenses by Program
Karina’s Story

Karina enters her parents’ restaurant after a full day in second grade. Her mind is set on chicken fingers for her afternoon snack as she climbs into the booth next to her father who is asking about her day.

Then she states that a cheetah can run 60 miles an hour. It is difficult to believe that four short years ago, Karina’s parents were told that she would likely never speak and that Child Development Services (CDS) recommended sending her 20 miles away to a school for children with borderline mental retardation.

Karina was already enrolled in a daycare a mile from their home.

Thus began the conflict between parents, who could see their child thriving in the Applied Behavior Analysis teaching environment, and Child Development Services that refused financial assistance if Karina remained at the daycare.

“We weren’t asking for special privileges or exceptions,” explains Kathy. “Our daycare had more than 20 years of experience working with kids with disabilities. There was no need to send Karina to a sterile environment that isolated her from developing with her peers.”

The continued conflict was devastating financially and emotionally for the family. At every turn there was resistance to what Karina’s parents knew was best for her.

“It was overwhelming dealing with so much,” admits Larry. “The situation was eating away at us, constantly on our minds. Way harder than running a business.”

Late one evening, Larry found a phone number on the internet that would change their lives. The number turned out to be the fax for the Disability Rights Center (DRC). He faxed a brief description of the situation with the note, “Please help me.”

DRC assisted Kathy and Larry in filing a complaint and seeking a second opinion on Karina’s diagnosis. An evaluation by a neuropsychologist revealed Karina to not be as severe on the autism spectrum as originally thought. DRC guided Larry and Kathy through the eight hours of grueling mediation. A settlement was reached and the family finally received reimbursement.

“We feel very fortunate. We could have never done this without DRC,” says Larry.

The Disability Rights Center is supported by grants from the Administration on 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, 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.

Disability Rights Center
24 Stone Street
PO Box 2007
Augusta, ME 04338
207-626-2774 Voice/TTY
Fax: 207-621-1419
Toll Free: 800-452-1948

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